

INSURER

INS. CASE OWNER:

CC³ / CTI1901 0790, 62663

LKK:

IDAC:

Surveyor:

Edwin

DOI:

ASSIGNMENT

14/6/19

Date / Time:

14/6/19

Registered in Merit:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBH 5206A

Name of Insured:

FRESH HUB VENDING PLC

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

12/6/19

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: Lina 400 4606

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

SNM14020781

Policy No.:

OMER SN 102044800

Make / Model:

Toyota

Place of Accident:

Punjab Dr.

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

Insured Liability: %

Final ? Yes / No

SHO 86194

INSRS:
WSP:
Tel:
Liability:
RMKS:CDGT
WINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
01-07-19 10:30	Non-Reporting Itr (1st):	
	Non-Reporting Itr (2nd):	
	Non-Reporting Itr (Final):	
	Notification Itr (if non-pickup):	
	Call OI:	ADWER 01/07/19
	After call Itr to OI:	
	Documentation Check List:	Handler Typist
	Notification Itr (if non-pickup)	<input type="checkbox"/>
	After call Itr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input checked="" type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:

FINALIZATION	Date/Time:	Confirm with:	Confirm by: Fash
Repair Cost:	P/P \$5785.88	(2 days) Reduction:	65 %

FINAL SETTLEMENT	Date/Time:	Confirm with:	Email:	Call:
	08/07/19	WILSON	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	27
Repair Cost:	WILSON	\$5840.89	OID RPR ENDED 7P

Loss of Rental (LOR):	\$5 250.38	(2 days) =	125.19
Loss of Use (LOU):	\$5	(5 x 2 days)	

Loss of Income (LOI):	\$5 100.10	(5 x 2 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input checked="" type="checkbox"/>			[Tick only one]

GIA/LTA Search:	\$5 7.49
Medical:	\$5

Disbursement:	\$5	(e.g. Towel Independent)
Legal Cost:	\$5	

Total:	\$5 1,198.76	Global Sum SS: 1,190.00

FINAL PAYMENT	Date/Time:	Confirm with:	Email:	Call:
			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Payee 1:	\$5 1,190.00	Name 1:	COMPTON ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	\$5	Name 2:	

Payee 3: (Strike if N.A.)	\$5	Name 3:	

COPY SENT
WILSON



Auto
Consultants
Pte Ltd

Company Registration No. 199607188R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised
Our ref: CC3/CTI19010790/K1eb3

Date: 18.06.2019

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

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHD8619Y

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 14.06.2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	2,003.08
Revised Estimate Amount	: S\$	785.88
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

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,

KALVIN ANG
Licensed Appraiser

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 8619Y

MAKE :

MODEL : HYUNDAI IONIQ

CHINA

DATE 13/6/2019 15:35

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X 1 pc</i>			\$ 459.40
	Rear Bumper Centre Moulding Assy <i>1 pc</i>			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy <i>X 1 pc</i>			\$ 47.50
	Rear Bumper Stay <i>X 1 pc</i>			\$ 138.10
	Rear Bumper Side Bracket (LH/RH) <i>X 1 pc</i>		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips <i>1 pc</i>			\$ 22.00
	Rear Bumper Reflector Lamp (LH) <i>X 1 pc</i>			\$ 31.90
	<i>Towing Charge - 1 pc</i>			\$ 9.00
	SUB TOTAL			\$ 1,216.35
	LESS 20%			\$ 243.27
	DISCOUNTED TOTAL			\$ 973.08
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 350.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 60.00
	Remove/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 1,030.00
	ESTIMATE TOTAL			\$ 2,003.08
	<div><div><i>Kehin, Ullin</i> <i>14/6/19 1045h</i> <i>2 Dy,</i> <i>P/P</i> <i>After Repair, 1/12</i></div><div>Signature Date:</div></div>			
Larry Ng				
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 : 305303282
Date : 15. Jun. 2019

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

FINALIZATION FORM

To : LKK
Attn : KALVIN

Fax :

Vehicle Reg No. : SHD8619Y Date of Accident: 12. Jun. 2019

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

1. The repair job shall bill to: CHINA TAIPING GBH5206A
2. The finalized amount shall be:


(a) Spare Parts after List discount	\$385.88
(b) Labour Charges	\$400.00
Total for Part-By-Part Repair Cost	\$ 785.88
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
Final Lumpsum Repair cost	


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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : K. L. L.
Date : 18/6/19

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				
3. Survey Fees				
4. LTA Search Fee				
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 : 305303282
REGN NO : SHD8619Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 11.12.2018
DATE/TIME IN : 13.06.2019 13:35
ACCIDENT DATE : 12.06.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G	IONIQV2 MOULDING ASSY-RR	1	451.25	20.00	361.00
0002 04-01-0104-2544-G	IONIQVC CAP-RR HOOK	1	9.10	20.00	7.28
0003 04-01-0101-0111-A	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60

SUB-TOTAL : 385.88

JOB NATURE

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

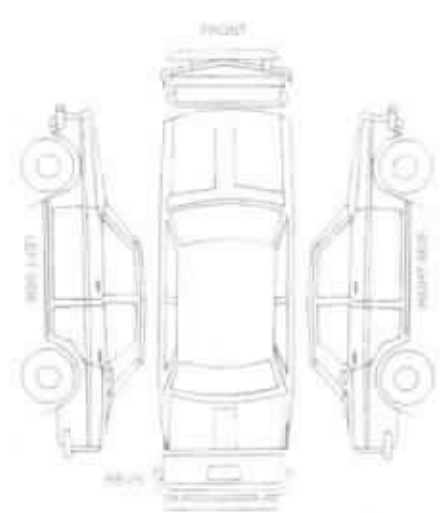
SUB-TOTAL : 400.00

TOTAL : 785.88

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Team: ARC Repair TP(CFS0)1	JOB CARD	Sales Order:	JC NO: 305303282
STOMER	VARS (B)	REGIN NO: SHD8619Y	MILEAGE:
JMS CITYCAB PTE LTD		MAKE: HYUNDAI	FUEL
STOMER NO. 7010070		MODEL IONIQ(G2)	DATE/TIME IN 13.06.2019 13:35
DRESS 383 SIN MING DRIVE		YR OF MANU. 11.12.2018	TARGET DATE
Singapore SINGAPORE 575717		CHASSIS CODE KMHC851CVKU121934	COMPLETION DATE/TIME
65551188			
ACCOUNT CARD NO.			

JOB DESCRIPTION		
Accident Date: 12.06.2019		
NATURE: 3P 12.06.2019		
✓/NO	LABOR CODE	DESCRIPTION
	CHINA - Rear	
	Lkic/Kahin -	
		

CHECKED & PASSED OUT BY: _____	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	
Exit Pass	
Vehicle No. SHD8619Y	LARRY
Name of Service Advisor	
Date	
To be kept by Security Guard	

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 8619Y

MAKE :

MODEL : HYUNDAI IONIQ

CHINA

DATE 13/6/2019 15:35

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X</i>			\$ 459.40
	Rear Bumper Centre Moulding Assy <i>✓</i>			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy <i>X</i>			\$ 47.50
	Rear Bumper Stay <i>?</i>			\$ 138.10
	Rear Bumper Side Bracket (LH/RH) <i>?</i>		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips <i>✓</i>			\$ 22.00
	Rear Bumper Reflector Lamp (LH) <i>X</i>			\$ 31.90
	SUB TOTAL			\$ 1,216.35
	LESS 20%			\$ 243.27
	DISCOUNTED TOTAL			\$ 973.08
	Labour Charge			
	Panel Beating			\$ 400.00 ²⁰⁰
	Spray Painting Charge			\$ 350.00 ²⁰⁰
	Wiring Charge			\$ 50.00 <i>X</i>
	Tuff Kote			\$ 50.00 <i>X</i>
	Towing Charge			\$ 60.00 <i>X</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X</i>
	TOTAL LABOUR			\$ 1,030.00
	ESTIMATE TOTAL			\$ 2,003.08
<p><i>Keh, 10/11/19</i></p> <p><i>14/6/19 1045h</i></p> <p><i>2 Pp,</i></p> <p><i>P/P</i></p> <p><i>After Rep'r, 1/10</i></p> <p><i>Larry Ng</i></p> <div> <p>Link to the Consignor's notice notify and in power of the following:</p> <ul style="list-style-type: none"> • To be used before for spray painting • To be used (except parts) during recovery • Removable, subject to confirmation • Third party survey at a "Without Prejudice" basis • No legal implications is allowed • Supplementary report must be insured and is subject to the approval from Insurance Company <p>Acknowledged By: Repairer</p> <p>Signature:</p> <p>Date:</p> </div>				
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 Ref : CC19060315/ SHD8619Y /WT(st)

