

LKK-  
IDAC-

Survivor:

DOI:

Date / Time : \_\_\_\_\_

Registered in Merimex:

Pre-assign / CCU / FTE



Insured Vehicle No. \_\_\_\_\_

Name of Insured

Insured Tel No.

HP:

Excess Sec II :\$8

D.O.A.:

Is driver the owner?

( YES / NO )

**Nature of Accident :**

If **NO**, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability :

Final ? Yes / No



INSRS

WSF

**Tel :**

Liability :

RMKS:



INSRS:

WSE

**Tel:**

Liability :

RMKS:



INSRS:

WSF

Tel :

**Liability:**

RMKS:



INSRS

WSI

Tel

Liability

RMKS

Date/ Time:		STC 24/24 - 12/11/2018 10:00 AM - 12/11/2018 10:00 AM		STAGE		DATE / PIC			
12/11/18		RECEIVED 18 JUN 2018		Non-Reporting ltr (1st):					
77H				Non-Reporting ltr (2nd):					
				Non-Reporting ltr (Final):					
				Notification ltr (if non-pickup):					
				Call OE 12/11/18 7:50 AM					
				After call ltr to OE:		12/11/18			
12/11/18 2:18 AM:		SPoke to OE Henry Lim Enterprise 94833331 of damage		Documentation Check List:		Handler	Typist		
		mention he will send in pictures/video to support his		Notification ltr (if non-pickup)		<input type="checkbox"/>	<input type="checkbox"/>		
		statement. Will cut off letter		After call ltr to OE:		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
		REQUEST FOR TP CON REPORT ANY		Authorisation To Act:		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
		SETTLEMENT.		Release Voucher:		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
12/11/18		STAND LETTER TO OE.		Final Repair Bill:		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
				Car Rental Invoice:		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
				Towing Invoice		<input type="checkbox"/>	<input type="checkbox"/>		
				LTA / GIA :		<input checked="" type="checkbox"/>	<input type="checkbox"/>		
				Medical Bill:		<input type="checkbox"/>	<input type="checkbox"/>		
				PIR:		<input type="checkbox"/>	<input type="checkbox"/>		
				Mandate/Reject Instruction:		<input type="checkbox"/>	<input type="checkbox"/>		
				LOD		<input type="checkbox"/>	<input type="checkbox"/>		
				Payment Breakdown Form:		<input type="checkbox"/>	<input type="checkbox"/>		
				Post-Repair Photos:		<input type="checkbox"/>	<input type="checkbox"/>		
				Others:		<input type="checkbox"/>	<input type="checkbox"/>		
PRELIMINARY ADVICE		Date/Time:	12/11/18	Sent By:	JAN				
FINALIZATION		Date/Time:		Confirm with:	Confirm by:				
Repair Cost:		SS	( ) days	Reduction:	%	Email	<input type="checkbox"/>	Call	<input type="checkbox"/>
FINAL SETTLEMENT		Date/Time:	12/11/18	Confirm with	William	Email	<input type="checkbox"/>	Call	<input type="checkbox"/>
Final Liability:		%	100	(Agreed / Assessed) BOLA S/N No.:	ML	If NO or B 28, Ass. Lia :			
Repair Cost:		SS	1498.00	COLD REPAIR					
Loss of Rental (LOR):		SS	320.43	( 3 days)	x 106.81	COPY SENT 12/11/18			
Loss of Use (LOU):		SS	150.00	( \$ 50 x 3 days)					
Loss of Income (LOI):		SS	( \$ x days)						
LOR only <input type="checkbox"/>		LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]				
GIA/LTA Search:		SS	5.35						
Medical:		SS							
Disbursement:		SS		(e.g. Tow/ Independent )					
Legal Cost		SS						1) Claim status: Normal/Reject/Private Settle	
Total:		SS	1973.78	Global Sum SS: 1970.00		2) Report Format:			
FINAL PAYMENT		Date/Time:		Confirm with:		Email	<input type="checkbox"/>	Call	<input type="checkbox"/>
Payee 1:		SS	1970.00	Name 1:	COMFORT DELGRO ENGINEERING PTE LTD				
Payee 2: (Strike if N.A.)		SS		Name 2:					
Payee 3: (Strike if N.A.)		SS		Name 3:					





# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CC3/CTI18000553/Dub3

3 ANSON ROAD #16-00  
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 09-01-2018



Code : CTI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GW 793R	Veh. Inspected	SHC 3347U
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	09/01/2018

## 2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

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## 5. General Information

Accident Date	05/01/2018	Inspection Date	08/01/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

## 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
---



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised  
Our ref: CC3/CTI18000553/Dub3

Date: 09.01.2018

The Motor Claims Department  
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO.**

**SHC3347U**

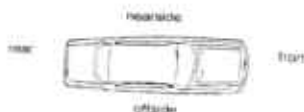
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 08.01.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	2,688.64
Revised Estimate Amount	: S\$	1,784.24
"Check" Items Amount	: S\$	638.32
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

**Description of Damage:**

The vehicle sustained damages at the  
N/S Front Portion



**Comments/Present Status:**

Damages Consistent

Estimated normal period for repairs: 2 days

Yours faithfully,

ANG BRYAN TANI  
Licensed Appraiser

am: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO305104429

<div>IMER COMFORT TRANSPORTATION PTE LTD 7010045 IMER NO SS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)  CHINA  UNT CARD NO.</div>	REGN NO SHC3347U	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 06.01.2018 08:15
	YR OF MANU 29.01.2011	TARGET DATE
	CHASSIS CODE KMHET41VMBA805567	COMPLETION DATE/TIME

JOB DESCRIPTION  
cident Date: 05.01.2018  
TURE: 3P 05.01.2018  
  
NO                      LABOR CODE                      DESCRIPTION

KED & PASSED OUT BY: _____	
_____	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
_____	
edgement Slip	Exit Pass
io.: SHC3347U      LKE/KALVIN	Vehicle No.: SHC3347U
Service Advisor	Signature/Date
urned to Service Reception upon collection	Name of Service Advisor      Date
	To be kept by Security Guard

Thin Thin

COMFORTDELGRO  
ENGINEERING

Our Job Ref No 305104429  
Date : 16/01/18

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive, Singapore 508669  
Fax: 6548 8156

FINALIZATION FORM

To : LKK  
Attn : Mr BRYAN ANG  
Vehicle Reg No. SHC3347U CTPL

Fax :

05.01.18

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: CHINA --- GW793R
2. The finalized amount shall be:
  - (a) Spare Parts after List discount
  - (b) Labour Charges
  - Total for Part-By-Part Repair Cost
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$1,450.00  
Final Lumpsum Repair cost \$1,150.00

1400/-

3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : [Signature]  
Name : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156

Signature : [Signature]  
Name : Lim Klc Adu  
Date : 25/01/17

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

## COMFORTDEL GRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 3347U

DATE 6/1/2018 12:18

MAKE :

MODEL : HYUNDAI SONATA

LKK/Kalwin

L/Sun

Like

CHINA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Dented</i>			\$ 538.80 ✓
	Front Bumper Bracket (LH) <i>2</i>			\$ 20.10 X
	Headlamp (LH) <i>2</i> <i>MM</i>			\$ 797.90 2 X
	Front Fender (LH) <i>Dented</i>			\$ 593.00 ✓
	Front Fender Shield (LH) <i>dented</i>			\$ 86.00 ✓
	SUB TOTAL			\$ 2,035.80
	LESS 20%			\$ 407.16
	DISCOUNTED TOTAL			\$ 1,628.64
			<i>1,217.80</i> <i>- 20%</i> <i>974.24</i>	
	Labour Charge			
	Panel Beating			\$ 560.00 400/-
	Spray Painting Charge			\$ 400.00 360/-
	Wiring Charge			\$ 50.00 20/-
	Tuff Kote			\$ 50.00 30/-
			<i>810</i>	
			<i>1,784.24</i> <i>- 20%</i>	
	TOTAL LABOUR			\$ 1,060.00
	ESTIMATE TOTAL			\$ 2,688.64
			<i>1,784.24</i>	
			<i>4/51420/-</i>	
			<i>2/51400/-</i>	
	<i>08/01/2018 @ 1500m</i> <i>Wai Antuan</i> <i>#1,450 2152m</i> <i>Tryon 2 days</i> <i>LKK Auto</i>			
	<i>8</i>			

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

**REPAIR ESTIMATE\***

VEHICLE NO : SHC 3347U

MAKE :

MODEL : HYUNDAI SONATA

DATE 6/1/2018 12:18

LKE

L/Sun  
CHINA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Bumper Cover <i>Dented</i>			\$ 538.80	✓
	Front Bumper Bracket (LH) <i>2</i>			\$ 20.10	X
	Headlamp (LH) ?			\$ 797.90	?
	Front Fender (LH) <i>Dented</i>			\$ 593.00	✓
	Front Fender Shield (LH) <i>dented</i>			\$ 86.00	✓
	<b>SUB TOTAL</b>			<b>\$ 2,035.80</b>	
	<b>LESS 20%</b>			<b>\$ 407.16</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,628.64</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ 560.00	400/-
	Spray Painting Charge			\$ 400.00	360/-
	Wiring Charge			\$ 50.00	20/-
	Tuff Kote			\$ 50.00	30/-
	<b>TOTAL LABOUR</b>			<b>\$ 1,060.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,688.64</b>	
<p>08/01/2018 @ 1500m</p> <p>Hua Antan</p> <p>2/52m</p> <p><i>try</i> 2 days</p> <p>LKE Auto</p> <p><i>8</i></p>					
<p>Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• All prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p>					
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					



## Shu Pei (LKKAUTO)

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**From:** Angie Foo <angie.foo@sg.cntaiping.com>  
**Sent:** Tuesday, 16 January 2018 9:53 AM  
**To:** Shu Pei (LKKAUTO); Jowyn Tay  
**Cc:** Claims Dept of CTI; Admin A; Jas Khine (LKKAUTO); Thin Thin (LKKAUTO)  
**Subject:** RE: OUR REF: SNM18D00182C02/3/LKKDS & YR REF: TP : LKK REF - CC3/CTI18000553/Dub3 ) on 05.01.2018  
**Attachments:** MCHM18006509-GW793R.pdf  
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

Dear Shu Pei,

We refer to your email on even date.

We attached our Insured's SAS Report for your necessary action.

Kindly take note, Ms Jowyn Tay is the claim executive in charge.

Thank you.

Regards,  
Angie Foo  
Executive  
Motor Division  
Claims Department  
China Taiping Insurance (Singapore) Pte Ltd  
3 Anson Road #16-00  
Springleaf Tower  
Singapore 079909  
Co.Reg.No.200208384E  
DID: 6389 6186  
Fax: 6224 7478 /6224 7175  
Email: [angie.foo@sg.cntaiping.com](mailto:angie.foo@sg.cntaiping.com)  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
Website: [www.sg.cntaiping.com](http://www.sg.cntaiping.com)

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**From:** Shu Pei (LKKAUTO) [mailto:shupeil@lkkauto.com]  
**Sent:** Tuesday, 16 January, 2018 8:51 AM  
**To:** Angie Foo; Jowyn Tay  
**Cc:** Claims Dept of CTI; Admin A; Jas Khine (LKKAUTO); Thin Thin (LKKAUTO)  
**Subject:** RE: OUR REF: SNM18D00182C02/3/LKKDS & YR REF: TP : LKK REF - CC3/CTI18000553/Dub3 ) on 05.01.2018

**WITHOUT PREJUDICE**

Dear Angie / Jowyn,

We refer to the above matter.

Kindly advice whether insured has reported. If so, kindly let us have a copy of insured's accident report for our necessary action.

Thank You.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: [shupeil@lkkauto.com](mailto:shupeil@lkkauto.com) | fax: 6741-4108

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

**From:** Angie Foo [<mailto:angie.foo@sg.cntaiping.com>]

**Sent:** Wednesday, 10 January 2018 6:09 PM

**To:** Shu Pei (LKKAuto) <[shupeil@lkkauto.com](mailto:shupeil@lkkauto.com)>

**Cc:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Jas Khine (LKKAuto) <[jaskhine@lkkauto.com](mailto:jaskhine@lkkauto.com)>; Thin Thin (LKKAuto) <[thinthin@lkkauto.com](mailto:thinthin@lkkauto.com)>; Jowyn Tay <[jowyn.tay@sg.cntaiping.com](mailto:jowyn.tay@sg.cntaiping.com)>

**Subject:** OUR REF: SNM18D00182C02/3/LKKDS & YR REF: TP : LKK REF - CC3/CTI18000553/Dub3 ) on 05.01.2018

Dear Shu Pei,

We refer to your email of 9<sup>th</sup> January 2018.

We attached a copy of NON-Reporting Letter for your necessary action.

Kindly take note, Ms Jowyn Tay is the claim executive in charge.

Thank you.

Regards,

Angie Foo

Executive

Motor Division

Claims Department

China Taiping Insurance (Singapore) Pte Ltd

3 Anson Road #16-00

Springleaf Tower

Singapore 079909

Co.Reg.No.200208384E

DID: 6389 6186

Fax: 6224 7478 /6224 7175

Email: [angie.foo@sg.cntaiping.com](mailto:angie.foo@sg.cntaiping.com)

Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)

Website: [www.sg.cntaiping.com](http://www.sg.cntaiping.com)

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**From:** Shu Pei (LKKAuto) [mailto:shupe@lkkauto.com]

**Sent:** Tuesday, 9 January, 2018 5:17 PM

**To:** Claims Dept of CTI

**Cc:** Alfred Toh; Jowyn Tay; Joel Goh; Admin A; Jas Khine (LKKAuto); Thin Thin (LKKAuto)

**Subject:** Direct Settlement - Accident Involving GW793R (OI : CTI - TBA) and SHC3347U (TP : LKK REF - CC3/CTI18000553/Dub3 ) on 05.01.2018

**WITHOUT PREJUDICE**

Dear Jowyn,

We refer to the above matter.

This is a TP direct settlement case. We had inspected TP vehicle SHC 3347U at M/s ComfortDelGro Engineering Pte Ltd (Loyang).

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Enclosed for your perusal is:

- TP's GIA report
- Estimated cost of repair
- Preliminary advice

Our case handler in-charge is Thin Thin and she can be contacted at DID: 6841 2360.

Thank You.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: [shupe@lkkauto.com](mailto:shupe@lkkauto.com) | fax: 6741-4108

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

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中国太平  
CHINA TAIPING

中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Tel: 6589 6111 Fax: 6222 1033

Website: [www.sg.cntaiping.com](http://www.sg.cntaiping.com)

Co. Reg. No. 200208364E

Our Reference: **SNM18D00182/C02/3**

Date: **10 JANUARY 2018**

via Ordinary & Registered Mail

**HENG KEAT ENTERPRISE  
BLK 565 CHOA CHU KANG ST 52  
#06-124  
SINGAPORE 680565**

Dear Sir / Madam

**ACCIDENT INVOLVING GW793R AND SHC3347U ON 05 JANUARY 2018  
ALONG BLK 307D ANG MO KIO AVE 1**

We refer to the abovementioned accident.

Please be advised that the third party vehicle, **SHC3347U**, is filing a third party property claim against your vehicle.

We have appointed **LKK Auto Consultants Pte Ltd**, to administer the said claim on our behalf and they will soon contact you for more information about the accident. Kindly render your assistance and co-operation accordingly.

We understand that you or your driver has not filed an accident report within 24 hours as per Motor Claims Framework. We would urge you to comply with the condition to file your accident report with your vehicle (whether damaged or not) to us IMMEDIATELY through **LKK Auto Consultants Pte Ltd** or any of our **authorized workshops**. You may log onto our website [www.sg.cntaiping.com](http://www.sg.cntaiping.com) for location of the respective workshops.

We regret to advice that we and/or **LKK Auto Consultants Pte Ltd** will not be handling the third party claim and your NO CLAIM DISCOUNT will be penalized upon renewal of your policy if you fail to comply with the condition of reporting.

