

Our Ref : T 1020 / SHD3495U /KS(st)
Your Ref: _____
Date : 8-Oct-2020

COMFORTDELGRO ENGINEERING

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 SHD3495U YOUR INSURED SJA5748U
AND OTHER _____ ON 1-Oct-2020

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No **SHD3495U** 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 : **SJA5748U** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,444.50
2	2 days Loss of Rental @ \$ 112.67 per day	\$	225.34
3	Survey Report Fees (<i>Surveyed by M/s LKK</i>)	\$	-
4	GIA / LTA Search Fees	\$	2.00
5	GIA / Police Report Fees	\$	-
6	Towing Fee	\$	-
		\$	1,671.84

HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$	160.00
	Total Claims :	\$	1,831.84

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

- a) Original repair bill :
- b) LTA search slip/s of : SJA5748U
- c) GIA / Police report/s of : SHD3495U
- 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

A member of

COMFORTDELGRO

TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE NO
SHD3495U

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
29.12.2016

CHASSIS CODE
KMHLB41UMHU097705

NO/DATE
91527211 06.10.2020

JOB NO.
305425628

ODOMETER READING

JOB TYPE

Description : 3P 01.10.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,350.00
Add GST @	7.000 %	94.50
Total Invoice amount		1,444.50

Issued by : KATHERINETAN 06.10.2020 15:20:37
Repair Type : CLS0/57/57
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: CT20100004

Date: 06 October 2020



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	01/10/2020 @ 11:00 hrs
ALONG	ANG MO KIO AVE 5 X SERANGOON NORTH AVE 6
INVOLVING	SJA5748U

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 **SHD3495U** (the "Taxi"). The Taxi was hired to **TAN KIM SWEE JAMES IC NO SXXXX145D** a registered hirer-operator of **Comfort Transportation 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 **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.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SHD3495U , SJA5748U****ON 01-Oct-20 11:00****ANG MO KIO AVE 5 X SERANGOON NORTH AVE 6**

I / We

TAN KIM SWEE JAMES(Hirer) NRIC No.: **SXXXX145D**

and/or

LUM KWOK WAH(Relief) NRIC No.: **SXXXX903H**

Taxi Number

SHD3495U

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), 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

01-Oct-2020

Name of Hirer

TAN KIM SWEE JAMES

Hirer NRIC

SXXXX145D

Signature :



Address

**502C YISHUN STREET 51 #04-442
763502**

Contact No.

96451698

Name of Relief

LUM KWOK WAH

Relief NRIC

SXXXX903H

Signature :



Address

**318C YISHUN AVENUE 9 09-154
763318**

Contact No.

Third Party Insurer Enquiry

Our Ref No: GR-20-118655

Date of Request: 01/10/2020

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 01/10/2020
Enquiry By Catherine Por Moy Juan
TP Vehicle No. SJA5748U
Accident Date 01/10/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJA5748U	AIG Asia Pacific Insurance Pte. Ltd.	13/06/2020-12/06/2021	65-6419-3000

Thank You.

SND 34954

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.

This is a computer generated document and requires no signature.