

Asher

# COMFORTDELGRO ENGINEERING

Our Ref : T 0719/ SHC8795B /WT(st)

Date : 06-Aug-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

**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 SHC8795B YOUR INSURED SKT4234E**  
**AND OTHER ON 27.07.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHC8795B** 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 : **SKT4234E** we are submitting these claims for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,070.00
2	3 days Loss of Rental @ \$ 116.95 per day	\$	350.85
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>\$</b>	<b>1,428.34</b>

## HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$	240.00
<b>Total Claims :</b>		<b>\$</b>	<b>1,668.34</b>

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

- a) Original repair bill and photocopied of photographs 4 pcs.  
b) LTA search slip/s of : SKT4234E  
c) GIA / Police report/s of : SHC8795B  
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

A member of

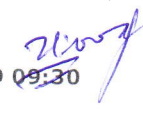
**COMFORTDELGRO**



## LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING** i 40 SHC8795B , SKT4234E  
**ALONG** HOUGANG AVE 8 BLK 675

ON 27-Jul-19 09:30 

I / We **CHEW KAI HOCK** (Hirer) NRIC No.: **SXXXX780G**

and/or (Relief) NRIC No.: **SXXXX780G**

Taxi Number **SHC8795B**

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 **28-Jul-2019**

Name of Hirer **CHEW KAI HOCK**  
Hirer NRIC **SXXXX780G**

Signature :



Address **671 HOUGANG AVENUE 8 #12-701**  
**530671**

Contact No. **90884478**

## TAX INVOICE

8010056

QBE INSURANCE (INT'L) LTD

1 RAFFLES QUAY SOUTH TOWER #29-10  
SINGAPORE 048583

CONTACT NO: 62246633

Description : 3P 27.07.19

VEHICLE NO  
SHC8795R

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
10.12.2015

CHASSIS CODE  
KMHLB41UMGU082940

NO/DATE  
91458535 31.07.2019

JOB NO.  
305320640

ODOMETER READING

JOB TYPE

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,000.00
Add GST @ 7.000 %	70.00
<b>Total Invoice amount</b>	<b>1,070.00</b>

Issued by : KATHERINETAN 31.07.2019 17:04:05  
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 OR 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: CT19070717

Date: 31 July 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      27/07/2019    @   21:00 hrs  
ALONG                              HOUGANG AVE 8 BLK 675  
INVOLVING                        SKT4234E

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 **SHC8795B** (the "Taxi"). The Taxi was hired to **CHEW KAI HOCK IC NO SXXXX780G** 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 **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  
Manager, Fleet Safety

This is a computer generated letter. No signature is required.

MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO
7854	351.7	0600	2103
8150	295.7	0600	2122
8410	260.3	0600	2102
8758	348.3	0600	2105
9049	291.2	0600	2054
9309	260.6	0732	2040
9629	319.6	0600	2003
9938	308.6	0600	2115
0292	354.3	0600	2101
0571	279.2	0600	2123
0806	235	0600	2058

DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		39	11	11	18	311.9		FROM	TO
200719	Chulau M	39	11	11	18	311.9		0600	2048
210719	Chulau M	39	13	51	233	233		0750	2106
220719	Chulau M	39	16	88	336.7	336.7		0600	2059
230719	Chulau M	39	20	20	332.1	332.1		0600	2132
240719	Chulau M	39	23	35	315	315		0600	2043
250719	Chulau M	39	26	27	291.8	291.8		0600	2042
260719	Chulau M	39	29	55	327.4	327.4		0600	2043
280719	Chulau M							0732	
280719	Chulau M				SVC 8795B			1100	
300719	9 Accident Report								1645

## Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKT4234E	27 Jul 2019 / 21:30:00	Successful	Q01	QBE INSURANCE (SINGAPORE) PTE LTD

[Previous](#)

[OK](#)

SHC8795B