

Our Ref : T 0518/ SHC3104D /KS(st)  
 Your Ref : \_\_\_\_\_  
 Date : 30-May-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  
 Facsimilie +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

**Lonpac Insurance Bhd**  
**300 Beach Road**  
**#17-04 / 07, The Concourse**  
**Singapore 199555**

**Attn : Motor Claim Department**

**WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC3104D YOUR INSURED SLK4576D  
 AND OTHER \_\_\_\_\_ ON 13.05.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC3104D 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 : SLK4576D we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 1,337.50
2	<u>3</u> days Loss of Rental @ \$ 117.28 per day	\$ 351.84
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	\$ -
<b>Sub Total :</b>		<b>\$ 1,696.83</b>

**HIRER'S CLAIM**

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
<b>Total Claims:</b>		<b>\$ 1,936.83</b>

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

- a) Original repair bill and photocopies of photographs : 8 pcs.
- b) LTA search slip/s of : SLK4576D
- c) GIA / Police report/s of : SHC3104D
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( X ) Photograph/s of Accident Scene ( x ) Downtime/Mileage record ( x ) Rental Rate letter

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  
*Kazali Hj Selahudin*  
 Deputy Manager  
 CDGE Taxi Claims Department  
 Tel : 6214 8736 Fax: 6214 1843 Email: kazali@cdge.com.sg

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

A member of



**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****i 40 SHC3104D , SLK4576D  
DAIRY FARM RD TWDS UPP BUKIT TIMAH ROAD****ON 13-May-18 21:10**

I / We

**SAFIEE BIN SAHARI**(Hirer) NRIC No.: **S7536629I**

and/or

**NG KAI KOOK**(Relief) NRIC No.: **S0166483B**

Taxi Number

**SHC3104D**

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

**14-May-2018**

Name of Hirer

**SAFIEE BIN SAHARI**

Hirer NRIC

**S7536629I**

Signature :



Address

**113 PENDING RD #06-100  
670113**

Contact No.

**91688656**

Name of Relief

**NG KAI KOOK**

Relief NRIC

**S0166483B**

Signature :



Address

**465 SEGAR RD #15-156  
670465**

Contact No.

**TAX INVOICE**

8010042

LONPAC INSURANCE BERHAD  
#17-04 / 07 THE CONCOURSE

300 BEACH ROAD  
SINGAPORE 199555

CONTACT NO: 62507388

VEHICLE NO  
SHC3104D

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
11.02.2014

CHASSIS CODE  
KMHLB41UMEU047560

INV. NO/DATE  
91373580 21.05.2018

JOB NO.  
305160200

ODOMETER READING

JOB TYPE

Description : 3P 13.05.2018

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt		1,250.00
Add GST @ 7.000 %		87.50
<b>Total Invoice amount</b>		<b>1,337.50</b>

Issued by : KATHERINETAN 21.05.2018 14:27:43  
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: CT18050351

Date: 21 May 2018



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 13/05/2018 @ 21:10 hrs  
ALONG DAIRY FARM RD TWDS UPP BUKIT TIMAH ROAD  
INVOLVING SLK4576D

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 **SHC3104D** (the "Taxi"). The Taxi was hired to **SAFIEE BIN SAHARI IC NO S7536629I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.28** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte 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

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### Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLK4576D	13 May 2018 / 21:10:00	Successful	L06	LONPAC INSURANCE BHD

Previous

OK

SUC 3104 D