

INS. CASE OWNER:

CC3 / UTI 1900 5804 / Nja39

LKK: IDAC:

Surveyor:

N22

DOI:

1/4/19

Date / Time:

1/4/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SHE 7923 G

Claim No. : (mm 19 2014)

Name of Insured : LAI UN SHAN

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II : SS D.O.A. : 30/3/19

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

u56673876 -> SHE 7923 G -> SHA 7562 Z



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time

SHE 7562 Z -> u56673876 -> SHE 7923 G -> SHA 7562 Z : D.O.A. 30/3/19

SHE 7923 G -> u56673876 -> SHE 7923 G -> SHA 7562 Z : D.O.A. 30/3/19

3 V; C; OI 2ND A: 0%

CHAIN COLLISION

STAGE	DATE / PIC	
Non-Reporting ltr (1st):		
Non-Reporting ltr (2nd):		
Non-Reporting ltr (Final):		
Notification ltr (if non-pickup):		
Call OI:		
After call ltr to OI:	28-5-19 JIM	
Documentation Check List:	Handler Typist	
Notification ltr (if non-pickup)	X	
After call ltr to OI:	X	
Authorisation To Act:	X	
Release Voucher:	X	
Final Repair Bill:	X	
Car Rental Invoice:	X	
Towing Invoice	X	
LTA / GIA :	X	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	X	
LOD	X	
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by:

FINALIZATION Date/Time: Confirm with: Confirm by:

FINAL SETTLEMENT Date/Time: 18-6-19 Confirm with: WTAN Email: Call:

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 28

Repair Cost: 955 \$S 909.50

Loss of Rental (LOR): \$S 350.50 (3 days) 116.95

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

Loss of Income (LOI): \$S 150 (\$ 50 x 3 days)

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

GIA/LTA Search \$S 7.49

Medical: \$S X

Disbursement: \$S X (e.g. Tow/ Independent)

Legal Cost \$S X

Total: \$S 1,417.84 Global Sum \$S:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

FINAL PAYMENT Date/Time: Confirm with: Email: Call:

Payee 1: \$S 1,417.84 Name 1: COMFORT DELERO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) \$S X Name 2: X

Payee 3: (Strike if N.A.) \$S X Name 3: X

REF: CT1 F2

Surveillance: NA2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 CO / TP / WB / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SHA 7512 Z Yr Regn: 14 MAY 2015
 Type: M/Car / M/Cycle / BUS / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI 140 cc: 1,685
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 370 350 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMH20414MFUC69085
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NI / S/Rfm / STD A/Rfm or
 Tyre Size: F: 205/60R16
 R: 11
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OITSU / PIR / SUMI /
 TOYO / YOKO or WESTLAKE
 Front R/Bal. 6 mm Rear R/Bal. 5 mm
 L/Bal. 6 mm L/Bal. 5 mm
 D.O.A. 3-13-19 U.O.I. 1/4/19
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
 The UIC / Chassis frame / Body Structure affected due to collision

(Policy Condition)

N/S	O/S

X X X

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

Bal. or Market Value: _____
 WAC Accident Report: _____ Consistent? : Yes or No
 GLA / PR Secn: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lump Sum: _____ % J Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	SAT 30-3-19 IN - L/S
	SUN 31-3-19
	1 01-04 001
	2 02-04 OUT 1PM
	R (\$1,349.56 / 61%)

Date/Time, File Pass to? : Prelim Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____ Survey Fee: _____
 Transport: _____
 Add Fee: : Site Insp (\$ _____) : Photos
 : Interview (\$ _____) : other
 : Tech. Invs (\$ _____) :
 : Weekend (\$ _____) :
 TOTAL _____

Date/Time, File Return to? _____
 Report Format: _____
 Lump Sum / L.B.I.: (\$ _____)



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/CTI19005804/Nja3

Date: 03/04/2019

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

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHA 7562Z

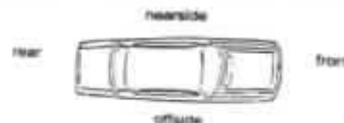
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 01/04/2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd (Loyang) and have the following to report:-

Workshop Estimate Amount	: S\$	<u>2,199.06</u>
Revised Estimate Amount	: S\$	<u>1,072.40</u>
"Check" Items Amount	: S\$	<u>610.96</u>
Total (Including Check Items)	: S\$	<u>1,683.36</u>
Market Value	: S\$	- (est.)
LTA Reimbursement Value	: S\$	- (est.)
Nett Value	: S\$	- (est.)

Description of Damage:

The vehicle sustained damages at the
Rear Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2 days

Yours faithfully,

MUHAMMAD NAZRIL
Licensed Appraiser

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305282956
Date : 02.04.2019

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8158

FINALIZATION FORM

To : LKK Fax : _____
Attn : NAZ
Vehicle Reg No. : SHA7562Z - CTPL Date of Accident : 30.03.2019

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

1. The repair job shall bill to: CHINA -- SGE7923G
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
Total for Part-By-Part Repair Cost	<u>\$0.00</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$850.00</u>
Final Lumpsum Repair cost	<u>\$850.00</u>

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 : 
Name : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468158

Signature : 
Name : NAZ LEE
Date : 5/4/19

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:

Jay

Finalized

*- NAZ -
5/4/19*

COMFORTDELGRO ENGINEERING PTE LTD*

REPAIR ESTIMATE*

VEHICLE NO : SHC 7562Z

DATE 1/4/2019 11:02

MAKE :

MODEL : HYUNDAI i40

China-FZ
Liam

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Reinforcement			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH)	\$	80.30	\$ 160.60
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket	\$	35.60	\$ 71.20
	Rear Bumper Sponge			\$ 103.50
	Rear Bumper Under Cover			\$ 228.00
			781	\$ 1,566.70
				\$ 313.34
			624.8	\$ 1,253.36
	Rear Bumper Reverse Sensor			\$ 135.70
				\$ 135.70
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
			470	\$ 810.00
			1054.8	\$ 2,199.06
			843.84	

✓CCV
PX500
? X500
✓NGC
P X100
? X100
✓SCC

Nett XCV

200
200
XCV
20

NA2 LKK
1/4/19 1620
LIS
2 DAYS
CHECK ITEMS PHOTOS
AFTER REPAIR PHOTOS

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts 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 resurveyed and is subject to final 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.



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

1. Date: <u>30/3/14</u> Time Received: <u>1700</u>		3. Vehicle Type: <input type="checkbox"/> Private <input type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Low Sin Juan</u> Contact No.: <u>8111 5622</u> Vehicle No.: <u>97311533</u> Make/Model/Colour: Email:			
7. Location: <u>Hougang S711</u>		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	

9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input checked="" type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
---	--	--	--

10. Odometer Reading: <u>510350</u>		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: <u>Tan Ah Yee</u> Vehicle No.: <u>Cou 4149</u> Time Dispatch: <u>1705</u> Time of Arrival: <u>1730</u> Time Completed: <u>1805</u>		 Signature of Customer: <u>[Signature]</u>
---	--	---

Cash Invoice Details (if applicable)

13. Cash Invoice No.:

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
 b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
 c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™

Date: 30/3/14 Time: _____ Signature of Customer: [Signature]

14. WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
-------------------------------	------------------------	------------------------------------

Joy

COMFORTDELGRO ENGINEERING

Our Ref : T 0319 / SHA7562Z /WT(st)
Your Ref :
Date : 16-Apr-19

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: 120602040W

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

Defu
6 Defu Avenue 1
Singapore 539537

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 SHA7562Z YOUR INSURED SGE7923G
AND OTHER UNKNOWN VEHICLE ON 30.03.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHA7562Z 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 SGE7923G we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 909.50
6	<u>3.5</u> days Loss of Rental @ \$ <u>116.95</u> per day	\$ 409.33
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 :		\$ 1,326.32

HIRER'S CLAIM

7	<u>3.5</u> days Loss of Income @ \$ <u>80.00</u> per days	\$ 280.00
Total Claims :		\$ 1,606.32

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

- a) Original repair bill and photocopies of photographs : 5 pcs.
- b) LTA search slip/s of : SGE7923G
- c) GIA / Police report/s of : SHA7562Z
- d) Letter of authority from owner / hirer / operator
 - () Traffic Compound () Towing/Medical bill/receipts () Certificate of Insurance
 - (X) Photograph/s of Accident Scen (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/CTI19005804/Nja3

28 May 2019

MR LAI LIN SHAN
BLK 466C SEMABWANG DRIVE
#11-339
SINGAPORE 753466

Dear Sir/Madam,

ACCIDENT INVOLVING SGE 7923G AND SHA 7562Z ON 30/03/2019

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.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

