

Asher

COMFORTDELGRO ENGINEERING

Our Ref : T 1119 / SHC2406P /WT/CK(st)

Your Ref :

Date : 03-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: 19800329W

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 759156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
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 SHC2406P YOUR INSURED SGS9999B
AND OTHER _____ ON 24.11.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC2406P 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 SGS9999B we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,439.04
6	3 days Loss of Rental @ \$ 129.68 per day	\$ 389.04
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 :		\$ 1,835.57

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 2,075.57

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

- a) Original repair bill :
- b) LTA search slip/s of : SGS9999B
- c) GIA / Police report/s of : SHC2406P
- 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
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.

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Friday, 6 December 2019 11:57 AM
To: keithspongepants@gmail.com
Subject: ACCIDENT INVOLVING SGS 9999B AND SHC 2406P ON 24/11/2019
Attachments: ADDENDUM FORM .pdf

Our Ref: CC3/CTI19020951/Fea3

06 DEC 2019

LIU PUI SZE / KEITH ONN ZI ZHAO

Dear Sir/Madam,

ACCIDENT INVOLVING SGS 9999B AND SHC 2406P ON 24/11/2019

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.

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.

**** Enclosed a copy of the addendum form to amend the accident of location and the third party registration number, kindly assist to sign the addendum form and return via email for our necessary action. Thank You.**

Yours faithfully,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. China Taiping Insurance (Singapore) Pte Ltd
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **TOYOTA PRIUS SHC2406P , SGS9999B** **ON 24-Nov-19 04:30**
ALONG **TPE TOWARDS PUNGGOL RD**

I / We **CHIN YEN YEE** (Hirer) NRIC No.: **SXXXX421B**

and/or (Relief) NRIC No.: **SXXXX421B**

Taxi Number **SHC2406P**

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 **24-Nov-2019**

Name of Hirer **CHIN YEN YEE**

Hirer NRIC **SXXXX421B**

Signature :



Address **145 BEDOK RESERVOIR ROAD #06-...
470145**

Contact No. **96771073**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3067791902

Claim No : SNM19D205620

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,985.57

DOLLARS ONE THOUSAND NINE HUNDRED EIGHTY FIVE AND CENTS
FIFTY SEVEN 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 2406P

Insured Vehicle No. : SGS 9999B

Date of Loss : 24/11/2019

Place of Accident : TPE TOWARDS PUNGGOL RD

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 : LIU PUI SZE

Driver Name : KEITH ONN ZI ZHAO

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) General Damages	S\$	
(2) Cost of Repair/ Excess	S\$	1,439.04
(3) Loss of Use/Rental/Earning	S\$	539.04
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.49
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	

TOTAL S\$ 1,985.57

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature :


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
58 LORANG DRIVE
SINGAPORE 539581

Date :

19/12/19

"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

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
SHC2406P

MAKK
TOYOTA

MODKI,
PRIUS HYBRID(G4)

DATE OF RMC
07.01.2019

CHASSTS CODE
JTDKR3FU003077898

TINV. NO/DATE
91481147 28.11.2019

JOB NO.
305351168

ODOMETER READINGS

DATE/TIME IN
24.11.2019 10:45

Description : 3P 24.11.19

S/No	Part No.
------	----------

Qty	Unit Price	%Disc	Net
-----	------------	-------	-----

PART REQUISITION

0001	04-01-0302-2282	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0002	04-01-0302-2267	PRIVC BUMPER PIERCE	10	2.20	25.00	16.50
0003	04-01-0302-1150	PRIG4 BUMPER PROTECTOR MAT	1	50.00	0.00	50.00
0004	04-01-0302-2287	PRIG4 GUARD-REAR BUMPER CENTER	1	552.60	25.00	414.45

SUB-TOTAL	:	824.90
-----------	---	--------

JOB NATURE

0001	PB	PANEL BEATING	320.00	320.00
0002	SP	SPRAYPAINT CHARGE	200.00	200.00

SUB-TOTAL : 520.00

SUB-TOTAL: 520.00
 TOTAL: 520.00

ComfortDelGro Engineering Pte Ltd

A member of **COMFORTDELTA**

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	91481147	1,439.04	

1,439.04

Our Ref: CT19110558

Date: 28 November 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	24/11/2019 @ 04:30 hrs
ALONG	TPE TOWARDS PUNGGOL RD
INVOLVING	SGS9999B

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 **SHC2406P** (the "Taxi"). The Taxi was hired to **CHIN YEN YEE IC NO SXXXX421B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$129.68** 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.

MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO
42947	367	0340	1620
43192	245	1700	0300
43558	366	0418	1620
43863	304	1720	0305
44028	145	0715am	1540
44325	316	1632	0156
44502	176	0730am	1315pm
44794	292	1640	0243
44962	168	0715am	1315pm
45267	305	1622	0145
45374	106	0715am	1240pm

8102406P

DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
						FROM	TO
21.11.19	Chin Yun Yee	1	45	612	237	1732	0139
22.11.19	Chin Yun Yee	1	45	739	127	0855am	1540
22.11.19	P E Lim	1	46	046	302	1705	0345
23.11.19	Chin Yun Yee	1	46	461	415	0400	1645
23.11.19	B E Lim	1	46	768	306	1710	0315
24.11.19	Chin Yun Yee					0407	
24.11.19	Accident	14			IN	1045	-
26.11.19	Repair				OUT	1600	-

Enquire Vehicle Insurance Details

Vehicle No. Enquiry Type/Event Status Policy No. Consent Code Vehicle No. Insurance Name

SGS9999B 24 Nov 2019 / 04:30:00 Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

SNC 24068