

Surveyor: No2 DOI: ASSIGNMENT 1/15/18 Date / Time: 15/12/18
Registered in Merimen: -

Pre-assign / CCU / FTE
 Insured Vehicle No.: GBG 5059H Claim No.:
 Name of Insured: WINEMTY LIGHTING PLC Policy No.: DMPH17-00498
 Insured Tel No.: HP: 15/5/18 Make / Model: N.MV 200
 Excess Sec II :SS D.O.A.: 15/5/18 Place of Accident: 7-junction of 7ampres Ave
 Is driver the owner? (YES / NO) (NO) Nature of Accident: 10
 If NO, Driver Name / Age: TRU GIAN FENG OI GIA REPORT: (YES) / NO; TP GIA REPORT: (YES) / NO
 Driver Tel No.: 87094929 (VL: YES / NO) Insured Liability: % Final? Yes / No

SH 8384 Y → → → → →
 INSRs: WSP: CDWR 10/15/18 INSRs: WSP: INSRs: WSP: INSRs: WSP:
 Tel: Tel: Tel: Tel: Tel: Tel:
 Liability: Liability: Liability: Liability: Liability: Liability:
 RMKS: RMKS: RMKS: RMKS: RMKS: RMKS:

Date/Time	STAGE	DATE / PIC
<u>13/12/18</u>	Non-Reporting ltr (1st) Non-Reporting ltr (2nd) Non-Reporting ltr (Final) Notification ltr (if non-pickup) Call OI: After call ltr to OI: <u>> THIN 3/12</u>	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice	<input checked="" type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

14/12/18 @ 3:15 spoke to OI, he confirmed the accident details. Informed TP claim and he agree to settle.

RECEIVED 14 DEC 2018

PRELIMINARY ADVICE	Date/Time:	Sent By:	Post-Repair Photos:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS (days) Reduction: %		Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>14/12/18</u>	Confirm with: <u>SM</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No.: <u>27</u>		If NO or B 28, Ass. Lia:
Repair Cost:	SS <u>963.00</u>		
Loss of Rental (LOR):	SS <u>175.92</u> (1.5 days) x <u>117.28</u>		
Loss of Use (LOU):	SS <u>75.00</u> (\$ 50 x 1.5 days)		
Loss of Income (LOI):	SS (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR+LOU <input type="checkbox"/> LOR+LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search:	SS <u>7.49</u>		
Medical:	SS		
Disbursement:	SS (e.g. Tow/ Independent)		1) Claim status: Normal/Reject/Private Settle
Legal Cost:	SS		2) Report Format:
Total:	SS <u>1221.41</u>	Global Sum SS: <u>1220.00</u>	3) Survey fee:
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS <u>1220.00</u>	Name 1: <u>COMFORTDELGR0 ENGINEERING PTE LTD</u>	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

NAZ

REP:

003/EQ/18009027/Nma3

ASSIGNMENT

From _____ Date _____
 Estimated Cost _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop No: _____
 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.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Rport: _____ Consistent?: Yes or No
 GIA / PR Seen: _____ Consistent?: Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SH 8384 Y Reg: APR 2019
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____

Make: HYUNDAI 140 :: 1582
 Colour: BLUE :: Insured / Std / NI / NA
 Sp. Reading: 537,290 Fac: Insured / Std / NI / NA

Eng No: _____
 C.No: KMHLEB41UMEN052622

Gen. Cond: Good / Fair / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205/60R16
 R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or WESTLAKE

Front	Rear
R.Bal. <u>6</u> mm	R.Bal. <u>6</u> mm
L.Bal. <u>6</u> mm	L.Bal. <u>6</u> mm
D.O.A. <u>15/5/18</u>	D.O.I. <u>15/5/18</u>

Survey held at: EDGE LOYANG

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
REAR

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

21/5/18 FINALIZED LUMP SUM \$900.00 / 2 DAYS EQ L/S

(Red: \$1461.58 / 62%)

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

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

Survey Fee _____
 Transporator _____

Add Fee: Site Insc \$ _____
 Inter. \$ _____
 Tech. \$ _____
 Test. \$ _____

Report Format: _____
 Lump Sum / L.B. \$: _____



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/EQI18009027/Nma3	
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Date : 18-05-2018	
		Code : EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBG 5059H	Veh. Inspected	SH 8384Y
Policy No.	DMCPHQ17-004818	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	18/05/2018
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	15/05/2018	Inspection Date	15/05/2018
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.			

A member of COMFORTDELGRO

Date/Time: 15.05.2018 13:18 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO305160553

CUSTOMER MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P) COUNT CARD NO.	REGN NO: SH 8384Y	MILEAGE
	MAKE: HYUNDAI	FUEL E _____ 1/2 _____ F
	MODEL: I-40	DATE/TIME IN 15.05.2018 10:15
	YR OF MANU: 17.04.2014	TARGET DATE
	CHASSIS CODE: KMHLB41UMEU052622	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 15.05.2018
 NATURE: 3P 15.05.2018

S/N	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip Vehicle No.: SH 8384Y CHIANG		Exit Pass Vehicle No.: SH 8384Y	
Signature/Date returned to Service Reception upon collection	Signature/Date	Name of Service Advisor To be kept by Security Guard	Date

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 8384Y

DATE 15/5/2018 11:39

MAKE :

MODEL : HYUNDAI i40

Lkk *EQ*
Chong L/S

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)	S	180.00	\$ 360.00
	Rear Bumper Side Bracket			\$ 49.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 280.00 200
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00 X m
	R/Refix Reverse Sensor			\$ 120.00 / 20
	TOTAL LABOUR			\$ 650.00
	ESTIMATE TOTAL			\$ 2,361.58

1 dent
17 repair
1 m
1 m
1 m
1 m
1 m
1 m
1 m

Nett ~~X~~ *part*
Nett ~~/~~ *net*

NA2 LKK
15/5/18 1445
L/S
2 Days

KK Auto Consultants hence notify the Repairer of the following:

- 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 & is subject to final approval from Insurance Co.

Acknowledged by Repairer
Signature:
Date:

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.

160555

35/11/18

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305160553

Date : 16/05/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : NAZ

Vehicle Reg No. : SH 8384Y

15/05/2018

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

1. The repair job shall bill to: ER GBG5095H

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: _____

Final Lumpsum Repair cost \$900.00

3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : 

Name : CHIANG

Name : NAZ

Tel : 62148314

Date : 21/5/18

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:

Mei Kwan (LKKAuto)

From: Francis Ng <francis.ng@eqinsurance.com.sg>
Sent: Friday, 1 June, 2018 9:09 AM
To: Mei Kwan (LKKAuto)
Cc: Bevan Lim (LKK Auto); Vic (LKKAuto); Admin A
Subject: RE: Direct Settlement - Accident Involving GBG5095H (OI : EQI - TBA) AND SH8384Y (TP : LKK REF - CC3/EQI18009027/Nma3) on 15/05/2018
Attachments: GBG5095H 15.05.2018.PDF

Follow Up Flag: Follow up
Flag Status: Completed

Categories: HMK

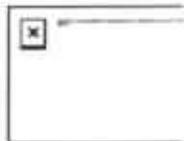
Dear Mei Kwan,

Our insured's accident report is attached.

Regards,
Francis Ng
Executive | Claims



EQ Insurance Company Limited
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6496 9115 | tel 65 6223 9433 ext 115 | fax 65 6223 4190
www.eqinsurance.com.sg



Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the

From: Mei Kwan (LKKAuto) [mailto:Meikwan@lkkauto.com]
Sent: Thursday, May 31, 2018 8:27 PM
To: Francis Ng <francis.ng@eqinsurance.com.sg>
Cc: Bevan Lim (LKK Auto) <bevanlim@lkkauto.com>; Vic (LKKAuto) <vicalpeh@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: Direct Settlement - Accident Involving GBG5095H (OI : EQI - TBA) AND SH8384Y (TP : LKK REF - CC3/EQI18009027/Nma3) on 15/05/2018

WITHOUT PREJUDICE

Dear Francis,

We refer to the above matter.

This is a TP direct settlement case.

We had inspected TP vehicle SH 8384Y at M/s ComfortDelGro Engineering Pte Ltd (Loyang).

Our Ref : T 0518 / SH 8384Y /JW(st)
 Your ref : _____
 Date : 30-May-18

CDGE Tax 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: 199000448W

EQ Insurance Company Limited
 5 Maxwell Road, MND Complex
 #17-00 Tower Block
 Singapore 069110

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

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SH 8384Y YOUR INSURED GBG5095H
 AND OTHER _____ ON 15.05.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SH 8384Y 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 GBG5095H we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	963.00
2	<u>2</u> days Loss of Rental @ \$ <u>117.28</u> per day	\$	234.56
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
Sub Total :		\$	1,205.05

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ <u>80.00</u> per day	\$	160.00
Total Claims:		\$	1,365.05

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 : GBG5095H
- c) GIA / Police report/s of : SH 8384Y
- d) Letter of authority from owner / hirer / operator
 - () Witness statement/s () Towing/Medical bill/receipts () Certificate of Insurance
 - () 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

Jim Wong

Deputy Manager

CDGE Claims Department

Tel : 6214 8374 Fax: 6214 1843 Email : jimwong@cdge.com.sg

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

Thin Thin (LKKAuto)

From: Thin Thin (LKKAuto)
Sent: Thursday, 13 December 2018 6:25 PM
To: retail@winfinity.com.sg
Cc: teygf@yahoo.com; Olivia Lau (LKKAuto); Hsiao Tong (LKKAuto)
Subject: ACCIDENT INVOLVING GBG 5095H AND SH 8384Y ON 15/05/2018



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/EQ18009027/Nma3

13 DECEMBER 2018

WINFINITY ELECTRIC PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING GBG 5095H AND SH 8384Y ON 15/05/2018

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 5 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,

THIN THIN HLAING

Case Handler

DID: 6841 2360

Fax: 6741 4108

Email: thinthin@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SH8384Y , GBG5095H
TAMPINES INDUSTRIAL AVE 5 > TAMPINES AVE 10****ON 15-May-18 09:35**

I / We

TAN LAM CHE(Hirer) NRIC No.: **S2096284D**

and/or

(Relief) NRIC No.:

Taxi Number

SH8384Y

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

15-May-2018

Name of Hirer

TAN LAM CHE

Hirer NRIC

S2096284D

Signature :



Address

**965 HOUGANG AVE 9 #04-634
530965**

Contact No.

