

# COMFORTDELGRO ENGINEERING

Our Ref : T 0319 / SHC1977P /WT(st)

Your Ref :

Date : 08-Mar-19

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**  
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 SHC1977P YOUR INSURED GY 5611P  
AND OTHER 2 VEHICLES ON 01.03.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC1977P 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 GY 5611P we are submitting these claims for your consideration on behalf of the claimants.

### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,074.33
6	<u>4</u> days Loss of Rental @ \$ <u>125.40</u> per day	\$ <u>501.60</u>
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	\$ -
<b>Sub Total :</b>		<b>\$ 1,583.42</b>

### HIRER'S CLAIM

7	<u>4</u> days Loss of Income @ \$ <u>80.00</u> per days	\$ 320.00
<b>Total Claims :</b>		<b>\$ 1,903.42</b>

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 : GY 5611P
- c) GIA / Police report/s of : SHC1977P
- d) Letter of authority from owner / hirer / operator
- ( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
- ( X ) Photograph/s of Accident Scen ( 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.

A member of

**COMFORTDELGRO**



**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****TOYOTA PRIUS SHC1977P , GY5611P , U... ON 01-Mar-19 11:40  
MCE TWDS ECP**

I / We

**LAW CHEE HUNG ANTH...** (Hirer) NRIC No.: **S0016606E**

and/or

(Relief) NRIC No.:

Taxi Number

**SHC1977P**

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

**02-Mar-2019**

Name of Hirer

**LAW CHEE HUNG ANTHONY**

Hirer NRIC

**S0016606E**

Signature :



Address

**61 MARINE DRIVE #06-78  
440061**

Contact No.

**96678648**



GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHC1977P

INV. NO/DATE  
91430471 07.03.2019

MAKE  
TOYOTA

JOB NO.  
305273808

MODEL  
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG  
19.07.2017

DATE/TIME IN  
02.03.2019 10:50

CHASSIS CODE  
JTDKB3FU303560639

Description : 3P 01.03.19

S/No Part No.

Qty Unit Price %Disc Net

### PART REQUISITION

0001	04-01-0302-2287	PRIG4 GUARD-REAR BUMPER CENTER	1	552.31	25.00	414.23
0002	04-01-0302-2267	PRIVC BUMPER PIECE	10	2.20	25.00	16.50
0003	04-01-0302-2286	PRIG4 COVER REAR BUMPER-TOW HOOK COVER	1	82.70	25.00	62.02
0004	04-01-0302-2965	PRIG4 FILLER-REAR BUMPER EXTENSION RH	1	148.40	25.00	111.30
SUB-TOTAL			:			604.05

### JOB NATURE

0001	PB	PANEL BEATING	200.00	200.00
0002	SP	SPRAYPAINT CHARGE	200.00	200.00

- 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.
8010012	91430471	1,074.33	

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 2

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHC1977P

INV. NO/DATE  
91430471 07.03.2019

MAKE  
TOYOTA

JOB NO.  
305273808

MODEL  
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG  
19.07.2017

DATE/TIME IN  
02.03.2019 10:50

CHASSIS CODE  
JTDKB3FU303560639

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL :					400.00

Items total	1,004.05
Add GST @ 7.000 %	70.28
Invoice amount	1,074.33

Issued by : KATHERINETAN 07.03.2019 15:44:48  
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.
8010012	91430471	1,074.33	

Our Ref: CT19030031

Date: 07 March 2019



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	01/03/2019 @ 11:40 hrs
ALONG	MCE TWDS ECP
INVOLVING	GY5611P, UNKNOWN, UNKNOWN

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 **SHC1977P** (the "Taxi"). The Taxi was hired to **LAW CHEE HUNG ANTHONY IC NO S0016606E** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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.





