2:		
Our Ref :T 0320 / SHA4684A /WT/CK(st) Your Ref : Date :25-Mar-2020  CHINA TAIPING INSURANCE CO LTD 3 ANSON ROAD #16-00 SPRINGLEAF TOWER SINGAPORE 079909	CDGE Taxi Claims Dept 59 Loyang Drive 4th Flr Singapore 508969	ComfortDelGro 205 Braddell R
Attn : Motor Claims Department WITHO	OUT PREJUDICE	Company
Dear Sir		
ACCIDENT INVOLVING OUR TAXI SHA4684/	A_YOUR INSURED ON	
We are the authorised repair workshop for Comfort T Vehicle No: SHA4684A which was involved in th	Fransportation Pte Ltd, th	he owner of motor
Vehicle No: SHA4684A which was involved in the vehicle. The vehicle owner and the taxi driver concern assist them in presenting their claims against the pararising from the damage to the vehicle.	ned have requested and	th your insured authorized us to
vehicle. The vehicle owner and the taxi driver concerr assist them in presenting their claims against the par	ned have requested and rty responsible for all app rour insured driving <u>PC 7</u>	th your insured authorized us to plicable matters
vehicle. The vehicle owner and the taxi driver concern assist them in presenting their claims against the pararising from the damage to the vehicle.  As the accident was caused by the negligent act of years.	ned have requested and rty responsible for all app rour insured driving <u>PC 7</u> n on behalf of the claima	th your insured authorized us to plicable matters

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

days Loss of Income @ \$

Original repair bill a)

**Towing Fees** 

HIRER'S CLAIM

6

7

LTA search slip/s of: b)

PC 7942E

GIA / Police report/s of: c)

SHA4684A

Letter of authority from owner / hirer / operator d)

( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance

) Tow Fee

(x) Downtime/Mileage record

**80.00** per days

(x) Rental Rate letter

3,986.59

320.00

4,306.59

Sub Total:

Total Claims: \$

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.



elGro Engineering Pte Ltd dell Road Singapore 579701

> Mainline +65 6383 6280 Facsimilie +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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING TOYOTA PRIUS SHA4684A , PC7942E

ON 13-Mar-20 07:00

**ALONG** 

1 AYER CHAWAN PLACE

I / We

CHAN TEOW HAK JOHN...

(Hirer) NRIC No.: SXXXX414E

and/or

(Relief) NRIC No.: SXXXX414E

Taxi Number

**SHA4684A** 

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

13-Mar-2020

Name of Hirer

**CHAN TEOW HAK JOHN NOEL** 

Hirer NRIC

SXXXX414E

Signature:

Address

347B YISHUN AVENUE 11 #05-525

762347

Contact No.

96333823



A member of COMFORTDELGRO

## GST REG. NO. M2-8921817-3

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286 24 Senoko Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 7687

320 Ubi Road 3 Singapore 408649 REG. NO.: 199506048W Page: 1

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD SPRINGLEAF TOWER

3 ANSON ROAD #16-00 SINGAPORE 079909

CONTACT NO: 62222366

VEHCLE NO SHA4684A

NO/DATE 91501196 24.03.2020

MAKE TOYOTA JOB NO. 305387353

MODEL

PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG 30.12.2016

CHASSIS CODE JOB TYPE JTDKB3FU003539702

Description: 3P 13.03.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt 7.000 %

Total Invoice amount

3,477.50

CHEWBEELENG 24.03.2020 14:24:16

Issued by : CHEWBEELENG 24.
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

## ComfortDelGro Engineering Pte Ltd

A member of COMFORIDELGRO

Head Office: 205 Braddell Road Singapore 579701

ACCOUNT No. **INVOICE No. AMOUNT BANK/CHQ No.** 

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY** 

Our Ref: CT20030214

Date: 24 March 2020



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

13/03/2020 @ 07:00 hrs

ALONG

1 AYER CHAWAN PLACE

INVOLVING

PC7942E

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 SHA4684A (the "Taxi"). The Taxi was hired to CHAN TEOW HAK JOHN NOEL IC NO SXXXX414E a registered hirer-operator of Comfort Transportation Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$125.40 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.

		MILEAGE R									
		NAME OF DRIVER							*		
	L + -	DAIE									
	HOURS OPERATED (TIME	OT	0	116					9		
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	MILEAGE	(KM)	Parent Brent							×	
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8	5		-	5			•				
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1		ie.	~ R	1000					200	- 2.11-3	
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**Enquire Vehicle Insurance Details** 

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

PC7942E 13 Mar 2020 / 07:00:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

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