

Our Ref : CC18120052/ SHA9096P /WT(st)

Your Ref :

Date : 12-Dec-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

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 SHA9096P YOUR INSURED GP 700X
AND OTHER _____ ON 03.12.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHA9096P 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 : GP 700X we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,605.00
2	<u>4</u> days Loss of Rental @ \$ 115.00 per day	\$ 460.00
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	\$ -
Sub Total :		\$ 2,072.49

HIRER'S CLAIM

7	<u>4</u> days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims :		\$ 2,392.49

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

- a) Original repair bill and photocopies of photographs : 8 pcs.
- b) LTA search slip/s of : GP 700X
- c) GIA / Police report/s of : SHA9096P
- d) 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.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SHA9096P , GP700X
RACE COURSE ROAD TWDS BUKIT TIMAH.****ON 03-Dec-18 14:50**

I / We

TAN LIK HENG(Hirer) NRIC No.: **S1505091H**

and/or

(Relief) NRIC No.:

Taxi Number

SHA9096P

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

03-Dec-2018

Name of Hirer

TAN LIK HENG

Hirer NRIC

S1505091H

Signature :



Address

**123 MARSILING RISE #04-94
730123**

Contact No.

97389404

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHA9096P

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
05.02.2015

CHASSIS CODE
KMHLB41UMFU065993

NO/DATE
91413135 10.12.2018

JOB NO.
305246756

ODOMETER READING

JOB TYPE

Description : 3P 03.12.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,500.00
Add GST @ 7.000 %	105.00
Total Invoice amount	1,605.00

Issued by : CHEWBEELENG 10.12.2018 15:05:15
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: CC18120052



Date: 10 December 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 03/12/2018 @ 14:50 hrs
ALONG RACE COURSE ROAD TWDS BUKIT TIMAH.
INVOLVING GP700X

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 **SHA9096P** (the "Taxi"). The Taxi was hired to **TAN LIK HENG IC NO S1505091H** 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.

SHA 9096P

OPERATED (TIME)	
TO	

DATE	NAME OF DRIVER	MILEAGE READING			
29/30-11-18	ME	659	819		
30-11-18	ET	668	145		
30/01-12-18	ME	660	259		
1.12.18	Kew	660	598		
1/2-12.18	ME	660	743		
2.12.18	Kew	661	121		
2-12-18	ET	661	188		
03.12.18	ACCIDENT				
06.12.18	REPAIR				

MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO
	1955	6103
	6646	1935
	2225	0138
	0435	1650
	1850	0028
	0440	1655
	1740	5000
10	1615	-
000	-	1230



Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GP700X	03 Dec 2018 / 14:50:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous OK

