

COMFORTDELGRO ENGINEERING

Our Ref : T 1119 / SHC1094L /WT/CK(st)

Your Ref :

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. 1195063M

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 SHC1094L YOUR INSURED SJU6851S
AND OTHER _____ ON 28.11.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC1094L 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 SJU6851S we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,872.50
6	6.5 days Loss of Rental @ \$ 112.67 per day	\$ 732.36
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 :		\$ 2,612.35

HIRER'S CLAIM

7	6.5 days Loss of Income @ \$ 80.00 per days	\$ 520.00
Total Claims :		\$ 3,132.35

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

- a) Original repair bill :
- b) LTA search slip/s of : SJU6851S
- c) GIA / Police report/s of : SHC1094L
- 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



ISO 9001
OHSAS 18001

GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHC1094L

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
25.08.2016

CHASSIS CODE
KMHLE41UMGU093350

NO/DATE
91485627 23.12.201

JOB NO.
305358036

ODOMETER READING

JOB TYPE

Description : 3P 28.11.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,750.00
Add GST @ 7.000 %	122.50
Total Invoice amount	1,872.50

Issued by : CHEWBEELENG 23.12.2019 14:14:48
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

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ N

Our Ref: CT19110735

Date: 23 December 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 28/11/2019 @ 16:20 hrs
ALONG UPP ALJUNIED ROAD TWDS MACPHERSON
INVOLVING SJU6851S

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 **SHC1094L** (the "Taxi"). The Taxi was hired to **CHENG HOCK HWA IC NO SXXXX087I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$112.67 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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LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHC1094L , SJU6851S
ALONG UPP ALJUNIED ROAD TWDS MACPHERSON****ON 28-Nov-19 16:20****I / We CHENG HOCK HWA (Hirer) NRIC No.: SXXXX087I****and/or (Relief) NRIC No.: SXXXX087I****Taxi Number SHC1094L**

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 CHENG HOCK HWA****Hirer NRIC SXXXX087I**

Signature :

**Address 104 JALAN RAJAH #15-60
321104****Contact No. 82230544**

Enquire Vehicle Insurance Details

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

SJU6851S 28 Nov 2019 / 16:20:00 Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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[OK](#)

SHC/0746