

Asher Sng (LKKAuto)

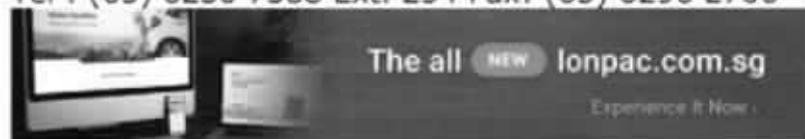
From: ONG LI LI <llong@lonpac.com>
Sent: Friday, 27 September 2019 9:23 AM
To: Asher Sng (LKKAuto)
Cc: MT_Claim_SG
Subject: RE: [MANDATE REQUEST] RE: New Case Our Ref: 18/18/18/VP05/020602

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Asher

Please proceed.

Regards,
Ong Li Li
Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse
Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



From: Asher Sng (LKKAuto) [mailto:AsherSng@lkkauto.com]
Sent: Tuesday, 24 September 2019 1:55 PM
To: ONG LI LI
Cc: MT_Claim_SG
Subject: [MANDATE REQUEST] RE: New Case Our Ref: 18/18/18/VP05/020602

****RESEND WITH ATTACHMENT.**

Dear Sirs,

We refer to the above matter.

We have highlighted to your good office on 11/06/2018 of Third-Party's request to do Direct Settlement with our Principal, Lonpac Insurance Bhd.

The accident occurred when our insured rear ended third party vehicle.

Basing on the reports of the circumstance of the accident, we propose to settle third-party claim at 100% liability.

Summary to offer to repairer **COMFORTDELGRO ENGINEERING PTE LTD** is as follows: -

	Claimed Amount	Revised Amount
1. Cost of Repair (w/GST)	\$ 2,794.39	\$ 1,337.50
2. Loss of Rental (3days x \$117.28)	\$ 351.84	\$ 234.56 (2days x \$117.28)
3. Loss of Income (3days x \$80)	\$ 240.00	\$ 100.00 (2days x \$50)

4. LTA/GIA Search Fee	\$ 7.49	\$ 7.49
Total	\$ 3,393.72	\$ 1,679.55

**2 days recommendation for repair

Relevant supporting claim documents are attached herewith for your perusal and reference.

The above is for your approval please.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

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

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

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

Sent: Monday, 11 June 2018 10:56 AM

To: 'ONG LI LI' <llong@lonpac.com>

Cc: 'MT_Claim_SG' <mt_claim@lonpac.com>; GERALD POH WEE BIN <geraldpoh@lonpac.com>; 'ERIC WOO JUN KIAT' <ericwoo@lonpac.com>; Joy Irene (LKKAuto) <JoyIrene@lkkauto.com>; Hsiao Tong (LKKAuto) <chewht@lkkauto.com>;

Asher Sng (LKKAuto) <AsherSng@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Subject: RE: New Case Our Ref: 18/18/18/VP05/020602

EQI ref: 18/18/18/VP05/020602

LKK REF: CC4/LPC18009025/Nja3

Dear Sir / Madam,

We refer to the above matter.

Enclosed revert of vehicle: SHC 3104D

We have not authorized repairs.

Enclosed for your perusal is:

- Estimated cost of repair
- Preliminary advice
- Photographs of TP vehicle in its damaged condition

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

Our case handler in-charge is Joy and she can be contacted at DID: 6841 2409.

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)

From: Admin-D (LKKAuto)
Sent: Tuesday, 15 May, 2018 12:01 PM
To: 'ONG LI LI' <llong@lonpac.com>; assignments <assignments@lkkauto.com>
Cc: 'MT_Claim_SG' <mt_claim@lonpac.com>; Admin A <admin-a@lkkauto.com>
Subject: RE: New Case Our Ref: 18/18/18/VP05/020602

Dear Li Li,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: ONG LI LI [<mailto:llong@lonpac.com>]
Sent: Tuesday, 15 May, 2018 10:53 AM
To: assignments@lkkauto.com; 'SUR' (sur@lkkauto.com) <sur@lkkauto.com>
Cc: MT_Claim_SG <mt_claim@lonpac.com>
Subject: New Case Our Ref: 18/18/18/VP05/020602

Dear Catherine

Please refer to the attached and arrange TP survey.

Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd
300 Beach Road #17-04/07 The Concourse Singapore 199555
Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706

Our Ref : T 0518/ SHC3104D /KS(st)
 Your Ref : _____
 Date : 30-May-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: 198505288V

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 766732

Lonpac Insurance Bhd
300 Beach Road
#17-04 / 07, The Concourse
Singapore 199555

Attn : Motor Claim Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC3104D YOUR INSURED SLK4576D
 AND OTHER _____ ON 13.05.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC3104D 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 : SLK4576D we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	<u>\$ 1,337.50</u>
2	<u>3</u> days Loss of Rental @ <u>\$ 117.28</u> per day	<u>\$ 351.84</u>
3	Survey Report Fees (Surveyed by M/s LKK)	<u>\$ -</u>
4	LTA Search Fees	<u>\$ 7.49</u>
5	GIA / Police Report Fees	<u>\$ -</u>
6	Towing / Medical / Transporation Fees	<u>\$ -</u>
Sub Total :		<u>\$ 1,696.83</u>

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ <u>\$ 80.00</u> per days	<u>\$ 240.00</u>
Total Claims:		<u>\$ 1,936.83</u>

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

- a) Original repair bill and photocopies of photographs : 8 pcs.
- b) LTA search slip/s of : SLK4576D
- c) GIA / Police report/s of : SHC3104D
- d) Letter of authority from owner / hirer / operator
 - () Witness statement/s () Towing/Medical bill/receipts () Certificate of Insurance
 - (X) Photograph/s of Accident Scene (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
Kazali Hj Selahudin
 Deputy Manager
 CDGE Taxi Claims Department
 Tel : 6214 8736 Fax: 6214 1843 Email: kazali@cdge.com.sg

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

A member of

COMFORTDELGRO



LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SHC3104D , SLK4576D **ON 13-May-18 21:10**
ALONG DAIRY FARM RD TWDS UPP BUKIT TIMAH ROAD

I / We **SAFIEE BIN SAHARI** (Hirer) NRIC No.: **S7536629I**

and/or **NG KAI KOOK** (Relief) NRIC No.: **S0166483B**

Taxi Number **SHC3104D**

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 **14-May-2018**

Name of Hirer **SAFIEE BIN SAHARI**
 Hirer NRIC **S7536629I**

Signature :



Address **113 PENDING RD #06-100**
670113

Contact No. **91688656**

Name of Relief **NG KAI KOOK**
 Relief NRIC **S0166483B**

Signature :



Address **465 SEGAR RD #15-156**
670465

Contact No.



LONPAC INSURANCE BHD

CLAIM NO : 18/18/18/VP05/020602
DATE : 30 SEPT 2019

DISCHARGE VOUCHER

I/We, COMFORT TRANSPORTATION PTE LTD confirmed acceptance from M/s **LONPAC INSURANCE BHD** and/or the owner SLK 4576D the sum of Singapore Dollars ONE THOUSAND SIX HUNDRED SEVENTY NINE AND CENTS FIFTY FIVE ONLY. **(\$1,679.55)** in full and final satisfaction, liquidation and discharge of property claim competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of property claim sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident to my vehicle, SHC 3104D on 13/05/2018 along/at DAIRY FARM RD TWDS UPP BUKIT TIMAH ROAD.

I /We hereby agree to indemnify and keep indemnify (**TEO MUI HENG /LONPAC INSURANCE BHD**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to M/s **COMFORTDELGRO ENGINEERING PTE LTD.**

I/We hereby acknowledge that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
88 LOYANG DRIVE
SINGAPORE 639955
30/09/19
.....
Signature of vehicle owner/Date

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
88 LOYANG DRIVE
SINGAPORE 639955
.....
Name of vehicle owner/Date

"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"

TAX INVOICE

8010042

LONPAC INSURANCE BERHAD
 #17-04 / 07 THE CONCOURSE

300 BRACH ROAD
 SINGAPORE 199555

CONTACT NO: 62507388

VEHICLE NO
 SHC31041

MAKE
 HYUNDAI

MODEL
 I-40

DATE OF REG
 11.02.2014

CHASSIS CODE
 KMHLB41UMKJ047560

INV. NO/DATE
 91373580 21.05.2018

JOB NO.
 305160200

DIRECTION READING

JOB TYPE

Description : 3P 13.05.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,250.00
Add GST @ 7.000 %		87.50
Total Invoice amount		1,337.50

Issued by : KATHKRINETAN 21.05.2018 14:27:43
 Repair Type : CLSO/57/57
 Payment Type/Term : /Credit 30 days

WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR DAMAGE TO OR LOSS OF VEHICLES BELONGING TO CUSTOMERS AND VEHICLES ARE KEPT AT OWNERS' RISK.
 CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM 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 OBLIGED TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 14 DAYS FROM THE INVOICE DATE) FOR THE PERIOD OF DEFAULT.
 PLEASE EXAMINE THE 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 THE 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.

Our Ref: CT18050351

Date: 21 May 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 13/05/2018 @ 21:10 hrs
ALONG DAIRY FARM RD TWDS UPP BUKIT TIMAH ROAD
INVOLVING SLK4576D

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 **SHC3104D** (the "Taxi"). The Taxi was hired to **SAFIEE BIN SAHARI IC NO S7536629I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.28** 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
SLK4576D	13 May 2018 / 21:10:00	Successful	L06	LONPAC INSURANCE BHD

Previous

OK

SNE 3104 D