

Our Ref : CC20080011/ SHB2199S /WT/CK(st)
Your Ref :
Date : 18-Aug-2020

COMFORTDELGRO
ENGINEERING

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

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 SHB2199S YOUR INSURED SGL 189T
AND OTHER _____ ON 2 Aug 2020

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHB2199S 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 : SGL 189T we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,551.50
2	3 days Loss of Rental @ \$ 110.67 per day	\$ 332.01
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 :		\$ 1,891.00

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 2,131.00

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

- a) Original repair bill :
- b) LTA search slip/s of : SGL 189T
- c) GIA / Police report/s of : SHB2199S
- d) Letter of authority from owner / hirer / operator
 - () Photocopies of Accident Scene Photos
 - () Certificate of Insurance
 - () PIR
 - (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.

015-722

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 SHB2199S , SGL189T
ALONG NEW UPPER CHANGI RD TWDS CHANGI****ON 02-Aug-20 16:45**I / We **AW KOON SENG** (Hirer) NRIC No.: **SXXXX665E**and/or **KANG HUAT PHENG** (Relief) NRIC No.: **SXXXX232H**Taxi Number **SHB2199S**

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 **03-Aug-2020**Name of Hirer **AW KOON SENG**Hirer NRIC **SXXXX665E**

Signature :

Address **189C RIVERVALE DRIVE #10-992
543189**Contact No. **96476098**Name of Relief **KANG HUAT PHENG**Relief NRIC **SXXXX232H**

Signature :

Address **189C RIVERVALE DRIVE 10-994
543189**Contact No. **81236100**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3044561905

Claim No : SNM20D202716

Claimant : CITYCAB PTE LTD

Amount : S\$1,880.00

DOLLARS ONE THOUSANDS EIGHT HUNDRED AND EIGHTY 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. : SHB 2199S

Insured Vehicle No. : SGL 189T

Date of Loss : 02/08/2020

Place of Accident : NEW UPPER CHANGI RD TWDS CHANGI

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 : CHUA KOK KIONG

Driver Name : GOH ENG CHOO

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\$ 1,880.00
	=====
TOTAL	S\$ 1,880.00
	=====

Claimant Name : CITYCAB PTE LTD

NRIC No : 1XXXXX839G

Signature : _____

Date : _____

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

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"

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHB2199S

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
21.04.2016

CHASSIS CODE
KMHLB41UMGU088824

NO/DATE
91519055 13.08.2020

JOB NO.
305414446

ODOMETER READING

JOB TYPE

Description : 3P 02.08.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,450.00
Add GST @	7.000 %	101.50
Total Invoice amount		1,551.50

Issued by : CHEWBEELENG 13.08.2020 14:37:06
Repair Type : CFSO/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 AT OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY OR 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 DATE OF PAYMENT I.E. AFTER 30 DAYS FROM THE INVOICE FOR 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.

Our Ref: CC20080011



Date: 13 August 2020

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 02/08/2020 @ 16:45 hrs
ALONG NEW UPPER CHANGI RD TWDS CHANGI
INVOLVING SGL189T

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 **SHB2199S** (the "Taxi"). The Taxi was hired to **AW KOON SENG IC NO SXXXX665E** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$110.67** 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.

Enquire Vehicle Insurance Details

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

SGL189T 02 Aug 2020 / 16:45:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)

[OK](#)

ACCIDENT INVOLVING SGL 189T AND SHB 2199S ON 02/08/2020

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

Mon 10/5/2020 5:35 PM

To: PANAFRICAMC@YAHOO.COM.SG <PANAFRICAMC@YAHOO.COM.SG>

Our Ref: CC3/CTI20008086/T1ea3

05 OCT 2020

CHUA KOK KIONG

Dear Sir/Madam,

ACCIDENT INVOLVING SGL 189T AND SHB 2199S ON 02/08/2020

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
DID: 6841 6051
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.