Our Ref: CT0523/SHC2128SKS9st)

05.07.2023 Date:

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

Attn: Motor Claims Department Without Prejudice

Dear Sir/Madam



ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969

www.cdge.com.sg

Company Registration No: 199506048W

ACCIDENT ON 28.05.2023 INVOLVING SHC2128S & SNJ8218T ALONG CHOA CHU KANG SLIP RD TO BKE/PIE

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of vehicle No SHC2128S, which was involved in the captioned accident with your insured vehicle No SNJ8218T.

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\$	4,482.00
2. Loss of Rental	3 days x S\$ 126.58	S\$	379.74
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	3 days x S\$ 80.00	S\$	240.00
2. Others		S\$	0.00

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				
\bowtie	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 :						

[E&OE]

Total Claims

S\$

5,103.74

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.



LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING TOYOTA PRIUS SHC2128S , SNJ8218T ON 28-May-23 21:00

ALONG CHOA CHU KANG SLIP RD TO BKE/PIE

I / We AMIR MOHAMMAD B A... (Hirer) NRIC No.: SXXXX509F

and/or (Relief) NRIC No.: **SXXXX509F**

Taxi Number SHC2128S

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 **29-May-2023**

Name of Hirer AMIR MOHAMMAD B ABDULLAH

Hirer NRIC **SXXXX509F** Signature :

Address 494E TAMPINES STREET 43 #06-540

525494

Contact No. **91830764**

https://cdgek2srv1:4444/Runtime/Runtime/Runtime/Runtime/View/CDG.VARS.V.Le... 29/05/2023



ComfortDelGro Engineering Pte Ltd

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

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

8010002

Company ALLIANZ INSURANCE SINGAPORE PTE LTD

79 ROBINSON ROAD #09-01 SINGAPORE 068897

CONTACT NO: 63953857

VEHCLE NO SHC2128S

NO/DATE 94212834 26.06.2023

MAKE TOYOTA JOB NO. 305556031

MODEL PRIUS HYBRID(G4) ODOMETER READING

DATE OF REG 10.08.2017

JOB TYPE

CHASSIS CODE JTDKB3FU703563382

Description: 3P 28.05.2023

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt Add GST @ 8.000 %

Total Invoice amount

4,482.00

Issued by : KATHERINETAN 26.06.2023 09:51:04 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: CT23050457

Date: 26 June 2023



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 28/05/2023 @ 21:00 hrs

ALONG CHOA CHU KANG SLIP RD TO BKE/PIE

INVOLVING SNJ8218T

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 SHC2128S (the "Taxi"). The Taxi was hired to AMIR MOHAMMAD B ABDULLAH IC NO SXXXX509F a registered hirer-operator of Comfort Transportation Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$126.58 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.

INSURER ENQUIRY

Find insurer

Vehicle reg. no.

SNJ8218T

Date of Accident

28/05/2023 🛱

Reset

% RESULT & RECEIPT

TP Insurer Enquiry	
Insurance Allianz Insurance Singap	ore P
Period of Insurance	10/2023
Requested ByPor Moy Juan (COMFORT	DELG
Requested Date29/05/20	23 09:04

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**

SUC 2285

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9	NAME OF DRIVER		++1m +	TO LOW		House	- F	Amye 7	1 Khim	Bray W. 7	CICLON	Kellali	-
	DATE	24/5/22	U		5/2/20	22		7 5 02	-	00/2/25	17/1	200	
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