

Our Ref : T 0519 SHB6365C /JW (st)

Date : 28-May-19



COMFORTDELGRO
ENGINEERING

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

CDGE Taxi Claims Dept
59 Loyang Drive 4th Fl
Singapore 508969

Braddell Road Singapore 579701
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 SHB6365C YOUR INSURE SGK3187J
AND OTHER ON 14.05.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHB6365C** 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 : **SGK3187J** we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,247.00
2	4 days Loss of Rental @ \$ 165.46 per day	\$ 661.84
3	(Surveyed by LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 2,916.33

HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims:		\$ 3,236.33

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 : **SGK3187J**
c) GIA / Police report/s of : **SHB6365C**
d) Letter of authority from owner / hirer / operator
() Witness statement/s () Towing/Medical bill/receipts () PIR
(X) Photocopies of Accident Scene PI (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

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

A member of

COMFORTDELGRO



TAX INVOICE

8010655

FWD SINGAPORE PTE LTD
SUNTEC TOWER 418-01 6 TEMASEK BOULEVARD
SINGAPORE 038986

CONTACT NO: 67275700

VEHICLE NO
SHB6365CMAKE
MERCEDES BENZMODEL
W220CDI (K5)DATE OF REG
25.10.2013CHASSIS CODE
WDD2120022A761050NO/DATE
91445001 22.05.2019JOB NO.
305295561ODOMETER READING

JOB TYPE

Description : 3P 14.05.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,100.00
Add GST @ 7.000 %	147.00
Total Invoice amount	2,247.00

Issued by : KATHERINETAN 22.05.2019 09:58:43
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: CT19050368

Date: 22 May 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 14/05/2019 @ 13:30 hrs
ALONG CTE TWDS SLE JUST AFTER 7B EXIT
INVOLVING SGK3187J

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 **SHB6365C** (the "Taxi"). The Taxi was hired to **SNG TIAN HUEY IC NO S1635604B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$165.46** 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

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

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****MERCEDES E220 SHB6365C , SGK3187J
CTE TWDS SLE JUST AFTER 7B EXIT****ON 14-May-19 13:30**

I / We

SNG TIAN HUEY(Hirer) NRIC No.: **S1635604B**

and/or

(Relief) NRIC No.:

Taxi Number

SHB6365C

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

14-May-2019

Name of Hirer

SNG TIAN HUEY

Hirer NRIC

S1635604B

Signature :



Address

**216 JURONG EAST STREET 21 #12-...
600216**

Contact No.

92243394

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SGK3187J	14 May 2019 / 13:30:00	Successful	F04	FWD SINGAPORE PTE. LTD.

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

SHB2365C

RELEASE

Claim Reference:	1201900012966
Surveyor's Reference:	CC4/FWD19008623/K1pb3
TP Reference:	SHB 6365C

We, COMFORTDELGRO ENGINEERING PTE LTD ("Workshop") hereby agree and confirm that we are authorized by the owner ("Claimant") of motor vehicle SHB 6365C ("Vehicle") to accept the sum of \$ 2,900.00 (Global Sum) being the amount claimed as compensation for the loss of or damage to the Vehicle / loss of use, as a result of an accident ("Accident") which occurred on 14/05/2019 (date of accident) at / along CTE TWDS SLE JUST AFTER 7B EXIT (location) involving vehicle no/s. SHB 6365C and SGK 3187J.

This is pursuant to the inspection conducted on 15/05/2019 (date) at the Workshop.

We confirm that this acceptance is in full and final settlement of all claims arising from the damage to the Vehicle (whether now or hereafter to become manifest), to the intent that FWD Singapore Pte. Ltd. and all other persons, in particular the driver of SGK 3187J be absolutely and finally exonerated and discharged from all claims of every nature and kind whatsoever which have been made or which may be made in respect of this Accident.

We also declare that we are authorized by the Claimant to receive the above compensation and we have full authority to make the claim as set out above and to settle the matter on behalf of the Claimant in any manner we deem fit.

This settlement is reached on a without prejudice and without admission of liability basis. As such, this Release is not to be construed as an admission of liability on the part of FWD Singapore Pte Ltd, their policyholder and / or authorised driver and shall not be used as evidence in any claims and / or action which may be lodged by any of them.

Dated this 22th day of July 2020

CLAIMANT



[Signed by the "Workshop" with Co. Stamp]

For and on behalf of the Claimant

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD



[FWD's appointed surveyor with Co. Stamp]

For and on behalf of FWD Singapore Pte. Ltd.

"The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document"