

Our Ref: CC0522/SHA8079X/KS(st)
Date: 23.06.2022

AXA INSURANCE PTE LTD
8 SHENTON WAY AXA TOWER #24-01
Singapore 068811

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 20.05.2022 INVOLVING SHA8079X & SLU786M ALONG SIMS WAY

We are the authorised repair workshop for CityCab Pte Ltd , the owner of vehicle No SHA8079X, which was involved in the captioned accident with your insured vehicle No SLU786M.

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	5 days x S\$ 126.47	S\$	632.35
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\$ **3,602.35**

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

Kazali H S

CDGE Claims Department

DID: 62148736

FAX: -

Email: kazali@cdge.com.sg

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

A member of