

Our Ref : T 0819 / SHA1028P /WT(st)

Your Ref :

Date : 03-Sep-19

CDGE 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: 198296400

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 SHA1028P YOUR INSURED SKX4270D  
AND OTHER \_\_\_\_\_ ON 26.08.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA1028P 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 SKX4270D we are submitting these claims for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,103.75
6	2 days Loss of Rental @ \$ 125.40 per day	\$ 250.80
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	\$ -
Sub Total :		\$ 1,362.04

## HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims :		\$ 1,522.04

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 : SKX4270D  
 c) GIA / Police report/s of : SHA1028P  
 d) Letter of authority from owner / hirer / operator  
     ( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance  
     ( ) 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 608286

Ubi  
320 Ubi Road 3  
Singapore 408649

Senoko  
24 Senoko Loop  
Singapore 758158

Sungei Kadut  
7 Sungei Kadut Way  
Singapore 728791

Yishun  
Yishun Industrial Park A  
Singapore 768732

**Asher Sng (LKKAUTO)**

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**From:** Asher Sng (LKKAUTO)  
**Sent:** Thursday, 5 September 2019 2:48 PM  
**To:** WAILYNN@MSN.COM  
**Subject:** ACCIDENT INVOLVING SKX 4270D AND SHA 1028P ON 26/08/2019

**Our Ref: CC3/CTI19015196/K1ea3**

05 SEPT 2019

**TAN PONG TYEA / LAU WAI LENG**

Dear Sir/Madam,

**ACCIDENT INVOLVING SKX 4270D AND SHA 1028P ON 26/08/2019**

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.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 day, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please call us if you have further queries.

Yours faithfully,

Asher  
Case Handler  
DID: 6841 6051  
FAX: 6741 4108  
Email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com)

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

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING** **TOYOTA PRIUS SHA1028P , SKX4270D** **ON 26-Aug-19 19:15**  
**ALONG** **CAIRNHILL RD X ORCHARD RD**

I / We **LIM SENG TOH** (Hirer) NRIC No.: **S1165792C**

and/or **GOH HOCK HENG** (Relief) NRIC No.: **SXXXX670F**

Taxi Number **SHA1028P**

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 **27-Aug-2019**

Name of Hirer **LIM SENG TOH**  
Hirer NRIC **SXXXX792C**

Signature :



Address **540 HOUGANG AVENUE 8 #10-1229**  
**530540**

Contact No. **85907613**

Name of Relief **GOH HOCK HENG**  
Relief NRIC **SXXXX670F**

Signature :



Address **475A SERANGOON CRESCENT 03-521**  
**531475**

Contact No. **90253223**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3051311800

Claim No : SNM19D204042

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,460.00

DOLLARS ONE THOUSAND FOUR HUNDRED AND SIXTY 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 1028P

Insured Vehicle No. : SKX 4270D

Date of Loss : 26/08/2019

Place of Accident : CAIRNHILL RD X ORCHARD RD.

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 : TAN PONG TYEA

Driver Name : LAU WAI LENG (LIU HUILING)

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\$ 1,460.00
	=====
TOTAL . . . . .	S\$ 1,460.00
	=====

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature :

CLAIMS DEPARTMENT  
COMFORTDELGRD ENGINEERING PTE LTD  
53 LOYANG DRIVE  
SINGAPORE 534559

Date :

7/11/19

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:  
COMFORTDELGRD ENGINEERING PTE LTD

## TAX INVOICE

(COMPANY REG. NO.: 199506048W)  
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD  
SPRINGLEAP TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA1028P

MAKE  
TOYOTA

MODEL  
PRIUS HYBRID(G4)

DATE OF REG  
29.06.2017

CHASSIS CODE  
JTDKR3FU903560970

INV. NO/DATE  
91463495 29.08.2019

JOB NO.  
305328091

ODOMETER READING

DATE/TIME IN  
27.08.2019 08:45

Description : 3P 26.08.2019

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0302-2292	PRIG4 COVER FRONT BUMPER	1	499.90	25.00	374.92
0002	04-01-0302-2297	PRIG4 EMBLEM SIDE PANEL (HYBRID)	1	53.50	25.00	40.12
0003	04-01-0302-2267	PRIVC BUMPER PIECE	10	2.20	25.00	16.50
SUB-TOTAL			:			431.54

### JOB NATURE

0001	L	PANEL BEATING	200.00			200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	400.00			400.00
SUB-TOTAL			:			600.00

WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST THE THEFT OR MISFEASANCE OF THE COMPANY, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR OTHER MISFEASANCE BELONGING TO CUSTOMER'S PROPERTY. THE COMPANY SHALL BE RESPONSIBLE FOR THE LOSS OF THE COMPANY'S PROPERTY ONLY IF THE LOSS IS CAUSED BY THE NEGLIGENCE OF THE COMPANY'S EMPLOYEES.

