

INS. CASE OWNER:

CC 3, CT 1900 1600, KI 2/3/19

AKK:
IDAC:

Surveyor:

AWK

DOI:

ASSIGNMENT

23/1/19

Date / Time:

23/1/19

Registered in Merimen:

Pre-assign / CCU / FTE

SGD 6668E



Insured Vehicle No. : SGD 6668E
 Name of Insured : Wang Cheuk Man Edwin
 Insured Tel No. : _____ HP: _____
 Excess Sec II :SS D.O.A : 2/1/19
 Is driver the owner? (YES / NO) Nature of Accident :

Claim No. : _____
 Policy No. : _____
 Make / Model : _____
 Place of Accident : _____

If NO, Driver Name / Age:

Driver Tel No.:

(V/L YES / NO)

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

Insured Liability: % Final ? Yes / No

SHD 68905



INSRS:
WSP: NLF
Tel: 10493
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time		STAGE	DATE / PIC
	SHD 68905 - X; SGD 6668E - X	Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
9/5/2019	Spike to OL (Mr Wang), confirmed BOLA 27, insured TP claim and HCD issue. OL agree to settle and cover HCD will be affected. Send letter to OL.	Notification ltr (if non-pickup):	
		Call OI: 9/5/2019	
		After call ltr to OI:	
		Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
		After call ltr 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 type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		PIR:	<input type="checkbox"/> <input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
		LOD:	<input checked="" type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Post-Repair Photos:	<input checked="" 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: AWK

Repair Cost: 4% S\$1,150 (2 days) Reduction: 48% Email Call

FINAL SETTLEMENT Date/Time: 21.06.19 Confirm with: WILLIAM Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia: Front to rear

Repair Cost: W/LST S\$1,250.50

Loss of Rental (LOR): S\$ 395.00 (3 days) = 1155

Loss of Use (LOU): S\$ - (5 x days)

Loss of Income (LOI): S\$ 150.00 (50 x 3 days)

LOR only LOU only LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search S\$ 7.99
 Medical: S\$ -
 Disbursement: S\$ - (e.g. Tow/ Independent)
 Legal Cost: S\$ -
 Total: S\$ 1,732.99 Global Sum S\$:
 FINAL PAYMENT Date/Time: 21.06.19 Confirm with: WILLIAM Email Call
 Payee 1: S\$ 1,732.99 Name 1: COMPAGET/DAVID ENG, PTE LTD
 Payee 2: (Strike if N.A.) S\$ Name 2:
 Payee 3: (Strike if N.A.) S\$ Name 3:

Signature: Kalvin

REF:

ASSIGNMENT

From _____ Date: _____

Estimated Cost: _____

OD/TP/INS/ITP/RES/OD/RES/EVA/INV/MV

To Inspected Vehicle No: _____

at Workshop no: _____

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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. 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

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHD 68905 Yr Regn: 8 Oct, 2015

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

Truck / Trailer or

Make: Hyundai 240 cc 1600

Colour: Blu A/C: Inc: 0ed / Std / HI / NA

Sp. Reading: 39 3328 T/Radio: Inc: 0ed / Std / HI / NA

Eng/No: _____

C/No: KMHLBRIUA6407846

Gen. Cond: Good / 0 / Poor / Burnt

Steering: Inc: 0 / Jammed / Leaked / Burnt or

Brake: Inc: 0 / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

Ward/k

Front

Rear

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

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

D.O.A: 22/1/19 D.O.A: 23/1/19

Survey held at CDGE (Loyang)

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

Rear d/s

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

Date / Time	Action / Instruction
	<u>CTZ</u>
	<u>42</u>
	<u>45: +1,150 (202: +1,073.51 48%)</u>

Date/Time, File Pass to? : Prel. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

1: using Java / 1.8: J.J.K

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

3 + RS 31

Photo:

Other:

Add Fee: Site Insp (\$ _____)

Interview (\$ _____)

Tech Insp (\$ _____)

Wheel cond (\$ _____)



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/CTI19001600/K1fa3

Date: 30.01.2019

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

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHD 6890S

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 23.01.2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd (Loyang) and have the following to report:-

Workshop Estimate Amount	: S\$	2,423.54
Revised Estimate Amount	: S\$	1,366.88
"Check" Items Amount	: S\$	610.96
Total (Including Check Items)	: S\$	1,977.84

Market Value	: S\$	-	(est.)
LTA Reimbursement Value	: S\$	-	(est.)
Nett Value	: S\$	-	(est.)

Description of Damage:

The vehicle sustained damages at the
Rear O/S Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2.0 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6890S

DATE 23/1/2019 15:16

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Defunct</i>			\$ 553.00
	Rear Bumper Reinforcement <i>X</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>2H^{sup} X RH ✓</i>		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>me</i>			\$ 22.00
	Rear Bumper Bracket <i>2H^{sup} X RH ✓</i>		\$ 35.60	\$ 71.20
	Rear Bumper Sponge <i>X</i>			\$ 103.50
	Rear Bumper Under Cover <i>art</i>			\$ 228.00
	Rear Bumper Reflector Lamp (RH) <i>CR</i>			\$ 30.60
	<i>Rear Bumper lower guard X repair</i>			
	SUB TOTAL			\$ 1,597.30
	LESS 20%			\$ 319.46
	DISCOUNTED TOTAL			\$ 1,277.84
	Rear Bumper Reverse Sensor <i>X not fitted</i>			\$ 135.70
				\$ 135.70
	Labour Charge			
	Panel Beating			\$ 400.00 ³⁰⁰
	Spray Painting Charge			\$ 30.00 ⁵⁰
	Wiring Charge			\$ 80.00 ³⁰
	Remove/Refix Reverse Sensor			\$ 80.00 ³⁰
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 2,223.54

Nett

Kali 10/1/19
M 23/1/19 1600h
2071
4s
After Repair plz

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "without prejudice" basis
- No legal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to their approval from 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.

A member of COMFORTDELGRO

Date/Time: 23.01.2019 13:10 Page: 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO: 305262704

CUSTOMER
 MS: COMFORT TRANSPORTATION PTE LTD
 CUSTOMER NO: 7010045
 ADDRESS: 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65508755 (D)
 (F)
 COUNT CARD NO.

REGN NO. SHD6890S	MILEAGE
MAKE: HYUNDAI	FUEL E 1/2 F
MODEL I-40	DATE/TIME IN 23.01.2019 08:30
YR OF MANU 08.10.2015	TARGET DATE
CHASSIS CODE FMHLB41UM3U078416	COMPLETION DATE/TIME

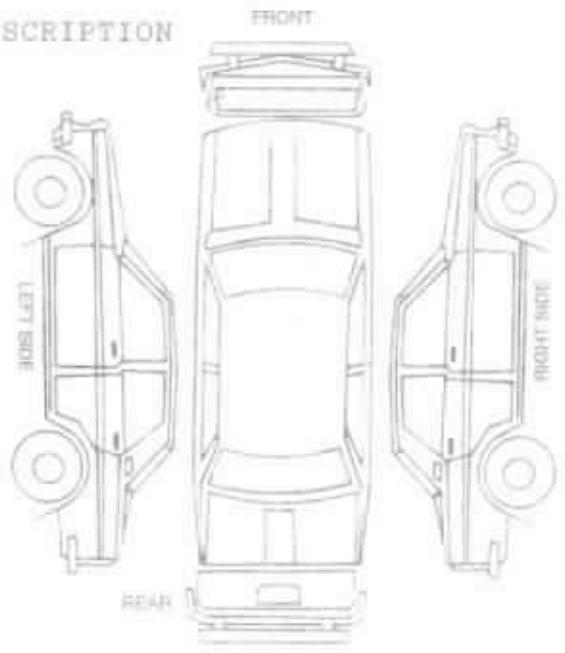
CHIANG

JOB DESCRIPTION

Accident Date: 22.01.2019
 NATURE: 3P 22.01.2019

S/NO LABOR CODE

DESCRIPTION



CYCLE & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No: SHD6890S

CHIANG

Vehicle No: SHD6890S

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6890S

DATE 23/1/2019 15:16

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper ✓			\$ 553.00
	Rear Bumper Reinforcement ?			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH)-?	S	80.30	\$ 160.60
	Rear Bumper Clip 10 pcs ✓			\$ 22.00
	Rear Bumper Bracket ?	S	35.60	\$ 71.20
	Rear Bumper Sponge ?			\$ 103.50
	Rear Bumper Under Cover ✓			\$ 228.00
	Rear Bumper Reflector Lamp (RH) ✓			\$ 30.60
	<i>Rear Bumper lower guard x repair</i>			
	SUB TOTAL			\$ 1,597.30
	LESS 20%			\$ 319.46
	DISCOUNTED TOTAL			\$ 1,277.84
	Rear Bumper Reverse Sensor X			\$ 135.70 Nett
				\$ 135.70
	Labour Charge			
	Panel Beating			\$ 400.00 ³⁰⁰
	Spray Painting Charge			\$ 300.00 ⁵⁰⁰
	Wiring Charge			\$ 30.00 X
	Remove/Refix Reverse Sensor			\$ 80.00 X
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 2,223.54

Kali 10000
M 23/1/19 1600h
2071
4s
After Repair plz

LKK Auto Con
 the Repairer
 • To reserve the
 • To display items
 • Parts prices are
 • Third party surty
 • No cash/credit

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 Job Ref No : 305262704
Date : 28/01/19

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHD6890S

Fax :

22.01.2019

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

- The repair job shall bill to: CHINA SGD6668E
- The finalized amount shall be:
 - Spare Parts after List discount _____
 - Labour Charges _____
 - Total for Part-By-Part Repair Cost _____
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost \$1,150.00
- 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 : CHIANG
Tel : 62148314
Fax : 65468156

Signature : 
Name : Kalvin
Date : 12/2/19

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:

COMFORTDELGRO ENGINEERING

Our Ref : T 0119 / SHD6890S /WT(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

Mobile: +65 6383 6280
Facsimile: +65 6280 9755

www.cdge.com.sg

Company Registration No: 19200488H

Workshops

Braddell

205 Braddell Road
Singapore 579701

Loyang

59 Loyang Drive
Singapore 508969

Sin Ming

323 Sin Ming Drive
Singapore 575717

Pandan

45 Pandan Road
Singapore 608286

Ubi

320 Ubi Road 3
Singapore 408648

Senoko

24 Senoko Loop
Singapore 758158

Sungei Kadut

7 Sungei Kadut Way
Singapore 728791

Yishun

Yishun Industrial Park A
Singapore 768732

CHINA TAIPING INSURANCE CO LTD

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

SINGAPORE 079909

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHD6890S YOUR INSURED SGD6668E
AND OTHER _____ ON 22.01.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHD6890S 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 SGD6668E we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,230.50
6	<u>3</u> days Loss of Rental @ \$ <u>115.00</u> 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 :		\$	<u>1,582.99</u>

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	240.00
Total Claims :		\$	<u>1,822.99</u>

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 : SGD6668E
- c) GIA / Police report/s of : SHD6890S
- d) Letter of authority from owner / hirer / operator
 - () Traffic Compound () 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

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.

A member of

COMFORTDELGRO





Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

Our Ref: CC3/CTI19001600/K1fa3

13 APRIL 2019

WONG CHEUK MAN EDWIN
5 JALAN AMPAS
#02-02
SINGAPORE 329506

Dear Sir/Madam,

**ACCIDENT INVOLVING SGD 6668E AND SHD 6890S ALONG/AT MOULMEIN
ROAD EXIT 7A TO CTE ON 22/01/2019**

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,

Poh Kin, Chong
Case Handler
DID: 6841 2132
FAX: 6741 4108
Email: pohkin@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING I 40 SHD6890S , SGD6668E **ON 22-Jan-19 17:00**
ALONG ALOGN CTE TWDS SLE BEFORE MOULMEIN RD EXIT

I / We **TAN SONG CHYE** (Hirer) NRIC No.: **S1707389C**

and/or (Relief) NRIC No.:

Taxi Number **SHD6890S**

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 **23-Jan-2019**

Name of Hirer **TAN SONG CHYE**
 Hirer NRIC **S1707389C**

Signature :



