

Our Ref: CC0922/SHC7211B/KS(st)  
Date: 10.01.2023



ALLIANZ INSURANCE SINGAPORE PTE LTD  
79 ROBINSON ROAD #09-01  
Singapore 068897

Attn : Motor Claims Department

Without Prejudice

Dear Sir/Madam

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506048W

**ACCIDENT ON 29.09.2022 INVOLVING SHC7211B & SMJ7843G ALONG KEPPLE BAY VIEW  
(CONDO REFLECTION)**

We are the authorised repair workshop for CityCab Pte Ltd, the owner of vehicle No SHC7211B, which was involved in the captioned accident with your insured vehicle No SMJ7843G.

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\$	1,765.50
2. Loss of Rental	4 days x S\$ 110.67	S\$	442.68
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	4 days x S\$ 80.00	S\$	320.00
2. Others		S\$	0.00

[E&OE] **Total Claims** **S\$ 2,530.18**

**Workshops**

**Braddell**  
205 Braddell Road  
Singapore 579701

**Loyang**  
59 Loyang Drive  
Singapore 508969

**Sin Ming**  
383 Sin Ming Drive  
Singapore 575717

**Pandan**  
45 Pandan Road  
Singapore 609286

**Ubi**  
320 Ubi Road 3  
Singapore 408649

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791

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
<input checked="" type="checkbox"/> 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: -

Email: kazali@cdge.com.sg

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

A member of



**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHC7211B , SMJ7843G  
ALONG KEPPLE BAY VIEW (CONDO REFLECTION)****ON 29-Sep-22 18:25**I / We **CHIA HAN CHOON** (Hirer) NRIC No.: **SXXXX875D**and/or **GOBINATHAN S/O SIN...** (Relief) NRIC No.: **SXXXX477E**Taxi Number **SHC7211B**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

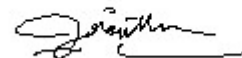
1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal 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 **30-Sep-2022**Name of Hirer **CHIA HAN CHOON**Hirer NRIC **SXXXX875D**

Signature :

Address **69 BEDOK SOUTH AVENUE 3 #07-4...  
460069**Contact No. **97820489**Name of Relief **GOBINATHAN S/O SINNASAMY**Relief NRIC **SXXXX477E**

Signature :

Address **68 BEDOK SOUTH AVENUE 3 20-516  
460068**

Contact No.

GST REG. NO. M2-8921817-3

**TAX INVOICE**

8010002

Company ALLIANZ INSURANCE SINGAPORE PTE LTD

79 ROBINSON ROAD #09-01  
SINGAPORE 068897

CONTACT NO: 63953857

VEHICLE NO  
SHC7211B

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
07.04.2016

CHASSIS CODE  
KMHLB41UMGU086984

NO/DATE  
92985363 29.12.2022

JOB NO.  
305532073

ODOMETER READING

JOB TYPE

Description : 3P 29.09.2022

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt	1,650.00
Add GST @ 7.000 %	115.50
<b>Total Invoice amount</b>	<b>1,765.50</b>

Issued by : KATHERINETAN 29.12.2022 10:47:17  
Repair Type : CFSO/57/57  
Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd

Head Office:  
205 Braddell Road  
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Our Ref: CC22090519



Date: 10 October 2022

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                      29/09/2022    @   18:25 hrs  
ALONG                              KEPPLE BAY VIEW (CONDO REFLECTION)  
INVOLVING                      SMJ7843G

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 **SHC7211B** (the "Taxi"). The Taxi was hired to **CHIA HAN CHOON IC NO SXXXX875D** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$110.67** 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.

SMJ7843G

Date of Accident

29/09/2022 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

Insurance ..... Allianz Insurance Singapore P...

Period of Insurance ..... 20/03/2022 - 19/03/2023

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

Requested Date ..... 30/09/2022 13:59

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**

8nc7211B

