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* *	MIN U Fiths Policy No.	1800 Mary 1800
Name of Insured		Marin 1
Insured Tel No.	HP Make / Mode	244-12 10/81/1
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Is driver the owner	NAME AND ADDRESS OF THE PARTY O	ORT: YES / NO TP GIA REPORT: YES / NO
if NO. Driver Nat Driver Tel		
446 717	$n \rightarrow$	
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WSP: (1)	Tel: Tel:	T A Tel
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I KALAMETAKI AD TICE	The same of the sa	Others
FINALIZATION	Date/Time: Confirm with:	Confirm by:
Repair Cost: UD	SS 700-00, (4. days) Reduction: 49, %	Email Call
FINAL SETTLEMENT	Date/Time: U. T. Confirm with Collaboration (Agreed / Assessed) BOLA S/N No.	Email Cal
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Loss of Income (LOI): LOR only LOU only	SS (S x diays) y LOR+LOU LOR+LO Tick only one	YASANT
GIA/LTA/Search	SS 7.19	IV VI
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Legal Cost Total:	SS 978 87 Global Sum SS: 970 00	in autrey tee
FINAL PAYMENT	Dute/Time: Confirm with:	Email Cal
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Payee 2: (Strike if N.A.)	S\$ - Name 2: -	
Payee 3: (Strike if N.A.)	85 — Name 3:	

	ASSIGNMENT
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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 Inter-	nationale Des Experts En Auton	nobile	
СНІ	NA TAIPING INSU	RANCE (S) PTE LTD	Ref : CC3/CTI18020	209/K1hb3	
	NSON ROAD #16-0 RINGLEAF TOWER	00 SINGAPORE 079909	Date: 08-11-2018 Code: CTI		
1.		Policy Particul	ars :- THIRD PARTY CLA	M	
	Insured Veh.	SLD 217D	Veh. Inspected	SHC 3137J	
	Policy No. Claim No.		Coverage (\$)	0.00	
			Excess (\$)	0.00	
	Assign From		Assign Date	08/11/2018	
2.		Vehicle P	articulars & Condition		
	Make & Model		c.c	0	
	Engine No.	HIDDEN	Year of Reg. Colour Steering		
	Chassis No.				
	Odometer	36(
	Brakes		Modification		
	General				
3.		Cor	nditions 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.		Descr	iption of Damages		
5.	,	Ger	neral Information		
	Accident Date	03/11/2018	Inspection Date	07/11/2018	
	Survey held at	COMFORTDELGRO ENGIN	NEERING PTE LTD		
	non etimologia Turi nervor bilimi biliri	59 LOYANG DRIVE SINGAPORE 508969			
5a.	10		Remarks		



Company Registration No. 199607198R

\$1.1 BLAVE 1, 402-25 PAVA UREDNDESTRIAL PARK, SING APORE 4009 CC T11.; 4065; 62563561. FAX: (068) 62564315

Your ref:

To Be Advised

Date:

08.11.2018

Our ref:

CC3/CTI18020209/K1hb3

The Motor Claims Department

M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHC3137J

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on <u>07.11.2018</u> at the premises of M/s <u>ComfortDelGro Engineering Pte Ltd</u> and have the following to report:-

Workshop Estimate Amount	: S\$	1,392.40
Revised Estimate Amount	: S\$	862.40
"Check" Items Amount	: SS	
Market Value	: SS	(2)
LTA Reimbursement Value	: S\$	2
Nett Value	: S\$	

Description of Damage:

The vehicle sustained damages at the

O/S Rear Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs:

2 days

Yours faithfully,

KALVIN ANG

Licensed Appraiser

OMFORTDELGRO ENGINEERING

member of COMFORTDELCRO

ComfortDelGro Engineering Pte Ltd

225 Bracket Hotel Brigaries STENT

Work maps:

50 Loyang Deve Regueste SCH001 300 Bir Ming Onto Singapore 57571 24 Server Long Singapore Tribinio 7 Server Parket Vity Engapore 228721 501 Viting Schools Park & Research World

Date/Time: 07:11:2018 10:42

Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO. 305235089 REGN NO. SHC3137J MILEAGE COMFORT TRANSPORTATION PTE LTD MAKE: FUEL 7010045 HYUNDAI OMERNO 383 SIN MING DRIVE 1/2 MODEL. Singapore SINGAPORE 575717 SONATA 65508755 YR OF MANUE. 01, 2011 (R) TARGET DATE CHASSIS CODE T41VMBAS04455 COMPLETION DATE/TIME JUNT CARD NO.

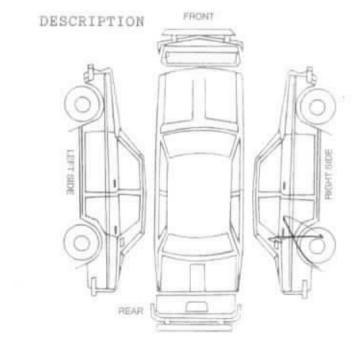
JOB DESCRIPTION

Accident Date: 03.11.2018

NATURE: 3P 03.11.18

S/NO

LABOR CODE



(ED &	PASSED OUT BY:					
	SERVICE ADVISOR			0	SUSTOMER'S SIGNATURE	
idgeme	ent Stip		Exit Pass			
6.1	SHC3137J	JU CHINA	Vehicle No.:	SHC3137J		
Service	Advisor	Signature/Date	Name of Service Ac	lvisor	Date	
rned to	Service Reception upon o	collection	To be kept by Secur	fty Guard		

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHC 3137J

:

MAKE

DATE 7/11/2018 11:27

Elina

ty	Parts Description/ Labour	Type	Unit Price	159	Amount
	Rear Fender Mudflap (RH)	DHITHER		5	15.50
	SUB TOTAL			S	15.50
	LESS 20%			S	3.10
	DISCOUNTED TOTAL			S	12.40
	Rear Bumper Advertisement Logo Rear Fender Advertisement Logo (LH/RH)	wer wer	S 100.00	s s	50.00 200.00
				s	250.00
	Labour Charge				200
	Panel Beating-Repair Fender			S	490.00
	Spray Painting Charge			S	600.00
	Tuff Kote			S	50.00
	Remove/Refix Reverse Sensor			S	80,00
	TOTAL LABOUR			S	1,130.00
	ESTIMATE TOTAL			s	1,392.40
	Kalma (CKK) # 1/1/18 1200 hr 2 /7	the Repairs	constitutes have a notify	idy.	
	2 /7 1/18 /200 37	To depend Parts profit Third part No depend Stop of the subject Is subject	And the second s	ed an	4
	Alle Proport	Acknowled Signature Date:	ged by Repuirer		

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.

Page 1 of 1

COMFORTDELGRO ENGINEERING

	ob Ref No : 305235089			ENGINEERING		
our or Date	ob Kei	12/11/			ComfortD 59 Loyan Fax: 6546	elGro Engineering Pte Ltd g Drive Singapore 508966
INAL	LIZATI	ON FORM			Fax. 6040	. 0 130
To	0	LK	<	_	Fax:	
Attn	8	KAL	VIN			
		SHC3137	7J	Date	of Accident :	03/11/18
The s	urvey	and estimates of the	repairs of the abo	ve-mentioned	vehicle are as fo	illows:-
122	The	repair job shall bill to:	С	HINA		SLD217D
2.	The	inalized amount shall	he:		1##	
4.0	Marcon I	Spare Parts after Li				
	(a)	The state of the s	iai triocotini	****		
	(b)	Labour Charges	and Dannie Cont			
		Total for Part-By-F	art Repair Cost			7.
	(c.)	Lumpsum Repair (i	f applicable)		(15)	
	100	Total for Lumpsum Final Lumpsum R	repair cost after	Less: 20%		\$700.00
5.	with	shall treat the above in 7 working days nk you for your assist		We	s confirm the est alized amount	
		\	A.A.			//
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	Nan	The state of the s		- Na	me :	Kalun
	Tel		14 8315	_ Da	te	12/11/-8
	Fax		468156			
For		al Use Only	7400100	_		
FOL	Omcia	al Use Only		To		
		Item	Amount	Document Attached	Confirm By	Remarks
			- John Mill	Yes or No	(Signature)	
1. 1	Rental	Rate P/Day		YES		
2. 1	Loss at	Income Paid		N		
3, 5	Survey	Fees				
		earch Fee	\$7.49			
		al Fees (on behalf er, if applicable)				

Remarks:

6 Overrun

ER BIL

63

3P WISH TO DO MUTUAL SETTLEMENT MR.XIA YING HP:9107-4586

Shu Pei (LKKAuto)

From:

Irene Tay <irene.tay@sg.cntaiping.com>

Sent:

Wednesday, 21 November 2018 9:35 AM

To:

Shu Pei (LKKAuto)

Cc:

Lucas Lee; Admin A; Vic (LKKAuto)

Subject:

CTP REF NO. SNM18D05390C02 - Direct Settlement - Accident Involving SLD217D (OI:

CTI - TBA) and SHC3137J (TP: LKK REF - CC3/CTI18020209/K1hb3)on 03.11.2018

Attachments:

SLD217D.pdf

Dear Mdm.

Enclosed herewith the GIA report as requested by you.

Thank you.

Irene Tay

Executive

Claims Department (Motor Division)

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Direct (65) 6389 6192

Fax (65) 62247478/62247175

Email: claimsdept@sq.cntalping.com

www.sq.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:shupei@lkkauto.com]

Sent: Tuesday, 20 November, 2018 7:09 PM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: Lucas Lee <lucas.lee@sg.cntaiping.com>; Irene Tay <irene.tay@sg.cntaiping.com>; Admin A <admin-

a@lkkauto.com>; Vic (LKKAuto) <vicalpeh@lkkauto.com>

Subject: RE: Direct Settlement - Accident Involving SLD217D (OI: CTI - TBA) and SHC3137J (TP: LKK REF -

CC3/CTI18020209/K1hb3)on 03.11.2018

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

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

Thank you

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: <u>shupei@lkkauto.com</u> | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | 5(408933)

From: Shu Pei (LKKAuto)

Sent: Thursday, 8 November 2018 5:45 PM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: Lucas Lee < lucas lee@sg.cntaiping.com>; 'Irene Tay' < irene.tay@sg.cntaiping.com>; Admin A < admin-

a@lkkauto.com>; Vic (LKKAuto) <vicalpeh@lkkauto.com>

Subject: Direct Settlement - Accident Involving SLD217D (OI: CTI - TBA) and SHC3137J (TP: LKK REF -

CC3/CTI18020209/K1hb3)on 03.11.2018

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SHC 3137J 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's GIA report
- Estimated cost of repair
- Preliminary advice

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

Kindly take note that the case handler in-charge is Vic and he can be contacted at DID: 6841 2360.

Thank you

Best Regards.

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: <u>shupei@fikkauto.com</u> | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | 5(408933) This email has been scanned by the Symantec Email Security.cloud service. For more information please visit http://www.symanteccloud.com



COMFORTDELGRO ENGINEERING

Our Ref : T1118 / SHC3137J /WT(st) Your Ref : 13-Nov-18					-1	1011	
Vour Ref : Date : 13-Nov-18 CHINA TAIPING INSURANCE CO LTD 3 ANSON ROAD #16-00 SPRINGLEAF TOWER SINGAPORE 079909 Attn : Motor Claims Department Dear Sir ACCIDENT INVOLVING OUR TAXI SHC3137J YOUR INSURED ON 03.11.18 AND OTHER We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC3137J which was involved in the captioned accident with your insured vehicle No earses white the 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 SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the acci	Our Ref	T 1118 / SHC3137J /WT(omfortDe	alGro Engit	neering Pto Ltd
CHINA TAIPING INSURANCE CO LTD 3 ANSON ROAD #16-00 SPRINGLEAF TOWER SINGAPORE 079909 Attn: Motor Claims Department Dear Sir ACCIDENT INVOLVING OUR TAXI SHC3137J YOUR INSURED ON		•	COGE Taxi Cla	ims Dept	205 Bradd	Reli Hosar an	Muhana
ANSON ROAD #16-00 SPRINGLEAF TOWER SINGAPORE 079909 Attn: Motor Claims Department Dear Sir ACCIDENT INVOLVING OUR TAXI SHC3137J YOUR INSURED ON 03.11.18 AND OTHER We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No: SHC3137J which was involved in the captioned accident with your insured Vehicle No: SHC3137J 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 vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to saisist 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 SLD 217D TAXI OWNER'S CLAIM 1 Cost of Repair 6 2 days Loss of Rental © \$ 98.25 per day 7 Survey Report Fees (Surveyed by M/s LKK) 7 LTA Search Fees 7 GIA / Police Report Fees 8 5 - 5 GIA / Police Report Fees 9 Toving / Medical / Transporation Fees 9 Sub Total : \$ 952.99 We enclose herewith the following documents to support the claims: - 1 Total Claims: - 1 Total Claims: - 1 Total Claims: - 1 Total Claims: - 5 pcs. We enclose herewith the following documents to support the claims: - 5 pcs. BLD 217D C) GIA / Police reports of: SHC3137J We enclose herewith the following documents to support the claims: - 5 pcs. SLD 217D C) GIA / Police reports of: SHC3137J We enclose herewith the following documents to support the claims: - 5 pcs. SLD 217D C) GIA / Police reports of: SHC3137J We enclose herewith the following documents to support the claims: - 5 pcs.		13-Nov-18	69 Loyang Driv	e 4th Fir		Facsimilit	440 0700 0100
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#16-00 SPRINGLEAF TOWER SINGAPORE 079909 Attn: Motor Claims Department Dear Sir ACCIDENT INVOLVING OUR TAXI SHC3137J YOUR INSURED ON 03.11.18 AND OTHER We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to vehicle. As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As Survey Report Fees (Surveyed by M/s LKK) 2 days Loss of Rental (\$ 98.25 per day \$ 198.50 erbn incustal Park / Singapore 70873. A Survey Report Fees (Surveyed by M/s LKK) 5 TA49 HIRER'S CLAIM 7 2 days Loss of Income (\$ 80.00 per days \$ 160.00 round incustants) We enclose herewith the following documents to support the claims: a) Original repair bill and photocopies of photographs: b) LTA search slip/s of: C) GIA / Police report/s of: C) GIA / Police report/s of: C) GIA / Police report/s of: C) Fic31377 C) Letter of authority from owner / hirer / operator (X) Photograph/s of Accident Scenc (X) Downtime/Mileage record (X) Pental Rada dauthorized us to a sing port size of motor	3 ANSON	ROAD					Workshops
Dear Sir ACCIDENT INVOLVING OUR TAXI SHC3137J YOUR INSURED ON 3.11.18 AND OTHER We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No: SHC3137J 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 vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to vehicle. As the accident was caused by the negligent act of your insured driving SLD 217D we are submitting these claims for your consideration on behalf of the claimants. TAXI OWNER'S CLAIM 1 Cost of Repair 6 2 days Loss of Rental ② \$ 98.25 per day 3 Survey Report Fees (Surveyed by M/s LKK) 5 GlA / Police Report Fees 6 Towing / Medical / Transporation Fees HIRER'S CLAIM 7 2 days Loss of Income ② \$ 80.00 per days Total Claims: \$ 1,112.99 We enclose herewith the following documents to support the claims: a) Original repair bill and photocopies of photographs: b) LTA search slip/s of: SLD 217D c) GIA / Police report/s of: SLD 217D c) GIA / Police report/s of: SLD 217D c) GIA / Police report/s of: SLD 217D c) Traffic Compound () Towing/Medical bill/receipts () Certificate of Insurance (x) Photograph/s of Accident Scenc (x) Downtime/Mileage record (x) Rental claims as soon as possible.	#16-00 S	PRINGLEAF TOWER	nor nor Hill	NCE		2	or Proteint Road
ACCIDENT INVOLVING OUR TAXI SHC3137J YOUR INSURED ON 0. 3.11.18 AND OTHER We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of most vehicle No: SHC3137J 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 vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to vehicle. As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was caused by the negligent act of your insured driving SLD 217D As the accident was	Attn : N	otor Claims Department					Loyang so Levand Drive
We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No: SHC3137J 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 vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to vehicle. As the accident was caused by the negligent act of your insured driving SLD 217D we are submitting these claims for your consideration on behalf of the claimants. TAXI OWNER'S CLAIM 1	Dear Si	SHOW OUR TAXE SH	C3137J YOUR IN	SURED S	03.1	7D	Sin Ming
Vehicle No : SHC3173 with vehicle owner and the taxi driver concerned have requested and adultation vehicle. 320 Uni Road 3 Singapore 400649 Senoko 24 Senoko Loop arising from the damage to the vehicle. As the accident was caused by the negligent act of your insured driving SLD 217D we are submitting these claims for your consideration on behalf of the claimants. TAXI OWNER'S CLAIM 1 Cost of Repair 2 days Loss of Rental \$ 98.25 per day 3 Survey Report Fees (Surveyed by M/s LKK) 4 LTA Search Fees 5 GIA / Police Report Fees 6 Towing / Medical / Transporation Fees HIRER'S CLAIM 7 2 days Loss of Income \$ 80.00 per days Total Claims: \$ 1,112.99 We enclose herewith the following documents to support the claims: - a) Original repair bill and photocopies of photographs: b) LTA search slip/s of: SLD 217D c) GIA / Police report/s of: d) Letter of authority from owner / hirer / operator () Traffic Compound () Towing/Medical bill/receipts () 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.	ACCIDI	NT INVOLVING OUR TAGE		ON	ourner.	of motor	Singapore 5/5/1/
Vehicle No : SHC3173 with vehicle owner and the taxi driver concerned have requested and adultation vehicle. 320 Uni Road 3 Singapore 400649 Senoko 24 Senoko Loop arising from the damage to the vehicle. As the accident was caused by the negligent act of your insured driving SLD 217D we are submitting these claims for your consideration on behalf of the claimants. TAXI OWNER'S CLAIM 1 Cost of Repair 2 days Loss of Rental \$ 98.25 per day 3 Survey Report Fees (Surveyed by M/s LKK) 4 LTA Search Fees 5 GIA / Police Report Fees 6 Towing / Medical / Transporation Fees HIRER'S CLAIM 7 2 days Loss of Income \$ 80.00 per days Total Claims: \$ 1,112.99 We enclose herewith the following documents to support the claims: - a) Original repair bill and photocopies of photographs: b) LTA search slip/s of: SLD 217D c) GIA / Police report/s of: d) Letter of authority from owner / hirer / operator () Traffic Compound () Towing/Medical bill/receipts () 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.	ANDO	the authorised repair workshop for C	Comfort Transportatio	n Pte Ltd, the accident with	your in	sured	as Ponden Road
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GIA / Police Report Fees Towing / Medical / Transporation Fees Sub Total: Sub Total Claims: Sub Total: Sub Tota	3	Survey Report Fees (Surveyed by	MU P. P. S. S.		\$		-
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HIRER'S CLAIM 7 2 days Loss of Income @ \$ 80.00 per days Total Claims: \$ 160.00 Total Claims: \$ 1,112.99 We enclose herewith the following documents to support the claims: - a) Original repair bill and photocopies of photographs: b) LTA search slip/s of: SLD 217D c) GIA / Police report/s of: SHC3137J d) Letter of authority from owner / hirer / operator () Traffic Compound () Towing/Medical bill/receipts () 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.		GIA / Police Report Fees	200	= 5000		052.00	-
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soon as possible.		(X) Photographus of Addition	or from you on the se	ttlement of th	e said c	laims as	
that it is a condition of any settlement reached that it shall be without pro-	Kind	lly look into the matter and let us hean as possible.	ar irom you on the ee		a dela mand	prejudice	
	Ple	. It at it is a condition of any	settlement reached th	at 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.









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

Our Ref: CC3/CTI18020209/K1hb3

11 DECEMBER 2018

MDM LI FANG 66 PHOENIX ROAD #07-06 SINGAPORE 668201 By Post and By Email

Dear Sir/Madam,

ACCIDENT INVOLVING SLD 217D AND SHC 3137J ON 03/11/2018

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

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully

Vic Alpeh

DID: 6841 2096 FAX: 6741 4108

Email: vicalpeh@lkkauto.com

China Taiping Insurance (Singapore) Pte Ltd

(Motor Claims Dept)

Xiayong2000@yahoo.com

(Email)

Vic (LKKAuto)

From:

Vic (LKKAuto)

Sent:

Tuesday, 11 December, 2018 10:52 AM

To:

Xiayong2000@yahoo.com

Cc: Subject: Admin A; Vic (LKKAuto)
Your Ref: SLD 217D_ACCIDENT INVOLVING SLD 217D AND SHC 3137J ON

03/11/2018 LKK REF CC3/CTI18020209/K1hb3



Auto Consultants Pte Ltd

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

Our Ref: CC3/CTI18020209/K1hb3

11 DECEMBER 2018

MDM LI FANG

66 PHOENIX ROAD #07-06 SINGAPORE 668201

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By Post and By Email

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Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: <u>vicalpeh@lkkauto.com</u> | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Save the Earth Print only when necessary

This e-mail contain confidential and privileged material, and are for the sole use of the intended recipient. Use or distribution by an unintended recipient is prohibited, and may be a violation of law. If you believe that you received this e-mail in error, please do not

read this e-mail or any attached items. Please delete the e-mail sender that you have deleted the e-mail, all attachments and an	and all attachments, including any copies thereof, and inform the by copies thereof. Thank you.

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING ALONG

SONATA SHC3137J , SLD217D JURONG GATEWAY TAXI STAND. ON 03-Nov-18 21:15

1 / We

LEE MENG KONG

(Hirer) NRIC No.:

52651338C

and/or

(Relief) NRIC No.:

Taxi Number

SHC3137J

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

- To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
- 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).
- 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

04-Nov-2018

Name of Hirer

LEE MENG KONG

Hirer NRIC

52651338C

Signature:

Lagu

Address

345 BUKIT BATOK STREET 34 #07-278

650345

Contact No.

92368776

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3037151800

Claim No :SNM18D05390C02(SLD217D)

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : 55970.00

SINGAPORE DOLLARS NINE HUNDRED SEVENTY 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 3137J Insured Vehicle No. : SLD 217D

Date of Loss

: 03/11/2018

Place of Accident

: JURONG GATEWAY ROAD TOWARDS JURONG WEST

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

: LI FANG

Driver Name

: XIA YONG

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)

970.00

970.00 5\$

COMPORTURISHED EN AMERING PIE LIG

59 LOWING DRIVE

Claimant Name: _

NRIC No : ___

Signature

The content is the library in early to vesse durages only All personal injuries and namages arising therefrom are excluden from the ambit and application of this document"

Please forward your cheque made payable to. COMFORTDELGRO ENGINEERING PTE LTD



A member of COMFORDELGRO

GST REG. NO. M2-8921817-3

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

305 Brandell Road Singapore \$79701 Mainline + 65 £363 £280 Facultors - 85 £280 9755

Workshops

300 See Merg Drive Singapore S18689
300 See Merg Drive Singapore S18717
45 Pandan Road Singapore 408039
300 Util Pland 3 Singapore 408049

COMPANY RRG. NO.: 199506048W

Page: 1

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD SPRINGLEAP TOWER

3 ANSON ROAD #16-00 SINGAPORE 079909

CONTACT NO: 62222366

VEHCLE NO SHC3137J

NO/DATE 91407103 12.11.2018

MAKK HYUNDAL JOB NO. 305235089

MODKI. SONATA ODOMETER READING

DATE OF REG 31.01.2011

CHASSIS CODE KMHE'1'41.VMBA804455 JOB TYPE

Description: 3P 03.11.18

Invoice for Lump Sum Repair

Total lump Sum Repair Amt

700.00

Add GST @

7.000 %

49.00

Total Invoice amount.

749,00

Issued by : KATHERINETAN 12.11.2018 14:16:54
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

mfortDelGro Engineering Pte Ltd rember of COMFORTDELCRO

id Office: Braddell Road gapore 579701

dly note that no receipt shall be issued unless requested.

STOMER'S COPY

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

Our Ref: CT18110064

Date: 12 November 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

03/11/2018 @ 21:15 hrs

ALONG

JURONG GATEWAY TAXI STAND.

INVOLVING

SLD217D

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 SHC3137J (the "Taxi"). The Taxi was hired to LEE MENG KONG IC NO S2651338C a registered hirer-operator of Comfort Transportation Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$98.25 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.

