

Our Ref : CC18100586/SHA8277R/WT(st)

Your Ref :

Date : 30-Oct-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 SHA8277R YOUR INSURED GBG4803M
AND OTHER _____ ON 18.10.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHA8277R 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 : GBG4803M we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,308.65
2	<u>3</u> days Loss of Rental @ \$ 115.00 per day	\$ 345.00
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 :		\$ 1,661.14

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 1,901.14

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

- Original repair bill and photocopies of photographs : 8 pcs.
- LTA search slip/s of : GBG4803M
- GIA / Police report/s of : SHA8277R
- Letter of authority from owner / hirer / operator

- (X) Photocopies of Accident Scene Photos () Certificate of Insurance
() Witness statement/s (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

501 Yishun Industrial Park A
Singapore 768732

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHA8277R , GBG4803M
ALONG SERANGOON RD TOWARDS PIE****ON 18-Oct-18 14:10****I / We LOH SOON LEONG (Hirer) NRIC No.: S1455062C****and/or (Relief) NRIC No.:****Taxi Number SHA8277R****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 18-Oct-2018**Name of Hirer LOH SOON LEONG
Hirer NRIC S1455062C****Signature :****Address 467 NORTH BRIDGE ROAD #10-5051
190467****Contact No. 91882179**

GST REG. NO. M2-8921817-3

TAX INVOICECOMPANY REG. NO.: 199506048W
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8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA8277RMAKE
HYUNDAIMODEL
I-40DATE OF REG
25.08.2016CHASSIS CODE
KMHLB41UMGU093531INV. NO/DATE
91403636 24.10.2018JOB NO.
305227682

ODOMETER READING

DATE/TIME IN
18.10.2018 14:55

Description : 3P 18.10.18

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

0001	04-01-0103-0573	FRONT FENDER RH	1	566.30	20.00	453.04
SUB-TOTAL				:		453.04

JOB NATURE

0001	20-05	Frt Fender Adv.Sticker RH	100.00	100.00
0002	L	PANEL BEATING	200.00	200.00
0003	23-502	SPRAYPAINT-Frt Bumper/W.Mirror RH	450.00	450.00
0004	17-01	WIRING CHECK	20.00	20.00
SUB-TOTAL			:	770.00

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.
8010012	91403636	1,308.65	

Our Ref: CC18100586



Date: 24 October 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	18/10/2018 @ 14:10 hrs
ALONG	SERANGOON RD TOWARDS PIE
INVOLVING	GBG4803M

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 **SHA8277R** (the "Taxi"). The Taxi was hired to **LOH SOON LEONG IC NO S1455062C** 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.

Enquire Vehicle Insurer

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

GBG4803M 18 Oct 2018 / 14:10:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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[OK](#)

SHA8277R