Your Ref :

Date : 20-Jun-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: 199506488

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

Yishun
501 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 SHD8619Y YOUR INSURED GBH5206A
AND OTHER ON 12.06.19

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHD8619Y 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 : GBH5206A we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 840.89
2	<u>3</u> days Loss of Rental @ \$ 125.19 per day	\$ 375.57
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation Fees	\$ -
Sub Total :		\$ 1,223.95

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 1,463.95

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 : GBH5206A
c) GIA / Police report/s of : SHD8619Y
d) Letter of authority from owner / hirer / operator

(X) Photocopies of Accident Scene Photos () Certificate of Insurance
() PIR (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.



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/CTI19010790/K1eb3

01 JUL 2019

FRESH HUB VENDING PTE. LTD.
548 WOODLANDS DRIVE 44
#01-50 VISTA POINT
SINGAPORE 730548

Dear Sir/Madam,

ACCIDENT INVOLVING GBH 5206A AND SHD 8619Y ON 12/06/2019

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,

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)

**ACCIDENT INVOLVING
ALONG****Hyundai Ioniq SHD8619Y , GBH5206A****ON 12-Jun-19 16:30****SAMANG LINK (SLIP RD) TWDS PUNGGOL WALK.**

I / We

TEO YEONG SENG

(Hirer) NRIC No.:

SXXXX535A

and/or

TEO YONG ENG

(Relief) NRIC No.:

SXXXX069I

Taxi Number

SHD8619Y

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

13-Jun-2019

Name of Hirer

TEO YEONG SENG

Hirer NRIC

SXXXX535A

Signature :



Address

**32C LORONG 25 GEYLANG
388304**

Contact No.

98261357

Name of Relief

TEO YONG ENG

Relief NRIC

SXXXX069I

Signature :



Address

**54 CASSIA CRESCENT #09-117
390054**

Contact No.

97481186

Asker

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN1820411800

Claim No : SNM19020721

Claimant : CITY CAB PTE LTD

Amount : S\$1,190.00

DOLLARS ONE THOUSAND ONE HUNDRED AND NINETY 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 8619Y

Insured Vehicle No. : GBH 5206A

Date of Loss : 12/06/2019

Place of Accident : SAMANG LINK (SLIP RD) TWDS PUNGGOL WALK

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 : FRESH HUB VENDING PTE LTD

Driver Name : CHUA YAO CONG

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

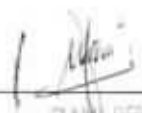
I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

(1) Global Sum	S\$ 1,190.00
	=====
TOTAL	S\$ 1,190.00
	=====

Claimant Name : CITY CAB PTE LTD

NRIC No :

Signature :


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
81, OTHMAN DRIVE
SINGAPORE 238491

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

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER

3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 82222366

VEHICLE NO
SHD8619V

MAKE
HYUNDAI

MODEL
IONIQ(G2)

DATE OF REG
11.12.2018

CHASSIS CODE
KMHC851CVKUL21934

INV. NO/DATE
91450390 19.06.2019

JOB NO.
305303282

ODOMETER READING

DATE/TIME IN
13.06.2019 13:35

Description : 3P 12.06.2019

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0104-2533	IONIQV2 MOULDING ASSY-RR BUMPER CTR	1	451.25	20.00	361.00
0002	04-01-0104-2544	IONIQVC CAP-RR HOOK	1	9.10	20.00	7.28
0003	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP REAR	10	2.20	20.00	17.60
SUB-TOTAL			3			385.88

