

INSURANCE

INS. CASE OWNER:

CC 3/CTI1801

7609, 12/03/18

LKK:
IDAC:

Surveyor:

Calvin

DOI:

ASSIGNMENT

20/11/18

Date / Time:

20/11/18

Registered in Member:

Pre-assign / CCU / FTE:



Insured Vehicle No.:

57016972

Claim No.:

SNM1800467108

Name of Insured:

DURAKIRAJ DEVARADHANAN

Policy No.:

00015N201861501

Insured Tel No.:

HP:

91511419

Make / Model:

Toyota

Excess Sec II : \$5

D.O.A.:

25/11/18

Place of Accident:

Payo LEBAR sup KO

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(VA: YES / NO)

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

Insured Liability: % Final ? Yes / No

SHC 78815



INSRS:
WSP:
Tel:
Liability:
RMKS:

Whe
y



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time

11/11/18
gdy

7-11-18

7-11-18

SHC 78815-X

57016972-X

01110AM CALLED - NO ANS.

01 CALLED - HE
CONFIRMED ACC.
PHOTOGRAPH
NCD 135.0.

RECEIVED 16 NOV 2018

STAGE	DATE / PIC	
Non-Reporting 1st (1st)		
Non-Reporting 1st (2nd)		
Non-Reporting 1st (Final)		
Notification 1st (if non-pickup)		
Call OI:	20/11/18	
After call 1st to OI:		
Documentation Check List: Handler Typist		
Notification 1st (if non-pickup)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
After call 1st to OI:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Final Repair Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Towing Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LTA / GIA :	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PIR:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mandate/Reject Instruction:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LOD:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form:		<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>

PRELIMINARY ADVICE

Date/Time:

20/11/18

Sent By:

WLL

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$5

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100 (Agreed / Assessed) BOLA S/N No.: 27

If NO or B.28, Ass. Lia.

Repair Cost:

\$5

1,070

Loss of Rental (LOR):

\$5

234.36 (2 days) 117.28

Loss of Use (LOU):

\$5

15 x days

Loss of Income (LOI):

\$5

100 (5.50 x 7 days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search:

\$5

7.40

Medical:

\$5

Disbursement:

\$5

(e.g. Tow / Independent)

Legal Cost:

\$5

Total:

\$5

1,412.05

Global Sum \$5:

1,410

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5

1,410.00

Name 1:

COMTEK RIDE LGRU ENGINEERING PA LTD

Payee 2 (Strike if N.A.):

\$5

Name 2:

X

Payee 3 (Strike if N.A.):

\$5

Name 3:

X



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/CTI18017609/K1jb3

3 ANSON ROAD #16-00
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 27-09-2018



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJC 1697Z	Veh. Inspected	SHC 7881S
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	27/09/2018

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	25/09/2018	Inspection Date	26/09/2018
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.



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408903 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised
Our ref: CC3/CT118017609/K1jb3

Date: 27.09.2018

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

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHC7881S

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 26.09.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	1,456.58
Revised Estimate Amount	: S\$	1,072.40
"Check" Items Amount	: S\$	28.48
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
Rear N/S Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

COMFORTDELGRO ENGINEERING PTE LTD

Date: 25.09.2018

REPAIR ESTIMATE

Time: 17:04:33

Page: 1

China Taiping
(45)

LKF - kalvin

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305217453

REGN NO : SHC7881S

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : I-40

DATE OF REGN : 04.09.2014

DATE/TIME IN : 25.09.2018 12:35

ACCIDENT DATE : 25.09.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40	Return
0002 04-01-0103-0907-G	REAR BUMPER SIDE BRKT LH	1	35.60	20.00	28.48	X sm
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00	20.00	17.60	— m
0004 09-01-9999-0068-A	REVERSE SENSOR	1	135.70		135.70	X sm
0005 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	— m

SUB-TOTAL : 806.58

JOB NATURE

0000 L	PANEL BEATING
0001 23-502	SPRAYPAINT ON AFFECTED AREA
0002 L	R/I REVERSE SENSOR

~~280.00~~ 200~~250.00~~ 200~~120.00~~ 40

SUB-TOTAL : 650.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 25.09.2018

REPAIR ESTIMATE

China Taiping (US)

Time: 17:04:33

Page: 2/2 TS

LKK-Kalvin

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305217453
REGN NO : SHC7881S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 04.09.2014
DATE/TIME IN : 25.09.2018 12:35
ACCIDENT DATE : 25.09.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,456.58

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Kalia (LKK)
26/9/18 1040hr.
2 Pys
L/s
After Rep + L/s

LKK Auto Components hence notify the Repairer to follow up:

- To ensure the repair is completed
- To ensure the repair is done correctly
- To ensure the repair is done on time
- To ensure the repair is done at the correct location
- To ensure the repair is done at the correct time
- To ensure the repair is done at the correct cost

Acknowledged by:

Signature:

Date:

[illegible]

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JO NO.: 305217453

OMER
CITYCAB PTE LTD
7010070
OMER NO. 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188 (P) (Q)

REGN NO.: SHC7881S	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL I-40	DATE/TIME IN 25.09.2018 12:35
YR OF MANU 04.09.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU059540	COMPLETION DATE/TIME

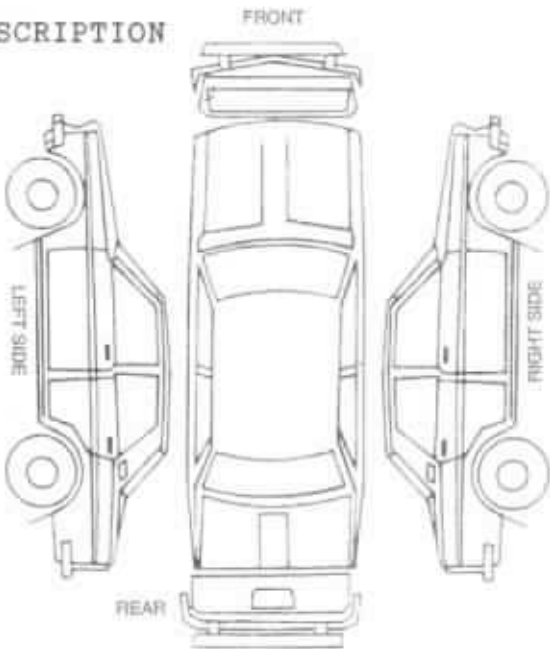
JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 25.09.2018
NATURE: 3P 25.09.18

S/NO LABOR CODE

DESCRIPTION



WORKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Engagement Slip

Exit Pass

No.: SHC7881S LIMITS

Vehicle No.: SHC7881S

Signature of Service Advisor

Signature/Data

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 25.09.2018

REPAIR ESTIMATE

Time: 17:04:33

Page: 1/2

China Taiping
c45)

Lkf - kalvin

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

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REGN NO : SHC7881S

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : I-40

DATE OF REGN : 04.09.2014

DATE/TIME IN : 25.09.2018 12:35

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0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40	✓
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0004 09-01-9999-0068-A	REVERSE SENSOR	1	135.70		135.70	✗
0005 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	✓

SUB-TOTAL : 806.58

JOB NATURE

0000 L	PANEL BEATING
0001 23-502	SPRAYPAINT ON AFFECTED AREA
0002 L	R/I REVERSE SENSOR

~~280.00~~ 20%~~250.00~~ 20%~~120.00~~ 10%

SUB-TOTAL : 650.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 25.09.2018

REPAIR ESTIMATE

China Taiping (US)

Time: 17:04:33

Page: 2

TS

LKK-kalvin

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305217453

REGN NO : SHC7881S

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : I-40

DATE OF REGN : 04.09.2014

DATE/TIME IN : 25.09.2018 12:35

ACCIDENT DATE : 25.09.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,456.58

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Kali (Kk)
26/9/18 1040hr.
2 hrs
L/s
Attn Rep + L/s

LKK Auto Consulting is hereby
the Reporter of this accident.

- To report to the relevant authorities
- To display the accident scene
- Plan the accident scene
- Third party involvement
- No illegal activities
- Supervisors

is subject to the relevant Insurance Company

Acknowledged by Reporter
Signature:
Date:

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305217453
Date : 27/09/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No : SHC7881S

Date of Accident : 25-Sep-18

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

1. The repair job shall bill to: CHINA TAIPING --- SJC1697Z

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%

Final Lumpsum Repair cost

\$ 1000.00

\$ 1000.00

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 T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 28/9/18

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:

Shu Pei (LKKAuto)

From: Lucas Lee <lucas.lee@sg.cntaiping.com>
Sent: Friday, 28 September 2018 10:14 AM
To: Shu Pei (LKKAuto)
Subject: RE: Direct Settlement - Accident Involving SJC1697Z (OI : CTI - SNM18D04621C02) AND SHC7881S (TP : LKK REF - CC3/CTI18017609/K1jb3) on 25.09.2018
Attachments: leeSZ_SNM18D04621C01-SJC1697Z-LKKDirectSettlementAccidentLtr_CLCR95.704.pdf; MLHM18124484-SJC1697Z.pdf

Dear Sirs,

Kindly refer to the above attachment.

Case Handler: Irene Tay

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: lucas.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: Thursday, 27 September, 2018 5:18 PM
To: Claims Dept of CTI
Cc: Irene Tay; Lucas Lee; Joy Irene (LKKAuto); Admin A
Subject: Direct Settlement - Accident Involving SJC1697Z (OI : CTI - TBA) AND SHC7881S (TP : LKK REF - CC3/CTI18017609/K1jb3) on 25.09.2018

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

This is a TP direct settlement case. We had inspected TP vehicle SHC 7881S at M/s ComfortDelGro Engineering Pte Ltd (Loyang).

Enclosed for your perusal is:

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

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 Joy and she can be contacted at DID: 6841 2409.

Thank you.

Best Regards,

Shu Pei Admin

LKK Auto Consultants Pte Ltd

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

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-251 S(408933)

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>



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 #16-00 Springleaf Tower Singapore 079906
Tel: 6389 6111 Fax: 6222 1033
Website: www.sg.ctaiping.com
Co. Reg. No. 200208384E

Our Reference: **SNM18D04621/C01/7**

Date : **28 SEPTEMBER 2018**

via Ordinary & Registered Mail

**DURAIRAJ DEVAR ADHIMULAM
BLK 161 HOUGANG STREET 11
#04-61
SINGAPORE 530161**

Dear Sir / Madam

**ACCIDENT INVOLVING SJC1697Z AND SHC7881S ON 25 SEPTEMBER 2018
ALONG PAYA LEBAR SLIP ROAD**

We refer to the abovementioned accident.

Please be advised that the third party vehicle, **SHC7881S**, 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 : JOY
Ref : CC3/CT118017609/K1JB3
Contact No : 68412409
via Email : JOY@LKKAUTO.COM

CC : Agent - (AN0076A) - G & C GENERAL INS AGENCY(TERMINATED WEF 23.07.18)

F01/LKKDS-2013

Our Ref : CC18090699/SHC7881S/WT(st)

Your Ref :

Date : 04-Oct-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: 198000049

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 759156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

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

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC7881S YOUR INSURED SJC1697Z
AND OTHER _____ ON 15.09.18

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHC7881S 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 : SJC1697Z we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,070.00
2	<u>3</u> days Loss of Rental @ \$ 117.28 per day	\$ 351.84
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 :		\$ 1,429.33

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 1,669.33

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

- a) Original repair bill and photocopies of photographs : 7 pcs.
- b) LTA search slip/s of : SJC1697Z
- c) GIA / Police report/s of : SHC7881S
- d) Letter of authority from owner / hirer / operator

(X) Photocopies of Accident Scene Photos () Certificate of Insurance
() Witness statement/s (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.

Our Ref : CC18090699/ SHC7881S /WT(st)
Your Ref :
Date : 14-Nov-18

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6290
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199500489W

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

Attn : Motor Claims Department
Dear Sir

SUPERCEDE
WITHOUT PREJUDICE

Workshops
Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
353 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

ACCIDENT INVOLVING OUR TAXI SHC7881S YOUR INSURED SJC1697Z
AND OTHER _____ ON 25.09.18

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No :
SHC7881S 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 : SJC1697Z
we are submitting these claims for your consideration on behalf of the claimants.

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5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 1,429.33

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 1,669.33

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

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b) LTA search slip/s of : SJC1697Z
c) GIA / Police report/s of : SHC7881S
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(X) Photocopies of Accident Scene Photos () Certificate of Insurance
() Witness statement/s (x) Downtime/Mileage record (x) Rental Rate letter

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to any personal injury claim (if any) of the taxi driver.

