

Our Ref : T 1018 / SHC3617R /WT(st)

Your Ref :

Date : 09-Nov-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

**CHINA TAIPING INSURANCE CO LTD**

**3 ANSON ROAD**

**#16-00 SPRINGLEAF TOWER**

**SINGAPORE 079909**

**Attn : Motor Claims Department**

**WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC3617R YOUR INSURED SLN8567M  
AND OTHER \_\_\_\_\_ ON 12.10.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC3617R 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 SLN8567M we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	963.00
6	<u>3</u> days Loss of Rental @ <u>\$ 117.28</u> per day	\$	351.84
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	\$	-
<b>Sub Total :</b>		\$	<b>1,322.33</b>

**HIRER'S CLAIM**

7	<u>3</u> days Loss of Income @ <u>\$ 80.00</u> per days	\$	240.00
<b>Total Claims :</b>		\$	<b>1,562.33</b>

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

- a) Original repair bill and photocopies of photographs : 4 pcs.
- b) LTA search slip/s of : SLN8567M
- c) GIA / Police report/s of : SHC3617R
- d) Letter of authority from owner / hirer / operator
- ( ) Traffic Compound ( ) 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

*William Tan*

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** **i 40 SHC3617R , SLN8567M**  
**ALONG** **NORTH BRIDGE ROAD****ON 12-Oct-18 21:15**I / We **TANG YEOW SENG** (Hirer) NRIC No.: **S6904220A**

and/or (Relief) NRIC No.:

Taxi Number **SHC3617R**

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 **14-Oct-2018**Name of Hirer **TANG YEOW SENG**  
Hirer NRIC **S6904220A**

Signature :

Address **180C MARSILING ROAD #08-2240**  
**733180**Contact No. **96438958**

**Workshops**

**TAX INVOICE**

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

**VEHICLE NO**  
SHC3617R

**MAKE**  
HYUNDAI

**MODEL**  
I-40

**DATE OF REG**  
09.04.2014

**CHASSIS CODE**  
KMHLB41UMEU052529

**NO/DATE**  
91404247 29.10.2018

**JOB NO.**  
305226563

**ODOMETER READING**  
\_\_\_\_\_

**JOB TYPE**

Description : 3P 12.10.2018-C

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt		900.00
Add GST @ 7.000 %		63.00
<b>Total Invoice amount</b>		<b>963.00</b>

Issued by : KATHERINETAN 29.10.2018 10:20:11  
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

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

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

Our Ref: CT18100444

Date: 19 October 2018



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                    12/10/2018 @ 21:15 hrs  
ALONG                            NORTH BRIDGE ROAD  
INVOLVING                    SLN8567M

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 **SHC3617R** (the "Taxi"). The Taxi was hired to **TANG YEOW SENG IC NO S6904220A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.28** 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.



**Enquire Vehicle Insurer**

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

SLN8567M 12 Oct 2018 / 21:15:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK

JHC3617R

