

INS. CASE OWNER: Don S. 87CC 3 / CT1 1802081, KPA3 4LKK:
IDAC:Surveyor: AmkDOI: 12/12/18Date / Time: 12/12/18Registered in Merimen: 1

Pre-assign / CCU / FTE

GBJ 241 4

Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :S5

D.O.A:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No

SHA 9150 R

INSRS:

WSP:

Tel:

Liability:

RMKS:

one car

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

16/1
cpu

SHA 9150 R - call 1800 887 111397, 10/11/18
- call 1800 887 111397, 10/11/18
10/11/18, x
need other footage! as information he have address.
to review liability

18/01/18 (called and company confirmed accident - did reversed and hit
to, then to claim address to settle.

* NO claim NO. breakdown? COR.

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 18/01/18

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr 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:

19/12/18Amk

FINALIZATION

Date/Time:

Confirm with:

Confirm by: Amk

Repair Cost:

P/P \$5,194.68

(2 days)

Reduction:

10 %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:

\$5,194.68DID REVERSED HIT TP.

Loss of Rental (LOR):

\$5,345.00

(3 days)

x = 15

Loss of Use (LOU):

\$5 -

(\$

x days)

Loss of Income (LOI):

\$5,150.00

(\$50

x 3 days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search:

\$5,146

Medical:

\$5 -

Disbursement:

\$5 -

(e.g. Tow/ Independent)

Legal Cost:

\$5 -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

940

Total:

\$5,194.68Global Sum \$5: 1,920.40

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☒Call ☐

Payee 1:

\$5,194.68

Name 1:

COMPTON ENGINEERING PTE CO

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

Surveor: Kelvin

REF.

ASSIGNMENT

From _____ Date: _____

Estimate of cost:

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

2. Insured Vehicle No. _____

el Workshop mls

11

Insured: _____

Policy No. _____

Plains, N.Y.

Sum Insured: £500,000.00

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	C/S

Sal. or Market Value	Cost	Gain or (Loss)

IOAC Accident Report:	Consistent? : Yes or No
-----------------------	-------------------------

GIA / PR Seen: Consistent? : Yes or No

Est. Repair:	1	days	Res.: Yes or No
--------------	---	------	-----------------

Turn Score:	1.02 %	3 Val: Yes or No
-------------	--------	------------------

CA / REV / REP / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
-------------	----------------------

PIP: 91,319.68 (PED: 91,216.96 48%)

CTI
P'P

Date/Time, File Path (s)

☐: Prel. Report

1)

OsaiTime, File Return to?

☐ : Final Report

22

Report Format:

Lump Sum / (1.01)¹⁵

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ; Site Insp (\$

Interview (\$

Tech. invs (\$

☐ Weekend (S

Survey Fee:

Transportation:

5 + 25	31
--------	----

Photos

☐ Other

TOTAL



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: TBA
Our ref: CC3/CTI18022681/K1fa3

Date: 19.12.2018

The Motor Claims Department
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHA 9150R

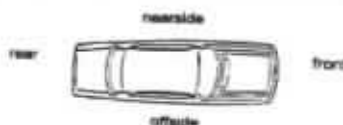
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 17/12/2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd (Loyang) and have the following to report:-

Workshop Estimate Amount	: S\$	2,536.64
Revised Estimate Amount	: S\$	1,319.68
"Check" Items Amount	: S\$	-
Total (Including Check Items)	: S\$	1,319.68
Market Value	: S\$	- (est.)
LTA Reimbursement Value	: S\$	- (est.)
Nett Value	: S\$	- (est.)

Description of Damage:

The vehicle sustained damages at the
Front Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2.0 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 9150R

DATE 17/12/2018 14:58

MAKE :

MODEL : HYUNDAI i40

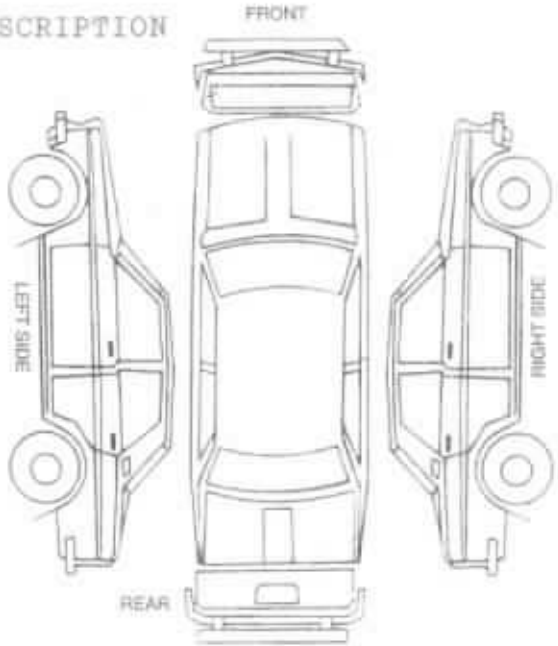
Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille <i>con</i>			\$ 1,110.10
	Radiator Grille H Emblem <i>con</i>			\$ 39.50
	Front Bumper Cover <i>X ppr</i>			\$ 1,052.20
	Front Bumper Bracket Top (LH/RH) <i>X su</i>		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH) <i>X su</i>		\$ 24.60	\$ 49.20
	SUB TOTAL			\$ 2,295.80
	LESS 20%			\$ 459.16
	DISCOUNTED TOTAL			\$ 1,836.64
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
				200
	TOTAL LABOUR			\$ 700.00
	ESTIMATE TOTAL			\$ 2,536.64
<p><i>Kahin (UKK)</i></p> <p><i>17/12/18 1530h</i></p> <p><i>2h,</i></p> <p><i>P/P</i></p> <p><i>Atta Repair plot</i></p>				
<p>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.</p>				

Team: ARC Repair TP(CFSO)1	JOB CARD	Sales Order:	JC NO: 305251615
Customer: CITYCAB PTE LTD	REGN NO: SHA9150R	MILEAGE	
MS: 7010070	MAKE: HYUNDAI	FUEL	E 1/2 F
Customer NO: 383 SIN MING DRIVE	MODEL: I-40	DATE/TIME IN	16.12.2018 12:30
Address: Singapore SINGAPORE 575717	YR OF MANU: 08.12.2016	TARGET DATE	
Phone: 65551188	CHASSIS CODE: KMHLB41UMHU097185	COMPLETION DATE/TIME	
(R) (P)			
COUNT CARD NO.			

CHINA

JOB DESCRIPTION

Accident Date: 16.12.2018
NATURE: 3P 16.12.2018

S/NO	LABOR CODE	DESCRIPTION
		

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
-----------------	----------------------

Acknowledgement Slip

Vehicle No.: SHA9150R CHIANG

Exit Pass

Vehicle No.: SHA9150R

Name of Service Advisor	Signature/Date	Name of Service Advisor	Date
-------------------------	----------------	-------------------------	------

returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE 17/12/2018 14:58

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille ✓			\$ 1,110.10
	Radiator Grille H Emblem ✓			\$ 39.50
	Front Bumper Cover X 144			\$ 1,052.20
	Front Bumper Bracket Top (LH/RH) X		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH) X		\$ 24.60	\$ 49.20
	SUB TOTAL			\$ 2,295.80
	LESS 20%			\$ 459.16
	DISCOUNTED TOTAL			\$ 1,836.64
	Labour Charge			200
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
				200
	TOTAL LABOUR			\$ 700.00
	ESTIMATE TOTAL			\$ 2,536.64
	<p>Kahiri 11/11/18</p> <p>17/12/18 1530h</p> <p>26/12/18</p> <p>P18</p> <p>Alta Repair phd</p>			
	<p>Kiri Auto Consultants hence notify the Repairs of the following:</p> <ul style="list-style-type: none"> To respray before water spray painting To display damaged part(s) during recovery Part prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed Supplementary item(s) must be reviewed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p>			

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.

COMFORTDELGRO ENGINEERING



Our Job Ref No : 305251615
Date : 19/12/18

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA9150R 16/12/2018

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

- The repair job shall bill to: CHINA GBJ241U
 - The finalized amount shall be:
 - Spare Parts after List discount \$919.68
 - Labour Charges \$400.00
 - Total for Part-By-Part Repair Cost \$1,319.68
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____
 - Estimated normal period for repairs: 2 working days.
 - We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
 - Thank you for your assistance. We confirm the estimates and finalized amount
- Signature :  Signature : 
Name : CHIANG Name : KALVIN
Tel : 62148314 Date : 19/12/18
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	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305251615
REGN NO : SHA9150R
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 08.12.2016
DATE/TIME IN : 16.12.2018 12:30
ACCIDENT DATE : 16.12.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2164-A I40V3 GRILLE ASSY-RADIATO 1 1,110.10 20.00 888.08
0002 04-01-0103-2175-G I40V3 SYMBOL MARK-H 1 39.50 20.00 31.60

SUB-TOTAL : 919.68

JOB NATURE

0000 L PANEL BEATING 200.00
0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 1,319.68

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Ref : CC18120461/ SHA9150R /WT(st)

Your Ref :

Date : 20-Dec-18

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 578701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 198504487Y

Workshops

Braddell
205 Braddell Road
Singapore 578701

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
1 Yishun Industrial Park A
Singapore 768732

CHINA TAIPING INSURANCE CO LTD

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Attn : Motor Claims Department

Dear Sir

WITHOUT PREJUDICE

**ACCIDENT INVOLVING OUR TAXI SHA9150R YOUR INSURED GBJ 241U
AND OTHER ON 16.12.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHA9150R 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 : GBJ 241U we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,412.06
2	3 days Loss of Rental @ \$ 115.00 per day	\$ 345.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 1,764.55

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 2,004.55

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

a) Original repair bill and photocopies of photographs :

b) LTA search slip/s of : GBJ 241U

c) GIA / Police report/s of : SHA9150R

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

CDGE Claims Department

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

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

Asher Sng (LKKAuto)

From: Asher Sng (LKKAuto)
Sent: Tuesday, 18 June 2019 12:42 PM
To: NORISAIR@SINGNET.COM.SG
Subject: ACCIDENT INVOLVING GBJ 241U AND SHA 9150R ON 16/12/2018

Our Ref: CC3/CTI18022681/K1ea3

18 JUNE 2019

NORIS ENGINEERING & AIR-CONDISTIONING PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING GBJ 241U AND SHA 9150R ON 16/12/2018

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,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. *China Taiping Insurance (Singapore) Pte Ltd*
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ON 16-Dec-18 09:30

ACCIDENT INVOLVING
ALONGi 40 SHA9150R , GBJ241U
BLOCK 27 JALAN BESAR HDB DRIVE WAY.

I / We

LIM CHOONG KWANG

(Hirer) NRIC No.:

S0556985J

and/or

ONG SEH ENG

(Relief) NRIC No.:

S6912970F

Taxi Number

SHA9150R

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

17-Dec-2018

Name of Hirer
Hirer NRICLIM CHOONG KWANG
S0556985J

Signature :



Address

809 TAMPINES AVENUE 4 #09-163
520809

Contact No.

97246627

Name of Relief
Relief NRICONG SEH ENG
S6912970F

Signature :



Address

860 TAMPINES AVENUE 5 10-635
520960

Contact No.

91918313

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1838921800

Claim No :

Claimant : CITYCAB PTE LTD

Amount : S\$1,900.00

DOLLARS ONE THOUSAND AND NINE HUNDRED 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. : SHA 9150R

Insured Vehicle No. : GBJ 241U

Date of loss : 16/12/2018

Place of Accident : BLOCK 27 JALAN BESAR HDB DRIVE WAY

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 : NORIS ENGINEERING & AIR-CONDITIONING PTE LTD

Driver Name : ONG PANG GHEE

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\$ 1,900.00
TOTAL	S\$ 1,900.00

Claimant Name : CITYCAB PTE LTD

NRIC No :

Signature :

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
85 LORONG CIMA
SINGAPORE 100080

Date :

17.17

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

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

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA9150R

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
08.12.2016

CHASSIS CODE
KMHLB41UMHU097185

INV. NO/DATE
91415254 20.12.2018

JOB NO.
305251615

ODOMETER READING

DATE/TIME IN
16.12.2018 12:30

Description : 3P 16.12.2018

S/No	Part No.	Qty	Unit Price	%Disc	Net
PART REQUISITION					
0001	04-01-0103-2164 I40V3 GRILLE ASSY-RADIATO	1	1,110.10	20.00	888.08
0002	04-01-0103-2175 I40V3 SYMBOL MARK-H	1	39.50	20.00	31.60
SUB-TOTAL		:			919.68

JOB NATURE

0001	L	PANEL BEATING	200.00	200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	200.00	200.00
SUB-TOTAL		:		400.00

ComfortDelGro Engineering Pte Ltd
member of COMFORTDELGRO

Head Office:
05 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ N.
8010012	91415254	1,412.06	

TAX INVOICE

COMPANY REG. NO.: 199506048W

Page: 2

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHA9150R

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
08.12.2016

CHASSIS CODE
KMHLB41UMHU097185

INV. NO/DATE
91415254 20.12.2018

JOB NO.
305251615

ODOMETER READING

DATE/TIME IN
16.12.2018 12:30

Items total		1,319.68
Add GST @	7.000 %	92.38
Invoice amount		1,412.06

Issued by : CHEWBEELING 20.12.2018 10:37:54
Repair type : CFSO/57/57
Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
05 Braddell Road
Singapore 379701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHEQUE N
8010012	91415254	1,412.06	

Our Ref: CC18120461



Date: 20 December 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON
ALONG
INVOLVING

16/12/2018 @ 09:30 hrs
BLOCK 27 JALAN BESAR HDB DRIVE WAY
GBJ241U

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 **SHA9150R** (the "Taxi"). The Taxi was hired to **LIM CHOONG KWANG IC NO S0556985J** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

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

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

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

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

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER
		3	1	7	2	0	FROM	TO		
12-12-18	L.C.K.	3	1	7	4	9	18-40	05-15		
13-12-18	JIM HOCKS	3	1	7	7	1	05-20	16-45		
13-12-18	L.C.K.	3	1	7	9	7	19-10	05-30		
14-12-18	JIM HOCKS	3	1	8	1	9	05-35	15-40		
14-12-18	L.C.K.	3	1	8	4	9	18-30	05-20		
15-12-18	Out	3	1	8	8	0	05-30	17-35		
15-12-18	L.C.K.	3	1	9	1	0	18-45	05-40		
16-12-18	Out	3	1	9	3	8	05-30	12-30		
16-12-18	Accident						12-30	—		
18-12-18	Repair						—	1600		

Enquire Vehicle Insurer

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

G8J241U

16 Dec 2018 / 09:30:00

Successful

C01

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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


SHAG 150R

**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				
CHINA TAIPING INSURANCE (S) PTE LTD			Ref : CC3/CTI18022681/K1ea3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909			Date : 11-07-2019	
			Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBJ 241U	Veh. Inspected	SHA 9150R	
Policy No.	DMCVSN1838921800	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	17/12/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMHU097185	Colour	YELLOW	
Odometer	319382	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 FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	16/12/2018	Inspection Date	17/12/2018	
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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9150R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	RADIATOR GRILLE	CRACKED	1,110.10	1,110.10
1	RADIATOR GRILLE H EMBLEM	NECESSARY	39.50	39.50
1	FRONT BUMPER COVER	TO REPAIR SEE LABOUR	1,052.20	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40	SERVICEABLE	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60	SERVICEABLE	49.20	-
	LESS 20% DISCOUNT		-459.16	-229.92
			1,836.64	919.68
<u>LABOUR</u>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	400.00
GRAND TOTAL			2,536.64	1,319.68
RECOMMENDED COST OF REPAIRS				1,319.68

Report Ref No. CC3/CT118022681/K1ea3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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