

8406/71293

**COMFORTDELGRO**  
**ENGINEERING**

Our Ref : T 0820 / SHA7500C /WT/CK(st)

Your Ref :

Date : 1-Sep-2020

CDGE Taxi Claims Dept  
59 Loyang Drive 4th Flr  
Singapore 508969ComfortDelGro 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 SHA7500C YOUR INSURED SJR2116Z**  
**AND OTHER ON 5-Aug-2020**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA7500C 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 : SJR2116Z we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 1,819.00
6	2 days Loss of Rental @ \$ 169.74 per day	\$ 339.48
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
<b>Sub Total :</b>		<b>\$ 2,165.97</b>

**HIRER'S CLAIM**

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
<b>Total Claims :</b>		<b>\$ 2,325.97</b>

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

- a) Original repair bill :
- b) LTA search slip/s of : SJR2116Z
- c) GIA / Police report/s of : SHA7500C
- d) Letter of authority from owner / hirer / operator
  - ( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( ) PIR ( x ) Rental Rate letter ( x ) Downtime/Mileage record

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 MERCEDES E220 SHA7500C , SJR2116Z ON 05-Aug-20 17:15**  
**ALONG ALONG YIO CHU KANG LINK , OPP BLK 214 SERANGOON AVE 4**

I / We **LOW LOONG HOON** (Hirer) NRIC No.: **SXXXX357B**

and/or **HUA DEKUN FABIAN** (Relief) NRIC No.: **SXXXX059E**

Taxi Number **SHA7500C**

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 **LOW LOONG HOON**

Hirer NRIC **SXXXX357B**

Signature :



Address **655 YISHUN AVENUE 4 #10-411**  
**760655**

Contact No. **96262087**

Name of Relief **HUA DEKUN FABIAN**

Relief NRIC **SXXXX059E**

Signature :



Address **603A PUNGGOL ROAD #05-700**  
**821603**

Contact No. **96929703**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3050691900

Claim No : SNM20D202868

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$2,150.00

DOLLARS TWO THOUSAND ONE HUNDRED AND FIFTY 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 7500C

Insured Vehicle No. : SJR 2116Z

Date of Loss : 05/08/2020

Place of Accident : YIO CHU KANG LINKOPP B/214 SERANGOON AVE 4

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 : GAN BOON HENG

Driver Name : WANG SOON FOOK

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.

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(1) Global Sum	S\$ 2,150.00
	=====
TOTAL . . . . .	S\$ 2,150.00
	=====

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Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No : 1XXXXX821R

Signature :

  
CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508969

Date :

26/4/21

"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

GST REG. NO. M2-8921817-3

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA7500C

MAKE  
MERCEDES BENZ

MODEL  
E220CDI (E6)

DATE OF REG  
13.05.2015

CHASSIS CODE  
WDD2120012B171350

NO/DATE  
91521451 28.08.2020

JOB NO.  
305416120

ODOMETER READING

JOB TYPE

Description : 3P 05.08.2020

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,700.00
Add GST @ 7.000 %	119.00
<b>Total Invoice amount</b>	<b>1,819.00</b>

Issued by : KATHERINETAN 28.08.2020 11:21:41  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

- 1) WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTY 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: CT20080068

Date: 28 August 2020



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	05/08/2020 @ 17:15 hrs
ALONG	ALONG YIO CHU KANG LINK , OPP BLK 214
	SERANGOON AVE 4
INVOLVING	SJR2116Z

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 **SHA7500C** (the "Taxi"). The Taxi was hired to **LOW LOONG HOON IC NO SXXXX357B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$169.74** 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
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SJR2116Z	05 Aug 2020 / 17:15:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
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[Previous](#)

[OK](#)

**Asher Sng (LKKAuto)**

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**From:** Asher Sng (LKKAuto)  
**Sent:** Friday, 23 April 2021 4:55 PM  
**To:** boonheng6269@gmail.com  
**Subject:** ACCIDENT INVOLVING SJR 2116Z AND SHA 7500C ON 05/08/2020

**Our Ref: CC3/CTI20008406/T1es3**

23 APR 2021

**GAN BOON HENG**

Dear Sir/Madam,

**ACCIDENT INVOLVING SJR 2116Z AND SHA 7500C ON 05/08/2020**

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](mailto:ashersng@lkkauto.com)

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