

INS. CASE OWNER:

CC³ / CT11 800 2238, 14ja34

LKK: IDAC:

AWK

ASSIGNMENT

DOI: 2/2/18

Date: 2/2/18

2/2/18

Pre-assign / CCU / FTE



Insured Vehicle No.: SUP 7035C
Name of Insured: LOA CHEE MENG
Insured Tel No.: HP: 97116621
Excess Sec II :SS D.O.A.: 1-7-18

Claim No.: QNM180 00729 C02
Policy No.: DMPCLN 3059 457700
Make / Model: Honda (stream 1-8(A))
Place of Accident: 1m HOOD CENTRE OPEN C/P

Is driver the owner? (YES / NO) Nature of Accident:

If NO, Driver Name / Age:

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: % Final? Yes / No

SIA 2011 C



INSRS: WSP: chye layas
Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	STAGE	DATE / PIC
2/2/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	NA
	Notification ltr (if non-pickup):	
	Call OI:	JUL 27-2-18
	After call ltr to OI:	
27-2-18 @ 5:16	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

RECEIVED 8 FEB 2018

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	SS (days) Reduction:	% Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 28-2-18	Confirm with WILLIAM Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed/ Assessed)	BOLA S/N No.: NIL
Repair Cost:	SS 1,284.xx	
Loss of Rental (LOR):	SS 402.20 (3.5 days) \$115	OI HIT PARKED TP.
Loss of Use (LOU):	SS - (5 x days)	
Loss of Income (LOI):	SS 175 (550 x 3 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input checked="" type="checkbox"/> LOR + LOI <input type="checkbox"/>	(Tick only one)
GIA/LTA Search:	SS 7.49	
Medical:	SS -	
Disbursement:	SS - (e.g. Tow/ Independent)	
Legal Cost:	SS -	
Total:	SS 1,868.99	Global Sum SS: 1,865.xx
FINAL PAYMENT	Date/Time:	Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS 1,865.xx	Name 1: COMFORT DELGRO ENGINEERING PTE LTD
Payee 2: (Strike if N/A)	X	Name 2: X

COPY SENT

Insured: Kahn

ASSIGNMENT

Policy No. _____
 Claim No. _____
 Sum Insured: _____ Excess: _____
 Client's Record: _____
 Make of VEH: _____
 Policy Condition: _____
 Remark: The veh had commenced its repair at the time of inspection.
 Bill or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 BIP / PR Seen: _____ Consistent? Yes or No
 Est. Repair: _____ days Fee: Yes or No
 Lmt Sum: _____ % Lmt: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 VEHICLE IN / OUT



SH 70 61C 17 Apr 2014
 Truck / Trailer: _____
 Make: Hyundai Z40 1685
 Colour: Blue
 Chassis No: 467708
 Eng No: _____
 CNO: KMH6B414ME4057779
 Gen Cond: Good / F / Poor / Burnt
 Steering: In order / A / Jammed / Leaked / Burnt on
 Brake: In order / C / Jammed / Leaked / Burnt on
 Mod: Nil / S / Rim / STD / 6 / Rim / 205/60R16
 Tyre Size: _____
 BS / DUN / EXNOVA / GY / FS / LDA / MIO / OHTSU / PIR / SUMI
 TOYO / YOKO or Hankook
 Front: _____ Rear: _____
 R Bel: 7 mm
 L Bel: 7 mm
 D/D4: 1/2/18 D/D5: 2/2/18
 Surveyed at: CP&E (Logans)
 Des. of Damages: Frt / Rear / DIS / NS / UC / Rooftop or
o/s Front
 The UC / Chassis frame / Body Structure affected due to collision

7/2/18 Contacted 4s @ 2pm / 2 Apr.

CTF
4s

R (\$2,284.48 / .667-)

The Time For Report: Preli. Report
 Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: 1st Trip: 5
 2nd Trip: 3
 3rd Trip: 5
 4th Trip: 5

Report Format: _____
 Lump Sum / B / L / S



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/CTI18002238/K1ja3	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 05-02-2018	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLP 7035C	Veh. Inspected	SHA 7061C
Policy No.	DMPCSN3059451700	Coverage (\$)	0.00
Claim No.	SNM18D00759C02	Excess (\$)	0.00
Assign From		Assign Date	05/02/2018
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			
5. General Information			
Accident Date	01/02/2018	Inspection Date	02/02/2018
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.			