Yours faithfully

William Tan

CDGE Claims Department

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

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

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Wednesday, 7 November 2018 11:53 AM
To: 'vangie@singnet.com.sg'
Cc: Admin A
Subject: ACCIDENT INVOLVING SJC 1697Z AND SHC 7881S ON 25/09/2018

Our ref: CC3/CTI18017609/K1jb3

DURAIRAJ DEVAR ADHIMULAM
Policy Holder

Dear Sir,

ACCIDENT INVOLVING SJC 1697Z AND SHC 7881S ON 25/09/2018

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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LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONG

I 40 SHC7881S , SJC1697Z

ON 25-Sep-18 11:55

UPP PAYA LEBAR TWDS SLIP RD TO BARTLEY RD EAST

I / We

SEE HOCK ENG

(Hirer) NRIC No.: S1717915B

and/or

(Relief) NRIC No.:

Taxi Number

SHC7881S

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

25-Sep-2018

Name of Hirer

SEE HOCK ENG

Hirer NRIC

S1717915B

Signature :



Address

91A TELOK BLANGAH STREET 31 #15...
101091

Contact No.

86861010

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPSEN3011761801
Claimant : CITYCAB PTE LTD

Claim No : SNM18D04621C02

Amount : S\$1,410.00
SINGAPORE DOLLARS ONE THOUSAND FOUR HUNDRED TEN 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 78815
Insured Vehicle No. : SJC 16972
Date of Loss : 25/09/2018
Place of Accident : PAYA LEBAR SLIP ROAD

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 : DURAIRAJ DEVAR ADHIMULAM
Driver Name : DURAIRAJ DEVAR ADHIMULAM

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\$ 1,410.00

TOTAL S\$ 1,410.00

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
88 LOYANG DRIVE
SINGAPORE 639962

Claimant Name : _____ NRIC No : _____

Signature :  Date : 14/11/18

"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 cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

Workshops

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHC7881SMAKE
HYUNDAIMODEL
I-40DATE OF REG
04.09.2014CHASSIS CODE
KMHLB41UMEU059540NO/DATE
91398713 29.09.2016JOB NO.
305217453

ODOMETER READING

JOB TYPE

Description : 3P 25.09.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,000.00
Add GST @ 7.000 %		70.00
Total Invoice amount		1,070.00

Issued by : CHEWBEELENG 01.10.2018 11:05:38
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

fortDelGro Engineering Pte Ltd
member of COMFORTDELGROOffice:
Braddell Road
Singapore 579701

Note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Our Ref: CC18090699



Date: 01 October 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	25/09/2018 @ 11:55 hrs
ALONG	UPP PAYA LEBAR TWDS SLIP RD TO BARTLEY RD
	EAST
INVOLVING	SJC1697Z

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC7881S** (the "Taxi"). The Taxi was hired to **SEE HOCK ENG IC NO S1717915B** a registered hirer-operator of **CityCab 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 **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
SJC1697Z	25 Sep 2018 / 11:55:00	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/CTI18017609/K1jb3q2		
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909		Date : 19-11-2018		
		Code : CTI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJC 1697Z	Veh. Inspected	SHC 7881S	
Policy No.	DMPCSN3011761801	Coverage (\$)	0.00	
Claim No.	SNM18D04621C02	Excess (\$)	0.00	
Assign From		Assign Date	26/09/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMEU059540	Colour	YELLOW	
Odometer	677665	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	CAMPEON	7 mm	
L/H Front Tyre	205/60 R16	CAMPEON	7 mm	
R/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
L/H Rear Tyre	205/60 R16	CAMPEON	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	25/09/2018	Inspection Date	26/09/2018	
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		

**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. SHC 7881S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER SIDE BRKT LH	SERVICEABLE	35.60	-
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
2	REAR BUMPER REIN-BRKT RH/LH @\$80.30 (ADDITIONAL)	CRACKED	160.60	160.60
	LESS 20% DISCOUNT		-199.84	-192.72
			799.36	770.88
	<u>SPECIAL NETT ITEMS</u>			
1	REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR BUMPER SPONGE (ADDITIONAL)(SN)	TORN	103.50	103.50
			239.20	103.50
	<u>LABOUR</u>			
	PANEL BEATING.		280.00	200.00
	SPRAYPAINT ON AFFECTED AREA.		250.00	200.00
	R/I REVERSE SENSOR.		120.00	40.00
			650.00	440.00
	GRAND TOTAL		1,688.56	1,314.38
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,000.00

Report Ref No. CC3/CT118017609/K1jb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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