

Our Ref : T 1220 / SHB6629S /KS(st)

Your Ref :

Date : 17-Dec-2020

INDIA INTERNATIONAL INSURANCE PTE LTD
64 CECIL STREET #04-00/06-00
IOB BUILDING
SINGAPORE 049711

Attn : Motor Claims Department

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB6629S YOUR INSURED GBG9593K
AND ON 6-Dec-2020**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No. **SHB6629S** 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 : **GBG9593K** we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,486.00
2	2 days Loss of Rental @ \$ 125.19 per day	\$ 250.38
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fee	\$ -
Sub Total :		\$ 2,743.87

HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims:		\$ 2,903.87

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

- a) Original repair bill
- b) LTA search slip/s of : GBG9593K
- c) GIA / Police report/s of : SHB6629S
- d) Letter of authority from owner / hirer / operator
 - () Photocopy/s of Accident Scene Photo/s
 - () Certificate of Insurance
 - () Tow receipt
 - (x) Rental Rate letter
 - (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.

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COMFORTDELGRO
ENGINEERING

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

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

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 Hyundai Ioniq SHB6629S , GBG9593K **ON 06-Dec-20 15:55**
ALONG CTE TWDS CITY BEFORE BRADDELL ROAD EXIT

I / We **LEE GEOK SING** (Hirer) NRIC No.: **SXXXX482C**

and/or **LEE HIAP HOE** (Relief) NRIC No.: **SXXXX649H**

Taxi Number **SHB6629S**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

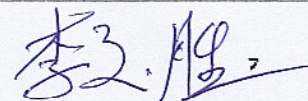
1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal 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 **07-Dec-2020**

Name of Hirer **LEE GEOK SING**

Hirer NRIC **SXXXX482C**

Signature :



Address **341 JURONG EAST AVENUE 1 #12-...
600341**

Contact No. **97224288**

Name of Relief **LEE HIAP HOE**

Relief NRIC **SXXXX649H**

Signature :



Address **319 JURONG EAST ST 31 #09-52
600319**

Contact No. **94890590**