

Joy Irene (LKKAuto)

From: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Sent: Tuesday, 4 December 2018 4:57 PM
To: Joy Irene (LKKAuto); CS A Team; Admin A
Cc: Catherine Thia; Alfred Toh; Chee So Chow; Hsiao Tong (LKKAuto); KKLau
Subject: RE: Direct Settlement - Accident Involving GBA889Z (OI: SNM18D00758C02/9) AND SHC831H (TP : LKK REF - CC3/CTI18002240/K1ja3) on 01.02.2018

LKK REF - CC3/CTI18002240/K1ja3
CTI REF - SNM18D00758C02/9 (GBA889Z)

Dear Joy Irene

We refer to the above matter.

Please proceed to resolve the property damage claim at \$3,557.49.

We await your payment advice to enable Catherine to act accordingly.

Best Regards

Alfred Toh
Senior Executive
Claims Department
China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: +65 6389 6183
FAX: +65 6224 7478/6224 7175
Email: claimsdept@sg.cntaiping.com
alfred.toh@sg.cntaiping.com
www.sg.cntaiping.com



Disclaimer :

This message is confidential; its contents do not constitute a commitment by China Taiping Insurance (Singapore) Pte. Ltd. except where provided for in a written agreement between you and China Taiping Insurance (Singapore) Pte. Ltd. Any unauthorized disclosure, use or dissemination, either in whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.

From: Joy Irene (LKKAuto) [mailto:JoyIrene@lkkauto.com]
Sent: Tuesday, December 04, 2018 2:41 PM
To: Chee So Chow <sochow.chee@sg.cntaiping.com>
Cc: Admin A <admin-a@lkkauto.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>; Catherine Thia <catherine.thia@sg.cntaiping.com>; CS A Team <cs-a@lkkauto.com>
Subject: RE: Direct Settlement - Accident Involving GBA889Z (OI: SNM18D00758C02/9) AND SHC831H (TP : LKK REF - CC3/CTI18002240/K1ja3) on 01.02.2018

COMFORTDELGRO ENGINEERING

Our Ref : CC18020010 / SHC 831H/WT(st)
Your Ref : _____
Date : 12-Feb-18

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6250 9755

www.cdge.com.sg

Company Registration No: 199508048W

CHINA INSURANCE CO LTD
3 ANSON ROAD
#16-00 SPRINGLEAF TOWER
SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC 831H YOUR INSURED GBA 889Z
AND OTHER _____ ON 01.02.18

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No :
SHC 831H 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 : GBA 889Z
we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

- 1 Cost of Repair
- 2 5 days Loss of Rental @ \$ 167.80 per day
- 3 Survey Report Fees (Surveyed by M/s LKK)
- 4 LTA Search Fees
- 5 GIA / Police Report Fees
- 6 Towing / Medical / Transportation Fees

\$ 2,461.00

\$ 839.00

\$ -

\$ 7.49

\$ -

\$ -

Sub Total : \$ 3,307.49

HIRER'S CLAIM

- 7 5 days Loss of Income @ \$ 80.00 per days

\$ 400.00

Total Claims : \$ 3,707.49

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

- a) Original repair bill and photostat photographs : 4 pcs.
- b) LTA search slip/s of : GBA 889Z
- c) GIA / Police report/s of : SHC 831H
- d) Letter of authority from owner / hirer / operator
- () Photocopies of Accident Scene Photos () Certificate of Insurance
- () Witness statement/s (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

William Tan

Deputy Manager

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email : williamtan@cdge.com.sg

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

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Tuesday, 11 December 2018 5:39 PM
To: 'kwongann.alum@gmail.com'
Cc: Admin A
Subject: ACCIDENT INVOLVING GBA 889Z AND SHC 831H ON 01/02/2018

Our ref: CC3/CTI18002240/K1ja3s2

KWONG ANN ALUMINUM PTE LTD

Policy Holder

Dear Sir/Madam,

ACCIDENT INVOLVING GBA 889Z AND SHC 831H ON 01/02/2018

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.

Please call us if you have further queries.

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)

All contents of this email is intended strictly for the addressee(s) only. It may contain confidential and/or privileged information. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this email. Any unauthorized copying, disclosure or distribution of the material in this email is strictly forbidden.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG**

MERCEDES E220 SHC831H , GBA 889Z

ON 01-Feb-18 11:20

DRIVEWAY IN FRONT SUGEI KADUT FOOD CENTRE AT SUNGEI KADUT ST 1

I / We

SIA LEONG SENG

(Hirer) NRIC No.: **S7532013B**

and/or

(Relief) NRIC No.:

Taxi Number

SHC831H

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

01-Feb-2018

Name of Hirer

SIA LEONG SENG

Hirer NRIC

S7532013B

Signature :



Address

**37 BEDOK SOUTH AVENUE 2 #03-453
460037**

Contact No.

98552133

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3021921700
Claimant : CITYCAB PTE LTD

Claim No : SNM18D00758C02

Amount : S\$3,377.00
SINGAPORE DOLLARS THREE THOUSAND THREE HUNDRED SEVENTY SEVEN 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 831H
Insured Vehicle No. : GBA 889Z
Date of Loss : 01/02/2018
Place of Accident : DRIVEWAY SUNGAI KADUT FOOD CENTRAL

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 : KWONG ANN ALUMINUM PTE LTD
Driver Name : KWONG ANN ALUMINUM PTE LTD

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 S\$ 3,377.00

TOTAL S\$ 3,377.00

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LORONG DRIVE
SINGAPORE 508966

Claimant Name : _____ NRIC No : _____

Signature :  Date : 11/12/18

The contents of this document apply to vehicle damages only.
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document.

Please forward your claims made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO(S) PTE L
SPRINGLEAP TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHC 831H

INV. NO/DATE
91356166 07.02.2018

MAKE
MERCEDES BENZ

JOB NO.
305112748

MODEL
K220CDI (K5)

ODIOMETER READING

DATE OF REG
25.07.2013

CHASSIS CODE
WDD2120022A757683

JOB TYPE

Description : 3P 01.02.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,300.00
Add GST @ 7.000 %	161.00
Total Invoice amount	2,461.00

Issued by : KATHERINE TAN 07.02.2018 14:26:56
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

Our Ref: CC18020010



Date: 07 February 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	01/02/2018 @ 11:20 hrs
ALONG	DRIVEWAY SUGEI KADUT FOOD CTRL AT SUNGEI
	KADUT ST 1
INVOLVING	GBA 889Z

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 **SHC0831H** (the "Taxi"). The Taxi was hired to **SIA LEONG SENG IC NO S7532013B** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$167.80** 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.



No. 289846

RATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
TO						FROM	TO
		01.02.18	SIA	763914	121	0700	14-11
		01.02.18	Accident.				
		05.02.18	Accident	14	124	1235	-
			Repair			1215	

Enquire Vehicle Insurer**Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name**

GBA889Z 01 Feb 2018 / 11:20:00 Successful C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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

SNC831H