

INS. CASE OWNER:

CC3, CTI 1800 5824, P1jaz3/v

LKK: IDAC:

Surveyor:

PJHsu

DOI:

ASSIGNMENT

22/3/18

Date / Time:

26/3/18

Registered in Merimen:

28/3/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJJ 9164 E

Name of Insured:

Dreamer Land

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

23/3/18

Is driver the owner? (YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Lhm Ym Yuan

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

Driver Tel No.:

91478879 (V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SJC 20012



INSRS:

WSP:

Tel:

Liability:

RMKS:

CPGE 10443



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

11/4 2018

SJC 20012 - 03/11/15 017308/11/2017 1018 17/18
SJJ 9164 E - NDA/0711800 3222/4; 1018; 20/2/18

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	5/4/18/2018 vic-ole 2/18
After call ltr to OI:	
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 type="checkbox"/> <input type="checkbox"/>
Others:	<input type="checkbox"/> <input type="checkbox"/>

28/3 received assignment.
11/4 OMR. sent out first letter.
4/5/2018 spoke to UID (Mr. Lee) (owner of Dreamer Land) confirmed the accident situation. Informed him about TP claim and HED issue. UID agreed to settle and ensure the HED issue send letter to UI.

RECEIVED 16 MAY 2018

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$\$ (days) Reduction: % Email Call

FINAL SETTLEMENT Date/Time: 11-5-18 Confirm with WILLIAM Email Call

Final Liability: % 100 (Agreed/ Assessed) BOLA S/N No. 27

Repair Cost: GST \$ 1,006.31

Loss of Rental (LOR): \$ 468 (4 days) 117

Loss of Use (LOU): \$ (5 x days)

Loss of Income (LOI): \$ 200 (550 x 4 days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search: \$ 7.49

Medical: \$ X

Disbursement: \$ X (e.g. Tow/ Independent)

Legal Cost: \$

Total: \$ 1,681.80 Global Sum \$: 1,680.xx

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: \$ 1,680.xx Name 1: COMFORTDELGRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) \$ X Name 2: X

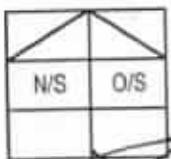
Payee 3: (Strike if N.A.) \$ X Name 3: X

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 Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHE 20012 Yr Regn: 2017 / RK
 Type: M.Car / M.Cycle / Bus / Van / Lorry / (Tax) / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai 240 c.c. 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 40421 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLB41UMHW0076
 Gen. Cond: Good / (Fail) / Poor / Burnt
 Steering: (Order) / Jammed / Leaked / Burnt or _____
 Brake: (Order) / Jammed / Leaked / Burnt or _____
 Modi: (Nil) / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Hankook
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 23/03/18 D.O.I. 26/03/18
 Survey held at COMFORT VEH RMO
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear O/S
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	\$ 940.45 (IBI)
	R (\$1,357.50 / 57%)

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to?
 2) _____
 Report Format : _____
 Lump Sum / I.B.I: (\$) _____)

Days Of Repair: _____
 Resurvey No. of Trip: _____
 Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	
S + RS: \$	
Photos	
Others	
TOTAL	

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

Remarks: _____

CHINA-LKK (P/P)

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 2001Z

DATE 3/24/2018 9:19

Jumani

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	Rear Bumper Reflector Lamp (RH)			\$ 32.00
	Rear Bumper Clips 10 pcs			\$ 22.00
	SUB TOTAL			\$ 1,890.35
	LESS 20%			\$ 378.07
	DISCOUNTED TOTAL			\$ 1,512.28
	Rear Bumper Reverse Sensor			\$ 135.70
	Nett ?			\$ 135.70
	Labour Charge			
	Panel Beating			\$ 250.00 200
	Spray Painting Charge			\$ 250.00 180
	Wiring Charge			\$ 30.00 X
	Remove/Refix Reverse Sensor			\$ 120.00 60
	TOTAL LABOUR			\$ 650.00
	ESTIMATE TOTAL			\$ 2,297.98

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to fluctuation
- Third party survey is for a "without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Resurvey
Approved
2 days
P/P
26/03/18 @ 1155
Resy 54 point

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.

Mei Kwan (LKKAuto)

From: Mei Kwan (LKKAuto)
Sent: Wednesday, 11 April, 2018 3:04 PM
To: Lucas Lee
Cc: Chong Boon Sen; Joy Irene (LKKAuto); Hsiao Tong (LKKAuto); Asher Sng (LKKAuto); Admin A
Subject: RE: Direct Settlement - Accident Involving SJJ9164E (OI : CAI - SNM18D01750C02) and SHC2001Z (TP : LKK REF - CC3/CTI18005824/R1ja3) on 23.03.2018
Attachments: leeSZ_SNM18D01750C02-SJJ9164E-LKKDirectSettlementAccidentNotReportedLtr_clcr96.854.pdf

Follow Up Flag: Follow up
Flag Status: Completed

Categories: HMK

Dear Lucas,

We refer to our tele-conversation a while ago,

Please be informed that we will proceed to send a letter to OI for non-reporting issue.

