

Our Ref : CC20070367/ SHC 333D /WT/CK(st)  
Your Ref :  
Date : 18-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

**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 SHC 333D YOUR INSURED SML1688S**  
**AND OTHER 2 VEHICLES ON 28 Jul 2020**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHC 333D 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 : SML1688S we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 3,584.50
2	<u>3</u> days Loss of Rental @ \$ <u>114.95</u> per day	\$ 344.85
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	\$ -
Sub Total :		\$ 3,936.84

**HIRER'S CLAIM**

7	<u>3</u> days Loss of Income @ \$ <u>80.00</u> per days	\$ 240.00
Total Claims :		\$ 4,176.84

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

- a) Original repair bill :
- b) LTA search slip/s of : SML1688S
- c) GIA / Police report/s of : SHC 333D
- 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.

**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)

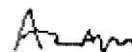
**ACCIDENT INVOLVING i 40 SHC333D , SML1688S , SJZ5186J , ... ON 28-Jul-20 10:30  
ALONG STEVENS ROAD X SCOTTS ROAD**I / We **SYED AZAM BIN SYED ...** (Hirer) NRIC No.: **SXXXX540F**and/or (Relief) NRIC No.: **SXXXX540F**Taxi Number **SHC333D**

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 **28-Jul-2020**Name of Hirer **SYED AZAM BIN SYED MOHD**Hirer NRIC **SXXXX540F**

Signature :

Address **426D YISHUN AVENUE 11 #04-92  
764426**Contact No. **87218665**

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SHC 333D

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
17.03.2016

CHASSIS CODE  
KMHLB41UMGU085551

NO/DATE  
91518897 12.08.2020

JOB NO.  
305414815

ODOMETER READING

JOB TYPE

Description : 3P 28.07.2020

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	3,350.00
Add GST @ 7.000 %	234.50
<b>Total Invoice amount</b>	<b>3,584.50</b>

Issued by : KATHERINETAN 12.08.2020 15:29:06  
Repair Type : CFSO/57/57  
Payment Type/Term : /Credit 30 days

- 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 KEPT AND RETURNED AT OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND ADVISE WITHIN 7 DAYS FROM SUCH DELIVERY NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- 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 DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE DATE) PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR OMISSIONS 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: CC20070367



Date: 12 August 2020

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	28/07/2020 @ 10:30 hrs
ALONG	STEVENS ROAD X SCOTTS ROAD
INVOLVING	SML1688S, SJZ5186J, SMC4732A

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 **SHC0333D** (the "Taxi"). The Taxi was hired to **SYED AZAM BIN SYED MOHD IC NO SXXXX540F** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$114.95** 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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## Enquire Vehicle Insurance Details

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

SML1688S 28 Jul 2020 / 10:30:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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SIC 333D