

Our Ref: CT1221/SHA1542X/KS(st)  
Date: 25.01.2022

LONPAC INSURANCE BERHAD  
300 BEACH ROAD #17-04/07  
Singapore 199555

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 24.12.2021 INVOLVING SHA1542X & GBB6418E ALONG CTE TWDS ANG MO KIO  
BEFORE JLN BAHAGIA**

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHA1542X, which was involved in the captioned accident with your insured vehicle No GBB6418E.

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\$	7,007.22
2. Loss of Rental	6 days x S\$ 125.19	S\$	751.14
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]	<b>Total Claims</b>	<b>S\$</b>	<b>8,240.36</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
[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

Kazali H S

CDGE Claims Department

DID: 62148736

FAX: 62141843

Email: kazali@cdge.com.sg

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

A member of

**COMFORTDELGRO**