

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: 169506048W

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

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 (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
Sub Total :		\$	1,702.49

HIRER'S CLAIM

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

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

Workshops

59 Loyang Drive Singapore 508960
383 Sin Ming Drive Singapore 575717
45 Pandan Road Singapore 609286
320 Ubi Road 3 Singapore 408649
24 Serangoon Loop Singapore 758150
7 Sungei Kadut Way Singapore 728791
501 Yishun Industrial Park A Singapore 758712

TAX INVOICE

8010010
AXA INSURANCE PTE LTD
#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE 068811
CONTACT NO: 63387288

VEHICLE NO
SHR399991
MAKE
MERCEDES BENZ
MODEL
E220CDI (R5)
DATE OF REG
31.08.2012
CHASSIS CODE
WDD2120022A671117
INV. NO/DATE
91380336 27.06.2018
JOB NO.
305175942
DIAGNOSTIC READING

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
Total Invoice amount	856.00

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 CAR 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: 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)		NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO				FROM	TO
360	1230	2320	Lee	552489	360	1230	2320
276	0740	1610	Chan	552705	276	0740	1610
162	1030	2320	Lee	552927	162	1030	2320
300	0600	1545	Chan	553227	300	0600	1545
270	1600	0247	Lee	553493	270	1600	0247
200	0900	1600	Chan	553693	200	0900	1600
340	1010	0200	Lee	554035	340	1010	0200
190	0710	1600	Chan	554225	190	0710	1600
332.5	1610	0220	Harris	554555	332.5	1610	0220
130	1000	1600	Chan	554685	130	1000	1600
244	1605	0000	Lee	554926	244	1605	0000

MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO
242	0600	1540
39	1605	0020
18	0550	1545
26	0900	1600
63	1610	0113
59	0130	0200
73	0435	1545
29	1600	0138
20	1000	1600
20	1605	0047

5HB39997
NAME OF DRIVER

LETTER OF AUTHORISATION (NAF / PAF)	
ACCIDENT INVOLVING ALONG	MERCEDES E220 SHB3999T , SKB 9729 G ON 14-Jun-18 19:20 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):	
<ol style="list-style-type: none"> 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: Hirer NRIC	LEE SWEE HENG S1689583J
	Signature : 
Address	301 UBI AVENUE1 #02-255 400301
Contact No.	91695560
Name of Relief: Relief NRIC	HONG FUN KHIONG 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

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Singapore Post Limited
 (Reg. No. 199201023M)
 10 Eunos Road 8
 Singapore Post Centre
 Singapore 408600

Tel: 1805
 Fax: 6842 5114
 To check delivery status or to raise an enquiry
 on your registered article(s), please visit
 www.singpost.com

POSTING RECEIPT FOR REGISTERED ARTICLE(S)

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

Name & Address of Addressee
 (SK897796)
 Kunzru Gautam
 278 Dunearn Road,
 Singapore 299549

Name & Address of Addressee

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

NA TSN Ref: 2634/220/CO-344
 Date: 08 Aug 2019
 RA No: R014650031256

AR* () Y () N ()	BY* () AIR () SUR ()
Insurance* () Y \$ () N ()	
Contents:	
AR* () Y () N ()	BY* () AIR () SUR ()
Insurance* () Y \$ () N ()	
Contents:	

Sender's Agreement

I, the undersigned, understand and agree 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 items) does not contain any hazardous or prohibited item(s).

Name & Signature _____ Date 08/2014

SINGAPORE POST
 TIANJONG E-PAK
 GST Reg. Add: SINGAPORE POST CENTRE
 10 EUNOS ROAD 8
 SINGAPORE 408600
 GST Reg. No: M2-0105651-9
 Date: 08 Aug 2019 Time: 14:50:12

Description	Amount (\$)	GST@7%
Postage Label	5.08	0.33
LOCAL	2.54	
SUB TOTAL	5.08	0.33
TOTAL AMOUNT	5.08	0.33
GST COLLECTED BY SINGPOST		0.33
MCP-CASH		55.08

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 Price inclusive of 7% GST where applicable
 I have checked & confirmed the product is visually good, functional & performed within expectation.