

Our Ref : T 0119 / SHC8045H /WT(st)
Your Ref :
Date : 30-Jan-19

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6289
Facsimile +65 6290 9755

www.cdge.com.sg

Comfort Delgro Engineering Pte Ltd

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 SHC8045H YOUR INSURED SFD8407R
AND OTHER _____ ON 20.01.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC8045H 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 SFD8407R we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,712.00
6	2 days Loss of Rental @ \$ 172.08 per day	\$ 344.16
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 :		\$ 2,063.65

HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims :		\$ 2,223.65

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

- a) Original repair bill and photocopies of photographs : 7 pcs.
b) LTA search slip/s of : SFD8407R
c) GIA / Police report/s of : SHC8045H
d) Letter of authority from owner / hirer / operator
() Traffic Compound () 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

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 609296

Ubi
320 Ubi Road 3
Singapore 408649

Serango
24 Serango Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
Yishun Industrial Park A
Singapore 768732

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Wednesday, 8 May 2019 2:15 PM
To: DAVID.CHIAN63@GMAIL.COM
Subject: ACCIDENT INVOLVING SFD 8407R AND SHC 8045H ON 20/01/2019

Our Ref: CC3/CTI19001454/K1eb3

08 MAY 2019

CHIAN FOOK LEONG

Dear Sir/Madam,

ACCIDENT INVOLVING SFD 8407R AND SHC 8045H ON 20/01/2019

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. China Taiping Insurance (Singapore) Pte Ltd
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGMERCEDES E220 SHC8045H , SFD8407R
FARRER RD B4 X JUNCTION TWDS HOLLAND RD.

ON 20-Jan-19 19:00

1 / We

PHUA KWEE WAH

(Hirer) NRIC No.: S01035781

and/or

(Relief) NRIC No.:

Taxi Number

SHC8045H

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

21-Jan-2019

Name of Hirer

PHUA KWEE WAH

Hirer NRIC

S01035781

Signature :



Address

3 TELOK BLANGAH CRESCENT #06-514
090003

Contact No.

83147575

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3115291802 Claim No : SNM19D200392C02/7
 Claimant : COMFORT TRANSPORTATION PTE LTD
 Amount : S\$2,163.65
 DOLLARS TWO THOUSAND ONE HUNDRED SIXTY THREE AND CENTS
 SIXTY FIVE ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHC 8045H
 Insured Vehicle No. : SFD 8407R

Date of Loss : 20/01/2019
 Place of Accident : FARRER RD B4 X JUNCTION TWDS HOLLAND RD

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : CHIAN FOOK LEONG
 Driver Name : CHIAN FOOK LEONG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/ Excess	S\$	1,712.00
(3) Loss of Use/Rental/Earning	S\$	444.16
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.49
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
TOTAL	S\$	2,163.65

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature :


 CLAIMS DEPARTMENT
 COMFORTDELGRO ENGINEERING PTE LTD
 59 LOYANG DRIVE
 SINGAPORE 508688

Date :

22.5.19

"The contents of this document apply to vehicle damages only
 All personal injuries and damages arising therefrom are excluded
 from the ambit and application of this document"

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHC8045H

NO/DATE
91422926 28.01.2019

MAKE
MERCEDES BENZ

JOB NO.
305261716

MODEL
E220CDI(E6)

ODOMETER READING

DATE OF REG
06.05.2015

CHASSIS CODE
WDD2120012B160527

JOB TYPE

Description : 3P 20.01.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,600.00
Add GST @ 7.000 %	112.00
Total Invoice amount	1,712.00

Issued by : CHEWBEELENG 28.01.2019 15:24:32
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

1. BY SIGNED TAKING ALL THE NECESSARY PRECAUTIONS, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR DAMAGE TO OR LOSS OF ANY PROPERTY BELONGING TO CUSTOMERS AND VEHICLES ARE SHOWN AND DELIVERED IN EXACT ORDER.

2. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL SIGNIFY TO THE COMPANY ANY DAMAGE OR DEFECT IN WRITING TO THE COMPANY OR ANY COMPLAINTS OTHERWISE THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN EXACT ORDER.

3. INTEREST ON 1% PER MONTH WILL BE CHARGED ON A DAILY BASIS BASED ON THE AMOUNT OF ANY DEFECTIVE PARTS OR VEHICLES TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT I.E. AFTER 30 DAYS FROM THE DATE OF RECEIPT.

4. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 10 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: CT19010583

Date: 28 January 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 20/01/2019 @ 19:00 hrs
ALONG FARRER RD B4 X JUNCTION TWDS HOLLAND RD
INVOLVING SFD8407R

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 **SHC8045H** (the "Taxi"). The Taxi was hired to **PHUA KWEE WAH IC NO S0103578I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$172.08** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte 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.

[illegible]

Enquire Vehicle Insurer

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

5FD8407R 20 Jan 2019 / 19:00:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)[OK](#)

SHC804574