

Our Ref : T 0419 / SHB4437S /AT(st)

Your Ref :

Date : 22-Apr-09

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

Defu
6 Defu Avenue 1
Singapore 539537

Yishun
501 Yishun Industrial Park A
Singapore 768732

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET #04-00/06-00
IOB BUILDING
SINGAPORE 049711

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB4437S YOUR INSURED SHB4387C
AND ON 03.04.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No SHB4437S 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 : SHB4387C we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 4,732.57
2	4 days Loss of Rental @ \$ 112.67 per day	\$ 450.68
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ -
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 5,183.25

HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims:		\$ 5,503.25

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

- a) Original repair bill and photocopies of photographs : 5 pcs.
- b) LTA search slip/s of :
- c) GIA / Police report/s of : SHB4437S
- d) Letter of authority from owner / hirer / operator
 - () Photocopy/s of Accident Scene Photo/s
 - () Certificate of Insurance
 - () Witness statement/s
 - (x) Rental Rate letter
 - (x) Downtime/Mileage record

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

Aileen Tan

Manager

CDGE Claims Department

Tel : 6214 8735 Fax : 6214 1843 Email : aileentan@cdge.com.sg

This is a computer generated letter. No signature is required.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHB4437S , SHB4387C
ALONG CDGE BRADDELL WORKSHOP DRIVEWAY****ON 03-Apr-19 11:30**I / We **YEE CHEE CHENG** (Hirer) NRIC No.: **S1419567Z**

and/or (Relief) NRIC No.:

Taxi Number **SHB4437S**

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 **03-Apr-2019**Name of Hirer **YEE CHEE CHENG**
Hirer NRIC **S1419567Z**

Signature :

Address **204 PETIR ROAD #07-621
670204**Contact No. **96619717**

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010032

INDIA INTERNATIONAL INSURANCE PTE LTD
IOB Building

64 CECIL STREET #04-00/06-00
SINGAPORE SG 049711

CONTACT NO: 62238122

VEHICLE NO
SHB4437S

INV. NO/DATE
91438749 17.04.2019

MAKE
HYUNDAI

JOB NO.
305284152

MODEL
I-40

ODOMETER READING

DATE OF REG
24.11.2016

DATE/TIME IN
03.04.2019 11:30

CHASSIS CODE
KMHLB41UMHU096587

Description : 3P 03.04.2019

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0103-0637	140V2 BRKT ASSY-FR BPR UPR SIDE LH	1	22.40	20.00	17.92
0002	04-01-0103-0639	140VC BRACKET-FR BUMPER SIDE LH	1	24.60	20.00	19.68
0003	04-01-0103-0658	140VC CAP ASSY-WHEEL HUB	1	107.10	20.00	85.68
0004	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP REAR	10	2.20	25.00	17.60
0005	04-01-0103-2834	140V3 GUARD ASSY-FRONT WHEEL LH+	1	175.90	20.00	140.72
0006	04-01-0103-0641	140VC CARRIER ASSY-FR END MODULE#	1	907.40	20.00	725.92
0007	04-01-0103-0813	140VC MOULDING ASSY-SIDE SILL LH	1	341.40	20.00	273.12

- 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.
8010032	91438749	4,732.57	

TAX INVOICE

8010032

INDIA INTERNATIONAL INSURANCE PTE LTD
IOB Building

64 CECIL STREET #04-00/06-00
SINGAPORE SG 049711

CONTACT NO: 62238122

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03.04.2019 11:30

CHASSIS CODE
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S/No	Part No.		Qty	Unit Price	%Disc	Net
0008	04-01-0103-4891	I40V3 COVER-FR FOG LAMP BLANKING LH	1	41.60	20.00	33.28
0009	04-01-0103-2292	I40V3 COVER-FR BUMPER#	1	544.50	20.00	435.60
0010	04-01-0103-0781	I40V2 LAMP ASSY-HEAD LH#	1	1,388.00	20.00	1,110.40
0011	04-01-0103-0574	I40VC PANEL-FENDER LH#	1	566.30	20.00	453.04
SUB-TOTAL				:		3,312.96

JOB NATURE

0001	L	MERIMEN FEE		10.00		10.00
0002	L	PANEL BEATING		600.00		600.00
0003	L	SPRAY PAINTING CHARGE		400.00		400.00
0004	L	WIRING CHARGE		20.00		20.00
0005	L	TUFF KOTE		20.00		20.00
0006	L	TOWING CHARGE		60.00		60.00

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ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

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ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010032	91438749	4,732.57	

TAX INVOICE

8010032

INDIA INTERNATIONAL INSURANCE PTE LTD
IOB Building

64 CECIL STREET #04-00/06-00
SINGAPORE SG 049711

CONTACT NO: 62238122

VEHICLE NO
SHB4437S

INV. NO/DATE
91438749 17.04.2019

MAKE
HYUNDAI

JOB NO.
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MODEL
I-40

ODOMETER READING

DATE OF REG
24.11.2016

DATE/TIME IN
03.04.2019 11:30

CHASSIS CODE
KMHLB41UMHU096587

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL :					1,110.00

Items total	4,422.96
Add GST @ 7.000 %	309.61
Invoice amount	4,732.57

Issued by : KATHERINETAN 17.04.2019 11:19:00
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

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A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

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CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010032	91438749	4,732.57	

Our Ref: CT19040065

Date: 12 April 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 03/04/2019 @ 11:30 hrs
ALONG CDGE BRADDELL WORKSHOP DRIVEWAY
INVOLVING SHB4387C

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 **SHB4437S** (the "Taxi"). The Taxi was hired to **YEE CHEE CHENG IC NO S1419567Z** 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.

DING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		NAME OF DRIVER	MILEAGE HEADING							HOURS OPERATED (TIME)	
		FROM	TO		3	3	4	4	1	6		FROM	TO
03	133	0640	1650	any.	3	3	4	4	1	6		0640	1655
10	208	1705	0130	any.	3	3	4	4	3	1		0600	1655
15	131	0635	1701	any.	3	3	4	4	8	6		1705	0050
25	173	1815	0055	Accident	4	4	4	4	0	0		1130	-
45	220	0645	1655	Repair	4	4	4	4	0	0		0930	-
71	226	1730	0050										
80	86	0630	1155										
45	85												
75	230	0630	1650										
25	250	1720	0140										
7	281	0640	1655										

SHP 44875