

## Asher Sng (LKKAUTO)

**From:** ONG LI LI <llong@lonpac.com>  
**Sent:** Wednesday, 3 July 2019 11:00 AM  
**To:** Asher Sng (LKKAUTO)  
**Cc:** MT\_Claim\_SG  
**Subject:** RE: [MANDATE REQUEST] Direct Settlement - Accident Involving SMA657X (OI : 19/19/19/VP05/021648 ) AND SHB4078U (TP : LKK REF - CC3/LPC19006263/K1ea3) on 07/04/20199 [External General]

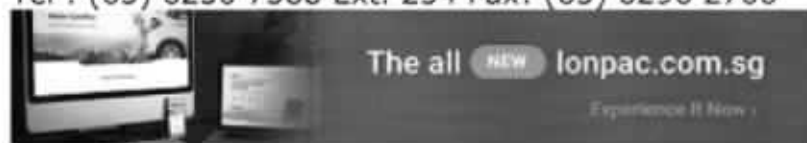
**Follow Up Flag:** Follow up  
**Flag Status:** Completed

## Lonpac External - General

Dear Asher

Please proceed.

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



*Lonpac External - General data is for internal / external use.*

**From:** Asher Sng (LKKAUTO) [mailto:AsherSng@lkkauto.com]  
**Sent:** Monday, 1 July, 2019 5:30 PM  
**To:** ONG LI LI  
**Cc:** MT\_Claim\_SG  
**Subject:** [MANDATE REQUEST] RE: Direct Settlement - Accident Involving SMA657X (OI : 19/19/19/VP05/021648 ) AND SHB4078U (TP : LKK REF - CC3/LPC19006263/K1ea3) on 07/04/20199 [External General]

Dear Sirs,

We refer to the above matter.

We have highlighted to your good office on 16/04/2019 of Third-Party's request to do Direct Settlement with our Principal, Lonpac Insurance Bhd.

The accident occurred when our insured reversed and hit third party vehicle.

Basing on the reports of the circumstance of the accident, we propose to settle third-party claim at 100% liability.

Summary to offer to repairer **COMFORTDELGRO ENGINEERING PTE LTD** is as follows: -

	Claimed Amount	Revised Amount
1. Cost of Repair (w/GST)	\$ 3,409.70	\$ 2,354.00
2. Loss of Rental (3days x \$112.67)	\$ 337.01	\$ 338.01 (3days x \$112.67)

3. Loss of Income (3days x \$80)	\$ 240.00	\$ 150.00
4. LTA/GIA Search Fee	\$ 7.49	\$ 7.49
<b>Total</b>	<b>\$ 3,994.20</b>	<b>\$ 2,849.50</b>

\*\*3 days recommendation for repair.

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

**The above is for your approval please.**

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: [asher.sng@lkkauto.com](mailto:asher.sng@lkkauto.com) | fax: 6741-4108

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

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

**Sent:** Wednesday, 17 April 2019 5:06 PM

**To:** Mei Kwan (LKKAuto) <[Meikwan@lkkauto.com](mailto:Meikwan@lkkauto.com)>; MT\_Claim\_SG <[mt\\_claim@lonpac.com](mailto:mt_claim@lonpac.com)>

**Cc:** Asher Sng (LKKAuto) <[AsherSng@lkkauto.com](mailto:AsherSng@lkkauto.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; CS A Team <[cs-a@lkkauto.com](mailto:cs-a@lkkauto.com)>

**Subject:** RE: Direct Settlement - Accident Involving SMA657X (OI : 19/19/19/VP05/021648 ) AND SHB4078U (TP : LKK REF - CC3/LPC19006263/K1ea3) on 07/04/20199 [External General]

## Lonpac External - General

Dear Mei Kwan

Please see attached for our Insured's GIA report.

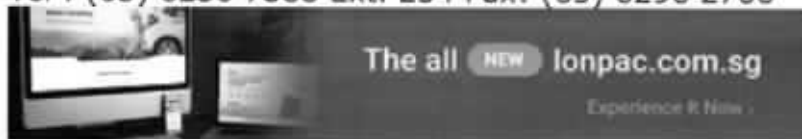
Regards,

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



*Lonpac External - General data is for internal / external use.*

**From:** Mei Kwan (LKKAuto) [<mailto:Meikwan@lkkauto.com>]

**Sent:** Tuesday, 16 April, 2019 11:31 AM

**To:** MT\_Claim\_SG

**Cc:** GERALD POH WEE BIN; ONG LI LI; Asher Sng (LKKAuto); Admin A; CS A Team

**Subject:** Direct Settlement - Accident Involving SMA657X (OI : LPC - TBA) AND SHB4078U (TP : LKK REF - CC3/LPC19006263/K1ea3) on 07/04/20199

**'WITHOUT PREJUDICE'**

***SAVE AS TO COSTS***

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SHB 4078U at M/s ComfortDelGro Engineering Pte Ltd (Loyang) on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:

- TP GIA report
- Estimated cost of repair
- Preliminary advice

Meanwhile, kindly assist to verify validity of our insured's policy and let us have a copy of insured's accident report for our necessary action.

Please take note that the case handler in-charge is Asher and she can be contacted at DID: 6841 6051.

***To check availability of the case handler, you may contact the undersigned.***

Thank you.

Best Regards,

**Mei Kwan** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com) | fax: 67414108

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

# COMFORTDELGRO ENGINEERING

Our Ref : T 0419/ SHB4078U /KS(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: 198000000

## 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 408648

Senoko  
24 Senoko Loop  
Singapore 758158

Sungei Kadut  
7 Sungei Kadut Way  
Singapore 728791

Defu  
6 Defu Avenue 1  
Singapore 539537

Yishun  
1 Yishun Industrial Park A  
Singapore 768732

**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 SHB4078U YOUR INSURED SMA 657X  
AND OTHER ON 07.04.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHB4078U** 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 : **SMA 657X** we are submitting these claims for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,354.00
2	3 days Loss of Rental @ \$ 112.67 per day	\$ 338.01
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	\$ -
<b>Sub Total :</b>		<b>\$ 2,699.50</b>

## HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
<b>Total Claims:</b>		<b>\$ 2,939.50</b>

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

- a) Original repair bill and photocopies of photographs : 7 pcs.  
 b) LTA search slip/s of : SJN5240Z  
 c) GIA / Police report/s of : SHB4078U  
 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 Selahudin

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.

A member of

COMFORTDELGRO



## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONGi 40 SHB4078U , SMA 657A  
BLK 640A PUNGGOL DR ACCESS ROAD

ON 07-Apr-19 10:15

I / We

YEO CHEH LING

(Hirer) NRIC No.: S7124067C

and/or

(Relief) NRIC No.:

Taxi Number

SHB4078U

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

07-Apr-2019

Name of Hirer

YEO CHEH LING

Hirer NRIC

S7124067C

Signature :



Address

105 SERANGOON NORTH AVE 1 #03...  
550105

Contact No.

81577711



# LONPAC INSURANCE BHD

CLAIM NO : 19/19/VP05/021648

DATE : 11 JULY 2019


## DISCHARGE VOUCHER

I/We, COMFORT TRANSPORTATION PTE LTD confirmed acceptance from M/s **LONPAC INSURANCE BHD** and/or the owner SMA 657X the sum of Singapore Dollars TWO THOUSAND EIGHT HUNDRED FORTY NINE AND CENTS FIFTY ONLY. (\$2,849.50) in full and final satisfaction, liquidation and discharge of property claim competent to me/us upon the said M/s **LONPAC INSURANCE BHD** in respect of property claim sustained by me/us whether now or hereafter to become manifest, arising either directly or indirectly from an accident to my vehicle, SHB 4078U on 07 APRIL 2019 along/at BLK 640A PUNGGOL DR ACCESS ROAD.

I /We hereby agree to indemnify and keep indemnify (**SEAH MWEE HOON /LONPAC INSURANCE BHD**) 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 M/s **COMFORTDELGRO ENGINEERING PTE LTD.**

I/We hereby acknowledge 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.

  
Signature of vehicle owner/Date  
11/07/19

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
39 LOYANG DRIVE  
SINGAPORE 538889  
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\*



Our Ref: CT19040177

Date: 12 April 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      07/04/2019    @   10:15 hrs  
ALONG                              BLK 640A PUNGGOL DR ACCESS ROAD  
INVOLVING                        SMA 657X

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 **SHB4078U** (the "Taxi"). The Taxi was hired to **YEO CHEH LING IC NO S7124067C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$112.67** 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.

SHR 4078 U

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		X	9	7	0	5	FROM	TO
4/4/19	Candy Xeo	4	9	7	0	5	0848	1621
4/4/19	Lim	4	9	7	0	5	1808	0245
5/4/19	Candy Xeo	4	9	7	7	0	0446	1651
5/4/19	Lim	4	9	7	9	0	1820	0244
6/4/19	Candy Xeo	4	9	8	X	6	0450	1926
6/4/19	Lim	4	9	8	6	3	1935	0450
7/4/19	Candy Xeo	4	9	8	9	0	0455	1100
07-4-19	Accident	4	9	8	9	0	1140	-
08-4-19	Repair	4	9	8	9	0	1030	-

MIG	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO
99	169.8	1922	0350
04	605.8	0810	1853
08	103.7	2010	0145
31	522.2	0445	1918
20	89.5	2020	0405
26	366.1	0845	1629
99	212.6	1800	0255
48	349.2	0446	1634
80	231.4	1855	0125
31	350.9	0445	1710
50	119.3	1950	0055

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
5MA657X	07 Apr 2019 / 10:15:00	Successful	L06	LONPAC INSURANCE BHD

[Previous](#)

OK

SHB40780