

Our Ref : T 0719 / SHD4335S /WT(st)

Your Ref :

Date : 29-Jul-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

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 SHD4335S YOUR INSURED SGM6666M
AND OTHER _____ ON 17.07.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHD4335S 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 SGM6666M we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	3,340.65
6	3 days Loss of Rental @ \$ 125.40 per day	\$	376.20
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 :		\$	3,724.34

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$	240.00
Total Claims :		\$	3,964.34

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

- a) Original repair bill and photocopies of photographs : 10 pcs.
- b) LTA search slip/s of : SGM6666M
- c) GIA / Police report/s of : SHD4335S
- d) Letter of authority from owner / hirer / operator
- () Traffic Compound () Towing/Medical bill/receipts () Certificate of Insurance
- (X) Photograph/s of Accident Scen (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.

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**Yishun Industrial Park A
Singapore 768732

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING TOYOTA PRIUS SHD4335S , SGM6666M ON 17-Jul-19 00:50
ALONG STILL RD TWDS EUNOS , SLIP RD OF EAST COAST ROAD**

I / We **GOH TENG KIANG** (Hirer) NRIC No.: **SXXXX615J**

and/or **TSANG TSANG KWONG** (Relief) NRIC No.: **SXXXX743H**

Taxi Number **SHD4335S**

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 **17-Jul-2019**

Name of Hirer **GOH TENG KIANG**
Hirer NRIC **SXXXX615J**

Signature :



Address **409 BEDOK NORTH AVENUE 2 #09-18
460409**

Contact No. **96641864**

Name of Relief **TSANG TSANG KWONG**
Relief NRIC **SXXXX743H**

Signature :



Address **5000N MARINE PARADE ROAD 12-60
44295**

Contact No. **97369660**

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
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8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHD4335S

INV. NO/DATE
91456722 23.07.2019

MAKE
TOYOTA

JOB NO.
305312021

MODEL
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG
14.09.2016

DATE/TIME IN
17.07.2019 11:35

CHASSIS CODE
JTDKRB3FU603530549

Description : 3P 17.07.2019

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0302-0574	PRIG4 FENDER SUB-ASSY FRONT LH	1	945.30	25.00	708.97
0002	04-01-0302-2297	PRIG4 EMBLEM SIDE PANEL (HYBRID)	1	53.51	25.00	40.13
0003	04-01-0302-0593	PRIG4 PANEL SUB-ASSY FRONT DOOR LH	1	1,264.00	25.00	948.00
0004	28-01-0103-0003	(140)FRNT DOOR LOGO SONATA CTPL	1	75.00	0.00	75.00
0005	28-01-0103-2013	140V3 APP LOGO REAR DOOR L/R CTPL	1	80.00	0.00	80.00
SUB-TOTAL						1,852.10

JOB NATURE

0001	L	PANEL BEATING	400.00	400.00
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- 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 OF 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.
8010012	91456722	3,340.65	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W

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8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHD43358

INV. NO/DATE
91456722 23.07.2019

MAKE
TOYOTA

JOB NO.
305312021

MODEL
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG
14.09.2016

DATE/TIME IN
17.07.2019 11:35

CHASSIS CODE
JTDKB3FU603530549

S/No	Part No.		Qty	Unit Price	%Disc	Net
0002	23-502	SPRAYPAINT ON AFFECTED AREA		800.00		800.00
0003	20-00	TUFF COAT ON AFFECTED PARTS.		20.00		20.00
0004	20-02	REMOVE/REFIX DOOR PARTS TO ASSIST REPAIR		50.00		50.00
SUB-TOTAL:				:		1,270.00

Items total	3,122.10
Add GST @ 7.000 %	218.55
Invoice amount	3,340.65

Issued by : KATHERINETAN 23.07.2019 16:48:44
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

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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.
8010012	91456722	3,340.65	

Our Ref: CT19070434

Date: 23 July 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	17/07/2019 @ 00:50 hrs
ALONG	STILL RD TWDS EUNOS , SLIP RD OF EAST COAST ROAD
INVOLVING	SGM6666M

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 **SHD4335S** (the "Taxi"). The Taxi was hired to **GOH TENG KIANG IC NO S0497615J** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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.

MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO
205	06.55	16.05
312	16.25	02.50
07.00/64	07.00	16.08
245	16.35	02.00
189 191	07.36	16.16
248	16.28	03.00
180	07.43	16.06
432	16.25	05.45
134	07.15	16.10
400	16.50	05.40
24137	06.45	16.19

DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		4	2	1		FROM	TO
14/07/19	Tsang T.K.	4	2	1	382	16.45	05.00
15/7/19	Gon Tsang Kyi	4	2	1	175	07.15	16.16
15/7/19	Tsang T.K.	4	2	1	236	16.35	01.10
16/16/7/19	Gon Tsang Kyi	4	2	2	164	07.00	16.27
16/07/19	Tsang T.K.	4	2	2	352	16.30	06.10
17/7/19	Gon Tsang Kyi					07.54	
17/7/19	Accident ?				Loyang	11.35	—
19/7/19	Repair					—	15.30

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SGM6666M	17 Jul 2019 / 00:50:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK