

Our Ref : T 0120 / SHB4489S /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

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB4489S YOUR INSURED SJH9215C
AND OTHER _____ ON 23-Jan-2020**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHB4489S 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 SJH9215C 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	\$ 2,835.50
6	7 days Loss of Rental @ \$ 112.67 per day	\$ 788.69
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 :		\$ 3,631.68

HIRER'S CLAIM

7	7 days Loss of Income @ \$ 80.00 per days	\$ 560.00
Total Claims :		\$ 4,191.68

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

- a) Original repair bill
- b) LTA search slip/s of : SJH9215C
- c) GIA / Police report/s of : SHB4489S
- 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 SHB4489S , SJH9215C
ALONG WOODLANDS CENTRE ROAD****ON 23-Jan-20 06:50**I / We **PUAH YONG CHOON** (Hirer) NRIC No.: **SXXXX399D**and/or (Relief) NRIC No.: **SXXXX399D**Taxi Number **SHB4489S**

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 **23-Jan-2020**Name of Hirer **PUAH YONG CHOON**
Hirer NRIC **SXXXX399D**

Signature :

Address **546 WOODLANDS DRIVE 16 #07-215
730546**Contact No. **96546378**

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
SHR4489S

NO/DATE
91492656 31.01.2020

MAKE
HYUNDAI

JOB NO.
305376912

MODEL
I-40

ODOMETER READING

DATE OF REG
29.12.2016

CHASSIS CODE
KMHLB41UMHU097720

JOB TYPE

Description : 3P 23.01.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	2,650.00
Add GST @ 7.000 %	185.50
Total Invoice amount.	2,835.50

Issued by : KATHKRTNEFAN 03.02.2020 16:59:58
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

- 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.
- 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.
- 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.
- 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: CT20010564

Date: 03 February 2020



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 23/01/2020 @ 06:50 hrs
ALONG WOODLANDS CENTRE ROAD
INVOLVING SJH9215C

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 **SHB4489S** (the "Taxi"). The Taxi was hired to **PUAH YONG CHOON IC NO SXXXX399D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$112.67** 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

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

(TIME)	TO
16	
1:30	
1:18	
1:40	
1:16	
34	
33	
23	
50	
58	
10	

DATE	NAME OF DRIVER	MILEAGE READING						MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		3	6	7	5	8	4		FROM	TO
19.1-20	1/2 Puat	3	6	7	5	8	4	114	06.30	21.40
20-1-20	1/2 Puat	3	6	8	0	6	8	401	06.40	20.34
21-1-20	1/2 Puat	3	6	8	4	7	4	405	06.30	21.00
22-1-20	1/2 Puat	3	6	8	8	2	3	349	06.30	21.43
23-1-20	1/2 Puat	3	6	8	9	2	5	101	06.30	10.29
23.01.20	ACCIDENT							1025	-	-
29.01.20	REPAIR							017	-	1500

Enquire Vehicle Insurance Details

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

SJH9215C 23 Jan 2020 / 06:50:00 Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)

[OK](#)

SHB4489 S