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,



Joy Irene
Case Handler

DID: 6841 2409

FAX: 6741 4108

Email: joyirene@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG**

**I 40 SHA7562Z , SGE7923G , UNKNOWN
CTE(CITY) NEAR BRADDELL EXIT**

ON 30-Mar-19 14:00

I / We

LOW SIN TUAN

(Hirer) NRIC No.: **S1407237C**

and/or

(Relief) NRIC No.:

Taxi Number

SHA7562Z

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

31-Mar-2019

Name of Hirer
Hirer NRIC

**LOW SIN TUAN
S1407237C**

Signature :



Address

**154 HOUGANG STREET 11 #10-186
530154**

Contact No.

97311533

Joy

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN1832291800 Claim No : SNM19D201431
Claimant : COMFORT TRANSPORTATION PTE LTD

Amount : S\$1,417.84
SINGAPORE DOLLARS ONE THOUSAND FOUR HUNDRED SEVENTEEN AND
CENTS EIGHTY FOUR 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 7562Z
Insured Vehicle No. : SGE 7923G
Date of Loss : 30/03/2019
Place of Accident : CTE (AYE/CITY)

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 : MR LAI LIN SHAN
Driver Name : LAI YILONG

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/Excess	S\$	909.50
(3) Loss of Use/Rental/Earning	S\$	500.85
(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\$	1,417.84

Claimant Name : _____ NRIC No : _____

Signature :  Date : 18-6-19

"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 claim made payable to:
COMFORTDELTA ENGINEERING PTE LTD

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD
SPRINGFIELD TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHA7562%

NO/DATE
91437709 11.04.2019

MAKE
HYUNDAI

JOB NO.
305282956

MODEL
I-40

ODOMETER READING

DATE OF WORK
14.05.2015

CHASSIS CODE
KMH18411MFKU069085

JOB TYPE

Description : 3P 30.03.19

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.		850.00
Add GST @ 7.000 %		59.50
Total Invoice amount:		909.50

Issued by : KATHIRINGKAN 11.04.2019 15:07:48
Repair type : CLSO/57/57
Payment type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd
a member of COMFORTDELGRO

Head Office:
15 Braddell Road
Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Please note that no receipt shall be issued unless requested.

COPY

Our Ref: CT19030792



Date: 11 April 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	30/03/2019 @ 14:00 hrs
ALONG	CTE(CITY) NEAR BRADDELL EXIT
INVOLVING	SGE7923G, UNKNOWN

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 **SHA7562Z** (the "Taxi"). The Taxi was hired to **LOW SIN TUAN IC NO S1407237C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$116.95** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte 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.

SHA 7522

LOADING	MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)		NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO	DATE	FROM		TO	FROM	TO		FROM	TO
35	60		0730	2100	300319	370	350	69	1230	1500	
48	263		0730	2100	3013			74	1700	1300	
55	257		0730	2100	2/4						
60	305		0730	2100							
81	221		1200	2100							
62	181		1200	1800							
93	331		0730	2100							
26	333		0730	2100							
70	274		0730	2100							
011	311		0730	2100							
281	270		0730	2100							

Low Sin Huan
Accident repair



Enquire Vehicle Insurer

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

SGE7923G 30 Mar 2019 / 14:00:00 Successful C01 CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous

OK

SHK73562 Z



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/CTI19005804/Nja3q2

3 ANSON ROAD #16-00
SPRINGLEAF TOWERSINGAPORE 079909

Date : 26-06-2019



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGE 7923G	Veh. Inspected	SHA 7562Z
Policy No.	DMPCSN1832291800	Coverage (\$)	0.00
Claim No.	SNM19D201431	Excess (\$)	0.00
Assign From		Assign Date	01/04/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069085	Colour	BLUE
Odometer	370350	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	6 mm
L/H Front Tyre	205/60 R16	WEST LAKE	6 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	5 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	30/03/2019	Inspection Date	01/04/2019
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**



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. SHA 7562Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CRACKED	553.00	553.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER	SCRATCHED	228.00	228.00
	LESS 20% DISCOUNT		-313.34	-160.60
			1,253.36	642.40
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			135.70	-
LABOUR				
	PANEL BEATING .		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR .		80.00	30.00
			810.00	430.00
GRAND TOTAL			2,199.06	1,072.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				850.00

Report Ref No. CC3/CTI19005804/Nja3q2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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