

Our Ref: CC1022/SHD8815Y/CK(st)  
Date: 08.12.2022



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

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 05.10.2022 INVOLVING SHD8815Y & GBJ7506K ALONG TPE TWDS AIRPORT**

**Workshops**

We are the authorised repair workshop for CityCab Pte Ltd, the owner of vehicle No SHD8815Y, which was involved in the captioned accident with your insured vehicle No GBJ7506K.

**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

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\$	8,667.00
2. Loss of Rental	23 days x S\$ 179.76	S\$	4,134.48
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	23 days x S\$ 80.00	S\$	1,840.00
2. Others		S\$	0.00

[E&OE] **Total Claims** **S\$ 14,643.48**

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

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

**COMFORTDELGRO**

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****MERCEDES E220 SHD8815Y , GBJ7506K  
TPE TWDS AIRPORT****ON 05-Oct-22 09:15**

I / We

**CHUA YEONG HIN**

(Hirer) NRIC No.:

**SXXXX543C**

and/or

(Relief) NRIC No.:

**SXXXX543C**

Taxi Number

**SHD8815Y**

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

**05-Oct-2022**

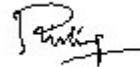
Name of Hirer

**CHUA YEONG HIN**

Hirer NRIC

**SXXXX543C**

Signature :



Address

**545 SERANGOON NORTH AVENUE 3...  
550545**

Contact No.

**93878963**

**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**  
SHD8815Y

**NO/DATE**  
92828456 02.12.2022

**MAKE**  
MERCEDES BENZ

**JOB NO.**  
305532165

**MODEL**  
V-CLASS CDI 2.2L

**ODOMETER READING**

**DATE OF REG**  
21.08.2019

**CHASSIS CODE**  
WDF44781323611598

**JOB TYPE**

Description : 3P.05.10.22

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt		8,100.00
Add GST @ 7.000 %		567.00
<b>Total Invoice amount</b>		<b>8,667.00</b>

Issued by : KATHERINETAN 02.12.2022 13:34:40  
Repair Type : CFSO/57/57  
Payment Type/Term : /Credit 30 days

BY TAKING ALL REASONABLE PRECAUTIONS AGAINST THE THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARE OR OTHER INCIDENTS RELATING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND PARKED AT OWNERS RISK.  
IF CUSTOMER SHALL REPORT THE VEHICLE IMMEDIATELY UPON OCCURRENCE AND WITHIN 24 HOURS OF THE INCIDENT TO THE COMPANY BY ANY COMPLAINTS (BYE MAIL). THE VEHICLE WILL BE RETURNED TO THE CUSTOMER IN GOOD ORDER.  
IF THE VEHICLE IS NOT RETURNED TO THE CUSTOMER WITHIN 24 HOURS OF THE INCIDENT, THE COMPANY WILL BE RESPONSIBLE FOR THE LOSS OF THE VEHICLE AND THE CUSTOMER WILL BE RESPONSIBLE FOR THE LOSS OF THE VEHICLE.  
PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES 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

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

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

Our Ref: CC22100076



Date: 12 October 2022

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                      05/10/2022    @   09:15 hrs  
ALONG                                TPE TWDS AIRPORT  
INVOLVING                        GBJ7506K

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 **SHD8815Y** (the "Taxi"). The Taxi was hired to **CHUA YEONG HIN IC NO SXXXX543C** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$179.76** 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.

E READING  
516

MILEAGE  
TRAVELLED  
(KM)

HOURS OPERATED (TIME)

FROM

TO

786

270

05.50

21.25

101

315

05.00

23.40

162

61

13.00

00.30

352

190

06.50

20.00

4569

210 88154

NAME OF DRIVER

DATE

MILEAGE  
TRAVELLED  
(KM)

MILEAGE READING

HOURS OPERATED

Accident

Repair

05-10-22

27-10-22

121

121

FROM

1000

1530



## INSURER ENQUIRY


# Find

# insurer

Vehicle reg. no.

GBJ7506K

Date of Accident

05/10/2022 

Reset

## % RESULT & RECEIPT

### TP Insurer Enquiry

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

Period of Insurance ..... **06/08/2022 - 05/08/2023**

Requested By ..... **Huang Xiao Yan (COMFORTDEL...**

Requested Date ..... **05/10/2022 12:18**

### 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**