

Our Ref : T 0220 / SHC3147E /WT/CK(st)
Your Ref :
Date : 4-Mar-2020

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

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: 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 SHC3147E YOUR INSURED SMF3885H
AND OTHER _____ ON 21-Feb-2020

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC3147E 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 SMF3885H we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 679.45
6	4 days Loss of Rental @ \$ 125.19 per day	\$ 500.76
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
Sub Total :		\$ 1,187.70

HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims :		\$ 1,507.70

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

- a) Original repair bill
- b) LTA search slip/s of : SMF3885H
- c) GIA / Police report/s of : SHC3147E
- 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.

A member of

COMFORTDELGRO

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

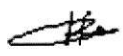
Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHC3147E , SMF3885H
ALONG COMMONWEALTH AVE > QUEENSWAY****ON 21-Feb-20 01:10****I / We MOHAMED HUSSEIN BI... (Hirer) NRIC No.: SXXXX501F****and/or (Relief) NRIC No.: SXXXX501F****Taxi Number SHC3147E****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 21-Feb-2020**Name of Hirer MOHAMED HUSSEIN BIN ABDUL RAHMAN****Hirer NRIC SXXXX501F****Signature :****Address 888A TAMPINES STREET 81 #04-10...
521888****Contact No. 91313440**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : Claim No : SNM20D201076

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,300.00
DOLLARS ONE THOUSAND AND THREE HUNDRED 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. : SHC 3147E
Insured Vehicle No. : SMF 3885H

Date of Loss : 21/02/2020
Place of Accident : COMMONWEALTH AVE > QUEENSWAY

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 : ALLSWELL LEASING & LIMOUSINE PTE LTD
Driver Name : MUHAMMAD UMAIS ISMAIL

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\$ 1,300.00
	=====
TOTAL	S\$ 1,300.00
	=====

Claimant Name : COMFORT TRANSPOTATION PTE LTD

NRIC No : 199303821R

Signature :


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
39 LOHANG DRIVE
SINGAPORE 508969

Date :

4/8/2020

"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 LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHC3147E

MAKE
HYUNDAI

MODEL
IONIQ(G2)

DATE OF REG
26.06.2019

CHASSIS CODE
KMHC851CVKU164440

INV. NO/DATE
91497011 27.02.2020

JOB NO.
305382943

ODOMETER READING

DATE/TIME IN
21.02.2020 04:07

Description : 3P 21.02.2020

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

0001	FNPS	NO PLATE(S)W/TRIM COVER	1	55.00	0.00	55.00
SUB-TOTAL			:			55.00

JOB NATURE

0001	PB	PANEL BEATING		320.00		320.00
0002	SP	SPRAYPAINT CHARGE		200.00		200.00
0003	L	R/I REVERSE SENSOR		60.00		60.00
SUB-TOTAL			:			580.00

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE THE COMPANY ACCEPTS RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DAMAGED AND BELONG TO OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY, 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 DUE DATE) FOR 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.

8010012

91497011

679.45

GST REG. NO. M2-8921817-3**TAX INVOICE****COMPANY REG. NO.: 199506048W**
Page: 2

8010012

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

CONTACT NO: 62222366

VEHICLE NO
SHC3147E**MAKE**
HYUNDAI**MODEL**
IONIQ(G2)**DATE OF REG**
26.06.2019**CHASSIS CODE**
KMHC851CVKU164440**INV. NO/DATE**
91497011 27.02.2020**JOB NO.**
305382943**ODOMETER READING****DATE/TIME IN**
21.02.2020 04:07

Items total		635.00
Add GST @	7.000 %	44.45
Invoice amount		679.45

Issued by : CHEWBEELENG 27.02.2020 15:04:55
Repair type : CLS0/57/57
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 ON OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY, BY 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) FROM 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.
8010012	91497011	679.45	

Our Ref: CT20020419

Date: 27 February 2020



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 21/02/2020 @ 01:10 hrs
ALONG COMMONWEALTH AVE > QUEENSWAY
INVOLVING SMF3885H

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 **SHC3147E** (the "Taxi"). The Taxi was hired to **MOHAMED HUSSEIN BIN ABDUL RAHMAN IC NO SXXXX501F** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** 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.

SAC 3147E

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIM)		DATE	NAME OF DRIVER
				FROM	TO		
18/2/20	Hessling	81443	139	15.30	03.00		
19/2/20	Hessling	81594	150	09.00	02.30		
20/02/2020	MO KANZIO	81684	90	08.45	17.50		
20/2/20	Hessling	81776	90	18.30	04.00		
21/2/20	Accident			04.07			
21/2/20	Repair				13.00		
22/2/20							
23/2/20							
24/2/20							
25/2/20							
26/2/20							
27/2/20							
28/2/20							
29/2/20							
30/2/20							
31/2/20							

[Signature]

Enquire Vehicle Insurance Details

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

SMF3885H 21 Feb 2020 / 01:10:00 Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)

[OK](#)

ACCIDENT INVOLVING SMF 3885H AND SHC 3147E ON 21/02/2020

Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>

Tue 8/4/2020 10:33 AM

To: OOI, Ben <ben@allswellmotor.com.sg>

 1 attachments (5 MB)

SHC3147E doa 21.2.20.mp4;

Our Ref: CC3/CTI20003109/Fea3

04 AUG 2020

ALLSWELL LEASING & LIMOUSINE PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SMF 3885H AND SHC 3147E ON 21/02/2020

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.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Asher
Case Handler
FAX: 6741 4108
Email: ashersng@lkkauto.com

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

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.