

12/03/2018

ASS. REC. BY:

REF: CS/MSL18018551/Klaper

Special Instructions:

Surveyor

**ASSIGNMENT (Office)**From (Person): Fievel Foo of MSLH Date/Time: 14/12/18

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

**OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS**To Inspect Vehicle No: SHA 1476D Insured: SLH 6933Uat Workshop m/s Comfuta Delgro Tel: \_\_\_\_\_of 59 Wyang DinePolicy No: \_\_\_\_\_ Claim No: 572886

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 10-10-2018  
(Client's Record)

CA / REV / REP. / REV 24 HRS WPI

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle **IN / OUT**

Date/Time	Action/Instruction ( ✓ ) Estimate
	Submit report by soft copy to Mgr
	SHA 1476D - CS/MSL18018551/Klaper
	SLH 6933U - CS/CTL18018551/Ricardo

D.O.A. 25/08/18

D.O.A. 10/10/18

(08/11/13)

Surveyor: Kalvin

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/WS/TP RES/ODRES/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

Bail or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: ✓ 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: SHA14760 Yr Regt: "Jan 2017"

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

Truck / Trailer or

Make: Honda Z40 cc 1685Colour: Blue A/C: Ins / Std / HI / NASp. Reading: 268877 T/Radio: Ins / Std / HI / NA

Eng/No: \_\_\_\_\_

C/No: KM HLB 4144 H9098211Gen. Cond: Good / F6 / Poor / BurntSteering: Ign / Jammed / Leaked / Burnt orBrake: Ins / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or CanonFront: 7 mm Rear: 7 mmR/Bal: 7 mm L/Bal: 7 mmD.O.A. 10/10/8 D.O.I. 11/10/8Survey held at CDHE (Loyang)

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

Submit inspection Report to COGE.PIP - \$1377.40(Red = \$120 / 9%)

RECEIVED 18 NOV 2018

CIT  
PIP15/11/2018

Date/Time, File Pass to/

☐ : Prel. Report11/10/2018☐ : Final Report

Date/Time, File Return to/

21Days Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

150

Transportation:

S + RS: \$

Photos

Others

TOTAL

150

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$Report Format: TP

Lump Sum / I.B.I. (\$

1377.40

## Catherine Chong (LKK Auto)

---

**From:** Fievel Foo <Fievel\_Foo@sg.msig-asia.com>  
**Sent:** Wednesday, 14 November, 2018 9:27 AM  
**To:** Mei Kwan (LKKAuto)  
**Cc:** Admin A; Vic (LKKAuto); Admin-D (LKKAuto)  
**Subject:** RE: Direct Settlement - Accident Involving SLG6983U (OI : CTI - TBA) and SHA1476D (TP : LKK REF - CC3/CTI18018551/K1ha3) on 10.10.2018

Dear Mei Kwan

We will waive merimen adjustment since your soft copy is sufficient.

Please let us have your bill. Our claims ref no 572886.

Thanks & regards

Fievel Foo Wen Yao  
Executive, Claim Services (Motor)  
Direct line +65 6643 1316 | Direct fax +65 6225 7402 | [Fievel\\_foo@sg.msig-asia.com](mailto:Fievel_foo@sg.msig-asia.com)



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Team of the Year  
2016

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | [msig.com.sg](http://msig.com.sg)



A Member of **MS&AD** INSURANCE GROUP

---

**From:** Mei Kwan (LKKAuto) [mailto:Meikwan@lkkauto.com]  
**Sent:** Tuesday, November 13, 2018 5:24 PM  
**To:** Fievel Foo <Fievel\_Foo@sg.msig-asia.com>  
**Cc:** Admin A <admin-a@lkkauto.com>; Vic (LKKAuto) <vicalpeh@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>  
**Subject:** RE: Direct Settlement - Accident Involving SLG6983U (OI : CTI - TBA) and SHA1476D (TP : LKK REF - CC3/CTI18018551/K1ha3) on 10.10.2018

**'WITHOUT PREJUDICE'**  
**SAVE AS TO COSTS**

Dear Sir / Madam,

Please refer to the enclosed email.

CTI informed us that they will not confirm liability to SHA1476D and will also not pay our survey fee and would like to re-direct the claim to MSIG.

Thank you.

Best Regards,

**Mei Kwan** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com) | fax: 67414108

**From:** Fievel Foo <Fievel\_Foo@sg.msig-asia.com>  
**Sent:** Monday, 12 November, 2018 5:57 PM  
**To:** Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>  
**Cc:** Admin A <admin-a@lkkauto.com>; Vic (LKKAuto) <vicalpeh@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>  
**Subject:** RE: Direct Settlement - Accident Involving SLG6983U (OI : CTI - TBA) and SHA1476D (TP : LKK REF - CC3/CTI18018551/K1ha3) on 10.10.2018

Dear Mei Kwan

I have spoken to Vic that MSIG will handle CDGE claim under BOLA S28.

Please let us have your insurer's consent to forward us your surveyor bill based on MSIG rate.

Thanks & regards

Fievel Foo Wen Yao  
Executive, Claim Services (Motor)  
Direct line +65 6643 1316 | Direct fax +65 6225 7402 | [Fievel\\_foo@sg.msig-asia.com](mailto:Fievel_foo@sg.msig-asia.com)



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**From:** Mei Kwan (LKKAuto) [<mailto:Meikwan@lkkauto.com>]  
**Sent:** Monday, November 12, 2018 4:47 PM  
**To:** Fievel Foo <Fievel\_Foo@sg.msig-asia.com>  
**Cc:** Admin A <admin-a@lkkauto.com>; Vic (LKKAuto) <vicalpeh@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>  
**Subject:** RE: Direct Settlement - Accident Involving SLG6983U (OI : CTI - TBA) and SHA1476D (TP : LKK REF - CC3/CTI18018551/K1ha3) on 10.10.2018

**'WITHOUT PREJUDICE'**  
**SAVE AS TO COSTS**

Dear Sir / Madam,

We refer to the below email.

Please note that we didn't receive your instruction/assignment for this case.

In the view of the above, we will proceed to submit our report to M/s CDGE.

Thank you.

Best Regards,

**Mei Kwan** | Admin

**LKK Auto Consultants Pte Ltd**

**From:** Vic (LKKAuto)  
**Sent:** Monday, 5 November, 2018 11:22 AM  
**To:** [fievel\\_foo@sg.msig-asia.com](mailto:fievel_foo@sg.msig-asia.com)  
**Cc:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Vic (LKKAuto) <[vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com)>  
**Subject:** RE: Direct Settlement - Accident Involving SLG6983U (OI : CTI - TBA) and SHA1476D (TP : LKK REF - CC3/CTI18018551/K1ha3) on 10.10.2018

Dear Fievel,

We refer further to the below email.

Please be informed that we received LOD from CDGE.

Kindly advise update of the matter.

Thank you.

Best Regards,

**Vic Alpeh** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-2096 | email: [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com) | fax: 6741-4108

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



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Pte Ltd

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---

**From:** Vic (LKKAuto)  
**Sent:** Wednesday, 31 October, 2018 10:04 AM  
**To:** [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
**Cc:** Lucas Lee; Hsiao Tong (LKKAuto); Admin A; Vic (LKKAuto); '[fievel\\_foo@sg.msig-asia.com](mailto:fievel_foo@sg.msig-asia.com)'  
**Subject:** RE: Direct Settlement - Accident Involving SLG6983U (OI : CTI - TBA) and SHA1476D (TP : LKK REF - CC3/CTI18018551/K1ha3) on 10.10.2018

Dear Sir/Madam,

We refer to the subject matter.

We were informed that MSIG will take over the claim instead since they received the LOD directly from CDGE.

Thank you.

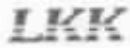
Best Regards,

**Vic Alpeh** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-2096 | email: [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com) | fax: 6741-4108

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---

**From:** Mei Kwan (LKKAuto)

**Sent:** Friday, 19 October, 2018 7:16 PM

**To:** [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)

**Cc:** Lucas Lee; Hsiao Tong (LKKAuto); Vic (LKKAuto); Admin A

**Subject:** Direct Settlement - Accident Involving SLG6983U (OI : CTI - TBA) and SHA1476D (TP : LKK REF - CC3/CTI18018551/K1ha3) on 10.10.2018

## **WITHOUT PREJUDICE**

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SHA 1476D 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:

- TP GIA report
- TP estimated cost of repair
- Preliminary advice
- Photographs of TP vehicle in its damaged condition

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 Vic and he can be contacted at DID: 6841 2096.

*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](mailto:MeiKwan@lkkauto.com) | fax: 67414108

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

## Mei Kwan (LKKAUTO)

---

**From:** Fievel Foo <Fievel\_Foo@sg.msig-asia.com>  
**Sent:** Monday, 12 November, 2018 5:57 PM  
**To:** Mei Kwan (LKKAUTO)  
**Cc:** Admin A; Vic (LKKAUTO); Admin-D (LKKAUTO)  
**Subject:** RE: Direct Settlement - Accident Involving SLG6983U (OI : CTI - TBA) and SHA1476D (TP : LKK REF - CC3/CTI18018551/K1ha3) on 10.10.2018

**Categories:** HMK

Dear Mei Kwan

I have spoken to Vic that MSIG will handle CDGE claim under BOLA S28.

Please let us have your insurer's consent to forward us your surveyor bill based on MSIG rate.

Thanks & regards




Fievel Foo Wenyao  
Executive, Claim Services (Motor)  
Direct line +65 6643 1316 | Direct fax +65 6225 7402 | [Fievel\\_foo@sg.msig-asia.com](mailto:Fievel_foo@sg.msig-asia.com)



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**Cc:** Admin A <admin-a@lkkauto.com>; Vic (LKKAUTO) <vicalpeh@lkkauto.com>; Admin-D (LKKAUTO) <admin-d@lkkauto.com>  
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Thank you.

Best Regards,

Best Regards,

**Vic Alpeh** | Case Handler

**LKK Auto Consultants Pte Ltd**

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**From:** Mei Kwan (LKKAuto)

**Sent:** Friday, 19 October, 2018 7:16 PM

**To:** [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)

**Cc:** Lucas Lee; Hsiao Tong (LKKAuto); Vic (LKKAuto); Admin A

**Subject:** Direct Settlement - Accident Involving SLG6983U (OI : CTI - TBA) and SHA1476D (TP : LKK REF - CC3/CTI18018551/K1ha3) on 10.10.2018

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Enclosed for your perusal is:

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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 Vic and he can be contacted at DID: 6841 2096.

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Best Regards,

**Mei Kwan** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com) | fax: 67414108

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



## Report Remarks Entry - CC3/QW18018551/K1

Remarks

Remarks

Add

Remarks 1	By	On
<input type="checkbox"/> SHA 1476D ; SLG 6983U	HMK	12/10/2018 2:19:13 PM
<input type="checkbox"/> EST : \$1292.40 --- SUR : AWK --- WKSP : CDGE LOYANG	HMK	12/10/2018 2:19:35 PM
<input type="checkbox"/> FINALISED P/P \$1372.40 / 2 DAYS, FINALISED EST TO ADMIN.	AWK	12/10/2018 4:41:45 PM
<input type="checkbox"/> 311018@9:36AM Receievd a call from Mr Fievel of MSIG. He said that they will take over the claim from CTI. To email him at fievel_foo@sg.msiga-asia.com. He said he wil lalso assign the case to us for this matter and they received LOD directly from CDGE.	VAS	31/10/2018 9:27:13 AM
<input type="checkbox"/> 311018 EMAIL: Dear Sir/Madam, We refer to the subject matter. We were informed that MSIG will take over the claim instead since they received the LOD directly from CDGE. Thank you.	VAS	31/10/2018 9:53:22 AM
<input type="checkbox"/> ***ORIGINAL TP LOD IN	VAS	5/11/2018 11:06:18 AM
<input type="checkbox"/> 051118 EMAIL: Dear Fievel, We refer further to the below email. Please be informed that we received LOD from CDGE. Kindly advise update of the matter. Thank you.	VAS	5/11/2018 11:13:48 AM

Surveyor:

Amk

DOI:

11-10-18

Date / Time:

11-10-18

Registered in Merimen:

Pre-assign / CCU / FTE

SLG 6983 U



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A: 10-10-18

Place of Accident:

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHA 1476D



INSRS:

WSP: C948 104045

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup):

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

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:

%

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

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search:

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost:

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	11/10/2018 09:46
Date Of Accident	10/10/2018 20:40
Exact Location Of Accident	CTE TWDS AMK B4 UPP SERANGOON EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1476D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	KOH CHEE KIAN
NRIC No	S1719145D
Date Of Birth	13/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	17/05/1991
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96393933
Fax Number	
Contact Number	
Email Address	ZAPPY1311@GMAIL.COM

Address.	BLK 406 YISHUN AVENUE 6 #07-1314
Postcode	760406
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG6983U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN THIAN POH ANDREW
NRIC/Passport Number	S1412525F

Contact Number

Address

Postcode

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

KOH CHEE KIAN

Approximate Age

53

Injuries Sustain

FELT PAIN ON NECK

Injured person in which vehicle?

