

INSURANCE

INS. CASE OWNER:

CC 3 / EQ1901 1707, K2WB39

LKK:

IDAC:

Surveyor:

KALIN

DOI:

ASSIGNMENT

1/3/14

Date / Time:

1/3/14

Registered in Merimen:

Pre-assign / CCU / FTE

GBF 5196E

DMINHUU20



Insured Vehicle No. :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

HP:

Make / Model :

Excess Sec II :\$S

D.O.A :

21/1/14

Place of Accident :

Is driver the owner? ( YES / NO )

Name 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

SHB 3,957A



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

LOGE  
M



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/Time	STAGE	DATE / PIC
1/3/14	Non-Reporting Itr (1st)	
	Non-Reporting Itr (2nd)	
	Non-Reporting Itr (Final)	
	Notification Itr (if non-pickup)	
	Call OI	
	After call Itr to OI	
	Documentation Check List:	Handler Typist
	Notification Itr (if non-pickup)	<input type="checkbox"/>
	After call Itr to OI	<input type="checkbox"/>
	Authorisation To Act	<input type="checkbox"/>
	Release Voucher	<input type="checkbox"/>
	Final Repair Bill	<input type="checkbox"/>
	Car Rental Invoice	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>
	Medical Bill	<input type="checkbox"/>
	PIR	<input type="checkbox"/>
	Mandate/Reject Instruction	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$S ( days) Reduction: % Email  Call

FINAL SETTLEMENT Date/Time: Confirm with: Email  Call

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

Repair Cost: \$S

Loss of Rental (LOR): \$S ( days)

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

Loss of Income (LOI): \$S (5 x days)

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

GIA/LTA Search: \$S

Medical: \$S

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

Legal Cost: \$S

Total: \$S Global Sum \$S:

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: \$S Name 1:

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

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

COPY SENT 6/8/14

1) Claim status: Normal/Reject/Private Settle  
2) Report Format:  
3) Survey fee: 10/60.00





Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (665) 62563561 FAX : (665) 62564315

Your ref: To Be Advised  
Our ref: CC3/EQ19011707/K1wb3

Date: 02.07.2019

The Motor Claims Department  
M/s EQ INSURANCE COMPANY LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO.**

**SHB3953A**

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 01.07.2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	2,188.74
Revised Estimate Amount	: S\$	816.00
"Check" Items Amount	: S\$	253.44
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



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305307528  
Date : 3. Jul. 2019

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

## FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
Vehicle Reg No. : SHB3953A Date of Accident: 29. Jun. 2019

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

1. The repair job shall bill to: EQ GBF5196E

2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$416.00</u>
(b) Labour Charges	<u>\$400.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<b><u>\$816.00</u></b>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	_____
<b>Final Lumpsum Repair cost</b>	_____

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 : Kaha  
Date : 3/7/19

### 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. Overtime				

Remarks:

\_\_\_\_\_

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 02.07.2019  
Time: 17:31:37  
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305307528  
REGN NO : SHB3953A  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : IONIQ(G2)  
DATE OF REGN : 21.08.2018  
DATE/TIME IN : 30.06.2019 09:40  
ACCIDENT DATE : 29.06.2019

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 FNPS NO PLATE(S) & CASING 1 L 55.00 55.00

