

Surveyor: Amk DOI: ASSIGNMENT 2/4/18 Date / Time: 2/4/18 Registered in Merimen: _____

*Pre-assign / CCU / FTE

SK2 89616



Insured Vehicle No. : _____
Name of Insured : DOSTY LIMBONG SERVICES P/L
Insured Tel No. : _____ HP: _____
Excess Sec II :SS _____ D.O.A : 30/03/18
Is driver the owner? (YES / NO) Nature of Accident : _____
If NO, Driver Name / Age : Goh Wei Hao 70MTHAN
Driver Tel No. : 91913316 (V/L: YES / NO)

Claim No. : _____
Policy No. : DMCPHALF-000185
Make / Model : 7- AUTIS
Place of Accident : KPE GCP
OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
Insured Liability : _____ % Final ? Yes / No

SITA9055H



INSRS: _____
WSP: Chng byang
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____



INSRS: _____
WSP: _____
Tel: _____
Liability: _____
RMKS: _____

Date/ Time	STAGE	DATE / PIC
<u>19/4</u> <u>Asst</u>	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	<u>ASWER 26.4.18</u>
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input 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: (NO NEED)	<input 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 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 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"/>

RECEIVED 14 MAY 2018

PRELIMINARY ADVICE	Date/Time: <u>6/4</u>	Sent By: <u>[Signature]</u>
FINALIZATION	Date/Time: <u>4.4.18</u>	Confirm with: <u>CHANG</u> Confirm by: <u>Amk</u>
Repair Cost: <u>PIP</u> <u>SS 2,279.96</u>	(<u>4</u> days) Reduction: <u>14</u> %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>9.5.18</u>	Confirm with: <u>JM</u> Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability: <u>% 100</u>	(Agreed / Assessed) BOLA S/N No. : <u>15</u>	If NO or B 28, Ass. Lia :
Repair Cost: <u>21651</u> <u>SS 2,439.56</u>	<u>OID CHANGED LANE</u>	
Loss of Rental (LOR): <u>SS 526.50</u>	(<u>4.5</u> days) <u>117</u>	COPY SENT <u>14/5/18</u>
Loss of Use (LOU): <u>SS -</u>	(<u>5</u> x days)	
Loss of Income (LOI): <u>SS 205.00</u>	(<u>\$ 50</u> x <u>4.5</u> days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	
GIA/LTA Search: <u>SS 1.49</u>		
Medical: <u>SS -</u>		1) Claim status: <u>Normal/Reject/Private Settle</u>
Disbursement: <u>SS -</u>	(e.g. Tow/ Independent)	2) Report Format: <u>TP</u>
Legal Cost: <u>SS -</u>		3) Survey fee: <u>400</u>
Total: <u>SS 3,198.55</u>	Global Sum SS:	
FINAL PAYMENT	Date/Time: <u>9.5.18</u>	Confirm with: <u>JM</u> Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1: <u>SS 3,198.55</u>	Name 1: <u>COMFORTERLAND ENGINEERING PTE LTD</u>	
Payee 2: (Strike if N.A.) <u>SS</u>	Name 2: _____	
Payee 3: (Strike if N.A.) <u>SS</u>	Name 3: _____	

REF: (1)

Driver: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimate Cost: _____
 OD / TP / BS / TP RES / OD RES / EVA / INV / MV
 To Insp Vehicle No: _____
 at Workshop: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client Record)
 Make of Vch: _____

(Policy Condition)

Remarks: The vch had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repair: 4 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: SHA 9055H Yr Regn: 15 Dec 2012
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T/O / Primo Mover /
 Truck / Trailer or _____
 Make: Hyundai ZKO cc: 1685
 Colour: Yellow A/C: Incl / Std / NI / NA
 Sp. Reading: 41377 T/Radio: Incl / Std / NI / NA
 Eng/No: _____
 C/No: KACHCB414AH4099916
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Incl / Jammed / Leaked / Burnt or _____
 Brake: Incl / Jammed / Leaked / Burnt or _____
 Modi: NI / S/Rim / STD / Rim or _____
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Harbin
 Front _____ Rear _____
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 3.5/8 D.O.L. 2/4/8
 Survey held at CDGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
o/s Rch
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction	
<u>4/4/8</u>	<u>Call PIP @ 2277.96 / 4 PM</u>	<u>EQ</u>
	<u>(Pins + 310.50 14%)</u>	<u>PIP</u>

Date/Time, File Pass to? : Preli. Report
 : Final Report
 1) _____
 Date/Time, File Return to? _____
 2) _____

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

Add Fee: : Site Insp (\$))
 : Interview (\$))
 : Tech. Insp (\$))
 : Transporter (\$))

Survey Fee: _____
 Transportation: _____
 S + RS, SI _____
 Photo _____
 Other _____
 (Total) _____



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			
EQ INSURANCE COMPANY LTD		Ref : CC3/EQ118006084/K1ea3	
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Date : 03-04-2018	
Code : EQI			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKZ 8961G	Veh. Inspected	SHA 9055H
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	03/04/2018
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	30/03/2018	Inspection Date	02/04/2018
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.			

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 9055H

DATE 2/4/2018 10:40

EQ

MAKE :

Chang

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Door Mirror (RH) <i>✓</i>			\$ 980.50	
	Frt & Rear Wheel Hub-Cap (RH) <i>Front ✓ Rear X</i>		150.70	\$ 301.40	
	SUB TOTAL			\$ 1,281.90	
	LESS 20%			\$ 256.38	
	DISCOUNTED TOTAL			\$ 1,025.52	
	<i>Front Bumper X repair</i>				
	<i>Front (RH) Fender X repair</i>				
	<i>Front (RH) Door X repair</i>				
	<i>Rear (RH) Door X repair</i>				
	<i>Rear (RH) Fender X repair</i>				
	Rear Bumper i40 Plate <i>X</i>			\$ 50.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH) <i>---</i>			\$ 80.00	Nett
	Front Door Coloured Comfort Logo (RH) <i>---</i>			\$ 75.00	Nett
				\$ 205.00	
	Labour Charge				
	Panel Beating-Repair RR Bumper/RR Rh Fender/RR Rh Door/Frt Rh Door/			\$ 400	
	Frt Rh Fender & Frt Bumper			\$ 500.00	
	Spray Painting Charge			1000 \$ 800	
	Wiring Charge			\$ 50.00	20
	Rear Wheel Alignment			\$ 120.00	X 20
	TOTAL LABOUR			\$ 1,420.00	
	ESTIMATE TOTAL			\$ 2,650.52	
	<i>Katun 11/11/17</i>				
	<i>2/4/18 1200 hrs</i>				
	<i>4 hrs x</i>				
	<i>P/P</i>				
	<i>Before 1st pt</i>				
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <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 item(s) must be resurveyed and is subject to final approval from Insurance Company 				
	<p>Acknowledged by Repairer</p> <p>Signature: _____</p>				
	<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

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

Our Job Ref No : 305136875

Date : 03/04/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA9055H

30/03/2018

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

1. The repair job shall bill to: EQ SKZ8961G
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$1,059.96</u>
(b) Labour Charges	<u>\$1,220.00</u>
Total for Part-By-Part Repair Cost	<u>\$2,279.96</u>
(c) Lumpsum Repair (if applicable)	_____
Total for Lumpsum repair cost after Less:	_____
Final Lumpsum Repair cost	_____

3. Estimated normal period for repairs: 4 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 : CHIANG

Name : Kalvin

Tel : 62148314

Date : 4/4/18

Fax : 65468156

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:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305136875
 REGN NO : SHA9055H
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 15.12.2017
 DATE/TIME IN : 31.03.2018 08:55
 ACCIDENT DATE : 30.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-0594-G	I40VC MIRROR ASSY-RR VIEW	1	980.50 20.00 784.40
0002	04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	150.70 20.00 120.56
0003	28-01-0103-0007-A	(I40)FRT DOOR LOGO CCTPL	1	75.00 2.00- 75.00
0004	28-01-0103-2014-A	I40V3 APP LOGO REAR DOOR	1	80.00 0.20 80.00

SUB-TOTAL : 1,059.96

JOB NATURE

0000 L	PANEL BEATING	400.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	800.00
0002 17-01	CHECK ALL LIGHTING	20.00

SUB-TOTAL : 1,220.00

TOTAL : 2,279.96

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NQ305136875

CUSTOMER NAME: CITYCAB PTE LTD CUSTOMER NO: 7010070 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P) COUNT CARD NO.	REGN NO: SHA9055H	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL: I-40	DATE/TIME IN: 31.03.2018 08:55
	YR OF MANU: 15.12.2017	TARGET DATE
	CHASSIS CODE: KMHLB41UMHU099916	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 30.03.2018
 NATURE: 3P 30.03.2018

3/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip:

Vehicle No.: **SHA9055H** **CHIANG @**

Exit Pass:

Vehicle No.: **SHA9055H**

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 9055H

DATE 2/4/2018 10:40

MAKE :

MODEL : HYUNDAI i40

EQ
Chang

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Mirror (RH) ✓			\$ 980.50
	Frt & Rear Wheel Hup-Cap (RH) Front ✓ Rear X		\$ 150.70	\$ 301.40
	SUB TOTAL			\$ 1,281.90
	LESS 20% DISCOUNTED TOTAL			\$ 256.38
	DISCOUNTED TOTAL			\$ 1,025.52
	Front Bumper X ^{type in} _{repair}			
	Front (RH) Fender X			
	Front (RH) Door X repair			
	Rear (RH) Door X repair			
	Rear (RH) FR L X repair			
	Rear Bumper i40 Plate X			\$ 50.00
	Rear Door Comfortdelgro & Apps Sticker (RH) ✓			\$ 80.00
	Front Door Coloured Comfort Logo (RH) ✓			\$ 75.00
				\$ 205.00
	Labour Charge			
	Panel Beating-Repair RR Bumper/RR Rh Fender/RR Rh Door/Frt Rh Door/			\$ 500.00 ⁴⁰⁰
	Frt Rh Fender & Frt Bumper			\$ 800 ⁸⁰⁰
	Spray Painting Charge			\$ 1000
	Wiring Charge			\$ 50.00 ²⁰
	Rear Wheel Alignment			\$ 120.00 X
	TOTAL LABOUR			\$ 1,420.00
	ESTIMATE TOTAL			\$ 2,650.52
	<p>Kalua (LKK)</p> <p>2/4/18 1200 Ln</p> <p>4 Pass</p> <p>P/P</p> <p>Before 1st p/A</p>			
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <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 items must be resurveyed and is subject to final approval from Insurance Company 			
	<p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p>			
	<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>			

Asher Sng (LKKAuto)

From: Jim Wong See Pah <jimwong@cdge.com.sg>
Sent: Wednesday, 9 May 2018 3:02 PM
To: Asher Sng (LKKAuto)
Cc: Hsiao Tong (LKKAuto); Joy Irene (LKKAuto)
Subject: Re: Your Ref: CC18030956/SHA9055H/JW(st), ACCIDENT INVOLVING SHA 9055H & SKZ 8961G ON 30/03/2018

Dear Ms Sng

Please process settlement in sum \$ 3198.55 for resolving our property damage claim amicably.

Thank you.

Best Regards

Jim Wong

Claims Department / ComfortDelgro Engineering Pte Ltd

Off: 62148374 / Fax: 62141843

From: "Asher Sng (LKKAuto)" <AsherSng@lkkauto.com>
To: Jim Wong See Pah <jimwong@cdge.com.sg>
Cc: "Hsiao Tong (LKKAuto)" <chewht@lkkauto.com>, "Joy Irene (LKKAuto)" <JoyIrene@lkkauto.com>
Date: 09/05/2018 02:55 PM
Subject: Your Ref: CC18030956/SHA9055H/JW(st), ACCIDENT INVOLVING SHA 9055H & SKZ 8961G ON 30/03/2018

Without Prejudice

Your Ref: CC18030956/SHA9055H/JW(st)

Our Ref: CC3/EQI18006084/K1ea3

Dear Sirs,

ACCIDENT INVOLVING SHA 9055H & SKZ 8961G ON 30/03/2018

We refer to the above matter.