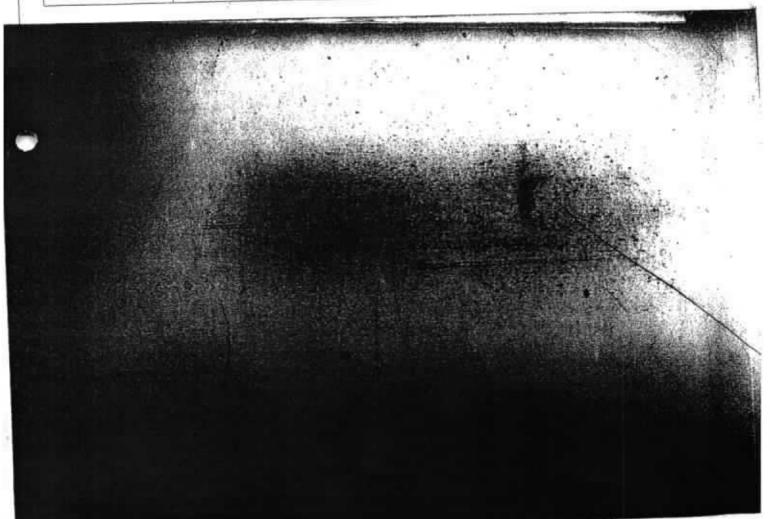
Yours faithfully

Christine Tay Assistant Manager, Fleet Safety

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

SHL31375

	21103121		MILEAGE	HOURS OPE	RATED (TIME)
DATE	NAME OF DRIVER	MILEAGE READING	TRAVELLED (KM)	FROM	то
7-11-18	Decident =	MALL	IN	1015	2-
8-11-18	Accident 7 Repair	F1 10	OUT	_	1215
	Su Mey Cong				
38		1			
			1	-	-
	0		1	. 4	



arrance Particulars Enquiry By Agents Detail

https://vrl.lta.gov.sg/lta/vrl/action/insPartDetailByAA?FUNCTIO...

Enquire Vehicle Insurer Vehicle No. Incident Date/Time

Search Status Insurance Company Code Insurance Company Name

C01

SLD217D 03 Nov 2018 / 21:15:00 Successful

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

		Affiliated to Federation Intern	ationale Des Experts En Auton	nobile	
CHI	NA TAIPING INSU	RANCE (S) PTE LTD	Ref : CC3/CTI18020	209/K1hb3q2	
	ISON ROAD #16-0	00 SSINGAPORE 079909	Date: 13-12-2018 Code: CTI		
in .		Policy Particula	ers :- THIRD PARTY CLAI	М	
	Insured Veh.	SLD 217D	Veh. Inspected	SHC 3137J	
	Policy No.	DMPCSN3037151800	Coverage (\$)	0.00	
	Claim No.	SNM18D05390C02	Excess (\$)	0.00	
	Assign From		Assign Date	07/11/2018	
1	1-011-11	Vehicle Pa	articulars & Condition		
	Make & Model	HYUNDAI SONATA	c.c	1991	
	Engine No.	HIDDEN	Year of Reg.	2011	
	Chassis No.	KMHET41VMBA804455	Colour	BLUE	
	Odometer	999999	Steering	IN ORDER	
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
	General	GOOD			
3.		Con	ditions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	215/60 R16	HANKOOK	7 mm	
	L/H Front Tyre	215/60 R16	HANKOOK	7 mm	
	R/H Rear Tyre	215/60 R16	HANKOOK	7 mm	
	L/H Rear Tyre	215/60 R16	HANKOOK	7 mm	
١.	Silver L	Descri	ption of Damages		
	THE VEHICLE SU	STAINED DAMAGES AT THE	O/S REAR PORTION.		
5.	DAWAGES SEE D		eral Information	THE RESERVE TO SECTION AND ADDRESS OF THE PARTY.	
	Accident Date	03/11/2018	Inspection Date	07/11/2018	
	Survey held at	COMFORTDELGRO ENGIN			
		59 LOYANG DRIVE SINGAPORE 508969			
ia.			Remarks		
		ON WAS CONDUCTED ON A" CE TO YOUR INSTRUCTIONS			
5b.		Estima	ate Days of Repair		
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	2 Working Day	/S	



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 3137J

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR FENDER MUDFLAP (RH)	DAMAGED	15.50	15.50
	LESS 20% DISCOUNT		-3.10	-3.10
			12.40	12.40
	SPECIAL NETT ITEMS			
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			250.00	250.00
	LABOUR			
	PANEL BEATING-REPAIR FENDER .		400.00	200.00
	SPRAY PAINTING CHARGE.		600.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	
	REMOVE/REFIX REVERSE SENSOR	NOT NECESSARY	80.00	
			1,130.00	600.00
	GRAND TOTAL		1,392.40	862.40

RECOMMENDED COST OF LUMP SUM REPAIRS	700.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CC3/CTI18020209/K1hb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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