

Our Ref : T 1119/ SHC8406A /WT/CK(st)

Date : 24-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: 199506048W

**QBE INSURANCE (INT'L) LTD**  
**1 Raffles Quay #29-10**  
**South Tower**  
**Singapore 048583**

**WITHOUT PREJUDICE**

Attn : Motor Claims Department

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC8406A YOUR INSURED EB 9218K**  
**AND OTHER ON 28.11.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHC8406A** 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 : **EB 9218K** we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	909.50
2	5 days Loss of Rental @ \$ 114.95 per day	\$	574.75
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 :		\$	1,491.74

**HIRER'S CLAIM**

7	5 days Loss of Income @ \$ 80.00 per days	\$	400.00
Total Claims :		\$	1,891.74

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

- a) Original repair bill
- b) LTA search slip/s of : EB 9218K
- c) GIA / Police report/s of : SHC8406A
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( ) Photocopies 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

**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 i 40 SHC8406A , EB9218K  
ALONG NEWTON CIRCUS****ON 28-Nov-19 09:00**I / We **TEE BOON SENG** (Hirer) NRIC No.: **SXXXX784D**and/or (Relief) NRIC No.: **SXXXX784D**Taxi Number **SHC8406A**

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-Nov-2019**Name of Hirer **TEE BOON SENG**Hirer NRIC **SXXXX784D**

Signature :

Address **129 BUKIT MERAH VIEW #03-158  
150129**Contact No. **92207728**

## TAX INVOICE

8010056

QBE INSURANCE (INT'L)LTD

1 RAFFLES QUAY SOUTH TOWER #29-10  
SINGAPORE 048583

CONTACT NO: 62246633

VEHICLE NO

SHC8406A

MAKE

HYUNDAI

MODEL

I-40

DATE OF REG

03.09.2015

CHASSIS CODE

KMHLB41UMGU077320

NO/DATE

91484668 17.12.2019

JOB NO.

305358032

ODOMETER READING

JOB TYPE

Description : 3P 28.11.2019

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	850.00
Add GST @ 7.000 %	59.50
<b>Total Invoice amount</b>	<b>909.50</b>

Issued by : CHEWBEELENG 17.12.2019 16:36:53  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST RISK, THE COMPANY SHALL NOT BE RESPONSIBLE FOR CARP OR OTHER PROPERTIES BELONGING TO THE OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND REPORT ANY DEFECTS OR DAMAGE TO THE COMPANY IN WRITING TO THE COMPANY OF ANY COMPLAINTS OR DEFECTS. THE COMPANY SHALL NOT BE RESPONSIBLE FOR VEHICLES NOT IN GOOD ORDER.
- INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAILY BASIS ON THE OUTSTANDING BALANCE FROM THE DATE OF DEFAULT TO THE DATE OF PAYMENT BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND SIGN IT WITHIN 14 DAYS OF RECEIPT IF THE COMPANY DOES NOT FIND IT 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: CT19110728

Date: 17 December 2019



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 28/11/2019 @ 09:00 hrs  
ALONG NEWTON CIRCUS  
INVOLVING EB9218K

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 **SHC8406A** (the "Taxi"). The Taxi was hired to **TEE BOON SENG IC NO SXXXX784D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$114.95** 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.



## Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
EB9218K	28 Nov 2019 / 09:00:00	Successful	Q01	QBE INSURANCE (SINGAPORE) PTE LTD

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[OK](#)

SHC8406A