Our Ref	:	T 1220 / SHD3286G /KS(st)	

Your Ref:

Date

4-Jan-2021

COMFORTDELGRO)
ENGINEERING	

CDGE Taxi Claims Dept 59 Loyang Drive 4th Floor

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

320 Ubi Road 3 Singapore 408649

Sungei Kadut 7 Sungei Kadut Way Singapore 728791

1,817.35

AIG ASIA PACIFIC INSURANCE PTE LTD **AIG Building**

78 Shenton Way

WITHOUT PREJUDICE

Singapore 079120

Attn: Motor Claims Department

Dear Sir

#07-16

ACCIDENT INVOLVING OUR TAXI SHD3286G YOUR INSURED **SFY1315H** 13-Dec-2020 ON AND OTHER

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No SHD3286G 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.

SFY1315H As the accident was caused by the negligent act of your insured driving: we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

	OWNER & CEMMIT	•	1,230.50
1	Cost of Repair	Ψ	
2	days Loss of Rental @ \$ 114.95 per day	\$	344.85
2	adys 2000 of Hornard by M/o LKK)	S	
3	Survey Report Fees (Surveyed by M/s LKK)	Ψ	2.00
4	GIA / LTA Search Fees	\$	2.00
_		\$	-
5	GIA / Police Report Fees	<u>+</u>	
6	Towing Fee	\$	
·	, c.,, g.,	\$	1,577.35
HIRE	ER'S CLAIM		0.40.00
7	days Loss of Income @ \$ 80.00 per days	\$	240.00

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

a) Original repair bill:

LTA search slip/s of: b)

SFY1315H

GIA / Police report/s of: c)

SHD3286G

Letter of authority from owner / hirer / operator d)

) Photograph/s of Accident Scene

() Certificate of Insurance

Total Claims: \$

() 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.