

VIC

COMFORTDELGRO ENGINEERING

Our Ref : 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
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

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 SHD6676U YOUR INSURED SGJ 606S
AND OTHER _____ ON 24.03.19

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

TAXI OWNER'S CLAIM

- | | | |
|---|---|-------------|
| 1 | Cost of Repair | \$ 1,337.50 |
| 6 | 3.5 days Loss of Rental @ \$ 116.95 per day | \$ 409.33 |
| 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 : \$ 1,754.32

HIRER'S CLAIM

- | | | |
|---|---|-----------|
| 7 | 3.5 days Loss of Income @ \$ 80.00 per days | \$ 280.00 |
|---|---|-----------|

Total Claims : \$ 2,034.32

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 : <u>SGJ 606S</u> | | |
| c) | GIA / Police report/s of : <u>SHD6676U</u> | | |
| 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.

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

A member of

COMFORTDELGRO



LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SHD6676U , SGJ606S****ON 24-Mar-19 17:00****SLIP RD FROM KAMPONG JAVA RD TO CAVENAGH RD**

I / We

LEOW CHONG TIAN(Hirer) NRIC No.: **S1512696E**

and/or

LIM YONG SENG(Relief) NRIC No.: **S1470524D**

Taxi Number

SHD6676U

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

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.

GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

Description : 3P 24.03.19

ComfortDelGro Engineering Pte Ltd205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 9755**Workshops**59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768702
320 Ubi Road 3 Singapore 408669**COMPANY REG. NO. : 199506048W**
Page: 1**VEHICLE NO**
SHD66760**MAKE**
HYUNDAI**MODEL**
I-40**DATE OF REG**
09.04.2015**CHASSIS CODE**
KMHLB41UMFU067952**NO/DATE**
91434824 28.03.2019**JOB NO.**
305280883**ODOMETER READING**
_____**JOB TYPE****Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt.	1,250.00
Add GST @ 7.000 %	87.50
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

- 1) 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.
- 2) 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.
- 3) 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.
- 4) 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: 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.

[illegible]

Enquire Vehicle Insurer

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

SGJ606S

24 Mar 2019 / 17:00:00 Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

SHD66764



