

# COMFORTDELGRO ENGINEERING

Our Ref : CC19050721/ SHC 809Z /WT(st)

Your Ref :

Date : 10-Jun-19

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

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Marsine +65 6383 8280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No. 190000430

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 609288

Ubi  
320 Ubi Road 3  
Singapore 408549

Senoko  
24 Senoko Loop  
Singapore 758158

Sungei Kadut  
7 Sungei Kadut Way  
Singapore 728791

Yishun  
201 Yishun Industrial Park A  
Singapore 769732

**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 SHC 809Z YOUR INSURED SLD3083C**  
**AND OTHER \_\_\_\_\_ ON 26.05.19**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHC 809Z 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 : SLD3083C we are submitting these claims for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,605.00
2	<u>3</u> days Loss of Rental @ \$ 165.46 per day	\$ 496.38
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>\$ 2,108.87</b>

## HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
<b>Total Claims :</b>		<b>\$ 2,348.87</b>

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

- a) Original repair bill and photocopies of photographs : 7 pcs.
- b) LTA search slip/s of : SLD3083C
- c) GIA / Police report/s of : SHC 809Z
- 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.



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

**Our Ref: CC3/CTI19009430/K1eb3**

19 JUNE 2019

**TEO HONG BHENG**  
BLK 15 LORONG TOA PAYOH  
#02-601  
SINGAPORE 310015

Dear Sir/Madam,

**ACCIDENT INVOLVING SLD 3083C AND SHC 809Z ON 26/05/2019**

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 day, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please call us if you have further queries.

Yours faithfully,

Asher  
Case Handler  
DID: 6841 6051  
FAX: 6741 4108  
Email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com)

c.c. China Taiping Insurance (Singapore) Pte Ltd  
(Motor Claims Dept)

## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONGMERCEDES E220 SHC809Z , SLD3083C  
ANSON RD X MAXWELL RD

ON 26-May-19 23:45

I / We

LEONG KOK SIANG

(Hirer) NRIC No.: S7000746J

and/or

HONG FUN KHIONG

(Relief) NRIC No.: S1537834D

Taxi Number

SHC809Z

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

27-May-2019

Name of Hirer  
Hirer NRICLEONG KOK SIANG  
S7000746J

Signature :



Address

40 SIMS DRIVE #10-227  
380040

Contact No.

93742219

Name of Relief  
Relief NRICHONG FUN KHIONG  
S1537834D

Signature :



Address

42 SIMS DRIVE 12-299  
380042

Contact No.

93820660

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3068581800

Claim No :

Claimant : CITY CAB PTE LTD

Amount : S\$1,150.00

DOLLARS ONE THOUSAND ONE HUNDRED AND FIFTY ONLY.

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

TAN ENG KHOON

Claimant Vehicle No. : SHC 809Z

Insured Vehicle No. : SLD 3083C

Date of Loss : 26/05/2019

Place of Accident : ANSON RD X MAXWELL RD

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : TEO HONG BHENG

Driver Name : TAN JIEWEN, VANESSA FAYE

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) Global Sum	S\$ 1,150.00
	=====
TOTAL . . . . .	S\$ 1,150.00
	=====

Claimant Name : CITY CAB PTE LTD

NRIC No :

Signature :

Date :

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508689

"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"

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

A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

ComfortDelGro Engineering Pte Ltd

200 Skaddell Road Singapore 578701  
 Machines - 65 6363 6280 Faxline - 65 6363 6756

Workflow

501 Lorong Drive Singapore 50965

320 Lye Road, Singapore 408645

24 Sennio Loon, Singapore 758156

7 Sungai Kallut Way Singapore 75892

301 Yishun Industrial Park A Singapore 76807

COMPANY REG. NO.: 199506048W

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**TAX INVOICE**

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SAC 8092

MAKE  
MERCEDES BENZ

MODEL  
E220CDI (E5)

DATE OF REG  
25.07.2013

CHASSIS CODE  
WDD2120022A758333

NO/DATE  
91446993 31.05.2019

JOB NO.  
305298414

ODMETER READING

### JOB TYPE

Description : 3P 26.05.2019

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,500.00
Add GST @ 7.000 %	105.00
Total Invoice amount	1,605.00

Issued by : CHEWBEELING 31.05.2019 16:20:02  
Repair Type : CFSO/57/57  
Payment Type/Term : /Credit 30 days

**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/CHO No

Our Ref: CC19050721



Date: 31 May 2019

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                      26/05/2019    @   23:45 hrs  
ALONG                              ANSON RD X MAXWELL RD  
INVOLVING                        SLD3083C

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 **SHC0809Z** (the "Taxi"). The Taxi was hired to **LEONG KOK SIANG IC NO S7000746J** a registered hirer-operator of **CityCab 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 **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.

SHC 8092

OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	TO									FROM	TO
	1545	22.05.19	<del>Ho</del>	98	7	6	7	3	251.7	1600	0140
	0150	23.05.19	LEONG	98	7	9	6	9	296	0330	1540
	1445	23.05.19	<del>Ho</del>	98	8	1	9	9	230	1400	0100
	0055	24.05.19	<del>LEONG</del>	98	8	4	1	3	214	0400	1530
	01540	24.05.19	<del>Ho</del>	98	8	7	6	3	349.6	1600	0200
	0120	25.05.19	LEONG	98	9	1	6	1	398	0400	1520
	1320	25.05.19	<del>Ho</del>	98	9	3	8	9	227.6	1600	0148
	2115	26.05.19	LEONG	98	9	6	9	0	301	0400	1575
	1510	26.05.19	<del>Ho</del>	98	9	8	3	9	148.6	1630	0018
	0000	27.05.19	LEONG	98	0	0	7	1	232	0300	1000
	1515	27.05.19	ACCIDENT						14	1045	-
		29.05.19	REPAIR						0.7	-	1430

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLD3083C	26 May 2019 / 23:45:00	Successful	CD1	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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