· e	P	,
Our Ref : CC0121/ SHC 65C /KS(st)  Our Ref : 19-Feb-2021		OMFORTDELGRO GINEERING
AIG ASIA PACIFIC INSURANCE PTE LTD	59 Loyang Drive 4th Floor Singapore 508969	ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701
AIG Building 78 Shenton Way		Mainline +65 6383 6280 Facsimilie +65 6280 9755
#07-16 WITHOUT PREJUDICE Singapore 079120	)	www.cdge.com.sg Company Registration No: 199506048W
Attn: Motor Claims Department  Dear Sir		Workshops Braddell 205 Braddell Road Singapore 579701
ACCIDENT INVOLVING OUR TAXI SHC 65C SMF1156S AND OTHER	YOUR INSURED ON 21-Jan-2021	Loyang 59 Loyang Drive Singapore 508969
We are the authorised repair workshop for Citycab Pte Ltd,	the owner of motor vel	nicle no: Sin Ming Drive

which was involved in the captioned accident with your insured vehicle. **SHC 65C** 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 **SMF1156S** we are submitting these claim for your consideration on behalf of the claimants.

### TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,498.00
2	4 days Loss of Rental @ \$125.40 per day	\$	501.60
3	Survey Report Fees (Surveyed by M/s LKK)	\$	<u> </u>
1	LTA Search Fees	\$	2.00
5		\$	
6	Towing Fees	\$	
U	Sub Total	: \$	2,001.60

HIRER'S CLAIM

\$ 80.00 per day \$ 320.00 days Loss of Income @

2,321.60 Total Claims : \_\$

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

a)	Original	repair bill	:

SMF1156S LTA search slip/s of: b) SHC 65C GIA / Police report/s of: c)

Letter of authority from owner / hirer / operator d)

( ) Certificate of Insur: (x) Rental Rate letter ) Witness statement/s

(x) Downtime/Mileage record ) Photograph/s of Accident Scene

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.



Ming Drive Singapore 575717

Pandan 45 Pandan Road Singapore 609286

320 Ubi Road 3 Singapore 408649

Sungei Kadut 7 Sungei Kadut Way Singapore 728791

#### LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING

TOYOTA PRIUS SHC65C , SMF1156S

ON 21-Jan-21 19:00

**ALONG** 

LORNIE HWY BEFORE BRADDELL RD EXIT

I / We

**EE TIAN SIANG** 

(Hirer) NRIC No.:

SXXXX992H

and/or

(Relief) NRIC No.: SXXXX992H

Taxi Number

SHC65C

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

22-Jan-2021

Name of Hirer

**EE TIAN SIANG** 

Hirer NRIC

SXXXX992H

Signature:

Address

653 JALAN TENAGA #02-54

410653

Contact No.

83226653



A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

### TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

78 SHENTON WAY.AIG BUILDING #07-16 SINGAPORE 079120 SINGAPORE

CONTACT NO: 64193000

3225094

Description : 3P 21.01.2021

VEHCLE NO SHC 65C

NO/DATE

Maintine + 55 GOUD 1255 1

Workshops

59 Loyang Drive Singapore 508969

383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

320 Ubi Road 3 Singapore PANY

REG. NO.: 199506048W

Page: 1

ComfortDelGro Engineering Pte Ltd 205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

91546147 16.02.2021

Page: 1

MAKE TOYOTA JOB NO. 305449763

MODET. PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG 31.05.2017

CHASSIS CODE JTDKB3FUX03557530

JOB TYPE

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt .000 % Add GST @

1,400.00

Total Invoice amount

1,498.00

Issued by : KATHERINETAN 16
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days KATHERINETAN 16.02.2021 09:26:51

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

ComfortDelGro Engineering Pte Ltd A member of COMFORTDELGRO

Head Office: 205 Braddell Road Singapore 579701

ACCOUNT No. INVOICE No. **AMOUNT** BANK/CHQ No.

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CC21010377

Date: 16 February 2021



### TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

21/01/2021

@ 19:00 hrs

ALONG

LORNIE HWY BEFORE BRADDELL RD EXIT

INVOLVING

SMF1156S

We refer to the above-mentioned accident and wish to inform that CityCab Pte Ltd is the registered owner of the taxi bearing vehicle registration number SHC0065C (the "Taxi"). The Taxi was hired to EE TIAN SIANG IC NO SXXXX992H a registered hirer-operator of CityCab Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$125.40 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.

DATE		
NAME OF DRIVER MILEAGE READING TRAVELLED (KM)	HOURS OPERATED (TIME DATE TO TO	NAME OF DRIVER
	1	
	1430	
2*05-4		

INSURER ENQUIRY

# Find insurer

Vehicle reg. no.

SMF1156S

**Date of Accident** 

21/01/2021 🛗

Reset

### % RESULT & RECEIPT

## TP Insurer Enquiry

 Insurance
 AIG

 Period of Insurance
 29/10/2020 - 28/10/2021

Requested By \_\_\_\_\_Por Moy Juan (COMFORTDELG...

### Payment details

Request Amount: **\$\$1.87** GST Amount: **\$\$0.13** 

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

### **General Insurance Association**

Records Management Centre GST Registration No: **M400017735** 

SUC 65C