

Our Ref : CC19110447/ SHB4948J /KS(st)  
Your Ref : \_\_\_\_\_  
Date : 13-Dec-19

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

**WITHOUT PREJUDICE**

**Attn : Motor Claims Department**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB4948J YOUR INSURED**  
**GBG5680T AND OTHER \_\_\_\_\_ ON 28.11.19**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no: SHB4948J 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 GBG5680T we are submitting these claim for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	1,819.00
2	<u>5</u> days Loss of Rental @ <u>\$ 110.67</u> per day	\$	553.35
3	Survey Report Fees <b>(Surveyed by M/s LKK)</b>	\$	-
4	LTA Search Fees	\$	-
5	GIA / Police Report Fees	\$	7.49
6	Towing Fees	\$	-
<b>Sub Total :</b>		\$	<b>2,379.84</b>

**HIRER'S CLAIM**

7	<u>5</u> days Loss of Income @ <u>\$ 80.00</u> per day	\$	400.00
<b>Total Claims :</b>		\$	<b>2,779.84</b>

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

- a) Original repair bill :
- b) LTA search slip/s of : GBG5680T
- c) GIA / Police report/s of : SHB4948J
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s
  - ( ) Certificate of Insurance
  - ( x ) Rental Rate letter
  - ( ) Photograph/s of Accident Scene
  - ( 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.

CDGE Taxi Claims Dept ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701  
59 Loyang Drive 4th Floor  
Singapore 508969  
Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 1966048W

**Workshops**

**Braddell**

205 Braddell Road  
Singapore 579701

**Loyang**

59 Loyang Drive  
Singapore 508969

**Sin Ming**

38.3 Sin Ming Drive  
Singapore 575717

**Pandan**

45 Pandan Road  
Singapore 609286

**Ubi**

320 Ubi Road 3  
Singapore 408649

**Senoko**

24 Senoko Loop  
Singapore 758158

**Sungei Kadut**

7 Sungei Kadut Way  
Singapore 728791

**Yishun**

501 Yishun Industrial Park A  
Singapore 768732

### Workshops

59 Loyang Drive Singapore 508968 24 Senoko Loop Singapore 758156  
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 72879  
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 7  
320 Ubi Road 3 Singapore 408648

**COMPANY REG. NO. : 199506048**  
Page: 1

**GST REG. NO. M2-8921817-3**

## TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY AIG BUILDING #07-16  
SINGAPORE 079120

CONTACT NO: 64193000 3225094

**VEHICLE NO**  
SHB4948J

**MAKE**  
HYUNDAI

**MODEL**  
I-40

**DATE OF REG**  
16.04.2015

**CHASSIS CODE**  
KMHLB41UMFU068333

**NO/DATE**  
91483349 10.12.201

**JOB NO.**  
305357715

**ODOMETER READING**

**JOB TYPE**

Description : 3P 28.11.2019

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,700.00
Add GST @ 7.000 %	119.00
<b>Total Invoice amount</b>	<b>1,819.00</b>

Issued by : CHEWBEELING 10.12.2019 14:22:19  
Repair Type : CFSO/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**

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ N

Our Ref: CC19110707



Date: 10 December 2019

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                      28/11/2019    @   11:30 hrs  
ALONG                              BENOI RD TURNING TO GUL CIRCLE.  
INVOLVING                      GBG5680T

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHB4948J** (the "Taxi"). The Taxi was hired to **ONG POH LYE IC NO SXXXX980H** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$110.67** 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.

SHB 49485

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TH)		DATE	NAME C
							FROM	TO		
24/11/19	OPL	5	3	3	7	47	1600	0111		
25/11/19	T-C-ONG	5	3	3	8	82	0715	1431		
25/11/19	OPL	5	3	3	9	85	1630	230		
26/11/19	T-C-ONG	5	3	4	2	10	0710	1500		
26/11/19	OPL	5	3	4	3	88	1600	003		
27/11/19	T-C-ONG	5	3	4	5	84	0700	1451		
27/11/19	OPL	5	3	4	7	52	1630	0040		
28/11/19	T-C-ONG	5	3	4	9	36	0702	1322		
28.11.19	ACCIDENT				/		1320	-		
02.12.19	REPAIR				/		1030	-		

**LETTER OF AUTHORISATION**

(NAF / PAF)

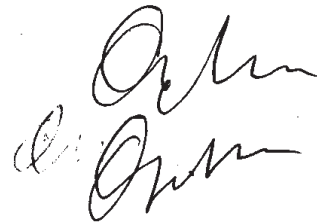
**ACCIDENT INVOLVING i 40 SHB4948J , GBG5680T  
ALONG BENOI RD TURNING TO GUL CIRCLE.****ON 28-Nov-19 11:30****I / We ONG POH LYE (Hirer) NRIC No.: SXXXX980H****and/or ONG TIAK CHUAN (Relief) NRIC No.: SXXXX603G****Taxi Number SHB4948J**

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 28-Nov-2019****Name of Hirer ONG POH LYE  
Hirer NRIC SXXXX980H**

Signature :

**Address 8 CANTONMENT CLOSE #11-91  
081008****Contact No. 93803221****Name of Relief ONG TIAK CHUAN  
Relief NRIC SXXXX603G**

Signature :

**Address 8 CANTONMENT CLOSE 11-95  
081008****Contact No. 97887311**

### Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBG5680T	28 Nov 2019 / 11:30:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK