

Asher

# COMFORTDELGRO ENGINEERING

Our Ref : T 1019 / SHC8397S /WT(st)

Your Ref :

Date : 10-Oct-19

CDGE Taxi Claims Dept  
59 Loyang Drive 4th Flr  
Singapore 508969

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 8280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 19800334W

**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 SHC8397S YOUR INSURED GBG5165P**  
**AND OTHER ON 03.10.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHC8397S** 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 **GBG5165P** we are submitting these claims for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,391.00
6	3 days Loss of Rental @ \$ 110.67 per day	\$ 332.01
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>\$ 1,730.50</b>

## HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
<b>Total Claims :</b>		<b>\$ 1,970.50</b>

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

- a) Original repair bill :
- b) LTA search slip/s of : GBG5165P
- c) GIA / Police report/s of : SHC8397S
- d) Letter of authority from owner / hirer / operator
  - ( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( ) Photograph/s 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 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 726791

**Yishun**  
Yishun Industrial Park A  
Singapore 768732

A member of

**COMFORTDELGRO**





Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

**Our Ref: CC3/CTI19017525/K1eb3**

31 OCT 2019

**SUPREME AUSTRALIAN MEATS PTE. LTD.**  
32 SIGLAP DRIVE FRANKEL ESTATE  
SINGAPORE 456157

Dear Sir/Madam,

**ACCIDENT INVOLVING GBG 5165P AND SHC 8397S ON 03/10/2019**

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](mailto:ashersng@lkkauto.com)

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

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****I 40 SHC8397S , GBG5165P****ON 03-Oct-19 12:20****CLEMENTI AVE 5 TWDS AVE2 INFRONT BLK 346**

I / We

**CHEW CHER JUAY**(Hirer) NRIC No.: **SXXXX083G**

and/or

(Relief) NRIC No.: **SXXXX083G**

Taxi Number

**SHC8397S**

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

**03-Oct-2019**

Name of Hirer

**CHEW CHER JUAY**

Hirer NRIC

**SXXXX083G**

Signature :



Address

**126C EDGEDALE PLAINS #15-310  
823126**

Contact No.

**96927651**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3055661901

Claim No : SNM19D204662

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,719.83

DOLLARS ONE THOUSAND SEVEN HUNDRED NINETEEN AND CENTS  
EIGHTY THREE 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. : SHC 8397S

Insured Vehicle No. : GBG 5165P

Date of Loss : 03/10/2019

Place of Accident : CLEMENTI AVE 5 TWDS AVE 2 INFRONT BLK 346

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 : SUPREME AUSTRALIAN MEATS PTE LTD

Driver Name : ANAND CHANDRAN

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) General Damages	S\$	
(2) Cost of Repair/ <del>Excess</del>	S\$	1,391.00
(3) Loss of Use/Rental/Earning	S\$	321.34
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.49
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
<b>TOTAL . . . . .</b>	<b>S\$</b>	<b>1,719.83</b>

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature :

  
CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508689

Date :

14/11/19

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:  
COMFORTDELGRO ENGINEERING PTE LTD

A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

ComfortDelGro Engineering Pte Ltd

205 Orchard Road Singapore 179701  
 Mailing + 65 6363 6280 Facsimile + 65 6280 6756

Wiederholungsfragen

29 Laying Drive Singapore 509969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 630288  
320 Ulu Road 3 Singapore 409442

COMPANY REG. NO.: 199506048W  
Page: 1

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SHC8397S

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
06.08.2015

CHASSIS CODE  
KMHLB41UMGU076903

NO/DATE

91471517 08.10.2019

JOB NO.  
305338513

ODOMETER READING

**JOB TYPE**

Description : 3P 03.10.2019

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,300.00
Add GST @ 7.000 %		91.00
Total Invoice amount		1,391.00

Issued by : CHEWBEELENG 08.10.2019 15:09:34  
Repair Type : CLSO/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**

[illegible]

Our Ref: CT19100044

Date: 08 October 2019



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 03/10/2019 @ 12:20 hrs  
ALONG CLEMENTI AVE 5 TWDS AVE2 INFRONT BLK 346  
INVOLVING GBG5165P

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 **SHC8397S** (the "Taxi"). The Taxi was hired to **CHEW CHER JUAY IC NO SXXXX083G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$110.67** 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

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SHC 83973

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TH)		DATE	NAME OF D
				FROM	TO		
30.09.19	CHW/FA/Jun	689777	231	0538	1625		
30.09.19	H Chan	689994	217	1629	0153		
01.10.19	CHW/FA/Jun	690269	274	0538	1620		
01.10.19	H Chan	690527	258	1628	0141		
02.10.19	CHW/FA/Jun	690805	278	0539	1645		
02.10.19	Trans	691087	282	1650	0250		
03.10.19	CHW/FA/Jun			0539			
03.10.19	ACCIDENT	/	1N	1305	-		
05.10.19	REPAIR		0.7	1000	-		

## Enquire Vehicle Insurance Details

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

GBG5165P 03 Oct 2019 / 12:20:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)

[OK](#)

SHC83975