

Our Ref : T 0217 / SHA 1600L / WT (J)

Date : 08-Mar-17

M/s China Taiping Insurance (Singapore) Pte Ltd  
3 ANSON ROAD  
#16-00 SPRINGLEAF TOWER  
SINGAPORE 079909.

CDGE Taxi Claims Department  
59 Loyang Drive  
4th floor  
Singapore 508969  
Fax : 6214 1843

**COMFORTDELGRO**  
**ENGINEERING**

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199906048W

Attn : Motor Claims Department

Dear Sir

**ACCIDENT INVOLVING OUR TAXI**  
**SJZ 73J** **OTHER**

**WITHOUT PREJUDICE**

**SHA 1600L** **YOUR INSURED**  
**ON 05.02.17**

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 408648

Senoko  
24 Senoko Loop  
Singapore 758156

Sungei Kadut  
7 Sungei Kadut Way  
Singapore 728791

Defu  
6 Defu Avenue 1  
Singapore 539537

Yishun  
Yishun Industrial Park A  
Singapore 768732

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA 1600L 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 : SJZ 73J we are submitting this claim for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

- 1 Cost of Repair
- 2 4 days Loss of Rental @\$ 127.33 per day
- 3 Survey Report Fees (Surveyed by M/s LKK)
- 4 LTA Search Fees
- 5 GIA / Police Report Fees
- 6 Towing / Medical / Transportation Fees

Sub Total :

S\$	1129.06
S\$	509.32
S\$	-
S\$	2.00
S\$	-
S\$	-
S\$	1,640.38

**HIRER'S CLAIM**

- 1 4 days Loss of Income @\$ 80.00 per days

Total Claims

S\$	320.00
S\$	1,960.38

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

- a) Original repair bill, : SJZ 73J
- b) LTA search slip/s of : SHA 1600L
- c) GIA / Police report/s of : SHA 1600L
- d) Letter of authority from owner / hirer / operator  
( ) Photocopie/s of Accident Scene Photo/s ( ) Traffic Police Result  
( ) Witness statement/s (x) Rental Rate letter (x) Downtime/Mileage record

- pcs

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. This condition shall apply even if medical expenses are claimed.

Please note that, for the time being, we are not making this claim via solicitors provided you treat this letter as our intention to file a claim in court according to the provisions of the Non-Injury Motor Accident Litigation ("NIMA") protocol and further, you agree that if negotiations should breakdown and this claim is referred to solicitors you shall not raise any objection that the NIMA protocol has not been complied with. If you disagree with this condition please reply in writing within the next 2 working days failing which we shall proceed to negotiate with you on the basis that you have acquiesced to the said condition by your conduct.

Yours faithfully

William Tan

Deputy Manager

CDGE Claims Department

Tel : 6214 8737 Fax : 6214 1843 Email : williamtan@cdge.com.sg

A member of

**COMFORTDELGRO**



COMFORTDELGRO

LETTER OF AUTHORISATION  
(NAF / PAF)

ACCIDENT INVOLVING SHA 1600 L R SJZ F3 J. ON 05/02/2017  
ALONG Bras Basah towards Prinsep St.

I/we Neo Kok Teow (Hirer) NRIC No.: S15798661A

and/or \_\_\_\_\_ (Relief) NRIC No.: \_\_\_\_\_

Taxi number SHA 1600 L hereby authorise ComfortDelGro Engineering Pte Ltd (CDGE) :

1. To submit my/our claims for damages, costs and expense, including loss of income, loss or 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 : 6/02/17

Name of Hirer : Neo Kok Teow

Hirer NRIC : S15798661A

Address : \_\_\_\_\_

Signature : du

Contact No. : 92334646

Name of Relief : /

Relief NRIC : /

Address : \_\_\_\_\_

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

Contact No. : /

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3029301600

Claim No : SNM17D00810/C02/3/LKKDS

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$850.00

DOLLARS EIGHT 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 1600L

Insured Vehicle No. : SJZ 73J

Date of Loss : 05/02/2017

Place of Accident : BRAS BASAH RD TWDS PRINSEP ST

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 : HO YAN TAT, JASON (HE YUANDA, JASON)

Driver Name : HO YAN TAT, JASON (HE YUANDA, JASON)

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\$ 850.00
	=====
TOTAL . . . . .	S\$ 850.00
	=====

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No : 199303821R

**FOR COMFORTDELGRO ENGINEERING PTE LTD**

on behalf of the taxi owner and taxi driver  
both by Letter of Authorisation.

