

Our Ref: CT0323/SH 8725Y/KS(st)
Date: 10.04.2023

ALLIANZ INSURANCE SINGAPORE PTE LTD
79 ROBINSON ROAD #09-01
Singapore 068897

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 10.03.2023 INVOLVING SH 8725Y & SMK7611D ALONG Along Alexandra Road towards Ikea

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SH 8725Y, which was involved in the captioned accident with your insured vehicle No SMK7611D.

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\$	4,428.00
2. Loss of Rental	6 days x S\$ 131.76	S\$	790.56
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	6 days x S\$ 80.00	S\$	480.00
2. Others		S\$	0.00

[E&OE]	Total Claims	S\$	5,700.56
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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
<input checked="" type="checkbox"/> 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

Kazali H S

CDGE Claims Department

DID: 62148736

FAX: -

Email: kazali@cdge.com.sg

This is a computer-generated letter. No signature is required.

A member of

COMFORTDELGRO