

Our Ref : CC19050514/ SHC7022E /WT(st)

Your Ref :

Date : 03-Jun-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

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

**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 SHC7022E YOUR INSURED PA 8200S**  
**AND OTHER ON 21.05.19**

 We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No :  
SHC7022E 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 : **PA 8200S**  
 we are submitting these claims for your consideration on behalf of the claimants.
**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 4,280.00
2	3 days Loss of Rental @ \$ 112.67 per day	\$ 338.01
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	\$ -
<b>Sub Total :</b>		<b>\$ 4,625.50</b>

**HIRER'S CLAIM**

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
<b>Total Claims :</b>		<b>\$ 4,865.50</b>

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 : PA 8200S
- c) GIA / Police report/s of : SHC7022E
- d) Letter of authority from owner / hirer / operator
- ( X ) Photocopies of Accident Scene Photos ( ) Certificate of Insurance
- ( ) PIR ( 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.

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SHC7022E

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
04.03.2016

CHASSIS CODE  
KMHLB41UMGU083395

NO/DATE  
91446099 28.05.2019

JOB NO.  
305296768

ODIOMETER READING

JOB TYPE

Description : 3P 21.05.2019

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	4,000.00
Add GST @ 7.000 %	280.00
Total Invoice amount	4,280.00

Issued by : KATHERINETAN 28.05.2019 10:06:25  
Repair Type : CFSO/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: CC19050514



Date: 28 May 2019

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 21/05/2019 @ 05:05 hrs  
ALONG ALONG BUKIT BATOK EAST AVE 3 BEFORE X-  
JUNCTION OF BUKIT BATOK ST 21  
INVOLVING PA8200S

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC7022E** (the "Taxi"). The Taxi was hired to **LEE MENG KWONG IC NO S1103687B** a registered hirer-operator of **CityCab 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.





**Enquire Vehicle Insurer**

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

PA8200S 21 May 2019 / 05:05:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

SHC702E

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****i 40 SHC7022E , PA8200S****ON 21-May-19 05:05****ALONG BUKIT BATOK EAST AVE 3 BEFORE X-JUNCTION OF BUKIT BATOK S..**

I / We

**LEE MENG KWONG**(Hirer) NRIC No.: **S1103687B**

and/or

(Relief) NRIC No.:

Taxi Number

**SHC7022E**

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

**21-May-2019**

Name of Hirer

**LEE MENG KWONG**

Hirer NRIC

**S1103687B**

Signature :

Address

**324 BUKIT BATOK STREET 33 #11-31  
650324**

Contact No.

**90430641**