

Our Ref : T 1120 / SHA7049P /KS(st)
Your Ref: _____
Date : 7-Dec-2020

COMFORTDELGRO ENGINEERING

AIG ASIA PACIFIC INSURANCE PTE LTD
AIG Building

78 Shenton Way

#07-16

Singapore 079120

Attn : Motor Claims Department

Dear Sir

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

WITHOUT PREJUDICE

ACCIDENT INVOLVING OUR TAXI SHA7049P YOUR INSURED GW 8512H
AND OTHER _____ ON 19-Nov-2020

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No **SHA7049P** 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 : **GW 8512H** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	3,370.50
2	<u>2</u> days Loss of Rental @ \$ 110.67 per day	\$	221.34
3	Survey Report Fees (<i>Surveyed by M/s LKK</i>)	\$	-
4	GIA / LTA Search Fees	\$	2.00
5	GIA / Police Report Fees	\$	-
6	Towing Fee	\$	-
		\$	3,593.84

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ 80.00 per days	\$	160.00
	Total Claims :	\$	3,753.84

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

- a) Original repair bill :
- b) LTA search slip/s of : GW 8512H
- c) GIA / Police report/s of : SHA7049P
- d) Letter of authority from owner / hirer / operator
 - () Photograph/s of Accident Scene
 - () Certificate of Insurance
 - () Witness statement/s
 - () PIR
 - (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.

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

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHA7049P , GW8512H
ALONG ALONG TAI THONG CRES****ON 19-Nov-20 22:50**I / We **LEE AH KOW** (Hirer) NRIC No.: **SXXXX927Z**and/or **TAN KOH NEE** (Relief) NRIC No.: **SXXXX576E**Taxi Number **SHA7049P**

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 **20-Nov-2020**Name of Hirer **LEE AH KOW**
Hirer NRIC **SXXXX927Z**

Signature :

Address **8 MARSILING DRIVE #07-18
730008**Contact No. **90619579**Name of Relief **TAN KOH NEE**
Relief NRIC **SXXXX576E**

Signature :

Address **128 MARSILING LANE 30-71
732128**Contact No. **92316583**

GST REG. NO. M2-8921817-3

TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY AIG BUILDING #07-16
SINGAPORE 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHA7049P

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
14.05.2015

CHASSIS CODE
KMHLB41UMFU069055

NO/DATE
91534374 27.11.2020

JOB NO.
305434605

ODOMETER READING

JOB TYPE

Description : 3P 19.11.2020

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		3,150.00
Add GST @ 7.000 %		220.50
Total Invoice amount		3,370.50

Issued by : KATHERINETAN 27.11.2020 11:51:26
Repair Type : CLSO/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: CT20110315

Date: 26 November 2020



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 19/11/2020 @ 22:50 hrs
ALONG ALONG TAI THONG CRES
INVOLVING GW8512H

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA7049P** (the "Taxi"). The Taxi was hired to **LEE AH KOW IC NO SXXXX927Z** a registered hirer-operator of **Comfort Transportation 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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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-20-144143
Date of Request: 20/11/2020

Your Ref No: Online Purchase

ComfortDelGro Engineering Pte Ltd
205 Braddell Road
Singapore 579701

Dear Sir/Madam,

Enquiry Date 20/11/2020
Enquiry By Janet Lim Siang Gek
TP Vehicle No. GW8512H
Accident Date 19/11/2020

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