

Our Ref : T 1220 / SHB6635Z /KS(st)  
Your Ref: \_\_\_\_\_  
Date : 18-Jan-2021

**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

**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

**WITHOUT PREJUDICE**

**ACCIDENT INVOLVING OUR TAXI SHB6635Z YOUR INSURED SKT1933R**  
**AND OTHER \_\_\_\_\_ ON 26-Dec-2020**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No **SHB6635Z** 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 : **SKT1933R** we are submitting these claim for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 7,166.69
2	10 days Loss of Rental @ \$ 125.19 per day	\$ 1,251.90
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 2.00
5	GIA / Police Report Fees	\$ -
6	Towing Fee	\$ -
		<b>\$ 8,420.59</b>

**HIRER'S CLAIM**

7	10 days Loss of Income @ \$ 80.00 per days	\$ 800.00
	<b>Total Claims :</b>	<b>\$ 9,220.59</b>

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

- a) Original repair bill :
- b) LTA search slip/s of : SKT1933R
- c) GIA / Police report/s of : SHB6635Z
- 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.

A member of

**COMFORTDELGRO**



**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****Hyundai Ioniq SHB6635Z , SKT1933R  
HOUGANG AVE 9 TWDS YIO CHU KANG RD****ON 26-Dec-20 15:25**

I / We

**DOMINIC TAN CHIN TAK** (Hirer) NRIC No.: **SXXXX741D**

and/or

(Relief) NRIC No.: **SXXXX741D**

Taxi Number

**SHB6635Z**

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

**28-Dec-2020**

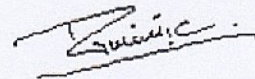
Name of Hirer

**DOMINIC TAN CHIN TAK**

Hirer NRIC

**SXXXX741D**

Signature :



Address

**422 HOUGANG AVENUE 6 #06-128  
530422**

Contact No.

**96926671**