

## Joy Irene (LKKAUTO)

---

**From:** Joel Goh <joel.goh@sg.cntaiping.com>  
**Sent:** Thursday, 22 February 2018 4:26 PM  
**To:** Joy Irene (LKKAUTO)  
**Cc:** Alfred Toh; Claims Dept of CTI; Vivian Lau (LKKAUTO); Sharon Han  
**Subject:** RE: ACCIDENT INVOLVING SGG 9672G AND SHA 4471Y ON 07.12.17 (SNM17D07009C02/2)

Dear Joy

Please proceed to resolve claim at S\$3,248.85.

Best Regards

Joel Goh  
Claims Executive (Motor Division)  
Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #15-02  
Springleaf Tower Singapore 079909  
Co. Reg. No. 200208384E  
DID: 6389 6184  
Fax: 6224 7175 / 6224 7478  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
[joel.goh@sg.cntaiping.com](mailto:joel.goh@sg.cntaiping.com)  
Website: [www.sg.cntaiping.com](http://www.sg.cntaiping.com)

*Disclaimer : This message is confidential; its contents do not constitute a commitment by China Taiping Insurance (Singapore) Pte. Ltd. except where provided for in a written agreement between you and China Taiping Insurance (Singapore) Pte. Ltd. Any unauthorized disclosure, use or dissemination, either in whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.*

---

**From:** Joy Irene (LKKAUTO) [mailto:JoyIrene@lkkauto.com]  
**Sent:** Thursday, 22 February, 2018 3:59 PM  
**To:** Joel Goh <joel.goh@sg.cntaiping.com>  
**Cc:** Alfred Toh <alfred.toh@sg.cntaiping.com>; Claims Dept of CTI <claimsdept@sg.cntaiping.com>; Vivian Lau (LKKAUTO) <vivianlau@lkkauto.com>  
**Subject:** ACCIDENT INVOLVING SGG 9672G AND SHA 4471Y ON 07.12.17

**REF: SNM17D07009C02/20**

LKK: CC3/CTI17023587/K1ja3q2

Dear Mr. Joel,

This is a scenario where our insured changed lane. Bola 15-100% against our insured.

Liability is not in our favour.

Summary of offer to repairer M/s **COMFORTDELGRO ENGINEERING PTE LTD** is as follows:

	TP CLAIMED	OUR REVISED TO OFFER
Cost of Repairs + 7% GST	\$ 3,405.08 (per estimate)	\$ 2,193.50
Loss of Rental	\$ 812.50 (\$125 x 6.5 days)	\$ 750.00 (6 days) *

Loss of Income	\$ 520.00 (\$80 x 6.5 days)	\$ 300.00 (\$50 x 6 days)
LTA Search	\$ 5.35	\$ 5.35
<b>TOTAL</b>	<b>\$ 4,742.93</b>	<b>\$ 3,248.85</b>

- 3 days recommendation for repair + DOA + weekends.

Relevant supporting claim documents attached for your perusal and reference.

For your approval.

Thank you.

Best Regards,

Joy Irene | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6749-5792 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

All contents of this email is intended strictly for the addressee(s) only. It may contain confidential and/or privileged information. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this email. Any unauthorized copying, disclosure or distribution of the material in this email is strictly forbidden.

---

This email has been scanned by the Symantec Email Security.cloud service.

For more information please visit <http://www.symanteccloud.com>

---

# COMFORTDELGRO ENGINEERING

Our Ref : T 1217 / SHA4471Y /WT(st)

Your Ref : \_\_\_\_\_

Date : 12-Jan-18

CDGE Taxi Claims Dept  
59 Loyang Drive 4th Flr  
Singapore 508969

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199506948W

**CHINA INSURANCE CO LTD**  
**3 ANSON ROAD**  
**#16-00 SPRINGLEAF TOWER**  
**SINGAPORE 079909**

**Attn : Motor Claims Department**

**WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA4471Y YOUR INSURED SGG9672G**  
**AND OTHER \_\_\_\_\_ ON 07.12.17**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA4471Y which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving SGG9672G we are submitting these claims for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,193.50
2	6.5 days Loss of Rental @ \$ 125.00 per day	\$ 812.50
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 5.35
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
<b>Sub Total :</b>		<b>\$ 3,011.35</b>

## HIRER'S CLAIM

7	6.5 days Loss of Income @ \$ 80.00 per days	\$ 520.00
<b>Total Claims :</b>		<b>\$ 3,531.35</b>

We enclosed herewith the following documents to support the claims: -

- a) Original repair bill and photostat photographs : 9 pcs.
- b) LTA search slip/s of : SGG9672G
- c) GIA / Police report/s of : SHA4471Y
- d) Letter of authority from owner / hirer / operator
- ( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
- ( X ) Photograph/s of Accident Scene ( x ) Downtime/Mileage record ( x ) Rental Rate letter

