

06/2010

INS. CASE OWNER:

CC3/CTI1801

may, 12 4639

LKK:

IDAC:

Surveyor:

Tanfikh

DOI:

ASSIGNMENT

5/6/18

Date / Time:

21/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GU 5135T

Name of Insured:

HE KING DELIVERY SERVICES

Insured Tel No.:

HP:

Claim No.:

SNM1800HNE4607

Policy No.:

DMVSW1613746807

Make / Model:

mitsubishi

Place of Accident:

BOON TAT UNIT

Excess Sec II :SS

D.O.A:

21/6/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

SWB VAI 500

OI GIA REPORT:

YES

TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

%

Final ? Yes / No

SHB 4327B



INSRS:

WSP:

Tel:

Liability:

RMKS:

COBE
W



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

6/7/18

TTH

19/9/18 - 10:10

SHB 4327B - X

AVG185T - X

OI reversed and collided with TP vehicle.

STAGE

DATE / PIC

Non-Reporting 1st (1st):

Non-Reporting 1st (2nd):

Non-Reporting 1st (Final):

Notification 1st (if non-pickup):

Call OI:

7 THIN
1918

After call 1st to OI:

Documentation Check List: Handler Typist

Notification 1st (if non-pickup)

After call 1st to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time: 4/7/18

Sent By:

BLL

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time: 25/9/18

Confirm with: William

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

SS

486.85

Loss of Rental (LOR):

SS

402.50

(

3.5

days)

x

11.5

Loss of Use (LOU):

SS

175.00

(

5.50

x

3.5

days)

Loss of Income (LOI):

SS

(

5

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOU

[Tick only one]

GIA/LTA Search

SS

7.49

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

1071.84

Global Sum SS:

1050-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

1050.00

Name 1:

COMFORT DELGRD ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

COPY SENT
4/10/18



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

Your ref: To Be Advised
Our ref: CC3/CTI18012194/T1ub3

Date: 04.07.2018

The Motor Claims Department
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHB4327B

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 29.06.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	1,831.56
Revised Estimate Amount	: S\$	455.00
"Check" Items Amount	: S\$	255.28
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
N/S Front Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2 days

Yours faithfully,

MOHD. TAUFIKH
Licensed Appraiser



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/CTI18012194/T1ub3

3 ANSON ROAD #16-00
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 04-07-2018



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GU 5135T	Veh. Inspected	SHB 4327B
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/07/2018

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	29/06/2018	Inspection Date	29/06/2018
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.

Order of COMFORTDELGRO

Date/Time: 29.06.2018 14:50

Page : 1

ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305181413

COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (0)	REGN NO: SHB4327E	MILEAGE
	MAKE: HYUNDAI	FUEL E _____ 1/2 _____ F
	MODEL I-40	DATE/TIME IN 29.06.2018 11:20
	YR OF MANU 02.04.2015	TARGET DATE
	CHASSIS CODE KMHLB41UMPU067884	COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

dent Date: 29.06.2018
RE: 3P 29.06.18

LABOR CODE

DESCRIPTION

PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

Vehicle No.:

SHB4327E

JU CHINA

SHB4327E

Service Advisor

Signature/Date

Name of Service Advisor

Date

Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305181413

Date : 03/07/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : TAUFIQ

: SHB4327B

Date of Accident : 29/06/2018

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

1. The repair job shall bill to: CHINA --- GU 5135T
###
 2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$55.00
 - (b) Labour Charges ### \$400.00
 - Total for Part-By-Part Repair Cost** P/P **\$455.00**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost
 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 : JUMANI Name : Koki
Tel : 6214 8315 Date : 13/7/18
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:

CHECK ITEMS:

CHINA
JUL.

DATE 29/6/2018 12:00

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 562.30
	Front Bumper Sponge			\$ 142.20
	Front Bumper Reinforcement			\$ 526.10
	Front Bumper Centre Grille			\$ 176.90
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	Front Bumper Retainer Mounting		\$ 9.20	\$ 18.40
	SUB TOTAL			\$ 1,470.70
	LESS 20%			\$ 294.14
	DISCOUNTED TOTAL			\$ 1,176.56
	Front Number Plate			\$ 25.00
	Front No Plate Trim Cover			\$ 30.00
				\$ 55.00
	Labour Charge			200
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
	TOTAL LABOUR			\$ 600.00
	ESTIMATE TOTAL			\$ 1,831.56
	<p>Tan Kah 97495744</p> <p>WP</p> <p>2 days</p> <p>Repair after repair</p> <p>sur@lkkauto.com</p> <p>21/1/18 @ 1715</p>			
				<p>LKK Auto Consultants hence the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray paint To display damaged part(s) during repair Parts prices are subject to confirmation Third party survey on a "Without Prejudice" basis No illegal modification(s) is allowed Supplementary item(s) must be approved by the insurer <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</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.

Shu Pei (LKKAUTO)

From: Lucas Lee <luucas.lee@sg.cntaiping.com>
Sent: Thursday, 5 July 2018 1:57 PM
To: Shu Pei (LKKAUTO)
Subject: RE: Direct Settlement - Accident Involving GU5135T (OI : CTI - SNM18D03244C02) and SHB4327B (TP : LKK REF - CC3/CTI18012194/T1ub3) on 29.06.2018
Attachments: leeSZ_SNM18D03244C01-GU5135T-LKKDirectSettlementAccidentLtr_CLCR95.745.pdf; MJAS18084299-GU5135T.pdf

Dear Sirs,

Kindly refer to the above attachment.

Case Handler: Elaine Cheong

Lucas Lee
Claims Department (Motor)
China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00 Springleaf Tower Singapore 079909
Direct (65) 6389 6181
Fax (65) 6222 7175/6224 7478
Email: luucas.lee@sg.cntaiping.com
Website: www.sg.cntaiping.com



Disclaimer :

This message is confidential; its contents do not constitute a commitment by China Taiping Insurance (Singapore) Pte. Ltd. except where provided for in a written agreement between you and China Taiping Insurance (Singapore) Pte. Ltd. Any unauthorized disclosure, use or dissemination, either in whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.

From: Shu Pei (LKKAUTO) [mailto:shupeil@lkkauto.com]
Sent: Wednesday, 4 July, 2018 6:17 PM
To: Claims Dept of CTI
Cc: Lucas Lee; Elaine Cheong; Admin A; Thin Thin (LKKAUTO)
Subject: Direct Settlement - Accident Involving GU5135T (OI : CTI - TBA) and SHB4327B (TP : LKK REF - CC3/CTI18012194/T1ub3) on 29.06.2018

WITHOUT PREJUDICE

Dear Elaine,

We refer to the above matter.

This is a TP direct settlement case. We had inspected TP vehicle SHB 4327B at M/s ComfortDelGro Engineering Pte Ltd (Loyang).

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

Enclosed for your perusal is:

- TP's GIA report
- Estimated cost of repair
- Preliminary advice

Our case handler in-charge is Thin Thin and she can be contacted at DID: 6841 2360.

Thank You.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

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中国太平
CHINA TAIPING

中国太平保险(新加坡)有限公司
CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Anson Road #16-09 Springleaf Tower Singapore 079909
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.chinataping.com
Co. Reg. No. 200208384E

Our Reference: **SNM18D03244/C01/5**

Date: **05 JULY 2018**

via Ordinary & Registered Mail

**HE XING DELIVERY SERVICES
BLK 113 RIVERVALE WALK
#03-35
SINGAPORE 540113**

Dear Sir / Madam

**ACCIDENT INVOLVING GU5135T AND SHB4327B ON 29 JUNE 2018
ALONG BOON TAT LINK**

We refer to the abovementioned accident.

Please be advised that the third party vehicle, **SHB4327B**, 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 contact you for more information about the accident.

Kindly render your assistance and co-operation accordingly.

Yours truly,

Claims Department

(This is a computer generated letter and no signature is required.)

CC : LKK Auto Consultants Pte Ltd

Attn : THIN THIN

Ref : CC3/CT118012194/T1UB3

Contact No : 68412360

via Email : THINTHIN@LKKAUTO.COM

CC : Agent - (AN0435A) - YETTA INSURANCE AGENCY PTE LTD

F01/LKKDS-2013

Our Ref : T 0618 / SHB4327B /WT(st)

Your Ref :

Date : 23-Jul-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: 199500340W

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 SHB4327B YOUR INSURED GU 5135T
AND OTHER _____ ON 29.06.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHB4327B 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 GU 5135T we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 486.85
2	4 days Loss of Rental @ \$ 115.00 per day	\$ 460.00
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 :		\$ 954.34

HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims :		\$ 1,274.34

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

- Original repair bill and photocopies of photographs : 8 pcs.
- LTA search slip/s of : GU 5135T
- GIA / Police report/s of : SHB4327B
- 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 Tan

Deputy Manager
CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email : williamtan@cdge.com.sg

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

A member of

COMFORTDELGRO





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/CTI18012194/T1ub3

19 SEPTEMBER 2018

HE XING DELIVERY SERVICES
BLK 113 RIVERVALE WALK
#03-35
SINGAPORE 540113

Dear Sir/Madam,

ACCIDENT INVOLVING GU 5135T & SHB 4327B ON 29/06/2018

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,

THIN THIN HLAING
Case Handler
DID: 6841 2360
Fax: 6741 4108
Email: thinthin@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGi 40 SHB4327B , GU5135T
BOON TAT LINK

ON 29-Jun-18 10:10

I / We

SAMSURI BIN SUKAIMI

(Hirer) NRIC No.: 57327248C

and/or

(Relief) NRIC No.:

Taxi Number

SHB4327B

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

29-Jun-2018

Name of Hirer

SAMSURI BIN SUKAIMI

Hirer NRIC

57327248C

Signature :



Address

121 BUKIT BATOK CENTRAL #05-443
650121

Contact No.

90272456

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1613741802

Claim No : SNM18D03244/C01/5

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$ 1,050.00
Singapore Dollars One Thousand and Fifty 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. : SHB 4327B
Insured Vehicle No. : GU 5135T

Date of Loss : 29/06/2018
Place of Accident : BOON TAT LINK

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 : HE XING DELIVERY SERVICES
Driver Name : SNG LAI SOO

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.

Global Sum	:	S\$ 1,050.00
Total	:	S\$ 1,050.00

Claimant Name : COMFORT TRANSPORTATION PTE LTD NRIC No : _____

Signature : _____

Date : 25.9.18

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 638981

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

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010012

CHINA TAIPING INSURANCE CO(S) PTE L,
SPRINGLEAP TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHR4327H

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
02.04.2015

CHASSIS CODE
KMHLE41UMFU067884

INV. NO/DATE
91384340 17.07.2018

JOB NO.
305181413

ODOMETER READING

DATE/TIME IN
29.06.2018 11:20

Description : 3P 29.06.18

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	FNPS	NO PLATE(S)	1	55.00	0.00	55.00
			SUB-TOTAL:		:	55.00
JOB NATURE						
0001	23-502	SPRAYPAINT ON AFFECTED AREA	200.00		200.00	
0002	I,	PANEL, BRACKETING- FRT.	200.00		200.00	
			SUB-TOTAL:		:	400.00

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 N
8010012	91384340	486.85	

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHR43278

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
02.04.2015

CHASSIS CODE
KMHLB41UMFU067884

INV. NO/DATE
91384340 17.07.2018

JOB NO.
305181413

ODOMETER READING

DATE/TIME IN
29.06.2018 11:20

Items total	455.00
Add GST @ 7.000 %	31.85
Invoice amount	486.85

Issued by : KATHERINETAN 17.07.2018 10:02:26
Repair type : CISO/57/57
Payment type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ N
8010012	91384340	486.85	

Our Ref: CT18060875



Date: 16 July 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	29/06/2018 @ 10:10 hrs
ALONG	BOON TAT LINK
INVOLVING	GU5135T

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 **SHB4327B** (the "Taxi"). The Taxi was hired to **SAMSURI BIN SUKAIMI IC NO S7327248C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** 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.

[illegible]

Enquire Vehicle Insurer

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

GU5135T 29 Jun 2018 / 10:10:00 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/CTI18012194/T1ub3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909		Date : 10-10-2018	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GU 5135T	Veh. Inspected	SHB 4327B
Policy No.	DMCVSN1613741802	Coverage (\$)	0.00
Claim No.	SNM18D03244/C01/5	Excess (\$)	0.00
Assign From		Assign Date	29/06/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU067884	Colour	BLUE
Odometer	369034	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	CST	6 mm
L/H Front Tyre	205/60 R16	CST	6 mm
R/H Rear Tyre	205/60 R16	CST	6 mm
L/H Rear Tyre	205/60 R16	CST	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	29/06/2018	Inspection Date	29/06/2018
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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4327B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER COVER	NOT NECESSARY	562.30	-
1	FRONT BUMPER SPONGE	NOT NECESSARY	142.20	-
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	526.10	-
1	FRONT BUMPER CENTRE GRILLE	NOT NECESSARY	176.90	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	NOT NECESSARY	44.80	-
2	FRONT BUMPER RETAINER MOUNTING @\$18.40		18.40	-
	LESS 20% DISCOUNT		-294.14	-
			1,176.56	-
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT NUMBER PLATE (SN)	CRACKED	25.00	25.00
1	FRONT NO PLATE TRIM COVER (SN)	CUT	30.00	30.00
			55.00	55.00
	<u>LABOUR</u>			
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
			600.00	400.00
	GRAND TOTAL		1,831.56	455.00
RECOMMENDED COST OF REPAIRS				455.00

Report Ref No. CC3/CTI18012194/T1ub3q2

MOHAMAD TAUFIKH
M.MATAI, AMSAE-A
Automotive Assessor

HO LEONG CHUAN
Automotive Assessor

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