Our Ref:

CT0123/SHC3669R/CK(st)

Date:

19.01.2023



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

CHINA TAIPING INSURANCE CO (S)PTE L 3 ANSON ROAD #16-00 Singapore 079909 Attn: Motor Claims Department

Dear Sir/Madam

Taxi Owner's Claim:

2. Others

ACCIDENT ON 05.01.2023 INVOLVING SHC3669R & SND5407R ALONG PASIR PANJANG RD

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHC3669R, which was involved in the captioned accident with your insured vehicle No SND5407R.

Without Prejudice

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:

Workshops

Braddell 205 Braddell Road Singapore 579701

> Loyang 59 Loyang Drive

Singapore 508969 Sin Mina

383 Sin Ming Drive Singapore 575717

Pandan 45 Pandan Road Singapore 609286

320 Ubi Road 3 Singapore 408649

••••	4 days x S\$ 126.36	\$\$ \$\$ \$\$ \$\$ \$\$ \$\$	3,132.00 505.44 0.00 0.00 2.00 0.00	
Hirer's Claim: 1. Loss of Income 2. Others	4 days x S\$ 80.00	S\$ S\$	320.00 0.00	

3,959.44 **Total Claims** S\$ [E&OE]

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

Letter of Authority from Owner/Hirer/Operator [X] Original Repair Bill [X] **Rental Rate Letter** [X] [X] GIA/Police Report(s) Downtime/Mileage Record LTA/GIA Search Slip(s) [X] ĮΧĺ Witness Statement / Accident Scene Photo(s) [] Survey Report / Bill 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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING Hyundai Ioniq SHC3669R , SND5407R ON 05-Jan-23 20:45

ALONG PASIR PANJANG RD

I / We LEE ENG SENG (Hirer) NRIC No.: SXXXX355A

and/or (Relief) NRIC No.: SXXXX355A

Taxi Number SHC3669R

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 **06-Jan-2023**

Name of Hirer LEE ENG SENG

Hirer NRIC **SXXXX355A** Signature:

Address **101 POTONG PASIR AVENUE 1 #07...**

350101

Contact No. **91993716**



ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

205 Braddell Road Singapore 579701 59 Loyang Drive Singapore 508969 45 Pandan Road Singapore 609286

383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791 320 Ubi Road 3 Singapore 408649

COMPANY REG. NO.: 199506048W

Page: 1

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

NO/DATE 93077422 12.01.2023

MAKE HYUNDAI JOB NO. 305541921

MODEL IONIQ(G3) ODOMETER READING

DATE OF REG 30.10.2019

JOB TYPE

CHASSIS CODE KMHC851CVLU187694

Description: 3P.05.01.23

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt Add GST @ 8.000

Total Invoice amount

3,132.00

Issued by : KATHERINETAN 12.01.2023 10:47:34 Repair Type : CLSO/57/57 Payment Type/Term : /Credit 30 days

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.

Our Ref: CT23010085

Date: 12 January 2023



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 05/01/2023 @ 20:45 hrs

ALONG PASIR PANJANG RD

INVOLVING SND5407R

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 **SHC3669R** (the "Taxi"). The Taxi was hired to **LEE ENG SENG IC NO SXXXX355A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate \$126.36 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.

SND5407R

Date of Accident

05/01/2023

Reset

% RESULT & RECEIPT

TP Insurer Enquiry Insurance China Taiping Insurance (Sing... Period of Insurance 04/04/2022 - 03/04/2023 Requested By Huang Xiao Yan (COMFORTDEL... Requested Date 06/01/2023 15:35

Payment details

Request Amount: **\$\$1.85**GST Amount: **\$\$0.15**

Total Amount Due (GST Inclusive): **\$\$2**

General Insurance Association

Records Management Centre GST Registration No: **M400017735**

	NAME OF DRIVER											
0073 100	HOURS OPERATED (TIME)	10			100 00		0.00	27 3	,		27.5	
	HOURS OPE	FROM	0581	13161	70.57	-	2355	3				-
	MILEAGE	(KMI)	3	aut	0.5		200	- 2			C 1	
		IMILEAGE READING		2/1	4		10000000000000000000000000000000000000	42 2 0 3 2			14 (c)	
		NAME OF DRIVER	A ceiden	Copaliv	313			10			724	
	L F	DALE	SE-10-90	09-01-33			5	1010		•	17.	

į,