

Our Ref: CC0721/SHC7213X/CK(st)
Date: 05.08.2021

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 22.07.2021 INVOLVING SHC7213X & SJZ3286S ALONG VIVOCITY ENTRANCE

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 CityCab Pte Ltd, the owner of vehicle No SHC7213X, which was involved in the captioned accident with your insured vehicle No SJZ3286S.

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\$	1,498.00
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\$ **2,262.68**

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 i 40 SHC7213X , SJZ3286S
ALONG VIVOCITY ENTRANCE****ON 22-Jul-21 21:35**I / We **NG SIEW HENG** (Hirer) NRIC No.: **SXXXX434A**and/or **QUEK KWANG HENG** (Relief) NRIC No.: **SXXXX204H**Taxi Number **SHC7213X**

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 **23-Jul-2021**Name of Hirer **NG SIEW HENG**
Hirer NRIC **SXXXX434A**

Signature :

Address **234 ANG MO KIO AVENUE 3 #02-1...
560234**Contact No. **97386098**Name of Relief **QUEK KWANG HENG**
Relief NRIC **SXXXX204H**

Signature :

Address **259 ANG MO KIO AVENUE 2 10-02
560259**

Contact No.

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSNW00063022100 Claim No : SNM21D204078/C02/SJZ3286S/CHNGPW

Claimant : CITYCAB PTE LTD

Amount : S\$1,980.00
SINGAPORE DOLLARS ONE THOUSAND NINE HUNDRED AND EIGHTY 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. : SHC 7213X
Insured Vehicle No. : SJZ 3286S

Date of Loss : 22/07/2021
Place of Accident : 1 HARBOURFRONT WALK, SINGAPORE 098585 ENTERANCE

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 : MOHAMMAD KHAIRUDDIN BIN KAMAL RUDIN
Driver Name : MOHAMMAD KHAIRUDDIN BIN KAMAL RUDIN

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\$ 1,980.00
	=====
TOTAL	S\$ 1,980.00
	=====

Claimant Name : CITYCAB PTE LTD

NRIC No : 1XXXXX839G

Signature :


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508969

Date :

10/8/21

"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

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHC7213X

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
14.07.2016

CHASSIS CODE
KMHLB41UMGU092421

NO/DATE
91583349 03.08.2021

JOB NO.
305479640

ODOMETER READING

JOB TYPE

Description : 3P 22.07.2021

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,400.00
Add GST @ 7.000 %	98.00
Total Invoice amount	1,498.00

Issued by : KATHERINETAN 03.08.2021 16:59:54
Repair Type : CFSO/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

[illegible]

Our Ref: CC21070331



Date: 30 July 2021

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 22/07/2021 @ 21:35 hrs
ALONG VIVOCITY ENTRANCE
INVOLVING SJZ3286S

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 **SHC7213X** (the "Taxi"). The Taxi was hired to **NG SIEW HENG IC NO SXXXX434A** a registered hirer-operator of **CityCab 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 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.

HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
FROM	TO						FROM	TO
0125	0126	20/7	Quen	740	938	257.3	1709	0154
0130	0136	21/7	Ally Ryan Heng	740	1196	255.2	0657	1653
0140	0148	21/7	Quen	740	1458	264.6	1705	0045
0150	0159	22/7	Ally Ryan Heng	740	1703	245.1	0712	1701
0200	0200	23/7	Quen	740	1892	188.4	1709	0005
0210	0217	23/7	Ally Ryan Heng	740	2008	116.0	0705	1022
0220	0220	23/7	SHC - D2X					
0230	0230	26/7	Accident Repair (D) Cy				1015	
0240	0240						1040	
0250	0250							
0300	0300							
0310	0310							
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INSURER ENQUIRY

Find
insurer

Vehicle reg. no.

SJZ3286S

Date of Accident

22/07/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance China Taiping Insurance (Sing...

Period of Insurance 25/03/2021 - 24/03/2022

Requested By Por Moy Juan (COMFORTDELG...

Requested Date 23/07/2021 11:23

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**

SUC 7213 X

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Friday, 6 August 2021 1:31 PM
To: vonikhai@gmail.com
Subject: ACCIDENT INVOLVING SJZ 3286S AND SHC 7213X ON 22/07/2021

Our Ref: CC3/CTI21007940/T1es3

06 AUG 2021

MOHAMMAD KHAIRUDDIN BIN KAMAL RUDIN

Dear Sir/Madam,

ACCIDENT INVOLVING SJZ 3286S AND SHC 7213X ON 22/07/2021

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)*