

Our Ref : CT 1220 / SH 9775X /CK(st)

Your Ref :

Date : 4-Jan-2021

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

**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 SH 9775X YOUR INSURED SJZ4055K**  
**AND OTHER ON 9-Dec-2020**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SH 9775X** 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 : **SJZ4055K** we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 1,959.30
6	3 days Loss of Rental @ \$ 125.19 per day	\$ 375.57
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
Sub Total :		\$ 2,342.36

**HIRER'S CLAIM**

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 2,582.36

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

- a) Original repair bill :
- b) LTA search slip/s of : SJZ4055K
- c) GIA / Police report/s of : SH 9775X
- d) Letter of authority from owner / hirer / operator
  - ( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( ) PIR (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

*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.

**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  
ALONG****Hyundai Ioniq SH9775X , SJZ4055K  
YISHUN RING RD TWDS YISHUN AVE 4****ON 09-Dec-20 18:25**

I / We

**LEOW LENG**(Hirer) NRIC No.: **SXXXX177D**

and/or

(Relief) NRIC No.: **SXXXX177D**

Taxi Number

**SH9775X**

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-Dec-2020**

Name of Hirer

**LEOW LENG**

Hirer NRIC

**SXXXX177D**

Signature :



Address

**303 CANBERRA ROAD #09-35  
750303**

Contact No.

**98167607**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSNW00178622000

Claim No : SNM20D204941

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$2,310.00

SINGAPORE DOLLARS TWO THOUSAND THREE HUNDRED AND TEN ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SH 9775X

Insured Vehicle No. : SJZ 4055K

Date of Loss : 09/12/2020

Place of Accident : YISHUN RING RD TWDS YISHUN AVE 4

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : MUHAMMAD AL NUR BIN ARIFF

Driver Name : MUHAMMAD AL NUR BIN ARIFF

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

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(1) Global Sum	S\$ 2,310.00
	=====
TOTAL . . . . .	S\$ 2,310.00
	=====

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Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No : 1XXXXX821R

Signature :

  
CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508369

Date :

12/5/21

"The contents of this document apply to vehicle damages only  
All personal injuries and damages arising therefrom are excluded  
from the ambit and application of this document"

Please forward your cheque made payable to.  
**COMFORTDELGRO ENGINEERING PTE LTD**

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SH 9775X

MAKE  
HYUNDAI

MODEL  
IONIQ(G2)

DATE OF REG  
26.06.2019

CHASSIS CODE  
KMHCB51CVKU164275

INV. NO/DATE  
91538874 29.12.2020

JOB NO.  
305438275

ODOMETER READING

DATE/TIME IN  
10.12.2020 09:55

Description : 3P 09.12.2020

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	FNPS	NO PLATE(S)	1	55.00	0.00	55.00
0002	04-01-0104-2282	REAR BUMPER	1	459.40	20.00	367.52
0003	04-01-0101-0111	REAR BUMPER CLIPS	10	2.20	20.00	17.60
0004	09-01-9999-0068	REVERSE SENSOR	1	180.00	0.00	180.00
0005	04-01-0104-1150	REAR BUMPER MAT	1	50.00	0.00	50.00
0006	04-01-0104-2533	REAR BUMPER CTR MOULDING	1	451.25	20.00	361.00
SUB-TOTAL			:			1,031.12

### JOB NATURE

0001	20-05	Rear Fender Adv.Sticker RH/LH	200.00	200.00
0002	20-05	Rear Bumper Adv.Sticker	50.00	50.00

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91538874	1,959.30	

Kindly note that no receipt shall be issued unless requested.

