

Our Ref : CC20100237/ SHA9326B /WT/CK(st)
Your Ref :
Date : 9-Nov-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 SHA9326B YOUR INSURED PZ 1101J
AND OTHER _____ ON 15 Oct 2020

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHA9326B 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 : PZ 1101J we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,284.00
2	<u>2</u> days Loss of Rental @ \$ 125.40 per day	\$ 250.80
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 :		\$ 1,536.80

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims :		\$ 1,696.80

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

- a) Original repair bill :
- b) LTA search slip/s of : PZ 1101J
- c) GIA / Police report/s of : SHA9326B
- 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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING TOYOTA PRIUS SHA9326B , PZ1101J ON 15-Oct-20 15:00
ALONG ALONG CENTRAL BOULEVARD TURN TO SHEERES AVE

I / We **OOI BEY KEE** (Hirer) NRIC No.: **SXXXX913F**

and/or (Relief) NRIC No.: **SXXXX913F**

Taxi Number **SHA9326B**

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 **15-Oct-2020**

Name of Hirer **OOI BEY KEE**

Hirer NRIC **SXXXX913F**

Signature :



Address **6 MARSILING DRIVE #14-76**
730006

Contact No. **94517669**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMBISNW00004252000

Claim No : SNM20D203949

Claimant : CITYCAB PTE LTD

Amount : S\$750.00
DOLLARS SEVEN 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 9326B

Insured Vehicle No. : PZ 1101J

Date of Loss : 15/10/2020

Place of Accident : CENTRAL BOULEVARD TURN TO SHEERES AVE

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 : NOBLY TRANSPORT SERVICES

Driver Name : CHUA HEE HUAT

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.

(1) Global Sum	S\$ 750.00
	=====
TOTAL	S\$ 750.00
	=====

Claimant Name : CITYCAB PTE LTD

NRIC No : 1XXXXX839G

Signature :


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Date :

8/12/2020

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

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"

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHA9326B

NO/DATE
91530537 29.10.2020

MAKE
TOYOTA

JOB NO.
305428215

MODEL
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG
05.09.2017

CHASSIS CODE
JTDKB3FU803562760

JOB TYPE

Description : 3P 15.10.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,200.00
Add GST @ 7.000 %	84.00
Total Invoice amount	1,284.00

Issued by : KATHERINETAN 29.10.2020 15:58:52
Repair Type : CFSO/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 OR 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: CC20100237



Date: 29 October 2020

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	15/10/2020 @ 15:00 hrs
ALONG	ALONG CENTRAL BOULEVARD TURN TO SHEERES AVE
INVOLVING	PZ1101J

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 **SHA9326B** (the "Taxi"). The Taxi was hired to **OOI BEY KEE IC NO SXXXX913F** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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

Philip Chia
Manager, Fleet Safety

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

MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
							FROM	TO
59797	81	1750 0155	15102020	9	541993263	1530	1530	-
59997	199	0600 1605	16102020	9	Repari	-	-	1615
60256	259	1945 0602						
60309	52	0600 1604						
60581	272	2100 0630						
60823	242	2102 0525						
61122	299	0600 1640						
61213	91	1900 0045						
61356	143	180 0215						
61485	129	1750 0110						

MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
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61213	91	1900 0045						
61356	143	180 0215						
61485	129	1750 0110						

Third Party Insurer Enquiry

Our Ref No: GR-20-125451
Date of Request: 15/10/2020

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 15/10/2020
Enquiry By Catherine Por Moy Juan
TP Vehicle No. PZ1101J
Accident Date 15/10/2020

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
PZ1101J	China Taiping Insurance (Singapore) Pte. Ltd.	16/06/2020-15/06/2021	6389 6111

Thank You.

SUA 9326 E

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.

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ACCIDENT INVOLVING PZ 1101J AND SHA 9326B ON 15/10/2020

Asher Sng (LKKAuto) <AsherSng@lkkauto.com>

Mon 12/7/2020 3:20 PM

To: NOBLYTPT1101@GMAIL.COM <NOBLYTPT1101@GMAIL.COM>

Our Ref: CC3/CTI20011230/Ees3

07 DEC 2020

NOBLY TRANSPORT SERVICES

Dear Sir/Madam,

ACCIDENT INVOLVING PZ 1101J AND SHA 9326B ON 15/10/2020

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.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 day, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please call us if you have further queries.

Yours faithfully,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

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

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.