

Our Ref: CC0322/SHD8629T/CK(st)
Date: 06.04.2022

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 11.03.2022 INVOLVING SHD8629T & PC 8852A ALONG PIONEER RD NORTH

We are the authorised repair workshop for CityCab Pte Ltd , the owner of vehicle No SHD8629T, which was involved in the captioned accident with your insured vehicle No PC 8852A.

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\$	4,547.50
2. Loss of Rental	5 days x S\$ 125.19	S\$	625.95
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\$ **5,575.45**

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

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

Catherine Koh

CDGE Claims Department

DID: 62148733

FAX: -

Email: catherinekoh@cdge.com.sg

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

A member of

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING ALONG **Hyundai Ioniq SHD8629T , PC8852A** **ON 11-Mar-22 09:00**
PIONEER RD NORTH

I / We **CHAN KIM HUNG** (Hirer) NRIC No.: **SXXXX107F**

and/or **TAN CHIANG TONG** (Relief) NRIC No.: **SXXXX503A**

Taxi Number **SHD8629T**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

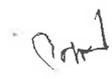
1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal 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-Mar-2022**

Name of Hirer **CHAN KIM HUNG**

Hirer NRIC **SXXXX107F**

Signature :



Address **505 JELAPANG ROAD #08-434**
670505

Contact No. **86532769**

Name of Relief **TAN CHIANG TONG**

Relief NRIC **SXXXX503A**

Signature :



Address **454 FAJAR ROAD 07-588**
870454

Contact No. **90361847**

Workshops

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
SHD8629T

MAKE
HYUNDAI

MODEL
IONIQ(G2)

DATE OF REG
04.12.2018

CHASSIS CODE
KMHC851CVKU121752

NO/DATE
91661385 31.03.2022

JOB NO.
305508457

ODOMETER READING

JOB TYPE

Description : 3P.11.03.2022

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		4,250.00
Add GST @ 7.000 %		297.50
Total Invoice amount		4,547.50

Issued by : KATHERINETAN 01.04.2022 09:35:46
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

IF WE ARE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CASES OR LOSS OF OR DAMAGE TO PROPERTY BELONGING TO CUSTOMERS AND WE WILL BE THE DRIVER AND TESTER OWNERS RISK.
1) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND REPORT WITHIN 7 DAYS FROM SUCH DELIVERY OR WRITE IN WRITING TO THE COMPANY OF ANY COMPLAINTS OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
2) 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.
3) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCY 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: CC22030152



Date: 29 March 2022

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 11/03/2022 @ 09:00 hrs
ALONG PIONEER RD NORTH
INVOLVING PC8852A

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 **SHD8629T** (the "Taxi"). The Taxi was hired to **CHAN KIM HUNG IC NO SXXXX107F** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** 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.

PC8852A

Date of Accident

11/03/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance **China Taiping Insurance (Sing...**

Period of Insurance **04/11/2021 - 03/11/2022**

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

Requested Date **11/03/2022 12:57**

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**

540 8629 7