

Our Ref: CC0821/SHB3819E/JW(st)  
Date: 02.09.2021

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  
Facsimile +65 6280 9755

www.cdge.com.sg

Dear Sir/Madam

Company Registration No: 199506048W

**ACCIDENT ON 12.08.2021 INVOLVING SHB3819E & GBD5944Z ALONG UPPER THOMSON RD  
TWDS SEMBAWANG**

**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 SHB3819E, which was involved in the captioned accident with your insured vehicle No GBD5944Z.

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\$	2,354.00
2. Loss of Rental	5 days x S\$ 125.40	S\$	627.00
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 days x S\$ 80.00	S\$	400.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **3,383.00**

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

Jim Wong

CDGE Claims Department

DID: 62148374

FAX: 62141843

Email: jimwong@cdge.com.sg

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

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

CONTACT NO: 64193000 3225094

VEHICLE NO  
SHB3819E

NO/DATE  
91591195 31.08.2021

MAKE  
TOYOTA

JOB NO.  
305482469

MODEL  
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG  
05.09.2017

CHASSIS CODE  
JTDKB3FU703562796

JOB TYPE

Description : 3P 12.08.2021

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt	2,200.00
Add GST @ 7.000 %	154.00
<b>Total Invoice amount</b>	<b>2,354.00</b>

Issued by : KATHERINETAN 31.08.2021 08:57:28  
Repair Type : CFSO/57/57  
Payment Type/Term : /Credit 30 days

- 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

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: CC21080162



Date: 31 August 2021

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                      12/08/2021    @   12:00 hrs  
ALONG                              UPPER THOMSON RD TWDS SEMBAWANG  
INVOLVING                        GBD5944Z

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 **SHB3819E** (the "Taxi"). The Taxi was hired to **CHEE HENG CHEONG IC NO SXXXX775H** 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 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.

GBD5944Z

Date of Accident

12/08/2021 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... AIG Asia Pacific Insurance Pte....

Period of Insurance ..... 04/02/2021 - 03/02/2022

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

Requested Date ..... 12/08/2021 16:33

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**

SHB 3892