

Vic

# COMFORTDELGRO ENGINEERING

Our Ref : CC19120068/ SHC 929K /KS(st)  
 Your Ref : \_\_\_\_\_  
 Date : 24-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 SHC 929K YOUR INSURED  
SLV4100K AND OTHER SMM4668A ON 03.12.19**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no:

SHC 929K 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 SLV4100K we are submitting these claim for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 5,029.00
2	<u>7.5</u> days Loss of Rental @ \$ 161.18 per day	\$ 1,208.85
3	Survey Report Fees <i>(Surveyed by M/s LKK)</i>	\$ -
4	LTA Search Fees	\$ -
5	GIA / Police Report Fees	\$ 7.49
6	Towing Fees	\$ -
<b>Sub Total :</b>		<b>\$ 6,245.34</b>

## HIRER'S CLAIM

7	<u>7.5</u> days Loss of Income @ \$ 80.00 per day	\$ 600.00
<b>Total Claims :</b>		<b>\$ 6,845.34</b>

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

- a) Original repair bill :
- b) LTA search slip/s of : SLV4100K
- c) GIA / Police report/s of : SHC 929K
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s
  - ( ) Certificate of Insur: ( 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: 19950642W

## 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

A member of

**COMFORTDELGRO**



ISO 9001  
 OHSAS 18001

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

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AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY, AIG BUILDING #07-16  
SINGAPORE 079120

CONTACT NO: 64193000 3225094

VEHICLE NO  
SHC 929K

NO/DATE  
91484392 16.12.2019

MAKE  
MERCEDES BENZ

JOB NO.  
305358947

MODEL  
VIANO CDI 2.2L

ODOMETER READING

DATE OF REG  
10.10.2013

CHASSIS CODE  
WDF63981323801650

JOB TYPE

Description : 3P 03.12.19

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	4,700.00
Add GST @ 7.000 %	329.00
Total Invoice amount	5,029.00

Issued by : KATHERINETAN 16.12.2019 15:51:39  
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: CC19120068



Date: 12 December 2019

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 03/12/2019 @ 16:40 hrs  
ALONG ALONG AYE TOWARDS AIRPORT BEFORE EXIT 3  
LOWER DELTA RD  
INVOLVING SLV4100K, SMM4668A

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 **SHC0929K** (the "Taxi"). The Taxi was hired to **LENG SAY BOON IC NO SXXXX034Z** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$161.18** 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.



**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING VIANO (Maxi Cab) SHC929K , SLV4100K ,... ON 03-Dec-19 16:40  
ALONG ALONG AYE TOWARDS AIRPORT BEFORE EXIT 3 LOWER DELTA RD**

I / We **LENG SAY BOON** (Hirer) NRIC No.: **SXXXX034Z**

and/or **LOW YEONG JUNG** (Relief) NRIC No.: **SXXXX563C**

Taxi Number **SHC929K**

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 **04-Dec-2019**

Name of Hirer **LENG SAY BOON**

Hirer NRIC **SXXXX034Z**

Signature :



Address **150A Corporation drive #03-35  
611150**

Contact No. **91828353**

Name of Relief **LOW YEONG JUNG**

Relief NRIC **SXXXX563C**

Signature :



Address **852 JURONG WEST ST 81 #03-309  
640852**

Contact No. **97896542**

### Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLV4100K	03 Dec 2019 / 16:40:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK