Ref	:	CT1220 / SHD7142L /KS(st)		
ur Re	ef:		ę.	
ate	:	18-Jan-2021		



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

**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

3,921.18

78 Shenton Way

#07-16

WITHOUT PREJUDICE

Singapore 079120

**Attn: Motor Claims Department** 

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHD7142L YOUR INSURED **SMR 592J** 18-Dec-2020 ON AND OTHER

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No SHD7142L 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 : we are submitting these claim for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

4	Cost of Repair	\$	3,156.50
1	4 days Loss of Rental @ \$ 110.67 per day	\$	442.68
2	days Loss of Rental (2) \$ 110.07 per day	\$	
3	Survey Report Fees (Surveyed by M/s LKK)	<del>•</del>	2.00
4	GIA / LTA Search Fees	<u> </u>	2.00
5	GIA / Police Report Fees	\$	-
		\$	
6	Towing Fee	\$	3,601.18
mpi	ER'S CLAIM		
пк		\$	320.00
7	4 days Loss of Income @ \$ 80.00 per days		

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

- Original repair bill: a)
- LTA search slip/s of : b)

**SMR 592J** 

GIA / Police report/s of: c)

SHD7142L

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.