

Our Ref : T 0319 / SHC8519H /JW(st)
 Your ref : _____
 Date : 18-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: 199004489

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 SHC8519H YOUR INSURED SLM8286D
 AND OTHER _____ ON 05.03.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC8519H 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 SLM8286D we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	802.50
2	<u>2</u> days Loss of Rental @ <u>\$ 112.67</u> per day	\$	225.34
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 :	\$	1,035.33

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ <u>\$ 80.00</u> per day	\$	160.00
	Total Claims:	\$	1,195.33

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

- a) Original repair bill and photocopies of photographs : 4 pcs.
 b) LTA search slip/s of : SLM8286D
 c) GIA / Police report/s of : SHC8519H
 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.

A member of

COMFORTDELGRO



- 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

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Monday, 30 December 2019 3:10 PM
To: gabin.kjy@gmail.com
Subject: <STANDARD LETTER> OUR REF: CC3/EQI19004532/K1gb3 *** ACCIDENT INVOLVING SLM 8286D & SHC 8519H ON 05/03/2019 ***

Our Ref: CC3/EQI19004532/K1gb3

30 DECEMBER 2019

**KANG BAN HUAT
DRIVER: GABIN KANG JOON YOU**

Dear Sir/Madam,

ACCIDENT INVOLVING SLM 8286D AND SHC 8519H ON 05/03/2019

We refer to the above accident. We are the Appointed Surveyor and Loss Adjuster Company by your Motor Insurer (EQ INSURANCE COMPANY LIMITED) to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

This is to inform you that we received a Third Party Claim from SHC 8519H.

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 note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries. (NO ACTION IS REQUIRED)

c.c. EQ INSURANCE COMPANY LIMITED
(Motor Claims Dept)

"Please note that our above settlement is made on a without prejudice basis, and should not be construed as an admission of liability on our part or on the part of our insured/driver. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. Our offer made in respect of this present matter is made solely to resolve this matter only. No reference shall be made to this offer or any settlement arising from this offer in any other related matters.

Settlement and payment are subject to production of original documents on demand at any time and execution of Discharge Voucher (for settlement sum above \$20,000/-) by the Plaintiff/Claimant. Further all original documents shall be retained by us after we have made payment on the settlement sum."

"Best Wishes for Merry Christmas & Happy New Year 2020"

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

 Auto
Consultants
Pte Ltd *Save the Earth. Print only when necessary.*

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING ALONG **i 40 SHC8519H , SLM8286D** **ON 05-Mar-19 03:00**
TAMPINES AVE 2 TOWARDS TAMPINES AVE 7

I / We **LUA KOON CHONG** (Hirer) NRIC No.: **S7046154D**

and/or **POON MING TONG** (Relief) NRIC No.: **S1635379E**

Taxi Number **SHC8519H**
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 **06-Mar-2019**

Name of Hirer **LUA KOON CHONG**
Hirer NRIC **S7046154D**

Signature :



Address **330 SEMBAWANG CLOSE #09-383**
750330

Contact No. **91835267**

Name of Relief **POON MING TONG**
Relief NRIC **S1635379E**

Signature :



Address **142 YISHUN RING RD #11-32**
760142

Contact No. **97755180**

TAX INVOICE

8010325
 EQ INSURANCE COMPANY LIMITED

 5 MAXWELL ROAD TOWER BLOCK #17-00
 SINGAPORE 069110
 CONTACT NO: 62239433

VEHICLE NO
 SHC8519H
 NO/DATE
 91432155 15.03.2019
 MAKE
 HYUNDAI
 JOB NO.
 305276831
 MODEL
 I-40
 ODOMETER READING

 DATE OF REG
 03.12.2015
 CHASSIS CODE
 KMHLB41UMGU080714
 JOB TYPE

Description : 3P 05.03.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		750.00
Add GST @	7.000 %	52.50
Total Invoice amount		802.50

Issued by : CHEWBEELING 15.03.2019 15:39:23
 Repair Type : CLSO/57/57
 Payment Type/Term : /Credit 30 days

WE HEREBY WARRANT ALL REPAIRS MADE BY OUR COMPANY TO BE ACCIDENTAL DAMAGE TO THE COMPANY'S ASSETS AND
 RESPONSIBILITY FOR CARE OR CASH PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE SHOWN AND TESTED AT
 OUR WORKSHOPS.
 WE CERTAINLY SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM DATE OF DELIVERY GIVE
 NOTICE BY WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED
 IN GOOD ORDER.
 IN ADDITION, AN FTY MONTHLY WILL BE CHARGED ON A PAY TO DAY BASIS IN RESPECT OF ANY AMOUNT NOT PAID TO THE
 COMPANY, ETC THE CUSTOMERS AND NOT ENDS ON THE DUE DATE OF PAYMENT. I.E. AFTER 30 DAYS FROM THE INVOICE FOR THE
 REPAIR OR DEFECT.
 PLEASE CONTACT THE 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 UNDISPUTED.

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: CT19030138

Date: 15 March 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 05/03/2019 @ 03:00 hrs
ALONG TAMPINES AVE 2 TOWARDS TAMPINES AVE 7
INVOLVING SLM8286D

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 **SHC8519H** (the "Taxi"). The Taxi was hired to **LUA KOON CHONG IC NO S7046154D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$112.67** 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
SLM82860	05 Mar 2019 / 03:00:00	Successful	EQI	EQ INSURANCE COMPANY LTD

Previous

OK

SUC 8579 H