Our Ref: CT1121/SHC8595L/JW(st)

Date: 03.12.2021

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

Singapore 079120

Attn: Motor Claims Department Without Prejudice

Dear Sir/Madam

ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969

www.cdge.com.sg

Company Registration No: 199506048W

ACCIDENT ON 20.11.2021 INVOLVING SHC8595L & SLL8425A ALONG TELOK BLANGAH RD

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of vehicle No SHC8595L, which was involved in the captioned accident with your insured vehicle No SLL8425A.

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:

	[E&OE]	Total Claims	S\$	1,590.51	
2. Others			S\$ 	0.00	
1. Loss of Income	3 days x S\$ 80.00		S\$	240.00	
Hirer's Claim :		-4	- 4		
6. Others			S\$	0.00	
5. GIA / Police Report Fee			S\$	2.00	
4. LTA Search Fee			S\$	0.00	
3. Survey Report Fee			S\$	0.00	
2. Loss of Rental	3 da	ays x S\$ 110.67	S\$	332.01	
1. Cost of Repairs			S\$	1,016.50	
Taxi O Wilei 5 Claiii .					

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		
\bowtie	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.