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305113061
Date : 07.02.2018

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHA7061C Date of Accident : 01.02.2018

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

1. The repair job shall bill to: CHINA --- SLP7035C
2. The finalized amount shall be:

(a) Spare Parts after List discount		<u>\$0.00</u>
(b) Labour Charges		<u>\$0.00</u>
Total for Part-By-Part Repair Cost		<u>\$0.00</u>
(c) Lumpsum Repair (if applicable)		<u>\$1200.00</u>
Total for Lumpsum repair cost after Less:	<u>20%</u>	
Final Lumpsum Repair cost		<u> </u>

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 : 
Name : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : K. Kalvin
Date : 7/2/18

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		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

REPAIR ESTIMATE*

VEHICLE NO : SHA 7061C

DATE: 2/2/2018 15:18

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>Part</i>			\$ 562.30
	Front Bumper Bracket Top (RH) <i>on</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>Part</i>			\$ 9.20
	Headlamp (RH) <i>x</i>			\$ 1,388.00
	Front Fender (RH) <i>Part</i>			\$ 619.00
	Front Fender Shield (RH) <i>x</i>			\$ 169.80
	Front Fender Retainer <i>x</i>			\$ 9.20
	Frt Wheel Hub Cap, RH <i>x</i>			\$ 150.70
	SUB TOTAL			\$ 2,930.60
	LESS 20% DISCOUNTED TOTAL			\$ 586.12 \$ 2,344.48
	Labour Charge			200
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 400.00 <i>760</i>
	Wiring Charge			\$ 50.00 <i>x 20</i>
	Tuff Kote			\$ 50.00 <i>20</i>
	Frt Wheel Alignment			\$ 80.00 <i>x 20</i>
	TOTAL LABOUR			\$ 1,140.00
	ESTIMATE TOTAL			\$ 3,484.48
<p><i>Kevin LKK</i> <i>2/2/18 1600hr</i> <i>2 Boys</i> <i>4/5</i> <i>After Repair p/h</i></p>				
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of:</p> <ul style="list-style-type: none"> To repair... To display... Parts... Threaten... Notifying... Sup... <p>Admin... Signature... Date...</p> </div>				
<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.</p>				

Mei Kwan (LKKAuto)

From: Lucas Lee <lucas.lee@sg.cntaiping.com>
Sent: Thursday, 15 February, 2018 8:48 AM
To: Mei Kwan (LKKAuto)
Cc: Joel Goh
Subject: RE: Direct Settlement - Accident Involving SLP7035C (OI : CTI - SNM18D00759C02) AND SHA7061C (TP : LKK REF - CC3/CTI18002238/K1ja3) on 01/02/2018
Attachments: MANC18022906-SLP7035C.pdf

Follow Up Flag: Follow up
Flag Status: Completed

Categories: HMK

Dear Sirs,

Kindly refer to the above attachment.

Case Handler: Joel Goh

Regards,

Lucas Lee
Claims Department (Motor)
China Taiping Insurance (Singapore) Pte. Ltd.
3, Anson Road, #16-00
Springleaf Tower,
Singapore 079909
Co. Reg. No. 200208384E
DID: 6389 6181
Fax: 6224 7175
Email: claimsdept@sg.cntaiping.com
Email: lucas.lee@sg.cntaiping.com
Website: www.sg.cntaiping.com

From: Mei Kwan (LKKAuto) [mailto:Meikwan@lkkauto.com]
Sent: Wednesday, 14 February, 2018 4:03 PM
To: Lucas Lee
Cc: Joel Goh; Joy Irene (LKKAuto); Vivian Lau (LKKAuto); Admin A
Subject: RE: Direct Settlement - Accident Involving SLP7035C (OI : CTI - SNM18D00759C02) AND SHA7061C (TP : LKK REF - CC3/CTI18002238/K1ja3) on 01/02/2018

Dear Lucas,

We refer to the above matter.

Kindly advise 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,

Mei Kwan | Admin

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

Kindly take note that the case handler in-charge is Joy and she can be contacted at DID: 6749 5792.

