

14266 - 289

COMFORTDELGRO ENGINEERING

Our Ref : CC18080340/ SHB3431P /WT(st)

Your Ref :

Date : 24-Aug-18

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

ComfortDaiGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No. 13666940W

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

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 SHB3431P YOUR INSURED YP 3575H
AND OTHER ON 12.08.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : **SHB3431P** 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 3575H** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 749.00
2	3 days Loss of Rental @ \$ 113.00 per day	\$ 339.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
Sub Total :		\$ 1,095.49

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 1,335.49

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 : **YP 3575H**
- c) GIA / Police report/s of : **SHB3431P**
- d) Letter of authority from owner / hirer / operator
 - (X) Photocopies 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



LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGi 40 SHB3431P , YP3575H
BALESTIER ROAD TWDS THOMSON RD.

ON 12-Aug-18 12:30

I / We

NG AH HONG

(Hirer) NRIC No.:

S7222609G

and/or

(Relief) NRIC No.:

Taxi Number

SHB3431P

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

13-Aug-2018

Name of Hirer

NG AH HONG

Hirer NRIC

S7222609G

Signature :

Address

5 SIREH PLACE
534186

Contact No.

97811693

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER #24-01
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO
SHH3431P

MAKE
HYUNDAI

MODEL
T-40

DATE OF REG
17.07.2014

CHASSIS CODE
KMHLB41UMKU057995

NO/DATE

91391529 24.08.2018

JOB NO.

305199175

ODOMETER READING

JOB TYPE

Description : 3P 12.08.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	700.00
Add GST @ 7.000 %	49.00
Total Invoice amount.	749.00

Issued by : KATHERINETAN 24.08.2018 09:48:55
Repair Type : CFSO/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: CC18080340



Date: 15 August 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	12/08/2018 @ 12:30 hrs
ALONG	BALESTIER ROAD TWDS THOMSON RD
INVOLVING	YP3575H

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 **SHB3431P** (the "Taxi"). The Taxi was hired to **NG AH HONG IC NO S7222609G** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$113.00** 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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SHB3431P
NAME OF DRIVER

DATE

OPERATED (TIME)

TO

MILEAGE READING

MILEAGE TRAVELLED (KM)

HOURS OPERATED (TIME)

FROM

TO

10 08/18

0000

AK Ue

598663

242

1300

2300

11 08/18

1930

NH at HANU

598963

300

0430

2000

12 08/18

1700

NH at HANU

599217

254

0440

1810

12/8/18

1240

Accident 7/4

1N

1340

—

14/8/18

2300

Repair

WT

—

1615

1250

2325

1305

0000

1900

1200

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
YP3575H	12 Aug 2018 / 12:30:00	Successful	A12	AXA INSURANCE PTE LTD

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SHB3431P