THE COMPANY SHALL BE RESPONSIBLE FOR THE LOSS OF THE COMPANY'S PROPERTY ONLY IF THE LOSS IS CAUSED BY THE NEGLIGENCE OF THE COMPANY'S EMPLOYEES. THE COMPANY SHALL BE RESPONSIBLE FOR THE LOSS OF THE COMPANY'S PROPERTY ONLY IF THE LOSS IS CAUSED BY THE NEGLIGENCE OF THE COMPANY'S EMPLOYEES.

INTEREST ON THE OPEN ACCOUNT WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF THE OPEN ACCOUNT BALANCE AND SHALL BE THE COMPANY'S PROPERTY. THE COMPANY SHALL BE RESPONSIBLE FOR THE LOSS OF THE COMPANY'S PROPERTY ONLY IF THE LOSS IS CAUSED BY THE NEGLIGENCE OF THE COMPANY'S EMPLOYEES.

PLEASE EXAMINE THE INVOICE CAREFULLY BEFORE SIGNING. THE COMPANY SHALL BE RESPONSIBLE FOR THE LOSS OF THE COMPANY'S PROPERTY ONLY IF THE LOSS IS CAUSED BY THE NEGLIGENCE OF THE COMPANY'S EMPLOYEES. THE COMPANY SHALL BE RESPONSIBLE FOR THE LOSS OF THE COMPANY'S PROPERTY ONLY IF THE LOSS IS CAUSED BY THE NEGLIGENCE OF THE COMPANY'S EMPLOYEES.

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	91463495	1,103.75	

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 2

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA1028P

MAKE  
TOYOTA

MODEL  
PRIUS HYBRID(G4)

DATE OF REG  
29.06.2017

CHASSIS CODE  
JTDKR3PU903560970

INV. NO/DATE  
91463495 29.08.2019

JOB NO.  
305328091

ODOMETER READING

DATE/TIME IN  
27.08.2019 08:45

Items total		1,031.54
Add GST @	7.000 %	72.21
Invoice amount		1,103.75

Issued by : KATHERINETAN 29.08.2019 16:10:01  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

1. WHILE TAKING ALL NECESSARY PRECAUTIONS AGAINST THEFT AND THE ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR DAMAGE TO THE VEHICLE OR ITS CONTENTS AND BELONGINGS AND WEAR AND TEAR, INCLUDING OWNERS RISK.

2. CUSTOMERS SHALL INSURE THEIR VEHICLES WITH ADEQUATELY COVERED INSURANCE POLICY. NOTICE IS GIVEN TO THE COMPANY OF ANY COMPLAINTS OTHERWISE THE VEHICLE WILL BE DELIVERED TO THEM WITH ACCEPTED INSURANCE CLAIM.

3. INTEREST OF 1% PER MONTH SHALL BE CHARGED ON A DAILY BASIS FROM THE DATE OF RECEIPT OF ANY PAYMENT DUE AND DURING THE PERIOD OF DEFALTY.

4. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE CUSTOMER DOES NOT DISPUTE THE CHARGES, 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	91463495	1,103.75	

Our Ref: CT19080663

Date: 29 August 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	26/08/2019 @ 19:15 hrs
ALONG	CAIRNHILL RD X ORCHARD RD
INVOLVING	SKX4270D

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 **SHA1028P** (the "Taxi"). The Taxi was hired to **LIM SENG TOH IC NO SXXXX792C** 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 **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.

[illegible]



## Enquire Vehicle Insurance Details

Vehicle No:  Incident Date/Time:  Search Status:  Insurance Company:  Cdn:  Insurance Policy No:

SKX4270D 26 Aug 2019 / 19:15:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

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SHACORP