

Our Ref : T 1020/ SHB4474J /JW (st)

Date : 8-Dec-2020

**QBE INSURANCE (INT'L) LTD**  
**1 Raffles Quay #29-10**  
**South Tower**  
**Singapore 048583**

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  
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www.cdge.com.sg

Company Registration No: 199506048W

**WITHOUT PREJUDICE**

Attn : Motor Claims Department

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB4474J YOUR INSURED SJP9599C**  
**AND OTHER ON 27 Oct 2020**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHB4474J** 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 : **SJP9599C** we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 802.50
2	2 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 :		\$ 1,055.30

**HIRER'S CLAIM**

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims :		\$ 1,215.30

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

- a) Original repair bill
- b) LTA search slip/s of : SJP9599C
- c) GIA / Police report/s of : SHB4474J
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( ) Photocopies of Accident Scene ( 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

*Jim Wong*

CDGE Claims Department

Tel : 6214 8374 Fax : 6214 1843 Email : jimwong@cdge.com.sg

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

A member of

**COMFORTDELGRO**

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