

Our Ref : CC20110150/ SHB2888L /CK(st)  
Your Ref :  
Date : 15-Dec-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

**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

**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 SHB2888L YOUR INSURED SMA1584R**  
**AND OTHER \_\_\_\_\_ ON 10 Nov 2020**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No :  
SHB2888L 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 : SMA1584R  
we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 3,379.83
2	<u>3</u> days Loss of Rental @ \$ 125.19 per day	\$ 375.57
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 2.00
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	\$ -
Sub Total :		\$ 3,757.40

**HIRER'S CLAIM**

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 3,997.40

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

- a) Original repair bill :  
b) LTA search slip/s of : SMA1584R  
c) GIA / Police report/s of : SHB2888L  
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.

A member of

**COMFORTDELGRO**

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHB2888L

MAKE  
HYUNDAI

MODEL  
IONIQ(G3)

DATE OF REG  
30.10.2020

CHASSIS CODE  
KMHC851CVLU184577

INV. NO/DATE  
91536450 11.12.2020

JOB NO.  
305432948

ODOMETER READING

DATE/TIME IN  
10.11.2020 13:40

Description : 3P 10.11.2020

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0104-2687	MOULDING-FRONT BUMPER CTR UPR	1	188.00	20.00	150.40
0002	04-01-0104-2835	IONIQV4 LAMP ASSY-HEAD LH#	1	1,993.65	20.00	1,594.92
0003	04-01-0104-3813	IONIQVC EMBLEM-BLUE DRIVE LH	1	26.60	20.00	21.28
0004	28-01-0103-0007	(I40)FRT DOOR LOGO CCPL MOQ30 *	1	75.00	0.00	75.00
0005	03-01-0104-2137	IONIQV4 CAP ASSY-WHEEL HUB	1	346.40	20.00	277.12
SUB-TOTAL :						2,118.72

### JOB NATURE

0001 L PANEL BEATING 320.00 320.00

- 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.
8010012	91536450	3,379.83	

## TAX INVOICE

**Workshops**

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

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DATE/TIME IN  
10.11.2020 13:40

S/No	Part No.		Qty	Unit Price	%Disc	Net
0002	23-502	SPRAYPAINT ON AFFECTED AREA		600.00		600.00
0003	17-01	CHECK ALL LIGHTING		30.00		30.00
0004	20-00	TUFF COAT ON AFFECTED PARTS.		30.00		30.00
0005	20-08	ADJUST FRONT WHEEL ALIGNMENT		60.00		60.00
SUB-TOTAL				:		1,040.00

Items total	3,158.72
Add GST @ 7.000 %	221.11
Invoice amount	3,379.83

Issued by : CHEWBEELENG 11.12.2020 10:29:53  
Repair type : CFSO/57/57

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ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91536450	3,379.83	

GST REG. NO. M2-8921817-3

## TAX INVOICE

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CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

ComfortDelGro Engineering Pte Ltd

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

### Workshops

59 Loyang Drive Singapore 508969 24 Senoko Loop Singapore 758156  
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
45 Pandan Road Singapore 609286 501 Yishun Industrial Park A Singapore 768732  
320 Ubi Road 3 Singapore 408649

COMPANY REG. NO.: 199506048W  
Page: 3

VEHICLE NO  
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CHASSIS CODE  
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INV. NO/DATE  
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ODOMETER READING

DATE/TIME IN  
10.11.2020 13:40

Payment Type/Term: /Credit 30 days

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A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

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CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91536450	3,379.83	

Our Ref: CC20110150



Date: 11 December 2020

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	10/11/2020 @ 12:00 hrs
ALONG	ALONG BIDEFORD RD TWDS CAIRNHILL RD
INVOLVING	SMA1584R

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 **SHB2888L** (the "Taxi"). The Taxi was hired to **MOHD ARIFF S/O ABDUL WAHAB IC NO SXXXX182G** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** 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** **Hyundai Ioniq SHB2888L , SMA1584R** **ON 10-Nov-20 12:00**  
**ALONG** **ALONG BIDEFORD RD TWDS CAIRNHILL RD**

I / We **MOHD ARIFF S/O ABD...** (Hirer) NRIC No.: **SXXXX182G**

and/or (Relief) NRIC No.: **SXXXX182G**

Taxi Number **SHB2888L**

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 **10-Nov-2020**

Name of Hirer **MOHD ARIFF S/O ABDUL WAHAB**

Hirer NRIC **SXXXX182G**

Signature :



Address **596B ANG MO KIO STREET 52 #07-...  
562596**

Contact No. **91879491**





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

**TAX INVOICE**

Our Ref No: GR-20-138836

Date of Request: 10/11/2020

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road  
Singapore 579701

Dear Sir/Madam,

Enquiry Date 10/11/2020  
Enquiry By Huang XiaoYan  
TP Vehicle No. SMA1584R  
Accident Date 10/11/2020

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

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque