

Our Ref: CT0321/SHA4666C/KS(st)
Date: 23.04.2021

AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY.AIG BUILDING #07-16
Singapore 079120

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Attn : Motor Claims Department

Without Prejudice

Mainline +65 6383 6280
Facsimilie +65 6280 9755

Dear Sir/Madam

www.cdge.com.sg

Company Registration No: 199506048W

ACCIDENT ON 10.03.2021 INVOLVING SHA4666C & SLT 531L ALONG LOYANG AVE TWDS PIE

Workshops

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHA4666C, which was involved in the captioned accident with your insured vehicle No SLT 531L.

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

The vehicle owner and the taxi hirer/driver concerned have requested and authorised us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage of the vehicle.

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

As the accident was caused by the negligent act of your insured driver, we are submitting these claims for your consideration on behalf of the claimants:

Taxi Owner's Claim :

1. Cost of Repairs		S\$	1,444.50
2. Loss of Rental	4 days x S\$ 110.67	S\$	442.68
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	0.00
5. GIA / Police Report Fee		S\$	2.00
6. Others		S\$	0.00

Hirer's Claim :

1. Loss of Income	4 days x S\$ 80.00	S\$	320.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **2,209.18**

A copy each of the following supporting documents marked [X] is enclosed:

- | | | | |
|-------------------------------------|--|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Original Repair Bill | <input checked="" type="checkbox"/> | Letter of Authority from Owner/Hirer/Operator |
| <input checked="" type="checkbox"/> | GIA/Police Report(s) | <input checked="" type="checkbox"/> | Rental Rate Letter |
| <input checked="" type="checkbox"/> | LTA/GIA Search Slip(s) | <input checked="" type="checkbox"/> | Downtime/Mileage Record |
| <input type="checkbox"/> | Survey Report / Bill | <input type="checkbox"/> | Witness Statement / Accident Scene Photo(s) |
| <input type="checkbox"/> | Driver's IC/DL/VL / Road Tax / Log Card / Certificate of Insurance | | |
| <input type="checkbox"/> | Tow Chit / PIR / Hirer's IRAS / Others : | | |

Kindly look into the matter and let us hear from you on the settlement of our clients' 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 sincerely
Kazali H S
CDGE Claims Department
DID: 62148736

FAX: 62141843

Email: kazali@cdge.com.sg

This is a computer-generated letter. No signature is required.

A member of