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)

From: Lucas Lee [mailto:lucas.lee@sg.cntaiping.com]

Sent: Wednesday, 4 April, 2018 3:47 PM

To: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>

Cc: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Subject: RE: Direct Settlement - Accident Involving SJJ9164E (OI : CAI - SNM18D01750C02) and SHC2001Z (TP : LKK REF - CC3/CTI18005824/R1ja3) on 23.03.2018

Dear Sirs,

Kindly refer to the above attachment.

Case Handler: Chong Boon Sen

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



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 079906
Tel: 6389 8111 Fax: 6222 1033
Website: www.sg.cntaiping.com
Co. Reg. No. 200208384E

Our Reference: **SNM18D01750/C02/1**

Date : **04 APRIL 2018**

via Ordinary & Registered Mail

**DREAMERLAND
BLK 635B SENJA ROAD
#23-269 SENJA GATEWAY
SINGAPORE 672635**

Dear Sir / Madam

**ACCIDENT INVOLVING SJJ9164E AND SHC2001Z ON 23 MARCH 2018
ALONG ORCHARD ROAD BEFORE CENTRE POINT**

We refer to the abovementioned accident.

Please be advised that the third party vehicle, **SHC2001Z**, 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/CT118005824/R1JA3
Contact No : 68412409
via Email : JOY@LKKAUTO.COM

CC : Agent - (AN0567A) - AUTOSHIELD 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/CTI18005824/R1ja3

11th April 2018

DREAMERLAND
BLK 635B SENJA ROAD
#23-269 SENJA GATEWAY
SINGAPORE 672635

Dear Sir / Madam,

ACCIDENT INVOLVING SJJ 9164E AND SHC 2001Z ON 23/03/2018 ALONG/ AT ORCHARD ROAD BEFORE CENTRE POINT

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 04th April 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 18th April 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 : Jovirene@lkkauto.com

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

Our Ref : T 0318 / SHC2001Z /WT(st)
 Your Ref : _____
 Date : 04-Apr-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. 1995000499

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 SHC2001Z YOUR INSURED SJJ9164E
 AND OTHER _____ ON 23.03.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC2001Z 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 SJJ9164E we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,006.31
2	<u>5</u> days Loss of Rental @ \$ <u>117.00</u> per day	\$	585.00
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 :		\$	1,598.80

HIRER'S CLAIM

7	<u>5</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	400.00
Total Claims :		\$	1,998.80

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 : SJJ9164E
- c) GIA / Police report/s of : SHC2001Z
- 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 '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 608286

Ubi
 320 Ubi Road 3
 Singapore 408949

Senoko
 24 Senoko Loop
 Singapore 758156

Sungei Kadut
 7 Sungei Kadut Way
 Singapore 728791

Yishun
 Yishun Industrial Park A
 Singapore 768732



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/CTI18005824/R1ja3

4th May 2018

DREAMERLAND

Block 635B Senja Road,
#23-269 Senja Gateway,
Singapore 672635.

Dear Sir/Madam,

ROAD TRAFFIC ACCIDENT INVOLVING SJJ 9164E AND SHC 2001Z ALONG ORCHARD ROAD ON 23.03.2018

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,

Poh Kjin, Chong

Case Handler

DID: 6841 2132

FAX: 6741 4108

Email: vicalpeh@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHC2001Z , SJJ9164E
ALONG ORCHARD RD B4 CENTRE POINT****ON 23-Mar-18 12:00**I / We **LAY ENG KIAN** (Hirer) NRIC No.: **S1721884J**

and/or (Relief) NRIC No.:

Taxi Number **SHC2001Z**

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 **23-Mar-2018**Name of Hirer **LAY ENG KIAN**
Hirer NRIC **S1721884J**

Signature :

Address **804 YISHUN RING ROAD #08-4315
760804**Contact No. **92371057**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMHCSN3061931700 Claim No : SNM18D01750/C02/1
Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,680.00
SINGAPORE DOLLARS ONE THOUSAND SIX HUNDRED EIGHTY 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 2001Z
Insured Vehicle No. : SJJ 9164E
Date of Loss : 23/03/2018
Place of Accident : ORCHARD ROAD

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 : DREAMERLAND
Driver Name : LAM JIN YUAN

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\$	1,680.00
<hr/>		
TOTAL	S\$	1,680.00
<hr/>		

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
5210 MARLBOROUGH DRIVE
SINGAPORE 501599

Claimant Name : _____ NRIC No : _____

Signature :  Date : 14-5-16

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

Workshops

39 Loyang Drive Singapore 509009 34 Serangoon Loop Singapore (S112)
 303 Sui Ming Drive Singapore 573717 7 Sungei Kadut Way Singapore 721
 45 Pandan Road Singapore 600200 501 Yishun Industrial Park A Singapore
 100 Ulu Road 3 Singapore 408640