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

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

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Our Reference: **SNM18D00759/C02/1**

Date : **08 FEBRUARY 2018**

via Ordinary & Registered Mail

**LOH CHEE MENG
BLK 617D PUNGGOL DRIVE
#05-817
SINGAPORE 824617**

Dear Sir / Madam

**ACCIDENT INVOLVING SLP7035C AND SHA7061C ON 01 FEBRUARY 2018
ALONG SEAH IM OPEN CARPARK**

We refer to the abovementioned accident.

Please be advised that the third party vehicle, **SHA7061C**, 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 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 : JOY
Ref : CC3/CT116002238/K1JA3
Contact No : 67495792
via Email : JOY@LKKAUTO.COM

CC : Agent - (AN0590A) - TECK WEI CREDIT PTE LTD

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 3801773 JC NO:305113061

CUSTOMER MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO. SHA7061C	MILEAGE
	MAKE HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 02.02.2018 10:15
	YR OF MANU 17.04.2014	TARGET DATE
	CHASSIS CODE KMHLE41UMEU053779	COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 01.02.2018
 NATURE: 3P 01.02.18/B-

I/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

Vehicle No.: SHA7061C FZ CHINA LKK

Vehicle No.: SHA7061C

Signature/Date

Name of Service Advisor Date

returned to Service Reception upon collection

To be kept by Security Guard



REPAIR ESTIMATE*

VEHICLE NO : SHA 7061C

DATE 2/2/2018 15:18

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 562.30
	Front Bumper Bracket Top (RH)			\$ 22.40
	Front Bumper Retainer Mounting			\$ 9.20
	Headlamp (RH)			\$ 1,388.00
	Front Fender (RH)			\$ 619.00
	Front Fender Shield (RH)			\$ 169.80
	Front Fender Retainer			\$ 9.20
	Frt Wheel Hub Cap, RH			\$ 150.70
	SUB TOTAL			\$ 2,930.60
	LESS 20%			\$ 586.12
	DISCOUNTED TOTAL			\$ 2,344.48
	Labour Charge			200
	Panel Beating			\$ 560.00
	Spray Painting Charge			\$ 400.00 36
	Wiring Charge			\$ 50.00 X
	Tuff Kote			\$ 50.00 20
	Frt Wheel Alignment			\$ 80.00 X
	TOTAL LABOUR			\$ 1,140.00
	ESTIMATE TOTAL			\$ 3,484.48
<p><i>Kalvin LKK</i> <i>M 2/2/18 1600hr</i> <i>2 Pgs</i> <i>L/S</i> <i>After Repair p Lk</i></p>				
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To survey before spray painting • To display damaged parts during survey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modifications allowed • Supplementary items must be reviewed and is subject to final approval from insurance Company <p>Acknowledgment by Repairer Signature: _____ Date: _____</p> </div>				
<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.</p>				

COMFORTDELGRO ENGINEERING

Our Ref : T 0218 / SHA7061C /WT(st)

Your Ref : _____

Date : 20-Feb-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: 199200046W

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 726791

Yishun
Yishun Industrial Park A
Singapore 788732

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 SHA7061C YOUR INSURED SLP7035C
AND OTHER _____ ON 01.02.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA7061C 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 SLP7035C we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,284.00
2	<u>4</u> days Loss of Rental @ \$ 115.00 per day	\$ 460.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 1,751.49

HIRER'S CLAIM

7	<u>4</u> days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims :		\$ 2,071.49

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

- a) Original repair bill and photostat photographs : 6 pcs.
- b) LTA search slip/s of : SLP7035C
- c) GIA / Police report/s of : SHA7061C
- d) Letter of authority from owner / hirer / operator
 Traffic Compound Towing/Medical bill/receipts Certificate of Insurance
 Photograph/s of Accident Scen Downtime/Mileage record 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



Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Tuesday, 27 February 2018 5:24 PM
To: 'stanleyloh54@yahoo.com.sg'
Cc: Vivian Lau (LKKAuto)
Subject: ACCIDENT INVOLVING SLP 7035C AND SHA 7061C ON 01/02/2018

Our ref: CC3/CTI18002238/K1ja3

LOH CHEE MENG
Policy Holder

Dear Sir,

ACCIDENT INVOLVING SLP 7035C AND SHA 7061C ON 01/02/2018

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you 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.

