

Our Ref : CC18060435/ SHB3999T /WT(st)  
 Your Ref :  
 Date : 29-Jun-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: 19056844W

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

**Attn : Motor Claims Department**

**WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB3999T YOUR INSURED SKB9729G  
 AND OTHER ON 14.06.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHB3999T 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 SKB9729G we are submitting these claim for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	856.00
2	<u>5</u> days Loss of Rental @ <u>\$ 167.80</u> per day	\$	839.00
3	Survey Report Fees ( <i>Surveyed by M/s LKK</i> )	\$	-
4	LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
<b>Sub Total :</b>			<b>\$ 1,702.49</b>

**HIRER'S CLAIM**

7	<u>5</u> days Loss of Income @ <u>\$ 80.00</u> per days	\$	400.00
<b>Total Claims :</b>			<b>\$ 2,102.49</b>

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

- a) Original repair bill and photocopies of photographs 6 pcs.
- b) LTA search slip/s of : SKB9729G
- c) GIA / Police report/s of : SHB3999T
- d) Letter of authority from owner / hirer / operator
  - ( X ) Photocopie/s of Accident Scene Photo/s ( ) Certificate of Insurance
  - ( ) 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**



**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

**Yishun**  
 501 Yishun Industrial Park A  
 Singapore 768732

**GST REG. NO. M2-8921817-3**

**TAX INVOICE**

**ComfortDelGro Engineering Pte Ltd**

205 Braddell Road Singapore 579701  
Maurice + 65 6383 6280 Facsimile + 65 6280 0755

**Workshops**  
59 Lovano Drive Singapore 608660 24 Serangoon Loop Singapore 758104  
380 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768732  
320 Ubi Road 3 Singapore 408649

COMPANY REG. NO.: 199506048W  
Page: 1

8010010

AXA INSURANCE PTE LTD

#24-01 B SHENTON WAY AXA TOWER  
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO  
SHR39999

INV. NO/DATE  
91380336 27.06.2018

MAKE  
MERCEDES BENZ

JOB NO.  
305175942

MODEL  
R220CDI (R5)

ODOMETER READING

DATE OF REG  
31.08.2012

CHASSIS CODE  
WDD2120022A671117

JOB TYPE

Description : 3P 14.06.2018

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt		800.00
Add GST @ 7.000 %		56.00
<b>Total Invoice amount</b>		<b>856.00</b>

Issued by : KATHERINETAN 27.06.2018 08:50:39  
Repair Type : CFSO/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 CARDS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND MOVED AT OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND MAKE ANY REPAIRS FROM SUCH DELIVERY AND 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 DUE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT, I.E. AFTER 30 DAYS FROM THE INVOICE DATE PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON DELIVERY 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: CC18060435



Date: 26 June 2018

**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 14/06/2018 @ 19:20 hrs  
ALONG FINLAYSON GREEN TWDS MARINE BLVD X  
JUNCTION OF COLLYER QUAY  
INVOLVING SKB9729G

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHB3999T** (the "Taxi"). The Taxi was hired to **LEE SWEE HENG IC NO S1689583J** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$167.80** 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.



MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO
42	0600	1540
<del>39</del> 25	1605	0000
39	0550	1545
18	1630	0000
26	0900	1600
63	1610	0113
39	0130	0200
73	0435	1545
29	1600	0130
27	1000	1600
20	1605	0047

DATE	NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO		FROM	TO
10/6/18	Lee	552	89	300	1230	2320
11/6/18	Chan	552	5	276	0740	1610
11/6/18	Lee	552	27	162	1030	2330
12/6/18	Chan	553	27	300	0600	1545
12/6/18	Lee	553	49	270	1600	0047
13/6/18	Chan	553	69	200	0900	1600
13/6/18	Lee	554	35	340	1010	0200
14/6/18	Chan	554	25	190	0710	1600
14/6/18	Harris	554	55	332.5	1610	0220
15/6/18	Chan	554	68	130	1000	1600
15/6/18	Lee	554	92	244	1605	0000

LETTER OF AUTHORISATION  
(NAF / PAF)

ACCIDENT INVOLVING MERCEDES E220 SHB3999T , SKB 9729 G ON 14-Jun-18 19:20  
ALONG FINLAYSON GREEN TWDS MARINE BLVD X JUNCTION OF COLLYER QUAY

