

INSURER

INS. CASE OWNER:

CC 3/CT11801

8195, 8/10/18

LKK:

IDAC:

Surveyor:

Kahin

DOI:

ASSIGNMENT

8/10/18

Date / Time:

8/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLS 8405X

Claim No.:

SNM5D04742015

Name of Insured:

MT SINGAPORE CAR RENTAL PTE LTD

Policy No.:

DMHLSNFB666700

Insured Tel No.:

HP:

Make / Model:

TOYOTA

Excess Sec II :SS

D.O.A.:

5/11/18

Place of Accident:

SHEARS AVE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

HARRY MING WONG

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L- YES / NO)

Insured Liability:

Final ? Yes / No

SH 9811A

INSRS:
WSP:
Tel:
Liability:
RMKS:eng
mINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time

2/10/18
2018

8-11-18

SH 9811A - 100% (100% / 100%)
SLS 8405X - 4@ 3:11 PM GID CALLED AND
SAID NO DAMAGE
TH EXPLAINED TO HER
BASED ON PHOTO GIA
PHOTO, DAMAGE (SMALL)
RENT BY GID SURVEY
PHOTOS.

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

After call 1st to OI:

2018 11-18

Documentation Check List: Handler Typist

Notification 1st (if non-pickup)

After call 1st to OI

Authorization 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:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

S\$

100

(Agreed / Assessed) BOLA S/N No. 21

Repair Cost:

S\$

588.50

Loss of Rental (LOR):

S\$

117.28

(days)

117.28

Loss of Use (LOU):

S\$

-

(5 x days)

Loss of Income (LOI):

S\$

50

(5 x days)

LOI only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

7.49

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow / Independent)

Legal Cost:

S\$

-

Total:

S\$

763.27

Global Sum S\$:

760

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

760

Name 1:

COMFORTOC660 ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

S\$

-

Name 2:

-

Payee 3: (Strike if N.A.)

S\$

-

Name 3:

-

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 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

Ball 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: SH 9811A yr Regn: 14 Aug 2018

Type: M.Car / M.Cycle / Bus / Van / Lorry / 6 / Prime Mover /

Truck / Trailer or

Make: Hyundai 2x0 cc 1685

Colour: Blue A/C: Ins 0 / Std / HI / NA

Sp. Reading: 747049 T/Radio: Ins 0 / Std / HI / NA

Eng/No: _____

C/No: KMH LB41UMB9056369

Gen. Cond: Good / 6 / Poor / Burnt

Steering: 6 / Jammed / Leaked / Burnt or

Brake: 6 / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / 6 A/Rim or

Tyre Size: R: 205 / 60R16

R: _____

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

TOYO / YOKO or Max / 60R16

Front: _____ Rear: _____

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

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

D.O.A. 5/10/18 D.O.I. 8/10/18

Survey held at: CDHE (Layang)

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

Rear

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

Date / Time Action / Instruction

CTZ
4s

9-10-18 P/P \$550

R (\$190 / \$247)

Date/Time, File Pass to?

☐ : Prel. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others

TOTAL



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/CTI18018195/K1jb3		
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909		Date : 09-10-2018		
		Code : CTI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLS 8405X	Veh. Inspected	SH 9811A	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	09/10/2018	
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	05/10/2018	Inspection Date	08/10/2018	
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 AVENUE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised
Our ref: CC3/CTI18018195/K1jb3

Date: 09.10.2018

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

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SH9811A

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 08.10.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	740.00
Revised Estimate Amount	: S\$	550.00
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
Rear Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

REPAIR ESTIMATE*

VEHICLE NO : SH 9811A

DATE 5/10/2018 16:07

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Rubber Mat <i>X</i>			\$ 50.00	Nett
	Rear Bumper Advertisement Logo <i>—</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>—</i>		\$ 100.00	\$ 200.00	Nett
				\$ 300.00	
	Labour Charge			<i>100</i>	
	Panel Beating-Repair Rear Bumper			\$ 220.00	
	Spray Painting Charge			\$ 220.00	
				<i>200</i>	
	TOTAL LABOUR			\$ 440.00	
	ESTIMATE TOTAL			\$ 740.00	
<p><i>Ka/ka 1/1/11</i></p> <p><i>8/10/18 1010 hrs</i></p> <p><i>2 Phys.</i></p> <p><i>4/5</i></p> <p><i>After Repair, LK</i></p>					
<div> <p>LKK Auto Consultants hence notify the Repairs of the following:</p> <ul style="list-style-type: none"> To survey before repair work To display the repair work to the surveyor To provide the repair work to the surveyor To third party surveyor to the surveyor To the surveyor to the surveyor To the surveyor to the surveyor <p>Accepted by Reparer</p> <p>Signature:</p> <p>Date:</p> </div>					
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 PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 9811A

DATE 5/10/2018 16:07

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Rubber Mat X			\$ 50.00	Nett
	Rear Bumper Advertisement Logo ✓			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) ✓		\$ 100.00	\$ 200.00	Nett
				\$ 300.00	
	Labour Charge			100	
	Panel Beating-Repair Rear Bumper			\$ 220.00	
	Spray Painting Charge			\$ 220.00	
				200	
	TOTAL LABOUR			\$ 440.00	
	ESTIMATE TOTAL			\$ 740.00	
<p> <i>Ka Lu 16/10/18</i> <i>✓ 8/10/18 1010 hrs</i> <i>2 Phys.</i> <i>U/s</i> <i>After Repair, Lhs</i> </p> <div data-bbox="823 1305 1340 1736" data-label="Text"> <p> LKK Auto Centre the Repairer of this vehicle. • To remedy the damage • To display the vehicle • Parts used • Third party claims • No illegal work • Supplemental work is subject to the approval of the insurance company. Acknowledged by Repairer: Signature: Date: </p> </div>					
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.					

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305222819

OWNER
COMFORT TRANSPORTATION PTE LTD
7010045
OWNER NO. 383 SIN MING DRIVE
ESS Singapore SINGAPORE 575717
65508755 (R) (O)

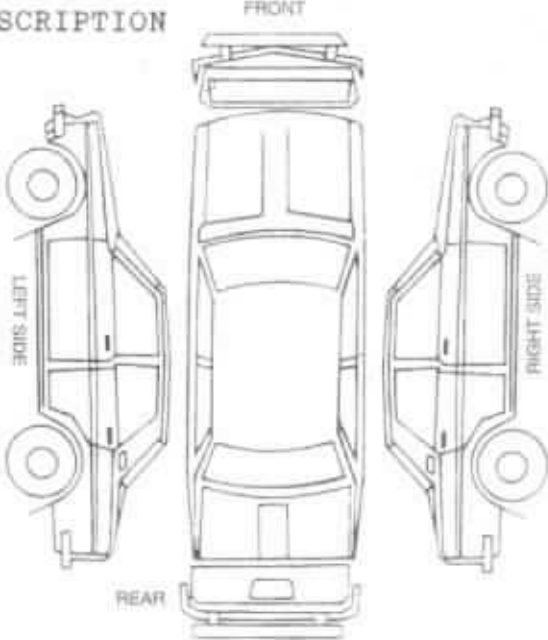
IDENT CARD NO.

REGN NO.: SH 9811A	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL I-40	DATE/TIME IN 08.10.2018 09:20
YR OF MANU 14.08.2014	TARGET DATE
CHASSIS CODE KMHLB41UMEU056369	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 05.10.2018
NATURE: 3P 05.10.18

S/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Assignment Slip

Exit Pass

to: SH 9811A JU CHINA

Vehicle No.: SH 9811A

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305222819

Date : 09/10/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SH 9811A

Date of Accident : 05/10/18

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

- The repair job shall bill to: CHINA --- SLS8405X
###
- The finalized amount shall be:

(a) Spare Parts after List discount		\$0.00
(b) Labour Charges	###	\$550.00
Total for Part-By-Part Repair Cost		\$550.00
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: 20%		
Final Lumpsum Repair cost		

- Estimated normal period for repairs: 2 working days

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

- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : JUMANI

Tel : 6214 9315

Fax : 65468156

Signature : 

Name : KALVIN

Date : 9/10/18

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		N		
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: Elaine Cheong <elaine.cheong@sg.cntaiping.com>
Sent: Tuesday, 9 October 2018 3:56 PM
To: Shu Pei (LKKAUTO)
Cc: Lucas Lee; Admin A; Joy Irene (LKKAUTO)
Subject: RE: Direct Settlement - Accident Involving SLS8405X (OI : CTI - SNM18D04792C02/5) and SH9811A (TP : LKK REF - CC3/CTI18018195/K1jb3) on 05.10.2018
Attachments: MCHM18129475-SLS8405X.pdf

Dear Shu Pei,

As requested, attached the GIA report for your perusal.

Regards,

Elaine Cheong
Executive (Motor Claims)
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00 Springleaf Tower
Singapore 079909
Co. Reg. No. 200208384E
DID: 6389 6530
Fax: 6224 7478 / 6224 7175
Email: elaine.cheong@sg.cntaiping.com
Website: www.sg.cntaiping.com



From: Shu Pei (LKKAUTO) [mailto:shupeil@lkkauto.com]
Sent: Tuesday, 9 October, 2018 12:49 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Cc: Lucas Lee <lucas.lee@sg.cntaiping.com>; Elaine Cheong <elaine.cheong@sg.cntaiping.com>; Admin A <admin-a@lkkauto.com>; Joy Irene (LKKAUTO) <JoyIrene@lkkauto.com>
Subject: Direct Settlement - Accident Involving SLS8405X (OI : CTI - TBA) and SH9811A (TP : LKK REF - CC3/CTI18018195/K1jb3) on 05.10.2018

WITHOUT PREJUDICE

Dear Elaine,

We refer to the above matter.

We have inspected TP vehicle SH 9811A at M/s ComfortDelGro Engineering Pte Ltd (Loyang) on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:

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

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: shupeil@lkkauto.com | fax: 6741-4108

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

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

Our Ref : T 1018 / SH 9811A /WT(st)

Your Ref :

Date : 15-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: 199606048R

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 SH 9811A YOUR INSURED SLS8405X
AND OTHER ON 05.10.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SH 9811A** 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 **SLS8405X** we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 588.50
2	2 days Loss of Rental @ \$ 117.28 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 :		\$ 830.55

HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims :		\$ 990.55

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

- a) Original repair bill and photocopies of photographs : 6 pcs.
- b) LTA search slip/s of : SLS8405X
- c) GIA / Police report/s of : SH 9811A
- 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 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.

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
Yishun Industrial Park A
Singapore 768732

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Wednesday, 7 November 2018 9:10 AM
To: 'twin_woodlands@singnet.com.sg'
Cc: Admin A
Subject: ACCIDENT INVOLVING SLS 8405X AND SH 9811A ON 05/11/2018

Our ref: CC3/CTI18018195/K1jb3

MT SINGAPORE CAR RENTAL PTE LTD

Policy Holder

Dear Sir/Madam,

ACCIDENT INVOLVING SLS 8405X AND SH 9811A ON 05/10/2018

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
ALONGI 40 SH9811A , SLS8405X
SHEARES AVE TWDS STRAITS BLVD.

ON 05-Oct-18 10:10

I / We

LIEW KAM WAH

(Hirer) NRIC No.: S1271978G

and/or

(Relief) NRIC No.:

Taxi Number

SH9811A

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

05-Oct-2018

Name of Hirer

LIEW KAM WAH

Hirer NRIC

S1271978G

Signature :



Address

766 PASIR RIS STREET 71 #02-306
510766

Contact No.

97692726

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMHCSN1766861700 Claim No : SNM18D04792C02/5
Claimant : COMFORT TRANSPORTATION PTE LTD
Amount : S\$760.00
SINGAPORE DOLLARS SEVEN HUNDRED SIXTY 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. : SH 9811A
Insured Vehicle No. : SLS 8405X
Date of Loss : 05/10/2018
Place of Accident : SHEARES 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 : MT SINGAPORE CAR RENTAL PTE LTD
Driver Name : CHIANG MING WHY

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\$ 760.00
	=====
TOTAL	S\$ 760.00
	=====

CLAIMANT'S SIGNATURE
COMFORTDELGRO ENGINEERING PTE LTD
59 LONKANG DRIVE
SINGAPORE 630009

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

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD
SPRINGLEAP TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SH 9811A

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
14.08.2014

CHASSIS CODE
KMH1841UMKJ056369

INV. NO/DATE
91400947 10.10.2018

JOB NO.
305222819

ODOMETER READING

DATE/TIME IN
08.10.2018 09:20

Description : 3P 05.10.18

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0001	I.	PANEL HEATING- REAR	100.00	100.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	200.00	200.00
0003	20-05	RENEW ADVERTISING SIGN- STICKER-	250.00	250.00
SUB-TOTAL :				550.00

ComfortDelGro Engineering Pte Ltd
member of COMFORTDELGRO

Head Office:
5 Braddell Road
Singapore 579701

Please note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010012	91400947	588.50	

TAX INVOICE

COMPANY REG. NO.: 199506048

Page: 2

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD
SPRINGLEAP TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SH 9811A

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
14.08.2014

CHASSIS CODE
KMHCB41UMR1J056369

INV. NO/DATE
91400947 10.10.2018

JOB NO.
305222819

OILMETER READING

DATE/TIME IN
08.10.2018 09:20

Items total	550.00
Add GST @ 7.000 %	38.50
Invoice amount	588.50

Issued by : KATHERINETAN 10.10.2018 15:06:39
Repair type : CSO/57/57
Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd
member of COMFORTDELGRO

Head Office:
15 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.
8010012	91400947	588.50	

Our Ref: CT18100132

Date: 10 October 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 05/10/2018 @ 10:10 hrs
ALONG SHEARES AVE TWDS STRAITS BLVD
INVOLVING SLS8405X

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 **SH9811A** (the "Taxi"). The Taxi was hired to **LIEW KAM WAH IC NO S1271978G** 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.

[illegible]

Enquire Vehicle Insurer

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

SLS8405X 05 Oct 2018 / 10:10:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

[Previous](#)[OK](#)

SHS811A




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/CTI18018195/K1jb3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 19-11-2018	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLS 8405X	Veh. Inspected	SH 9811A
Policy No.	DMHCSN1766861700	Coverage (\$)	0.00
Claim No.	SNM18D04792C02/5	Excess (\$)	0.00
Assign From		Assign Date	08/10/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU056369	Colour	BLUE
Odometer	747049	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	05/10/2018	Inspection Date	08/10/2018
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. SH 9811A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
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
			300.00	250.00
LABOUR				
	PANEL BEATING -REPAIR REAR BUMPER		220.00	100.00
	SPRAY PAINTING CHARGE		220.00	200.00
			440.00	300.00
GRAND TOTAL			740.00	550.00
RECOMMENDED COST OF REPAIRS				550.00

Report Ref No. CC3/CTI18018195/K1jb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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