

Stafveer: Awk DOI: 8/8/18 Date/Time: 8/8/18
Registered in Merimen: _____

Fno-assign / CCU / FTE



Insured Vehicle No: CB 6951U
Name of Insured: MK CHEN BUS (BRNCC)
Insured Tel No: _____ HP: _____
Excess Sec II :S\$ _____ D.O.A: 6/8/18
Is driver the owner? (YES / NO) Nature of Accident: _____

Claim No. : SMY870344902
Policy No. : MMB3N1C214803
Make / Model : ISUZU LT134P
Place of Accident : Lentor Avenue

IF NO, Driver Name / Age: Xu ZHENHONG
Driver Tel No.: 93909576 (V/L: YES/NO)

OI GIA REPORT: YES/NO ; TP GIA REPORT: YES/NO
Insured Liability: % Final ? Yes/No

SHC 3412P



INSRS: _____
WSP: CMF 1049
Tel: _____
Liability: _____
RMKS: _____



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



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



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

Date/Time

Date/Time	STAGE	DATE / PIC
<u>12/8</u>	Non-Reporting ltr (1st)	
<u>12/8</u>	Non-Reporting ltr (2nd)	
<u>12/8</u>	Non-Reporting ltr (Final)	
<u>12/8</u>	Notification ltr (if non-pickup)	
<u>11-9-18</u>	Call OI:	<u>JOY 11-9-18</u>
<u>11-9-18</u>	After call ltr to OI:	
<u>11-9-18</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 checked="" type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

RECEIVED 28 SEP 2018

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Sent By:	Confirm with:	Confirm by:
Repair Cost:	\$S	days	Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>11-9-18</u>	Confirm with: <u>WILLIAM</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. Lis :	
Repair Cost:	\$S <u>651</u>	\$S <u>1,123.50</u>		
Loss of Rental (LOR):	\$S <u>175.92</u>	(<u>1.5</u> days) <u>117.28</u>		
Loss of Use (LOU):	\$S <u>75</u>	(\$ <u>50</u> x <u>1.5</u> days)		
Loss of Income (LOI):	\$S <u>75</u>	(\$ <u>50</u> x <u>1.5</u> 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	\$S <u>7.49</u>			
Medical:	\$S -			
Disbursement:	\$S -	(e.g. Tow/ Independent)		
Legal Cost	\$S -			
Total:	\$S <u>1,381.91</u>	Global Sum \$S: <u>1,380</u>		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	\$S <u>1,381.91</u>	Name 1: <u>COMFORT DELBORG ENGINEERING PTE LTD</u>		
Payee 2: (Strike if N.A.)	\$S <u>X</u>	Name 2: <u>X</u>		
Payee 3: (Strike if N.A.)	\$S <u>X</u>	Name 3: <u>X</u>		

CLAIM SETTLEMENT
28/09/18

08/11/13

Surveyor: Kalvin

REF:

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 Report: _____ 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: SHC342P Yr Regn: 27 Mar, 2014

Type: M.Car / M.Cycle / Bus / Van / Lorry / T@ / Prime Mover /

Truck / Trailer or

Make: Hyundai 200 c.c. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 536203 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB4144E4053013

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM /

TOYO / YOKO or

Wells

Front: _____ Rear: _____

R/Bal. 2 mm R/Bal. 2 mm

L/Bal. 2 mm L/Bal. 2 mm

D.O.A. 6/8/8 D.O.I. 8/8/8

Survey held at: CDHE (Loyang)

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
	<u>4/5 A1,050.</u>
	<u>LT1</u>
	<u>42</u>
	<u>R (\$1,389.06/572)</u>

Date/Time, File Pass to? : Preli. Report

1) : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: _____

Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

3 + RS, SI _____

Photos _____

Others _____

TOTAL _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305197314

CUSTOMER	REGN NO:	MILEAGE
COMFORT TRANSPORTATION PTE LTD	SHC3412P	
7010045	MAKE	FUEL
383 SIN MING DRIVE	HYUNDAI	E 1/2 F
Singapore SINGAPORE 575717	MODEL	DATE/TIME IN
65508755	I-40	07.08.2018 00:05
	YR OF MANU	TARGET DATE
	27.03.2014	
	CHASSIS CODE	COMPLETION DATE/TIME
	KMHLB41UMEU053013	
COUNT CARD NO:		

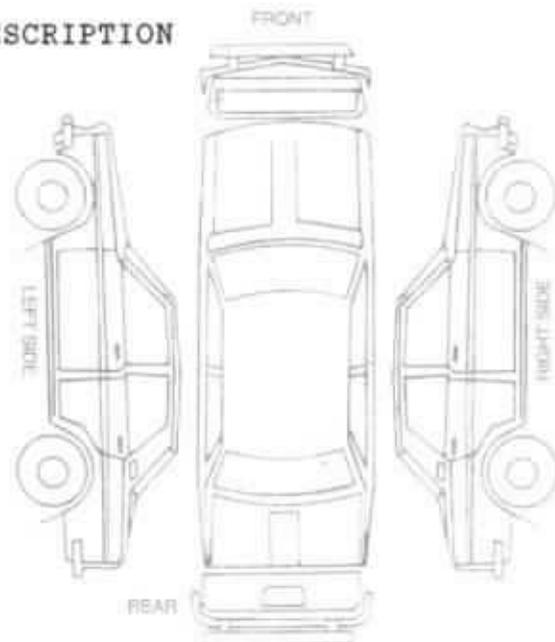
JOB DESCRIPTION

Accident Date: 06.08.2018

NATURE: 3P 06.08.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip:

Exit Pass

REG NO: SHC3412P CHIANG

Vehicle No.: SHC3412P

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3412P

DATE 7/8/2018 14:32

MAKE :

MODEL : HYUNDAI i40

LKK

Chung

Chung

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper ✓			\$ 553.00
	Rear Bumper Reinforcement ?			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH)?		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs ✓			\$ 22.00
	Rear Bumper Bracket ?		\$ 35.60	\$ 71.20
	Rear Bumper Sponge ?			\$ 103.50
	Rear Bumper Under Cover X			\$ 228.00
	SUB TOTAL			\$ 1,566.70
	LESS 20%			\$ 313.34
	DISCOUNTED TOTAL			\$ 1,253.36
	Rear Bumper Reverse Sensor ✓			\$ 135.70 Nett
	Rear Bumper Advertisement Logo ✓			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) ✓		\$ 100.00	\$ 200.00 Nett
				\$ 385.70
	Labour Charge			
	Panel Beating			\$ 380.00 ²⁰⁰
	Spray Painting Charge			\$ 250.00 ²⁰⁰
	Wiring Charge			\$ 50.00 X
	Remove/Refix Reverse Sensor			\$ 120.00 ³⁰
	<i>Towing fee</i>			\$ 60.00 ?
	TOTAL LABOUR			\$ 800.00
	ESTIMATE TOTAL			\$ 2,439.06

Ko Lin LKK
8/8/18 10.50L
2 hrs.
4/5
After repair 4/5

LKK Auto Consultants hence notify the Receiver of the following:
 • To resurvey before/after spray painting
 • To display damaged parts during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification is allowed
 • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company
 Acknowledged by Receiver
 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.

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition		
1. Date: <u>7/8/18</u> Time Received: <u>0005</u> 2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>MR AZIZ</u> Contact No. : <u>86162424</u> Vehicle No. : <u>SHC 3412P</u> Make / Model / Colour : <u>I40 Blue</u> Email : _____	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
7. Location: <u>513 Woodlands Drive 14</u>	8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____	10. Odometer Reading : <u>530303</u> Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
Job Attended		
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING Name of Driver : <u>Pin</u> Vehicle No. : <u>YM9148J</u> Time Dispatch : <u>0005</u> Time of Arrival : <u>0045</u> Time Completed : <u>0130</u>		 #: Cracked X: Dented /: Scatched O: Missing _____ Signature of Customer
Cash Invoice Details (if applicable)		
13. Cash Invoice No. : _____		
Customer Acknowledgement		
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.		
<u>7/8/18</u> _____ Date	<u>0045</u> _____ Time	<u>Uk</u> _____ Signature of Customer
14. WORKSHOP		
_____ Name of Attending Staff/Guard	_____ Date & Time of Arrival	_____ Signature of Attending Staff/Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305197314

Date : 08/08/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC3412P

06/08/18

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

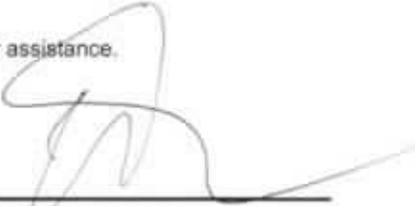
1. The repair job shall bill to: CHINA CB6951U
2. The finalized amount shall be:
 - (a) Spare Parts after List discount. _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$1,050.00

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 : Kalvi

Tel : 62148314

Date : 10/8/18

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3412P

MAKE :

MODEL : HYUNDAI i40

2166
DATE 7/8/2018 14:32
Ohnang

Cherry

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>shhd</i>			\$ 553.00
	Rear Bumper Reinforcement <i>xsu</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>xsu</i>		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>me</i>			\$ 22.00
	Rear Bumper Bracket <i>xsu</i>		\$ 35.60	\$ 71.20
	Rear Bumper Sponge <i>xsu</i>			\$ 103.50
	Rear Bumper Under Cover <i>xsu</i>			\$ 228.00
	SUB TOTAL			\$ 1,566.70
	LESS 20%			\$ 313.34
	DISCOUNTED TOTAL			\$ 1,253.36
	Rear Bumper Reverse Sensor <i>shhd</i>			\$ 135.70
	Rear Bumper Advertisement Logo <i>me</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>me</i>		\$ 100.00	\$ 200.00
				\$ 385.70
	Labour Charge			
	Panel Beating			\$ 380.00 <i>200</i>
	Spray Painting Charge			\$ 250.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>x 11</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>30</i>
	<i>Towing fee</i>			\$ 60.00 <i>30</i>
	TOTAL LABOUR			\$ 800.00
	ESTIMATE TOTAL			\$ 2,439.06

Kohm 16/1/14
8/8/15 10.50h
20-21
4/3
After Repair 4/3

LHK 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 confirmation
- Third party survey done on "Without Prejudice" basis
- No legal action to be taken
- Supplier name must be approved and is subject to Motor Vehicle Insurance Company

Approved: _____
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.

COMFORTDELGRO ENGINEERING

Our Ref : T 0818 / SHC3412P /WT(st)
 Your Ref :
 Date : 16-Aug-18

CDGE Taxi Claims Dept
 59 Loyang Drive 4th Flr
 Singapore 508969

ComfortDalGro Engineering Pte Ltd
 205 Braddell Road Singapore 579701

Mainline +65 6383 6280
 Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199905489W

CHINA INSURANCE CO LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Attn : Motor Claims Department **WITHOUT PREJUDICE**

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
 Sun Industrial Park A
 Singapore 768732

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC3412P YOUR INSURED CB 6951U
 AND OTHER _____ ON 06.08.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC3412P 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 CB 6951U we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,123.50
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 :			\$ 1,365.55

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	160.00
Total Claims :			\$ 1,525.55

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

- a) Original repair bill and photocopies of photographs : 4 pcs.
- b) LTA search slip/s of : CB 6951U
- c) GIA / Police report/s of : SHC3412P
- 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 'Ian

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



LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING ALONG **I 40 SHC3412P , CB6951U** **ON 06-Aug-18 23:30**
LENTOR AVE TWDS SLIP RD TO SLE / BKE

I / We **SULAIMAN BIN DOLIKS...** (Hirer) NRIC No.: **S1499313D**

and/or **A J AZIZ BIB IDRIS ZAKIR** (Relief) NRIC No.: **S1813544B**

Taxi Number **SHC3412P**

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 **07-Aug-2018**

Name of Hirer **SULAIMAN BIN DOLIKSHAM**

Hirer NRIC **S1499313D** Signature :



Address **513 WOODLANDS DRIVE 14 #06-191**
730513

Contact No. **81129448**

Name of Relief **A J AZIZ BIB IDRIS ZAKIR**

Relief NRIC **S1813544B** Signature :



