

Our Ref : CC19100295/ SHC 118J /WT(st)

Your Ref :

Date : 07-Nov-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: 199500489R

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 609288

**Ubi**  
320 Ubi Road 3  
Singapore 408549

**Senoko**  
24 Senoko Loop  
Singapore 758156

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791

**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 SHC 118J YOUR INSURED GT 5372E**  
**AND OTHER \_\_\_\_\_ ON 12.10.19**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHC 118J 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 : GT 5372E we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	964.37
2	<u>3</u> days Loss of Rental @ <u>\$ 125.19</u> per day	\$	375.57
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>1,347.43</b>

**HIRER'S CLAIM**

7	<u>3</u> days Loss of Income @ <u>\$ 80.00</u> per days	\$	240.00
<b>Total Claims :</b>		\$	<b>1,587.43</b>

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

- a) Original repair bill :
- b) LTA search slip/s of : GT 5372E
- c) GIA / Police report/s of : SHC 118J
- 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](mailto:williamtan@cdge.com.sg)

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



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/CTI19018144/Fea3**

31 OCT 2019

**TAN GHEK CHAI**  
253 COMPASSVALE STREET  
#08-21  
SINGAPORE 540253

Dear Sir/Madam,

**ACCIDENT INVOLVING GT 5372E AND SHC 118J ON 12/10/2019**

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.

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)*

CDG CLAIM FORM INFORMATION Page 1 of 1

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG**

**Hyundai Ioniq SHC118J , GT5372E  
UPP SERANGOON RD AFT HOUGANG ST 21**

**ON 12-Oct-19 14:55**

I / We

**ROGER KOH HEE HONG**

(Hirer) NRIC No.:

**SXXXX990C**

and/or

(Relief) NRIC No.:

**SXXXX990C**

Taxi Number

**SHC118J**

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

**14-Oct-2019**

Name of Hirer

**ROGER KOH HEE HONG**

Hirer NRIC

**SXXXX990C**

Signature :



Address

**672C EDGEFIELD PLAINS #04-567  
823672**

Contact No.

**94502330**

2

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3022191902

Claim No : SNM19D204853

Claimant : CITY CAB PTE LTD

Amount : S\$1,400.00

DOLLARS ONE THOUSAND AND FOUR HUNDRED 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 118J

Insured Vehicle No. : GT 5372E

Date of Loss : 12/10/2019

Place of Accident : UPP SERANGOON RD AFT HOUGANG ST 21

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 GHEK CHAI

Driver Name : TAN GHEK CHAI

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\$ 1,400.00
	-----
TOTAL . . . . .	S\$ 1,400.00
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Claimant Name : CITY CAB PTE LTD

NRIC No :

Signature :

  
CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
38 LOYANG DRIVE  
SINGAPORE 508968

Date :

13/11/19

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

## TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Brasbas Road Singapore 179701  
Mobile + 65 9063 6290 Faxline + 65 6280 9755  
Workshop

59 Loyang Drive Singapore 306969  
383 Sin Ming Drive Singapore 575717  
45 Pandan Road Singapore 600286  
200 Yit Road 3 Singapore 406041

24 Serangoon Loop Singapore 758156  
7 Sungai Kadut Way Singapore 728791  
501 Yehon Industrial Park A Singapore 706721

COMPANY REG. NO.: 199506048W  
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHC 118J

MAKE  
HYUNDAI

MODEL  
IONIQ(G2)

DATE OF REG  
09.10.2019

CHASSIS CODE  
KMHC851CVLU178651

INV. NO/DATE  
91475749 31.10.2019

JOB NO.  
305341322

ODOMETER READING

DATE/TIME IN  
14.10.2019 11:55

Description : 3P 12.10.2019

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

0001	04-01-0104-3913	IONIQ EMBLEM-BLUE DRIVE RH	1	26.60	20.00	21.28
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SUB-TOTAL : 21.28

### JOB NATURE

0001	L	PANEL BEATING	480.00	480.00
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0002	23-502	SPRAYPAINT ON AFFECTED AREA	400.00	400.00
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SUB-TOTAL	:	880.00
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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**

[illegible]

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  
SHC 118J

MAKE  
HYUNDAI

MODEL  
IONIQ(G2)

DATE OF REG  
09.10.2019

CHASSIS CODE  
KMHC851CVLU178651

INV. NO/DATE  
91475749 31.10.2019

JOB NO.  
305341322

ODOMETER READING

DATE/TIME IN  
14.10.2019 11:55

Items total		901.28
Add GST @	7.000 %	63.09
Invoice amount		964.37

Issued by : CHEWBEELENG 31.10.2019 08:51:05  
Repair type : CFSO/57/57  
Payment Type/Term: /Credit 30 days

WE WILL TAKE ALL REASONABLE PRECAUTIONS AGAINST THE THEFT OR INCIDENTS OF DAMAGE TO THE COMPANY'S ASSETS IN  
ACCORDANCE WITH THE COMPANY'S POLICY AND THE COMPANY'S POLICY ON THE PROTECTION OF THE COMPANY'S ASSETS.  
THE COMPANY'S POLICY ON THE PROTECTION OF THE COMPANY'S ASSETS IS AVAILABLE ON THE COMPANY'S WEBSITE.  
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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	91475749	964.37	

Our Ref: CC19100295



Date: 23 October 2019

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	12/10/2019 @ 14:55 hrs
ALONG	UPP SERANGOON RD AFT HOUGANG ST 21
INVOLVING	GT5372E

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 **SHC0118J** (the "Taxi"). The Taxi was hired to **ROGER KOH HEE HONG IC NO SXXXX990C** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** 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.





Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GT5372E	12 Oct 2019 / 14:55:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK