

Our Ref: CC0523/SHC7245D/CK(st)  
Date: 17.07.2023

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 06.05.2023 INVOLVING SHC7245D & GBF5887U ALONG 909 JURONG W ST 91**

We are the authorised repair workshop for CityCab Pte Ltd , the owner of vehicle No SHC7245D, which was involved in the captioned accident with your insured vehicle No GBF5887U.

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\$	3,186.00
2. Loss of Rental	4 days x S\$ 116.02	S\$	464.08
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	26.75
5. GIA / Police Report Fee		S\$	0.00
6. Others		S\$	0.00

**Hirer's Claim :**

1. Loss of Income	4 days x S\$ 80.00	S\$	320.00
2. Others		S\$	0.00

[E&OE]      **Total Claims**      S\$      **3,996.83**

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