Yours truly,  
Claims Department

*(This is a computer generated letter and no signature is required.)*

CC: LKK Auto Consultants Pte Ltd

Attn : THIN THIN

Ref : CC3/CT118000553/DUB3

Contact No : 68412360

via Email : [thinthin@lkkauto.com](mailto:thinthin@lkkauto.com)

CC: Agent - (AN0580A) - ODDS & EVEN

F02/LKKDSANR-2013

# COMFORTDELGRO ENGINEERING

Our Ref : T 0118 / SHC3347U / WT(st)  
Your Ref : \_\_\_\_\_  
Date : 31-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: 199505418W

## 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**  
Yishun Industrial Park A  
Singapore 768732

**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 SHC3347U YOUR INSURED GW 793R  
AND OTHER \_\_\_\_\_ ON 05.01.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC3347U 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 GW 793R we are submitting these claims for your consideration on behalf of the claimants.

### TAXI OWNER'S CLAIM

- 1 Cost of Repair
- 2 4 days Loss of Rental @ \$ 106.81 per day
- 3 Survey Report Fees (Surveyed by M/s LKK)
- 4 LTA Search Fees
- 5 GIA / Police Report Fees
- 6 Towing / Medical / Transportation Fees

\$ 1,498.00

\$ 427.24

\$ -

\$ 7.49

\$ -

\$ -

**Sub Total : \$ 1,932.73**

### HIRER'S CLAIM

- 7 4 days Loss of Income @ \$ 80.00 per days

\$ 320.00

**Total Claims : \$ 2,252.73**

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

- a) Original repair bill and photostat photographs :
- b) LTA search slip/s of : GW 793R
- c) GIA / Police report/s of : SHC3347U
- d) Letter of authority from owner / hirer / operator
  - ( ) Traffic Compound ( ) Towing/Medical bill/receipts ( ) Certificate of Insurance
  - ( X ) Photograph/s of Accident Scen ( 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 Tan*

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**





Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

**Our Ref: CC3/CTI18000553/Dub3**

17 JANUARY 2018

**HENG KEAT ENTERPRISE**  
BLK 565 CHOA CHU KANG ST 52  
#06-124  
SINGAPORE 680565

Dear Sir/Madam,

**ACCIDENT INVOLVING GW 793R AND SHC 3347U ON 05.01.2018**

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.

Yours faithfully,

Siti  
Case Handler  
DID: 6256 3561  
FAX: 6741 4108  
Email: [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com)

c.c. *China Taiping Insurance (Singapore) Pte Ltd*  
*(Motor Claims Dept)*

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****SONATA SHC3347U , GW793R  
BLK 307D ANG MO KIO AVE 1****ON 05-Jan-18 18:00**

I / We

**NG HIN WOO**(Hirer) NRIC No.: **S1125028I**

and/or

(Relief) NRIC No.:

Taxi Number

**SHC3347U**

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

**06-Jan-2018**

Name of Hirer

**NG HIN WOO**

Hirer NRIC

**S1125028I**

Signature :



Address

**111 BISHAN STREET 12 #03-156  
570111**

Contact No.

**91847118**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1657381600

Claim No : SNM18D00182C02/3/LKKD

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$ 1,970.00  
Singapore Dollars One Thousand Nine Hundred and Seventy  
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. : SHC 3347U

Insured Vehicle No. : GW 793R

Date of Loss : 05/01/2018

Place of Accident : ANG MO KIO AVE 1 BLK 307D

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 : HENG KEAT ENTERPRISE  
Driver Name : HENG SOON HUAT

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.

