

## Jia Le (LKK Auto)

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**From:** GERALD POH WEE BIN <geraldpoh@lonpac.com>  
**Sent:** Thursday, 25 April 2019 4:09 PM  
**To:** Jia Le (LKK Auto)  
**Cc:** MT\_Claim\_SG  
**Subject:** RE: (Seek Mandate) Your ref : 18/18/18/VP05/021085, Our ref : CC4/LPC18019840/K1pa3q2 [External Confidential]

### Lonpac External - Confidential

Dear Jia Le

Kindly proceed as proposed.

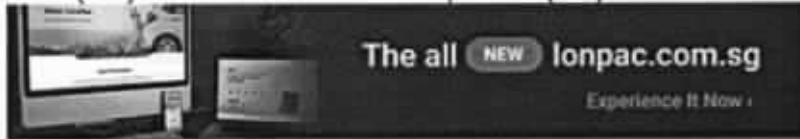
Best Regards

Gerald Poh

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse, Singapore 199555

Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706



*Lonpac External - Confidential data is for use by authorised external parties only.*

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**From:** Jia Le (LKK Auto) [mailto:JiaLe@lkkauto.com]  
**Sent:** Thursday, 25 April, 2019 9:19 AM  
**To:** GERALD POH WEE BIN  
**Cc:** MT\_Claim\_SG; Hsiao Tong (LKKAuto)  
**Subject:** RE: (Seek Mandate) Your ref : 18/18/18/VP05/021085, Our ref : CC4/LPC18019840/K1pa3q2 [External Confidential]

Dear Gerald,

Documents attached.

Thank you.

Best Regards,

**Carlton Chan** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6749 5792 | email: [Jiale@lkkauto.com](mailto:Jiale@lkkauto.com) | fax: 6741-4108

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

**From:** GERALD POH WEE BIN [mailto:geraldpoh@lonpac.com]  
**Sent:** Thursday, 25 April 2019 8:53 AM  
**To:** Jia Le (LKK Auto)  
**Cc:** MT\_Claim\_SG  
**Subject:** RE: (Seek Mandate) Your ref : 18/18/18/VP05/021085, Our ref : CC4/LPC18019840/K1pa3q2 [External Confidential]

## Lonpac External - Confidential

Dear Jia Le,

Kindly attached supporting documents.

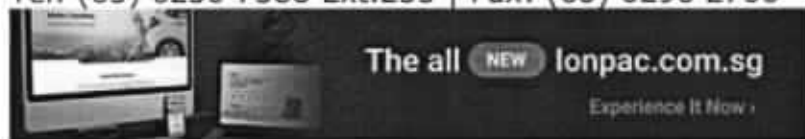
Best Regards

Gerald Poh

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse, Singapore 199555

Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706



*Lonpac External - Confidential data is for use by authorised external parties only.*

**From:** Jia Le (LKK Auto) [mailto:JiaLe@lkkauto.com]  
**Sent:** Wednesday, 24 April, 2019 5:52 PM  
**To:** GERALD POH WEE BIN  
**Cc:** Hsiao Tong (LKKAuto); Admin A  
**Subject:** (Seek Mandate) Your ref : 18/18/18/VP05/021085, Our ref : CC4/LPC18019840/K1pa3q2

Lonpac Ref: **18/18/18/VP05/021085**  
LKK Ref: CC4/LPC18019840/K1pa3q2

Dear Sirs/Madam,

We refer to the above matter.

We have highlighted to your good office on 31/10/2018 of Third-Party's request to do Direct Settlement with our Principal, Lonpac Insurance Bhd.

This is a head-to-rear collision. Liability is not in our driver's favour.

Summary to offer to third party repairer, "COMFORTDELGRO ENGINEERING PTE LTD" is as follows: -

	Claimed Amount	Revised Amount
1. Cost of Repair (w/GST)	\$ 1,799.91	\$ 481.50
2. Loss of Rental (2days x \$113.00)	\$ 226.00	\$ 226.00 (2days x \$113.00)
3. Loss of Income (2days x \$80)	\$ 160.00	\$ 100.00 (2days x \$50)
4. LTA/ GIA Search Fee	\$ 7.49	\$ 7.49
<b>Total</b>	<b>\$ 2,193.40</b>	<b>\$ 814.99</b>

\*\*02days recommendation for repair

Relevant supporting claim documents are attached herewith for your perusal and reference.

The above is for your approval.