SUB-TOTAL : 416.00

JOB NATURE

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

SUB-TOTAL : 400.00

TOTAL : 816.00

\_\_\_\_\_  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHB3953A

DATE: 1. Jul. 2019

MAKE : HYUNDAI

MODEL : IONIQ

DOA: 29. Jun. 2019

**EQ**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	REAR BUMPER <i>X repair</i>			\$459.40
1	REAR BUMPER CENTRE MOLDING ASSY <i>- Detail</i>			\$451.25
1	REAR BUMPER LOWER CENTRE MOLDING ASSY <i>X one</i>			\$270.10
1	REAR BUMPER REINFORCEMENT <i>X one</i>			\$294.80
10	REAR BUMPER CLIPS <i>X 10</i>		\$2.20	\$22.00
<b>SUB TOTAL</b>				<b>\$1,497.55</b>
<b>LESS 20% DISCOUNTED TOTAL</b>				<b>\$299.51</b>
<b>DISCOUNTED TOTAL</b>				<b>\$1,198.04</b>
1	REVERSE SENSOR <i>X one</i>			\$135.70
1	REAR NUMBER PLATE <i>- one</i>			\$25.00
1	REAR NUMBER PLATE CASING <i>* - ad</i>			\$30.00
<b>Nett</b>				<b>\$190.70</b>
<b>Labour Charge</b>				
1	Panel Beating			<del>\$300.00</del>
1	Spray Painting Charge			<del>\$300.00</del>
1	Wiring Charge			X \$50.00
1	Tuff Kote			X \$50.00
1	Remove/refix reverse sensor			X \$100.00
<b>TOTAL LABOUR</b>				<b>\$800.00</b>
<b>ESTIMATE TOTAL</b>				<b>\$2,188.74</b>

W&K Auto Consultants Repairs & Body  
 The Repairer:  
 • To remove:  
 • To deliver:  
 • Parts price:  
 • Third party:  
 • No liability:  
 • Supplier:  
 is subject to final inspection.  
 Acknowledged by Repairer  
 Signature:  
 Date:

*Kalin 10/14*  
*1/7/19*  
*2 hrs*  
*PIP*  
*After Repair pht*

Larry Ng

This is a general address for use as a point of contact in the absence of the dealer. The Repairer's liability is limited to the amount of the estimate.



**Shu Pei (LKKAuto)**

---

**From:** Tan Wei Yin <weiyin.tan@eqinsurance.com.sg>  
**Sent:** Monday, 5 August 2019 10:20 AM  
**To:** Shu Pei (LKKAuto)  
**Subject:** RE: Direct Settlement - Accident Involving GBF5196E (OI : EQI - DM19HO02170) AND SHB3953A (TP : LKK REF - CC3/EQI19011707/K1wb3) on 29.06.2019  
**Attachments:** SAS2645222.PDF

Dear Shu Pei,

We refer to your email below.

Insured's vehicle should be GBF5196E instead.

Yes, insured had reported – see attached.

However, for this case, we will handle the settlement ourselves. Kindly finalize the amount with TP w/s and let us have your report.

Please assist to inform T/P w/s to send in their LOD to us directly.

Thank you.

Regards,

**Tan Wei Yin**

Consultant | Claims



**EQ Insurance Company Limited**

Professional Board #12770, Tower Block, MTR Complex, Singapore 069118  
did to address | tel to 6223 6611 ext 652 | fax to 6223 6190  
www.eqinsurance.com.sg



*Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of it.*

---

**From:** Shu Pei (LKKAuto) [mailto:shupe@lkkauto.com]  
**Sent:** Monday, August 5, 2019 9:44 AM  
**To:** Tan Wei Yin <weiyin.tan@eqinsurance.com.sg>  
**Subject:** RE: Direct Settlement - Accident Involving GBF5196E (OI : EQI - TBA) AND SHB3953A (TP : LKK REF - CC3/EQI19011707/K1wb3) on 29.06.2019

**WITHOUT PREJUDICE**

Dear Sir/ Madam,

We refer to the above matter.

Kindly advice whether insured has reported. If so, kindly let us have a copy of insured's accident report for our necessary action.

Thank You

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: [shupeil@lkkauto.com](mailto:shupeil@lkkauto.com) | fax: 6741-4108

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

**From:** Tan Wei Yin <[weiyin.tan@eqinsurance.com.sg](mailto:weiyin.tan@eqinsurance.com.sg)>

**Sent:** Wednesday, 3 July 2019 5:00 PM

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

**Cc:** Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>; Vivian Lau (LKKAuto) <[vivianlau@lkkauto.com](mailto:vivianlau@lkkauto.com)>

**Subject:** RE: Direct Settlement - Accident Involving GBES196E (OI : EQI - TBA) AND SHB3953A (TP : LKK REF - CC3/EQI19011707/K1wb3) on 29.06.2019

Dear Shu Pei,

Insured driver did not make accident report.

Please proceed on WP basis.

Thank you.

Regards,

Tan Wei Yin

Executive | Claims



**EQ Insurance Company Limited**

5 Maxwell Road #11-00 Tower Block LMD Complex Singapore 069110

did Co-04202442 | tel 65 62221411 ext 802 | fax 65 6222 4190

[www.eqinsurance.com.sg](http://www.eqinsurance.com.sg)



*Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of it.*

**From:** Shu Pei (LKKAuto) [mailto:shupe@lkkauto.com]  
**Sent:** Tuesday, July 2, 2019 7:12 PM  
**To:** Tan Wei Yin <weiyin.tan@eqinsurance.com.sg>  
**Cc:** Admin A <admin-a@lkkauto.com>; Vivian Lau (LKKAuto) <vivianlau@lkkauto.com>  
**Subject:** Direct Settlement - Accident Involving GBE5196E (OI : EQI - TBA) AND SHB3953A (TP : LKK REF - CC3/EQI19011707/K1wb3) on 29.06.2019

**WITHOUT PREJUDICE**

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SHB 3953A 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's GIA report
- Estimated cost of repair
- Preliminary advice

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

Kindly take note that the case handler in-charge is Vivian and she can be contacted at DID: 6841 8625.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupe@lkkauto.com | fax: 6741-4108

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



**Workshops**

**GST REG. NO. M2-8921817-3**

### TAX INVOICE

COMPANY REG. NO.: 199506048W  
 Page: 1

8010325  
 EQ INSURANCE COMPANY LIMITED  
 5 MAXWELL ROAD TOWER BLOCK #17-00  
 SINGAPORE SG 069110  
 CONTACT NO: 62239433

VEHICLE NO  
 SHB3953A  
 MAKE  
 HYUNDAI  
 MODEL  
 IONIQ(G2)  
 DATE OF REG  
 21.08.2018  
 CHASSIS CODE  
 KMHC851CVKU107296

INV. NO/DATE  
 91453178 03.07.2019  
 JOB NO.  
 305307528  
 ODOMETER READING  
 DATE/TIME IN  
 30.06.2019 09:40

Description : 3P 29.06.2019

S/No	Part No.		Qty	Unit Price	%Disc	Net
<b>PART REQUISITION</b>						
0001	04-01-0104-2533	IONIQV2 MOULDING ASSY-RR BUMPER CTR	1	451.25	20.00	361.00
0002	FNPS	NO PLATE(S)	1	55.00	0.00	55.00
<b>SUB-TOTAL</b>						<b>416.00</b>
<b>JOB NATURE</b>						
0001	PB	PANEL BEATING		200.00		200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA		200.00		200.00
<b>SUB-TOTAL</b>						<b>400.00</b>

WE HEREBY WARRANT ALL WORKMANSHIP SPECIAL TONE, FINISHES AND TRIM TO BE COMPLETELY SATISFACTORY FOR WORKMANSHIP SUBJECT TO OUR COMPANY'S POLICY ON RESPONSIBILITY FOR DAMAGE OR OTHER PROVISIONS BELONGING TO CUSTOMERS THIS SERVICE. AND DEDUCTIBLE EXCESS INSURANCE COVERAGE ONLY.  
 CUSTOMERS SHOULD INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND REPORT ANY DAMAGE TO THE DEALER WITHIN 7 DAYS OF THE DELIVERY DATE. ANY DAMAGE NOT REPORTED WITHIN 7 DAYS OF THE DELIVERY DATE WILL BE CONSIDERED AS ACCEPTED BY THE CUSTOMER. THE DEALER SHALL NOT BE RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE OR TO THE CUSTOMER'S PROPERTY OR TO THE CUSTOMER'S PERSONAL BELONGINGS.  
 WARRANTY OF 12 MONTHS OR 100,000 KM, WHICHEVER IS FIRST TO BE REACHED, IS PROVIDED BY THE DEALER. THIS WARRANTY DOES NOT COVER THE COST OF LABOR OR MATERIALS FOR THE REPAIR OF DEFECTS OR DAMAGE TO THE VEHICLE OR TO THE CUSTOMER'S PROPERTY OR TO THE CUSTOMER'S PERSONAL BELONGINGS.  
 PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND SIGN AND RETURN THE COPIES TO THE DEALER. ANY DISCREPANCY SHOULD BE REPORTED IMMEDIATELY UPON RECEIPT OF THIS INVOICE. THE DEALER SHALL NOT BE RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE OR TO THE CUSTOMER'S PROPERTY OR TO THE CUSTOMER'S PERSONAL BELONGINGS.

