

Our Ref : T 1119 / SHD3361Y /WT/CK(st)

Your Ref :

Date : 3-Jan-2020

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701Mainline +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**

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHD3361Y YOUR INSURED SLG4044T
AND OTHER PC 5289X ON 28.11.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHD3361Y 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 SLG4044T we are submitting these claims for your consideration on behalf of the claimants.

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**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 4,280.00
6	26 days Loss of Rental @ \$ 116.95 per day	\$ 3,040.70
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 :		\$ 7,328.19

HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims :		\$ 7,488.19

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

- a) Original repair bill :
- b) LTA search slip/s of : SLG4044T
- c) GIA / Police report/s of : SHD3361Y
- 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.

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SHD3361Y , SLG4044T , PC5289X **ON 28-Nov-19 14:40**
ALONG TPE TWDS SLE BEFORE JALAN KAYU EXIT

I / We **ARJUN UPADHYA** (Hirer) NRIC No.: **SXXXX140B**

and/or **ONG BOON TECK** (Relief) NRIC No.: **SXXXX507E**

Taxi Number **SHD3361Y**

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 **ARJUN UPADHYA**

Hirer NRIC **SXXXX140B**

Signature :




Address **884 TAMPINES STREET 83 #02-69**
520884

Contact No. **86133141**

Name of Relief **ONG BOON TECK**

Relief NRIC **SXXXX507E**

Signature :



Address **766 BEDOK RESERVOIR VIEW 13-243**
470766

Contact No. **92370467**

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHD3361Y

NO/DATE
91487274 31.12.2019

MAKE
HYUNDAI

JOB NO.
305358030

MODEL
I-40

ODMETER READING

DATE OF RKG
21.07.2016

CHASSIS CODE
KMHLB41UMGU092206

JOB TYPE

Description : TP/3P 28.11.19

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	4,000.00
Add GST @ 7.000 %	280.00
Total Invoice amount	4,280.00

Issued by : KATHERINETAN 02.01.2020 15:09:48
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

- WHILE TAKING ALL REASONABLE PRECAUTIONS, THE COMPANY SHALL NOT BE RESPONSIBLE FOR DAMAGE OR LOSS OF ANY KIND TO THE VEHICLE OR ITS CONTENTS OR TO THE DRIVER OR PASSENGERS OR TO ANY OTHER PERSONS OR PROPERTY.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY AFTER RECEIVING THE VEHICLE FROM THE COMPANY AND SIGNIFY IN WRITING TO THE COMPANY OF ANY DAMAGE OR LOSS OF ANY KIND TO THE VEHICLE OR ITS CONTENTS OR TO THE DRIVER OR PASSENGERS OR TO ANY OTHER PERSONS OR PROPERTY.
- INTEREST OF 1% PER MONTH WILL BE CHARGED ON THE OUTSTANDING AMOUNT DUE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DATE OF RECEIPT OF THE INVOICE.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND SIGNIFY IN WRITING TO THE COMPANY OF ANY DAMAGE OR LOSS OF ANY KIND TO THE VEHICLE OR ITS CONTENTS OR TO THE DRIVER OR PASSENGERS OR TO ANY OTHER PERSONS OR PROPERTY WITHIN 14 DAYS OF RECEIPT IF THE COMPANY DOES NOT RECEIVE A RESPONSE FROM THE CUSTOMER, THIS INVOICE SHALL BE 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: CT19110726

Date: 02 January 2020



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 28/11/2019 @ 14:40 hrs
ALONG TPE TWDS SLE BEFORE JALAN KAYU EXIT
INVOLVING SLG4044T, PC5289X

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 **SHD3361Y** (the "Taxi"). The Taxi was hired to **ARJUN UPADHYA IC NO SXXXX140B** 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.

DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (T)		DATE	NAME OF DRIVER	MILEAGE R
						FROM	TO			
22.11.19	Ony	56489	1	271	271	0720	1855			
22/11	Ony	56521	4	322	322	1920	700			
23.11.19	Ony	56546	8	254	254	0700	1840			
24/11	Ony	56585	7	—	—	—	—			
25.11.19	Ony	56606	5	214	214	0715	1840			
26/11	Ony	56630	5	239	239	0715	1800			
26/11	Ony	56661	4	309	309	7920	700			
27.11.19	Ony	56683	1	214	214	0715	1840			
27/11	Ony	56718	14	—	—	1905	700			
28/11/19	Ony	56731	14	340	340	1400	—			
23/12/19	Ony	56731	14	340	340	—	—			

Enquire Vehicle Insurance Details

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

SLG4044T 28 Nov 2019 / 14:40:00 Successful

C01

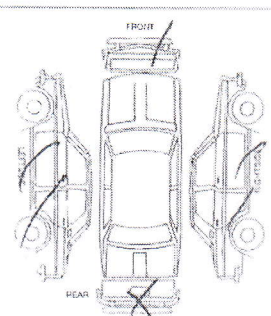
CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK

SND 33617

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>16/19</u> Time Received: <u>1435</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	
2. <input checked="" type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>HANNAH</u> Contact No.: <u>65508970</u> Vehicle No.: <u>S4D33611</u> Make/Model/Colour: <u>H/1940</u> Email: _____		4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input checked="" type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____	
7. Location: <u>TP FOUND FOUND</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		10. Odometer Reading: _____ Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		 <p># : Cracked X : Dented / : Scatched O : Missing</p>	
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: <u>STEVEN</u> Vehicle No.: <u>1099AD</u> Time Dispatch: <u>1435</u> Time of Arrival: <u>1540</u> Time Completed: <u>1635</u>			
Cash Invoice Details (if applicable) 13. Cash Invoice No.: _____			
Customer Acknowledgement a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.			
<u>16/19</u> Date		<u>1540</u> Time	
Signature of Customer _____			
14. WORKSHOP Name of Attending Staff/Guard: _____ Date & Time of Arrival: _____ Signature of Attending Staff/Guard: _____			



**SINGAPORE
POLICE FORCE**

Traffic Police
10 Ubi Avenue 3
Singapore 408865
Tel +65 6547 6246
www.police.gov.sg

Reference: TP/IP/73917/2019

ANNEX A: LETTER OF AUTHORISATION FOR VEHICLE COLLECTION

I, Comfort Transportation Pte Ltd, of NRIC / FIN / Passport Number:
_____ hereby authorise Comfortelgo Engineering Pte Ltd of NRIC / FIN / Passport
Number: _____ to collect my vehicle bearing registration number: SHD33614 on my
behalf from Traffic Police.

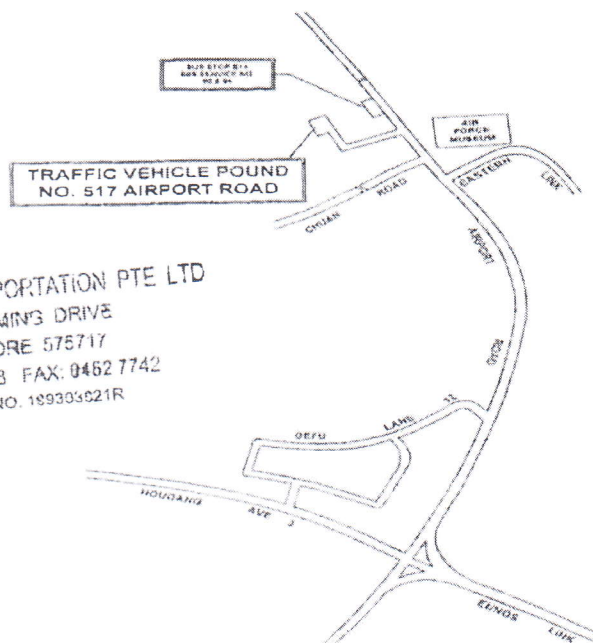
LOCATION MAP FOR TRAFFIC VEHICLE POUND

COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE 575717
TEL: 6555 1188 FAX: 0452 7742
CO. REG. NO. 189303521R

(Signature)

COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE 575717
TEL: 6555 1188 FAX: 0452 7742
CO. REG. NO. 189303521R

Name : _____
NRIC / FIN No. : S88185868
Contact Number : 6550 8570 / 6550 8269
Date : 16/12/19



**NOTE: NRIC, FIN CARD OR PASSPORT MUST BE PRODUCED FOR VERIFICATION
TOGETHER WITH THE NOTICE FOR VEHICLE COLLECTION.**