

Our Ref: CT0922/SHD7111B/CK(st)  
Date: 16.11.2022



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  
Facsimile +65 6280 9755

Dear Sir/Madam

www.cdge.com.sg

Company Registration No: 199506048W

**ACCIDENT ON 28.09.2022 INVOLVING SHD7111B & GX 4212U ALONG 572 ANG MO KIO AVE 3**

**Workshops**

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHD7111B, which was involved in the captioned accident with your insured vehicle No GX 4212U.

**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\$	2,461.00
2. Loss of Rental	3 days x S\$ 110.67	S\$	332.01
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	0 days x S\$ 0.00	S\$	0.00
2. Others		S\$	0.00

[E&OE] **Total Claims** **S\$ 2,795.01**

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

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