**AILEEN TAN**  
Manager, Claims

Signature : 

Date : 15/07/2020

do CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508989

"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"

Please forward your cheque made payable to:  
**COMFORTDELGRO ENGINEERING PTE LTD**



GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010012

CHINA TAIPING INSURANCE CO(S) PTE L  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA16001

INV. NO/DATE  
91293514 27.02.2017

MAKE  
HYUNDAI

JOB NO.  
305007144

MODEL  
T-40

ODOMETER READING

DATE OF REG  
05.01.2017

DATE/TIME IN  
06.02.2017 10:50

CHASSIS CODE  
KMHLB410MHU097753

Description : ACC.05.02.17

S/No	Part No.	Qty	Unit Price	%Disc	Net
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### PART REQUISITION

0001	04-01-0103-0573	140VC PANEL-FENDER RH#	1	619.00	20.00	495.20
			SUB-TOTAL	:		495.20

### JOB NATURE

0001	L	PANEL BEATING	200.00		200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	360.00		360.00
			SUB-TOTAL	:	560.00

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.
8010012	91293514	1,129.06	

GST REG. NO. M2-8921817-3

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO(S) PTE L  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA16001

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
05.01.2017

CHASSIS CODE  
KMHJB41UMHU097753

INV. NO/DATE  
91293514 27.02.2017

JOB NO.  
305007144

ODOMETER READING

DATE/TIME IN  
06.02.2017 10:50

Items total	1,055.20
Add GST @ 7.000 %	73.86
Invoice amount	1,129.06

Issued by : KATHERINETAN 27.02.2017 11:34:15  
Repair type : CLSO/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 No.
8010012	91293514	1,129.06	

Our Ref: CT17020169



Date: 14 February 2017

**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      05/02/2017    @   14:10 hrs  
ALONG                              BRAS BASAH RD TWDS PRINSEP ST  
INVOLVING                        SJZ73J

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 **SHA1600L** (the "Taxi"). The Taxi was hired to **NEO KOK TEOW IC NO S1579866A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$127.33** per day (inclusive of GST).

Please be advised that the Taxi was insured with **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  
Executive, Fleet Safety

This is a computer generated letter. No signature is required.



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2/6/2017

Invoice



**GENERAL  
INSURANCE  
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**Third Party Insurer Enquiry**

Our Ref No: GR-17-016564  
Date of Request: 06/02/2017

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road  
Singapore 579701

Dear Sir/Madam,

Enquiry Date: 06/02/2017  
Enquiry By: ROGER HOW  
TP Vehicle No.: SJZ73J  
Accident Date: 05/02/2017

**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJZ73J	China Taiping Insurance (Singapore) Pte. Ltd.	30/03/2016-05/06/2017	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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SHA1600L



2/6/2017

Invoice



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-17-016584

Date of Request: 06/02/2017

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road  
Singapore 579701

Dear Sir/Madam,

Enquiry Date 06/02/2017  
Enquiry By ROGER HOW  
TP Vehicle No. SJZ73J  
Accident Date 05/02/2017

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

## Re: Enquiry on TP claim status - our taxi SHA1600L doa 5.2.17 along Bras Basah Road

Catherine Koh Mui Gek

Mon 24/9/2018 5:19 PM

Sent Items

To: May Chua Hui Chin <maychua@msfirstcapital.com.sg>;

Thanks May

Best Regards

Catherine Koh

Claims Department | ComfortDelgro Engineering Pte Ltd

Off : 62148733 | Fax : 62141843

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**From:** May Chua Hui Chin <maychua@msfirstcapital.com.sg>

**Sent:** Monday, 24 September 2018 3:52:45 PM

**To:** Fleet Safety

**Cc:** Catherine Koh Mui Gek

**Subject:** Enquiry on TP claim status - our taxi SHA1600L doa 5.2.17 along Bras Basah Road

**OUR REF: D17001561MFSH**

Dear Fleet,

The case was settled @ 50% and closed at our end.

Thank you

May Chua

Motor Claim Department

MS First Capital Insurance Ltd | 36 Robinson Road, City House #16-01 Singapore 068877 | DID : 6507 3859 |

Fax No. : 6507 3849 | Email: [maychua@msfirstcapital.com.sg](mailto:maychua@msfirstcapital.com.sg) | Company Regn. No. 195000106C

A Member of **MS&AD** Insurance Group

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