

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. 199000407C

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



Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Friday, 21 February 2020 10:38 AM
To: DENTERPRISE84@GMAIL.COM
Subject: ACCIDENT INVOLVING SJU 6851S AND SHC 1094L ON 28/11/2019

Our Ref: CC3/CTI19021364/Gea3

21 FEB 2020

CHUA QIDA, DANIEL

Dear Sir/Madam,

ACCIDENT INVOLVING SJU 6851S AND SHC 1094L ON 28/11/2019

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.

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 **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**
321104Contact No. **82230544**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3080581900

Claim No : SNM19D205693

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$2,850.00

DOLLARS TWO THOUSAND EIGHT HUNDRED AND FIFTY 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 1094L

Insured Vehicle No. : SJU 6851S

Date of Loss : 28/11/2019

Place of Accident : UPP ALJUNIED ROAD TWDS MACPHERSON

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 : CHUA QIDA, DANIEL

Driver Name : CHUA QIDA, DANIEL

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) Global Sum	S\$ 2,850.00

TOTAL	S\$ 2,850.00

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature :

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
39 LOYANG DRIVE
SINGAPORE 638981

Date :

31/3/2020

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

"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"

TAX INVOICE

CONTACT NO: 62222366

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 : CLS0/57/57
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

[illegible]

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

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

SJU68515 28 Nov 2019 / 16:20:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous OK

SHACPO/4L