

Jia Le (LKK Auto)

From: GERALD POH WEE BIN <geraldpoh@lonpac.com>
Sent: Tuesday, 6 August 2019 11:16 AM
To: Jia Le (LKK Auto)
Cc: MT_Claim_SG
Subject: RE: (SEEK MANDATE) Our Ref: 18/19/19/VP05/021333 [External Confidential]

Lonpac External - Confidential

Dear Jia Le,

Kindly proceed as proposed.

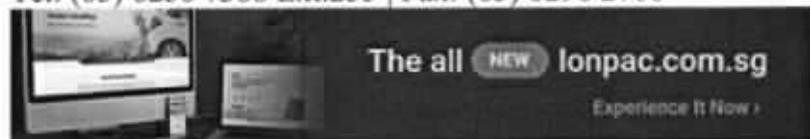
Best Regards

Gerald Poh

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse, Singapore 199555

Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706



Lonpac External - Confidential data is for use by authorised external parties only.

From: Jia Le (LKK Auto) [mailto:JiaLe@lkkauto.com]
Sent: Tuesday, 30 July, 2019 11:52 AM
To: MT_Claim_SG
Cc: GERALD POH WEE BIN
Subject: (SEEK MANDATE) Our Ref: 18/19/19/VP05/021333

Lonpac Ref: **18/19/19/VP05/021333**

LKK Ref: CC4/LPC19001091/T1db3

Dear Sirs/Madam,

We refer to the above matter.

We have highlighted to your good office on 18/01/2019 of Third-Party's request to do Direct Settlement with our Principal, Lonpac Insurance Bhd.

The said chain collision involved 3 vehicles whereby our insured was the second vehicle. In accordance to the MCF guideline for chain collision, we have to settle the front vehicle's claim at 100%.

Summary to offer to third party repairer, "**COMFORTDELGRO ENGINEERING PTE LTD**" is as follows: -

	Claimed Amount	Revised Amount
1. Cost of Repair (w/GST)	\$ 4,243.62	\$ 2,514.50
2. Loss of Rental (3days x \$164.59)	\$ 493.77	\$ 493.77 (3days x \$164.59)
3. Loss of Income (3days x 80)	\$ 240.00	\$ 150.00 (3days x \$50)
4. LTA/ GIA Search Fee	\$ 7.49	\$ 7.49
Total	\$ 4,984.88	\$ 3,165.76

* **02days recommendation for repair + 1PRS = 3days.

Relevant supporting claim documents are attached herewith for your perusal and reference.

The above is for your approval.

Best Regards,

Carlor Chan | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749 5792 | email: Jiale@lkkauto.com | fax: 6741-4108

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

From: GERALD POH WEE BIN <geraldpoh@lonpac.com>

Sent: Friday, 18 January 2019 3:09 PM

To: Shu Pei (LKKAuto) <shupeil@lkkauto.com>

Cc: MT_Claim_SG <mt_claim@lonpac.com>

Subject: RE: Our Ref: 18/19/19/VP05/021333

Dear Shu Pei,

Attached copy of insured's GIA report for your attention

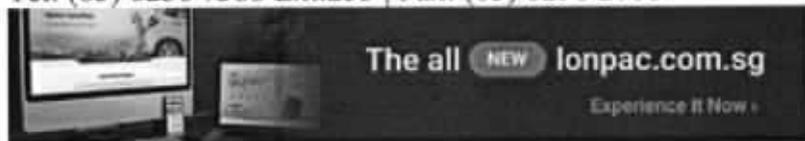
Best Regards

Gerald Poh

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road, #17-04/07 The Concourse, Singapore 199555

Tel: (65) 6250 7388 Ext.255 | Fax: (65) 6296 2706



From: Shu Pei (LKKAuto) [<mailto:shupeil@lkkauto.com>]

Sent: Friday, 18 January, 2019 3:04 PM

To: ONG LI LI

Cc: MT_Claim_SG; Admin A; Poh Kin (LKKAuto)

Subject: RE: Our Ref: 18/19/19/VP05/021333

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SHB 6389J at M/s Comfordelgro Engineering Pte Ltd on a WP basis and TP repairer proposed for a direct settlement.

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

Enclosed for your perusal is:

- Estimated cost of repair
- Preliminary advice

Our case handler in-charge is Poh Kin and he can be contacted at DID: 6841-2132.

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)

From: Admin-D (LKKAuto)

Sent: Wednesday, 16 January 2019 5:19 PM

To: 'ONG LI LI' <llong@lonpac.com>; assignments <assignments@lkkauto.com>

Cc: 'MT_Claim_SG' <mt_claim@lonpac.com>; Admin A <admin-a@lkkauto.com>

Subject: RE: Our Ref: 18/19/19/VP05/021333

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed repairer agreed survey on 17/01/2019.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: ONG LI LI [<mailto:llong@lonpac.com>]

Sent: Wednesday, 16 January 2019 4:43 PM

To: assignments@lkkauto.com; 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>

Cc: MT_Claim_SG <mt_claim@lonpac.com>

Subject: Our Ref: 18/19/19/VP05/021333

Dear Catherine/Nivitha

Please see attached and arrange survey.

