# COMFORTDELGRO ENGINEERING

Our Ref

Dear Sir

T 0319 / SHD6676U /WT(st)

Your Ref:

Date

01-Apr-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 Facsimilin +65 6280 9755

> > www.odge.com.sq

Workshops

Braddell

205 Braddell Road Singapore 579701

59 Loyang Drive Singapore 508969

Sin Ming 383 Sin Ming Drive Singapore 575717

Pandan 45 Pandan Road Singapore 609286

320 Ubi Rolld 3 Singapore 408649

Senoko 24 Senoko Lot Singapore 758158

Sungel Kadut

7 Sunger Kadut Way Singapore 728791

409.33 soun Industrial Park Singapore 768732

CHINA TAIPING INSURANCE CO LTD

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Attn: Motor Claims Department

WITHOUT PREJUDICE

ACCIDENT INVOLVING OUR TAXI SHD6676U YOUR INSURED SGJ 606S ON 24.03.19 AND OTHER

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor SHD6676U which was involved in the captioned accident with your insured Vehicle No: 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 SGJ 606S we are submitting these claims for your consideration on behalf of the claimants.

#### TAXI OWNER'S CLAIM

\$ 1,337.50 Cost of Repair S 6 days Loss of Rental @ \$ 116.95 per day \$ 3 Survey Report Fees (Surveyed by M/s LKK) 4 LTA Search Fees \$ 7.49\$ 5 GIA / Police Report Fees S 6 Towing / Medical / Transporation Fees Sub Total: \$ 1,754.32

HIRER'S CLAIM

80.00 per days \$ 280.00 3.5 days Loss of Income @ \$

Total Claims: \$ 2.034.32

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

Original repair bill and photocopies of photographs: a)

b) LTA search slip/s of : SGJ 606S

SHD6676U c) GIA / Police report/s of : 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







pcs.





51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Our Ref: CC3/CTI19005477/K1ha3

12 April 2019

## AGRICULTURAL BANK OF CHINA LIMITED

7 TEMASEK BOULEVARD #30-01/02/03 SUNTEC TOWER 1 SINGAPORE 038987

Dear Sir/Madam,

### ACCIDENT INVOLVING SGJ606S AND SHD6676U ON 24/03/2019

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,

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KHANCHNA Case Handler DID: 6841 2360 FAX: 6741 4108

EMAIL: vicalpeh@lkkauto.com

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

(NAF / PAF)

ACCIDENT INVOLVING

i 40 SHD6676U , SGJ606S

ON 24-Mar-19 17:00

ALONG

SLIP RD FROM KAMPONG JAVA RD TO CAVENAGH RD

1 / We

LEOW CHONG TIAN

(Hirer) NRIC No.: \$1512696E

and/or

LIM YONG SENG

(Relief) NRIC No.: S1470524D

Taxi Number

SHD6676U

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

- 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

25-Mar-2019

Name of Hirer

LEOW CHONG TIAN

Hirer NRIC

S1512696E

Signature :



Address

636 ANG MO KIO AVENUE 6 #12-51...

560636

Contact No.

97831569

Name of Relief

LIM YONG SENG

Relief NRIC

S1470524D

Signature :



Address

**644 ANG MO KIO AVENUE 4 03-848** 

560644

Contact No.

#### MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN6040631812 Claim No :SNM19D201347

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,920.00

SINGAPORE DOLLARS ONE THOUSAND NINE HUNDRED TWENTY 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. : SHD 6676U Insured Vehicle No. : SGJ 606S

Date of Loss : 24/03/2019

Place of Accident : KAMPONG JAVA ROAD (SLIP ROAD) TOWARDS CAVENAUGH ROAD

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 : AGRICULTURAL BANK OF CHINA LIMITED

Driver Name : JING YIPING

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) Global Sum (all in) S\$ 1,920.00

> CLAIMS DEPARTMENT COMPOSITION DISC FLONET PAGE FOR

> > ARTHORNO DRIVE

Claimant Name: SNGAPORE SHEE NRIC No :

gnature : 13-5-19 Dat

All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."

COMFORTDELGRO ENGINEERING PTE LTS



A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTR LTD SPRINGLRAF TOWER

3 ANSON ROAD #16-00 SINGAPORE 079909

CONTACT NO: 62222366

VEHCLE NO SHD6676U

Workshops

30 Loyang Dirke Eingapone 500000 34 Senorio Loop Bingapone 258155-303 tim Merg Dirke Eingapone 500216 74 Senorio Loop Bingapone 758155-45 Partelet Road Singapone 600216 501 Volumi relation Park A Singapone 768730

ENG., NO.: 199506048W

ComfortDelGro Engineering Pte Ltd

Morrine + 85 6363 8260 Facilities + 65 9260 3755.

NO/DATK 91434824 28.03.2019

MAKR HYUNDAT JOB NO. 305280883

MODEL I - 40

ODOMRTER READING

DATE OF REG 09.04.2015

CHASSIS CODE

JOB TYPE

KMHLB41UMFU067952

Description: 3P 24.03.19

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt. 7.000 %

Total Invoice amount

1,337,50

Issued by : KATHERINETAN 28.03.2019 17:15:45
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd A member of COMFORTDELCHO

Head Office:

205 Braddell Road Singapore 579701

ACCOUNT No. INVOICE No. AMOUNT BANK/CHQ No.

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CT19030625

Date: 28 March 2019



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

24/03/2019 @ 17:00 hrs

ALONG

SLIP RD FROM KAMPONG JAVA RD TO CAVENAGH

RD

INVOLVING

SGJ606S

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 SHD6676U (the "Taxi"). The Taxi was hired to LEOW CHONG TIAN IC NO S1512696E a registered hirer-operator of Comfort Transportation Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$116.95 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	Ò		MILEAGE	HOURS OPERALED (TIME	ATED (TIME	DATE	NAME OF DRIVER
	NAME OF DRIVER	MILEAGE READING	(KM)	FROM	10	100	
	Accessions		17.80	0			
112	7	7	Terus	8			
	POOR .		2				
			. 4				

Enquire Vehicle Insurer

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

SG16065

24 Mar 2019 / 17:00:00 Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

SHD66764

OK