

Our Ref: CT0323/SHD4917M/KS(st)  
Date: 26.04.2023

INDIA INTERNATIONAL INSURANCE P/L  
64 CECIL STREET #04-00/06-00  
Singapore 049711

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 31.03.2023 INVOLVING SHD4917M & SHD2147G ALONG OUTRAM ROAD SLIP RD TO AYE/TUAS**

We are the authorised repair workshop for Comfort Transportation Pte Ltd , the owner of vehicle No SHD4917M, which was involved in the captioned accident with your insured vehicle No SHD2147G.

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\$	1,242.00
2. Loss of Rental	5 days x S\$ 126.36	S\$	631.80
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	0.00
5. GIA / Police Report Fee		S\$	0.00
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]	<b>Total Claims</b>	<b>S\$</b>	<b>2,273.80</b>
--------	---------------------	------------	-----------------

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
[ ] 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**

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****Hyundai Ioniq SHD4917M , SHD2147G  
OUTRAM ROAD SLIP RD TO AYE/TUAS****ON 31-Mar-23 16:25**

I / We

**YEO SER HOCK**

(Hirer) NRIC No.:

**SXXXX429Z**

and/or

(Relief) NRIC No.:

**SXXXX429Z**

Taxi Number

**SHD4917M**

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

**01-Apr-2023**

Name of Hirer

**YEO SER HOCK**

Hirer NRIC

**SXXXX429Z**

Signature :



Address

**131 JALAN BUKIT MERAH #08-1585  
160131**

Contact No.

**96817212**

GST REG. NO. M2-8921817-3

**TAX INVOICE**

COMPANY REG. NO.: 199506048W  
Page: 1

8010032

INDIA INTERNATIONAL INSURANCE PTE LTD  
IOB Building

64 CECIL STREET #04-00/06-00  
SINGAPORE 049711

CONTACT NO: 62238122

VEHICLE NO  
SHD4917M

MAKE  
HYUNDAI

MODEL  
IONIQ(G2)

DATE OF REG  
10.07.2019

CHASSIS CODE  
KMHC851CVKU164657

NO/DATE  
93781769 24.04.2023

JOB NO.  
305550355

ODOMETER READING

JOB TYPE

Description : 3P 31.03.2023

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt		1,150.00
Add GST @	8.000 %	92.00
Total Invoice amount		1,242.00

Issued by : KATHERINETAN 24.04.2023 15:36:21  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

**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.

Our Ref: CT23030566

Date: 24 April 2023



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                      31/03/2023    @   16:25 hrs  
ALONG                              OUTRAM ROAD SLIP RD TO AYE/TUAS  
INVOLVING                      SHD2147G

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 **SHD4917M** (the "Taxi"). The Taxi was hired to **YEO SER HOCK IC NO SXXXX429Z** 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 **HSBC Life (Singapore) 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

Fleet Insurance Team  
Asset Management

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

[illegible]