

INS. CASE OWNER:

CC 3 / CT11800 2240, klja3 22

LKK:
IDAC:

Surveyor:

Amc

DOI:

ASSIGNMENT

2/2/18

Date / Time:

2/2/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No

Driver Tel No.:

SHK 831 H



INSRS:

WSP:

Tel:

Liability:

RMKS:

ODW
loyans

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

2/2/18

19-7-18

SHK 831 H - CS2 / CT11800 2240 / P11m3d1 2018 5/5/14
GPA 8892 - X

ONE. fault at first left

ON 18-7-18 CTI REPUDIATED
DUE TO NON-REPORTING

REPUDIATED - NON-REPORTING

RECEIVED 19 JUL 2018

STAGE

DATE / PIC

Non-Reporting ltr (1st): 20-2-18

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final): 14-3-18 TPOL.

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(days)

Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

(days)

Loss of Rental (LOR):

S\$

(\$ x days)

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

Email ☐ Call ☐

FINAL PAYMENT

Date/Time:

Confirm with:

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350

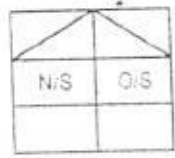
COPY SENT
19/8/18

Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No. _____
at Workshop m/s _____
of _____
Insured _____
Policy No. _____
Claims No. _____
Sum Insured _____ Excess _____
(Client's Record)
Make of Veh. _____



(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value _____
IDAC Accident Report: Consistent? Yes or No _____
GIA - PR Seen: Consistent? Yes or No _____
Est. Repairs: days Res: Yes or No _____
Lump Sum: % 3 Val: Yes or No _____

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted _____

Vehicle IN / OUT

Ven No: **SHC 831H** Reg: **25 FY 2013**
Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /
Truck / Trailer or _____
Make: **Mercedes Benz E220** No: **2143**
Colour: **White** A.C. Insured / Std / NI / NA
Sp. Reading: **763914** * Radio Insured / Std / NI / NA
Eng No: _____
O.No: **WDD 242 002 2 A 757 683**
Gen. Cond: Good / **6** / Poor / Burnt
Steering: Inord / **6** / Jammed / Leaked / Burnt or
Brake: Inord / **6** / Jammed / Leaked / Burnt or
Mod: Nil / S/Rim / STD **6** / Rim or
Tyre Size: F: **205 / 60 R16**
R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____
Front: _____ Rear: _____
R Bal: **7** mm R Bal: **7** mm
L Bal: **7** mm L Bal: **7** mm
D.O.A: **1/2/18** D.O.I: **2/2/18**
Survey held at: **COC (Lgung)**
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Front
The U/C / Chassis frame / Body Structure affected due to collision:

Date / Time: **6/2/18** Action / Instruction: **Wht up \$ 2300 / 3 hrs**

CTZ 4

R (\$5,148.84 / 697)

Date/Time File Pass to: ☐ : Preli. Report

☐ : Final Report

Date/Time File Return to:

Report Format:

Lump Sum / A.B.

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

Add Fee: ☐ Site Insp. \$

☐ Inter. \$

☐ Test \$

☐ Other \$






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/CTI18002240/K1ja3	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909			Date : 05-02-2018	
			Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBA 889Z	Veh. Inspected	SHC 831H	
Policy No.	SNM18D00758C02	Coverage (\$)	0.00	
Claim No.		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.				

JOB CARD Sales Order:

JC NO.305112748

REGN NO: **SHC 831H**

MILEAGE

CITYCAB PTE LTD

MAKE: **MERCEDES BENZ**

FUEL	
1	2
3	4
5	6
7	8
9	10
11	12
13	14
15	16
17	18
19	20
21	22
23	24
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71	72
73	74
75	76
77	78
79	80
81	82
83	84
85	86
87	88
89	90
91	92
93	94
95	96
97	98
99	100

IS 7010070

NO 383 SIN MING DRIVE

MODEL E220CDI (E5)

DATE/TIME IN
01.02.2018 12:35

383 SIN MING DRIVE
Singapore SINGAPORE 575717

65551188

YR OF MANU 25.07.2013

TARGET DATE

(R)

CHASSIS CODE
WDD2120022A757683

COMPLETION DATE/TIME:

JOINT CARD NO.

