

COMFORTDELGRO ENGINEERING

Our Ref : T 0818/ SHD6763B /WT(st)

Your Ref :

Date : 03-Sep-18

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mailing : +65 6383 6280
Facsimile : +65 6280 9755

www.cdge.com.sg

Company Registration No: 19600099H

AXA Insurance Pte Ltd
8 Shenton Way
#24-01, AXA Tower
Singapore 068811

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHD6763B YOUR INSURED PC 2425P
AND OTHER ON 25.08.18**

GS*

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : **SHD6763B** 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 : **PC 2425P** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,454.34
2	3 days Loss of Rental @ \$ 174.22 per day	\$ 522.66
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fee	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
Sub Total :		\$ 1,984.49

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims:		\$ 2,224.49

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

- Original repair bill and photocopies of photographs 7 pcs
- LTA search slip/s of : PC 2425P
- GIA / Police report/s of : SHD6763B
- Letter of authority from owner / hirer / operator
 - (X) Photocopies of Accident Scene Photo/s () Traffic Compound () PIR
 - () Witness statement/s (x) Rental Rate letter (x) Downtime/Mileage record

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

William Tan

Deputy Manager

CDGE Claims Department

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

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

A member of

COMFORTDELGRO



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.
8010010	91392776	1,454.34	

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010010

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER #24-01
SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO
SHD6763B

INV. NO/DATE
91392776 30.08.2018

MAKE
MERCEDES BENZ

JOB NO.
305204651

MODEL
E220CDI (E6)

ODOMETER READING

DATE OF REG
08.04.2016

DATE/TIME IN
25.08.2018 13:25

CHASSIS CODE
WDD2120012B307284

Items total	1,359.20
Add GST @ 7.000 %	95.14
Invoice amount	1,454.34

Issued by : CHEWBEELING 30.08.2018 15:28:02
Repair type : CLSO/57/57
Payment type/Term: /Credit 30 days

1) Whilst having 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 company risk.
2) Customers shall report their vehicles immediately upon delivery and shall within 10 working days notify the company of any damage or loss. If the vehicle is not reported within 10 working days, the vehicle 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 will be due on the day of payment (i.e. after 30 days) from the physical date of receipt of payment.
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

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CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91392776	1,454.34	

Our Ref: CT18080750

Date: 30 August 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	25/08/2018 @ 12:25 hrs
ALONG	BALESTIER ROAD TWDS THOMSON
INVOLVING	PC2425P

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 **SHD6763B** (the "Taxi"). The Taxi was hired to **HOO PICK THUAN IC NO S1338169J** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$174.22** 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
Assistant Manager, Fleet Safety

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

540 6763 B

[illegible]

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGMERCEDES E220 SHD6763B , PC2425P
BALESTIER ROAD TWDS THOMSON

ON 25-Aug-18 12:25

I / We

HOO PICK THUAN

(Hirer) NRIC No.: S1338169J

and/or

LIM KHOON LIANG

(Relief) NRIC No.: S1257896B

Taxi Number

SHD6763B

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

26-Aug-2018

Name of Hirer
Hirer NRICHOO PICK THUAN
S1338169J

Signature :



Address

230 ANG MO KIO AVENUE 3 #08-12...
560230

Contact No.

96194492

Name of Relief
Relief NRICLIM KHOON LIANG
S1257896B

Signature :



Address

461 CHOA CHU KANG AVENUE 4 08-75
680461

Contact No.

94892130

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
PC2425P	25 Aug 2018 / 12:25:00	Successful	A12	AXA INSURANCE PTE LTD

Previous OK



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	PC 2425P (Insd veh)	Model: Mercedes Benz (2143cc)
	SHD 6763B (TP veh)	
Date of Accident/ Time:	25/08/2018	

Repair Estimate	: \$	1,614.84	
Final Repair Cost	: \$		
Loss of Use	: \$		days at \$ per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
Final Settlement Sum (Global Sum)	: \$	950.00	
Payee Name : ComfortDelGro Engineering Pte Ltd			
Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:		Agreed Liability _____ (%)
B)	For GIA Registered Workshop:		BOLA Applicable: Yes/ No BOLA Scenario No: <u>20</u>
	BOLA Liability: <u>50</u> (%)		Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: COMFORTDELGRO ENGINEERING PTE LTD Date: 3/8/2020  59 LOWANG DRIVE SINGAPORE 508969		 Signature of Witness / Workshop stamp (if applicable) Name of Witness: CLAIMS DEPARTMENT COMFORTDELGRO ENGINEERING PTE LTD Date: 59 LOWANG DRIVE SINGAPORE 508969	
Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date: 03/08/2020 			

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

"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"