: CC2	Our Ref
	Our Ref

0100237/ SHA9326B /WT/CK(st)

Your Ref:

Dear Sir

Date

9-Nov-2020

CDGE Taxi Claims Dept

59 Loyang Drive 4th Flr Singapore 508969

CHINA TAIPING INSURANCE CO LTD

Attn: Motor Claims Department

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

WITHOUT PREJUDICE

COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701

> Mainline +65 6383 6280 Facsimilie +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

320 Ubi Road 3 Singapore 408649

Sungei Kadut 7 Sungei Kadut Way Singapore 728791

ACCIDENT INVOLVING OUR TAXI SHA9326B YOUR INSURED PZ 1101J 15 Oct 2020 AND OTHER

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	2 days Loss of Rental @ \$ 125.40 per day	\$ 250.80
3	Survey Report Fees (Surveyed by M/s LKK)	\$ <u>=</u> 11
Δ	LTA Search Fees	\$ 2.00
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	\$
U	Sub Total:	\$ 1,536.80

HIR 7	RER'S CLA	AIM days Loss of Income @	of Income @ \$ 80.00	80.00 per days	\$ 160.00
1		· uayo 2000 or meaning		Total Claims :	\$ 1,696.80

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

- Original repair bill:
- LTA search slip/s of : b)

PZ 1101J

GIA / Police report/s of : c)

SHA9326B

- Letter of authority from owner / hirer / operator
 - () Witness statement/s () Income Tax

() Certificate of Insurance

(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.

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



A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

320 Ubi Road 3 SingCOMPANY REG. NO.: 199506048W

Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD SPRINGLEAF TOWER

3 ANSON ROAD #16-00 SINGAPORE 079909

CONTACT NO: 62222366

VEHCLE 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

7.000

Description: 3P 15.10.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt Add GST

1,200.00 84.00

Total Invoice amount

1,284.00

KATHERINETAN 29.10.2020 15:58:52 CFSO/57/57

Issued by : KATHERINETAN 29
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

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.
	Y		

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.

HOURS OPERATED (TIME)	FROM . TO	1/2/	13.20	/D/\Q									
MILEAGE	MILEAGE READING TRAVELLED (KM)	ANG 929KB	2020	The state of the s									
	NAME OF DRIVER		0 8 0	0 9 reiders to									
	DATE		1510 202	Washing to the same									
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RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580 Phone: +65 6224 0010 Fax: +65 6224 0030 Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

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

cident 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 93 26 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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