

Our Ref: CT1021/SHC2233X/CK(st)  
Date: 12.11.2021

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

Attn : Motor Claims Department

**Without Prejudice**

**ComfortDelGro Engineering Pte Ltd**  
59 Loyang Drive Singapore 508969

www.cdge.com.sg

Company Registration No: 199506048W

Dear Sir/Madam

**ACCIDENT ON 10.10.2021 INVOLVING SHC2233X & SJK1345Y ALONG JURONG EAST AVE 1 & JURONG EAST ST24**

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHC2233X, which was involved in the captioned accident with your insured vehicle No SJK1345Y.

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\$	2,568.00
2. Loss of Rental	4 days x S\$ 125.40	S\$	501.60
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]	<b>Total Claims</b>	<b>S\$</b>	<b>3,391.60</b>
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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
[ ] 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

**COMFORTDELGRO**

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING TOYOTA PRIUS SHC2233X , SJK1345Y ON 10-Oct-21 13:10**  
**ALONG JURONG EAST AVE 1 & JURONG EAST ST24**

I / We **LOW YUN KEONG** (Hirer) NRIC No.: **SXXXX100E**

and/or **KHONG KOK WEE** (Relief) NRIC No.: **SXXXX578A**

Taxi Number **SHC2233X**

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 **11-Oct-2021**

Name of Hirer **LOW YUN KEONG**

Hirer NRIC **SXXXX100E**

Signature :



Address **612 YISHUN ST 61 #08-183**  
**760612**

Contact No. **82985544**

Name of Relief **KHONG KOK WEE**

Relief NRIC **SXXXX578A**

Signature :



Address **289 YISHUN AVENUE 6 08-24**  
**760289**

Contact No.

**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**  
SHC2233X

**MAKE**  
TOYOTA

**MODEL**  
PRIUS HYBRID(G4)

**DATE OF REG**  
03.10.2017

**CHASSIS CODE** **JOB TYPE**  
JTDKB3FU403565154

**NO/DATE**  
91610144 29.10.2021

**JOB NO.**  
305490146

**ODOMETER READING**

Description : 3P 10.10.2021

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt		2,400.00
Add GST @ 7.000 %		168.00
<b>Total Invoice amount</b>		<b>2,568.00</b>

Issued by : CHEWBEELENG 29.10.2021 10:45:17  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

1) WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS RESPONSIBILITY FOR CARE ON OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED 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

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Our Ref: CT21100120

Date: 29 October 2021



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 10/10/2021 @ 13:10 hrs  
ALONG JURONG EAST AVE 1 and JURONG EAST ST24  
INVOLVING SJK1345Y

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 **SHC2233X** (the "Taxi"). The Taxi was hired to **LOW YUN KEONG IC NO SXXXX100E** 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 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)										8HC 2233X									
FROM		TO		DATE		NAME OF DRIVER		MILEAGE READING				MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)					
												(KM)		FROM		TO			
16.55	23.7	11/10/21	009	546755	146	17.00	23.55												
800	15	8/10/21	B	546745	180	800	16/10												
17.15	23.8	10/12/21	009	547039	95	17.10	23.43												
800	1640	9/10/21	B	547205	167	800	1600												
0530	1910	10/10/21	009	547645	467	0500	1000												
800	1607	11/10/21	Accident Repair			08:50													
800	1605	14/10/21	@ Ly																
16.50	23.11																		
800	1600																		
17.10	0.3																		
800	1605																		


## INSURER ENQUIRY

Find  
insurer

Vehicle reg. no.

SJK1345Y

Date of Accident

10/10/2021 

Reset

## % RESULT &amp; RECEIPT

## TP Insurer Enquiry

Insurance ..... **China Taiping Insurance (Sing...**Period of Insurance ..... **07/10/2021 - 06/10/2022**Requested By ..... **Janet Lim Siang Gek (COMFOR...**Requested Date ..... **11/10/2021 09:56****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**