As requested, the estimated claim cost from third-party is at \$3,484.48 and this was adjusted and lowered down to lump sum \$1,200.00 after our survey.

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 | Fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****I 40 SHA7061C , SLP7035C
SEAH IM OPEN AIR CAR PARK****ON 01-Feb-18 17:00**

I / We

MUSTAFFAH BIN MUSTA... (Hirer) NRIC No.: **S1498084I**

and/or

(Relief) NRIC No.:

Taxi Number

SHA7061C

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

02-Feb-2018

Name of Hirer

MUSTAFFAH BIN MUSTAKIM

Hirer NRIC

S1498084I

Signature :



Address

**18A HOLLAND DRIVE #04-467
272018**

Contact No.

93587416

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3059451700 Claim No : SNM18D00759/C02/1
Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,865.00
SINGAPORE DOLLARS ONE THOUSAND AND EIGHT HUNDRED SIXTY 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 7061C
Insured Vehicle No. : SLP 7035C

Date of Loss : 01/02/2018
Place of Accident : IM FOOD CENTRE OPEN CARPARK

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 : LOH CGEE MENG
Driver Name : LOH CHEE MENG

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	SS	1,865.00

TOTAL	SS	1,865.00

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
25 LOYANG DRIVE
SINGAPORE 639008

Claimant Name : _____ NRIC No : _____

Signature :  Date : 28-2-18

*The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the mobil 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
SHA7061C

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
17.04.2014

CHASSIS CODE
KMHG841UMKU053779

INV. NO/DATE
91356369 08.02.2018

JOB NO.
305113061

ODOMETER READING

JOB TYPE

Description : 3P 01.02.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.		1,200.00
Add GST @ 7.000 %		84.00
Total Invoice amount.		1,284.00

Issued by : KATHERINETAN 08.02.2018 14:59:27
Repair type : CLSO/57/57
Payment type/term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd
Member of COMFORTDELGRO

Head Office:
Braddell Road
Singapore 579701

Please note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

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

Our Ref: CT18020034

Date: 08 February 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 01/02/2018 @ 17:00 hrs
ALONG SEAH IM OPEN AIR CAR PARK
INVOLVING SLP7035C

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 **SHA7061C** (the "Taxi"). The Taxi was hired to **MUSTAFFAH BIN MUSTAKIM IC NO S1498084I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** 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
Assistant Manager, 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

SLP7035C 01 Feb 2018 / 17:00:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous OK

SH7061C

Thank you



Goh Cheng Chuan Andrew Cornelius has successfully logged out.

Your last login date and time was 02 Feb 2018, 13:58:44.

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	SLM2957R	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	02 Feb 2018 / 14:00:10
2	Vehicle	SJQ488T	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	02 Feb 2018 / 13:59:36
3	Vehicle	SLP7035C	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	02 Feb 2018 / 13:59:04



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/CTI18002238/K1ja3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 07-03-2018	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLP 7035C	Veh. Inspected	SHA 7061C
Policy No.	DMPCSN3059451700	Coverage (\$)	0.00
Claim No.	SNM18D00759/C02/1	Excess (\$)	0.00
Assign From		Assign Date	02/02/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU053779	Colour	BLUE
Odometer	467708	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	01/02/2018	Inspection Date	02/02/2018
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.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7061C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER BRACKET TOP (RH)	CRACKED	22.40	22.40
1	FRONT BUMPER RETAINER MOUNTING	SERVICEABLE	9.20	-
1	HEADLAMP (RH)	SERVICEABLE	1,388.00	-
1	FRONT FENDER (RH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRT WHEEL HUB CAP ,RH	SERVICEABLE	150.70	-
	LESS 20% DISCOUNT		-586.12	-240.74
			2,344.48	962.96
LABOUR				
	PANEL BEATING .		560.00	200.00
	SPRAY PAINTING CHARGE .		400.00	360.00
	WIRING CHARGE .	NOT NECESSARY	50.00	-
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT .	NOT NECESSARY	80.00	-
			1,140.00	580.00
GRAND TOTAL			3,484.48	1,542.96
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,200.00

Report Ref No. CC3/CT118002238/K1ja3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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