

Our Ref : CT0121/ SH 9703D /CK(st)  
Your Ref :  
Date : 23-Feb-2021

CHINA TAIPING INSURANCE CO LTD  
3 ANSON ROAD  
#16-00 SPRINGLEAF TOWER  
SINGAPORE 079909

Attn : Motor Claims Department

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

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

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SH 9703D YOUR INSURED SJW1332X**  
**AND OTHER ON 13-Jan-2021**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SH 9703D** 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 : **SJW1332X** we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 1,658.50
6	2.5 days Loss of Rental @ \$ 114.95 per day	\$ 287.38
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 2.00
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
Sub Total :		\$ 1,947.88

**HIRER'S CLAIM**

7	2.5 days Loss of Income @ \$ 80.00 per days	\$ 200.00
Total Claims :		\$ 2,147.88

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

- a) Original repair bill :
- b) LTA search slip/s of : SJW1332X
- c) GIA / Police report/s of : SH 9703D
- 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.

A member of

**COMFORTDELGRO**

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SH9703D , SJW1332X  
ALONG KJE TO CHOA CHU KANG WAY****ON 13-Jan-21 21:40**I / We **HUSAIN BIN ABDUL RA...** (Hirer) NRIC No.: **SXXXX514C**and/or **MOHD SALLEHAN BIN ...** (Relief) NRIC No.: **SXXXX308G**Taxi Number **SH9703D**

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 **14-Jan-2021**Name of Hirer **HUSAIN BIN ABDUL RAHMAN**Hirer NRIC **SXXXX514C**

Signature :

Address **413 SAUJANA ROAD #10-10  
670413**Contact No. **96449092**Name of Relief **MOHD SALLEHAN BIN ABDUL HAMID**Relief NRIC **SXXXX308G**

Signature :

Address **432 BUKIT PANJANG ROAD 02-603  
670432**Contact No. **97827713**

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SH 9703D

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
03.12.2015

CHASSIS CODE  
KMHLB41UMGU080612

NO/DATE  
91546512 18.02.2021

JOB NO.  
305448123

ODOMETER READING

JOB TYPE

Description : 3P 13.01.2021

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,550.00
Add GST @	7.000 %	108.50
Total Invoice amount		1,658.50

Issued by : CHEWBEELENG 18.02.2021 14:27:17  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY OR NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY 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.

CUSTOMER'S COPY

ACCOUNT No.

INVOICE No.

AMOUNT

BANK/CHQ No.



Our Ref: CT21010229

Date: 18 February 2021



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      13/01/2021    @ 21:40 hrs  
ALONG                                KJE TO CHOA CHU KANG WAY  
INVOLVING                         SJW1332X

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 **SH9703D** (the "Taxi"). The Taxi was hired to **HUSAIN BIN ABDUL RAHMAN IC NO SXXXX514C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$114.95** per day (inclusive of GST).

Please be advised that the Taxi was insured with **AXA Insurance Singapore 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.



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INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

SJW1332X

Date of Accident

13/01/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... **China Taiping Insurance**

Period of Insurance ..... **07/04/2020 - 06/04/2021**

Requested By ..... **Por Moy Juan (COMFORTDELG...**

Requested Date ..... **14/01/2021 11:03**

**Payment details**

Request Amount: **S\$1.87**

GST Amount: **S\$0.13**

Total Amount Due (GST Inclusive): **S\$2**

**General Insurance Association**

Records Management Centre

GST Registration No: **M400017735**

5497030