| Our Ref : | T 0820 / SH 8772K | (/KS(st) | | C | OMFO | RI <mark>DELGRO</mark> LINEERING |
|--|---|--|-------------------------------------|-----------------|---------------|--|
| Your Ref: | | 7. | | | ENC | INFFRINC |
| Date : | 18-Aug-2020 | - | 050F T : 01 | | | JII VEELVIII VO |
| | | | CDGE Taxi Cla | | ComfortDelG | ro Engineering Pte Ltd |
| | CIFIC INSURANCE P | TE LTD | 59 Loyang Driv | | | Road Singapore 579701 |
| AIG Building | \mathbf{g} | | Singapore 508 | 909 | | Mainline +65 6383 6280 |
| 78 Shenton W | 'ay | | | | Fá | acsimilie +65 6280 9755 |
| #07-16 | | WITHOUT | PREJUDICE | | Compa | www.cdge.com.sg |
| Singapore 079 | 9120 | | | | Compa | Workshops |
| Attn · Motor | Claims Department | | | | | Braddell |
| Dear Sir | | | | | | 205 Braddell Road Singapore 579701 |
| ACCIDENT I | NVOLVING OUR TAXI | | OUR INSURED ON <u>5-Aug-2020</u> | | <u>2P</u> | Loyang 59 Loyang Drive Singapore 508969 |
| We are the au | thorised repair workshop to SH 8772K which was | for Comfort Tra | nsportation Pte I | Ltd, the ov | vner of ur | Sin Ming 383 Sin Ming Drive Singapore 575717 |
| insured vehicle | e. The vehicle owner and to assist them in presenti | the taxi driver c | oncerned have r | equested | and | Pandan 45 Pandan Road Singapore 609286 |
| all applicable r | matters arising from the d | amage to the ve | ehicle. | | | 320 Ubi Road 3 Singapore 408649 |
| As the accider | nt was caused by the negli | gent act of your | insured driving: | SMP1762 | <u> 2P</u> | Sungei Kadut |
| | ting these claim for your | consideration or | n behalf of the cla | aimanis. | | 7 Sungei Kadut Way Singapore 728791 |
| TAXI OWNE | | | | \$ | 2,086.50 | Giligapore 720791 |
| | Repair days Loss of Rental @ | n \$ 110.67 n | er dav | \$ | 221.34 | |
| 2 <u>2</u> 3 Survey | Report Fees (Surveyed | by M/s LKK) | or day | \$ | | |
| | TA Search Fees | The second secon | | \$ | 7.49 | |
| | olice Report Fees | | | \$ \$ | | |
| 6 Towing | Fee | | | \$ | 0.045.00 | |
| | | | | \$ | 2,315.33 | |
| HIRER'S CLA | AIM days Loss of Income (| an s 8000 n | er davs | \$ | 160.00 | |
| 72 | days coss of income (| <u>ψ σο.σσ</u> ρ | Total Claims | | 2,475.33 | |
| | | | | · <u> </u> | 2,110.00 | |
| | nerewith the following doc | uments to suppo | ort the claims: - | | | |
| | al repair bill: | OMD4700 | ID. | | | |
| AND THE RESERVE OF THE PARTY OF | earch slip/s of : | SMP1762 SH 8772 | | | | |
| | Police report/s of : | | | | | |
| | of authority from owner / h | |) Certificate of In | eurance | | |
| | otograph/s of Accident Scen- tness statement/s () PIR | | /Mileage record | ou ance | | |
| Kindly look in soon as poss | to the matter and let us he | ear from you on | the settlement of | of the said | claims as | |

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 Kazali Hj Selahudin

CDGE Taxi Claims Department

Tel: 6214 8736 Fax: 6214 1843 Email: kazali@cdge.com.sg

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



LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SH8772K , SMP1762P

ON 05-Aug-20 19:10

ALONG

OPEN CARPARK @SERANGOON NORTH AVE 4

I / We

LIM AH NGOH

(Hirer) NRIC No.: SXXXX740F

and/or

(Relief) NRIC No.: SXXXX740F

Taxi Number

SH8772K

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-Aug-2020

Name of Hirer

LIM AH NGOH

Hirer NRIC

SXXXX740F

Signature:

Address

453 PASIR RIS DRIVE 6 #06-222

510453

Contact No.

97844320



A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

8010004

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286

24 Senoko Loop Singapore 758156 7 Sungei Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 76873

320 Ubi Road 3 Singapore 408649 COMPANY REG. NO.: 199506048W

NO/DATE 91518785 12.08.2020

JOB NO. 305415361 MAKE HYUNDAI

ODOMETER READING

I - 40DATE OF REG 07.05.2015

MODEL

VEHCLE NO

SH 8772K

CHASSIS CODE KMHLB41UMFU068819 JOB TYPE

Description: 3P 05.08.2020

CONTACT NO: 64193000

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY.AIG BUILDING #07-16 SINGAPORE 079120

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt Add GST @ 7.000

Total Invoice amount

2,086.50

Issued by : KATHERINETAN 12.08.2020 10:17:11 Repair Type : CLSO/57/57 Payment Type/Term : /Credit 30 days

3225094

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:

CT20080073

Date: 12 August 2020



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

05/08/2020 @ 19:10 hrs

ALONG

OPEN CARPARK @SERANGOON NORTH AVE 4

INVOLVING

SMP1762P

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 SH8772K (the "Taxi"). The Taxi was hired to LIM AH NGOH IC NO SXXXX740F a registered hirer-operator of Comfort Transportation 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 **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 Manager, Fleet Safety

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

| | | NAME OF DRIVER | | | | | | | | | |
|------|-----------------------|----------------|-------|-----------|------|---------|-----------|---|-----|--|-----|
| | | DATE | | | | | | | | | |
| | HOURS OPERATED (TIME) | FROM TO | 1355 | 1/21/20/0 | 1400 | (9,2) | 1 2091 | | | | |
| | MILEAGE | | 7 209 | 18/ 5 | | N) | 8 | • | se. | | 7 1 |
| 7100 | MILEAGE READING | - | 2/26/ | 81269 | | 5 | * | | | | |
| | NAME OF DRIVER | | # | 260 | A | Dea Our | 176/00/1/ | | | | |
| | DATE | 10/ 6 | 5/8 | 0 | 800 | P-20-00 | 0 -02-0 | | | | 1. |

Enquire Vehicle Insurance Details Vehicle No. Incident Date/Time Sear

Search Status Insurance Company Code

Insurance Company Name

SMP1762P 05 Aug 2020 / 19:10:00

Successful

A04

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

ОК