I / We LEE SWEE HENG (Hirer) NRIC No.: S1689583J

and/or HONG FUN KHIONG (Relief) NRIC No.: S1537834D

Taxi Number SHB3999T

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 16-Jun-2018

Name of Hirer LEE SWEE HENG  
Hirer NRIC S1689583J

Signature :



Address 301 UBI AVENUE1 #02-255  
400301

Contact No. 91695560

Name of Relief HONG FUN KHIONG  
Relief NRIC S1537834D

Signature :



Address 42 SIMS DRIVE #12-299  
380042

Contact No. 93820660

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKB9729G	14 Jun 2018 / 19:20:00	Successful	A12	AXA INSURANCE PTE LTD

Previous

OK



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKB 9729G (Insd veh)	Model: Mercedes Benz E220 (1796cc)
	SHB 3999T (TP veh)	
Date of Accident/ Time:	14/06/2018	

Repair Estimate	: \$	1,294.70	
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	1,510.00	

Payee Name : ComfortDelGro Engineering Pte Ltd

Is Third Party Workshop GIA Registered? [X] YES [ ] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ <del>No</del> BOLA Scenario No: <u>15</u>
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		

Remarks:

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp: *[Signature]* 23/6/2020  
 Name of Representative: COMFORTDELGRO ENGINEERING PTE LTD  
 Date: 59 LOYANG DRIVE SINGAPORE 508969

Signature of Witness / Workshop stamp (if applicable): *[Signature]*  
 Name of Witness: COMFORTDELGRO ENGINEERING PTE LTD  
 Date: 59 LOYANG DRIVE SINGAPORE 508969

*[Stamp: LKK AWK]*

Signature of AXA's surveyor/representative:  
Name of AXA's surveyor /Representative:  
Date: 23/07/2020

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

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"

Singapore Post (SINGPOST)

Singapore Post Limited  
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 10 Eunos Road #  
 400-50 Singapore Post Centre  
 Singapore 408600

Tel: 1825  
 Fax: 6842 5114  
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 on your registered article(s), please visit  
 www.singpost.com

**POSTING RECEIPT FOR REGISTERED ARTICLE(S)**

- NOTES:
- a) Separate forms are to be used for Insured and Non-Insured Registered Article.
  - b) Please provide all information required and produce this receipt for all enquiries.
  - c) Please tick where applicable. It shall be assumed no Advice of Receipt (A/R) is required or delivery by air is requested if relevant \* is left blank.
  - d) Please indicate the return address on the item(s) to ensure prompt return in event of non-delivery to the addressee(s).
  - e) Please post item(s) at the post office counter according to the sequence stated below.

Name & Address of Addressee  
 (SFB9794)  
 Kunzru Gautam  
 278 Dunearn Road,  
 Singapore 299549

Name & Address of Addressee

AR*: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	IN	BY*: <input type="checkbox"/> AIR <input type="checkbox"/> SUR
Insurance*: <input type="checkbox"/> Y <input type="checkbox"/> SS	( )	( )
Contents:		
AR*: <input type="checkbox"/> Y <input type="checkbox"/> N	IN	BY*: <input type="checkbox"/> AIR <input type="checkbox"/> SUR
Insurance*: <input type="checkbox"/> Y <input type="checkbox"/> SS	( )	( )
Contents:		

For Official Use Only  
 (Item numbers are printed in order of posting at counter)

RA Ref: 26347220/CO.3.44  
 Date: 03 AUG 2019  
 RA Ref: R0174650051256

Sender's Agreement  
 I have read, understood and agreed to the terms and conditions of posting overleaf. I accept the  
 maximum liability payable for Registered Mail Service and certify that all information provided by me  
 true and the item(s) does not contain any hazardous or prohibited item(s).

Name & Signature \_\_\_\_\_ Date \_\_\_\_\_  
 09/2014

SINGAPORE POST  
 TANJONG PAGAR  
 GST Reg. Add: SINGAPORE POST CENTRE  
 10 EUNOS ROAD #  
 SINGAPORE 408600  
 GST Reg. No: M2-0105651-9  
 Date: 03 Aug 2019 Time: 14:50:12  
 Description Amount(S\$) GST@7%  
 Ref. No: PSL01/2694/220/0202  
 Postage Label  
 LOCAL 2.54  
 SUB TOTAL 5.08 0.33  
 TOTAL AMOUNT 5.08  
 GST COLLECTED BY SINGPOST 0.33  
 M-PAYASH \$5.08

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 +Out of Scope  
 \*Supplier Item  
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 I have checked & confirmed the product is  
 visually good, functional & performed within  
 expectation.