**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/CHQ No.
8010325	91453178	873.12	



Our Ref: CC19060763



Date: 03 July 2019

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                    29/06/2019    @   19:35 hrs  
ALONG                            SIMS AVE TWDS EUNOS  
INVOLVING                    GBF5196E

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 **SHB3953A** (the "Taxi"). The Taxi was hired to **LIM POH WAH IC NO S1547834I** 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.

# SIB 3953A

HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)			
FROM	TO			1	2	3		FROM	TO		
1700	0043	24/6/19	Liew	1	2	3	6	7	3	0655	1415
0725	1220	25/6	Liew	1	2	3	8	7	4	0655	1420
1700	0346	26/6	Liew	1	2	4	0	6	0	0700	1400
1140	1135	27/6	Liew	1	2	4	2	4	9	0700	1425
1650	0111	27-6-19	P.W Jim	1	2	4	7	0	2	1650	0227
1650	0159	28/6	Liew	1	2	4	8	6	0	0700	1450
1650	0109	28-6-19	P.W Jim	1	2	5	3	4	1	1650	0357
1650	0137	29/6	Liew	1	2	5	4	9	3	0745	1350
1650	0507	29-6-19	P.W Jim	1	2	5	8	8	8	1650	1934
1650	0427	30-06-19	ACCIDENT							0740	-
1120	0151	02-07-19	REPAIR							-	1515

## LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING ALONG**      **Hyundai Ioniq SHB3953A , GBF5196E**      **ON 29-Jun-19 19:35**  
**SIMS AVE TWDS EUNOS**

I / We      **LIM POH WAH**      (Hirer) NRIC No.: **SXXXX834I**

and/or      (Relief) NRIC No.: **SXXXX834I**

Taxi Number      **SHB3953A**

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      **30-Jun-2019**

Name of Hirer      **LIM POH WAH**  
 Hirer NRIC      **SXXXX834I**

Signature :



Address      **452 ANG MO KIO AVENUE 10 #04-17...**  
**560452**

Contact No.      **97218853**

## Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBF5196E	29 Jun 2019 / 19:35:00	Successful	E04	EQ INSURANCE COMPANY LTD

Previous

OK

SHB393A

**Vivian Lau (LKKAuto)**

---

**From:** Vivian Lau (LKKAuto)  
**Sent:** Monday, 5 August, 2019 1:53 PM  
**To:** 'Jim Wong See Pah'  
**Cc:** Shu Pei (LKKAuto)  
**Subject:** RE: Acknowledgement of LOD's - TP claiming against EQI

**'WITHOUT PREJUDICE'**  
**SAVE AS TO COSTS**

Your Ref: CC19060763/ SHB 3953A/JW(st)  
Our Ref: CC3/EQI19011707/K1wb3

Dear Sir/Madam,

**Accident involving Vehicle SHB 3953A & GBF 5196E ON 29/06/2019**

We refer to the above matter.

Please be informed that our principal EQ has take over the conduct of the claim.

In view of the above, we will submit our report to EQ.

*Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.*

*In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement.*

Thank you

Best Regards,

**Vivian Lau** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-8625 | email: [Vivianlau@lkkauto.com](mailto:Vivianlau@lkkauto.com) | fax: 6741-4108

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

---

**From:** Suwanna (LKK Auto)  
**Sent:** Tuesday, 9 July, 2019 9:09 AM  
**To:** 'Jim Wong See Pah' <jimwong@cdge.com.sg>  
**Cc:** KKLau <kklau@lkkauto.com>; Admin A <admin-a@lkkauto.com>; CS A Team <cs-a@lkkauto.com>  
**Subject:** Acknowledgement of LOD's - TP claiming against EQI

Dear Jim,

We acknowledge receipt of your LOD's for the following cases.

NO	TAXI NO.	OI's NO.	Our reference	DOA	Case Handler / Investi
1	SHD 6805P	GBE 8134U	CC3/EQ119011711/K1wb3	27/6/2019	Vivian
2	SHB 3953A	GBF 5196E	CC3/EQ119011707/K1wb3	29/6/2019	Vivian

Our respective case handler will look into the matter and revert to you in due course.

Thank you.

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

Best Regards,

**Suwanna Te-Uttaruang** | Admin support

**LKK Auto Consultants Pte Ltd**

Email [Suwanna@lkkauto.com](mailto:Suwanna@lkkauto.com) | fax: 67414108

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



# 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

EQ INSURANCE COMPANY LTD

Ref : CC3/EQ19011707/K1wb3q2

5 MAXWELL ROAD  
#17-00 TOWER BLOCK  
MND COMPLEXSINGAPORE 069110

Date : 13-08-2019



Code : EQI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBF 5196E	Veh. Inspected	SHB 3953A
Policy No.		Coverage (\$)	0.00
Claim No.	DM19HO02170	Excess (\$)	0.00
Assign From		Assign Date	01/07/2019

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHC851CVKU107296	Colour	YELLOW
Odometer	125909	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	7 mm
L/H Front Tyre	195/65 R15	DAVANTI	7 mm
R/H Rear Tyre	195/65 R15	DAVANTI	7 mm
L/H Rear Tyre	195/65 R15	DAVANTI	7 mm

## 4. Description of Damages

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

## 5. General Information

Accident Date	29/06/2019	Inspection Date	01/07/2019
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:	<b>2 Working Days</b>
-------------------------------------	-----------------------



# 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

Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 3953A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	459.40	-
1	REAR BUMPER CENTRE MOLDING ASSY	DEFORMED	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOLDING ASSY	SERVICEABLE	270.10	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	294.80	-
10	REAR BUMPER CLIPS @\$2.20	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-299.51	-90.25
			<b>1,198.04</b>	<b>361.00</b>
<b>SPECIAL NETT ITEMS</b>				
1	REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
1	REAR NUMBER PLATE (SN)	CRACKED	25.00	25.00
1	REAR NUMBER PLATE CASING (SN)	CUT	30.00	30.00
			<b>190.70</b>	<b>55.00</b>
<b>LABOUR</b>				
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR BUMPER .		300.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR .	NOT NECESSARY	100.00	-
			<b>800.00</b>	<b>400.00</b>
<b>GRAND TOTAL</b>			<b>2,188.74</b>	<b>816.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>816.00</b>

Report Ref No. CC3/EQ19011707/K1wb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

## Joanne Lee (LKK Auto)

---

**From:** Joanne Lee (LKK Auto) <report@lkkauto.com>  
**Sent:** Thursday, 15 August 2019 2:20 PM  
**To:** 'eqiprs@eqinsurance.com.sg'  
**Cc:** 'vivianlau@lkkauto.com'  
**Subject:** TP Direct Settlement - Accident Involving GBF 5196E (OI) and SHB 3953A (TP) on 29/06/2019  
**Attachments:** EMAIL.pdf; LKK REPORT & PHOTO.pdf

Dear Sir/Madam,

We refer to our email dated 05/08/2019, which is self-explanatory.

We enclose herewith our without prejudice report and relevant documents for your necessary action please

Thank you.

Best Regards,

JOANNE | Reports

LKK Auto Consultants Pte.Ltd.

Phone: 6256-3561 Ext.111 Fax: 6741-4108 email: [report@lkkauto.com](mailto:report@lkkauto.com)

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #01-25 Singapore 408933