

Our Ref : T 0918/ SHA6006U /KS(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

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
101 Yishun Industrial Park A
Singapore 768732

Lonpac Insurance Bhd

300 Beach Road

#17-04 / 07, The Concourse

Singapore 199555

Attn : Motor Claim Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA6006U YOUR INSURED SLB2274K AND OTHER _____ ON 03.09.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA6006U 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 : SLB2274K we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 588.50
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 / Medical / Transportation Fees	\$ -
Sub Total :		\$ 934.99

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims:		\$ 1,174.99

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 : SLB2274K
- c) GIA / Police report/s of : SHA6006U
- 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

Kazali Hj Selahudin

Deputy Manager

CDGE Taxi Claims Department

Tel : 6214 8736 Fax: 6214 1843 Email: kazali@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 SHA6006U , SLB2274K****ON 03-Sep-18 09:10****T JUNCTION OF HOUGANG ST 91 TO HOUGANG AVE 9**

I / We

KUA LAM WAH(Hirer) NRIC No.: **S1607717H**

and/or

SAI SOON YEOW(Relief) NRIC No.: **S6947193E**

Taxi Number

SHA6006U

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

03-Sep-2018Name of Hirer
Hirer NRIC**KUA LAM WAH
S1607717H**

Signature :



Address

**333 ANG MO KIO AVENUE 1 #06-19...
560333**

Contact No.

97856341Name of Relief
Relief NRIC**SAI SOON YEOW
S6947193E**

Signature :



Address

**155 BISHAN ST 13 #09-74
570155**

Contact No.

81235123

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W

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8010042

LONPAC INSURANCE BERHAD
THE CONCOURSE

300 BEACH ROAD #17-04/07
SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO
SHA6006U

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
17.04.2014

CHASSIS CODE
KMHLB41UMEU053757

INV. NO/DATE
91394801 10.09.2018

JOB NO.
305207954

ODOMETER READING

DATE/TIME IN
03.09.2018 11:15

Description : 3P 03.09.18

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0001	L	PANEL BEATING	100.00	100.00
0002	L	SPRAY PAINTING CHARGE	200.00	200.00
0003	20-05	RENEW ADVERTISEMENT REAR BUMPER	50.00	50.00
0004	20-05	RENEW ADVERTISEMENT REAR FENDER RH	100.00	100.00
0005	20-05	RENEW ADVERTISEMENT REAR FENDER LH	100.00	100.00
SUB-TOTAL :			550.00	

- 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.
8010042	91394801	588.50	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010042

LONPAC INSURANCE BERHAD
THE CONCOURSE

300 BEACH ROAD #17-04/07
SINGAPORE SG 199555

CONTACT NO: 62507388

VEHICLE NO
SHA6006U

MAKE
HYUNDAI

MODEL
i-40

DATE OF REG
17.04.2014

CHASSIS CODE
KMHLB41UMKU053757

INV. NO/DATE
91394801 10.09.2018

JOB NO.
305207954

ODOMETER READING

DATE/TIME IN
03.09.2018 11:15

Items total	550.00
Add GST @ 7.000 %	38.50
Invoice amount	588.50

Issued by : KATHERINETAN 10.09.2018 11:56:25
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

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ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

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CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010042	91394801	588.50	

Our Ref: CT18090045

Date: 10 September 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	03/09/2018 @ 09:10 hrs
ALONG	T JUNCTION OF HOUGANG ST 91 TO HOUGANG AVE
	9
INVOLVING	SLB2274K

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 **SHA6006U** (the "Taxi"). The Taxi was hired to **KUA LAM WAH IC NO S1607717H** a registered hirer-operator of **Comfort Transportation 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

This is a computer generated letter. No signature is required.

[illegible][illegible]

DING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO
28	166	0920	0955
38	246	1040	2220
43	135	0900	0940
69	295	1100	2157
96	127	0910	0930
19	122	1400	2058
29	170	0925	0950
80	180	1030	2140
17	137	0900	0958
21	204	1040	2156
26	175	0355	0955

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		45	73	84	4		FROM	TO
29/8/18	Kua	45	73	84	4	185	1015	2203
30/8/18	Sua	45	75	92	2	197	0900	0950
31/8/18	Kua	45	77	92	2	200	1045	2158
31/8/18	Sua	45	79	13	13	120	0915	0958
31/8/18	Kua	45	81	16	6	203	1045	2208
1/9/18	Sua	45	83	03	3	186	0955	0950
1/9/18	Kua	45	85	20	20	216	1100	2130
2/9	Sua	45	86	66	66	146	0910	0958
2/9/18	Kua	45	87	75	5	109	1210	2108
3/9	Sua	45	89	14	14	138	0900	1002
3/9	Sua	45	85	313	313	157	1000	1110

Enquire Vehicle Insurer				
Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLB2274K	03 Sep 2018 / 09:10:00	Successful	L06	LONPAC INSURANCE BHD

Previous OK

