Our Ref: CC0623/SHA8268S/CK(st)

27.06.2023 Date:

CHINA TAIPING INSURANCE CO (S)PTE L

3 ANSON ROAD #16-00 Singapore 079909

Attn: Motor Claims Department Without Prejudice

Dear Sir/Madam



ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969

www.cdge.com.sg

3,906.32

S\$

Company Registration No: 199506048W

# ACCIDENT ON 05.06.2023 INVOLVING SHA8268S & SJS7680Y ALONG PETIR SLIP RD TO DAIRY **FARM RD**

We are the authorised repair workshop for CityCab Pte Ltd, the owner of vehicle No SHA8268S, which was involved in the captioned accident with your insured vehicle No SJS7680Y.

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\$	3,078.00		
2. Loss of Rental	4 days x S\$ 126.58	S\$	506.32		
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	4 days x S\$ 80.00	S\$	320.00		
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					
×	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	S / Othe	ers:					

[E&OE]

**Total Claims** 

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.



**LETTER OF AUTHORISATION** 

(NAF / PAF)

ACCIDENT INVOLVING TOYOTA PRIUS SHA8268S , SJS7680Y ON 05-Jun-23 15:10

**ALONG** PETIR SLIP RD TO DAIRY FARM RD

I / We TAN CHOR BENG (Hirer) NRIC No.: SXXXX130J

(Relief) NRIC No.: SXXXX130J and/or

Taxi Number **SHA8268S** 

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

A

"ComfortDelGro Engineering Pte Ltd".

Date 05-Jun-2023

Name of Hirer **TAN CHOR BENG** 

Hirer NRIC SXXXX130J Signature:

Address **398 YISHUN RING ROAD #05-1735** 

760398

Contact No. 96505170



# ComfortDelGro Engineering Pte Ltd

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

Workshops

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

Page: 1

GST REG. NO. M2-8921817-3

3 ANSON ROAD #16-00 SINGAPORE 079909

CONTACT NO: 62222366

8010012

TAX INVOICE

VEHCLE NO SHA8268S

NO/DATE 94197757 23.06.2023

MAKE TOYOTA

JOB NO. 305556811

COMPANY REG. NO.: 199506048W

MODEL PRIUS HYBRID(G4)

ODOMETER READING

**DATE OF REG** 31.05.2017

CHASSIS CODE JTDKB3FU203557019

JOB TYPE

Description : 3P 05.06.2023

Invoice for Lump Sum Repair

CHINA TAIPING INSURANCE CO (S)PTE LTD SPRINGLEAF TOWER

Total Lump Sum Repair Amt Add GST @ 8.000 %

Total Invoice amount

3,078.00

KATHERINETAN 23.06.2023 12:56:48 CFSO/57/57 Issued by Repair Type

Payment Type/Term : /Credit 30 days

## ComfortDelGro Engineering Pte Ltd

Head Office: 205 Braddell Road Singapore 579701

**AMOUNT** BANK/CHQ N ACCOUNT No. INVOICE No.

Kindly note that no receipt shall be issued unless requested.

Our Ref: CC23060070

Date: 22 June 2023



# TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 05/06/2023 @ 15:10 hrs

ALONG PETIR SLIP RD TO DAIRY FARM RD

INVOLVING SJS7680Y

We refer to the above-mentioned accident and wish to inform that CityCab Pte Ltd is the registered owner of the taxi bearing vehicle registration number SHA8268S (the "Taxi"). The Taxi was hired to TAN CHOR BENG IC NO SXXXX130J a registered hirer-operator of CityCab 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.

SJS7680Y

# **Date of Accident**

05/06/2023

Reset

# % RESULT & RECEIPT

# TP Insurer Enquiry Insurance \_\_\_\_\_\_ China Taiping Insurance (Sing... Period of Insurance \_\_\_\_\_\_ 02/09/2022 - 01/09/2023 Requested By \_\_\_\_\_ Huang Xiao Yan (COMFORTDEL... Requested Date \_\_\_\_\_\_ 06/06/2023 08:56

# **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** 

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