

INSURANCE

INS. CASE OWNER:

CC 1413, FLJWY
EQI1802

LKK

IDAC

Surveyor:

Falvin

DOI:

ASSIGNMENT

26/11/18

Date / Time:

26/11/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBC 5724T

Name of Insured:

SH LINDSEY & LINDSEY

Insured Tel No.:

HP:

26/11/18

Excess Sec II :SS

D.O.A:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

LINDSEY LINDSEY KURT

Driver Tel No.:

(V/L-YES / NO)

Claim No.:

Policy No.:

Make / Model:

MITSUBISHI

Place of Accident:

BROOK RD

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

Insured Liability:

%

Final ? Yes / No

SHL 89515



INSRS:

WSP:

Tel:

Liability:

RMKS:

WBE
UB



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

26/11/18
22/11

SHL 89515 - 23/11/18 20/11/18 11/11/18
GBC 5724T

11-1-19 @

938 w/ Evelyn, Manager
not in. leave her msg
& to inform hr George
by email.

STAGE	DATE / PIC	
Non-Reporting Itr (1st):		
Non-Reporting Itr (2nd):		
Non-Reporting Itr (Final):		
Notification Itr (if non-pickup):		
Call OI:	20/11/18	
After call Itr to OI:		
Documentation Check List:	Handler	Typist
Notification Itr (if non-pickup):	<input checked="" type="checkbox"/>	<input type="checkbox"/>
After call Itr to OI:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Final Repair Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Car Rental Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Towing Invoice:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LTA / GIA :	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PIR:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Mandate/Reject Instruction:	<input checked="" type="checkbox"/>	<input type="checkbox"/>
LOD	<input type="checkbox"/>	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>
Others:	<input type="checkbox"/>	<input type="checkbox"/>

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

days Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

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

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

SS

1,019.71

Loss of Rental (LOR):

SS

536.76

4-5 days

119.28

TP VIDEO

Loss of Use (LOU):

SS

15

8 days

Loss of Income (LOI):

SS

325

50 x 4 days

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

7.49

Medical

SS

Disbursement:

SS

(e.g. Tow/Independent)

Legal Cost

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

1,789.94

Global Sum SS:

1,789

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

1,789

Name 1:

CONFIDENTIAL & EXCLUDED FROM FILE LID

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

010
11/11
010

Surveyor: Kalvin

REF: _____

ASSIGNMENT

From _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

at _____

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

Est. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

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

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC89515 Yr Regn: 14 Apr 2016

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

Truck / Trailer or

Make: Hu Dai IR S.C. 1685

Colour: Blue A/C: Insu 6 / Std / NI / NA

Sp. Reading: 3 / 2014 T/Radio: Insu 0 / Std / NI / NA

Eng/No: _____

C/No: 1CMHLB414M64087152

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inord 6 / Jammed / Leaked / Burnt or

Brake: Inord 6 / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Hankook

Front _____ Rear _____

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 22/4/8 D.O.I: 26/4/8

Survey held at: CDGE (Loyang)

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

O/S Fmt

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

Date / Time	Action / Instruction
	22-11-18 T IN/L EQ
	23 FQ PIP
P/P \$953.04	24 S (3)
	25 S (2)
	26 DCI M (1)
	27 OUF - 11am (3)
	28 X
	R (\$520/35%)

DeclTime, File Pass to? ☐ : Prel. Report

1) ☐ : Final Report

DeclTime, File Return to?

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

S + 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

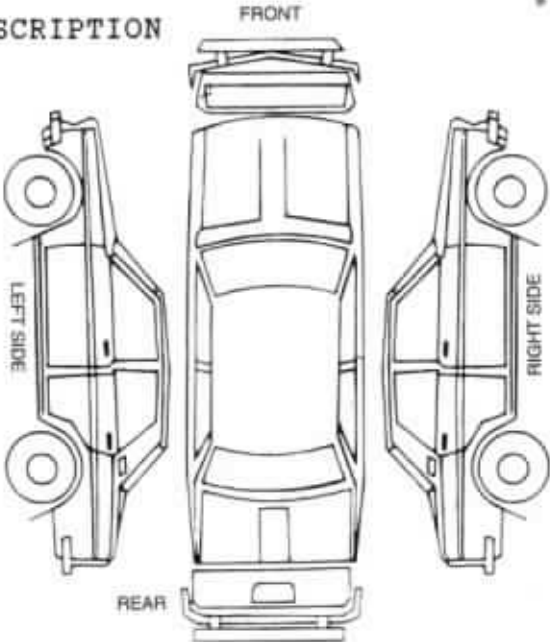
Affiliated to Federation Internationale Des Experts En Automobile				
EQ INSURANCE COMPANY LTD		Ref : CC3/EQ18021413/K1jb3		
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Date : 27-11-2018		
		Code : EQI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBC 5324T	Veh. Inspected	SHC 8951S	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	27/11/2018	
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	22/11/2018	Inspection Date	26/11/2018	
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.				

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order: 3875873	JC NO.: 305242436
TOMER	MS COMFORT TRANSPORTATION PTE LTD 7010045 TOMER NO. 383 SIN MING DRIVE RESS Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO.: SHC8951S MAKE: HYUNDAI MODEL I-40 YR OF MANU 14.04.2016 CHASSIS CODE KMHLB41UMGU087652	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 22.11.2018 12:20 TARGET DATE COMPLETION DATE/TIME	
COUNT CARD NO.				

Accident Date: 22.11.2018
NATURE: 3P 22.11.18/B

JOB DESCRIPTION

EQ

S/NO	LABOR CODE	DESCRIPTION
		

CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SHC8951S		Vehicle No.: SHC8951S	
Signature/Date		Date	
Name of Service Advisor		To be kept by Security Guard	



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

31 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/EQI18021413/K1jb3

Date: 27.11.2018

The Motor Claims Department
M/s EQ INSURANCE COMPANY LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHC8951S

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 26.11.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	1,473.76
Revised Estimate Amount	: S\$	953.04
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
O/S Front portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

REPAIR ESTIMATE*

VEHICLE NO : SHC 8951S

DATE 24/11/2018 9:15

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (RH) ✓			\$ 566.30
	Front Fender Shield (RH) ✕			\$ 175.90
	Frt Windscreen Pillar Upper Cover ✕			\$ 225.00
	SUB TOTAL			\$ 967.20
	LESS 20%			\$ 193.44
	DISCOUNTED TOTAL			\$ 773.76
	Front Fender Advertisement Logo (RH) ✓			\$ 100.00
				\$ 100.00
	Labour Charge			200
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
				200
	TOTAL LABOUR			\$ 600.00
	ESTIMATE TOTAL			\$ 1,473.76
	<p>Calin 10/11/18</p> <p>26/11/18 1005h</p> <p>2071</p> <p>PIP</p> <p>Before Part phd</p>			
<div> <p>LKK Auto Consultants hereby notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To reservey before repair work is carried out • To display damaged parts during reservey • Parts prices are set out on quotation • Third party survey is only on "regulated" basis • No illegal work to be carried out • Supplementary work must be reservey and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p> </div>				
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.				

F2

Nett

Our Job Ref No : 305242436

Date : 29.11.2018

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Layang Drive Singapore 508869
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No : SHC8951S

Date of Accident : 22.11.2018

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

1. The repair job shall bill to: EQ — GBC5324T
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$453.04
 - (b) Labour Charges \$500.00
 - Total for Part-By-Part Repair Cost \$953.04
 - (c) Lumpsum Repair (if applicable)
 - Total for Lumpsum repair cost after Less: 20% \$0.00
 - Final Lumpsum Repair cost \$0.00

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 : 

Signature : 

Name : FAUZY BIN MDKHTAR

Name : Kalvin

Tel : 62148319

Date : 30/11/18

Fax : 65468156

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	7.48			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 29.11.2018

REPAIR ESTIMATE

Time: 19:27:30

Page: 1

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

JOB NO : 305242436
REGN NO : SHC8951S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 14.04.2016
DATE/TIME IN : 22.11.2018 12:20
ACCIDENT DATE : 22.11.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0573-A 140VC PANEL-FENDER RH+ 1 566.30 20.00 453.04

SUB-TOTAL : 453.04

JOB NATURE

0000 20-05 RENEW FRONT ADVERTISEMENT RH 100.00

0001 L PANEL BEATING 200.00

0002 L SPRAY PAINTING CHARGE 200.00

SUB-TOTAL : 500.00

TOTAL : 953.04

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

F2

DEL : HYUNDAI i40

EQ
RIGHT FRONT

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (RH) — <i>Part</i>			\$ 566.30
	Front Fender Shield (RH) x <i>me</i>			\$ 175.90
	Frt Windscreen Pillar Upper Cover x <i>me</i>			\$ 225.00
	SUB TOTAL			\$ 967.20
	LESS 20%			\$ 193.44
	DISCOUNTED TOTAL			\$ 773.76
	Front Fender Advertisement Logo (RH) — <i>me</i>			\$ 100.00 Nett
				\$ 100.00
	Labour Charge			200
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
				200
	TOTAL LABOUR			\$ 600.00
	ESTIMATE TOTAL			\$ 1,473.76

Call 1000

26/11/18 10.55

2 by,

P/P

Before Part photo

LKK Auto Consultants hence notify the Repairer of the following:

- To reserve before starting any repair
- To display damaged parts during recovery
- Prices are subject to change
- No legal responsibility for any "Guaranteed" work
- Supplementary work may be required and is subject to final approval from the 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.

Our Ref : T 1118 / SHC8951S / JW(st)
Your ref : _____
Date : 07-Dec-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 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 198001001

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 605286

Ubi
320 Ubi Road 3
Singapore 408549

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 SHC8951S YOUR INSURED GBC5324T
AND OTHER _____ ON 22.11.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC8951S 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 GBC5324T we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,019.75
2	<u>6</u> days Loss of Rental @ \$ 119.28 per day	\$ 715.68
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 :		\$ 1,742.92

HIRER'S CLAIM

7	<u>6</u> days Loss of Income @ \$ 80.00 per day	\$ 480.00
Total Claims:		\$ 2,222.92

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

- a) Original repair bill and photocopies of photographs : 6 pcs.
b) LTA search slip/s of : GBC5324T
c) GIA / Police report/s of : SHC8951S
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.

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Friday, 11 January 2019 9:42 AM
To: 'george.kwok@smlaundry.com.sg'
Cc: Admin A
Subject: ACCIDENT INVOLVING GBC 5327T AND SHC 8951S ON 22/11/2018

Our ref: CC3/EQI18021413/K1jb3

SM LAUNDRY & LINEN PTE LTD

Policy Holder

Dear Sir/Madam,

ACCIDENT INVOLVING GBC 5327T AND SHC 8951S ON 22/11/2018

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

Best Regards,

Joy Irene | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6841-2409 | email: joyirene@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
ALONGI 40 SHC8951S , GBC5324T
BROOKE ROAD

ON 22-Nov-18 11:40

I / We

LIM HOW YIN

(Hirer) NRIC No.:

S1227484Z

and/or

(Relief) NRIC No.:

Taxi Number

SHC8951S

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

22-Nov-2018

Name of Hirer

LIM HOW YIN

Hirer NRIC

S1227484Z

Signature :



Address

547A SEGAR ROAD #17-83
671547

Contact No.

90045432

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010325

EO INSURANCE COMPANY LIMITED

5 MAXWELL ROAD TOWER BLOCK #17-00
SINGAPORE SG 069110

CONTACT NO: 62239433

VEHICLE NO
SHC89518

MAKE
HYUNDAI

MODEL
T-40

DATE OF RMC:
14.04.2016

CHASSIS CODE
RMHT.B41UMGU087652

INV. NO/DATE
91411251 30.11.2018

JOB NO.
305242436

ODOMETER READING

DATE/TIME IN
22.11.2018 12:20

Description : 3P 22.11.18

S/No	Part No.
------	----------

Qty	Unit Price	%Disc	Net
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PART REQUISITION

0001	04-01-0103-0573	140VC PANEL-FRONTDR RH+	1	566.30	20.00	453.04
------	-----------------	-------------------------	---	--------	-------	--------

SUB-TOTAL	:	453.04
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JOB NATURE

0001	20-05	RENEW FRONT ADVERTISEMENT RH	100.00	100.00
------	-------	------------------------------	--------	--------

0002	I.	PANKR. SEATING	200.00	200.00
------	----	----------------	--------	--------

0003	L	SPRAY PAINTING CHARGE	200.00	200.00
------	---	-----------------------	--------	--------

SUB-TOTAL	:	500.00
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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.
8010325	91411251	1,019.75	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010325

BO INSURANCE COMPANY LIMITED

5 MAXWELL ROAD TOWER BLOCK #17-00
SINGAPORE SG 069110

CONTACT NO: 62239433

VEHICLE NO
SHC8951S

MAK
HYUNDAI

MODEL
T-40

DATE OF RRG
14.04.2016

CHASSIS CODE
KMHLR41LMGU087652

INV. NO/DATE
9141251 30.11.2018

JOB NO.
305242436

ODOMETER READING _____

DATE/TIME IN
22.11.2018 12:20

Items total		953.04
Add GST @	7.000 %	66.71
Invoice amount		1,019.75

Issued by : KATHERINKIAN 30.11.2018 14:37:38
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 No.
8010325	91411251	1,019.75	

Our Ref: CT18110699

Date: 30 November 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 22/11/2018 @ 11:40 hrs
ALONG BROOKE ROAD
INVOLVING GBC5324T

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 **SHC8951S** (the "Taxi"). The Taxi was hired to **LIM HOW YIN IC NO S1227484Z** 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 **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.

READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		NAME OF DRIVER	MILEAGE READING					HOURS OPERATED (TIME)	
		FROM	TO							FROM	TO
775	272.5	1515	0422	19/11	6	31	09	58		0705	1525
003	227.7	0455	1450	19/11	3	11	14	7		1715	0200
173	170.2	1555	0015	20/11	8	31	13	54		0510	1440
361	187.1	0615	1519	20/11	3	11	58	5		1612	0155
552	109.7	1600	0030	21/11	14	31	11	81	6	0505	1432
709	150.0	0510	1513	22/11	6	31	20	14		0500	1335
20	220.6	1605	0153	22/11/18	Accident Fly Jure					1220	—
147	226.8	0530	1445	27/11/18	Repair					—	1100
411	263.8	1605	0230								
636	223.0	0800	1735								
818	182	0500	1400								

SHC 8951S

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBC5324T	22 Nov 2018 / 11:40:00	Successful	E04	EQ INSURANCE COMPANY LTD

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

Sec 89(1)



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: 18/01/2019

THIRD PARTY DIRECT SETTLEMENT

Vehicle No.	GBC 5324T (Insd Veh)	Your Ref. No. :
	SHC 8951S (TP Veh)	Our Ref. No. : CC3/EQI18021413/K1jb3q2
Date of Accident	22/11/2018	

Liability	100%	
Final Repair Cost	: \$ 1,019.75	
Loss of Income	: \$ 225.00	4.5 days
Rental (If any)	: \$ 536.75	4.5 days
Others:	: \$ 7.49	
	: \$	
	1,789.99	
Final Settlement Sum	: \$ 1,789.00	GLOBAL SUM
Remarks	:	

Payment Instruction: Payee's Breakdown		
1)	COMFORTDELGRO ENGINEERING PTE LTD	: \$ 1,789.00
		: \$

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/EQ18021413/K1jb3q2	
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Date : 18-01-2019	
		Code : EQI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBC 5324T	Veh. Inspected	SHC 8951S
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	26/11/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087652	Colour	BLUE
Odometer	312014	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	22/11/2018	Inspection Date	26/11/2018
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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8951S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT FENDER (RH)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	175.90	-
1	FRT WINDSCREEN PILLAR UPPER COVER	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-193.44	-113.26
			773.76	453.04
<u>SPECIAL NETT ITEMS</u>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
<u>LABOUR</u>				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
			600.00	400.00
GRAND TOTAL			1,473.76	953.04

RECOMMENDED COST OF REPAIRS			953.04
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Report Ref No. CC3/EQ118021413/K1jb3q2

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: Friday, 18 January 2019 3:50 PM
To: 'eqiprs@eqinsurance.com.sg'
Subject: TP Direct Settlement - Accident Involving GBC 5324T (OI) and SHC 8951S (TP) on 22/11/2018
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