OFFICE COPY

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 2

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SH 9775X

MAKE  
HYUNDAI

MODEL  
IONIQ(G2)

DATE OF REG  
26.06.2019

CHASSIS CODE  
KMH851CVKU164275

INV. NO/DATE  
91538874 29.12.2020

JOB NO.  
305438275

ODOMETER READING

DATE/TIME IN  
10.12.2020 09:55

S/No	Part No.		Qty	Unit Price	%Disc	Net
0003	PB	PANEL BEATING		320.00		320.00
0004	SP	SPRAYPAINT CHARGE		200.00		200.00
0005	L	R/I REVERSE SENSOR		30.00		30.00
SUB-TOTAL			:			800.00

Items total	1,831.12
Add GST @ 7.000 %	128.18
Invoice amount	1,959.30

Issued by : CHEWBEELENG 29.12.2020 11:26:48  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

- WHILE TAKING ALL REASONABLE PRECAUTIONS AT ALL TIMES, TRUST OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR GEAR OR OTHER DAMAGE, BELONGING TO CUSTOMER AND VEHICLE ATTACHED AND TESTED OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND REPORT ANY DAMAGE FROM SUCH INSPECTION IN NOTICE IN WRITING TO THE COMPANY OF ANY CLAIMS WITHIN THE VEHICLE 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 PAYABLE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (IE AFTER 30 DAYS FROM THE INVOICE DATE) PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS IN DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT IDENTIFY THE CUSTOMER'S CONCERN, WE 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.

OFFICE COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91538874	1,959.30	

Our Ref: CT20120164

Date: 29 December 2020



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      09/12/2020    @   18:25 hrs  
ALONG                                YISHUN RING RD TWDS YISHUN AVE 4  
INVOLVING                         SJZ4055K

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 **SH9775X** (the "Taxi"). The Taxi was hired to **LEOW LENG IC NO SXXXX177D** a registered hirer-operator of **Comfort Transportation 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 **India International Insurance Pte 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

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

SF 9775X

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	
		1	9	0	5		0	4			FROM
7/12/20	tu	1	9	0	5	0	4	191	06.27	17.52	
7-12-20	K & H <del>tu</del>	1	9	0	7	6	5	261	1945	0520	
8/12/20	tu	1	9	0	9	8	2	217	06.30	18.00	
8-12-20	K & H <del>tu</del>	1	9	1	1	9	1	209	1930	0620	
9/12/20	tu	1	9	1	4	0	6	215	06.29	19.12	
10/12/20	tu	1	9	1	4	5	8	20	06.20	19.15	
		<del>1</del>	<del>9</del>	<del>1</del>	<del>4</del>	<del>5</del>	<del>8</del>	<del>20</del>	<del>06.25</del>	<del>19.15</del>	
<del>11/12/20</del>	<del>tu</del>	<del>1</del>	<del>9</del>	<del>1</del>	<del>4</del>	<del>5</del>	<del>8</del>	<del>20</del>	<del>06.25</del>	<del>19.15</del>	
10/12	Accident							tu	0955	—	
12/12	Repair							Out	—	1020	X

## Enquire Transaction History

### Transaction History Details

Log Date/Time:	10 Dec 2020 / 15:39:22		
Asset Type:	Vehicle	Transaction Amount:	\$7.49
Asset ID:	SJZ4055K		
Transaction Type:	18.32 Insurance Enquiry (GIRO Payment)	Channel:	External Agency
User ID:	ECENGCCO - GOH CHENG CHUAN ANDREW CORNELIUS	Business Transaction Reference No.:	20201210153922212375

Search Date / Time: 09 Dec 2020 18:25:00  
Insurance Company: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD  
Information displayed is correct as at the log date and time.

[Enquire Related Logs](#)

[Back to List](#)

811 9776X

**Asher Sng (LKKAUTO)**

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**From:** Asher Sng (LKKAUTO)  
**Sent:** Tuesday, 11 May 2021 6:30 PM  
**To:** ANOHAYABUSA1982@GMAIL.COM  
**Subject:** ACCIDENT INVOLVING SJZ 4055K AND SH 9775X ON 09/12/2020

**Our Ref: CC3/CTI20014151/Nea3**

11 MAY 2021

**MUHAMMAD AL NUR BIN ARIFF**

Dear Sir/Madam,

**ACCIDENT INVOLVING SJZ 4055K AND SH 9775X ON 09/12/2020**

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Asher  
*Case Handler*  
DID: 6841 6051  
FAX: 6741 4108  
Email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com)

c.c. *China Taiping Insurance (Singapore) Pte Ltd*  
*(Motor Claims Dept)*