

Our Ref: CT0822/SHC1389L/CK(st)
Date: 18.10.2022

CHINA TAIPING INSURANCE CO (S)PTE L
3 ANSON ROAD #16-00
Singapore 079909

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Attn : Motor Claims Department

Without Prejudice

Mainline +65 6383 6280
Facsimilie +65 6280 9755

Dear Sir/Madam

www.cdge.com.sg

Company Registration No: 199506048W

ACCIDENT ON 23.08.2022 INVOLVING SHC1389L & SNC1429J ALONG SCOTTS RD

Workshops

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHC1389L, which was involved in the captioned accident with your insured vehicle No SNC1429J.

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

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.

Sin Ming
383 Sin Ming Drive
Singapore 575717

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:

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Taxi Owner's Claim :

1. Cost of Repairs		S\$	1,177.00
2. Loss of Rental	3 days x S\$ 125.19	S\$	375.57
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	7.49
5. GIA / Police Report Fee		S\$	0.00
6. Others		S\$	0.00

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Hirer's Claim :

1. Loss of Income	3 days x S\$ 80.00	S\$	240.00
2. Others		S\$	0.00

[E&OE] **Total Claims** **S\$ 1,800.06**

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 SHC1389L , SNC1429J
SCOTTS RD****ON 23-Aug-22 01:45**

I / We

YONG KEK HIN(Hirer) NRIC No.: **SXXXX470E**

and/or

CHIN TECK SENG(Relief) NRIC No.: **SXXXX759A**

Taxi Number

SHC1389L

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

23-Aug-2022

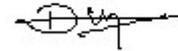
Name of Hirer

YONG KEK HIN

Hirer NRIC

SXXXX470E

Signature :



Address

**204A PUNGGOL FIELD #13-280
821204**

Contact No.

81387500

Name of Relief

CHIN TECK SENG

Relief NRIC

SXXXX759A

Signature :



Address

**258C PUNGGOL FIELD 03-65
823258**

Contact No.

96451630

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
SHC1389L

MAKE
HYUNDAI

MODEL
IONIQ(G2)

DATE OF REG
24.10.2018

CHASSIS CODE
KMHC851CVKU114860

NO/DATE
92482734 13.10.2022

JOB NO.
305527419

ODOMETER READING

JOB TYPE

Description : 3P 23.08.2022

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,100.00
Add GST @ 7.000 %		77.00
Total Invoice amount		1,177.00

Issued by : KATHERINETAN 13.10.2022 08:52:08
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

1) UNLESS TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARE OR STORAGE OF PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVER AND USER'S RESPONSIBILITY.
2) CUSTOMERS MUST INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGNAL WITHIN 7 DAYS FROM SUCH DELIVERY BY NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
3) 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 BY THE DUE DATE OF PAYMENT (i.e. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
4) 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: CT22080378

Date: 25 August 2022



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 23/08/2022 @ 01:45 hrs
ALONG SCOTTS RD
INVOLVING SNC1429J

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC1389L** (the "Taxi"). The Taxi was hired to **YONG KEK HIN IC NO SXXXX470E** a registered hirer-operator of **Comfort Transportation 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.

> Back to OneMotoring



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

SNC 1389L

D= A 23/8/22

Print Date/Time : 23 Aug 2022 / 10:44:12

Receipt Date/Time : 23 Aug 2022 / 10:44:12

Tax Invoice/Receipt

Receipt No. : ITNET-00000-220823-000975

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SNC1429J As at 23 Aug 2022/01:45:00 Insurance Co: CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD				
1	Insurance Enquiry - SNC1429J Enquiry Fee 20220823104219794808	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	542089XXXXXX5908		eNETS Credit Card	7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO			4	4	2		FROM	TO
260	4.35	15.25		SAC	4474	27	84	2040	0100	
250	5.50	15.35	17/08		4476	87	260	5.40	16.45	
213	4.50	18.40	18/08		4479	03	214	4.45	15.15	
279	2.15	23.10	19/08		4481	66	260	4.50	14.45	
223	4.60	15.00	20/08		4482	94		6.15	23.00	
257	5.06	15.00	21/08		4484	60	160	7.00	19.30	
236	5.50	14.30	22/08		4487	20	261	4.50	16.00	
261	5.30	15.50	22/08	AM	4489	99	278.4	16.45	03.40	
311	5.00	15.40	23/08					4.45		
122	2040	0115	23/08	Accident			IN	0940		
188	4.55	15.40	25/08	Repair		LY	Out		1130	

[Handwritten signature]