

# COMFORTDELGRO ENGINEERING

Our Ref : T 1119 / SHC1868X /WT/CK(st)

Your Ref :

Date : 09-Dec-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: 198028048R

Workshops

Braddell  
205 Braddell Road  
Singapore 579701Loyang  
59 Loyang Drive  
Singapore 508969Sin Ming  
383 Sin Ming Drive  
Singapore 575717Pandan  
45 Pandan Road  
Singapore 609286Ubi  
320 Ubi Road 3  
Singapore 408849Senoko  
24 Senoko Loop  
Singapore 758156Sungei Kadut  
7 Sungei Kadut Way  
Singapore 728791Yishun  
Industrial Park A  
Singapore 768732CHINA 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 SHC1868X YOUR INSURED PC 8215P**  
**AND OTHER \_\_\_\_\_ ON 10.11.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC1868X 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 PC 8215P we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	2,675.00
6	3 days Loss of Rental @ \$ 114.67 per day	\$	344.01
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	\$	-
Sub Total :		\$	3,026.50

**HIRER'S CLAIM**

7	3 days Loss of Income @ \$ 80.00 per days	\$	240.00
Total Claims :		\$	3,266.50

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

- a) Original repair bill :  
 b) LTA search slip/s of : PC 8215P  
 c) GIA / Police report/s of : SHC1868X  
 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.

A member of

COMFORTDELGRO



**Asher Sng (LKKAuto)**

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**From:** Asher Sng (LKKAuto)  
**Sent:** Friday, 14 February 2020 2:41 PM  
**To:** 11SEAGULL92@GMAIL.COM  
**Subject:** ACCIDENT INVOLVING PC 8215P AND SHC 1868X ON 10/11/2019

**Our Ref: CC3/CTI19020067/Fea3**

14 FEB 2020

**11SEAGULL SERVICES PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING PC 8215P AND SHC 1868X ON 10/11/2019**

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 SHC1868X , PC8215P**  
**ALONG** **TERMINAL 3 DEPARTURE HALL****ON 10-Nov-19 06:40****I / We** **TAN KOON CHUAN** (Hirer) NRIC No.: **SXXXX244B**and/or (Relief) NRIC No.: **SXXXX244B**Taxi Number **SHC1868X**

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 **10-Nov-2019**Name of Hirer **TAN KOON CHUAN**Hirer NRIC **SXXXX244B**

Signature :

Address **322D SUMANG WALK #20-853**  
**824322**Contact No. **91839149**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SN3051481900

Claim No : SNM19D205369

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,550.00

DOLLARS ONE THOUSAND FIVE HUNDRED AND FIFTY 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 1868X

Insured Vehicle No. : PC 8215P

Date of Loss : 10/11/2019

Place of Accident : TERMINAL 3 DEPARTURE HALL

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 : 11SEAGULL SERVICES PTE LTD

Driver Name : ANG SEOW HIAN (HONG SHAOXIAN)

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.

(i) Global Sum	S\$ 1,550.00
	=====
TOTAL . . . . .	S\$ 1,550.00
	=====

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature :

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
55 LOYANG DRIVE  
SINGAPORE 533057

Date :

3/3/2020

"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

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

GST REG. NO. M2-8921817-3

206 Bristol Road Engineers LTD  
Manning - 05 8361 6290 Faxing - 05 8361 9753

Workshops

53 Loyang Drive Singapore 506969  
282 Sri Ming Drive Singapore 575717  
45 Pandan Road Singapore 600286  
206 Lbh Pagar 3 Singapore 439688  
24 Senoa Larp Singapore 758156  
7 Bungei Kaiti Way Singapore 728781  
301 Yehun Industrial Park A Singapore 758721

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  
SHC1868X

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
20.12.2017

CHASSIS CODE  
KMHLB41UMHU100057

NO/DATE

91481123 28.11.2019

JOB NO.  
305347941

ODOMETER READING

**JOB TYPE**

Description : 3P 10.11.2019

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,500.00
Add GST @ 7.000 %	175.00
Total Invoice amount	2,675.00

Issued by : CHEWBEELENG 28.11.2019 10:28:44  
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: CT19110221

Date: 28 November 2019



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 10/11/2019 @ 06:40 hrs  
ALONG TERMINAL 3 DEPARTURE HALL  
INVOLVING PC8215P

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 **SHC1868X** (the "Taxi"). The Taxi was hired to **TAN KOON CHUAN IC NO SXXXX244B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$114.67** 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

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

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED		DATE	NAME OF DRIVER
				FROM	TO		
10/11	Accident			0640	04/11	04/11	Tan
11/11	Repair			1300	04/11	04/11	Um
					05/11	05/11	Tan
					05/11	05/11	Um
					06/11	06/11	Tan
					11/11	11/11	Tan
					11/11	11/11	Um
					11/11	11/11	Tan
					11/11	11/11	Um
					11/11	11/11	Tan
					11/11	11/11	Um

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
PC8215P	10 Nov 2019 / 06:40:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous OK