Kindly look into the matter and let us hear from you on the settlement of the said 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 faithfully  
*William 'Lan*

Deputy Manager

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email : williamtan@cdge.com.sg

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

A member of

**COMFORTDELGRO**

## Workshops

**Braddell**  
205 Braddell Road  
Singapore 579701

**Loyang**  
59 Loyang Drive  
Singapore 508969

**Sin Ming**  
383 Sin Ming Drive  
Singapore 575717

**Pandan**  
45 Pandan Road  
Singapore 609286

**Ubi**  
320 Ubi Road 3  
Singapore 408649

**Senoko**  
24 Senoko Loop  
Singapore 758156

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791

**Yishun**  
Shun Industrial Park A  
Singapore 768732



**Joy Irene (LKKAuto)**

---

**From:** Joy Irene (LKKAuto)  
**Sent:** Thursday, 22 February 2018 3:34 PM  
**To:** 'sallybingo@gmail.com'  
**Cc:** Vivian Lau (LKKAuto)  
**Subject:** ACCIDENT INVOLVING SGG 9672G AND SHA 4471Y ON 07/12/2017

Our Ref: CC3/CTI17023587/K1ja3q2

**ONG KAR IMM**  
Policy Holder

Dear Madam,

**ACCIDENT INVOLVING SGG 9672G AND SHA 4471Y ON 07/12/2017**

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Best Regards,  
Joy Irene | Case Handler  
LKK Auto Consultants Pte Ltd  
DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

All contents of this email is intended strictly for the addressee(s) only. It may contain confidential and/or privileged information. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this email. Any unauthorized copying, disclosure or distribution of the material in this email is strictly forbidden.

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****i 40 SHA4471Y , SGG 9672G****ON 07-Dec-17 18:35****NORTH BRIDGE ROAD BEFORE JUNCTION OF ROSHOR ROAD**

I / We

**NEO CHEE MENG**(Hirer) NRIC No.: **S7000425I**

and/or

(Relief) NRIC No.:

Taxi Number

**SHA4471Y**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, 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

**08-Dec-2017**

Name of Hirer

**NEO CHEE MENG**

Hirer NRIC

**S7000425I**

Signature :



Address

**537 WOODLANDS DRIVE 16 #05-167  
730537**

Contact No.

**97361468**

3.

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3043821606  
Claimant : COMFORT TRANSPORTATION PTE LTD

Claim No : SNM17D07009C02/20

Amount : S\$3,245.00  
SINGAPORE DOLLARS THREE THOUSAND AND TWO HUNDRED FORTY FIVE ONLY

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHA 4471Y  
Insured Vehicle No. : SGG 9672G

Date of Loss : 07/12/2017  
Place of Accident : NORTH BRIDGE ROAD TOWARDS BUGIS JUNCTION

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name : ONG KAR IMM  
Driver Name : ONG KAR IMM

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

---

(1) Global Sum	S\$	3,245.00
----------------	-----	----------

TOTAL . . . . .	S\$	3,245.00
-----------------	-----	----------

---

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508969

Claimant Name : \_\_\_\_\_ NRIC No : \_\_\_\_\_

Signature :  \_\_\_\_\_ Date : 23.2.18

"The contents of this document apply to vehicle damages only  
All personal injuries and damages arising therefrom are excluded  
from the ambit and application of this document"

Please forward your cheque made payable to:-  
COMFORTDELGRO ENGINEERING PTE LTD

## TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO(S) PTE L.  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA4471Y

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
25.01.2017

CHASSIS CODE  
KMHLB41UMH0098280

INV. NO/DATE  
91348768 29.12.2017

JOB NO.  
305096085

ODMETER READING

JOB TYPE

Description : 3P 07.12.2017

### Invoice for Lump Sum Repair

Total lump sum Repair Amt.	2,050.00
Add GST @ 7.000 %	143.50
Total Invoice amount.	2,193.50

Issued by : KATHERINETAN 29.12.2017 13:51:01  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.  
2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY, ADVISE THE COMPANY IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.  
3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE DATE).  
4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd  
A member of COMFORTDELGRO

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: CT17120265

Date: 29 December 2017



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 07/12/2017 @ 18:35 hrs  
ALONG NORTH BRIDGE RD BEFORE JUNCTION OF ROCHOR RD  
INVOLVING SGG 9672G

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 **SHA4471Y** (the "Taxi"). The Taxi was hired to **NEO CHEE MENG IC NO S70004251** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance 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

Christine Tay  
Executive, Fleet Safety

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





**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SGG9672G	07 Dec 2017 / 18:35:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)[OK](#)