Regards,

Ong Li Li

Senior Claims Executive | Lonpac Insurance Bhd

300 Beach Road #17-04/07 The Concourse Singapore 199555

Tel : (65) 6250 7388 Ext. 254 Fax: (65) 6296 2706



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Our Ref : T 0119/ SHB6389J /KS(st)
 Your Ref : _____
 Date : 15-Feb-19

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

ComfortDelGro Engineering Pte Ltd
 205 Braddell Road Singapore 579701

Maritime +65 6383 6280
 Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 198000400R

Lonpac Insurance Bhd
 300 Beach Road
 #17-04 / 07, The Concourse
 Singapore 199555

Attn : Motor Claim Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB6389J YOUR INSURED SKM2117K
 AND OTHER SHA2935P ON 16.01.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHB6389J 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 : SKM2117K we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,514.50
2	<u>3</u> days Loss of Rental @ \$ 164.59 per day	\$ 493.77
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 :		\$ 3,015.76

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims:		\$ 3,255.76

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 : SJN5240Z
- c) GIA / Police report/s of : SHB6389J
- d) Letter of authority from owner / hirer / operator
 - () PIR () 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
Kazali Hj Selafudin
 CDGE Taxi Claims Department
 Tel : 6214 8736 Fax: 6214 1843 Email: kazali@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 758196

Sungei Kadut
 7 Sungei Kadut Wyw
 Singapore 728791

Yishun
 Yishun Industrial Park A
 Singapore 768732

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING ALONG **MERCEDES E220 SHB6389J , SKM2117K , ... ON 16-Jan-19 10:10**
KPE TUNNEL TWDS MCE

I / We **DANIEL LIM LAY THIAM** (Hirer) NRIC No.: **S0027334A**

and/or (Relief) NRIC No.:

Taxi Number **SHB6389J**

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 **16-Jan-2019**

Name of Hirer **DANIEL LIM LAY THIAM**

Hirer NRIC **S0027334A**

Signature :



Address **433 HOUGANG AVENUE 8 #07-922**
530433

Contact No. **96695129**



LONPAC INSURANCE BHD

CLAIM NO : 18/19/19/VP05/021333

DATE : 15 AUGUST 2019

DISCHARGE VOUCHER

I/We, COMFORT TRANSPORTATION PTE LTD confirmed acceptance from **M/s LONPAC INSURANCE BHD** and/or owner of SKM 2117K the sum of Singapore Dollar Three Thousand One Hundred Sixty-Five and Cents Seventy-Six Only (\$3,165.76) in full and final satisfaction, liquidation and discharge of all property losses competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of all property losses sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident involving SHB 6389J and SKM 2117K on 16 January 2019 along KPE TUNNEL TWDS MCE.

I /We hereby agree to indemnify and keep indemnify (**LONPAC INSURANCE BHD AND/OR GOH SIEW ENG CAROLYN**) against all claims and any claims whatsoever made by any person/persons on our behalf in respect of the said accident.

I/We further authorize you to pay the above settlement sum directly to **COMFORTDELGRO ENGINEERING PTE LTD.**

I/We hereby acknowledged that this payment is made on a without admission of liability basis and without prejudice to all related claims and in respect of our insured's recovery action.


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
88 LOYANG DRIVE
SINGAPORE 538983
15/08/19

Signature of vehicle owner/Date

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
88 LOYANG DRIVE
SINGAPORE 538983

Name of vehicle owner /Date

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

8010042

LONPAC INSURANCE BERHAD
 THE CONCOURSE

300 BEACH ROAD #17-04/07
 SINGAPORE 199555

CONTACT NO: 62507388

VEHICLE NO
 SHR6389J

NO/DATE
 91426017 13.02.2019

MAKE
 MERCEDES BENZ

JOB NO.
 305260705

MODEL
 K220C01 (R5)

DIAGNOSTIC READING

DATE OF REG
 20.03.2014

CHASSIS CODE
 WDD2120022A760829

JOB TYPE

Description : 3P 16.01.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		2,350.00
Add GST @ 7.000 %		164.50
Total Invoice amount		2,514.50

Issued by : KATHERINKTAN 13.02.2019 16:00:32
 Repair type : CISO/57/57
 Payment type/Term : /Credit 30 days

1) WHILE TAKING ALL REASONABLE PRECAUTIONS, WE CANNOT BE HELD RESPONSIBLE FOR ANY ACCIDENTAL DAMAGE TO THE CUSTOMER'S PROPERTY OR RESPONSIBILITY FOR CARE OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND WE WILL BE HELD LIABLE THROUGH AND POSTED OWNERS' RISK.

2) CUSTOMERS SHALL ACCEPT THEIR VEHICLES INDIVIDUALLY WITH DELIVERY AND SHALL BE RESPONSIBLE FOR THE SECURITY OF THE VEHICLES AND NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3) INTEREST OF 1% PER MONTH SHALL BE CHARGED ON A ONE TO ONE BASIS IN DEFECT OF ANY OTHER LAW AND DAMAGES TO BE COMPANY BY THE CUSTOMER AND NOT BASED ON THE DATE OF PAYMENT. ALL APPLICABLE LAWS SHALL APPLY TO THE VEHICLES DURING THE PERIOD OF DEFECT.

4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCY 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/CHO No.

Our Ref: CT19010422

Date: 13 February 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 16/01/2019 @ 10:10 hrs
ALONG KPE TUNNEL TWDS MCE
INVOLVING SKM2117K, SHA2935P

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 **SHB6389J** (the "Taxi"). The Taxi was hired to **DANIEL LIM LAY THIAM IC NO S0027334A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$164.59** 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.

1/16/2019

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKM2117K	16 Jan 2019 / 10:10:00	Successful	L06	LONPAC INSURANCE BHD

Previous

OK

SUB (389)