

Our Ref: CC1122/SHA 649D/CK(st)  
Date: 08.12.2022

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 15.11.2022 INVOLVING SHA 649D & SMH1836C ALONG HAVELOCK RD TWDS  
PICKERING ST**

**Workshops**

We are the authorised repair workshop for CityCab Pte Ltd , the owner of vehicle No SHA 649D,  
which was involved in the captioned accident with your insured vehicle No SMH1836C.

**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

**Pandan**  
45 Pandan Road  
Singapore 609286

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:

**Ubi**  
320 Ubi Road 3  
Singapore 408649

**Taxi Owner's Claim :**

1. Cost of Repairs		S\$	1,872.50
2. Loss of Rental	3 days x S\$ 114.95	S\$	344.85
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

**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\$ **2,459.35**

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  
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

**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**  
SHA 649D

**MAKE**  
HYUNDAI

**MODEL**  
I-40

**DATE OF REG**  
15.09.2016

**CHASSIS CODE**  
KMHLB41UMGU093622

**NO/DATE**  
92812969 30.11.2022

**JOB NO.**  
305536777

**ODOMETER READING**

**JOB TYPE**

Description : 3P 15.11.2022

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt		1,750.00
Add GST @	7.000 %	122.50
<b>Total Invoice amount</b>		<b>1,872.50</b>

Issued by : KATHERINETAN 30.11.2022 15:23:15  
Repair Type : CFSO/57/57  
Payment Type/Term : /Credit 30 days

1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARIS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.  
2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY OR 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 ON 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**

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHA649D , SMH1836C  
ALONG HAVELOCK RD TWDS PICKERING ST****ON 15-Nov-22 20:00**I / We **ABDUL HALIM BIN MD ...** (Hirer) NRIC No.: **SXXXX777D**and/or (Relief) NRIC No.: **SXXXX777D**Taxi Number **SHA649D**

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 **07-Dec-2022**Name of Hirer **ABDUL HALIM BIN MD KASSIM**

Hirer NRIC

**SXXXX777D**

Signature :

Address **404 YISHUN AVENUE 6 #10-1230  
760404**Contact No. **85026194**

Our Ref: CC22110252



Date: 02 December 2022

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                    15/11/2022    @   20:00 hrs  
ALONG                            HAVELOCK RD TWDS PICKERING ST  
INVOLVING                      SMH1836C

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 **SHA0649D** (the "Taxi"). The Taxi was hired to **ABDUL HALIM BIN MD KASSIM IC NO SXXXX777D** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$114.95** 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.

MILEAGE READING	MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)		NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)	
	FROM	TO	DATE	DATE		FROM	TO	FROM	TO	FROM	TO	
				6/11/22	HALIM	8101	4149	8101	4149	1425	1709	
				11/11/22	HALIM	8104	54	8104	54	1700	0440	
				12/11/22	HALIM	8106	50	8106	50	1807	0456	
				13/11/22	HALIM	8107	40	8107	40	2052	0125	
				14/11/22	HALIM	8108	93	8108	93	1427	2120	
				15/11/22	HALIM	8109	48	8109	48	1920	2155	
				16/11/22	HALIM					1211		
				16.11.22	9					1255		
				18.11.22	9						1615	
					Accident Repair							

INSURER ENQUIRY

# Find insurer

Vehicle reg. no.

SMH1836C

Date of Accident

15/11/2022 📅

Reset

## % RESULT & RECEIPT

### TP Insurer Enquiry

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

Period of Insurance ..... **15/01/2022 - 14/01/2023**

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

Requested Date ..... **16/11/2022 15:18**

#### 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**

*SMR 649B*