

Our Ref: CT1021/SHD4826S/JW(st)
Date: 02.12.2021

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

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 29.10.2021 INVOLVING SHD4826S & SKQ4973X ALONG HOLLAND RD

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHD4826S, which was involved in the captioned accident with your insured vehicle No SKQ4973X.

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\$	1,859.49
2. Loss of Rental	6 days x S\$ 129.47	S\$	776.82
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	6 days x S\$ 80.00	S\$	480.00
2. Others		S\$	0.00

[E&OE] **Total Claims** S\$ **3,118.31**

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

<input type="checkbox"/> Original Repair Bill	<input type="checkbox"/> Letter of Authority from Owner/Hirer/Operator
<input type="checkbox"/> GIA/Police Report(s)	<input type="checkbox"/> Rental Rate Letter
<input checked="" type="checkbox"/> LTA/GIA Search Slip(s)	<input 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

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