

COMFORTDELGRO ENGINEERING

Our Ref : T 0318 / SHA4073M /WT(st)

Your Ref : _____

Date : 14-Mar-18

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6250
Facsimile +65 6210 9755

www.cdge.com.sg

Company Registration No. 199204400

CHINA INSURANCE CO LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA4073M YOUR INSURED CB 7325X
AND OTHER _____ ON 06.03.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA4073M 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 CB 7325X we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 4,458.13
2	4 days Loss of Rental @ \$ 119.28 per day	\$ 477.12
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 :		\$ 4,942.74

HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims :		\$ 5,262.74

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

- a) Original repair bill and photostat photographs : 7 pcs.
- b) LTA search slip/s of : CB 7325X
- c) GIA / Police report/s of : SHA4073M
- d) Letter of authority from owner / hirer / operator
 - () Traffic Compound () Towing/Medical bill/receipts () Certificate of Insurance
 - (X) Photograph/s of Accident Scen (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
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





Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/CTI18004490/K1pa3

04 APRIL 2018

YEO SIO HUA
70A TELOK BLANGAH HEIGHTS
#21-507
SINGAPORE 101070

Dear Sir/Madam,

ACCIDENT INVOLVING CB 7325X / SHA 4073M / OTHERS ON 06/03/2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, China Taiping Insurance (Singapore) Pte Ltd to deal with the third party claim against your policy.

We have received a claim from SHA 4073M against your motor insurance policy.

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,

CHEW HSIAO TONG
Case Handler
DID: 6742 3197
FAX: 6741 4108
EMAIL: chewht@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGi 40 SHA4073M , CB7325X
BUKIT TIMAH RD TWDS ADAM RD .

ON 06-Mar-18 08:45

I / We

QUAH HOCK HENG

(Hirer) NRIC No.: S0055087F

and/or

(Relief) NRIC No.:

Taxi Number:

SHA4073M

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

06-Mar-2018

Name of Hirer

QUAH HOCK HENG

Hirer NRIC

S0055087F

Signature :



Address

255 COMPASSVALE ROAD #13-692
540255

Contact No.

97802502

TAX INVOICE

COMPANY REG. NO.: 199506045

Page:

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
 SPRINGLEAF TOWER

5 ANSON ROAD #16-00
 SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
 SHA4073M

MAKE
 HYUNDAI

MODEL
 I-40

DATE OF REG
 05.11.2015

CHASSIS CODE
 KMHLB41UMGU080336

INV. NO/DATE
 91361855 13/03/2018

JOB NO.
 305122661

ODOMETER READING

DATE/TIME IN
 06.03.2018 12:23

Description : BP 06.03.18

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0103-0577	I40VC PANEL ASSY-TRUNK LI	1	1,681.40	20.00	1,345.12
0002	04-01-0103-0800	I40VC SYMBOL MARK-TRUNK L	1	27.20	20.00	21.76
0003	04-01-0103-0786	I40VC EMBLEM-CRDI	1	41.00	20.00	32.80
0004	04-01-0103-0584	I40V2 LAMP ASSY-RR COMB I	1	556.80	20.00	445.44
0005	04-01-0103-0787	I40VC EMBLEM-I40	1	41.00	20.00	32.80
0006	04-01-0103-0579	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0007	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP	10	2.20	20.00	17.60
0008	04-01-0103-0738	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0009	04-01-0103-0851	I40VC REFLECTOR/REFLEX AS	1	32.00	20.00	25.60
0010	04-01-0103-0581	I40VC LAMP ASSY-RR COMB O	1	565.60	20.00	452.48
0011	28-01-0103-0005	(I40/SONATA)REAR BOOT LOG	1	20.00	0.00	20.00

ComfortDelGro Engineering Pte Ltd
 A member of COMFORTDELGRO

Head Office:
 5 Braddell Road
 Singapore 579701

Please note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No
8010012	91361855	4,458.13	

TAX INVOICE

COMPANY REG. NO.: 199506048
Page:

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA4073M

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
05.11.2015

CHASSIS CODE
KMHLE41UMGU080336

INV. NO/DATE
91361855 13.03.2018

JOB NO.
305122661

ODOMETER READING

DATE/TIME IN
06.03.2018 12:25

S/No	Part No.	Qty	Unit Price	%Disc	Net
0012	28-01-0103-0006 (I40/SONATA)REAR BOOT TEL	1	10.00	0.00	10.00
		SUB-TOTAL			3,066.48

JOB NATURE

0001	L	PANEL BEATING	500.00	500.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	540.00	540.00
0003	17-01	CHECK ALL LIGHTING	20.00	20.00
0004	20-00	TUFF COAT ON AFFECTED PARTS	20.00	20.00
0005	L	R/I REVERSE SENSOR	20.00	20.00
		SUB-TOTAL		1,100.00

ComfortDelGro Engineering Pte Ltd
Member of COMFORTDELGRO

Head Office:
Braddell Road
Singapore 119701

Please note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91361855	4,458.13	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506046
Page:

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA4073M

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
05.11.2015

CHASSIS CODE
KMHLB41UMGU080336

INV. NO/DATE
91361855 13.03.2018

JOB NO.
305122661

ODOMETER READING

DATE/TIME IN
06.03.2018 12:25

Items total	4,186.48
Add GST @ 7.000 %	291.65
Invoice amount	4,458.13

Issued by : CHEWBEELING 13.03.2018 11:31:29
Repair type : CLSO/57757
Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
100 Braddell Road
Singapore 57701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91361855	4,458.13	

Please note that no receipt shall be issued unless requested.

PATRON'S COPY

Our Ref: CT18030175

Date: 13 March 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	06/03/2018 @ 08:45 hrs
ALONG	BUKIT TIMAH RD TWDS ADAM RD
INVOLVING	CB7325X

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 **SHA4073M** (the "Taxi"). The Taxi was hired to **QUAH HOCK HENG IC NO S0055087F** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$119.28** 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.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
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CB7325X	06 Mar 2018 / 08:45:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD.
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[Previous](#) [OK](#)

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMBISN1739421700 Claim No : : SNM18D01278C02/5

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : **S\$3,000.00**
Singapore Dollars Three Thousand 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. : SHA4073M
Insured Vehicle No. : CB7325X

Date of Loss : 06/03/2018
Place of Accident : BUKIT TIMAH RD TWDS ADAM RD

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 : YEO SIO HUA
Driver Name : ZAKBA BIN BAKAR

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\$ 3,000.00
=====	
TOTAL	S\$ 3,000.00
=====	

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
39 LOYANG DRIVE
SINGAPORE 508969

Claimant Name : _____ NRIC No : _____

Signature : _____ Date : 30/7/2020

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"