

Our Ref : T 0718 / SHA4017B /WT(st)

Your Ref :

Date : 12-Sep-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

CHINA TAIPING INSURANCE CO LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA4017B YOUR INSURED GBF5865H
AND OTHER _____ ON 22.07.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA4017B 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 GBF5865H we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 6,313.00
2	9 days Loss of Rental @ \$ 117.28 per day	\$ 1,055.52
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 :		\$ 7,376.01

HIRER'S CLAIM

7	9 days Loss of Income @ \$ 80.00 per days	\$ 720.00
Total Claims :		\$ 8,096.01

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

- a) Original repair bill and photocopies of photographs : 8 pcs.
- b) LTA search slip/s of : GBF5865H
- c) GIA / Police report/s of : SHA4017B
- d) Letter of authority from owner / hirer / operator
 - () Traffic Compound () 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
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



LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SHA4017B , GBF5865H
MCKERROW RD OF BARTLEY RD.****ON 22-Jul-18 10:45**

I / We

TAN GIM HWA(Hirer) NRIC No.: **S1271827F**

and/or

(Relief) NRIC No.:

Taxi Number

SHA4017B

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

23-Jul-2018

Name of Hirer

TAN GIM HWA

Hirer NRIC

S1271827F

Signature :



Address

**40 LORONG ONG LYE #04-07
536408**

Contact No.

82826303

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 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 76873
320 Ubi Road 3 Singapore 408649**COMPANY REG. NO. : 199506048W**
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CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHA4017B**MAKE**
HYUNDAI**MODEL**
I-40**DATE OF REG**
18.02.2014**CHASSIS CODE**
KMHLB41UMEU047605**NO/DATE**
91395124 11.09.2018**JOB NO.**
305191233**ODOMETER READING**
_____**JOB TYPE**

Description : 3P 22.07.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	5,900.00
Add GST @ 7.000 %	413.00
Total Invoice amount	6,313.00

Issued by : CHEWBEELENG 11.09.2018 14:27:29
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

1) 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.

2) 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.

3) 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.

4) 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: CT18070667

Date: 11 September 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 22/07/2018 @ 10:45 hrs
ALONG MCKERROW RD OF BARTLEY RD.
INVOLVING GBF5865H

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 **SHA4017B** (the "Taxi"). The Taxi was hired to **TAN GIM HWA IC NO S1271827F** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.28** 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

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HOURS OPERATED (TIME)		MILEAGE TRAVELLED (KM)	MILEAGE READING	NAME OF DRIVER	DATE	HOURS OPERATED (TIME)	
FROM	TO					FROM	TO
0800	2200	290	564479	PJ	17/7/18	0800	2200
0800	2200	345	564820	PJ	18/7/18	0800	2200
0800	2200	318	565145	PJ	19/7/18	0800	2200
0800	2200	289	565445	PJ	20/7/18	0800	2200
0800	2200	261	565676	PJ	21/7	0800	2200
0800	2200	170	565847	PJ	21/7	0800	2200
0800	2200	140	565869	PJ	22/7	0800	2200
1045	-	140	/	ACCIDENT	22-07-18	1045	-
1200	-	057	/	REPAIR	30-07-18	1200	-

Enquire Vehicle Insurer

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

GBF5865H 22 Jul 2018 / 10:45:00 Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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Sum = 1713

