

Our Ref: CT0621/SHA5965H/CK(st)
Date: 13.07.2021

CHINA TAIPING INSURANCE CO (S)PTE L
3 ANSON ROAD #16-00
Singapore 079909

Attn : Motor Claims Department

Dear Sir/Madam

Without Prejudice

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

**ACCIDENT ON 25.06.2021 INVOLVING SHA5965H & SGR2785C ALONG SENGKANG EAST SLIP RD
TO SENGKANG AVE**

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

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of vehicle No SHA5965H, which was involved in the captioned accident with your insured vehicle No SGR2785C.

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.

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\$ | 1,337.50 |
| 2. Loss of Rental | 5.5 days x S\$ 125.40 | S\$ | 689.70 |
| 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 | 5.5 days x S\$ 80.00 | S\$ | 440.00 |
| 2. Others | | S\$ | 0.00 |

[E&OE] **Total Claims** **S\$ 2,469.20**

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

| | |
|--|---|
| [X] Original Repair Bill | [X] Letter of Authority from Owner/Hirer/Operator |
| [X] GIA/Police Report(s) | [X] Rental Rate Letter |
| [X] LTA/GIA Search Slip(s) | [X] Downtime/Mileage Record |
| [] Survey Report / Bill | [] Witness Statement / Accident Scene Photo(s) |
| [] Driver's IC/DL/VL / Road Tax / Log Card / Certificate of Insurance | |
| [] 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

Catherine Koh

CDGE Claims Department

DID: 62148733

FAX: 62141843

Email: catherinekoh@cdge.com.sg

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

A member of

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **TOYOTA PRIUS SHA5965H , SGR2785C** **ON 25-Jun-21 17:45**
ALONG **SENGKANG EAST SLIP RD TO SENGKANG AVE**

I / We **GOH TENG KIANG** (Hirer) NRIC No.: **SXXXX615J**

and/or **LIM KHENG HUAT** (Relief) NRIC No.: **SXXXX233A**

Taxi Number **SHA5965H**

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 **26-Jun-2021**

Name of Hirer **GOH TENG KIANG**

Hirer NRIC **SXXXX615J**

Signature :



Address **409 BEDOK NORTH AVENUE 2 #09-...
460409**

Contact No. **96641864**

Name of Relief **LIM KHENG HUAT**

Relief NRIC **SXXXX233A**

Signature :



Address **135 BEDOK NORTH STREET 2 07-121
460135**

Contact No.

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSNW00159922000 Claim No : SNM21D203641/C02/SGR2785C/TAYHP

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$2,120.00
SINGAPORE DOLLARS TWO THOUSAND ONE HUNDRED AND TWENTY ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHA 5965H

Insured Vehicle No. : SGR 2785C

Date of Loss : 25/06/2021

Place of Accident : SENGKANG E RD, SINGAPORE

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : JOON THIAM INDUSTRIAL SERVICES PTE LTD

Driver Name : TAN LEA SENG MICHAEL

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.


I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

| | |
|-----------------|--------------|
| (1) Global Sum | S\$ 2,120.00 |
| | ===== |
| TOTAL | S\$ 2,120.00 |
| | ===== |

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No : 1XXXXX821R

Signature :


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Date :

16/7/21

"The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document"

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W

Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHA5965H

NO/DATE
91574928 05.07.2021

**MAKE
TOYOTA**

JOB NO.
305475584

MODEL
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG
23.08.2017

CHASSIS CODE JOB TYPE
JTDKB3FU303563508

Description : 3P 25.06.2021

Invoice for Lump Sum Repair

| | |
|---------------------------|----------|
| Total Lump Sum Repair Amt | 1,250.00 |
| Add GST @ 7.000 % | 87.50 |
| Total Invoice amount | 1,337.50 |

Issued by : KATHERINETAN 05.07.2021 13:51:06
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd

Head Office:
05 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: CT21060356

Date: 05 July 2021



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 25/06/2021 @ 17:45 hrs
ALONG SENGKANG EAST SLIP RD TO SENGKANG AVE
INVOLVING SGR2785C

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 **SHA5965H** (the "Taxi"). The Taxi was hired to **GOH TENG KIANG IC NO SXXXX615J** a registered hirer-operator of **Comfort Transportation 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.

| MILEAGE READING | | | | MILEAGE TRAVELLED (KM) | | DATE | NAME OF DRIVER | MILEAGE READING | | MILEAGE TRAVELLED (KM) | HOURS OPERATED (TIME) | | |
|-----------------|---|---|---|------------------------|-----|----------|----------------|-----------------|--------|------------------------|-----------------------|----|--|
| | | | | | | | | | | | FROM | TO | |
| 50 | 1 | 7 | 0 | 2 | 182 | 25.06.21 | g | | | 844596871 | 1925 | | |
| 50 | 1 | 9 | 0 | 4 | 202 | 30.06.21 | g | Davidson | Repair | 844596871 | | | |
| 50 | 2 | 0 | 9 | 5 | 190 | | | | | | | | |
| 50 | 2 | 2 | 8 | 7 | 192 | | | | | | | | |
| 50 | 2 | 5 | 1 | 4 | 226 | | | | | | | | |
| 50 | 2 | 6 | 9 | 6 | 181 | | | | | | | | |
| 50 | 2 | 9 | 1 | 9 | 223 | | | | | | | | |
| 50 | 3 | 1 | 1 | 0 | 190 | | | | | | | | |
| 50 | 3 | 3 | 0 | 7 | 197 | | | | | | | | |
| 50 | 3 | 4 | 7 | 6 | 289 | | | | | | | | |
| 50 | 3 | 5 | 2 | 6 | 49 | | | | | | | | |


INSURER ENQUIRY

**Find
insurer**

Vehicle reg. no.

SGR2785C

Date of Accident

25/06/2021 **Reset****% RESULT & RECEIPT****TP Insurer Enquiry**Insurance **China Taiping Insurance (Sing...**Period of Insurance **30/10/2020 - 29/10/2021**Requested By **Janet Lim Siang Gek (COMFOR...**Requested Date **26/06/2021 10:12****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**

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Wednesday, 14 July 2021 12:47 PM
To: officeadmin@joonthiam.com.sg
Subject: ACCIDENT INVOLVING SGR 2785C AND SHA 5965H ON 25/06/2021

Our Ref: CC3/CTI21007158/R1ea3

14 JULY 2021

JOON THIAM INDUSTRIAL SERVICES PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SGR 2785C AND SHA 5965H ON 25/06/2021

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

*c.c. China Taiping Insurance (Singapore) Pte Ltd
(Motor Claims Dept)*