TAX INVOICE

COMPANY REG. NO.: 1995060481
 Page: 1

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
 SPRINGLEAF TOWER

3 ANSON ROAD #16-00
 SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
 SHC2001%

INV. NO/DATE
 91365669 31.03.2018

MAKE
 HYUNDAI

JOB NO.
 305128030

MODEL
 I-40

OILMETER READING

DATE OF REG
 20.12.2017

DATE/TIME IN
 23.03.2018 15:25

CHASSIS CODE
 KMHLB410MHU100076

Description : 3P 23.03.18

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

S/No	Part No.	Description	Qty	Unit Price	%Disc	Net
0001	04-01-0103-0579	140VC COVER ASSY-RR BUMPR	1	603.60	20.00	482.88
0002	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP	10	2.20	20.00	17.60
SUB-TOTAL						500.48

JOB NATURE

0001	I.	PANGL. REPAIRING- RRAR	200.00		200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	180.00		180.00
0003	I.	REMOVAL/REPLX REVERSE SENSOR	60.00		60.00
SUB-TOTAL					440.00

fortDelGro Engineering Pte Ltd
 member of COMFORTDELGRO

Office:
 Traddell Road
 Singapore 579701

Note that no receipt shall be issued unless requested.

OWNER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91365669	1,006.31	

TAX INVOICE

8010012

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

3 ANSON ROAD #16-00
 SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
 SHC2001%

MAKE
 HYUNDAI

MODEL
 I-40

DATE OF WORK
 20.12.2017

CHASSIS CODE
 KMH1B41UMHU100076

INV. NO/DATE
 91365669 31.03.2018

JOB NO.
 305128030

ODMETER READING

DATE/TIME IN
 23.03.2018 15:25

Items total		940.48
Add GST @	7.000 %	65.83
Invoice amount:		1,006.31

Issued by : KATHKRINETAN 02.04.2018 16:48:13
 Repair type : (C/SO)/57/57
 Payment Type/Term: /Credit 30 days

omfortDelGro Engineering Pte Ltd
 member of COMFORTDELGRO

Head Office:
 15 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.
8010012	91365669	1,006.31	

Our Ref: CT18030729

Date: 03 April 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 23/03/2018 @ 12:00 hrs
ALONG ORCHARD RD B4 CENTRE POINT
INVOLVING SJJ9164E

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 **SHC2001Z** (the "Taxi"). The Taxi was hired to **LAY ENG KIAN IC NO S1721884J** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.00** 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.

MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO
242	0625	1700
220	18.10	03.25
359	0645	2230
402	0930	0030
245	1000	1900
311	0640	1240
201	18.25	05.25
270	0630	1730
239	18.10	05.00
201	0630	1740
269	18.10	04.50

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
11/01/18	SHC2001Z				
22/03/18	WY WILK	39958	237	0645	1723
23/03/18	WY WILK	40248	290	18.10	05.15
27/03/18	WY WILK	40421	172	0630	1520
	Accident 7/18		12	1525	-
	Repair 7/18		007	-	1415

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJJ9164E	23 Mar 2018 / 12:00:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK



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/CT118005824/R1ja3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 17-05-2018	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJJ 9164E	Veh. Inspected	SHC 2001Z
Policy No.	DMHCSN3061931700	Coverage (\$)	0.00
Claim No.	SNM18D01750/C02/1	Excess (\$)	0.00
Assign From		Assign Date	26/03/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	201
Chassis No.	KMHLB41UMHU100076	Colour	BLUE
Odometer	40421	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	5 mm
L/H Front Tyre	205/60 R16	HANKOOK	5 mm
R/H Rear Tyre	205/60 R16	HANKOOK	5 mm
L/H Rear Tyre	205/60 R16	HANKOOK	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	23/03/2018	Inspection Date	26/03/2018
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	



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 2001Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	603.60	603.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$180.00	SERVICEABLE	360.00	-
1	REAR BUMPER SPONGE	SERVICEABLE	143.40	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	225.00	-
1	REAR BUMPER REFLECTOR LAMP (RH)	SERVICEABLE	32.00	-
10	REAR BUMPER CLIPS LESS 20% DISCOUNT	NECESSARY	22.00 -378.07	22.00 -125.12
			1,512.28	500.48
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
LABOUR				
PANEL BEATING .			250.00	200.00
SPRAY PAINTING CHARGE.			250.00	180.00
WIRING CHARGE.			30.00	-
REMOVE/REFIX REVERSE SENSOR .			120.00	60.00
			650.00	440.00
GRAND TOTAL			2,297.98	940.48
RECOMMENDED COST OF REPAIRS				940.48

Report Ref No. CC3/CTI18005824/R1ja3q2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.