

Our Ref : T 1019 / SHB6623H /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: 198500548W

**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 SHB6623H YOUR INSURED SJR4735Z**  
**AND OTHER \_\_\_\_\_ ON 25.10.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHB6623H 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 SJR4735Z we are submitting these claims for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,414.15
6	<u>2</u> days Loss of Rental @ \$ 125.19 per day	\$ 250.38
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	\$ -
<b>Sub Total :</b>		<b>\$ 1,672.02</b>

## HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ 80.00 per days	\$ 160.00
<b>Total Claims :</b>		<b>\$ 1,832.02</b>

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

- a) Original repair bill :
- b) LTA search slip/s of : SJR4735Z
- c) GIA / Police report/s of : SHB6623H
- 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 728791

**Yishun**  
Yishun Industrial Park A  
Singapore 758732

**Asher Sng (LKKAUTO)**

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**From:** Asher Sng (LKKAUTO)  
**Sent:** Thursday, 31 October 2019 11:57 AM  
**To:** SALES@DRIVEAUTOMOBILE.COM  
**Subject:** ACCIDENT INVOLVING SJR 4735Z AND SHB 6623H ON 25/10/2019

**Our Ref: CC3/CTI19019086/K1eb3**

31 OCT 2019

**DRIVE AUTOMOBILE PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SJR 4735Z AND SHB 6623H ON 25/10/2019**

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** Hyundai Ioniq SHB6623H , SJR4735Z **ON 25-Oct-19 09:10**  
**ALONG** CENTRAL BLVD TOWARDS CROSS ST TOWARDS CHINATOWN

I / We **KOK JIANN SHENG** (Hirer) NRIC No.: **SXXXX514C**

and/or (Relief) NRIC No.: **SXXXX514C**

Taxi Number **SHB6623H**

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 **25-Oct-2019**

Name of Hirer **KOK JIANN SHENG**

Hirer NRIC **SXXXX514C**

Signature :



Address **425 CANBERRA ROAD #14-469**  
**750425**

Contact No. **96607578**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMHCSN3056881900

Claim No : SNM19D205076

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,680.00  
DOLLARS ONE THOUSAND SIX HUNDRED AND EIGHTY 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. : SHB 6623H

Insured Vehicle No. : SJR 4735Z

Date of Loss : 25/10/2019

Place of Accident : CENTRAL BLVD TWDSS CROSS ST TOWARDS CHINATOWN

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 : DRIVE AUOMOBILE PTE LTD

Driver Name : LING MIN SING

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\$ 1,680.00
	=====
TOTAL . . . . .	S\$ 1,680.00
	=====

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature :

  
CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 JOYANG DRIVE  
SINGAPORE 520688

Date :



"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

GST REG. NO. M2-8921817-3

## TAX INVOICE

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  
SHR6623H

INV. NO/DATE  
91475490 30.10.2019

MAKE  
HYUNDAI

JOB NO.  
305344096

MODEL  
IONIQ(G2)

ODOMETER READING

DATE OF REG  
18.04.2019

DATE/TIME IN  
25.10.2019 10:10

CHASSIS CODE  
KMHC851CVKU141791

Description : 3P 25.10.19

S/No	Part No.		Qty	Unit Price	%disc	Net
PART REQUISITION						
0001	04-01-0104-2282	IONIQVC COVER-RR BUMPER#	1	459.40	20.00	367.52
0002	04-01-0104-2533	IONIQV2 MOULDING ASSY-RR BUMPER CTR	1	451.25	20.00	361.00
0003	04-01-0104-0852	IONIQVC REFLECTOR/REFLEX ASSY-RR RH	1	31.90	20.00	25.52
0004	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP RRAR	10	2.20	20.00	17.60
SUB-TOTAL :						771.64

### JOB NATURE

0001	PR	PANEL BEATING	320.00	320.00
0002	SP	SPRAYPAINT CHARGE	200.00	200.00
0003	L	REMOVE/REFIX REVERSE	30.00	30.00

I/WE, THE SIGNER(S), ARE SOLELY RESPONSIBLE FOR THE CONTENTS OF THIS INVOICE AND ACCEPT THE COMPANY'S LIABILITY FOR ANY LOSS OR DAMAGE TO THE VEHICLE OR ITS CONTENTS, INCLUDING THE LOSS OF DATA, ARISING FROM THE USE OF THIS INVOICE. THE COMPANY SHALL NOT BE RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE VEHICLE OR ITS CONTENTS, INCLUDING THE LOSS OF DATA, ARISING FROM THE USE OF THIS INVOICE. THE COMPANY SHALL NOT BE RESPONSIBLE FOR ANY LOSS OR DAMAGE TO THE VEHICLE OR ITS CONTENTS, INCLUDING THE LOSS OF DATA, ARISING FROM THE USE OF THIS INVOICE.

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	91475490	1,414.15	

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGRAVE TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHB6623H

MAK  
HYUNDAI

MODKI,  
TONTQ(G2)

DATE OF RFG  
18.04.2019

CHASSIS CODE  
KMHC851CVKU141791

INV. NO/DATE  
91475490 30.10.2019

JOB NO.  
305344096

ODMETER READING

DATE/TIME IN  
25.10.2019 10:10

S/No	Part No.	Qty	Unit Price	%Disc	Net
	SENSOR				
		SUB-TOTAL	:		550.00

Items total		1,321.64
Add GST @	7.000 %	92.51
Invoice amount		1,414.15

Issued by : KATHERINETAN 30.10.2019 11:16:37  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

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: CT19100577

Date: 30 October 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	25/10/2019 @ 09:10 hrs
ALONG	CENTRAL BLVD TOWARDS CROSS ST TOWARDS CHINATOWN
INVOLVING	SJR4735Z

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 **SHB6623H** (the "Taxi"). The Taxi was hired to **KOK JIANN SHENG IC NO SXXXX514C** a registered hirer-operator of **Comfort Transportation 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 **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.

READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO						FROM	TO
639	169	2040	0540	23/10/19	Mr JAMN SETHI	08	3599	354	0700	1900
1923	284	0700	1900	25/10/19	Mr Teck Kany	08	3807	207	2128	2636
180	257	2005	0631	24/10/19	Mr JAMN SETHI	08	4098	291	0700	1930
514	333	0820	1800	24/10/19	Mr Teck Kany	08	4298	199	2200	0545
768	246	2058	0610	25/10/19	Mr JAMN SETHI	08	4373	75	0715	1010
087	324	0715	1800	25/10/19	Mr Chandan Roper			66234	1010	-
032	245	2000	0614	26/10/19					-	1130
0568	237	0740	1835							
0737	168	2130	0542							
0991	253	0700	1840							
0244	252	2115	0614							



Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJR4735Z	25 Oct 2019 / 09:10:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK