

Our Ref : T 0120 / SHC8017P /WT/CK(st)

Your Ref :

Date : 30-Jan-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

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

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 SHC8017P YOUR INSURED GBF6554Z  
AND OTHER ON 18/01/2020

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC8017P 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 GBF6554Z we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,872.50
6	4 days Loss of Rental @ \$ 177.23 per day	\$ 708.92
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 :		\$ 2,588.91

HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims :		\$ 2,908.91

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

- a) Original repair bill
- b) LTA search slip/s of : GBF6554Z
- c) GIA / Police report/s of : SHC8017P
- 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 MERCEDES E220 SHC8017P , GBF6554Z ON 18-Jan-20 00:05**  
**ALONG SLIP ROAD FROM LOR CHUAN TO SERANGOON GARDEN**

I / We **LIM HAN SENG** (Hirer) NRIC No.: **SXXXX590B**

and/or **ONG NGUAN KWEE** (Relief) NRIC No.: **SXXXX141H**

Taxi Number **SHC8017P**

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 **18-Jan-2020**

Name of Hirer **LIM HAN SENG**

Hirer NRIC **SXXXX590B**

Signature :



Address **647 JALAN TENAGA #11-125**  
**410647**

Contact No. **93636888**

Name of Relief **ONG NGUAN KWEE**

Relief NRIC **SXXXX141H**

Signature :



Address **327B SUMANG WALK #03-920**  
**822327**

Contact No. **91995085**

**TAX INVOICE**

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

**VEHICLE NO**  
SHC8017P**NO/DATE**  
91491168 23.01.2020**MAKE**  
MERCEDES BENZ**JOB NO.**  
305375522**MODEL**  
E220CDI (E6)**ODOMETER READING**  
\_\_\_\_\_**DATE OF REG**  
13.05.2015**CHASSIS CODE**  
WDD2120012B169359**JOB TYPE**

Description : 3P 18.01.2020

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt		1,750.00
Add GST @	7.000 %	122.50
Total Invoice amount		1,872.50

Issued by : CHEWBEELENG 23.01.2020 16:30:25  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT, IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS 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: CT20010402

Date: 23 January 2020



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	18/01/2020 @ 00:05 hrs
ALONG	SLIP ROAD FROM LOR CHUAN TO SERANGOON GARDEN
INVOLVING	GBF6554Z

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 **SHC8017P** (the "Taxi"). The Taxi was hired to **LIM HAN SENG IC NO SXXXX590B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$**177.23** per day (inclusive of GST).

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

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**Enquire Vehicle Insurance Details**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBF6554Z	18 Jan 2020 / 00:05:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous      OK