

Our Ref : CC18070581 / SHA9057C / WT(st)

Your Ref :

Date : 23-Aug-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

CHINA INSURANCE CO LTD

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA9057C YOUR INSURED SJN2765X  
AND OTHER \_\_\_\_\_ ON 19.07.18

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No :  
SHA9057C 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 : SJN2765X  
we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 1,712.00
2	5.5 days Loss of Rental @ \$ 98.25 per day	\$ 540.38
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	\$ -
Sub Total :		\$ 2,259.87

**HIRER'S CLAIM**

7	5.5 days Loss of Income @ \$ 80.00 per days	\$ 440.00
Total Claims :		\$ 2,699.87

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

- a) Original repair bill and photocopies of photographs : 9 pcs.
- b) LTA search slip/s of : SJN2765X
- c) GIA / Police report/s of : SHA9057C
- d) Letter of authority from owner / hirer / operator
- ( X ) Photocopies of Accident Scene Photos ( ) Certificate of Insurance
- ( ) Witness statement/s ( 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

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.

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****SONATA SHA9057C , SJN2765X  
NICOLL H/WAY TWDS KPE .****ON 19-Jul-18 19:15**

I / We

**ONG KHENG CHEW**(Hirer) NRIC No.: **S1768379I**

and/or

**LEE KEE YONG**(Relief) NRIC No.: **S1762617E**

Taxi Number

**SHA9057C**

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

**20-Jul-2018**

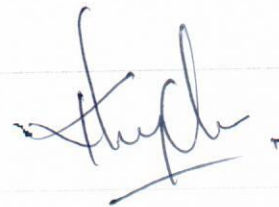
Name of Hirer

**ONG KHENG CHEW**

Hirer NRIC

**S1768379I**

Signature :



Address

**201D PUNGGOL FIELD #07-278  
824201**

Contact No.

**90904228**

Name of Relief

**LEE KEE YONG**

Relief NRIC

**S1762617E**

Signature :



Address

**204A PUNGGOL FIELD #07-286  
821204**

Contact No.

**85181843**



## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA9057C

MAKE  
HYUNDAI

MODEL  
SONATA

DATE OF REG  
31.07.2011

CHASSIS CODE  
KMHE141VMB815028

NO/DATE  
91390876 20.08.2018

JOB NO.  
305190282

ODOMETER READING

JOB TYPE

Description : 3P 19.07.18

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,600.00
Add GST @ 7.00 %	112.00
<b>Total Invoice amount</b>	<b>1,712.00</b>

Issued by : KATHERINETAN 20.08.2018 17:13:11  
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 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: CC18070581



Date: 20 August 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	19/07/2018 @ 19:15 hrs
ALONG	NICOLL H/WAY TWDS KPE
INVOLVING	SJN2765X

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 **SHA9057C** (the "Taxi"). The Taxi was hired to **ONG KHENG CHEW IC NO S1768379I** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$98.25** 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.

DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TM)		DATE	NAME OF DRIVER	MILEAGE
		1	2	3		FROM	TO			
12/2/18	Dyke	134	297	163	0330	0600				
17/7/18	Leetoy	134	396	262	1500	0030				
18/7/18	Dyke	134	632	498	0330	1110				
19/7/18	Leetoy	134	803	669	1410	2000				
19/7/18	Dyke	135	967	832	0330	1050				
19/7/18	Leetoy	135	1120	985	1820	2020				
19/7/18	Accident	135	1120	985	2025	-				
24/7/18	Repay	135	1120	985	1100	-				

7/20/2018

Insurance Particulars Enquiry By Agents Detail

## Enquire Vehicle Insurer

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

SJN2765X 19 Jul 2018 / 19:15:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK

SHAG057C



