

INS. CASE OWNER: CC 3/CT11801 8895, K1A63/ LKK: IDAC:

Surveyor: KALVIN DOI: ASSIGNMENT 16/10/18 Date / Time: 16/10/18
Registered in Merimen: _____

Pre-assign / CCU / FTE
 Insured Vehicle No.: SLN 8567m Claim No.: SNM18DV48950
 Name of Insured: FIRMY PUL Policy No.: DMKUSN73514810V
 Insured Tel No.: _____ HP: _____ Make / Model: BMW
 Excess Sec II :\$5 D.O.A: 12/10/18 Place of Accident: WORTH BRIDGE RD.
 Is driver the owner? (YES / NO) Nature of Accident: _____
 If NO, Driver Name / Age: MURHAMMAD IZUDDIN BIN ABDUL GI/GIA REPORT: YES / NO : TP/GIA REPORT: YES / NO
 Driver Tel No.: _____ (V/L: YES / NO) WRITE Insured Liability: _____ Final ? Yes / No

SHC 7617E

 INSRs: <u>LOGE</u> WSP: _____ Tel: _____ Liability: <u>W</u> RMKS: _____	 INSRs: _____ WSP: _____ Tel: _____ Liability: _____ RMKS: _____	 INSRs: _____ WSP: _____ Tel: _____ Liability: _____ RMKS: _____	 INSRs: _____ WSP: _____ Tel: _____ Liability: _____ RMKS: _____
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Date/Time	STAGE	DATE/PIC
<u>11/10/18</u>	Non-Reporting Ir (1st): Non-Reporting Ir (2nd): Non-Reporting Ir (Final): Notification Ir of non-pickup: Call OI After call Ir to GI: <u>11/10-02</u>	
<u>11/10/18</u>	Documentation Check List: Handler Typist	
<u>14/02/19</u>	Notification Ir of non-pickup: After call Ir to OI: Authorisation To Act: Release Voucher: Final Repair Bill: Car Rental Invoice: Towing Invoice: LTA/GIA: Medical Bill: PBR: Mandate/Reject Instruction: LOD: <input checked="" type="checkbox"/>	
<u>20/02/19</u>	Payment Breakdown Form: Post-Repair Photos: Others:	

PRELIMINARY ADVICE Date/Time: 21/10/18 Sent By: BS

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: _____
 Repair Cost: L19 \$5 900.00 (2 days) Reduction: 66 \$

FINAL SETTLEMENT Date/Time: 16/02/19 Confirm with: WILLYAM Email: Call:

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No.: _____
 Repair Cost: \$5 401.50
 Loss of Rental (LOR): \$5 117.28 (2 days) x \$ 117.28
 Loss of Use (LOU): \$5 50.00 (50 x 2 days)
 Loss of Income (LOI): \$5 _____ (5 x days)
 LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
 GI/LTA Search \$5 7.19
 Medical: \$5 _____
 Disbursement: \$5 _____ (e.g. Tow/Independent)
 Legal Cost: \$5 _____
 Total: \$1,305.05 \$5 650.27 Global Sum \$5: 650.00

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email: Call:

Payee 1: \$5 650.00 Name 1: COMPTONTELESCO ENGINEERING PTE LTD
 Payee 2: (Strike if N.A.) \$5 _____ Name 2: _____
 Payee 3: (Strike if N.A.) \$5 _____ Name 3: _____

Surveyor: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Veh No: SHC367R Yr Regn: 9 Apr 2014

Estimated Cost: _____

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

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

Truck / Trailer or

To Inspected Vehicle No: _____

Make: Hyundai I40 cc 1685

at Workshop no: _____

Colour: Blue A/C: Inc / Std / Nil / NA

of _____

Sp. Reading: 792942 T/Radio: Inc / Std / Nil / NA

Insured: _____

Eng/No: _____

Policy No: _____

C/Nr: 1CMHLB414AB4052529

Claims No: _____

Gen. Cond: Good / F / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Good / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inc / Jammed / Leaked / Burnt or

Make of Veh: _____

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

(Policy Condition)

N/S	O/S

Remark: The veh had commenced its repair at the time of inspection.

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Went like

Bal. or Market Value: _____

Front: _____ Rear: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

R/Bal. 7 mm

GIA / PR Seenc: _____ Consistent? : Yes or No

L/Bal. 7 mm

Est. Repair: 2 days Res: Yes or No

D.O.A. 12/10/12 D.O.L. 16/10/18

Lum Sum: 20 % 3 Val: Yes or No

Survey held at CDHE (Loyang)

CA / REV / REP. / 24 HRS

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or N/S Frnt.

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

The UIC / Chassis / Frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>LT2</u>
	<u>41</u>
	<u>US \$900.00</u>
	<u>CRSD. \$1,779.68 (66%)</u>

Date/Time, File Pass lot : Prel. Report

Days Of Repair: _____

1) : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

Survey Fee:

2) _____

Add Fee: : Site Insp (\$)

Transportation

: Interview (\$)

\$ + RS \$

: Tech. Invs (\$)

Photos

: Weekend (\$)

Others

Report Format: _____

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

TOTAL

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/CTI18018895/K1ub3	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 17-10-2018	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLN 8567M	Veh. Inspected	SHC 3617R
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	17/10/2018
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	12/10/2018	Inspection Date	16/10/2018
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.			

CHANG

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305226563

CUSTOMER VR/MS CUSTOMER NO. ADDRESS TEL: (R) (F) DISCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	
	REGN NO.:	SHC3617R
	MAKE:	HYUNDAI
	MODEL:	I-40
	YR OF MANU:	09.04.2014
	CHASSIS CODE:	KMHLB41UMEU052529
	MILEAGE	
	FUEL	E 1/2
	DATE/TIME IN	16.10.2018 10:20
	TARGET DATE	
	COMPLETION DATE/TIME	

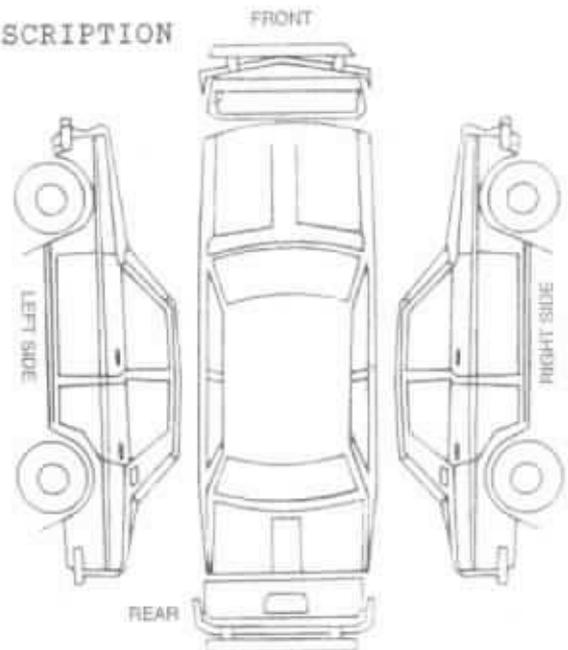
CHANG

JOB DESCRIPTION

Accident Date: 12.10.2018
 NATURE: 3P 12.10.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledgement Slip

Exit Pass

Vehicle No.: SHC3617R CHIANG

Vehicle No.: SHC3617R

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

CHINA

VEHICLE NO : SHC 3617R

DATE 16/10/2018 14:11

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille <i>x sm</i>			\$ 251.00
	Radiator Grille H Emblem <i>x sm</i>			\$ 27.50
	Front Bumper Cover <i>ct</i>			\$ 544.50
	Front Bumper Grille, LH <i>x sm</i>			\$ 41.60
	Front Bumper Bracket Top (LH) <i>x sm</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>ct</i>			\$ 24.60
	Headlamp (LH) <i>x old damage cm</i>			\$ 1,388.00
	<i>front LH fender x repair</i>			
	SUB TOTAL			\$ 2,299.60
	LESS 20%			\$ 459.92
	DISCOUNTED TOTAL			\$ 1,839.68
	Front Fender Advertisement Logo (LH) <i>ct</i>			\$ 100.00 Nett
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 220.00 <i>200</i>
	Spray Painting Charge			\$ 448.00 <i>400</i>
	Wiring			\$ 30.00 <i>x 2</i>
	Tuff Kote			\$ 50.00 <i>x 2</i>
	TOTAL LABOUR			\$ 740.00
	ESTIMATE TOTAL			\$ 2,679.68

Kelvin (UKK)
M 16/10/18 15:58hr
2 Pgs
4/5
After Repair photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "No Fault" basis
- No illegal modifications allowed
- Supplementary items must be supplied and is subject to final approval

Acknowledged by Repairer
 Signature:
 Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305226563
Date : 18/10/18

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHC3617R 10/10/18

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

1. The repair job shall bill to: CHINA SLN8567M
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$900.00

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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : _____
Name : Kah
Date : 18/10/18

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	7.40			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised
Our ref: CC3/CTI18018895/K1ub3

Date: 17.10.2018

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

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHC3617R

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 16.10.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	2,679.68
Revised Estimate Amount	: S\$	1,155.28
"Check" Items Amount	: S\$	17.92
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
N/S Front Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

CITY CAB PTE LTD

REPAIR ESTIMATE*

CHINA

VEHICLE NO : SHC 3617R

DATE 16/10/2018 14:11

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
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	Front Bumper Bracket (LH) <i>/</i>			\$ 24.60
	Headlamp (LH) <i>X old design cr</i>			\$ 1,388.00
	<i>front LH fender x repair</i>			
	SUB TOTAL			\$ 2,299.60
	LESS 20%			\$ 459.92
	DISCOUNTED TOTAL			\$ 1,839.68
	Front Fender Advertisement Logo (LH) <i>/</i>			\$ 100.00 Nett
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 220.00 ²⁰⁰
	Spray Painting Charge			\$ 440.00 ⁴⁰⁰
	Wiring			\$ 30.00 ^X
	Tuff Kote			\$ 50.00 ^X
	TOTAL LABOUR			\$ 740.00
	ESTIMATE TOTAL			\$ 2,679.68

Kelvin (UKK)
M 16/10/18 15:45
2 Pgs
4/5
After Repair photo

Auto Consultants hence notify the Repairer of the following:
 • To survey and estimate the damage
 • To display damaged parts for survey
 • Parts prices are subject to inspection
 • Third party survey is on a "reasonable" basis
 • No illegal modifications allowed
 Supplementary work is not covered and is subject to final approval from insurance company
 Acknowledged by Repairer
 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.

Shu Pei (LKKAuto)

From: Lucas Lee <lucas.lee@sg.cntaiping.com>
Sent: Friday, 19 October 2018 3:13 PM
To: Shu Pei (LKKAuto)
Subject: RE: Direct Settlement - Accident Involving SLN8567M (OI : CTI - SNM18D04895C02) and SHC3617R (TP : LKK REF -CC3/CTI18018895/K1ub3) on 12.10.2018
Attachments: leeSZ_SNM18D04895C01-SLN8567M-LKKDirectSettlementAccidentLtr_CLCR95.693.pdf; MJAS18133110-SLN8567M.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: Wednesday, 17 October, 2018 7:22 PM
To: Claims Dept of CTI
Cc: Lucas Lee; Irene Tay; Admin A; Thin Thin (LKKAuto)
Subject: Direct Settlement - Accident Involving SLN8567M (OI : CTI - TBA) and SHC3617R (TP : LKK REF - CC3/CTI18018895/K1ub3) on 12.10.2018

WITHOUT PREJUDICE

Dear Irene,

We refer to the above matter.

We have inspected TP vehicle SHC 3617R at M/s ComfortDelGro Engineering Pte Ltd (Loyang) on a WP basis and TP repairer purposed for a direct settlement.

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

Enclosed for your perusal is:

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

Our case handler in-charge is Thin Thin and she can be contacted at DID: 6841 2360.

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)

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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 #15-00 Springreal Tower Singapore 079908
Tel: 6349 6111 Fax: 6222 1033
Website: www.cq.taiping.com
Co. Reg No: 200208384E

Our Reference: **SNM18D04895/C01/7**

Date : **19 OCTOBER 2018**

via Ordinary & Registered Mail

**KIRALY PTE LTD
2 BALESTIER ROAD
#04-687
SINGAPORE 320002**

Dear Sir / Madam

**ACCIDENT INVOLVING SLN8567M AND SHC3617R ON 12 OCTOBER 2018
ALONG NORTH BRIDGE ROAD**

We refer to the abovementioned accident.

