

Our Ref : T 0818/ SHC3860D /WT(st)

Your Ref :

Date : 03-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

**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 SHC3860D YOUR INSURED SJV 710A  
AND OTHER ON 27.08.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : **SHC3860D** 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 : **SJV 710A** we are submitting these claim for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,675.00
2	5 days Loss of Rental @ \$ 115.00 per day	\$ 575.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fee	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
Sub Total :		\$ 3,257.49

## HIRER'S CLAIM

7	5 days Loss of Income @ \$ 80.00 per days	\$ 400.00
Total Claims:		\$ 3,657.49

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

- Original repair bill and photocopies of photographs 6 pcs
- LTA search slip/s of : SJV 710A
- GIA / Police report/s of : SHC3860D
- Letter of authority from owner / hirer / operator
  - ( X ) Photocopies of Accident Scene Photo/s ( ) Traffic Compound ( ) PIR
  - ( ) 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.

## 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**  
Yishun Industrial Park A  
Singapore 768732

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****SONATA SHC3860D , SJV710A  
BOUNDRY RD X YIO CHU KANG RD****ON 27-Aug-18 11:00**

I / We

**NOORDIN BIN IBRAHI...**(Hirer) NRIC No.: **S1193067J**

and/or

(Relief) NRIC No.:

Taxi Number

**SHC3860D**

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

**27-Aug-2018**

Name of Hirer

**NOORDIN BIN IBRAHIM MARICAN**

Hirer NRIC

**S1193067J**

Signature :



Address

**358 WOODLANDS AVENUE 5 #02-374  
730358**

Contact No.

**94362770**

## TAX INVOICE

8010010

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER #24-01  
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO  
SHC3860D

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
05.02.2015

CHASSIS CODE  
KMHLB41UMFU064528

NO/DATE

91393363 31.08.2018

JOB NO.  
305204959

ODOMETER READING

JOB TYPE

Description : 3P 27.08.18

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,500.00
Add GST @ 7.000 %	175.00
<b>Total Invoice amount</b>	<b>2,675.00</b>

Issued by : CHEWBEKLENG 03.09.2018 11:06:41  
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: CT18080779



Date: 03 September 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	27/08/2018 @ 11:00 hrs
ALONG	BOUNDRY RD X YIO CHU KANG RD
INVOLVING	SJV710A

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 **SHC3860D** (the "Taxi"). The Taxi was hired to **NOORDIN BIN IBRAHIM MARICAN IC NO S1193067J** 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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## Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJV710A	27 Aug 2018 / 11:00:00	Successful	A12	AXA INSURANCE PTE LTD

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

SNC 38630