

INS. CASE OWNER:

CCS, Cal 180 17441, F10034

IDAC:

Surveyor: Amk

DOI: ASSIGNMENT
24/9/18

Date/Time: 24/9/18

Pre-assign / CCU / FTE

GR 7872G

Registered in Merimen:



Insured Vehicle No.:
Name of Insured: Soon Bee Anant Trading Pte
Insured Tel No.: HP:
Excess Sec II :SS D.O.A: 21-9-18
Is driver the owner? (YES NO Nature of Accident:

Claim No.:
Policy No.:
Make / Model:
Place of Accident: Florian Condo Basement clp

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: % Final ? Yes / No

SHC8818U



INSRS:
WSP:
Tel: 067 6945
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
	Non-Reporting Itr (1st):	
	Non-Reporting Itr (2nd):	
	Non-Reporting Itr (Final):	
	Notification Itr (if non-pickup):	
<u>29/9/18</u>	Call OI:	<u>29/9/18 (by email)</u>
	After call Itr to OI:	
	Documentation Check List:	Handler Typist
	Notification Itr (if non-pickup)	
	After call Itr to OI:	
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	
	Final Repair Bill:	
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice:	
	LTA / GIA :	
	Medical Bill:	<input checked="" type="checkbox"/>
	PIR:	
	Mandate/Reject Instruction:	
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	
	Post-Repair Photos:	
	Others:	

PRELIMINARY ADVICE	Date/Time: <u>26/9</u>	Sent By: <u>Amk</u>
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: \$	days	Reduction: %
FINAL SETTLEMENT	Date/Time: <u>29/10/18</u>	Confirm with: <u>Amk</u>
Final Liability: %	(Agreed / Assessed)	BOLA S/N No.: <u>22</u>
Repair Cost: <u>2514.50</u>		
Loss of Rental (LOR): \$	<u>671.20</u> (<u>4</u> days)	<u>167.50</u>
Loss of Use (LOU): \$	(\$ <u> </u> x <u> </u> days)	
Loss of Income (LOI): \$	(\$ <u>50</u> x <u>4</u> days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	(Tick only one)
GIA/LTA Search: \$	<u>7.49</u>	
Medical: \$		
Disbursement: \$		
Legal Cost: \$		(e.g. Tow/Independent)
Total: \$	<u>3393.19</u>	Global Sum SS: <u>3390.00</u>
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1: \$	<u>3390.00</u>	Name 1: <u>Com-Partek Engineering Pte Ltd</u>
Payee 2: (Strike if N.A.) \$		Name 2:
Payee 3: (Strike if N.A.) \$		Name 3:

COPY SENT

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format:
- 3) Survey fee: #400.00

5/11/18

08/11/13

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate/Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

at Workshop m/s _____

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

Est. 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

Lump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHC 88184 Yr Regn: 18 Oct, 2013

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

Truck / Trailer or

Make: Mercedes Benz E220 cc 2198

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

Sp. Reading: 828054 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WPD2120022A760590

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 21/9/12 D.O.I. 28/9/18

Survey held at CDHE (Loyang)

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

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

Date / Time	Action / Instruction
	<u>US \$ 2350 (Real \$ 686.84 / 23%)</u>
	<u>EQ</u>
	<u>US</u>

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

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:	
Transportation:	
\$ + RS, SI	
Photos	
Others	
TOTAL	

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format: _____

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

member of COMFORTDELGRO

Date/Time: 24.09.2018 10:28 Page : 1

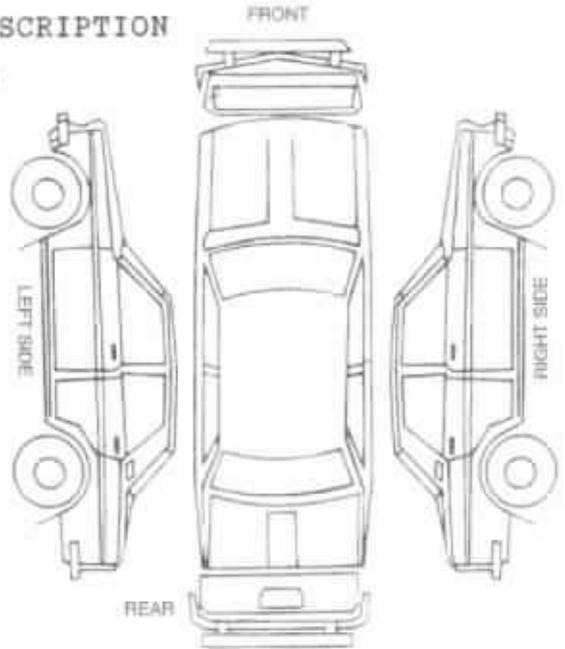
Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.: 305216305

OMER S OMER NO. ESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO.: SHC8818U MAKE: MERCEDES BENZ MODEL: E220CDI (E5) YR OF MANU: 18.10.2013 CHASSIS CODE: WDD2120022A760590	MILEAGE FUEL: E 1/2 F DATE/TIME IN: 21.09.2018 16:50 TARGET DATE COMPLETION DATE/TIME	
	<i>EQ NS</i>			
	JUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 21.09.2018
 NATURE: 3P 21.09.2018

S/NO	LABOR CODE	DESCRIPTION
		<i>Swip fee - \$60</i>



CKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Recognition Slip

Kawani

Exit Pass

No.: SHC8818U

LKE

Vehicle No.: SHC8818U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8818U

DATE 24/9/2018 10:45

MAKE :

MODEL : MERCEDES

LKK/Kahni

L/Sum

Lke

EQ INS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bumper Assy, Frt			\$ 1,890.50
	Bumper Side Beam, Frt/LH/RH ?		\$ 26.90	\$ 53.80
	Bumper Grille, Frt/Centre			\$ 290.50
	License Plate Trim Cover, Frt			\$ 155.00
	Radiator Grille			\$ 718.75
	SUB TOTAL			\$ 3,108.55
	LESS 20%			\$ 621.71
	DISCOUNTED TOTAL			\$ 2,486.84
	Number Plate, Frt (Merc Taxi)			\$ 50.00
	Labour Charge			
	Panel Beating			\$ 220.00 ^{20%}
	Spray Painting Charge			\$ 220.00 ^{20%}
	Towing Fees			\$ 60.00 ^{60%}
	TOTAL LABOUR			\$ 500.00
	ESTIMATE TOTAL			\$ 3,036.84

LKK Auto Consultants
 the Repairer of the vehicle hereby
 acknowledges that the above estimate is based on a visual inspection of the vehicle and is subject to the surveyor's report.
 To display the estimate on a "no dispute" basis.
 No dispute shall be made by the repairer and the insurance company.
 Signature: _____
 Date: _____

Kahni LKK
 24/9/18 10:25 hrs.
 2 hrs
 45
 After Repair photo

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 Job Ref No 305216305
Date : 26/09/18

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC8818U CTPL

Fax :
21.09.18

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

1. The repair job shall bill to: EQ INS -- GQ7872G
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: 20% \$2,350.00
Final Lumpsum Repair cost \$2,350.00

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 : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kelvin
Date : 26/9/18

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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>24/9/18</u> Time Received: <u>1650</u>		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	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : Contact No. : <u>984991108</u> Vehicle No. : <u>SHC881BU</u> Make / Model / Colour : Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____	

7. Location: <u>Kong Albert Pk</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 : _____ 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 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 type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING		Signature of Customer _____
Name of Driver : <u>HADAI</u>		
Vehicle No. : <u>Y755665</u>		
Time Dispatch : <u>1650</u>		
Time of Arrival : <u>1740</u>		
Time Completed : _____		

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™

24/9/18 1740

Date Time Signature of Customer

14. WORKSHOP

 Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard



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: TBA
Our ref: CC3/EQH18017441/K1wa3

Date: 26.09.2018

The Motor Claims Department
M/s EQ INSURANCE COMPANY LTD

PRELIMINARY ADVICE OF VEHICLE NO.

SHC 8818U

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 24.09.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd (Loyang) have the following to report:-

Workshop Estimate Amount	: S\$	<u>3,036.84</u>
Revised Estimate Amount	: S\$	<u>2,350.00</u>
"Check" Items Amount	: S\$	<u>-</u>
Total (Including Check Items)	: S\$	<u>2,350.00</u>
Market Value	: S\$	<u>-</u>
LTA Reimbursement Value	: S\$	<u>-</u>
Nett Value	: S\$	<u>-</u>

Description of Damage:

The vehicle sustained damages at the Front Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2.0 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

Mei Kwan (LKKAuto)

From: Joel Goh <joel.goh@eqinsurance.com.sg>
Sent: Tuesday, 8 October, 2019 10:44 AM
To: Mei Kwan (LKKAuto)
Cc: Hsiao Tong (LKKAuto); Admin A; Janet Tan
Subject: RE: Direct Settlement - Accident Involving GQ7872G (OI : EQI - DM18HO02551) AND SHC8818U (TP : LKK REF - CC3/EQI18017441/K1pa3) on 21/09/2018
Attachments: GQ7872G.PDF

Dear Mei Kwan

Attached insured's accident report.

Best Regards,

Joel Goh
Executive | Claims



EQ Insurance Company Limited

5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6500 6772 | tel 65 6223 9433 ext 772 | 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: Tuesday, October 8, 2019 10:23 AM
To: Janet Tan; Joel Goh
Cc: Hsiao Tong (LKKAuto); Admin A
Subject: RE: Direct Settlement - Accident Involving GQ7872G (OI : EQI - TBA) AND SHC8818U (TP : LKK REF - CC3/EQI18017441/K1pa3) on 21/09/2018

Dear Sir / Madam,

We refer to the above matter.

Kindly advise whether insured has reported. If so, kindly let us have a copy of insured's accident report for our necessary action.

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)

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

Kindly take note that the case handler in-charge is Vivian and she can be contacted at DID: 6841 8625.

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)

Hsiao Tong (LKKAuto)

From: Jim Wong See Pah <jimwong@cdge.com.sg>
Sent: Friday, 25 October 2019 3:29 PM
To: Hsiao Tong (LKKAuto)
Subject: Re: Your Ref: T 0918 / SHC8818U / JW(st) *Our Ref: CC3/EQI18017441/K1pa3 [ACCIDENT INVOLVING GQ 7872G(EQ) AND SHC 8818U ON 21/09/2018]

Dear Ms Chew

Please process settlement in sum \$ 3390.00 to resolve our property damage claim amicably.

Additionally, 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.

Thank you.

Best Regards
Jim Wong
Claims Dept / ComfortDelgro Engineering Pte Ltd



Think Before Printing

From: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>
Sent: Friday, 25 October 2019 11:16 AM
To: Jim Wong See Pah <jimwong@cdge.com.sg>
Subject: Your Ref: T 0918 / SHC8818U / JW(st) *Our Ref: CC3/EQI18017441/K1pa3 [ACCIDENT INVOLVING GQ 7872G(EQ) AND SHC 8818U ON 21/09/2018]

Your Ref: **T 0918 / SHC8818U / JW(st)** Without Prejudice
Our Ref: CC3/EQI18017441/K1pa3

Dear Sirs/Mdm,

ACCIDENT INVOLVING GQ 7872G(EQ) AND SHC 8818U ON 21/09/2018

We refer to the above matter.

We propose settlement at a global sum of \$3,390.00(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,

Hsiao Tong, Chew (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@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)

Our Ref : T 0918 / SHC8818U / JW(st)
 Your ref : _____
 Date : 02-Oct-18

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

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. 198000047

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 608286

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 788732

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC8818U YOUR INSURED GQ 7872G
 AND OTHER _____ ON 21.09.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC8818U 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 GQ 7872G we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,514.50
2	<u>5</u> days Loss of Rental @ \$ <u>167.80</u> per day	\$ 839.00
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 :		\$ 3,360.99

HIRER'S CLAIM

7	<u>5</u> days Loss of Income @ \$ <u>80.00</u> per day	\$ 400.00
Total Claims:		\$ 3,760.99

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 : GQ 7872G
- c) GIA / Police report/s of : SHC8818U
- 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

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.

Hsiao Tong (LKKAuto)

From: Hsiao Tong (LKKAuto)
Sent: Thursday, 10 October 2019 3:43 PM
To: ENQUIRY@SBH.COM.SG
Subject: ACCIDENT INVOLVING GQ 7872G(EQ) AND SHC 8818U ALONG/ AT FLORIDIAN CONDO BASEMENT CAR PARK ON 21/09/2018

10 Oct 2019

M/s SOON BEE HUAT TRADING PTE LTD

Dear Sir/ Mdm

OUR REF : CC3/EQI18017441/K1pa3

YOUR REF : GQ7872G

ACCIDENT INVOLVING GQ 7872G(EQ) AND SHC 8818U ALONG/ AT FLORIDIAN CONDO BASEMENT CAR PARK ON 21/09/2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, EQ Insurance Company Ltd to deal with the third party claim against your policy.

We have received a claim from SHC 8818U against your insurance policy.

Based on the accident report and accident scenario, liability is not in your driver favour as it is a head-to-rear collision. 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 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.

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

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

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****MERCEDES E220 SHC8818U , GQ7872G
FLORIDIAN CONDO BASEMENT CAR PARK****ON 21-Sep-18 15:40**

I / We

NEO MENG HENG RAYM... (Hirer) NRIC No.: **S1757483C**

and/or

(Relief) NRIC No.:

Taxi Number

SHC8818U

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

22-Sep-2018

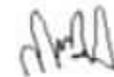
Name of Hirer

NEO MENG HENG RAYMOND

Hirer NRIC

S1757483C

Signature :



Address

**41 BEDOK SOUTH ROAD #02-725
460041**

Contact No.

84991108

TAX INVOICE

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

VEHICLE NO
 SHC8818U NO/DATE
 91398201 28.09.2018

MAKE
 MERCEDES BENZ JOB NO.
 305216305

MODEL
 K220CDI (K5) ODOMETER READING:

DATE OF REG
 18.10.2013

CHASSIS CODE JOB TYPR
 WDD2120022A760590

Description : 3P 21.09.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		2,350.00
Add GST @ 7.000 %		164.50
Total Invoice amount		2,514.50

Issued by : KATHERINEYAN 28.09.2018 14:19:33
 Repair Type : CLSO/57/57
 Payment Type/Term : /Credit 30 days

WE DO NOT TAKE ALL REACHABLE TERRITORIES COMPLETELY FREE. THERE ON ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS IN RESPONSIBILITY FOR DAMAGE ON LYING APARTS/REPAIRS INCLUDING TO CUSTOMERS AND SUPPLIES AND SERVICE AND COSTS A COVERED FROM.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY OR BEFORE REPORTING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

INTEREST AT 1% PER MONTH SHALL BE CHARGED ON A JOB TO DAY BASIS IN RESPECT OF ANY PAYMENT DUE AND CHARGE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT. ALL APPLICABLE TO BANK CHARGE THE APPLICABLE FOR THE PURPOSE OF PAYMENT.

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ALL ERRORS OR DISCREPANCIES WITHIN 10 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.

Our Ref: CT18090618

Date: 28 September 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 21/09/2018 @ 15:40 hrs
ALONG FLORIDIAN CONDO BASEMENT CAR PARK
INVOLVING GQ7872G

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 **SHC8818U** (the "Taxi"). The Taxi was hired to **NEO MENG HENG RAYMOND IC NO S1757483C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$167.80** 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.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GQ7872G	21 Sep 2018 / 15:40:00	Successful	E04	EQ INSURANCE COMPANY LTD

Previous OK



To : M/s EQ INSURANCE COMPANY LTD

Date: 11/11/2019

THIRD PARTY DIRECT SETTLEMENT

Vehicle No.	GQ 7872G (Insd Veh)	Your Ref. No. : DM18HO02551
	SHC 8818U (TP Veh)	Our Ref. No. : CC3/EQI18017441/K1pa3q2
Date of Accident	21/9/2018	

Liability	100%	
Final Repair Cost	: \$ 2,514.50	
Loss of Income	: \$ 200.00	4 days
Rental (If any)	: \$ 671.20	4 days
Others:	: \$ 7.49	
	: \$	
	3,393.19	
Final Settlement Sum	: \$ 3,390.00	GLOBAL SUM
Remarks	:	

Payment Instruction: Payee's Breakdown		
1)	COMFORTDELGRO ENGINEERING PTE LTD	: \$ 3,390.00
		: \$

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/EQI18017441/K1pa3q2

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEXSINGAPORE 069110

Date : 11-11-2019



Code : EQI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GQ 7872G	Veh. Inspected	SHC 8818U
Policy No.	DMCPHQ18-002013	Coverage (\$)	0.00
Claim No.	DM18HO02551	Excess (\$)	0.00
Assign From		Assign Date	24/09/2018

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ E 220	c.c	2148
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	WDD2120022A760590	Colour	WHITE
Odometer	828054	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 FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	21/09/2018	Inspection Date	24/09/2018
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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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. SHC 8818U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER ASSY ,FRT	DEFORMED	1,890.50	1,890.50
2	BUMPER SIDE BEAM ,FRT/LH/RH @\$26.90	SERVICEABLE	53.80	-
1	BUMPER GRILLE ,FRT/CENTRE	CRACKED	290.50	290.50
1	LICENSE PLATE TRIM COVER ,FRT	CRACKED	155.00	155.00
1	RADIATOR GRILLE	CRACKED	718.75	718.75
	LESS 20% DISCOUNT		-621.71	-610.95
			2,486.84	2,443.80
SPECIAL NETT ITEMS				
1	NUMBER PLATE ,FRT (MERC TAXI) (SN)	BENT	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING.		220.00	200.00
	SPRAY PAINTING CHARGE.		220.00	200.00
	TOWING FEES.		60.00	60.00
			500.00	460.00
GRAND TOTAL			3,036.84	2,953.80
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,350.00

Report Ref No. CC3/EQ118017441/K1pa3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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