Address **536 SERANGOON NORTH AVENUE 4 ...**
550536

Contact No. **91285841**

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1400971804 Claim No :

Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,732.99
 DOLLARS ONE THOUSAND SEVEN HUNDRED THIRTY TWO AND CENTS
 NINETY NINE 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. : SHD 6890S
 Insured Vehicle No. : SGD 666BE

Date of Loss : 22/01/2019
 Place of Accident : CTE TWDS SLE BEFORE MOULMEIN RD EXIT

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

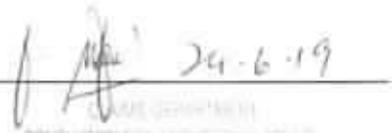
Insured Name : WONG CHEUK MAN EDWIN
 Driver Name : WONG CHEUK MAN EDWIN

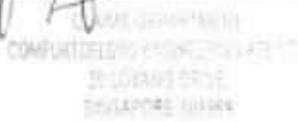
from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) General Damages	S\$	
(2) Cost of Repair/Exceeee	S\$	1,230.50
(3) Loss of Use/Rental/Earning	S\$	495.00
(4) GIA/Police Reports/ Investigation Results/Search Fees	S\$	7.49
(5) Medical Reports/Expenses	S\$	
(6) Survey Fees/P.T. Fees	S\$	
(7) Cost including Disbursement	S\$	
TOTAL	S\$	1,732.99

Claimant Name : COMFORT TRANSPORTATION PTE LTD NRIC No :

Signature :  24.6.19 Date : _____


 COMFORTDELGRO ENGINEERING PTE LTD
 20 LEGEND STREET
 SINGAPORE 119244

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

Please forward your cheque made payable to, COMFORTDELGRO ENGINEERING PTE LTD.

TAX INVOICE

8010012

CHINA PATENT INSURANCE CO (S) PTE LTD
 SPRINGKAP TOWER

3 ANSON ROAD #16-00
 SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
 SHD6890S

NO/DATE
 91426018 13.02.2019

MAKE
 HYUNDAI

JOB NO.
 305262704

MODEL
 I-40

ODOMETER READING

DATE OF REG
 08.10.2015

CHASSIS CODE
 KMHT841UMG3J078416

JOB TYPE

Description : 3P 22.01.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,150.00
Add GST @ 7.000 %		80.50
Total Invoice amount		1,230.50

Issued by : KATHERINE PAN 13.02.2019 16:01:51
 Repair type : CRASH/57/57
 Payment type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd
 member of COMFORTDELGRO

Head Office:
 5 Braddell Road
 Singapore 579701

Please note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No

Our Ref: CT19010661

Date: 13 February 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 22/01/2019 @ 17:00 hrs
ALONG ALONG CTE TWDS SLE BEFORE MOULMEIN RD EXIT
INVOLVING SGD6668E

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 **SHD6890S** (the "Taxi"). The Taxi was hired to **TAN SONG CHYE IC NO S1707389C** a registered hirer-operator of **Comfort Transportation 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.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
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SGD6668E	22 Jan 2019 / 17:00:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD
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[Previous](#)[OK](#)

SUD 6892 S



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/CTI19001600/K1ea3q2

3 ANSON ROAD #16-00
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 11-07-2019



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGD 6668E	Veh. Inspected	SHD 6890S
Policy No.	DMPCSN1400971804	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	23/01/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU078416	Colour	BLUE
Odometer	393328	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 O/S PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	22/01/2019	Inspection Date	23/01/2019
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
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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. SHD 6890S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
1	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	N/S SERVICEABLE / O/S BENT	160.60	80.30
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	N/S SERVICEABLE / O/S CRACKED	71.20	35.60
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	CUT	228.00	228.00
1	REAR BUMPER REFLECTOR LAMP (RH)	CRACKED	30.60	30.60
1	REAR BOOTLID LOWER GARNISH (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-319.46	-189.90
			1,277.84	759.60
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	NOT FITTED	135.70	-
			135.70	-
LABOUR				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BOOTLID LOWER GARNISH .		400.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	80.00	-
			1,010.00	700.00
GRAND TOTAL			2,423.54	1,459.60
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,150.00

Report Ref No. CC3/CT119001600/K1ea3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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