

W

Our Ref : T 0818 / SHC8264S / JW(st)

Your ref : _____

Date : 05-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

EQ Insurance Company Limited
5 Maxwell Road, MND Complex
#17-00 Tower Block
Singapore 069110

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

Attn : Motor Claims Department **WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC8264S YOUR INSURED XE 3507A
AND OTHER _____ ON 30.08.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC8264S 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 XE 3507A we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 3,477.50
2	<u>2</u> days Loss of Rental @ \$ <u>115.00</u> per day	\$ 230.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 3,714.99

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ <u>80.00</u> per day	\$ 160.00
Total Claims:		\$ 3,874.99

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

- a) Original repair bill and photocopies of photographs : 7 pcs.
- b) LTA search slip/s of : XE 3507A
- c) GIA / Police report/s of : SHC8264S
- d) Letter of authority from owner / hirer / operator
 - () Witness statement/s () Towing/Medical bill/receipts () Certificate of Insurance
 - (X) Photograph/s of Accident Scene (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
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
ALONG****i 40 SHC8264S , XE3507A
SIMEI ROAD TWDS SOMAPAH RD.****ON 30-Aug-18 08:30**

I / We

MANSOR BIN SALLEH

(Hirer) NRIC No.:

S1383455E

and/or

(Relief) NRIC No.:

Taxi Number

SHC8264S

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

30-Aug-2018

Name of Hirer

MANSOR BIN SALLEH

Hirer NRIC

S1383455E

Signature :



Address

**59 TELOK BLANGAH HEIGHTS #03-01
100059**

Contact No.

90622471

GST REG. NO. M2-8921817-3

TAX INVOICE

8010325
EQ INSURANCE COMPANY LIMITED
5 MAXWELL ROAD TOWER BLOCK #17-00
SINGAPORE 069110
CONTACT NO: 62239433

VEHICLE NO SHC8264S
NO/DATE 91393382 31.08.2018
MAKE HYUNDAI
JOB NO. 305206385
MODEL I-40
ODOMETER READING
DATE OF REG 06.08.2015
CHASSIS CODE KMHLB41UMGU075511
JOB TYPE

Description : 3P 30.08.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		3,250.00
Add GST @ 7.000 %		227.50
Total Invoice amount		3,477.50

Issued by : KATHERINETAN 03.09.2018 11:19:09
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

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CT18080867

Date: 03 September 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 30/08/2018 @ 08:30 hrs
ALONG SIMEI ROAD TWDS SOMAPAH RD.
INVOLVING XE3507A

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 **SHC8264S** (the "Taxi"). The Taxi was hired to **MANSOR BIN SALLEH IC NO S1383455E** 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 **India International Insurance Pte 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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READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		
		FROM	TO			5	7	8	6		FROM	TO	
756		0930	0300	26/8/18	Manson	5	7	7	9	6	2	0630	0130
065		0900	0200	27/8	"	5	7	8	2	6	9	0500	2330
381		0800	0130	28/8	"	5	7	8	6	3	9	0500	2300
696		0700	2350	29/8	"	5	7	8	8	8	8	0400	0856
043		0600	0715	30/8/18	Manson	5	7	8	8	6	6	0400	0856
255		0840	1940	30/8/18									
457		2100	0200	30/8/18	Accident							0850	—
827		0800	0100	31/8/18	Repair							—	1815
215		1000	0847										
451		0900	2040										
4655		2000	0200										

SHC 8264 S

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
XE3507A	30 Aug 2018 / 08:30:00	Successful	E04	EQ INSURANCE COMPANY LTD

Previous

OK

