

Our Ref : T 1219 / SHD3114U /WT/CK(st)

Your Ref :

Date : 7-Feb-2020

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

**CHINA TAIPING INSURANCE CO LTD**  
3 ANSON ROAD  
#16-00 SPRINGLEAF TOWER  
SINGAPORE 079909

Attn : Motor Claims Department **WITHOUT PREJUDICE**

**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

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHD3114U YOUR INSURED GZ 2113A  
AND OTHER \_\_\_\_\_ ON 6-Dec-2019**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHD3114U 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 GZ 2113A we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	<u>963.00</u>
6	<u>6</u> days Loss of Rental @ \$ <u>116.95</u> per day	\$	<u>701.70</u>
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	<u>7.49</u>
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
<b>Sub Total :</b>			\$ <u>1,672.19</u>

**HIRER'S CLAIM**

7	<u>6</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	<u>480.00</u>
<b>Total Claims :</b>			\$ <u>2,152.19</u>

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

- a) Original repair bill
- b) LTA search slip/s of : GZ 2113A
- c) GIA / Police report/s of : SHD3114U
- 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.

**Asher Sng (LKKAuto)**

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**From:** Asher Sng (LKKAuto)  
**Sent:** Tuesday, 21 January 2020 4:59 PM  
**To:** HUNGSOONMEDICAL@SINGNET.COM.SG  
**Subject:** ACCIDENT INVOLVING GZ 2113A AND SHD 3114U ON 06/12/2019

**Our Ref: CC3/CTI19021813/Fea3**

21 JAN 2020

**HUNG SOON MEDICAL TRADING PTE. LTD.**

Dear Sir/Madam,

**ACCIDENT INVOLVING GZ 2113A AND SHD 3114U 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.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 day, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please call us if you have further queries.

Yours faithfully,

Asher  
Case Handler  
DID: 6841 6051  
FAX: 6741 4108  
Email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com)

c.c. *China Taiping Insurance (Singapore) Pte Ltd  
(Motor Claims Dept)*

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING** i 40 SHD3114U , GZ2113A **ON 06-Dec-19 11:55**  
**ALONG** **ALONG SOUTH BRIDGE RD BEFORE SAGO ST JUNCTION**

I / We **CHEN GUOYING KELVIN** (Hirer) NRIC No.: **SXXXX711H**

and/or (Relief) NRIC No.: **SXXXX711H**

Taxi Number **SHD3114U**

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 **CHEN GUOYING KELVIN**

Hirer NRIC **SXXXX711H**

Signature :



Address **273C PUNGGOL PLACE #05-874**  
**823273**

Contact No. **96427153**

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MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1752071902 Claim No : SNM19D205880

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$910.00  
DOLLARS NINE HUNDRED AND TEN 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. : SHD 3114U  
Insured Vehicle No. : GZ 2113A

Date of Loss : 06/12/2019  
Place of Accident : SOUTH BRIDGE RD BEFORE SAGO ST JUNCTION

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 : HUNG SOON MEDICAL TRADING PTE. LTD.  
Driver Name : WOO CHOOK PUI

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.

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(1) Global Sum	S\$ 910.00
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TOTAL . . . . .	S\$ 910.00
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Claimant Name : COMFORT TRANSPORTATION PTE LTD NRIC No :

Signature : \_\_\_\_\_

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 530991

Date : 17/3/2020

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"



Our Ref: CT19120125

Date: 03 January 2020



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                    06/12/2019 @ 11:55 hrs  
ALONG                            SOUTH BRIDGE RD BEFORE SAGO ST JUNCTION  
INVOLVING                      GZ2113A

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 **SHD3114U** (the "Taxi"). The Taxi was hired to **CHEN GUOYING KELVIN IC NO SXXXX711H** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$116.95** 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.



READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO			5	4	7	8		5	FROM
132				24/4/2019		5	4	7	8	5		
316				25/4/2019		5	4	7	9	6		
621				26/4/2019		5	4	8	2	6		
837				27/4/2019		5	4	8	5	2		
039				28/4/2019		5	4	8	8	1		
250				29/4/2019		5	4	9	1	3		
620				30/4/2019		5	4	9	2	8		
868				1/12/2019		5	4	9	4	2		
180				2/12/2019		5	4	9	6	6		
506				3/12/2019		5	4	9	6	8		
667				4/12/2019		5	4	9	8	4		

### Enquire Vehicle Insurance Details

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

GZ2113A 06 Dec 2019 / 11:55:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

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SND31144