

Our Ref : T 0419/ SHD4302L /JW (st)Date : 09-May-19

FWD Singapore Pte Ltd
 6 Temasek Boulevard
 #18-01 Suntec Tower 4
 Singapore 038986



CDGE Taxi Claims Dept, ComfortDelGro Engineering Pte Ltd
 59 Loyang Drive 4th Fl, 205 Braddell Road Singapore 579701
 Singapore 508969

Mainline +65 6383 6280
 Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHD4302L YOUR INSURE FBA5324D
AND OTHER ON 13.04.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHD4302L 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 : FBA5324D
 we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,835.50
2	<u>4</u> days Loss of Rental @ \$ 104.47 per day	\$ 417.88
3	Survey Report Fees (Surveyed by LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 3,260.87

HIRER'S CLAIM

7	<u>4</u> days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims:		\$ 3,580.87

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

- a) Original repair bill and photocopies of photographs :- 7 pcs.
 b) LTA search slip/s of : FBA5324D
 c) GIA / Police report/s of : SHD4302L
 d) Letter of authority from owner / hirer / operator
 () Witness statement/s () Towing/Medical bill/receipts () PIR
 (X) Photocopies of Accident Scene Ph (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

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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

TAX INVOICE

8010655

FWD SINGAPORE PTE LTD
SUNTEC TOWER 4

18-01 6 TEMASEK BOULEVARD
SINGAPORE 038986

CONTACT NO: 67275700

VEHICLE NO
SHD4302L

MAKE
HYUNDAI

MODEL
SONATA

DATE OF REG
28.06.2012

CHASSIS CODE
KMHE141VMCA826529

NO/DATE
91441229 30.04.2019

JOB NO.
305287035

ODOMETER READING

JOB TYPE

Description : 3P 13.04.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,650.00
Add GST @ 7.000 %	185.50
Total Invoice amount	2,835.50

Issued by : CHEWBEELENG 30.04.2019 14:03:00
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: CT19040397

Date: 30 April 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	13/04/2019 @ 09:25 hrs
ALONG	ADMIRALTY RD WEST X JUNCTION OF W'LANDS AVE
	4
INVOLVING	FBA5324D

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 **SHD4302L** (the "Taxi"). The Taxi was hired to **LIM PENG HWA IC NO S1724956H** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$104.47** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte 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

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LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****SONATA SHD4302L , FBA5324D****ON 13-Apr-19 09:25****ADMIRALTY RD WEST X JUNCTION OF W'LANDS AVE 4.**

I / We

LIM PENG HWA(Hirer) NRIC No.: **S1724956H**

and/or

LIM FOO LAM(Relief) NRIC No.: **S1259769Z**

Taxi Number

SHD4302L

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

13-Apr-2019


Name of Hirer

LIM PENG HWA

Hirer NRIC

S1724956H

Signature :



Address

**687B WOODLANDS DRIVE 75 #11-27
732687**

Contact No.

90029008


Name of Relief

LIM FOO LAM

Relief NRIC

S1259769Z

Signature :



Address

**309 CANBERRA RD #08-115
750309**

Contact No.

97602009

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
FBA5324D	13 Apr 2019 / 09:25:00	Successful	F04	FWD SINGAPORE PTE. LTD.

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SHD432L