

INSURANCE

INS. CASE OWNER

CC 3 /EQI1802

0413, 12/13/19

LKK
IDAC

Surveyor:

FAIRIN

DOI:

ASSIGNMENT

9/11/18

Date / Time:

9/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFA 6588E

Name of Insured:

PANG KAM YONG ACHIN KAM YONG

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

8/11/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

Head - Rear

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

Insured Liability:

% Final ? Yes / No

Driver Tel No.:

(VA- YES / NO)

SFA 6588E



INSRS:
WSP:
Tel:
Liability:
RMKS:

LOGE
M



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE/ PIC
4/11/18	SFA 6588E - X	Non-Reporting hr (1st):	
4/11/18		Non-Reporting hr (2nd):	
		Non-Reporting hr (Final):	
		Notification hr (if non-pickup):	
		Call OI:	
		After call hr to OI:	
8/31/19	Call OI to inform that NCD rule.	Documentation Check List: Handler	Typist
28/31/19	Offer Global Sum \$1230.00 to TP.	Notification hr (if non-pickup):	
2/4/19	File pass to Admin to close	After call hr 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:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS	(days) Reduction:	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	SS	(Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lir:
Repair Cost:	SS		
Loss of Rental (LOR):	SS	(25 days) X \$ 119.28	
Loss of Use (LOU):	SS	(5 x days)	
Loss of Income (LOI):	SS	(5 30 x 25 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	SS	LOR + LOU <input type="checkbox"/> LOR + LO <input checked="" type="checkbox"/> (Tick only one)	
GIA/LTA Search	SS		
Medical:	SS		
Disbursement:	SS	(e.g. Tow/ Independent)	
Legal Cost:	SS		
Total:	SS	Global Sum SS: 1230.00	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS	Name 1:	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

COPY SENT

4/11/19

2/4/19

Surveyor: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insured Vehicle No: _____

at Workshop m/s Compro Delgado (Loyang)

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

Bol. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

	<u>U/S repair \$750/-</u>
	<u>Res. \$750 43%</u>

Date/Time. File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time. File Return to?

2)

Report Format: _____

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

Veh No: SHA 2583X Yr Regn: 15 Jan, 2015

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

Truck / Trailer or

Make: Hyundai Ix0 cc: 1685

Colour: Blue A/C: Insu 0 / Std / Nil / NA

Sp. Reading: 670461 T/Radio: Insu 0 / Std / Nil / NA

Eng/No: _____

C/No: KA HLB414AF40 62695

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Wgs/16

Front

Rear

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

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

D.O.A. 8/11/8 D.O.I. 9/11/8

Survey held at CPGE (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.

EQ

U.

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

\$ + RS _____

Photos

Others

TOTAL



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
EQ INSURANCE COMPANY LTD		Ref : CC3/EQ18020413/K1pb3		
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Date : 12-11-2018		
		Code : EQI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SFA 6588E	Veh. Inspected	SHA 2583X	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	12/11/2018	
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	08/11/2018	Inspection Date	09/11/2018	
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.				

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305236457

Date : 12/11/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA2583X

Date of Accident : 08-Nov-18

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

1. The repair job shall bill to: EQ INS --- SFA6588E

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: 20%

\$750.00

Final Lumpsum Repair cost

\$750.00

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature: 

Name : KALVIN

Date : 13/11/18

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:

REPAIR ESTIMATE*

MAKE :

DATE 9/11/2018

LKK-Kalvin

[illegible]

REPAIR ESTIMATE*

MAKE :

DATE 9/11/2018

LKK-Kalvin

LUCK Auto Consultants Inc. may notify the Repairer of the following:

- To reserves or another entity paying
- To display damaged parts being reserved
- Parts prices the subject to competition
- Third party review is on a "Without Prejudice" basis
- No illegal manipulation is allowed
- Subject to any review must be reserved and is subject to final approval from Insurance Company

Authorized by Repairer

Signature _____

Date _____

number of COMFORTDELGRO

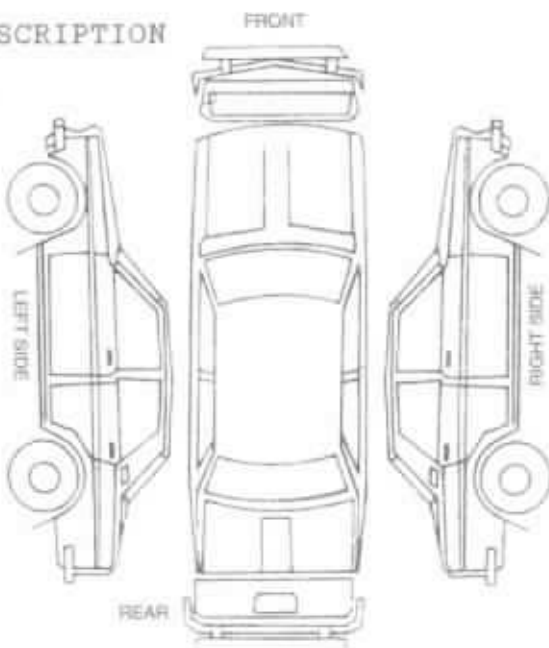
Date/Time: 08.11.2018 17:20 Page : 1

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.: 305236457

UNIT NO.	REGN NO.: SHA2583X	MILEAGE
COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
7010045	MODEL I-40	E 1/2 F
383 SIN MING DRIVE	DATE/TIME IN 08.11.2018 11:55	
Singapore SINGAPORE 575717	YR OF MANU 15.01.2015	TARGET DATE
65508755 (O)	CHASSIS CODE KMHLB41UMFU062695	COMPLETION DATE/TIME
UNIT CARD NO.		

JOB DESCRIPTION

Accident Date: 08.11.2018
NATURE: 3P 08.11.18

S/NO	LABOR CODE	DESCRIPTION
		

KEYED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Assignment Slip

Exit Pass

to: SHA2583X LIMITS

Vehicle No.: SHA2583X

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



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/EQ118020413/K1pb3

Date: 12.11.2018

The Motor Claims Department
M/s EQ INSURANCE COMPANY LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHA2583X

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 09.11.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	1,320.00
Revised Estimate Amount	: S\$	940.00
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
Rear portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

Shu Pei (LKKAUTO)

From: Justin Wong <justin.wong@eqinsurance.com.sg>
Sent: Wednesday, 14 November 2018 2:14 PM
To: Shu Pei (LKKAUTO)
Cc: Admin A; Hsiao Tong (LKKAUTO)
Subject: RE: Direct Settlement - Accident Involving SFA6588E (OI : EQI - TBA) AND SHA2583X (TP : LKK REF -CC3/EQI18020413/K1pb3) on 08.11.2018
Attachments: OI GIA - SFA6588E.PDF

Dear Shu Pei,

Please find our insured's GIA report and proceed with direct settlement.

Thank you.

Regards,
Justin Wong
Executive | Claims



EQ Insurance Company Limited
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6496 9115 | tel 65 6223 9433 ext 115 | fax 65 6223 4190
www.eqinsurance.com.sg



Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender.

From: Shu Pei (LKKAUTO) [mailto:shupeil@lkkauto.com]
Sent: Monday, November 12, 2018 5:15 PM
To: Justin Wong <justin.wong@eqinsurance.com.sg>
Cc: Admin A <admin-a@lkkauto.com>; Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>
Subject: Direct Settlement - Accident Involving SFA6588E (OI : EQI - TBA) AND SHA2583X (TP : LKK REF - CC3/EQI18020413/K1pb3) on 08.11.2018

WITHOUT PREJUDICE

Dear Justin,

We refer to the above matter.

We have inspected TP vehicle SHA 2583X 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 Hsiao Tong and she can be contacted at DID: 6742 3197.

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)

Cecilia Chong (LKK Auto)

From: Jim Wong See Pah <jimwong@cdge.com.sg>
Sent: Thursday, 28 March 2019 4:53 PM
To: Cecilia Chong (LKK Auto)
Cc: Hsiao Tong (LKKAuto)
Subject: Re: Your Ref: SHA 2583X *Our Ref: CC3/EQI18020413/K1pb3 [ACCIDENT INVOLVING SFA 6588E(EQI) & SHA 2583X ON 08/11/2018]

Follow Up Flag: Follow up
Flag Status: Flagged

Dear Ms Chong

Please process settlement in sum \$ 1230.00 for resolving our property damage claim amicably.

Thank you.

Best Regards
Jim Wong
Claims Dept / ComfortDelgro Engineering Pte Ltd

From: Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>
Sent: Thursday, 28 March 2019 4:28 PM
To: Jim Wong See Pah
Cc: Hsiao Tong (LKKAuto); Admin A
Subject: Your Ref: SHA 2583X *Our Ref: CC3/EQI18020413/K1pb3 [ACCIDENT INVOLVING SFA 6588E(EQI) & SHA 2583X ON 08/11/2018]

Your Ref: **SHA 2583X** Without Prejudice
Our Ref: CC3/EQI18020413/K1pb3

Dear Sirs/Mdm,

ACCIDENT INVOLVING SFA 6588E(EQI) & SHA 2583X ON 08/11/2018

We refer to the above matter.

We propose settlement at a global sum of **\$1,230.00(all-in)**.

Please confirm acceptance.

"Please note that our above settlement is made on a without prejudice basis, and should not be construed as an admission of liability on our part or on the part of our insured/driver. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. Our offer made in respect of this present matter is made solely to resolve this matter only. No reference shall be made to this offer or any settlement arising from this offer in any other related matters.

Settlement and payment are subject to production of original documents on demand at any time and execution of Discharge Voucher (for settlement sum above \$20,000/-) by the Plaintiff/Claimant. Further all original documents shall be retained by us after we have made payment on the settlement sum."

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108

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



Save the Earth. Print only when necessary.

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

Our Ref : T 1118 / SHA2583X / JW(st)
Your ref : _____
Date : 14-Nov-18

EQ Insurance Company Limited
5 Maxwell Road, MND Complex
#17-00 Tower Block
Singapore 069110

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 8280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 188505491V

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 408642

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 SHA2583X YOUR INSURED SFA6588E
AND OTHER _____ ON 08.11.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA2583X 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 SFA6588E we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 802.50
2	<u>3</u> days Loss of Rental @ \$ 119.28 per day	\$ 357.84
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 :		\$ 1,167.83

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per day	\$ 240.00
Total Claims:		\$ 1,407.83

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 : SFA6588E
c) GIA / Police report/s of : SHA2583X
d) Letter of authority from owner / hirer / operator
() Witness statement/s () 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.

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

Jim Wong

CDGE Claims Department

Tel : 6214 8374 Fax: 6214 1843 Email : jimwong@cdge.com.sg

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



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/EQI18020413/K1pb3

11 March 2019

PANG KAM YOON @ CHIN KAM YOON
305 BUKIT BATOK STREET 31
#11-73
Singapore 650305

Dear Sir/Madam,

ACCIDENT INVOLVING SFA 6588E AND SHA 2583X ON 08/11/2018

We refer to the above accident where we are acting for EQ INSURANCE COMPANY LIMITED 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 note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

CECILIA CHONG
Case Handler
DID: 6749 4274
FAX: 6741 4108
EMAIL: cs-a@lkkauto.com

c.c. **EQ INSURANCE COMPANY LIMITED**
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING 1 40 SHA2583X , SFA6588E
ALONG AYE(TUAS) BF CLEMENTI EXIT

ON 08-Nov-18 08:00

I / We **YEOW MENG HUAT** (Hirer) NRIC No.: **S6911078I**

and/or (Relief) NRIC No.:

Taxi Number **SHA2583X**

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 **08-Nov-2018**Name of Hirer **YEOW MENG HUAT**Hirer NRIC **S6911078I**

Signature :

Address **529 BEDOK NORTH STREET 3 #11-5...**
460529Contact No. **93669132**

TAX INVOICE

8010325

EQ INSURANCE COMPANY LIMITED

5 MAXWELL ROAD TOWER BLOCK #17-00
SINGAPORE 069110

CONTACT NO: 62239433

VEHICLE NO
SHA2583X

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
15.01.2015

CHASSIS CODE
KMHLB41UMFU062695

NO/DATE
91407425 13.11.2018

JOB NO.
305236457

ODOMETER READING

JOB TYPE

Description : 3P 08.11.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	750.00
Add GST @ 7.000 %	52.50
Total Invoice amount	802.50

Issued by : CHEWBEELENG 13.11.2018 15:10:56
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND RAISE WITHIN 5 DAYS FROM SUCH DELIVERY OR NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAILY BASIS IN EXCESS OF ANY AMOUNT PAID AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE FULL DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE FOR PERIOD OF DEFAULT).
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.

