

Our Ref : T 1118/ SHD4386U /WT(st)

Your Ref :

Date : 14-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

AXA Insurance Pte Ltd
8 Shenton Way
#24-01, AXA Tower
Singapore 068811

Attn : Motor Claims Department

WITHOUT PREJUDICE

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

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHD4386U YOUR INSURED SJU6289R
AND OTHER _____ ON 07.11.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHD4386U 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 : SJU6289R we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair		\$ 3,424.00
2	<u>3</u> days Loss of Rental @ <u>\$ 98.25</u> per day		\$ 294.75
3	Survey Report Fees (Surveyed by M/s LKK)		\$ -
4	GIA / LTA Search Fee		\$ 7.49
5	GIA / Police Report Fees		\$ -
6	Towing Fees		\$ -
Sub Total :			\$ 3,726.24

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ <u>\$ 80.00</u> per days		\$ 240.00
Total Claims:			\$ 3,966.24

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

- Original repair bill and photocopies of photographs 8 pcs
- LTA search slip/s of : SJU6289R
- GIA / Police report/s of : SHD4386U
- Letter of authority from owner / hirer / operator
(X) Photocopie/s of Accident Scene Photo/s () Traffic Compound () PIR
() 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

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

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING ALONG SONATA SHD4386U , SJU6289R ON 07-Nov-18 21:45
T JUNCTION OF PASIR RIS CENTRAL , NEAR TO WHITE SAND SHOPPING C...**I / We **CHUA SIAK LING** (Hirer) NRIC No.: **S1361712J**

and/or (Relief) NRIC No.:

Taxi Number **SHD4386U**

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 **08-Nov-2018**Name of Hirer **CHUA SIAK LING**
Hirer NRIC **S1361712J**

Signature :

Address **116B JALAN TENTERAM #08-545
322116**Contact No. **82430728**

TAX INVOICE

8010010
AXA INSURANCE PTE LTD
8 SHENTON WAY AXA TOWER #24-01
SINGAPORE 068811
CONTACT NO: 63387288

VEHICLE NO SHD4386U **NO/DATE** 91407428 13.11.2018
MAKE HYUNDAI **JOB NO.** 305236456
MODEL SONATA **ODOMETER READING**
DATE OF REG 12.07.2012
CHASSIS CODE KMHET41VMCA827818 **JOB TYPE**

Description : 3P 07.11.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		3,200.00
Add GST @ 7.000 %		224.00
Total Invoice amount		3,424.00

Issued by : CHEWBEELENG 13.11.2018 15:16:11
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 DISCREPANCY 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: CT18110224

Date: 13 November 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 07/11/2018 @ 21:45 hrs
ALONG T JUNCTION OF PASIR RIS CENTRAL , NEAR TO
WHITE SAND SHOPPING CENTRE
INVOLVING SJU6289R

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 **SHD4386U** (the "Taxi"). The Taxi was hired to **CHUA SIAK LING IC NO S1361712J** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$98.25** 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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DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER
		6/5	3/1	2/3		FROM	TO		
6/11	MS	65	31	23	234	0550	1420	12/11	
6/11	MS	65	34	52	329	600	510	12/11	
7	MS	65	36	20	167	0830	1500	13	
7	8/11 Accident				MS	1500	—	13	
8	10/11 repair				MS	—	0930	14	
8								14	
9								15	
9								15	
10								16	
10								16	

SHD 4386A

over

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJU6289R	07 Nov 2018 / 21:45:00	Successful	A12	AXA INSURANCE PTE LTD

Previous

OK

