

Our Ref : CT0221 / SHA1313R /KS(st)
Your Ref: _____
Date : 15-Mar-2021

COMFORTDELGRO
ENGINEERING

AIG ASIA PACIFIC INSURANCE PTE LTD
AIG Building

78 Shenton Way

#07-16

Singapore 079120

Attn : Motor Claims Department

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA1313R YOUR INSURED SLX5379P
AND OTHER _____ ON 15-Feb-2021

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No **SHA1313R** 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 : **SLX5379P** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,247.00
2	3 days Loss of Rental @ \$ 110.67 per day	\$ 332.01
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 2.00
5	GIA / Police Report Fees	\$ -
6	Towing Fee	\$ -
		\$ 2,581.01

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 2,821.01

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

- a) Original repair bill :
- b) LTA search slip/s of : SLX5379P
- c) GIA / Police report/s of : SHA1313R
- 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.

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

Ubi
320 Ubi Road 3
Singapore 408649

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

GST REG. NO. M2-8921817-3

TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE NO
SHA1313R

NO/DATE
91549348 08.03.2021

MAKE
HYUNDAI

JOB NO.
305453417

MODEL
I-40

ODOMETER READING

DATE OF REG
12.05.2016

CHASSIS CODE
KMHLB41UMGU090095

JOB TYPE

Description : 3P 15.02.2021

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,100.00
Add GST @ 7.000 %	147.00
Total Invoice amount	2,247.00

Issued by : KATHERINETAN 08.03.2021 10:55:57
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

Yours faithfully

- 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 GIVE 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

383 Sin Ming Drive Singapore 575717

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
Mainline +65 6555 188	Facsimile +65 6453 3183		

Our Ref: CT21020236

Date: 08 March 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 15/02/2021 @ 09:15 hrs
ALONG MIDDLE RD TWDS NICOLL HWY
INVOLVING SLX5376P

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 **SHA1313R** (the "Taxi"). The Taxi was hired to **GOH CHOON HUAT (WU CHUNFA) IC NO SXXXX591D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$110.67** 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.


INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SLX5376P

Date of Accident

15/02/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **AIG**

Period of Insurance **29/03/2020 - 28/03/2021**

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

Requested Date **15/02/2021 12:19**

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**

SNA 13132

LETTER OF AUTHORISATION

(NAF/ PAF)

**ACCIDENT INVOLVING i 40 SHA1313R , SLX5376P
ALONG MIDDLE RD TWDS NICOLL HWY****ON 15-Feb-21 09:15****I / We GOH CHOON HUAT (W... (Hirer) NRIC No.: SXXXX591D****and/or (Relief) NRIC No.: SXXXX591D****Taxi Number SHA1313R****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 15-Feb-2021**Name of Hirer GOH CHOON HUAT (WU CHUNFA).****Hirer NRIC SXXXX591D****Signature :****Address 339 CLEMENTI AVENUE 5 #12-258
120339****Contact No. 97120973**