

Our Ref : CC20100399/ SHC7126P /KS(st)
Your Ref : _____
Date : 19-Nov-2020

COMFORTDELGRO ENGINEERING

AIG ASIA PACIFIC INSURANCE PTE LTD

AIG Building

78 Shenton Way

#07-16

Singapore 079120

WITHOUT PREJUDICE

Attn : Motor Claims Department

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC7126P YOUR INSURED
SMT2661U AND OTHER _____ ON 25-Oct-2020**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no:
SHC7126P 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 SMT2661U we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	2,461.00
2	<u>2</u> days Loss of Rental @ <u>\$110.67</u> per day	\$	221.34
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	2.00
5	GIA / Police Report Fees	\$	-
6	Towing Fees	\$	-
Sub Total :		\$	2,684.34

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ <u>\$ 80.00</u> per day	\$	160.00
Total Claims :		\$	2,844.34

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

- a) Original repair bill :
- b) LTA search slip/s of : SMT2661U
- c) GIA / Police report/s of : SHC7126P
- d) Letter of authority from owner / hirer / operator
 - () Witness statement/s
 - () Certificate of Insur: (x) Rental Rate letter
 - () Photograph/s of Accident Scene
 - (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
SHC7126P

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
17.03.2016

CHASSIS CODE
KMHLB41UMGU085709

NO/DATE
91532560 13.11.2020

JOB NO.
305429970

ODOMETER READING

JOB TYPE

Description : 3P 25.10.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,300.00
Add GST @ 7.000 %	161.00
Total Invoice amount	2,461.00

Issued by : CHEWBEELENG 13.11.2020 14:39:58
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 GIVE 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 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: CC20100399



Date: 13 November 2020

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 25/10/2020 @ 12:20 hrs
ALONG ALONG RAFFIES BLVD ROAD
INVOLVING SMT2661U

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 **SHC7126P** (the "Taxi"). The Taxi was hired to **OSMAN BIN SELAMAT IC NO SXXXX618H** a registered hirer-operator of **CityCab 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 **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

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LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHC7126P , SMT2661U
ALONG ALONG RAFFIES BLUD ROAD****ON 25-Oct-20 12:20**I / We **OSMAN BIN SELAMAT** (Hirer) NRIC No.: **SXXXX618H**and/or (Relief) NRIC No.: **SXXXX618H**Taxi Number **SHC7126P**

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 **26-Oct-2020**Name of Hirer **OSMAN BIN SELAMAT**
Hirer NRIC **SXXXX618H**

Signature :

Address **416 YISHUN AVENUE 11 #04-359
760416**Contact No. **91198447**

**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

TAX INVOICE

Our Ref No: GR-20-129756

Date of Request: 26/10/2020

Your Ref No:

Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 26/10/2020
Enquiry By Janet Lim Siang Gek
TP Vehicle No. SMT2661U
Accident Date 25/10/2020

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ [X] GIRO ☐ [] Cash ☐ [] Cheque