

GST REG. NO. M2-8921817-3

## TAX INVOICE

8010056

QBE INSURANCE (INT'L)LTD

1 RAFFLES QUAY SOUTH TOWER #29-10  
SINGAPORE 048583

CONTACT NO: 62246633

VEHICLE NO  
SHB3114E

MAKE  
TOYOTA

MODEL  
PRIUS HYBRID(G4)

DATE OF REG  
21.10.2016

CHASSIS CODE  
JTDKB3FU903534871

NO/DATE  
91518377 11.08.2020

JOB NO.  
305414081

ODOMETER READING

JOB TYPE

Description : 3P 30.07.2020

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,600.00
Add GST @ 7.000 %	112.00
<b>Total Invoice amount</b>	<b>1,712.00</b>

Issued by : KATHERINETAN 11.08.2020 10:20:50  
Repair Type : CFSO/57/57  
Payment Type/Term : /Credit 30 days

omfortDelGro Engineering Pte Ltd  
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 : CC20070397/ SHB3114E /WT/CK(st)

Date : 11 Aug 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

**QBE INSURANCE (INT'L) LTD**  
**1 Raffles Quay #29-10**  
**South Tower**  
**Singapore 048583**

Attn : Motor Claims Department

**WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB3114E YOUR INSURED**  
**SJN9770J AND OTHER ON 30 Jul 2020**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHB3114E 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 : SJN9770J we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 1,712.00
2	<u>5</u> days Loss of Rental @ <u>\$125.40</u> per day	\$ 627.00
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	\$ -
<b>Sub Total :</b>		<b>\$ 2,346.49</b>

**HIRER'S CLAIM**

7	<u>5</u> days Loss of Income @ <u>\$ 80.00</u> per days	\$ 400.00
<b>Total Claims :</b>		<b>\$ 2,746.49</b>

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

- a) Original repair bill
- b) LTA search slip/s of : SJN9770J
- c) GIA / Police report/s of : SHB3114E
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( ) Photocopy/s of Accident Scene ( 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

Our Ref: CC20070397



Date: 11 August 2020

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	30/07/2020 @ 12:20 hrs
ALONG	NO 1 YOUNGBERG TERRACE OPEN AIR CARPARK □ AVON PARK CONDO
INVOLVING	SJN9770J

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHB3114E** (the "Taxi"). The Taxi was hired to **HUAN KAM KWANG IC NO SXXXX710E** a registered hirer-operator of **CityCab 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 **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.

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DATE	READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
			FROM	TO
2020	017	039	1030	1330
	167	149	1615	2250
	351	183	1425	2315
	334	181	1420	2245
	370	170	1425	2245
	362	152	1425	2205
	398	127	1435	2210
	0172	103	1037	1825
	0289	117	0940	1652
	4404	113	1655	2310

[illegible]

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING** **TOYOTA PRIUS SHB3114E , SJN9770J** **ON 30-Jul-20 12:20**  
**ALONG** **NO 1 YOUNGBERG TERRACE OPEN AIR CARPARK**  
**AVON PARK CONDO**

I / We **HUAN KAM KWANG** (Hirer) NRIC No.: **SXXXX710E**

and/or (Relief) NRIC No.: **SXXXX710E**

Taxi Number **SHB3114E**

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 **30-Jul-2020**

Name of Hirer **HUAN KAM KWANG**

Hirer NRIC **SXXXX710E**

Signature :

*K.K. Huan*

Address **159 BEDOK SOUTH AVENUE 3 #02-...  
460159**

Contact No. **96218993**

### Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJN9770J	30 Jul 2020 / 12:20:00	Successful	Q01	QBE INSURANCE (SINGAPORE) PTE LTD

[Previous](#)

[OK](#)

SHB3114E