Best Regards,

**Carlor Chan** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6749 5792 | email: [Jiale@lkkauto.com](mailto:Jiale@lkkauto.com) | fax: 6741-4108

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

Our Ref : CC180100970/ SHB3474R /KS(st)

Date : 09-Nov-18

**Lonpac Insurance Bhd**  
300 Beach Road  
#17-04 / 07, The Concourse  
Singapore 199555

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

**COMFORTDELGRO  
ENGINEERING**

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 195062400

**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 408849

**Senoko**  
24 Senoko Loop  
Singapore 758156

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791

**Yishun**  
501 Yishun Industrial Park A  
Singapore 768732

Attn : Motor Claims Department **WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB3474R YOUR INSURED**  
**SJN 216C AND OTHER ON 30.10.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : **SHB3474R** 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 : **SJN 216C** we are submitting these claims for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 481.50
2	2 days Loss of Rental @\$ 113.00 per day	\$ 226.00
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>\$ 714.99</b>

**HIRER'S CLAIM**

7	2 days Loss of Income @\$ 80.00 per days	\$ 160.00
<b>Total Claims :</b>		<b>\$ 874.99</b>

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 : SJN 216C  
c) GIA / Police report/s of : SHB3474R  
d) Letter of authority from owner / hirer / operator  
( ) Witness statement/s ( ) Driver's Income Tax ( ) Certificate of Insurance  
( X ) Photograph/s of Accident Scene ( x ) Downtime/Mileage record ( x ) Rental Rate letter

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver. This condition shall apply even if medical

Yours faithfully

*Kazali Hj Selahudin*

CDGE Taxi Claims Department

Tel : 6214 8736 Fax: 6214 1843 Email: kazali@cdge.com.sg

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

A member of

**COMFORTDELGRO**



## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONGI 40 SHB3474R , SJN216C  
MOULMEIN RD TWDS THOMSON RD

ON 30-Oct-18 14:20

I / We

THUNG TOH HIN

(Hirer) NRIC No.: S1489424A

and/or

(Relief) NRIC No.:

Taxi Number

SHB3474R

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

31-Oct-2018

Name of Hirer

THUNG TOH HIN

Hirer NRIC

S1489424A

Signature :



Address

757 PASIR RIS STREET 71 #03-162  
S10757

Contact No.

97893268



# LONPAC INSURANCE BHD

Jale

CLAIM NO : 18/18/18/VP05/021085

DATE : 29 MAY 2019

## DISCHARGE VOUCHER

I/We, COMFORT TRANSPORTATION PTE LTD confirmed acceptance from M/s **LONPAC INSURANCE BHD** and/or owner of SJN 216C the sum of Singapore Dollar Eight Hundred Fourteen and Cents Ninety-Nine Only (\$814.99) in full and final satisfaction, liquidation and discharge of all property losses competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving SHB 3474R and SJN 216C on 30 October 2018 along MOULMEIN RD TWDS THOMSON RD.

I /We hereby agree to indemnify and keep indemnify (**LONPAC INSURANCE BHD AND/OR KER KIEN PING TIMOTHY**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **COMFORTDELGRO ENGINEERING PTE LTD.**

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
33 LIVING DRIVE  
SINGAPORE 550303

Signature of vehicle owner/Date

Please forward your cheque made payable to:  
**COMFORTDELGRO ENGINEERING PTE LTD**

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
33 LIVING DRIVE  
SINGAPORE 550303

Name of vehicle owner /Date

\*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\*

## TAX INVOICE

8010042

LONPAC INSURANCE BERHAD  
THE CONCOURSE

300 BEACH ROAD #17-04/07  
SINGAPORE 199555

CONTACT NO: 62507388

VEHICLE NO  
SHB3474R

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
17.07.2014

CHASSIS CODE  
KMHLB41UMEU057997

NO/DATE  
91406594 08.11.2018

JOB NO.  
305232963

ODOMETER READING

JOB TYPE

Description : 3P 30.10.18

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	450.00
Add GST @ 7.000 %	31.50
<b>Total Invoice amount</b>	<b>481.50</b>

Issued by : CHEWBEELENG 08.11.2018 14:43:23  
Repair Type : CFSO/57/57  
Payment Type/Term : /Credit 30 days

1. WHILEST TAKING ALL REASONABLE PRECAUTIONS, WE CANNOT BE RESPONSIBLE FOR ACCIDENTAL DAMAGE. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARE OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DELIVERED AND TESTED IN OWNERS' RISK.

2. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL, WITHIN 3 DAYS FROM SUCH DELIVERY, GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL 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 AMOUNT DUE AND UNPAID TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT, I.E. AFTER 30 DAYS FROM THE DATE OF DELIVERY OF THE PERIOD OF DEFECT.

4. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS. IT IS UNDESIRABLE TO CORRECT 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.

Our Ref: CC18100970



Date: 08 November 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	30/10/2018 @ 14:20 hrs
ALONG	MOULMEIN RD TWDS THOMSON RD
INVOLVING	SJN216C

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHB3474R** (the "Taxi"). The Taxi was hired to **THUNG TOH HIN IC NO S1489424A** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$113.00** 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 (TH)		DATE	NAME OF DRIVER
25-10-18	G. L.	548	418	351	07:00	07:40		
		548	820	408	07:40	08:10		
		549	12	326	12:00	02:13		
		549	384	232	12:00	02:30		
		549	805	421	02:30	03:09		
		550	082	277	03:09	03:28		
31/10	Accident	500	161					
1/11	repair							
		14		In	09:55	15:15		
				Out				



10/31/2028

Insurance Particulars Enquire By Ananta Detail

### Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJN216C	30 Oct 2018 / 14:20:00	Successful	L06	LONPAC INSURANCE BHD

Previous

OK

SUB 3474R