JOB DESCRIPTION

ccident Date: 01.02.2018

ATURE: 3P 01.02.18

/ NO

LABOR CODE

DESCRIPTION

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No.:

SHC 831H

JU CHINA LKK

Vehicle No.:

SHC 831H

if Service Advisor

Signature/Date

Name of Service Advisor

Date _____

Returned to Service Reception upon collection

To be kept by Security Guard

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.

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 831H

MAKE :

MODEL : MERCEDES

DATE 1/2/2018 17:09

Jumani

MODEL	: MERCEDES				
Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Bumper Assy, Frt <i>X repair</i>			\$ 1,890.50	
	Bumper Reinforcement, Frt <i>✓</i>			\$ 1,158.00	
	Bumper Bracket, Frt/LH/RH <i>?</i>		\$ 95.00	\$ 190.00	
	Bumper Absorber, Frt/LH/RH <i>?</i>		\$ 207.00	\$ 414.00	
	Bumper Frame, Frt/Centre <i>✓</i>			\$ 95.00	
	Radiator Grille <i>✓</i>			\$ 718.75	
	Bonnet Assy <i>X repair</i>			\$ 2,850.60	
	Bonnet Mercedes Star Logo <i>X</i>			\$ 56.70	
	<i>Bumper Sponge Front ✓</i>				
	SUB TOTAL			\$ 7,373.55	
	LESS 20%			\$ 1,474.71	
	DISCOUNTED TOTAL			\$ 5,898.84	
	<i>Front number plate ✓ \$25</i>				
	Labour Charge				
	Panel Beating			<i>400</i> \$ 1,000.00	
	Spray Painting Charge			\$ 500.00	
	Tuff Kote			\$ 50.00	
	TOTAL LABOUR			\$ 1,550.00	
	ESTIMATE TOTAL			\$ 7,448.84	
	<i>Kahric 10/14</i>				
	<i>2/2/18 1030L</i>				
	<i>3 hrs</i>				
	<i>4/1</i>				
	<i>After Repair U</i>				
	<div>LKK Auto Consultants hence notify the Repairer of the following:<ul style="list-style-type: none">• To resurvey before/after spray painting• To display damaged part(s) during resurvey• Parts prices are subject to confirmation• Third party survey is on a "Without Prejudice" basis• No illegal modification(s) is allowed• Supplementary claim(s) must be resurveyed and is subject to final approval from Insurance Company</div>				
	<div>Acknowledged by: _____ Date: _____</div>				
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.					

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305112748
Date : 05/02/18

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC 831H

Fax :

Date of Accident : 01/02/18

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

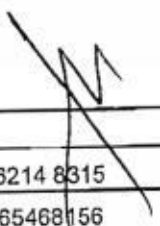
1. The repair job shall bill to: CHINA --- GBA889Z
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges ### _____
 - Total for Part-By-Part Repair Cost** _____
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% **\$2,300.00**
Final Lumpsum Repair cost _____


3. Estimated normal period for repairs: 3 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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : KALVIN
Date : 6/2/18

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	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEMS:

Mei Kwan (LKKAUTO)

From: Lucas Lee <lucas.lee@sg.cntaiping.com>
Sent: Tuesday, 20 February, 2018 1:25 PM
To: Mei Kwan (LKKAUTO)
Subject: RE: Direct Settlement - Accident Involving GBA889Z (OI : CTI - SNM18D00758C02) AND SHC831H (TP : LKK REF - CC3/CTI18002240/K1ja3) on 01.02.2018

Follow Up Flag: Follow up
Flag Status: Completed

Categories: HMK

Dear Mei Kwan,

Our insured has not reported yet.

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: Tuesday, 20 February, 2018 12:16 PM
To: Lucas Lee; Sharon Han
Cc: Joy Irene (LKKAUTO); Vivian Lau (LKKAUTO); Admin A
Subject: RE: Direct Settlement - Accident Involving GBA889Z (OI : CTI - SNM18D00758C02) AND SHC831H (TP : LKK REF - CC3/CTI18002240/K1ja3) on 01.02.2018

Dear Lucas / Sharon,

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

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)

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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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: 6389 6111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No. 200208394E

Our Reference: **SNM18D00758/C02/2**

Date: **08 FEBRUARY 2018**

via Ordinary & Registered Mail

**KWONG ANN ALUMINIUM PTE LTD
BLK 809 FRENCH ROAD
#05-168 KITCHENER COMPLEX
SINGAPORE 200809**

Dear Sir / Madam

**ACCIDENT INVOLVING GBA889Z AND SHC831H ON 01 FEBRUARY 2018
ALONG SUNGEI KADUT FOOD CENTRE AT SUNGEI KADUTST 1**

We refer to the abovementioned accident.

Please be advised that the third party vehicle, **SHC831H**, 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/CT118002240/K1JA3
Contact No : 68412409
via Email : JOY@LKKAUTO.COM

CC: Agent - (AN0597A) - SG MOTOR TRADER PTE LTD

F02/LKKDSANR-2013



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/CTI18002240/K1ja3

20th February 2018

KWONG ANN ALUMINIUM PTE LTD
BLK 809 FRENCH ROAD
#05-168 KITCHENER COMPLEX
SINGAPORE 200809

Dear Sir / Madam,

**ACCIDENT INVOLVING GBA 889Z AND SHC 831H ON 01ST FEBRUARY 2018 ALONG/
AT DRIVEWAY SUNGEI KADUT FOOD CENTRAL AT SUNGEI KADUT STREET 1**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** to settle a **THIRD PARTY** claim against you for an accident which happened on the above-mentioned date and location.

Our record shows that to date, you/your driver have not reported the accident to us. We would appreciate it if you could urgently file a report at any of **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** Authorized workshops/reporting centre. You may refer to your Certificate of Insurance for the list of the reporting centre.

Please note you had been notified via post from **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** dated **08th February 2018.**

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter (by **27th February 2018.**

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s **CHINA TAIPING INSURANCE SINGAPORE PTE LTD** reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,

Joy

Claims

Tel : 6841 2409

Fax: 6741 4108

Email : Joyirene@lkkauto.com

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

RE-FAKED

To : Traffic Police – Deputy Head, Investigations Department
Fax : 65474885

ONLY FOR ACCIDENTS IN SINGAPORE

NON-INJURY MOTOR ACCIDENT REPORT SCHEME
FORM ON NON-REPORTING BY INSURED

Please be informed that we have yet to receive a motor accident report from our insured with regard to a non-injury motor accident as follows:-

Date of accident	: 01/02/2018
Time of accident	: 1120HRS
Place of accident	: DRIVEWAY SUNGEI KADUT FOOD CTRL
Third Party's name	: SIA LEONG SENG
Third Party's vehicle number	: SHC 831H (CITY CAB)
Our insured's name	: KWONG ANN ALUMINUM PTE LTD
Our insured's vehicle number	: GBA 889Z
Our insured's NRIC number	:
Our insured's address	: BLOCK 809 FRENCH ROAD #05-168 SINGAPORE 200809

Our Insured's telephone number :

A letter dated **(20/02/2018)** was sent to remind our insured to report the non-injury motor accident to us. No report has yet been made.

Please do not hesitate to contact the following for any clarification on the matter.
(Please cite our reference number: **(CC3/CTI18002240/K1ja3)**)

Name and add of insurance company : China Taiping Insurance Singapore Pte Ltd
3 Anson Road
#16-00 Springfield Tower
Singapore 079909

Name of contact person	: Joy Irene
Contact Number	: 6256 3561 / Fax: 6741 4108
Date	: 14/03/2018

COMFORTDELGRO ENGINEERING

Our Ref : CC18020010 / SHC 831H/WT(st)
Your Ref : _____
Date : 12-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: 199508048W

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
501 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 SHC 831H YOUR INSURED GBA 889Z
AND OTHER _____ ON 01.02.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHC 831H 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 : GBA 889Z we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,461.00
2	<u>5</u> days Loss of Rental @ \$ 167.80 per day	\$ 839.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	\$ -
Sub Total :		\$ 3,307.49

HIRER'S CLAIM

7	<u>5</u> days Loss of Income @ \$ 80.00 per days	\$ 400.00
Total Claims :		\$ 3,707.49

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

- a) Original repair bill and photostat photographs : 4 pcs.
b) LTA search slip/s of : GBA 889Z
c) GIA / Police report/s of : SHC 831H
d) Letter of authority from owner / hirer / operator
() Photocopies of Accident Scene Photos () Certificate of Insurance
() Witness statement/s (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



LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONG

MERCEDES E220 SHC831H , GBA 889Z

ON 01-Feb-18 11:20

DRIVEWAY IN FRONT SUGEI KADUT FOOD CENTRE AT SUNGEI KADUT ST 1

I / We

SIA LEONG SENG

(Hirer) NRIC No.: S7532013B

and/or

(Relief) NRIC No.:

Taxi Number

SHC831H

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

01-Feb-2018

Name of Hirer

SIA LEONG SENG

Hirer NRIC

S7532013B

Signature :



Address

37 BEDOK SOUTH AVENUE 2 #03-453
460037

Contact No.

98552133

GST REG. NO. M2-8921817-3

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHC 831H

MAKE
MERCEDES BENZ

MODEL
K220CDI (K5)

DATE OF REG
25.07.2013

CHASSIS CODE
WDD2120022A757683

INV. NO/DATE
91356166 07.02.2018

JOB NO.
305112748

ODOMETRIC READING

JOB TYPE

Description : 3P 01.02.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	2,300.00
Add GST @ 7.000 %	161.00
Total Invoice amount.	2,461.00

Issued by : KATHIRINETAN 07.02.2018 14:26:56
Repair Type : CFSO/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 No.

Our Ref: CC18020010



Date: 07 February 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	01/02/2018 @ 11:20 hrs
ALONG	DRIVEWAY SUGEI KADUT FOOD CTRL AT SUNGEI
	KADUT ST 1
INVOLVING	GBA 889Z

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 **SHC0831H** (the "Taxi"). The Taxi was hired to **SIA LEONG SENG IC NO S7532013B** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$167.80** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS 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
Assistant Manager, Fleet Safety

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



No. 289846

[illegible]

Enquire Vehicle Insurer

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

GBA889Z 01 Feb 2018 / 11:20:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK

SHC831H



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/CTI18002240/K1ja3s2

3 ANSON ROAD #16-00
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 20-07-2018



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBA 889Z	Veh. Inspected	SHC 831H
Policy No.		Coverage (\$)	0.00
Claim No.	SNM18D00758C02	Excess (\$)	0.00
Assign From		Assign Date	02/02/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A757683	Colour	WHITE
Odometer	763914	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	BRIDGESTONE	7 mm
L/H Front Tyre	205/60R16	BRIDGESTONE	7 mm
R/H Rear Tyre	205/60R16	BRIDGESTONE	7 mm
L/H Rear Tyre	205/60R16	BRIDGESTONE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE 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		

Remarks

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

Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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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

Page No.: 1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 831H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER ASSY, FRT	TO REPAIR SEE LABOUR	1,890.50	-
1	BUMPER REINFORCEMENT, FRT	BENT	1,158.00	1,158.00
2	BUMPER BRACKET, FRT / LH / RH @ \$95.00	SERVICEABLE	190.00	-
2	BUMPER ABSORBER, FRT / LH / RH @ \$207.00	SERVICEABLE	414.00	-
1	BUMPER FRAME, FRT / CENTRE	CRACKED	95.00	95.00
1	RADIATOR GRILLE	CRACKED	718.75	718.75
1	BONNET ASSY	TO REPAIR SEE LABOUR	2,850.60	-
1	BONNET MERCEDES STAR LOGO	SERVICEABLE	56.70	-
1	FRT BUMPER GRILLE (ADDITIONAL)	CRACKED	290.50	290.50
1	FRT BUMPER SPONGE (ADDITIONAL)	MISSING	285.00	285.00
	LESS 20% DISCOUNT		-1,589.81	-509.45
			6,359.24	2,037.80
SPECIAL NETT ITEMS				
1	FNPS (FRONT NUMBER PLATE SET) (SN) (ADDITIONAL)	CRACKED	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF BUMPER ASSY, FRT AND BONNET ASSY.		1,000.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE	NOT NECESSARY	50.00	-
			1,550.00	800.00
GRAND TOTAL			7,959.24	2,887.80
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,300.00

Report Ref No. CC3/CTI18002240/K1ja3s2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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