

Our Ref : T 0718 / SHD6617R /JW(st)
Your ref :
Date : 17-Jul-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

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

EQ Insurance Company Limited
5 Maxwell Road, MND Complex
#17-00 Tower Block
Singapore 069110

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHD6617R YOUR INSURED YP 794L AND OTHER ON 03.07.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHD6617R** 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 **YP 794L** we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,782.00
2	7 days Loss of Rental @ \$ 115.00 per day	\$ 805.00
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 :		\$ 3,594.49

HIRER'S CLAIM

7	7 days Loss of Income @ \$ 80.00 per day	\$ 560.00
Total Claims:		\$ 4,154.49

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

- a) Original repair bill and photocopies of photographs : 4 pcs.
b) LTA search slip/s of : **YP 794L**
c) GIA / Police report/s of : **SHD6617R**
d) Letter of authority from owner / hirer / operator
() Witness statement/s () Towing/Medical bill/receipts () Certificate of Insurance
(X) Photograph/s of Accident Scen (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

Jim Wong

Deputy Manager

CDGE Claims Department

Tel : 6214 8374 Fax: 6214 1843 Email : jimwong@cdge.com.sg

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

A member of

COMFORTDELGRO



LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHD6617R , YP794L
ALONG KEONG SIAK ROAD****ON 03-Jul-18 11:25**

I / We

FOONG KOK SING(Hirer) NRIC No.: **S1150683F**

and/or

(Relief) NRIC No.:

Taxi Number

SHD6617R

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

03-Jul-2018Name of Hirer
Hirer NRIC**FOONG KOK SING
S1150683F**

Signature :



Address

**528 BUKIT BATOK STREET 51 #09-60
650528**

Contact No.

96971209

GST REG. NO. M2-8921817-3

TAX INVOICE

8010325

EQ INSURANCE COMPANY LIMITED

#17-00 5 MAXWELL ROAD TOWER BLOCK
SINGAPORE 069110

CONTACT NO: 62239433

VEHICLE NO
SHD6617R

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
09.04.2015

CHASSIS CODE
KMHL841UMFU067920

INV. NO/DATE
91383683 12.07.2018

JOB NO.
305183056

ODOMETER READING

JOB TYPE

Description : 3P 03.07.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	2,600.00
Add GST @ 7.000 %	182.00
Total Invoice amount	2,782.00

Issued by : KATHERINETAN 12.07.2018 16:12:36
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: CT18070067

Date: 12 July 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 03/07/2018 @ 11:25 hrs
ALONG KEONG SIAK ROAD
INVOLVING YP794L

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 **SHD6617R** (the "Taxi"). The Taxi was hired to **FOONG KOK SING IC NO S1150683F** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** 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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AF

MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)		NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)	
		FROM	TO		1	2	3	4	5			FROM	TO
4	175	8:15 Am	5:10 Pm	02/07	5	5	8	3	1	239		1730	02:00
1	237	1730	01:30	3/7								8:15 Am	140 Pm
	workshop	8:10 Am	5:50 Pm	3/7						74		1230	1230
3				9/7						74			
8	205	1910	05:25										
4	306	06:35	16:45										
6	251	1900	04:20										
6	270	06:35	16:45										
6	170	18:55	02:30										
2	285	8:15 Am	5:10 Pm										

SAD 6617R

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
YP794L	03 Jul 2018 / 11:25:00	Successful	E04	EQ INSURANCE COMPANY LTD

[Previous](#)[OK](#)

SHD 6617 R

