

NC

Our Ref : T 1119 / SHA1841H / KS(st)
Your Ref: _____
Date : 03.12.19

AIG ASIA PACIFIC INSURANCE PTE LTD
AIG Building
78 Shenton Way
#07-16
Singapore 079120

CDGE Taxi Claims Dept
59 Loyang Drive 4th Floor
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: 199506048W

WITHOUT PREJUDICE

Attn : Motor Claims Department

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA1841H YOUR INSURED SKU2520L
AND OTHER _____ ON 25.11.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No SHA1841H 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 SKU2520L we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,605.00
2	<u>2</u> days Loss of Rental @ \$ 125.40 per day	\$ 250.80
3	Survey Report Fees (<i>Surveyed by M/s LKK</i>)	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fee	\$ -
		<u>\$ 1,863.29</u>

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ 80.00 per days	\$ 160.00
	Total Claims :	<u>\$ 2,023.29</u>

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

- a) Original repair bill :
- b) LTA search slip/s of : SKU2520L
- c) GIA / Police report/s of : SHA1841H
- d) Letter of authority from owner / hirer / operator
- () Photograph/s of Accident Scene () Certificate of Insurance
- () Witness statement/s (x) Downtime/Mileage record

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
Kazali Hj Selahudin
CDGE Taxi Claims Department
Tel : 6214 8736 Fax : 6214 1843 Email : kazali@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**
501 Yishun Industrial Park A
Singapore 768732

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****TOYOTA PRIUS SHA1841H , SKU2520L
BALESTIER SLIP RD TO CTE (CITY)****ON 25-Nov-19 19:00**

I / We

TAN HAI HONG(Hirer) NRIC No.: **SXXXX848E**

and/or

(Relief) NRIC No.: **SXXXX848E**

Taxi Number

SHA1841H

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

26-Nov-2019

Name of Hirer

TAN HAI HONG

Hirer NRIC

SXXXX848E

Signature :



Address

**4 UPPER ALJUNIED LANE #07-06
360004**

Contact No.

97806971

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY, AIG BUILDING #07-16
SINGAPORE 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHA1841H

NO/DATE
91481224 28.11.2019

MAKE
TOYOTA

JOB NO.
305351763

MODEL
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG
07.10.2016

CHASSIS CODE
JTDKB3FUX03531154

JOB TYPE

Description : 3P 25.11.19

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,500.00
Add GST @ 7.000 %	105.00
Total Invoice amount	1,605.00

Issued by : KATHERINETAN 28.11.2019 15:27:04
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

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

Our Ref: CT19110622



Date: 28 November 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON
ALONG
INVOLVING

25/11/2019 @ 19:00 hrs
BALESTIER SLIP RD TO CTE (CITY)
SKU2520L

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 **SHA1841H** (the "Taxi"). The Taxi was hired to **TAN HAI HONG IC NO SXXXX848E** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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

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AD 81 WFS

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Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKU2520L	25 Nov 2019 / 19:00:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Previous](#)[OK](#)

SUA 1841H