Global Sum	:	S\$ 1,970.00
Total	:	S\$ 1,970.00

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
25 LONKING DRIVE  
SINGAPORE 604608

Claimant Name : COMFORT TRANSPORTATION PTE LTD NRIC No : \_\_\_\_\_

Signature : \_\_\_\_\_

Date : \_\_\_\_\_

8.6.18

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 original vehicle payable to:  
COMFORTDELGRO ENGINEERING PTE LTD



GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010012

CHINA TAIPING INSURANCE CO(S) PTE L  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO  
SHC3347U

MAKE  
HYUNDAI

MODEL  
SONATA

DATE OF REG  
29.01.2011

CHASSIS CODE  
KMHT41VMB805567

INV. NO/DATE  
91354191 29.01.2018

JOB NO.  
305104429

ODOMETER READING

JOB TYPE

Description : 3P 05.01.2018

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,400.00
Add GST @ 7.000 %	98.00
Total Invoice amount	1,498.00

Issued by : CHEWBEELING 29.01.2018 10:56:37  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

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

Our Ref: CT18010121

Date: 29 January 2018



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	05/01/2018 @ 18:00 hrs
ALONG	BLK 307D ANG MO KIO AVE 1
INVOLVING	GW793R

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 **SHC3347U** (the "Taxi"). The Taxi was hired to **NG HIN WOO IC NO S1125028I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$106.81** per day (inclusive of GST).

Please be advised that the Taxi was insured with **First Capital Insurance 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.

MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO
317	1245	0010
344	1235	0000
60	1342	2351
79	1327	0005
55	1250	0003
45	<del>2445</del>	2350
84	1350	0015
110	1345	0000
1	1305	1605
	1605	-
T	1400	-

SHC 33474

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
							FROM	TO
02-01-18	A C C 10 Cent					14	140	-
03-01-18	Repair					047	-	1200
03/1/18 Wed	William Ng	163	183			250	1210	2359
04/01/18 Thur	William Ng	163	512			329	1140	0018
05/01/18 Fri	William Ng	163	771			259	1242	0010
06/01/18 Sat	Report Accident	163898				126	0815	-
06/01/18	Accident	174				109	0815	-
09/01/18	Repair	174				109	-	1430

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
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GW793R	05 Jan 2018 / 18:00:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
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[Previous](#)   [OK](#)

# Thank you



Goh Cheng Chuan Andrew Cornelius has successfully logged out.

Your last login date and time was 06 Jan 2018, 09:04:13.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

## Session Transaction History

<u>S/No.</u>	<u>Asset Type</u>	<u>Asset ID</u>	<u>Asset Owner ID</u>	<u>Transaction Type</u>	<u>Transaction Amount(\$)</u>	<u>Log Date/Time</u>
1	Vehicle	GW793R	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	06 Jan 2018 / 09:04:45




# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CC3/CTI18000553/Dub3q2		
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 19-06-2018		
		Code : CTI		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	GW 793R	Veh. Inspected	SHC 3347U	
Policy No.	DMCVSN1657381600	Coverage (\$)	0.00	
Claim No.	SNM18D00182C02/3/LKKD	Excess (\$)	0.00	
Assign From		Assign Date	08/01/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI SONATA	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2011	
Chassis No.	KMHET41VMBA805567	Colour	BLUE	
Odometer	163898	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	MAXXIS	5 mm	
L/H Front Tyre	215/60 R16	MAXXIS	5 mm	
R/H Rear Tyre	215/60 R16	MAXXIS	5 mm	
L/H Rear Tyre	215/60 R16	MAXXIS	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	05/01/2018	Inspection Date	08/01/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>		



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3581 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3347U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	FRONT BUMPER COVER	DENTED	538.80	538.80
1	FRONT BUMPER BRACKET (LH)	SERVICEABLE	20.10	-
1	HEADLAMP (LH)	NOT NECESSARY	797.90	-
1	FRONT FENDER (LH)	DENTED	593.00	593.00
1	FRONT FENDER SHIELD (LH)	DEFORMED	86.00	86.00
	LESS 20% DISCOUNT		-407.16	-243.56
			1,628.64	974.24
	<b>LABOUR</b>			
	PANEL BEATING .		560.00	400.00
	SPRAY PAINTING CHARGE .		400.00	360.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.		50.00	30.00
			1,060.00	810.00
	<b>GRAND TOTAL</b>		<b>2,688.64</b>	<b>1,784.24</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>1,400.00</b>

Report Ref No. CC3/CTI18000553/Dub3q2

ANG BRYAN TANI

Automotive Assessor / Investigator

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