

8405/Ties3

Our Ref : CC20080108/ SHA9347R /WT/CK(st)

Your Ref :

Date : 27-Aug-2020

CDGE Taxi Claims Dept

59 Loyang Drive 4th Flr

Singapore 508969

COMFORTDELGRO
ENGINEERINGComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701Mainline +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 SHA9347R YOUR INSURED SLC1346MAND OTHER _____ ON 7 Aug 2020We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No :
SHA9347R 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 : SLC1346M
we are submitting these claims for your consideration on behalf of the claimants.**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	321.00
2	<u>2</u> days Loss of Rental @ <u>\$ 112.67</u> per day	\$	225.34
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	2.00
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
Sub Total :		\$	548.34

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ <u>\$ 80.00</u> per days	\$	160.00
Total Claims :		\$	708.34

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

- a) Original repair bill :
 b) LTA search slip/s of : SLC1346M
 c) GIA / Police report/s of : SHA9347R
 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.

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 SHA9347R , SLC1346M
ALONG JALAN BESAR NEAR PETAIN RD****ON 07-Aug-20 20:00****I / We TEO HOCK BOON (Hirer) NRIC No.: SXXXX605A****and/or (Relief) NRIC No.: SXXXX605A****Taxi Number SHA9347R**

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 08-Aug-2020**Name of Hirer TEO HOCK BOON****Hirer NRIC SXXXX605A**

Signature :

**Address 955 HOUGANG AVENUE 9 #06-518
530955****Contact No. 91005166**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3058231900

Claim No : SNM20D202864

Claimant : CITYCAB PTE LTD

Amount : S\$570.00

DOLLARS FIVE HUNDRED AND SEVENTY 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. : SHA 9347R

Insured Vehicle No. : SLC 1346M

Date of Loss : 07/08/2020

Place of Accident : JALAN BESAR NEAR PETAIN 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 : LIM AH HONG

Driver Name : LIM AH HONG

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\$ 570.00
	=====
TOTAL	S\$ 570.00
	=====

Claimant Name : CITYCAB PTE LTD

NRIC No : 1XXXXX839G

Signature :


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Date :

13/11/2020

"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"

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHA9347R

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
22.12.2016

CHASSIS CODE
KMHLB41UMHU097783

NO/DATE
91520765 24.08.2020

JOB NO.
305416127

ODOMETER READING

JOB TYPE

Description : 3P 07.08.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	300.00
Add GST @ 7.000 %	21.00
Total Invoice amount	321.00

Issued by : KATHERINETAN 24.08.2020 16:44:23
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 GIVE 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 DUE 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: CC20080108



Date: 24 August 2020

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 07/08/2020 @ 20:00 hrs
ALONG JALAN BESAR NEAR PETAIN RD
INVOLVING SLC1346M

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 **SHA9347R** (the "Taxi"). The Taxi was hired to **TEO HOCK BOON IC NO SXXXX605A** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$112.67** 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

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**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-20-092268
Date of Request: 08/08/2020
Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 08/08/2020
Enquiry By Janet Lim Siang Gek
TP Vehicle No. SLC1346M
Accident Date 07/08/2020

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

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For GIARMC Official use:
Date:
☒ GIRO ☐ Cash ☐ Cheque



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**
6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-20-092268
Date of Request: 08/08/2020
Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 08/08/2020
Enquiry By Janet Lim Siang Gek
TP Vehicle No. SLC1346M
Accident Date 07/08/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLC1346M	China Taiping Insurance (Singapore) Pte. Ltd.	13/08/2019-12/08/2020	6389 6111

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

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Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

Our Ref: CC3/CTI20008405/T1es3

12 NOV 2020

LIM AH HONG
BLK 239 COMPASSVALE WALK
#04-568
SINGAPORE 540239

Dear Sir/Madam,

ACCIDENT INVOLVING SLC 1346M AND SHA 9347R ON 07/08/2020

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

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

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