

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	\$	-
Sub Total :		\$	<u>1,702.49</u>

HIRER'S CLAIM

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

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 0766

Workshops
59 Lovano Drive Singapore 508960 24 Serangoon Loop Singapore 756104
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
SHR39993

INV. NO/DATE
91380336 27.06.2018

MAKE
MERCEDES BENZ

JOB NO.
305175942

MODEL
R220CDI (R5)

ODMETER 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
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

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARDS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND STORED AT OWNERS' RISK.
- 2) 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.
- 3) 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 DUE DATE OF THE PERIOD OF DEFAULT.
- 4) 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

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MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO
42	0600	1540
39 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	Clare	552	75	276	0740	1610
11/6/18	Lee	552	92	162	1030	2330
12/6/18	Clare	553	27	300	0600	1545
12/6/18	Lee	553	49	270	1600	0047
13/6/18	Clare	553	69	200	0900	1600
13/6/18	Lee	554	35	340	1010	0200
14/6/18	Clare	554	25	190	0710	1600
14/6/18	Harris	554	55	332.5	1610	0220
15/6/18	Lee	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