

COMFORTDELGRO ENGINEERING

Our Ref : CC19080248/ SHA9369C /WT(st)

Your Ref :

Date : 21-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. 118000400

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
363 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
330 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728751

Yishun
501 Yishun Industrial Park A
Singapore 768732

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 SHA9369C YOUR INSURED SMJ6852L
AND OTHER _____ ON 12.08.19

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHA9369C 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 : SMJ6852L we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,300.78
2	<u>3</u> days Loss of Rental @ <u>\$ 112.67</u> per day	\$ 338.01
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	\$ -
Sub Total :		\$ 1,646.28

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ <u>\$ 80.00</u> per days	\$ 240.00
Total Claims :		\$ 1,886.28

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

- a) Original repair bill and photocopies of photographs : 8 pcs.
b) LTA search slip/s of : SMJ6852L
c) GIA / Police report/s of : SHA9369C
d) Letter of authority from owner / hirer / operator

() 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.

Asher Sng (LKKAuto)

From: Asher Sng (LKKAuto)
Sent: Thursday, 31 October 2019 12:01 PM
To: EUGENE.ELLW@GMAIL.COM
Subject: ACCIDENT INVOLVING SMJ 6852L AND SHA 9369C ON 12/08/2019

Our Ref: CC3/CTI19014227/K1eb3

31 OCT 2019

LIN LIWEI, EUGENE

Dear Sir/Madam,

ACCIDENT INVOLVING SMJ 6852L AND SHA 9369C ON 12/08/2019

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.

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 call us if you have further queries.

Yours faithfully,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SHA9369C , SMJ6852L
ALONG PIE(TPE) >>TAMPINES AVE 2

ON 12-Aug-19 04:00

I / We **LIM CHOONG KWANG** (Hirer) NRIC No.: **SXXXX985J**

and/or (Relief) NRIC No.: **SXXXX985J**

Taxi Number **SHA9369C**

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 **13-Aug-2019**

Name of Hirer **LIM CHOONG KWANG**

Hirer NRIC **SXXXX985J**

Signature :



Address **809 TAMPINES AVENUE 4 #09-163
520809**

Contact No. **97246627**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3023291900

Claim No : SNM19D203799

Claimant : CITY CAB PTE LTD

Amount : S\$1,710.00

DOLLARS ONE THOUSAND SEVEN HUNDRED AND TEN 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

Claimant Vehicle No. : SHA 9369C

Insured Vehicle No. : SMJ 6852L

Date of Loss : 12/08/2019

Place of Accident : PIE (TPE) >> TAMPINES AVE 2

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 : LIN LIWEI, EUGENE

Driver Name : LIN LIWEI, EUGENE

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\$ 1,710.00
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TOTAL	S\$ 1,710.00
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Claimant Name : CITY CAB PTE LTD

NRIC No :

Signature :

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508688

Date :

14/8/19

*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

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTK LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA9369C

MAK
HYUNDAI

МОНЖИ.
I-40

DATE OF REG
24.11.2016

CHASSIS CODE
KMHLR41UMHU097137

INV. NO./DATE
91461809 20.08.2019

JOB NO.
305324236

ODOMETER READING

DATE/TIME IN
13.08.2019 14:00

Description : 3P 12.08.19

S/No	Part No.
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Qty	Unit Price	%Disc	Net
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PART REQUISITION

0001	28-01-0103-2014	REAR DOOR APPS STICKER RH	1	80.00	0.00	80.00
0002	04-01-0103-0658	REAR WHEEL CAP RH	1	107.10	20.00	85.68
SUB-TOTAL:				:		165.68

JOB NATURE

0001	20-05	Rear Fender Adv.Sticker RH	100.00	100.00
0002	20-05	Rear Door Adv.Sticker RH	100.00	100.00
0003	20-05	Rear Bumper Adv.Sticker	50.00	50.00
0004	PB	PANEL, BRATTING	200.00	200.00
0005	SP	SPRAYPAINT CHARGE	600.00	600.00

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

[illegible]

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA9369C

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
24.11.2016

CHASSIS CODE
KMHTB41UMHU097137

INV. NO/DATE
91461809 20.08.2019

JOB NO.
305324236

ODOMETER READING

DATE/TIME IN
13.08.2019 14:00

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL :					1,050.00
Items total					1,215.68
Add GST @ 7.000 %					85.10
Invoice amount					1,300.78

Issued by : KATHKIRINETAN 20.08.2019 14:40:13
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/CHQ No.
8010012	91461809	1,300.78	

Our Ref: CC19080248



Date: 20 August 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	12/08/2019 @ 04:00 hrs
ALONG	PIE(TPE) >>TAMPINES AVE 2
INVOLVING	SMJ6852L

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 **SHA9369C** (the "Taxi"). The Taxi was hired to **LIM CHOONG KWANG IC NO SXXXX985J** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$112.67** 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
Manager, Fleet Safety

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

MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO
1116	17.55	00.35
	05.25	
175	06.25	17.30
192	17.30	23.20
268	05.40	17.30
277	19.05	05.05
126	05.15	12.45
8	11.40	12.00
169	12.00	18.00
250	18.45	05.30
407	05.35	17.30

SHA 93696

DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)	
							FROM	TO
11-8-19	L.C.k.	423	299		287		18.55	06.05
12/08/2019	JIM HOCKS	423	94		195		06.30	16.45
L.C.k.	L.C.k.							
12-8-19	L.C.k.	423	668		173		19.25	04.40
13/08/2019	JIM HOCKS	423	795		127		05.00	15.55
13-8-19	L.C.k.	423	801		6		13.35	14.00
13/8	Accident				In		14.00	
15/8	Repair				Out			17.00

Enquire Vehicle Insurance Details

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

5MJ6852L 12 Aug 2019 / 04:00:00 Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)

[OK](#)

SHA 9369C