

Our Ref : CC18100850/ SHB3597U /WT(st)
Your Ref :
Date : 12-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
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 SHB3597U YOUR INSURED SHC5753S
AND OTHER _____ ON 26.10.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHB3597U 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 : SHC5753S we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,996.00
2	5 days Loss of Rental @ \$ 113.00 per day	\$ 565.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ -
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
Sub Total :		\$ 3,561.00

HIRER'S CLAIM

7	5 days Loss of Income @ \$ 80.00 per days	\$ 400.00
Total Claims :		\$ 3,961.00

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

- a) Original repair bill and photocopies of photographs
- b) LTA search slip/s of : SHC5753S
- c) GIA / Police report/s of : SHB3597U
- d) Letter of authority from owner / hirer / operator
- (X) Photocopies of Accident Scene Photo/s () Hirer's 3 Years IRAS
- () 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

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email: williamtan@cdge.com.sg

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LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGI 40 SHB3597U , SHC5753S
ESPLANADE DRIVE > RAFFLES QUAY

ON 26-Oct-18 21:00

I / We

LEE CHEE KIAN

(Hirer) NRIC No.: S1721250H

and/or

(Relief) NRIC No.:

Taxi Number

SHB3597U

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

27-Oct-2018

Name of Hirer

LEE CHEE KIAN

Hirer NRIC

S1721250H

Signature :



Address

504D YISHUN ST.51 03-134
764504

Contact No.

97538895

GST REG. NO. M2-8921817-3

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER #24-01
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO
SHB3597U

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
02.07.2014

CHASSIS CODE
KMHLB41UMEU057871

NO/DATE
91405022 31.10.2018

JOB NO.
305230987

ODOMETER READING

JOB TYPE

Description : 3P 26.10.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,800.00
Add GST @ 7.000 %	196.00
Total Invoice amount	2,996.00

Issued by : CHEWBEELENG 31.10.2018 16:29:59
Repair Type : CFSO/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: CC18100850



Date: 31 October 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	26/10/2018 @ 21:00 hrs
ALONG	ESPLANADE DRIVE > RAFFLES QUAY
INVOLVING	SHC5753S

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 **SHB3597U** (the "Taxi"). The Taxi was hired to **LEE CHEE KIAN IC NO S1721250H** a registered hirer-operator of **CityCab 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

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SHB 3597 U

DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME
		3	3	3	3	3		FROM	TO		
21/10/18	lee	3	3	9	5	4	5	1517	0325		
22/10/18	lee	3	3	9	6	4	1	1645	2130		
23/10/18	lee	3	3	9	8	6	4	0801	0200		
24/10/18	lee	3	4	0	1	2	0	1555	0120		
25/10/18	lee	3	4	0	2	6	6	1825	0040		
26/10/18	lee	3	4	0	6	3	4	1650	0622		
27/10/18	lee	3	4	0	6	5	7	0720	0822		
27/10/18	lee	Repair	Accident	Accident	Accident	Accident	Repair	0835	-		
27.10.18	Accident						14				
31.10.18	Repair						207	1500			

