

Our Ref : T 0820/ SHC3036S /WT(st)
Your Ref :
Date : 7-Oct-2020

COMFORTDELGRO
ENGINEERING

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 50869
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 INSURANCE CO LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

SUPERCED

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI **SHC3036S** **YOUR INSURED**
SLU3298K AND OTHERS **ON 14 Aug 2020**

We are the authorised repair workshop for ~~Citycab Pte Ltd~~ / Comfort Transportation Pte Ltd / ~~Yellow Top Cab Pte Ltd~~, the owner of motor Vehicle No : **SHC3036S** 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 : **SLU3298K** we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 615.25
2	5 days Loss of Rental @ \$ 125.19 per day	\$ 625.95
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 :		\$ 1,243.20

HIRER'S CLAIM

7	5 days Loss of Income @ \$ 80.00 per days	\$ 400.00
Total Claims :		\$ 1,643.20

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

- a) Original repair bill
 - b) LTA search slip/s of : **SLU3298K**
 - c) GIA / Police report/s of : **SHC3036S**
 - d) Letter of authority from owner / hirer / operator
- (X) Medical Certificate () Towing/Medical bill/receipts () Certificate of Insurance
() Photograph/s of Accident Scene (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
William Tan

CDGE Claims Department
Tel: 6214 8737 Fax: 6214 1843 Email : williamtan@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

Intemedical 24 Hr Clinic
525 Ang Mo Kio Avenue 10, #01-2407
Singapore 560525 Tel : 69192998

Medical Certificate

Date : 15 Aug 2020

MC No. : 0000044502

This is to certify that :

Name : TAN HONG KWANG

NRIC : S144404IJ

is Unfit for Duty for 5 days

from 15/08/2020 to 19/08/2020 inclusive.

Intemedical 24-Hr Clinic
Elk 525 Ang Mo Kio Ave 10
#01-2407
Singapore 560525
Tel: 69192998

ONG SWEE SENG RAYMOND
MBBS (SINGAPORE)

**This certificate is not valid for absence from court or other judicial proceedings unless specifically stated.*