We propose settlement as follows: -

1. Cost of Repair (w/GST)	\$ 2,439.56
2. Loss of Rental (4.5days x \$117)	\$ 526.50
3. Loss of Income (4.5days x \$50)	\$ 225.00
4. LTA Search Fee	\$ 7.49
Total:	\$ 3,198.55

Kindly let us have your acceptance.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: ashersng@lkkauto.com | fax: 6741-4108

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

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]



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/EQ118006084/K1ea3

26 APRIL 2018

ROSET LIMOUSINE SERVICES PTE. LTD.
53 UBI AVENUE 1
#03-47 PAYA UBI INDUSTRIAL PARK
SINGAPORE 408934

Dear Sir/Madam,

ACCIDENT INVOLVING SKZ 8961G AND SHA 9055H ON 30/03/2018

We refer to the above accident where we are acting for EQ INSURANCE COMPANY LIMITED 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 note that your No-Claim Discount (NCD)(if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

Asher

Case Handler

DID: 6841 6051

FAX: 6741 4108

Email: Ashersng@lkkauto.com

c.c. *EQ INSURANCE COMPANY LIMITED*
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SHA9055H , SKZ8961G
KPE TUNNEL TOWARDS PIE EXIT****ON 30-Mar-18 03:05**

I / We

LIM HOCK LEONG(Hirer) NRIC No.: **S1174887B**

and/or

(Relief) NRIC No.:

Taxi Number

SHA9055H

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

31-Mar-2018Name of Hirer
Hirer NRIC**LIM HOCK LEONG
S1174887B**

Signature :



Address

**509 SERANGOON NORTH AVENUE 4 ...
550509**

Contact No.

97973737

Workshops

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010325

RQ INSURANCE COMPANY LIMITED

#17-00 5 MAXWELL ROAD TOWER BLOCK
SINGAPORE SG 069110

CONTACT NO: 62239433

VEHICLE NO
SHA9055H

INV. NO/DATE
91366194 05.04.2018

MAKE
HYUNDAI

JOB NO.
305136875

MODELS
I-40

ODMETER READING

DATE OF REG
15.12.2017

DATE/TIME IN
31.03.2018 08:55

CHASSIS CODE
KMH1B41UMH1099916

Description : 3P 30.03.2018

S/No	Part No.	Qty	Unit Price	%Disc	Net	
PART REQUISITION						
0001	04-01-0103-0594	140VC MIRROR ASSY-RR VIEW	1	980.50	20.00	784.40
0002	04-01-0103-0658	140VC CAP ASSY-WHKKI, HUB	1	150.70	20.00	120.56
0003	28-01-0103-0007	(140)FRONT DOOR LOCK) CUPTI.	1	75.00	0.00	75.00
0004	28-01-0103-2014	140V3 APP LOCK) REAR DOOR	1	80.00	0.00	80.00
SUB-TOTAL :						1,059.96

JOB NATURE

0001	L	PANEL BEATING	400.00		400.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	800.00		800.00
0003	17-01	CHECK ALL LIGHTING	20.00		20.00
SUB-TOTAL :					1,220.00

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

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010325	91366194	2,439.56	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010325
RQ INSURANCE COMPANY LIMITED
#17-00 5 MAXWELL ROAD TOWER BLOCK
SINGAPORE SG 069110
CONTACT NO: 62239433

VEHICLE NO
SHA9055H
JOB NO.
3051.36875
DATE OF REG
15.12.2017
DATE/TIME IN
31.03.2018 08:55
CHASSIS CODE
KMHLB41UMHU099916

