

21750 / Fea3

COMFORTDELGRO
ENGINEERING

Our Ref : T 1219 / SHA7602S /WT/CK(st)

Your Ref :

Date : 27-Dec-19

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 578701Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No. 1990000297

Workshops

Braddell
205 Braddell Road
Singapore 578701Loyang
59 Loyang Drive
Singapore 508969Sin Ming
383 Sin Ming Drive
Singapore 575717Pandan
45 Pandan Road
Singapore 609286Ubi
320 Ubi Road 3
Singapore 408649Senoko
24 Senoko Loop
Singapore 758156Sungei Kadut
7 Sungei Kadut Way
Singapore 728791Yishun
Yishun Industrial Park A
Singapore 768732CHINA 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 SHA7602S YOUR INSURED S5315CD
AND OTHER _____ ON 06.12.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA7602S 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 S5315CD we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 909.50
6	4 days Loss of Rental @ \$ 110.67 per day	\$ 442.68
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 :		\$ 1,359.67

HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims :		\$ 1,679.67

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

- a) Original repair bill :
- b) LTA search slip/s of : S5315CD
- c) GIA / Police report/s of : SHA7602S
- 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: Tuesday, 21 January 2020 5:06 PM
To: 5878337272@qq.com
Subject: ACCIDENT INVOLVING S 5315CD AND SHA 7602S ON 06/12/2019
Attachments: SHA7602S doa 6.12.19.mov

Our Ref: CC3/CTI19021750/Fea3

21 JAN 2020

ZHANG XUMIN

Dear Sir/Madam,

ACCIDENT INVOLVING S 5315CD AND SHA 7602S ON 06/12/2019

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 **40 SHA7602S , S5315CD**
ALONG **ALONG HANDY RD TOWARDS PENANG RD**

ON 06-Dec-19 21:10

I / We **ONG SWEE HOE** (Hirer) NRIC No.: **SXXXX987C**

and/or **LEE WAI CHOI** (Relief) NRIC No.: **SXXXX325F**

Taxi Number **SHA7602S**

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 **07-Dec-2019**

Name of Hirer **ONG SWEE HOE**

Hirer NRIC **SXXXX987C**

Signature :



Address **401 CHOA CHU KANG AVENUE 3 #0...
680401**

Contact No. **87978335**

Name of Relief **LEE WAI CHOI**

Relief NRIC **SXXXX325F**

Signature :



Address **224 CHOA CHU KANG CENTRAL #07-253
680224**

Contact No. **98293066**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1824911901

Claim No : SNM19D205960

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,550.00

DOLLARS ONE THOUSAND FIVE 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. : SHA 7602S

Insured Vehicle No. : S 5315CD

Date of Loss : 06/12/2019

Place of Accident : HANDY RD TOWARDS PENANG RD

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 : ZHANG XUMIN

Driver Name : ZHANG XUMIN

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\$ 1,550.00
	=====
TOTAL	S\$ 1,550.00
	=====

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature :

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
38 LUYANG DRIVE
SINGAPORE 508841

Date :

17/2/2020

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"

A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

ComfortDelGro Engineering Pte Ltd

2025 Wharfedale Flood Symposium 5/2/2015

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283 Sun Ming Drive Singapore 315717

45 Pandan Road Singapore 052299

501 Yishun Industrial Park A Singapore 76871.

COMPANY REG. NO.: 199506048W
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TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHA7602S

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
07.05.2015

CHASSIS CODE
KMHLB41UMFU068853

NO/DATE

91485894 24.12.2019

JOB NO.
305359970

ODOMETER READING

JOB TYPE

Description : 3P 06.12.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	850.00
Add GST @ 7.000 %	59.50
Total Invoice amount	909.50

Issued by : CHEWBEELENG 24.12.2019 13:57:56
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

Repair Type : CLS0/57/57

Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELCO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

[illegible]

Our Ref: CT19120142

Date: 24 December 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	06/12/2019 @ 21:10 hrs
ALONG	ALONG HANDY RD TOWARDS PENANG RD
INVOLVING	S5315CD

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 **SHA7602S** (the "Taxi"). The Taxi was hired to **ONG SWEE HOE IC NO SXXXX987C** a registered hirer-operator of **Comfort Transportation 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 **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.

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		NAME OF DRIVER	DATE	NAME OF DRIVER
				FROM	TO			
3/12/2019	Lee	771910	204	1800	0230			
4/12/19	Ong	772180	269	0630	1800			
4/12/2019	Lee	772445	274	1800	0100			
5/12/19	Ong	772688	232	0625	1800			
5/12/2019	Lee	772937	209	1800	0200			
6/12/19	Ong	773222	284	0625	1800			
6/12/2019	Lee	773355	133	1800	0230			
07/12/19	Accident	773355	Loyang	0830	—			
10/12/19	Repair	Ong Swee Hoe	—	—	1500			

Enquire Vehicle Insurance Details

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

S5315CD 06 Dec 2019 / 21:10:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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