Address **539 WOODLANDS DRIVE 16 02-121**
730539

Contact No. **86162424**

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD
 SPRINGKAP TOWER

3 ANSON ROAD #16-00
 SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
 SHK3412P

MAKE
 HYUNDAI

MODEL
 I-40

DATE OF WORK
 27.03.2014

CHASSIS CODE
 KMHJ341UMKJ053013

NO/DAY
 91389753 14.08.2018

JOB NO.
 305197314

ODOMETER READING

JOB TYPE

Description : 3P 06.08.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,050.00
Add GST @ 7.000 %		73.50
Total Invoice amount		1,123.50

Issued by : KATHERINE TAN 14.08.2018 15:07:30
 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

Our Ref: CT18080187

Date: 14 August 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 06/08/2018 @ 23:30 hrs
ALONG LENTOR AVE TWDS SLIP RD TO SLE /BKE
INVOLVING CB6951U

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 **SHC3412P** (the "Taxi"). The Taxi was hired to **SULAIMAN BIN DOLIKSHAM IC NO S1499313D** 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.

DATE	NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER
		5	2		FROM	TO		
1/8	Azi	5287	98	255	1700	0310		
2/8	SULAIMAN	5289	60	162	0650	1630		
2/8	Azi	5291	72	213	1640	0240		
3/8	SULAIMAN	5293	63	191	0620	1654		
3/8	Azi	5295	40	177				
4/8	SULAIMAN	5297	87	247	0635	2350		
5/8	Azi	5300	45	311	0830	2140		
6/8	SULAIMAN	5301	40	095	0635	1628		
6/8	Azi	5303	03	162	1640	1555		
07/8	7		8103	412P	0005	-		
08/8	6	Accident Report		8115	-	1600		

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
CB6951U	06 Aug 2018 / 23:30:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK

SNC 3412 P

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Tuesday, 11 September 2018 10:34 AM
To: 'aikshen1@singnet.com.sg'
Cc: Admin A
Subject: ACCIDENT INVOLVING CB 6951U AND SHC 3412P ON 06/08/2018

Our ref: CC3/CTI18014512/K1ja3

AIK SHEN BUS SERVICE

Policy Holder

Dear Sir/Madam,

ACCIDENT INVOLVING CB 6951U AND SHC 3412P ON 06/08/2018

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.

Best Regards,
Joy Irene | Case Handler
LKK Auto Consultants Pte Ltd
DID: 6841-2409 | email: joyirene@lkkauto.com | Fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMB1SN1521141803 Claim No : SNM18D03849C02
Claimant : COMFORT TRANSPORTATION PTE PTD

Amount : S\$1,380.00
SINGAPORE DOLLARS ONE THOUSAND THREE 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 3412P
Insured Vehicle No. : CB 6951U

Date of Loss : 06/08/2018
Place of Accident : LENTOR AVE

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 : AIK SHEN BUS SERVICE
Driver Name : XU ZHENGWEI

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\$	1,380.00

TOTAL	S\$	1,380.00

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
351 KANG DRIVE
SINGAPORE 330005
Claimant Name : _____ NRIC No : _____

Signature :  Date : 11-9-18

"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 claims to: COMFORTDELGRO ENGINEERING PTE LTD



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3581 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/CTI18014512/K1ja3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909		Date : 02-10-2018	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	CB 6951U	Veh. Inspected	SHC 3412P
Policy No.	DMB1SN1521141803	Coverage (\$)	0.00
Claim No.	SNM18D03849C02	Excess (\$)	0.00
Assign From		Assign Date	08/08/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU053013	Colour	BLUE
Odometer	530303	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	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	06/08/2018	Inspection Date	08/08/2018
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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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 3412P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
	LESS 20% DISCOUNT		-313.34	-115.00
			1,253.36	460.00
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			385.70	385.70
LABOUR				
	PANEL BEATING		380.00	200.00
	SPRAY PAINTING CHARGE		250.00	200.00
	WIRING CHARGE	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR		120.00	30.00
	TOWING FEE		60.00	60.00
			860.00	490.00
GRAND TOTAL			2,499.06	1,335.70
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,050.00

Report Ref No. CC3/CT118014512/K1ja3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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