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. ,		<b>\</b> –		

T 0419/ SHA4277S /WT(st)

Your Ref:

Date

29-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 Facsimilie +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

320 Ubi Road 3 Singapore 408649

Senoko 24 Senoko Loop Singapore 758156

Sungei Kadut

7 Sungei Kadut Way Singapore 728791

6 Defu Avenue 1 Singapore 539537

Yishun Industrial Park A Singapore 768732

**AXA Insurance Pte Ltd** 

8 Shenton Way #24-01, AXA Tower

Singapore 068811

**Attn: Motor Claims Department** 

WITHOUT PREJUDICE

Dear Sir

# ACCIDENT INVOLVING OUR TAXI SHA4277S YOUR INSURED SDD5678T ON 18.04.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No: SHA4277S which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver conderned 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: <u>SDD5678T</u> we are submitting these claim for your consideration on behalf of the claimants.

#### TAXI OWNER'S CLAIM

1	Cost of Repair	\$	5,067.73
2	7 days Loss of Rental @ \$ 125.40 per	r day \$	877.80
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	GIA / LTA Search Fee	\$	7.49
5	GIA / Police Report Fees	\$	_ 501
6	Towing Fees	\$	_

#### HIRER'S CLAIM

7	7	days Loss of Income @	\$ <b>80.00</b> p	er days	\$ 560.00
				Total Claims:	\$ 6.513.02

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

a) Original repair bill and photocopies of photographs

SDD5678T

b) LTA search slip/s of:

CHA4277C

c) GIA / Police report/s of :

SHA4277S

- d) Letter of authority from owner / hirer / operator
  - ( X ) Photocopie/s of Accident Scene Photo/s

( ) Towing receipts

Sub Total: \$

8

pcs

5,953.02

( ) 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

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.









L	ET	T	E	R	0	F	A	U.	T	H	0	R	IS	A	T	101	N
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(NAF / PAF)

ACCIDENT INVOLVING

ALONG

TOYOTA PRIUS SHA4277S, SDD5678T

MARINA BLVD X BAYFRONT AVE

ON 18-Apr-19 01:25

I / We

YEO SWEE WANG

(Hirer) NRIC No.: \$1636450I

and/or

SIM KIM SOON

(Relief) NRIC No.: S1488872A

Taxi Number

SHA4277S

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

18-Apr-2019

Name of Hirer

YEO SWEE WANG

Hirer NRIC

S1636450I

Signature:

Address

733 WOODLANDS CIRCLE #07-91

730733

Contact No.

98222684

Name of Relief

SIM KIM SOON

Relief NRIC

S1488872A

Signature:

All m

Address

725 WOODLANDS AVENUE 6 05-492

730725

Contact No.

98758871



A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

## TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops Workshops 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286 320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 768732

COMPANY REG. NO.: 199506048W

Page: 1

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER #24-01 SINGAPORE SG 068811

CONTACT NO: 63387288

VEHCLE NO SHA4277S

TNV. NO/DATE 91440319 25.04.2019

MAKE TOYOTA

JOB NO. 305288542

MODEL. PRIUS HYBRID (G4) OIX)METER READING

DATE OF REG 10.08.2017

DATE/TIME IN 18.04.2019 10:50

CHASSIS CODE JTDKB3FU203563144

Description: 3P 18.04.19

C/Na Dart Na

Oty Unit Price %Disc Net

5/110	rait no.		22 7			
PART	REQUISITION					
0001	04-01-0302-0595	PRIG4 PANEL SUB-ASSY RR DOOR RH	1	1,258.31	25.00	943.73
0002	04-01-0302-0592	PRIG4 PANEL SUB-ASSY FRONT DOOR RH	7	1,268.30	25.00	951.22
0003	03-01-0302-2020	PRIG4 WHEEL DISC	1	1,555.00	25.00	1,166.25
0004	28-01-0103-0003	(140)FRT DOOR LOGO SONATA CTPL	1.	75.00	0.00	75.00
0005	28-01-0103-2013	140V3 APP LOGO REAR DOOR L/R CTPL	1	80.00	0.00	80.00
			SUB-TOTAL	:		3,216.20

JOB NATURE

PANEL BEATING 0001 PB

400.00

400,00

ComfortDelGro Engineering Pte Ltd A member of COMFORIDELGRO

Head Office: 205 Braddell Road Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91440319	5,067.73	

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY



A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

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24 Senoko Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 768732

COMPANY REG. NO.: 199506048W

801.001.0

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER SINGAPORE SG 068811 #24-01

CONTACT NO: 63387288

VEHCLE NO SHA4277S

TNV. NO/DATE 91440319 25.04.2019

MAKE TOYOT'A

JOB NO. 305288542

MODET. PRIUS HYBRID (G4) ODOMETER READING

DATE OF REG 10.08.2017

DATE/TIME IN 18.04.2019 10:50

CHASSIS CODE JTDKB3FU203563144

S/No	Part No.		Qty	Unit Price %Disc	Net
0002	SP	SPRAYPAINT CHARGE		1,000.00	1,000.00
0003	20-00	TUFF COAT ON AFFEC	TED	20.00	20.00
0004	L	REMOVE/REFIX REVER SENSOR	SE	100.00	100.00
			SUB-TOTAL	:	1,520.00
			Items total		4,736.20
			Add GST @	7.000 %	331.53
			Invoice amount		5,067.73

Issued by : KATHERINETAN 25.04.2019 16:58:57
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd A member of COMFORIDELGRO

Head Office: 205 Braddell Road Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91440319	5,067.73	

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CT19040506

Date: 25 April 2019



### TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

18/04/2019 @ 01:25 hrs

**ALONG** 

MARINA BLVD X BAYFRONT AVE

INVOLVING

SDD5678T

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 SHA4277S (the "Taxi"). The Taxi was hired to YEO SWEE WANG IC NO S1636450I a registered hirer-operator of Comfort Transportation Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$125.40 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.

	2							-				
	NAME OF DRIVER											
	CATE	7					*					
	HOURS OPERATED (TIME	10	1510 0735	1(3)	850	(8.93)	020	(6%	(	\		
	HOURS OPE	FROM	1510	0431	1570	6427	1530	K140	1650	001		
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	FTAG	DAIE.	61/20/51	(6) no 191	61/20/91	Muli	61/ 40/1	8/00/19	[8-6.Cg	57 7	E.	×

Enquire Vehicle Insurer

Incident Date/Time

Insurance Company Code

Insurance Company Name

SDD5678T

18 Apr 2019 / 01:25:00

Successful

A12

AXA INSURANCE PTE LTD

Previous OK