Our Ref: CT18110217

Date: 13 November 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	08/11/2018 @ 08:00 hrs
ALONG	AYE(TUAS) BF CLEMENTI EXIT
INVOLVING	SFA6588E

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 **SHA2583X** (the "Taxi"). The Taxi was hired to **YEOW MENG HUAT IC NO S6911078I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$119.28** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte Ltd** on a third party basis at the material time of the accident.

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

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

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

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

MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO					FROM	TO
7385	237	18.33	02.25	05/11/18	Zainul	669581	271	18.43	03.33
2651	265	06.05	17.35	6-11-18	Yasow	669787	205	09.45	17.30
1877	226	18.12	02.30	06/11/18	Zainul	669947	160	18.42	23.45
3177	300	06.05	17.35	11	TAXI	BRKAK-	DOWN	-	-
3385	208	18.22	01.30	6-11-18	Workshop	-	-	23.05	-
1637	251	06.10	17.50	7-11-18	-	-	-	-	10.55
3953	316	19.35	04.50	7-11-18	Yasow	670116	157	10.55	17.35
2217	263	08.45	19.45	07/11/18	Zainul	670310	194	18.22	01.05
4	-	09.25	-	8-11-18	Yasow	670461	150	06.20	11.45
3310	67	-	13.45	8/11	Accident repair	-	57	11.55	-
		13.45	17.50	10/11	-	W	107	-	12.20

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SFA6588E	08 Nov 2018 / 08:00:00	Successful	E04	EQ INSURANCE COMPANY LTD

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

SFA7583X



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

To : M/s EQ INSURANCE COMPANY LTD

Date: 08/04/2019

THIRD PARTY DIRECT SETTLEMENT

Vehicle No.	SFA 6588E (Insd Veh)	Your Ref. No. : DMPPHQ18-001164
	SHA 2583X (TP Veh)	Our Ref. No. : CC3/EQI18020413/K1pb3q2
Date of Accident	8/11/2018	

Liability	100%	
Final Repair Cost	: \$ 802.50	
Loss of Income	: \$ 125.00	2.5 days
Rental (If any)	: \$ 298.20	2.5 days
Others:	: \$ 7.49	
	: \$	
	1,233.19	
Final Settlement Sum	: \$ 1,230.00	GLOBAL SUM
Remarks	:	

Payment Instruction: Payee's Breakdown

1)	COMFORTDELGRO ENGINEERING PTE LTD	: \$ 1,230.00
		: \$

JOANNE LEE
LKK Auto Consultants Pte Ltd

**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				
EQ INSURANCE COMPANY LTD			Ref : CC3/EQ18020413/K1pb3q2	
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110			Date : 08-04-2019	
			Code : EQ1	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SFA 6588E	Veh. Inspected	SHA 2583X	
Policy No.	DMPPHQ18-001164	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	09/11/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KMHLB41UMFU062695	Colour	BLUE	
Odometer	670461	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 REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	08/11/2018	Inspection Date	09/11/2018	
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. SHA 2583X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-115.00	-115.00
			460.00	460.00
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			810.00	430.00
GRAND TOTAL			1,320.00	940.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				750.00

Report Ref.No. CC3/EQ18020413/K1pb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

Joanne Lee (LKK Auto)

From: Joanne Lee (LKK Auto) <report@lkkauto.com>
Sent: Tuesday, 16 April 2019 12:07 PM
To: 'eqiprs@eqinsurance.com.sg'
Subject: TP Direct Settlement - Accident Involving SFA 6588E (OI) and SHA 2583X (TP) on 08/11/2018
Attachments: LKK REPORT & PHOTO.pdf; TP DS SUPPORTING DOCUMENT.pdf

Dear Sir/Madam,

Please be informed that the above-mentioned case had been settled.

Enclose herewith final report & relevant documents for your necessary action please.

Thank you.

Best Regards,

JOANNE | Reports

LKK Auto Consultants Pte.Ltd.

Phone: 6256-3561 Ext.111 Fax: 6741-4108 email: report@lkkauto.com

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