

Our Ref : T 0619 / SHC2840T /JW(st)

Your ref : \_\_\_\_\_

Date : 17-Jun-19

EQ Insurance Company Limited  
5 Maxwell Road, MND Complex  
#17-00 Tower Block  
Singapore 069110

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

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Workshops

Braddell  
205 Braddell Road  
Singapore 579701

Loyang  
59 Loyang Drive  
Singapore 508969

**Sin Ming**  
383 Sin Ming Drive  
Singapore 675717

Pandan  
45 Pandan Road  
Singapore 600256

**Senoko**  
24 Senoko Loop  
Singapore 758156

Sungei Kadut  
7 Sungei Kadut Way  
Singapore 72571

Attn : Motor Claims Department

**WITHOUT PREJUDICE**

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC2840T YOUR INSURED GBA5682U  
AND OTHER ON 07.06.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHC2840T** 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 **GBA5682U** we are submitting these claims for your consideration on behalf of the claimants.

### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,889.00
2	<u>4</u> days Loss of Rental @ \$ 116.95 per day	\$ 467.80
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>\$ 3,364.29</b>

### HIRER'S CLAIM

7	<u>4</u>	days Loss of Income @	<u>\$ 80.00</u>	per day		<u>\$ 320.00</u>
					<b>Total Claims:</b>	<b>\$ 3,684.29</b>

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

- a) Original repair bill and photocopies of photographs : 6 pcs.
- b) LTA search slip/s of : GBA5682U
- c) GIA / Police report/s of : SHC2840T
- d) Letter of authority from owner / hirer / operator
- ( ) Witness statement/s ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
- ( X ) Photograph/s of Accident Scene ( 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.hk](mailto:jimwong@cdge.com.hk)

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) 62564315

Our Ref: CC3/EQ119010295/K1ga3

7 NOVEMBER 2019

**ASK LEASING PTE LTD**  
**5 UBI LINK**  
**#02-02**  
**SINGAPORE 408548**

Dear Sir/Madam,

**ACCIDENT INVOLVING GBA 5682U AND SHC 2840T ON 07/06/2019**

We refer to the above accident. We are the Appointed Surveyor and Loss Adjuster Company by your Motor Insurer (EQ INSURANCE COMPANY LIMITED) to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

This is to inform you that we received a Third Party Claim from SHC 2840T.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries. (NO ACTION IS REQUIRED)

Yours faithfully,

**CECILIA CHONG**  
Case Handler  
DID: 6749 4274  
FAX: 6741 4108  
EMAIL: ceciliachong@lkkauto.com

c.c. **EQ INSURANCE COMPANY LIMITED**  
(Motor Claims Dept)

## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONGI 40 SHC2840T , GBA5682U  
WOODLANDS AVE 7 TWDS SEMBAWANG RD.

ON 07-Jun-19 23:00

I / We

GOH KIM HUAT

(Hirer) NRIC No.:

S1428798A

and/or

(Relief) NRIC No.:

Taxi Number

SHC2840T

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

08-Jun-2019

Name of Hirer

GOH KIM HUAT

Hirer NRIC

S1428798A

Signature :



Address

630 YISHUN STREET 61 #11-49  
760630

Contact No.

91234987

## TAX INVOICE

8010325  
EQ INSURANCE COMPANY LIMITED  
5 MAXWELL ROAD TOWER BLOCK #17-00  
SINGAPORE 069110  
CONTACT NO: 62239433

VEHICLE NO  
SHC2840P  
MAKE  
HYUNDAI  
MODEL  
I-40  
DATE OF REG  
24.03.2016  
CHASSIS CODE  
KMHLB41UMGU086672  
NO/DATE  
91448946 12.06.2019  
JOB NO.  
305301821  
ODOMETER READING  
JOB TYPE

Description : 3P 07.06.19

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,700.00
Add GST @ 7.000 %	189.00
Total Invoice amount	2,889.00

Issued by : KATHERINETAN 12.06.2019 11:33:21  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

WE HEREBY TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR INJURY TO PROPERTY BELONGING TO CUSTOMERS WHO VEHICLES ARE DRIVEN AND PARKED AT OWNERS' RISK.  
ALL CLAIMS SHALL BE SETTLED IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM DATE OF DELIVERY OF NOTICE IN WRITING TO THE COMPANY. NO ANY COMPLAINTS CONCERNING THE VEHICLE WILL BE ACCEPTED EXCEPT WITHIN 30 DAYS OF DELIVERY.  
INTEREST OF 4% PER ANNUM SHALL BE CHARGED ON A DAY TO DAY BASIS ON THE DUE DATE OF PAYMENT OR AFTER 30 DAYS FROM DATE OF DELIVERY OF NOTICE.  
PLEASE EXAMINE THE VEHICLE IMMEDIATELY UPON DELIVERY AND ADVISE THE COMPANY OF ANY DAMAGE OR DISCREPANCY WITHIN 24 HOURS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THE VEHICLE AS CORRECT AND SHIP IT.

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: CT19060168

Date: 12 June 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 07/06/2019 @ 23:00 hrs  
ALONG WOODLANDS AVE 7 TWDS SEMBAWANG RD.  
INVOLVING GBA5682U

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 **SHC2840T** (the "Taxi"). The Taxi was hired to **GOH KIM HUAT IC NO S1428798A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$116.95** 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.

[illegible]

## Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBA5682U	07 Jun 2019 / 23:00:00	Successful	E04	EQ INSURANCE COMPANY LTD

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

SAC 2840T