**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GY5611P	01 Mar 2019 / 11:40:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous      OK

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : MC0619028624 Vehicle Registration No: S4C 1977P

Name (as shown in NRIC) : Law Chee Hung Anthony NRIC/FIN/Passport No : \_\_\_\_\_

(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate

Address : \_\_\_\_\_ Singapore ( )

Contact (Tel) : \_\_\_\_\_ Mobile No. : \_\_\_\_\_

Email Address : \_\_\_\_\_

Date of Accident : 1/3/19 Time of Accident : 11:40

Place of Accident : MCE twds ECP

Insurance Company : First Capital Insurance Limited

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

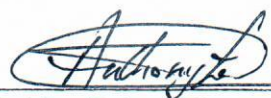
I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

— To include 3P Vehicle Nos: —

Veh. 'C' should read as PC 7927A

Veh 'D' " " " PC 9432

— Re-attached sketch plans.

  
Policyholder / Driver's Signature  
Date: 5/3/19

\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



Vehicle Registration Number	PC7927A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	UNSURE
No. Of Passenger (Including Driver)	

#### DETAILS OF OTHER VEHICLE PROPERTY 3

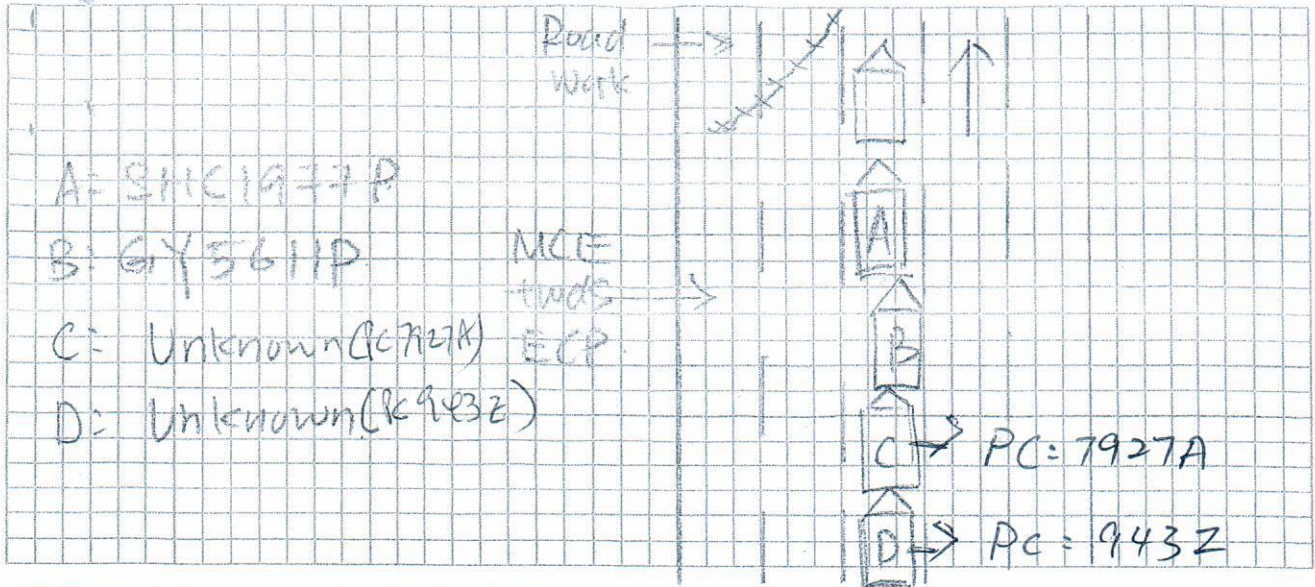
Vehicle Registration Number	PC943Z
Vehicle Make/Model/Colour	
Details Of Properties	UNKNOWN
Vehicle Category	BUS
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	UNSURE
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	LAW CHEE HUNG ANTHONY
Approximate Age	
Injuries Sustain	NECK AND SHOULDER
Injured person in which vehicle?	SHC1977P
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

(PC-ATTACHED SKETCH)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached police report

T/20190301/2070.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.: Loke Wei Yiong



