

Dispute

Our Ref : T 0920 / SH 7744Z /KS(st)
 Your Ref: _____
 Date : 8-Oct-2020

AIG ASIA PACIFIC INSURANCE PTE LTD
AIG Building

78 Shenton Way

#07-16

Singapore 079120

Attn : Motor Claims Department

Dear Sir

ACCIDENT INVOLVING OUR TAXI SH 7744Z YOUR INSURED SKT6949M
AND OTHER _____ ON 8-Sep-2020

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No **SH 7744Z** 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 : **SKT6949M** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,551.50
2	2 days Loss of Rental @ \$ 110.67 per day	\$ 221.34
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 2.00
5	GIA / Police Report Fees	\$ -
6	Towing Fee	\$ -
		\$ 1,774.84

HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
	Total Claims :	\$ 1,934.84

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

- a) Original repair bill :
- b) LTA search slip/s of : SKT6949M
- c) GIA / Police report/s of : SH 7744Z
- d) Letter of authority from owner / hirer / operator
 - () Photograph/s of Accident Scene () Certificate of Insurance
 - () Witness statement/s () PIR (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

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.

CDGE Taxi Claims Dept

59 Loyang Drive 4th Floor

Singapore 508969

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

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)

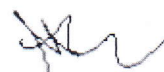
**ACCIDENT INVOLVING i 40 SH7744Z , SKT6949M
ALONG MOULMEIN ROAD AND BALESTIER ROAD TWDS LAVENDER ST****ON 08-Sep-20 22:20**I / We **NEO CHIN ANN** (Hirer) NRIC No.: **SXXXX126J**and/or **LEONG KHIAT FAH** (Relief) NRIC No.: **SXXXX759E**Taxi Number **SH7744Z**

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 **09-Sep-2020**Name of Hirer **NEO CHIN ANN**Hirer NRIC **SXXXX126J**

Signature :

Address **113 RIVERVALE WALK #12-45
540113**Contact No. **97921181**Name of Relief **LEONG KHIAT FAH**Relief NRIC **SXXXX759E**

Signature :

Address **115 RIVERVALE WALK 14-27
540115**

Contact No.

TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE NO
SH 7744Z

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
09.06.2016

CHASSIS CODE
KMHLB41UMGU090118

NO/DATE
91526094 29.09.2020

JOB NO.
305421641

ODOMETER READING

JOB TYPE

Description : 3P 08.09.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,450.00
Add GST @ 7.000 %		101.50
Total Invoice amount		1,551.50

Issued by : KATHERINETAN 29.09.2020 14:16:52
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

- 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.
- 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.
- 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.
- 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: CT20090111

Date: 29 September 2020



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	08/09/2020 @ 22:20 hrs
ALONG	MOULMEIN ROAD AND BALESTIER ROAD TWDS
	LAVENDER ST
INVOLVING	SKT6949M

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 **SH7744Z** (the "Taxi"). The Taxi was hired to **NEO CHIN ANN IC NO SXXXX126J** 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

Philip Chia
Manager, Fleet Safety

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

JING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO
30	211	17	4:00
98	167	0224	1618
89	191	17	4:00
49	160	0732	1631
77	220	17	4:20
13	135	0743	1604
40	235	17	3:55
88	169	0740	1609
05	186	17	3:55
65	160	0805	1550
89	224	17	3:15

SA T744Z

DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		61	7	8	8	2		FROM	TO
6/9	n	61	7	8	8	2	192	0834	1814
7/9	n	61	8	6	9	8	216	0723	1601
8/9	n	61	8	3	5	0	252	17	3:55
8/9	n	61	8	5	2	0	179	0726	1610
9/9	n	61	8	7	3	2	201	17	3:50
9/9	n							0732	
9/9	n							2:30	
09-09-20	Deborah	17	7	1			111	1230	-
10-09-20	Deborah						120	1230	-

TP Insurer Enquiry

ENQUIRY DETAILS

Accident Date	08/09/2020
NRIC/FIN or Co. Reg. No.	
Vehicle No.	SKT6949M

Policy Details

Req. By	Req. Date	Search	Enq. Accident Date	TP Insurer	Tel No.	Period of Insurance	Status	Action
Catherine Por Moy Juan [ComfortDelGro Engineering Pte Ltd]	09/09/2020 13:40	SKT6949M	08/09/2020	AIG Asia Pacific Insurance Pte. Ltd.	65-6419- 3000	20/06/2020- 19/06/2021		Receipt

Note:

- All submitted enquiry will be recorded and you can refer back from the History.

SN 77442