JOB NATURE

0001	PB	PANEL BEATING		200.00		200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA		200.00		200.00
SUB-TOTAL			3			400.00

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHEQUE N
8010012	91450390	840.89	

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S)PTE LTD
SPRINGLEAF TOWER3 ANSON ROAD #16-00
SINGAPORE SG 079909

CONTACT NO: 62222366

VEHICLE NO
SHD8619YMAKE
HYUNDAIMODEL
IONIQ(G2)DATE OF REG
11.12.2018CHASSIS CODE
KMHC851CVKUI21934INV. NO/DATE
91450390 19.06.2019JOB NO.
305303252

ODOMETER READING

DATE/TIME IN
13.06.2019 13:35

Items total	786.89
Add GST @ 7.000 %	55.01
Invoice amount	840.89

Issued by : CHEWBEELING 19.06.2019 14:21:07
Repair type : CFSO/57/57
Payment type/Term: /Credit 30 days

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ N
8010012	91450390	840.89	

Our Ref: CC19060315



Date: 19 June 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	12/06/2019 @ 16:30 hrs
ALONG	SAMANG LINK (SLIP RD) TWDS PUNGGOL WALK.
INVOLVING	GBH5206A

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 **SHD8619Y** (the "Taxi"). The Taxi was hired to **TEO YEONG SENG IC NO S1658535A** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** 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)	HOUR (TIME)	
		9	4	6	2	0		FROM	TO
10/6	Y.E. Teo	9	4	6	2	0	256	1555	0145
11/6/2019	Y.S. Teo	9	4	8	6	6	246	0510	0551
11/6	Y.E. Teo	9	5	1	4	6	279	1555	0210
12/6/2019	Y.J. Teo	9	5	3	7	9	233	0600	1515
12/6	Y.E. Teo	9	5	5	8	3	203	1556	0130
13/6/2019	Y.J. Teo (not present)	9	5	8	1	7	236	0515	1337
13.06.19	ACCIDENT	/					1M	1335	-
15.06.19	Repair	/					0m7	-	1030

Enquire Vehicle Insurance Details

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

GBH5206A	12 Jun 2019 / 16:30:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD
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[Previous](#)[OK](#)

SND 86194

**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/CTI19010790/K1eb3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909			Date : 25-07-2019	
			Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBH 5206A	Veh. Inspected	SHD 8619Y	
Policy No.	DMCVSN1820411800	Coverage (\$)	0.00	
Claim No.	SNM19D202781	Excess (\$)	0.00	
Assign From		Assign Date	14/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI IONIQ	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	KMHC851CVKU121934	Colour	YELLOW	
Odometer	95819	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	DAVANTI	8 mm	
L/H Front Tyre	195/65 R15	DAVANTI	8 mm	
R/H Rear Tyre	195/65 R15	DAVANTI	8 mm	
L/H Rear Tyre	195/65 R15	DAVANTI	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/06/2019	Inspection Date	14/06/2019	
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. SHD 8619Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR BUMPER CENTRE MOULDING ASSY	CRACKED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	SERVICEABLE	47.50	-
1	REAR BUMPER STAY	SERVICEABLE	138.10	-
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	SERVICEABLE	66.20	-
1	REAR BUMPER COVER CLIPS	NECESSARY	22.00	22.00
1	REAR BUMPER REFLECTOR LAMP (LH)	SERVICEABLE	31.90	-
1	TOWING COVER	CUT	9.10	9.10
	LESS 20% DISCOUNT		-245.09	-96.47
			980.36	385.88
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER .		400.00	200.00
	SPRAY PAINTING CHARGE.		350.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	TOWING CHARGE.	NOT NECESSARY	60.00	-
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
			1,030.00	400.00
GRAND TOTAL			2,010.36	785.88
RECOMMENDED COST OF REPAIRS				785.88

Report Ref No. CC3/CT19010790/K1eb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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