

Our Ref : CC18090191/ SHC7036R/WT(st)

Your Ref :

Date : 25-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**  
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 SHC7036R YOUR INSURED SJN1648H AND OTHEF 4 VEHICLES ON 08.09.18

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHC7036R 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 : SJN1648H we are submitting these claim for your consideration on behalf of the claimants.

### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 3,839.10
2	<u>2</u> days Loss of Rental @ \$ 115.00 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 Fees	\$ -
<b>Sub Total :</b>		<b>\$ 4,076.59</b>

### HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ 80.00 per days	\$ 160.00
<b>Total Claims :</b>		<b>\$ 4,236.59</b>

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

- a) Original repair bill and photocopies of photographs 6 pcs.
- b) LTA search slip/s of : SJN1648H
- c) GIA / Police report/s of : SHC7036R
- 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  
ALONG****i 40 SHC7036R , SJN1648H , SJX8682J  
PIE TOWARDS CITY AFTER ENG NEO EXIT****ON 08-Sep-18 12:45**

I / We

**TAN KIM HUA**(Hirer) NRIC No.: **S1172306C**

and/or

(Relief) NRIC No.:

Taxi Number

**SHC7036R**

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

**09-Sep-2018**Name of Hirer  
Hirer NRIC**TAN KIM HUA  
S1172306C**

Signature :



Address

**304B ANCHORVALE LINK #03-10  
542304**

Contact No.

**96669815**



GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010010

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER #24-01  
SINGAPORE SG 068811

CONTACT NO: 63387288

Description : 3P 08.09.2018

VEHICLE NO  
SHC7036R

INV. NO/DATE  
91396538 20.09.2018

MAKE  
HYUNDAI

JOB NO.  
305210505

MODEL  
I-40

ODOMETER READING

DATE OF REG  
17.03.2016

DATE/TIME IN  
10.09.2018 09:40

CHASSIS CODE  
KMHLB41UMGU085584

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0103-0579	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40
0002	04-01-0103-0738	I40VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40
0003	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP	10	2.20	20.00	17.60
0004	09-01-9999-0068	HYUNDAI REVERSE SENSOR AS	1	135.70	0.00	135.70
0005	04-01-0103-2322	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76
0006	04-01-0103-2164	I40V3 GRILLE ASSY-RADIATO	1	1,110.10	20.00	888.08
SUB-TOTAL				:		2,507.94

### JOB NATURE

0001	L	ADVERTISEMENT - REAR BUMPER	50.00	50.00
0002	L	ADVERTISEMENT - REAR FENDER RH/LH	200.00	200.00

- 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.
8010010	91396538	3,839.10	

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 2

8010010

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER #24-01  
SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO  
SHC7036R

INV. NO/DATE  
91396538 20.09.2018

MAKE  
HYUNDAI

JOB NO.  
305210505

MODEL  
I-40

ODOMETER READING

DATE OF REG  
17.03.2016

DATE/TIME IN  
10.09.2018 09:40

CHASSIS CODE  
KMHLB41UMGU085584

S/No	Part No.		Qty	Unit Price	%Disc	Net
0003	L	PANEL BEATING (Front)	200.00		200.00	
0004	23-502	SPRAYPAINT ON AFFECTED AREA	200.00		200.00	
0005	L	PANEL BEATING (Rear)	200.00		200.00	
0006	23-502	SPRAYPAINT ON AFFECTED AREA	200.00		200.00	
0007	L	REMOVE/REFIX REVERSE SENSOR	30.00		30.00	
SUB-TOTAL			:			1,080.00

Items total	3,587.94
Add GST @ 7.000 %	251.16
Invoice amount	3,839.10

Issued by : KATHERINETAN 20.09.2018 09:09:00  
Repair type : CFSO/57/57  
Payment Type/Term: /Credit 30 days

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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.
8010010	91396538	3,839.10	



Our Ref: CC18090191



Date: 19 September 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON  
ALONG  
INVOLVING

08/09/2018 @ 12:45 hrs  
PIE TOWARDS CITY AFTER ENG NEO EXIT  
SJN1648H, SJX8682J, UNKNOWN, UNKNOWN,  
UNKNOWN

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 **SHC7036R** (the "Taxi"). The Taxi was hired to **TAN KIM HUA IC NO S1172306C** a registered hirer-operator of **CityCab 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

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

HOURS OPERATED (TIME)

SAC 7036 R		MILEAGE READING		MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)	
DATE	NAME OF DRIVER					FROM	TO
10/9/18	JAN					0715	0940
10/9/18 (E)	ACCIDENT				12	0940	-
11/9/18	REPAIR				00-7	-	1100
13/9/18							
14/9/18							
15/9/18							
16/9/18							

2

1430

10  
B15

(5)

20

14

1

12

1

## Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJN1648H	08 Sep 2018 / 12:45:00	Successful	A12	AXA INSURANCE PTE LTD

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

SHC 7036 R



*Lamy*

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

## ADDENDUM

### (A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCO 61816648 Vehicle Registration No: SUC 7036 R

Name (as shown in NRIC) : Tan Kim Heng NRIC/FIN/Passport No : \_\_\_\_\_

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Accident : 8/9/18 Time of Accident : 1245

Place of Accident : P12

Insurance Company : First Capital Insurance Ltd

### (B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Video - yes

*[Signature]*  
Policyholder / Driver's Signature  
Date: 14/9/18

Reporting Centre Personnel's Signature  
Name: \_\_\_\_\_  
NRIC/FIN No.: \_\_\_\_\_  
Date: \_\_\_\_\_



