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Our Ref : T 1219/ SH 9045U /WT/CK(st)

Date : 13-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

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

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

WITHOUT PREJUDICE

Attn : Motor Claims Department

Dear Sir

ACCIDENT INVOLVING OUR TAXI SH 9045U YOUR INSURED GBA7151Y
AND OTHER _____ ON 05.12.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SH 9045U 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 : GBA7151Y we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	642.00
2	<u>2</u> days Loss of Rental @ \$ <u>110.67</u> per day	\$	221.34
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transporation Fees	\$	-
Sub Total :		\$	870.83

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	160.00
Total Claims :		\$	1,030.83

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

- a) Original repair bill
- b) LTA search slip/s of : GBA7151Y
- c) GIA / Police report/s of : SH 9045U
- 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

A member of

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **i 40 SH9045U , GBA715Y**
ALONG **BUKIT BATOK AVE 3**

ON 05-Dec-19 16:30

I / We **CHUA SENG POH** (Hirer) NRIC No.: **SXXXX303I**

and/or (Relief) NRIC No.: **SXXXX303I**

Taxi Number **SH9045U**

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 **06-Dec-2019**

Name of Hirer **CHUA SENG POH**
Hirer NRIC **SXXXX303I**

Signature :



Address **104 BEDOK RESERVOIR ROAD #11-...**
470104

Contact No. **85227126**

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

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QBE INSURANCE (INT'L) LTD

1 RAFFLES QUAY SOUTH TOWER #29-10
SINGAPORE 048583

CONTACT NO: 62246633

VEHICLE NO
SH 9045U

NO/DATE
91483817 12.12.2019

MAKE
HYUNDAI

JOB NO.
305361888

MODEL
I-40

OIDMETER READING

DATE OF REG
14.05.2015

CHASSIS CODE
KMHLR41UMFU068982

JOB TYPE

Description : 3P 05.12.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	600.00
Add GST @ 7.000 %	42.00
Total Invoice amount	642.00

Issued by : KATHERINETAN 12.12.2019 16:00:26
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

- 1) WHEN TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT OR OTHER AL DAMAGES, THE COMPANY WILL NOT BE RESPONSIBLE FOR LARS OR OTHER PROPERTIES. ALL REPAIRS WILL BE DONE AT THE VEHICLE'S OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON RECEIVING THE VEHICLE FROM THE COMPANY. IF ANY DAMAGE OR DEFECT IS NOTICED, THE CUSTOMER MUST REPORT IT TO THE COMPANY IMMEDIATELY. IF NO REPORT IS MADE, THE CUSTOMER WILL BE RESPONSIBLE FOR THE DAMAGE OR DEFECT.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A RAY TO THE COMPANY IF THE CUSTOMER DOES NOT PAY THE INVOICE AMOUNT WITHIN 14 DAYS OF RECEIPT. IF THE CUSTOMER DOES NOT PAY THE INVOICE AMOUNT WITHIN 14 DAYS OF RECEIPT, THE COMPANY WILL THEAT THE CUSTOMER AS A 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: CT19120119

Date: 12 December 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 05/12/2019 @ 16:30 hrs
ALONG BUKIT BATOK AVE 3
INVOLVING GBA7151Y

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 **SH9045U** (the "Taxi"). The Taxi was hired to **CHUA SENG POH IC NO SXXXX303I** 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.

St 904 SH

HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	M	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
FROM	TO					FROM	TO
0640	1737	12.13	CHUA	6417	218	0800	2200
1800	0448	12.13	CHUA	6418	116	1040	1830
0640	1758	12.13	CHUA	6419	91	0640	1100
1827	0441	09.12.19	ACCIDENT	/	110	1130	-
1100	2201	10.12.19	REPAIR	/	007	-	1430
0640	1829						
0630	2011						
0730	2000						
0730	2245						
0730	1755						
1930	2200						

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBA7151Y	05 Dec 2019 / 16:30:00	Successful	Q01	QBE INSURANCE (SINGAPORE) PTE LTD

[Previous](#)

[OK](#)

SH90454