

Our Ref : CC20080328/ SHC323H /WT/CK(st)

Your Ref :

Date : 7-Oct-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 SHC323H YOUR INSURED SMS8870Z
AND OTHER ON 22 Aug 2020

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No :

SHC323H 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 : SMS8870Z
we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 19,099.50
2	11 days Loss of Rental @ \$ 161.18 per day	\$ 1,772.98
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 :		\$ 20,879.97

HIRER'S CLAIM

7	11 days Loss of Income @ \$ 160.00 per days	\$ 1,760.00
Total Claims :		\$ 22,639.97

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

- a) Original repair bill :
- b) LTA search slip/s of : SMS8870Z
- c) GIA / Police report/s of : SHC323H
- d) Letter of authority from owner / hirer / operator
 - () Witness statement/s (☒) **Income Tax** () 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

A member of

COMFORTDELGRO

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING VIANO (Maxi Cab) SHC323H , SMS8870Z ON 22-Aug-20 06:25
ALONG ALONG AIRPORT BLVD TWDS CHANGI AIRPORT

I / We **QUEK CHEE YONG FRA...** (Hirer) NRIC No.: **SXXXX333Z**

and/or (Relief) NRIC No.: **SXXXX333Z**

Taxi Number **SHC323H**

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 **22-Aug-2020**

Name of Hirer **QUEK CHEE YONG FRANKY**

Hirer NRIC **SXXXX333Z**

Signature :



Address **442B FAJAR ROAD #04-32**
672442

Contact No. **91510432**

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHC 323H**MAKE**
MERCEDES BENZ**MODEL**
VIANO CDI 2.2L**DATE OF REG**
13.06.2013**CHASSIS CODE**
WDF63981323794326**NO/DATE**
91526034 29.09.2020**JOB NO.**
305418358**ODOMETER READING**
_____**JOB TYPE**

Description : 3P 22.08.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	17,850.00
Add GST @ 7.000 %	1,249.50
Total Invoice amount	19,099.50

Issued by : KATHERINETAN 29.09.2020 10:21:11
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 OF 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 LtdA 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: CC20080328



Date: 07 September 2020

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	22/08/2020 @ 06:25 hrs
ALONG	ALONG AIRPORT BLVD TWDS CHANGI AIRPORT
INVOLVING	SMS8870Z

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 **SHC0323H** (the "Taxi"). The Taxi was hired to **QUEK CHEE YONG FRANKY IC NO SXXXX333Z** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$161.18** 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.

Site 323

[illegible]

Enquire Vehicle Insurance Details

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

SMS8870Z 22 Aug 2020 / 06:25:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)

[OK](#)

SNC 323H