

	CC	MII OKIDELUKU			
Our Ref : T 0718 / SHC3917A /JW	/(st)	ENGINEERING			
Date : <u>25-Jul-18</u>		ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701			
EQ Insurance Company Limited 5 Maxwell Road, MND Complex	59 Loyang Drive 4th FIr Singapore 508969	Mainline +65 6383 6280 Facsimilie +65 6280 9755			
#17-00 Tower Block		www.cdge.com.sg			
Singapore 069110		Company Registration No: 199506048W			
Attn: Motor Claims Department	WITHOUT PREJUDICE	Workshops Braddell			
Dear Sir		205 Braddell Road Singapore 579701			
ACCIDENT INVOLVING OUR TAXISHO	3917A YOUR INSURED SJS75 ON 18.07.18	59 Loyang Drive Singapore 508969			
We are the authorised repair workshop for Co	omfort Transportation Pto Ltd. the av	Sin Ming 383 Sin Ming Drive Singapore 575717			
vehicle. The vehicle owner and the taxi driver	in the captioned accident with your in	nsured 45 Pandan Road			
arising from the damage to the vehicle.	the party responsible for all applicable	le matters 320 Ubi Road 3 Singapore 408649			
As the accident was caused by the negligent we are submitting these claims for your consider	act of your insured driving SJS752	26K Senoko 24 Senoko Loop Singapore 758156			
TAXI OWNER'S CLAIM 1 Cost of Repair		Sungei Kadut 7 Sungei Kadut Way			
2 3 4	10.00	93.50 Singapore 728791			
3 Survey Report Fees (Surveyed by M/s LKK 4 LTA Search Fees	\$	57.84 501 Yishun Industrial Park A Singapore 768732			
5 GIA / Police Report Fees6 Towing / Medical / Transporation Fees	\$	7.49			
HIRER'S CLAIM	Sub Total: \$ 2,55	8.83			
73 days Loss of Income @\$ 8		0.00			
	Total Claims: \$ 2,79	8.83			
We enclose herewith the following documents to a) Original repair bill and photocopies of photocopies	ographe .				
b) LTA search slip/s of : SJS75 c) GIA / Police report/s of : SHC39 d) Letter of authority from owner / hirer / opera	526K 917A	pcs.			
() Witness statement/s () Towing/Medical	bill/receipts () Certificate of Income				
(X) Photograph/s of Accident Scen (x) Dow		e I 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.









LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SHC3917A , SJS7526K

CHANGI TERMINAL 2 BASEMENT CAR PARK

ON 18-Jul-18 10:45

I / We

ALONG

LIM JEFFREY

(Hirer) NRIC No .:

S0026123H

and/or

(Relief) NRIC No.:

Taxi Number

SHC3917A

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

18-Jul-2018

Name of Hirer

LIM JEFFREY

Hirer NRIC

S0026123H

Signature:



Address

310 HOUGANG AVENUE 5 #04-277

530310

Contact No.

97869584



A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286 320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 76873

COMPANY REG. NO.: 199506048W

801.0325

EQ INSURANCE COMPANY LIMITED

#17-00 5 MAXWELL ROAD TOWER BLOCK SINGAPORE 069110

CONTACT NO: 62239433

VEHCLE NO SHC3917A

INV. NO/DATE 91385408 23.07.2018

MAKE HYUNDAT

JOB NO. 305189457

MODEL. T - 40

OIXIMETER READING

DATE OF REG 26.02.2015

CHASSIS CODE KMHLB41UMFU064660

JOB TYPE

7.000 %

AMOUNT

Description: 3P 18.07.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt

INVOICE No.

2,050.00 143,50

Total Invoice amount

2,193.50

BANK/CHQ No.

KATHERINETAN 23.07.2018 16:37:17

Issued by : KATHERINETAN 23
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

ACCOUNT No.

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

Our Ref: CT18070526

Date: 23 July 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

18/07/2018 @ 10:45 hrs

ALONG

CHANGI TERMINAL 2 BASEMENT CAR PARK

INVOLVING

SJS7526K

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 SHC3917A (the "Taxi"). The Taxi was hired to LIM JEFFREY IC NO S0026123H a registered hirer-operator of Comfort Transportation Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$119.28 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.

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	HOURS OPERATED (TIME)	TO	0730	1825	-	asto	1730		1835	3	(358)	1	(530
	HOURS 0	FROM	Sor	1130	2000	1900	0800	2020	0800	1830	0815	20+1	1
	MILEAGE	(KM)	322	120	369	299	(63	328	269	312	80	2	200
SHC 39 (7 A	R MILEAGE READING		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	534564		5357	2 2 2 3 9 8	524723	1 × × × × × × × × × × × × × × × × × × ×	0	3 8 8 9 5 1		
SHC	NAME OF DRIVER	110		100 M	18 CM	B Corne		2300	1011	1/8 John	DIX PC Dent	3	
ATE	DATE	13/4	44		18/3/	18/91	16/3/	14	17/2	18/2	(A.5)	20.01.18	
HOURS OPERATE	FROM												
AGE	J J												

Enquire Vehicle Insurer

Vehicle No. Incident Date/Time

Search Status

Insurance Company Code

Insurance Company Name

SJS7526K

18 Jul 2018 / 10:45:00

Successful

E04

SACZAMA

EQ INSURANCE COMPANY LTD

Previous

OK















