

Our Ref: CT0123/SHA5154G/CK(st)
Date: 30.01.2023

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

Attn : Motor Claims Department

Without Prejudice

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

www.cdge.com.sg

Company Registration No: 199506048W

Dear Sir/Madam

**ACCIDENT ON 05.01.2023 INVOLVING SHA5154G & SMX9615L ALONG TAKASHIMAYA
SHOPPING CENTRE FRIVE WAY**

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHA5154G, which was involved in the captioned accident with your insured vehicle No SMX9615L.

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\$	3,240.00
2. Loss of Rental	5 days x S\$ 129.60	S\$	648.00
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	5 days x S\$ 80.00	S\$	400.00
2. Others		S\$	0.00

[E&OE]	Total Claims	S\$	4,290.00
--------	---------------------	------------	-----------------

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

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
SHA5154G

NO/DATE
93091281 13.01.2023

MAKE
HYUNDAI

JOB NO.
305541485

MODEL
IONIQ(G2)

ODOMETER READING

DATE OF REG
01.02.2019

CHASSIS CODE
KMHC851CVKU133567

JOB TYPE

Description : 3P 05.01.2023

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	3,000.00
Add GST @ 8.000 %	240.00
Total Invoice amount	3,240.00

Issued by : CHEWBEELENG 13.01.2023 15:52:47
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

(1) WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR PARTS OR OTHER ACCIDENTS BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVER AND TESTER OWNERS RISK.
(2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL, WITHIN 7 DAYS FROM SUCH DELIVERY, IN WRITING TO THE COMPANY OF ANY COMPLAINTS, OTHERWISE, THE VEHICLE 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 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.

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **Hyundai Ioniq SHA5154G , SMX9615L** **ON 05-Jan-23 10:35**
ALONG **TAKASHIMAYA SHOPPING CENTRE DRIVE WAY**

I / We **ONG KIAN HUAT** (Hirer) NRIC No.: **SXXXX003Z**

and/or (Relief) NRIC No.: **SXXXX003Z**

Taxi Number **SHA5154G**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

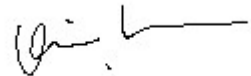
1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal 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-Jan-2023**

Name of Hirer **ONG KIAN HUAT**

Hirer NRIC **SXXXX003Z**

Signature :



Address **666 CHOA CHU KANG CRESCENT #0...
680666**

Contact No. **97422981**

Our Ref: CT23010071

Date: 13 January 2023



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 05/01/2023 @ 10:35 hrs
ALONG TAKASHIMAYA SHOPPING CENTRE DRIVE WAY
INVOLVING SMX9615L

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 **SHA5154G** (the "Taxi"). The Taxi was hired to **ONG KIAN HUAT IC NO SXXXX003Z** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$129.60** 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.

SMX9615L

Date of Accident

05/01/2023 

Reset

% RESULT & RECEIPT

TP Insurer Enquiry

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

Period of Insurance **08/02/2022 - 07/02/2023**

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

Requested Date **06/01/2023 08:38**

Payment details

Request Amount: **S\$1.85**

GST Amount: **S\$0.15**

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

General Insurance Association

Records Management Centre

GST Registration No: **M400017735**

[illegible]