96365358

Our Ref: CT18050379

Date: 21 May 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 15/05/2018 @ 09:35 hrs
ALONG TAMPINES INDUSTRIAL AVE 5 > TAMPINES AVE 10
INVOLVING GBG5095H

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 **SH8384Y** (the "Taxi"). The Taxi was hired to **TAN LAM CHE IC NO S2096284D** 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
GBG5095H	15 May 2018 / 09:35:00	Successful	E04	EQ INSURANCE COMPANY LTD

Previous OK

Thin Thin (LKKAuto)

From: Jim Wong See Pah <jimwong@cdge.com.sg>
Sent: Friday, 14 December 2018 4:26 PM
To: Thin Thin (LKKAuto)
Cc: Olivia Lau (LKKAuto); Hsiao Tong (LKKAuto)
Subject: Re: ACCIDENT ON 15/05/2018 INVOLVING VEHICLES GBG 5059H AND SH 8384Y

Dear Ms Thin

Please process settlement in sum \$ 1220.00 for resolving our property damage claim amicably.

Thank you.

Best Regards
Jim Wong
Claims Dept / ComfortDelgro Engineering Pte Ltd

From: Thin Thin (LKKAuto) <thinthin@lkkauto.com>
Sent: Friday, 14 December 2018 3:26 PM
To: Jim Wong See Pah
Cc: Olivia Lau (LKKAuto); Hsiao Tong (LKKAuto)
Subject: ACCIDENT ON 15/05/2018 INVOLVING VEHICLES GBG 5059H AND SH 8384Y

Your Ref: T0518/SH8384Y/JW(st)
Our Ref: CC3/EQJ18009027/Nma3

"Without Prejudice"

Dear Mr Jim,

ACCIDENT ON 15/05/2018 INVOLVING VEHICLES GBG 5059H AND SH 8384Y

We refer to the above matter.

We propose settlement at Global Sum S\$1,220.00 (all-in).

Please confirm acceptance.

Please note that our above settlement is made on a without prejudice basis, and should not be construed as an admission of liability on our part or on the part of our insured/driver. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. Our offer made in respect of this present matter is made solely to resolve this matter only. No reference shall be made to this offer or any settlement arising from this offer in any other related matters.

Settlement and payment are subject to production of original documents on demand at any time and execution of Discharge Voucher (for settlement sum above \$20,000/-) by the Plaintiff/Claimant. Further all original documents shall be retained by us after we have made payment on the settlement sum.

Best Regards,
Thin Thin Hlaing | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6841-2360 | email: thinthin@lkkauto.com | fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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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

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: 20/12/2018

THIRD PARTY DIRECT SETTLEMENT

Vehicle No.	GBG 5059H (Insd Veh)	Your Ref. No. : DMCPHQ17-004818
	SH 8384Y (TP Veh)	Our Ref. No. : CC3/EQI18009027/Naa3q2
Date of Accident	15/5/2018	

Liability	100%	
Final Repair Cost	: \$ 963.00	
Loss of Income	: \$ 75.00	1.5 days
Rental (If any)	: \$ 175.92	1.5 days
Others:	: \$ 7.49	
	: \$	
	1,221.41	
Final Settlement Sum	: \$ 1,220.00	GLOBAL SUM
Remarks	:	

<u>Payment Instruction: Payee's Breakdown</u>		
1)	COMFORTDELGRO ENGINEERING PTE LTD	: \$ 1,220.00
		: \$

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/EQ18009027/Naa3q2	
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Date : 20-12-2018	
		Code : EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBG 5059H	Veh. Inspected	SH 8384Y
Policy No.	DMCPHQ17-004818	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	15/05/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU052622	Colour	BLUE
Odometer	537298	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	WEST LAKE	6 mm
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	6 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/05/2018	Inspection Date	15/05/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



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Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8384Y

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	TO REPAIR SEE LABOUR	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @ \$180.00	NOT NECESSARY	360.00	-
1	REAR BUMPER SIDE BRACKET	NOT NECESSARY	49.00	-
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	-
1	REAR BUMPER UNDER COVER	DENTED	225.00	225.00
	LESS 20% DISCOUNT		-381.47	-170.12
			1,525.88	680.48
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			185.70	50.00
LABOUR				
	PANEL BEATING . INCLUSIVE OF THE REPAIR OF REAR BUMPER REINFORCEMENT.		280.00	200.00
	SPRAY PAINTING CHARGE.		200.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	R/REFIX REVERSE SENSOR .		120.00	20.00
			650.00	420.00
GRAND TOTAL			2,361.58	1,150.48
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				900.00

Report Ref No. CC3/EQ118009027/Naa3q2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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