SHA1476D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

# **IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD  
CO REG NO. 192207321R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/PIN No.:

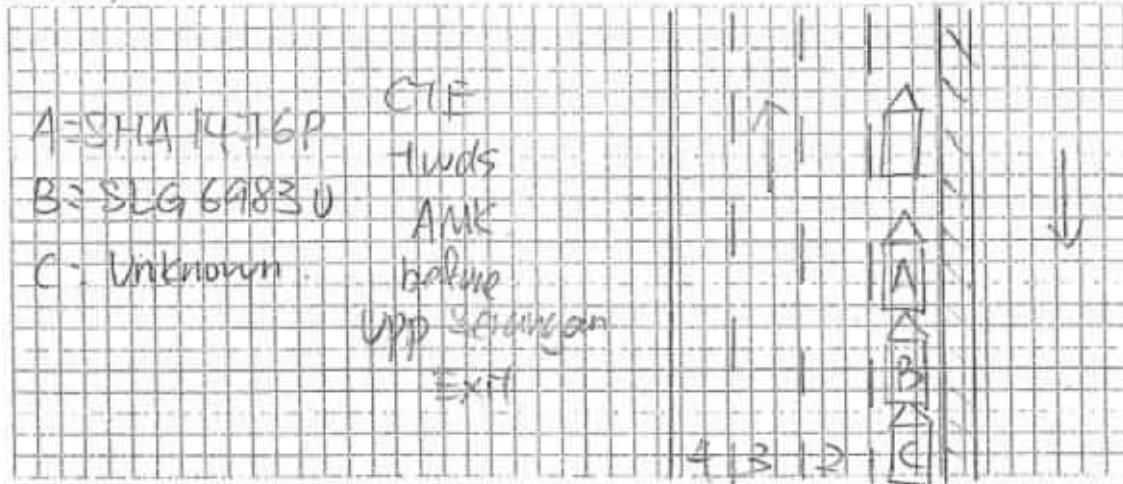
GIA RMC SketchPlanForm\_V3

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SHA 1476D  
(CSAS)

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/10/18 at about 20:40 hrs, I was driving on lane 1 along CTE towards AMK before Upp Serangoon Exit with 3 pax onboard.

Shortly after traffic ahead braked to stopped and I doing so. A few second later, I felt an impact from my taxi behind. I steppart out to have a check and found there is chain collision accident another 2 car involved. Veh B hit onto the rear portion of my taxi. No injury at the point of accident, but I felt pain on neck will consult doctor later on.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG NO. 192203321RPolicyholder's Signature  
Date & Time:Driver's Signature  
(If driver is not the policyholder)  
Date & Time:Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Loke Wei Yiang

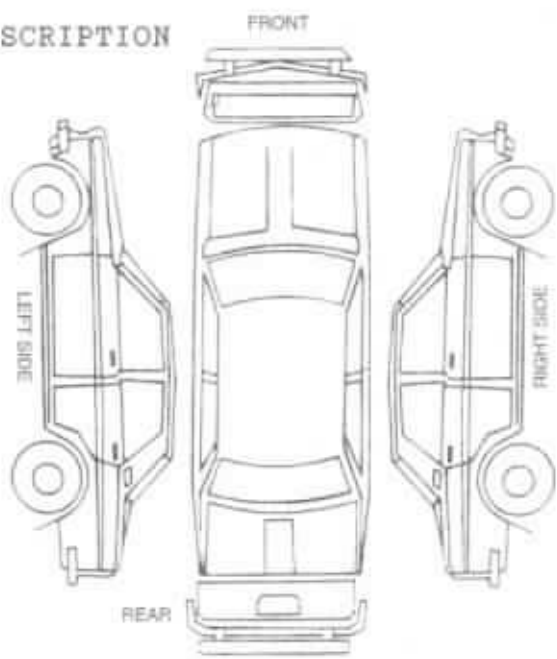
Team: ARC Repair TP(CLS0)1		JOB CARD		Sales Order:		JC NO.: 305224462	
JMER  COMFORT TRANSPORTATION PTE LTD 7010045 JMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)  JUNT CARD NO.				REGN NO.: SHA1476D		MILEAGE	
				MAKE : HYUNDAI		FUEL E 1/2 F	
				MODEL I-40		DATE/TIME IN 11.10.2018 08:25	
				YR OF MANU 11.01.2017		TARGET DATE	
				CHASSIS CODE KMHLB41UMHU098211		COMPLETION DATE/TIME	

Accident Date: 10.10.2018  
NATURE: 3P 10.10.18

JOB DESCRIPTION

S/NO LABOR CODE

DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Signature/Date		Date	
Name of Service Advisor		To be kept by Security Guard	
Signature/Date		Date	
Name of Service Advisor		To be kept by Security Guard	

Signature Slip

Exit Pass

Vehicle No.: SHA1476D LIMTS

Vehicle No.: SHA1476D

Signature

Signature/Date

Name of Service Advisor

Date

Signature

To be kept by Security Guard



**COMFORTDELGRO ENGINEERING PTE LTD**  
**REPAIR ESTIMATE\***

VEHICLE NO : SHA 1476D

DATE 11/10/2018

MAKE :

MODEL : HYUNDAI i40

China Taiping - a/p/p) TS

LKK - Calvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 553.00	
	Rear Bumper Clip 10 pcs			\$ 22.00	
	Rear Bumper Under Cover			\$ 228.00	
	<b>SUB TOTAL</b>			<b>\$ 803.00</b>	
	<b>LESS 20%</b>			<b>\$ 160.60</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 642.40</b>	
	 Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Fender Advertisement Logo			\$ 200	
				<b>\$ 100.00</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>220.00</del> 200	
	Spray Painting Charge			\$ <del>220.00</del> 200	
	Wiring Charge			\$ <del>30.00</del> x	
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> 20	
	<b>TOTAL LABOUR</b>			<b>\$ 550.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,292.40</b>	
<p>Calvin LKK</p> <p>11/10/18 1105hrs</p> <p>2 Days.</p> <p>PIP</p> <p>Before Paint photo</p> <div data-bbox="831 1456 1348 1881"> <p>LKK Auto Centre</p> <p>the Repair</p> <ul style="list-style-type: none"> <li>To repair</li> <li>To be done</li> <li>Parts</li> <li>Labour</li> <li>Material</li> <li>Paint</li> <li>Other</li> </ul> <p>Admin</p> <p>Signature</p> <p>Date</p> </div>					
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>					

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : SHA1476D

Date : 12/10/18

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA1476D

Date of Accident : 10-Oct-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 --- SLG6983U

2. The finalized amount shall be:

(a) Spare Parts after List discount \$692.40

(b) Labour Charges \$680.00

**Total for Part-By-Part Repair Cost** \$1,372.40

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

**Final Lumpsum Repair cost**

3. Estimated normal period for repairs: 2 working days.

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 12/10/18

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

Remarks:

\_\_\_\_\_

\_\_\_\_\_

[illegible]

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305224462  
 REGN NO : SHA1476D  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 11.01.2017  
 DATE/TIME IN : 11.10.2018 08:25  
 ACCIDENT DATE : 10.10.2018

## 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
0002 04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40
0003 04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60
0004 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00		50.00

SUB-TOTAL : 692.40

## JOB NATURE

0000 20-05	Rear Bumper Adv.Sticker	50.00
0001 20-05	Rear Fender Adv.Sticker RH/LH	200.00
0002 L	PANEL BEATING	200.00
0003 23-502	SPRAYPAINT ON AFFECTED AREA	200.00
0004 L	R/I REVERSE SENSOR	30.00

SUB-TOTAL : 680.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305224462  
REGN NO : SHA1476D  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 11.01.2017  
DATE/TIME IN : 11.10.2018 08:25  
ACCIDENT DATE : 10.10.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,372.40

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE  
DATE :

## REPAIR ESTIMATE\*

MAKE :

DATE 11/10/2018

LKK - Kalvin

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper ✓ <i>Cra</i>			\$ 553.00
	Rear Bumper Clip 10 pcs ✓ <i>m</i>			\$ 22.00
	Rear Bumper Under Cover ✓ <i>bnt</i>			\$ 228.00
	SUB TOTAL			\$ 803.00
	LESS 20%			\$ 160.60
	DISCOUNTED TOTAL			\$ 642.40
	Rear Bumper Rubber Mat ✓ <i>m</i>			\$ 50.00
	Rear Bumper Advertisement Logo ✓ <i>m</i>			\$ 50.00
	Rear Fender Advertisment Logo ✓ <i>m</i>			\$ 200
				\$ 100.00
	Labour Charge			<del>200</del>
	Panel Beating			\$ <del>220.00</del>
	Spray Painting Charge			\$ <del>220.00</del>
	Wiring Charge			\$ 30.00 X <sup>a</sup> .
	Remove/Refix Reverse Sensor			\$ <del>80.00</del> 70.
	TOTAL LABOUR			\$ 550.00
	ESTIMATE TOTAL			\$ 1,292.40
	1Ca / m 1CkK ✓ 11/10/18 1105hrs 2 Days. PIP Before Paint photo			
	KKK Auto Consultants hereby notify the Repaired of the following: • To insure policy holder compliance • To comply with insurance company's requirements • This work was done by KKK Auto Consultants Ltd. • No PIP • If you have any queries please contact us at 02-8888 8888  Acknowledged by 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.

## SINGAPORE ACCIDENT STATEMENT

### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

### ACCIDENT STATEMENT

Date Of Report	11/10/2018 09:46
Date Of Accident	10/10/2018 20:40
Exact Location Of Accident	CTE TWDS AMK B4 UPP SERANGOON EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1476D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	KOH CHEE KIAN
NRIC No	S1719145D
Date Of Birth	13/11/1965
Occupation	OUTDOOR
Date Of Driving Pass	17/05/1991
Driving Experience	27 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96393933
Fax Number	
Contact Number	
EMail Address	ZAPPY1311@GMAIL.COM

Address	BLK 406 YISHUN AVENUE 6 #07-1314
Postcode	760406
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLS REFER TO ATTACHED

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG6983U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN THIAN POH ANDREW
NRIC/Passport Number	S1412525F



Contact Number

Address

Postcode

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

REAR AND FRT

No. Of Passenger (Including Driver)

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

KOH CHEE KIAN

Approximate Age

53

Injuries Sustain

FELT PAIN ON NECK

Injured person in which vehicle?

SHA1476D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

# **IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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I understand, acknowledge, agree and consent that:

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  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) Investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the Information so collected under (d) above may be shared / disclosed:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD  
CO REG NO. 192203321R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

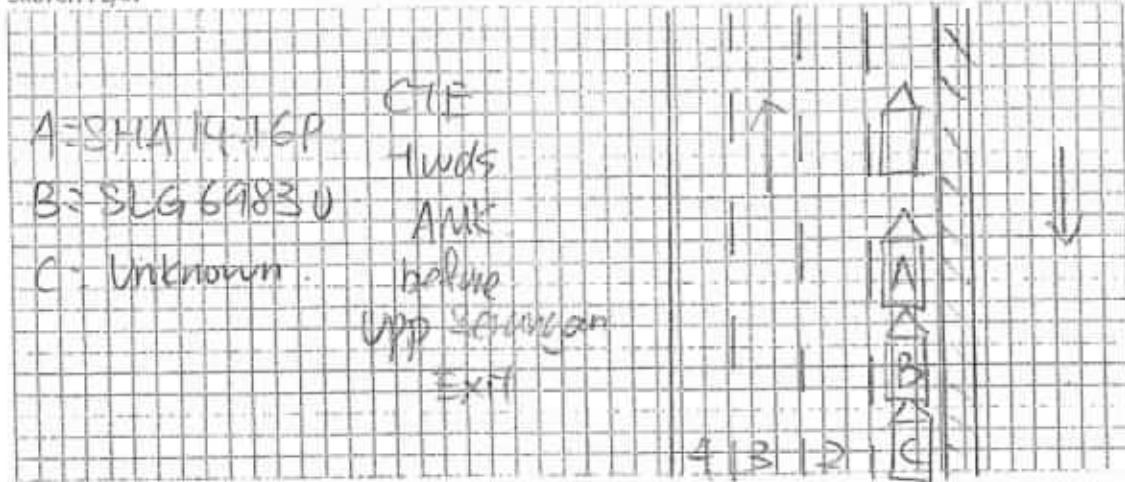
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

GIA/RIIC SketchPlanForm\_V3

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1-1

# Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 10/10/18 at about 20:40 hrs, I was driving on lane 1 along CTE towards AMK before Upp Serangoon Exit with 3 pax onboard.

