

Our Ref : T 1018 / SHC8006X /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

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
Shun Industrial Park A
Singapore 768732

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 SHC8006X YOUR INSURED PC 2470H
AND OTHER ON 16.10.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHC8006X** 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 **PC 2470H** we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 3,210.00
6	6 days Loss of Rental @ \$ 172.08 per day	\$ 1,032.48
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 :		\$ 4,249.97

HIRER'S CLAIM

7	6 days Loss of Income @ \$ 80.00 per days	\$ 480.00
Total Claims :		\$ 4,729.97

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

- Original repair bill and photocopies of photographs : 4 pcs.
- LTA search slip/s of : PC 2470H
- GIA / Police report/s of : SHC8006X
- 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.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****MERCEDES E220 SHC8006X , PC2470H
CAPITOL GREEN LOBBY DRIVEWAY****ON 16-Oct-18 18:20**

I / We

ANG BENG KEONG(Hirer) NRIC No.: **S1772534C**

and/or

TING POH KONG(Relief) NRIC No.: **S1537050E**

Taxi Number

SHC8006X

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

17-Oct-2018Name of Hirer
Hirer NRIC**ANG BENG KEONG
S1772534C**

Signature :

Address

**686 HOUGANG STREET 61 #06-170
530686**

Contact No.

94899944Name of Relief
Relief NRIC**TING POH KONG
S1537050E**

Signature :

Address

**986B BUANGKOK CRESCENT #08-60
532986**

Contact No.

90730280

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHC8006X

NO/DATE
91405009 31.10.2018

MAKE
MERCEDES BENZ

JOB NO.
305227132

MODEL
E220CDI (E6)

ODOMETER READING

DATE OF REG
13.05.2015

CHASSIS CODE
WDD2120012B167175

JOB TYPE

Description : 3P 16.10.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		3,000.00
Add GST @	7.000 %	210.00
Total Invoice amount.		3,210.00

Issued by : KATHERINETAN 31.10.2018 16:08:52
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: CT18100547

Date: 31 October 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 16/10/2018 @ 18:20 hrs
ALONG CAPITOL GREEN LOBBY DRIVEWAY
INVOLVING PC2470H

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 **SHC8006X** (the "Taxi"). The Taxi was hired to **ANG BENG KEONG IC NO S1772534C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$172.08** 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.

READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO
488	167	1130	1700
809	321	1710	0600
080	271	0635	1645
394	314	1730	0600
663	269	0620	1700
864	201	1720	0600
182	317	0630	1750
131	249	1800	0605
96	264	0730	1700
98	202	2325	0600
14	216	0725	1645

SAC 8000X

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		5	9	0	4	1	FROM	TO
12/10	Ting	5	9	0	4	1	1715	0600
13/10	David	5	9	0	7	7	0720	2100
14/10	Wing	5	9	0	9	8	1030	1750
14/10	Ting	5	9	1	3	4	1800	0555
15/10	David	5	9	1	6	7	0715	1735
15/10	Ting	5	9	1	9	9	1745	0600
16/10	David	5	9	2	2	4	0715	1705
16/10	Ting	5	9	2	5	5	1725	0730
17-10-18	David	14					0750	-
12-10-18	David						1745	-

Enquire Vehicle Insurer

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

PC2470H	16 Oct 2018 / 18:20:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
---------	------------------------	------------	-----	---

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

SUC 6X

