

Our Ref : T 0619/ SHC8012C /WT(st)Date : 01-Jul-19CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

QBE INSURANCE (INT'L) LTD
1 Raffles Quay #29-10
South Tower
Singapore 048583**WITHOUT PREJUDICE**

Attn : Motor Claims Department

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC8012C YOUR INSURED YK 8280B
AND OTHER _____ ON 25.06.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC8012C 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 : YK 8280B we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

| | | | |
|-------------|---|----|----------|
| 1 | Cost of Repair | \$ | 1,712.00 |
| 2 | <u>2</u> days Loss of Rental @ \$ <u>177.23</u> per day | \$ | 354.46 |
| 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 | \$ | - |
| Sub Total : | | \$ | 2,073.95 |

HIRER'S CLAIM

| | | | |
|----------------|---|----|----------|
| 7 | <u>2</u> days Loss of Income @ \$ <u>80.00</u> per days | \$ | 160.00 |
| Total Claims : | | \$ | 2,233.95 |

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

- a) Original repair bill and photocopied of photographs 7 pcs.
b) LTA search slip/s of : YK 8280B
c) GIA / Police report/s of : SHC8012C
d) Letter of authority from owner / hirer / operator

() Witness statement/s () Towing/Medical bill/receipts () Certificate of Insurance
(X) Photocopies 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

William Tan

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 18 Email : williamtan@cdge.com.sg

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING MERCEDES E220 SHC8012C , YK8280B ON 25-Jun-19 11:05
ALONG ALONG TAMPINES AVE 8 TOWARDS TAMPINES AVE 1

I / We **CHUA JIN SIANG JEREMY** (Hirer) NRIC No.: **SXXXX012D**

and/or (Relief) NRIC No.: **SXXXX012D**

Taxi Number **SHC8012C**

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 **25-Jun-2019**

Name of Hirer **CHUA JIN SIANG JEREMY**
Hirer NRIC **SXXXX012D**

Signature :



Address **11 FLORA ROAD #02-04**
509732

Contact No. **94742855**

TAX INVOICE

8010056

QBE INSURANCE (INT'L) LTD

1 RAFFLES QUAY SOUTH TOWER #29-10
SINGAPORE 048583

CONTACT NO: 62246633

Description : 3P 25.06.19

VEHICLE NO
SHC8012C

NO/DATE
91452073 27.06.2019

MAKE
MERCEDES BENZ

JOB NO.
305306249

MODEL
E220CDI (K6)

ODOMETER READING

DATE OF REG
13.05.2015

CHASSIS CODE
WDD2120012B172621

JOB TYPE

Invoice for Lump Sum Repair

| | |
|----------------------------|----------|
| Total Lump Sum Repair Amt. | 1,600.00 |
| Add GST @ 7.000 % | 112.00 |
| Total Invoice amount. | 1,712.00 |

Issued by : KATHERINETAN 27.06.2019 17:13:15
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

- 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.
- 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.
- 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.
- 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: CT19060635

Date: 28 June 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

| | |
|-------------|---|
| ACCIDENT ON | 25/06/2019 @ 11:05 hrs |
| ALONG | ALONG TAMPINES AVE 8 TOWARDS TAMPINES AVE |
| | 1 |
| INVOLVING | YK8280B |

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 **SHC8012C** (the "Taxi"). The Taxi was hired to **CHUA JIN SIANG JEREMY IC NO S6918012D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$177.23** 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.

Enquire Vehicle Insurance Details

| Vehicle No. | Incident Date/Time | Search Status | Insurance Company Code | Insurance Company Name |
|-------------|------------------------|---------------|------------------------|-----------------------------------|
| YK8280B | 25 Jun 2019 / 11:05:00 | Successful | Q01 | QBE INSURANCE (SINGAPORE) PTE LTD |

Previous OK