Shortly after traffic ahead braked to stopped and I doing so. A few second later, I felt an impact from my taxi behind. I steppart out to have a check and found there is chain collision accident another 2 car involved. Veh B hit onto the rear portion of my taxi. No injury at the point of accident, but I felt pain on neck will consult doctor later on.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 193203321R

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

EMSAAC SketchPlanForm\_V3

Loke Wei Yang





Our Ref : T 1018 / SHA1476D /WT(st)  
Your Ref :  
Date : 19-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: 199900000W

**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 SHA1476D YOUR INSURED SLG6983U**  
**AND OTHER UNKNOWN ON 10.10.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA1476D 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 SLG6983U we are submitting these claims for your consideration on behalf of the claimants.

#### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,468.47
2	<u>2</u> days Loss of Rental @ \$ 117.00 per day	\$ 234.00
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	\$ -
<b>Sub Total :</b>		<b>\$ 1,709.96</b>

#### HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ 80.00 per days	\$ 160.00
<b>Total Claims :</b>		<b>\$ 1,869.96</b>

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 : SLG6983U  
c) GIA / Police report/s of : SHA1476D  
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 608286

**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

## LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING** i 40 SHA1476D , SLG6983U , UNKNOWN **ON 10-Oct-18 20:40**  
**ALONG** CTE TWDS AMK B4 UPP SERANGOON EXIT

I / We **TAN HOCK CHAI** (Hirer) NRIC No.: **S14564651**

and/or **KOH CHEE MAN** (Relief) NRIC No.: **S1719145D**

Taxi Number **SHA1476D**

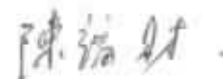
hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

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 **11-Oct-2018**

Name of Hirer **TAN HOCK CHAI**  
 Hirer NRIC **S14564651**

Signature :



Address **800 YISHUN RING ROAD #08-4383**  
**760800**

Contact No. **96780432**

Name of Relief **KOH CHEE MAN**  
 Relief NRIC **S1719145D**

Signature :



Address **406 YISHUN AVENUE 6 07-1314**  
**760406**

Contact No. **96393933**



GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA1476D

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
11.01.2017

CHASSIS CODE  
KMHLB41UMHU098211

INV. NO/DATE  
91401783 15.10.2018

JOB NO.  
305224462

ODOMETER READING

DATE/TIME IN  
11.10.2018 08:25

Description : 3P 10.10.18

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0103-0579	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40
0002	04-01-0103-0738	I40VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40
0003	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP	10	2.20	20.00	17.60
0004	04-01-0103-1150	I40VC PROTECTOR MAT	1	50.00	0.00	50.00
SUB-TOTAL			:			692.40

### JOB NATURE

0001	20-05	Rear Bumper Adv.Sticker	50.00	50.00
0002	20-05	Rear Fender Adv.Sticker RH/LH	200.00	200.00
0003	L	PANEL BEATING	200.00	200.00
0004	23-502	SPRAYPAINT ON AFFECTED AREA	200.00	200.00

1. WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST THE THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR OTHER INCIDENTS RELATING TO CUSTOMERS' AND VEHICLES AND DRIVER AND PASSENGER IN CHARGED TASK.

2. CUSTOMERS SHALL SUSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 24 HOURS ADVISE THE COMPANY OF ANY DAMAGE OR DEFECTS IN WRITING TO THE COMPANY OF ANY COMPLAINTS OTHERWISE, THE VEHICLES WILL BE CONSIDERED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3. INTEREST OF 1% PER MONTH SHALL BE CHARGED ON A DAY TO DAY BASIS SHOULD THE DEPOSIT OF ANY VEHICLE BE LATE AND CHARGE TO THE COMPANY BY THE CUSTOMER AND NOTED ON THE BLUE SLIP FOR PAYMENT OR AFTER 30 DAYS FROM THE DELIVERY FROM THE POINT OF DELIVERY.

4. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 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.
8010012	91401783	1,468.47	



GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 2

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD  
SPRINGLEAF TOWER

3 ANSON ROAD #16-00  
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO  
SHA1476D

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
11.01.2017

CHASSIS CODE  
KMHLB41UMHU098211

INV. NO/DATE  
91401783 15.10.2018

JOB NO.  
305224462

ODOMETER READING

DATE/TIME IN  
11.10.2018 08:25

S/No	Part No.	Qty	Unit Price	%Disc	Net
0005	L R/I REVERSE SENSOR	30.00		30.00	
SUB-TOTAL :					680.00

Items total	1,372.40
Add GST @ 7.000 %	96.07
Invoice amount	1,468.47

Issued by : CHEWBEELENG 15.10.2018 11:48:52  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

1. WHEN BY TAKING ALL RESPONSIBILITIES THE CAUTIONING AGAINST THEFT, THE ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS THE RESPONSIBILITY FOR LOSS OR DAMAGE TO THE PROPERTY BELONGING TO CUSTOMER, AND VEHICLE ARE DRIVEN AND TESTED A OWNERS RISK.

2. CUSTOMER SHALL REPORT ANY VEHICLE DAMAGE IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 3 DAYS FROM SUCH DELIVERY OF THE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS, OTHERWISE THE VEHICLE SHALL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY DELIVERY AND OWNERS TO THE COMPANY BY THE CUSTOMER AND MAY VARY ON THE DATE OF PAYMENT (IE AFTER 30 DAYS FROM THE INVOICE DATE) ON PERIOD OF DEFAULT.

4. PLEASE EXAMINE THE INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THE INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd  
A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHO No.
8010012	91401783	1,468.47	

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CT18100299

Date: 15 October 2018



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 10/10/2018 @ 20:40 hrs  
ALONG CTE TWDS AMK B4 UPP SERANGOON EXIT  
INVOLVING SLG6983U, UNKNOWN

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 **SHA1476D** (the "Taxi"). The Taxi was hired to **TAN HOCK CHAI IC NO S1456465I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay  
Assistant Manager, Fleet Safety

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

DATE	NAME OF DRIVER	MILEAGE READING						MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER
		26	7	2	0	2	FROM		TO			
07/10/18	Swanson	26	7	2	0	2	178	1800	0100			
8/10/18	Tam Hoek Ch.	26	7	4	8	2	280	0705	1735			
8/10/18	Swanson	26	7	6	2	9	147	1945	0040			
9/10/18	Tam Hoek Ch.	26	7	4	6	6	217	0715	1745			
9/10/18	Kon	26	8	1	8	2	336	1800	0630			
10/10/18	Tam Hoek Ch.	26	8	4	1	4	232	0715	1740			
10/10/18	Kon	26	8	8	3	7	240-3	1810	0805			
11/10	Accident						In	0825	-			
12/10	repair						Out	-	1030			
	</											

陳福財

**Enquire Vehicle Insurer**

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

SLG6983U 10 Oct 2018 / 20:40:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

SHK1476D



# 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: 19607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
MSIG INSURANCE (SINGAPORE) PTE LTD			Ref : CS/MSG18018551/K1qbe2	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 19-11-2018	
			Code : MSG	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SLG 6983U	Veh. Inspected	SHA 1476D	
Policy No.		Coverage (\$)	0.00	
Claim No.	572886	Excess (\$)	0.00	
Assign From	FIEVEL FOO	Assign Date	14/11/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	KMHLB41UMHU098211	Colour	BLUE	
Odometer	268837	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	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	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	10/10/2018	Inspection Date	11/10/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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

Page No.:1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 1476D**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	CRACKED	553.00	553.00
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
	LESS 20% DISCOUNT		-160.60	-160.60
			642.40	642.40
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR FENDER ADVERTISEMENT LOGO (SN)	NECESSARY	200.00	200.00
			300.00	300.00
	<b><u>LABOUR</u></b>			
	PANEL BEATING.		220.00	200.00
	SPRAY PAINTING CHARGE.		220.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			550.00	430.00
	<b>GRAND TOTAL</b>		<b>1,492.40</b>	<b>1,372.40</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>1,372.40</b>

Report Ref No. CS/MSG18018551/K1qbe2

**KALVIN ANG WEI KUN**

Automotive Assessor / Investigator

**ADRIAN LING WAI PING**

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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