

Our Ref : T 0418/ SHA4650Y /WT(st)

Your Ref :

Date : 30-Apr-18

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No. 199506048W

AXA Insurance Pte Ltd
8 Shenton Way
#24-01, AXA Tower
Singapore 068811

Attn : Motor Claims Department

WITHOUT PREJUDICE

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Defu
6 Defu Avenue 1
Singapore 539537

Yishun
507 Yishun Industrial Park A
Singapore 768732

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA4650Y YOUR INSUREC SGF2471X
AND OTHER _____ ON 22.04.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHA4650Y which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving SGF2471X we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair		\$	1,819.00
2	<u>4</u> days Loss of Rental @	\$ <u>98.25</u> per day	\$	393.00
3	Survey Report Fees	(Surveyed by M/s LKK)	\$	-
4	GIA / LTA Search Fee		\$	7.49
5	GIA / Police Report Fees		\$	-
6	Towing / Medical / Transporation Fees		\$	-
Sub Total :			\$	<u>2,219.49</u>

HIRER'S CLAIM

7	<u>4</u> days Loss of Income @	\$ <u>80.00</u> per days	\$	320.00
Total Claims:			\$	<u>2,539.49</u>

We enclose herewith the following documents to support the claims: -

- a) Original repair bill and photocopies of photographs 9 pcs
- b) LTA search slip/s of : SGF2471X
- c) GIA / Police report/s of : SHA4650Y
- d) Letter of authority from owner / hirer / operator
 - (X) Photocopie/s of Accident Scene Photo/s () Traffic Compound () PIR
 - () Witness statement/s (x) Rental Rate letter (x) Downtime/Mileage record

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully

William Tan

Deputy Manager

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email: williamtan@cdge.com.sg

This is a computer generated letter. No signature is required.

A member of

COMFORTDELGRO



Asher Sng (LKKAuto)

From: Asher Sng (LKKAuto)
Sent: Wednesday, 25 July 2018 12:53 PM
To: 'SYEDMOHIDIN.SF@GMAIL.COM'
Subject: ACCIDENT INVOLVING SGF 2471X AND SHA 4650Y ALONG SERANGOON ROAD ON 22/04/2018

25 JULY 2018

SYED MOHIDIN BIN SYED FARED

Dear Sir/ Mdm

OUR REF : CC4/ASM18007548/K1eb3

YOUR REF : SGF 2471X

ACCIDENT INVOLVING SGF 2471X AND SHA 4650Y ALONG SERANGOON ROAD ON 22/04/2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from M/s COMFORTDELGRO ENGINEERING PTE LTD acting on behalf of the owner of SHA 4650Y against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had collided with the Third Party vehicle SHA 4650Y. As such, liability is down against us.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to ashersng@lkkauto.com within 7 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at ashersng@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA)
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****SONATA SHA4650Y , SGF2471X
JALAN BESAR AND T-JUNCTION OF DICKSON RD****ON 22-Apr-18 09:30**

I / We

CHAN YEOW CHYE(Hirer) NRIC No.: **S1318710Z**

and/or

TAN LIANG KWANG(Relief) NRIC No.: **S1189517D**

Taxi Number

SHA4650Y

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of "**ComfortDelGro Engineering Pte Ltd**".

Date

22-Apr-2018

Name of Hirer

CHAN YEOW CHYE

Hirer NRIC

S1318710Z

Signature :



Address

**242 HOUGANG STREET 22 #10-71
530242**

Contact No.

92353768

Name of Relief

TAN LIANG KWANG

Relief NRIC

S1189517D

Signature :



Address

**402 SERANGOON AVE 1 #13-99
560402**

Contact No.



redefining / insurance



CLAIM REF : S8M00EWG
INSURED : SYED MOHIDIN BIN SYED FARED

DISCHARGE VOUCHER

We, COMFORTDELGRO ENGINEERING PTE LTD confirm that by letter of authorisation dated 22/04/2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of COMFORT TRANSPORTATION PTE LTD and the Hirer, CHAN YEOW CHYE of vehicle no. SHA 4650Y.

Now we COMFORTDELGRO ENGINEERING PTE LTD for ourselves and the said Hirer and the driver jointly and severally:-

- a) agree to accept the sum of Singapore Dollars TWO THOUSAND TWO HUNDRED SEVENTY ONE AND CENTS TWENTY FOUR ONLY. (S\$2,271.24) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against AXA INSURANCE PTE LTD and/or their Insured and/or the driver of vehicle no. SGF 2471X arising out of an accident with SHA 4650Y on 22/04/2018.
- b) declare that AXA INSURANCE PTE LTD and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against AXA INSURANCE PTE LTD and/or their Insured and/or the driver of vehicle no. SGF 2471X arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- c) We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify AXA INSURANCE PTE LTD against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of COMFORTDELGRO ENGINEERING PTE LTD is made without any admission of liability whatsoever on the part of AXA INSURANCE PTE LTD and/or their Insured and/or the driver of vehicle no. SGF 2471X.

Dated this 7th day of August 2018

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

Witness : _____
Name : CLAIMS DEPARTMENT
I/C No : COMFORTDELGRO ENGINEERING PTE LTD
Address : 59 LOYANG DRIVE
SINGAPORE 508969

"The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document"

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO
SHA4650Y

MAKE
HYUNDAI

MODEL
SONATA

DATE OF REG
30.06.2011

CHASSIS CODE
KMHEP41VMPBA813295

INV. NO/DATE
91369604 26.04.2018

JOB NO.
305144677

ODOMETER READING

JOB TYPE

Description : 3P 22.04.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.		1,700.00
Add GST @ 7.000 %		119.00
Total Invoice amount.		1,819.00

Issued by : KATHERINETAN 26.04.2018 14:54:12
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Our Ref: CT18040596



Date: 26 April 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 22/04/2018 @ 09:30 hrs
ALONG JALAN BESAR AND T-JUNCTION OF DICKSON RD
INVOLVING SGF2471X

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA4650Y** (the "Taxi"). The Taxi was hired to **CHAN YEOW CHYE IC NO S1318710Z** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$98.25** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.

SR 4650 Y

NAME OF DRIVER

DATE

HOURS OPERATED (TIME)

FROM TO

MILEAGE TRAVELLED (KM)

MILEAGE READING

NAME OF DRIVER

DATE

22.4.18

TAN

1 2 846

157

5:00 10:15

22.4.18

works stop

~~1 2 846~~

11

10:15

22.4.18

Accident

~~1 2 846~~

11

10:10

22.4.18

Repair

~~1 2 846~~

11

10:30

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SGF2471X	22 Apr 2018 / 09:30:00	Successful	A12	AXA INSURANCE PTE LTD

Previous OK

SEARCHED BY