Please be advised that the third party vehicle, **SHC3617R** , 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 : THIN THIN
Ref : CC3/CT118018895/K1UB3
Contact No : 68412360
via Email : THINTHIN@LKKAUTO.COM

CC - Agent - (AN0590A) - TECK WEI CREDIT PTE LTD(TERMINATED WEF 230818)

F01/LKKDS-2013

COMFORTDELGRO ENGINEERING

Our Ref : T 1018 / SHC3617R /WT(st)
 Your Ref :
 Date : 09-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 6280
 Facsimile +65 6280 9755
 www.cdge.com.sg

Company Registration No: 199509048W

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 SHC3617R YOUR INSURED SLN8567M
 AND OTHER _____ ON 12.10.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC3617R 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 SLN8567M we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	963.00
6	<u>3</u> days Loss of Rental @ \$ <u>117.28</u> 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 :		\$	1,322.33

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	240.00
Total Claims :		\$	1,562.33

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

- a) Original repair bill and photocopies of photographs ; 4 pcs.
 b) LTA search slip/s of : SLN8567M
 c) GIA / Police report/s of : SHC3617R
 d) Letter of authority from owner / hirer / operator
 Traffic Compound Towing/Medical bill/receipts Certificate of Insurance
 Photograph/s of Accident Scene Downtime/Mileage record 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

A member of

COMFORTDELGRO





Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/CTI18018895/K1hb3

11 DECEMBER 2018

M/s KIRALY PTE LTD
2 BALESTIER ROAD
#04-687
SINGAPORE 320002
ATTN: THE MANAGEMENT

By Post and By Email

Dear Sir/Madam,

ACCIDENT INVOLVING SLN 8567M AND SHC 3617R ON 12/10/2018

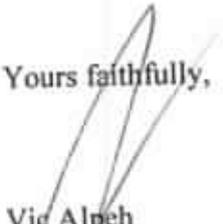
We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 days i.e. by **22/12/2018**, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please call us if you have further queries.

Yours faithfully,


Vic Alpeh
DID: 6841 2096
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

c.c. *China Taiping Insurance (Singapore) Pte Ltd*
(Motor Claims Dept)
Nkf.ben@gmail.com / dinzdin19@gmail.com
(Email)

Vic (LKKAuto)

From: Vic (LKKAuto)
Sent: Tuesday, 11 December, 2018 12:02 PM
To: Nkf.ben@gmail.com; dinzdin19@gmail.com
Cc: Admin A; Vic (LKKAuto)
Subject: Your Ref: SLN 8567M_ACCIDENT INVOLVING SLN 8567M AND SHC 3617R ON 12/10/2018



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/CTI18018895/K1hb3

11 DECEMBER 2018

M/s KIRALY PTE LTD
2 BALESTIER ROAD
#04-687
SINGAPORE 320002
ATTN: THE MANAGEMENT

By Post and By Email

Dear Sir/Madam,

ACCIDENT INVOLVING SLN 8567M AND SHC 3617R ON 12/10/2018

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Please call us if you have further queries.

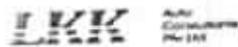
Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@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 SHC3617R , SLN8567M
NORTH BRIDGE ROAD****ON 12-Oct-18 21:15**

I / We

TANG YEOW SENG(Hirer) NRIC No.: **S6904220A**

and/or

(Relief) NRIC No.:

Taxi Number

SHC3617R

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

14-Oct-2018Name of Hirer
Hirer NRIC**TANG YEOW SENG
S6904220A**

Signature :



Address

**180C MARSILING ROAD #08-2240
733180**

Contact No.

96438958

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMHCSN1751461700

Claim No : SNM18D04895/C01/7

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$650.00
SINGAPORE DOLLARS SIX HUNDRED FIFTY 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 3617R
Insured Vehicle No. : SLN 8567M

Date of Loss : 12/10/2018
Place of Accident : NORTH BRIDGE 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 : KIRALY PTE LTD
Driver Name : MUHAMMAD IZZUDDIN BIN ABDUL LATIFF

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 (all in)	S\$ 650.00

TOTAL	S\$ 650.00

CLAIMS DEPARTMENT
COMFORTDELGRD ENGINEERING PTE LTD
59 LUYANG DRIVE
SINGAPORE 709959

Claimant Name : _____ NRIC No : _____

Signature :  _____ Date : 14-2-19

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:
COMFORTDELGRD ENGINEERING PTE LTD

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD
 SPRINGLARK TOWER

3 ANSON ROAD #16-00
 SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
 SHC3617R

NO/DATE
 91404247 29.10.2018

MAKE
 HYUNDAI

JOB NO.
 305226563

MODEL
 I-40

DIAGNOSTIC READING

DATE OF REG
 09.04.2014

CHASSIS CODE
 KMHLR41UMKJ052529

JOB TYPE

Description : 3P 12.10.2018-C

Invoice for lump sum Repair

Total lump sum Repair Amt.	900.00
Add GST @ 7.000 %	63.00
Total invoice amount	963.00

Issued by : KATHERINKIAN 29.10.2018 10:20:11
 Repair type : CLSO/57/57
 Payment type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd
 A member of COMFORTDELGRO

Head Office:
 205 Braddell Road
 Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ N

Our Ref: CT18100444

Date: 19 October 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 12/10/2018 @ 21:15 hrs
ALONG NORTH BRIDGE ROAD
INVOLVING SLN8567M

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 **SHC3617R** (the "Taxi"). The Taxi was hired to **TANG YEOW SENG IC NO S6904220A** 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 **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

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

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

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

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

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLN8567M	12 Oct 2018 / 21:15:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK

JHC3617R

Vic (LKKAuto)

From: Vic (LKKAuto)
Sent: Wednesday, 20 February, 2019 1:27 PM
To: irene.tay@sg.cntaiping.com; Claims Dept of CTI
Cc: Lucas Lee; Alfred Toh; Admin A; Vic (LKKAuto)
Subject: RE: Direct Settlement - Accident Involving SLN8567M (OI : CTI - TBA) and SHC3617R (TP : LKK REF -CC3/CTI18018895/K1hb3) on 12.10.2018

Dear Irene,

We refer further to the below email.

Please be informed that we had settled the matter with TP repairer on a 50/50 basis at a global sum of **\$650.00** (all in)with breakdown as below:

Cost of Repair (w/gst)	\$ 963.00	
Loss of Rental (\$117.28 x 2 days)	\$ 234.56	
Loss of Income (\$50.00 x 2 days)	\$ 100.00	
LTA Search Fee	\$ 7.49	
TOTAL	\$ 1,305.05	@ 50% = \$656.27

Relevant documents will be forwarded to your good office in due course.

Thank you.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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From: Shu Pei (LKKAuto)
Sent: Wednesday, 17 October, 2018 7:22 PM
To: 'Claims Dept of CTI'
Cc: Lucas Lee; 'Irene Tay'; Admin A; Thin Thin (LKKAuto)
Subject: Direct Settlement - Accident Involving SLN8567M (OI : CTI - TBA) and SHC3617R (TP : LKK REF - CC3/CTI18018895/K1ub3) on 12.10.2018

WITHOUT PREJUDICE



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/CTI18018895/K1hb3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 22-02-2019	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLN 8567M	Veh. Inspected	SHC 3617R
Policy No.	DMHCSN1751461700	Coverage (\$)	0.00
Claim No.	SNM18D04895/C01/7	Excess (\$)	0.00
Assign From		Assign Date	16/10/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU052529	Colour	BLUE
Odometer	792542	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	7 mm
L/H Front Tyre	205/60 R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	12/10/2018	Inspection Date	16/10/2018
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	

**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. SHC 3617R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	RADIATOR GRILLE	SERVICEABLE	251.00	-
1	RADIATOR GRILLE H EMBLEM	SERVICEABLE	27.50	-
1	FRONT BUMPER COVER	CUT	544.50	544.50
1	FRONT BUMPER GRILLE ,LH	SERVICEABLE	41.60	-
1	FRONT BUMPER BRACKET (TOP) (LH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)	CRACKED	24.60	24.60
1	HEADLAMP (LH) (CRACKED)	OLD DAMAGED	1,388.00	-
1	FRONT LH FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-459.92	-113.82
			1,839.68	455.28
SPECIAL NETT ITEMS				
1	FRONT FENDER ADVERTISEMEN LOGO (LH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
LABOUR				
	PANEL BEATING INCLUSIVE OF THE REPAIR OF FRONT LH FENDER.		220.00	200.00
	SPRAY PAINTING CHARGE.		440.00	400.00
	WIRING.	NOT NECESSARY	30.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
			740.00	600.00
GRAND TOTAL			2,679.68	1,155.28
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				900.00

Report Ref No. CC3/CT118018895/K1hb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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