

# COMFORTDELGRO ENGINEERING

Our Ref : T 1019 / SHC8536H /WT/CK(st)

Your Ref :

Date : 09-Dec-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: 198003497

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 SHC8536H YOUR INSURED SGG5257Z**  
**AND OTHER ON 27.10.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHC8536H** 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 **SGG5257Z** we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 1,284.00
6	2.5 days Loss of Rental @ \$ 116.95 per day	\$ 292.38
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>\$ 1,583.87</b>

**HIRER'S CLAIM**

7	2.5 days Loss of Income @ \$ 80.00 per days	\$ 200.00
<b>Total Claims :</b>		<b>\$ 1,783.87</b>

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

- a) Original repair bill :  
 b) LTA search slip/s of : **SGG5257Z**  
 c) GIA / Police report/s of : **SHC8536H**  
 d) Letter of authority from owner / hirer / operator  
     ( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance  
     ( ) Tow Fee ( 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

Catherine Koh

CDGE Claims Department

Tel : 6214 8733 Fax : 6214 1843 Email : catherinekoh@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**  
48 Pandan Road  
Singapore 609288

**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 768732

**Asher Sng (LKKAuto)**

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**From:** Asher Sng (LKKAuto)  
**Sent:** Tuesday, 21 January 2020 4:54 PM  
**To:** ALICEKOH81@GMAIL.COM  
**Subject:** ACCIDENT INVOLVING SGG 5257Z AND SHC 8536H ON 27/10/2019

**Our Ref: CC3/CTI19019350/K1ea3**

21 JAN 2020

**KOH HONG ENG**

Dear Sir/Madam,

**ACCIDENT INVOLVING SGG 5257Z AND SHC 8536H ON 27/10/2019**

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)*

**LETTER OF AUTHORISATION**

(NAF / PAF)

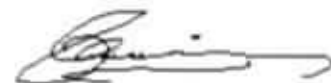
**ACCIDENT INVOLVING** **I 40 SHC8536H , SGG5257Z**  
**ALONG** **ALONG SENTOSA GATEWAY****ON 27-Oct-19 01:00****I / We** **CHUA TECK HIONG** (Hirer) NRIC No.: **SXXXX395I**and/or (Relief) NRIC No.: **SXXXX395I**Taxi Number **SHC8536H**

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 **29-Oct-2019**Name of Hirer **CHUA TECK HIONG**  
Hirer NRIC **SXXXX395I**

Signature :

Address **9 JALAN HAJIJAH #01-03**  
**468704**Contact No. **91002000**

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MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1224561806

Claim No : SNM19D205113

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$820.00

DOLLARS EIGHT HUNDRED AND TWENTY 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 8536H

Insured Vehicle No. : SGG 5257Z

Date of Loss : 27/10/2019

Place of Accident : SENTOSA GATEWAY

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 : KOH HONG ENG

Driver Name : KOH HONG ENG

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.

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(1) Global Sum	S\$ 820.00
	*****
TOTAL . . . . .	S\$ 820.00
	*****

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Claimant Name: COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature :

  
CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
38 LIONG DRIVE  
SINGAPORE 539661

Date :

17/11/2020

Please forward your cheque made payable to:  
COMFORTDELGRO ENGINEERING PTE LTD

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.

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SHC8536H

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
10.12.2015

CHASSIS CODE  
KMHLB41UMGU081001

NO/DATE

91481124 28.11.2019

JOB NO.  
305345604

ODOMETER READING

JOB TYPR

Description : 3P 27.10.19

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,200.00
Add GST @ 7.000 %	84.00
Total Invoice amount	1,284.00

Issued by : CHEWBEELENG 28.11.2019 10:37:52  
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: CT19100643

Date: 05 November 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      27/10/2019    @   01:00 hrs  
ALONG                              ALONG SENTOSA GATEWAY  
INVOLVING                      SGG5257Z

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 **SHC8536H** (the "Taxi"). The Taxi was hired to **CHUA TECK HIONG IC NO SXXXX395I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$116.95** 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.

CHS 85364

[illegible]

## Enquire Vehicle Insurance Details

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

SGG5257Z 27 Oct 2019 / 01:00:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)

[OK](#)

SHCPS36H