

Our Ref : T 1118 / SH 7877Z / JW(st)  
**Your ref :** \_\_\_\_\_  
 Date : 19-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  
 Facsimilie +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

EQ Insurance Company Limited  
 5 Maxwell Road, MND Complex  
 #17-00 Tower Block  
 Singapore 069110

**Attn : Motor Claims Department** **WITHOUT PREJUDICE**  
 Dear Sir

**ACCIDENT INVOLVING OUR TAXI SH 7877Z YOUR INSURED FBH5031L  
 AND OTHER \_\_\_\_\_ ON 09.11.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SH 7877Z 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 FBH5031L we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 2,439.73
2	<u>5</u> days Loss of Rental @ \$ <u>117.00</u> per day	\$ 585.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	\$ -
<b>Sub Total :</b>		<b>\$ 3,032.22</b>

**HIRER'S CLAIM**

7	<u>5</u> days Loss of Income @ \$ <u>80.00</u> per day	\$ 400.00
<b>Total Claims:</b>		<b>\$ 3,432.22</b>

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

- a) Original repair bill and photocopies of photographs : 6 pcs.
- b) LTA search slip/s of : FBH5031L
- c) GIA / Police report/s of : SH 7877Z
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s ( ) 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  
*Jim Wong*  
 CDGE Claims Department  
 Tel : 6214 8374 Fax: 6214 1843 Email : jimwong@cdge.com.sg

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

**Workshops**

**GST REG. NO. M2-8921817-3**

**TAX INVOICE**

**COMPANY REG. NO.: 199506048W**  
Page: 1

8010325  
EQ INSURANCE COMPANY LIMITED  
5 MAXWELL ROAD TOWER BLOCK #17-00  
SINGAPORE SG 069110  
CONTACT NO: 62239433

**VEHICLE NO**  
SH 7877Z  
**INV. NO/DATE**  
91407860 15.11.2018  
**MAKE**  
HYUNDAI  
**JOB NO.**  
305236888  
**MODEL**  
I-40  
**ODOMETER READING**  
**DATE OF REG**  
20.12.2017  
**DATE/TIME IN**  
09.11.2018 12:15  
**CHASSIS CODE**  
KMHLB41UMHU099367

Description : 3P 09.11.18

S/No	Part No.	Qty	Unit Price	%Disc	Net
<b>PART REQUISITION</b>					
0001	04-01-0103-0593				
	FRT DOOR LH	1	2,256.40	20.00	1,805.12
0002	28-01-0103-0003				
	FRT DR COMFORTDELGRO LH	1	75.00	0.00	75.00
<b>SUB-TOTAL</b>				:	1,880.12

<b>JOB NATURE</b>					
0001	L				
	PANEL BEATING	200.00		200.00	
0002	23-502				
	SPRAYPAINT ON AFFECTED AREA	200.00		200.00	
<b>SUB-TOTAL</b>				:	400.00

- 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.
8010325	91407860	2,439.73	

**Workshops**

**TAX INVOICE**

8010325

EQ INSURANCE COMPANY LIMITED

5 MAXWELL ROAD TOWER BLOCK #17-00  
SINGAPORE SG 069110

CONTACT NO: 62239433

**VEHICLE NO**  
SH 7877Z

**MAKE**  
HYUNDAI

**MODEL**  
I-40

**DATE OF REG**  
20.12.2017

**CHASSIS CODE**  
KMHLB41UMHU099367

**INV. NO/DATE**  
91407860 15.11.2018

**JOB NO.**  
305236888

**ODOMETER READING**

**DATE/TIME IN**  
09.11.2018 12:15

Items total		2,280.12
Add GST @	7.000 %	159.61
Invoice amount		2,439.73

Issued by : CHEWBEELENG 15.11.2018 14:19:40  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

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**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.
8010325	91407860	2,439.73	

Our Ref: CT18110254

Date: 15 November 2018



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 09/11/2018 @ 09:10 hrs  
ALONG PIE TWDS CHANGI AIRPORT B4 LORNIE EXIT  
INVOLVING FBH5031L

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 **SH7877Z** (the "Taxi"). The Taxi was hired to **LEE YEOW KIANG (LI YAOQIANG) IC NO S7531782D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.00** 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.

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
9/11	SH-7877Z Accident		In	1215	
13/11	repair	LY	Out		1145

**规则**

- 每班前将里数记录在簿上。记录里数时，数字。
- 记录簿内的任何页数。
- 理局官员随时检查。
- 告。
- 工友，采取纪律行动。
- 明在簿子内。工友必须保存一切有关的

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****i 40 SH7877Z , FBH5031L****ON 09-Nov-18 09:10****PIE TWDS CHANGI AIRPORT B 4 LORNIE EXIT.**

I / We

**LEE YEOW KIANG (LI Y...** (Hirer) NRIC No.: **S7531782D**

and/or

(Relief) NRIC No.:

Taxi Number

**SH7877Z**

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

**09-Nov-2018**Name of Hirer  
Hirer NRIC**LEE YEOW KIANG (LI YAOQIANG)**  
**S7531782D**

Signature :



Address

**195E PUNGGOL ROAD #14-552**  
**825195**

Contact No.

**97472175**

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
FBH5031L	09 Nov 2018 / 09:10:00	Successful	E04	EQ INSURANCE COMPANY LTD

Previous

OK

SH78772