Items total		2,279.96
Add GST @	7.000 %	159.60
Invoice amount		2,439.56

Issued by : KATHERINETAN 05.04.2018 14:34:33
Repair type : CPSO/57/57
Payment Type/Term: /Credit 30 days

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

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010325	91.366194	2,439.56	

Our Ref: CC18030956



Date: 05 April 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 30/03/2018 @ 03:05 hrs
ALONG KPE TUNNEL TOWARDS PIE EXIT
INVOLVING SKZ8961G

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 **SHA9055H** (the "Taxi"). The Taxi was hired to **LIM HOCK LEONG IC NO S1174887B** a registered hirer-operator of **CityCab 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 **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.

OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
TO	FROM					TO	
1808	310318	040418	Accident Repair	SHA 910551A	10551A	0855	-
06.10							1100
1806							
05.50							
1755							
05.30							
1816							
06.10							
1224							
1950							
0820							

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKZ8961G	30 Mar 2018 / 03:05:00	Successful	E04	EQ INSURANCE COMPANY LTD

Previous

OK

SHAGOSH



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

To : M/s EQ INSURANCE COMPANY LTD

Date: 17/05/2018

THIRD PARTY DIRECT SETTLEMENT

Vehicle No.	SKZ 8961G (Insd Veh)	Your Ref. No. : DMCFHQ17-000185
	SHA 9055H (TP Veh)	Our Ref. No. : CC3/EQI18006084/K1ea3q2
Date of Accident	30/3/2018	

Liability	100%	
Final Repair Cost	: \$ 2,439.56	
Loss of Income	: \$ 225.00	4.5 days
Rental (If any)	: \$ 526.50	4.5 days
Others:	: \$ 7.49	
	: \$	
	3,198.55	
Final Settlement Sum	: \$ 3,198.55	
Remarks	:	

<u>Payment Instruction: Payee's Breakdown</u>		
1)	COMFORTDELGRO ENGINEERING PTE LTD	: \$ 3,198.55
		: \$

JOANNE LEE
LKK Auto Consultants Pte Ltd



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			
EQ INSURANCE COMPANY LTD		Ref : CC3/EQ18006084/K1ea3q2	
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Date : 17-05-2018	
		Code : EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKZ 8961G	Veh. Inspected	SHA 9055H
Policy No.	DMCFHQ17-000185	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	02/04/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	KMHLB41UMHU099916	Colour	YELLOW
Odometer	41377	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 BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	30/03/2018	Inspection Date	02/04/2018
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:		4 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9055H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT DOOR MIRROR (RH)	CRACKED	980.50	980.50
2	FRT & REAR WHEEL HUP-CAP (RH) @\$150.7	FRONT GRAZED / REAR SERVICEABLE	301.40	150.70
1	FRONT BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT (RH) FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
1	FRONT (RH) DOOR (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR (RH) DOOR (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR (RH) FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-256.38	-226.24
			1,025.52	904.96
SPECIAL NETT ITEMS				
1	REAR BUMPER I40 PLATE (SN)	NOT NECESSARY	50.00	-
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH) (SN)	NECESSARY	75.00	75.00
			205.00	155.00
LABOUR				
	PANEL BEATING -REPAIR RR BUMPER /RR RH FENDER /RR RH DOOR /FRT RH DOOR/FRT RH FENDER & FRT BUMPER .INCLUSIVE OF THE REPAIR OF FRONT BUMPER,FRONT (RH) FENDER,FRONT (RH) DOOR ,REAR (RH) DOOR AND REAR (RH) FENDER.		500.00	400.00
	SPRAY PAINTING CHARGE.		1,000.00	800.00
	WIRING CHARGE.		50.00	20.00
	REAR WHEEL ALIGNMENT .	NOT NECESSARY	120.00	-
			1,670.00	1,220.00
GRAND TOTAL			2,900.52	2,279.96



RECOMMENDED COST OF REPAIRS			2,279.96
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Report Ref No. CC3/EQ118006084/K1ea3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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