

ASSIGNMENT

DOI:

8/11/19

Date / Time:

8/11/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

G8A 2563 A

Name of Insured:

MG PANTING Fire PL

Insured Tel No.:

HP:

Claim No.:

Sum 90203232

Policy No.:

Make / Model:

Excess Sec II SS

D.O.A.:

8/11/2019

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Kathirvel Indhalca

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SHD 65944



INSRS:

WSP:

Tel:

Liability:

RMKS:

C04610400



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

Email 29.07.19

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by: KSC

Repair Cost:

4%

S\$1,150

(3 days)

Reduction:

4%

Email

Call

FINAL SETTLEMENT

Date/Time: 19-08-19

Confirm with: WUAM

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.:

9d

If NO or B 28, Ass. Lia:

Repair Cost:

S\$1,165.50

DO NOT SIGN INTO MAIN ROAD

Loss of Rental (LOR):

S\$ 390.35

(3 days)

*116.35

Loss of Use (LOU):

S\$ -

(3

x

days)

Loss of Income (LOI):

S\$ 150.00

(3

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☒

[Tick only one]

GIA/LTA Search:

S\$1.44

Medical:

S\$ -

Disbursement:

S\$ -

(e.g. Tow/ Independent)

Legal Cost

S\$ -

Total:

S\$ 2,215.84

Global Sum S\$:

FINAL PAYMENT

Date/Time: 19-08-19

Confirm with: WUAM

Email

Call

Party 1:

S\$2,215.84

Name 1:

CONSTRUCTED ENGINEERING PTE LTD.

Party 2: (Striker's Name):

S\$

Name 2:

Party 3: (Striker's Name):

S\$

Name 3:

COPY SENT
29/8/19

(04/11/13)

Surveyor: Kolvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Insp'd Vehicle No: _____

at Workshop mis _____

of _____

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 6594Y Yr Regn: 23 Jun 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai Z40 C.C. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 613752 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM H1041064091544Gen. Cond: Good / ~~Fair~~ / Poor / BurntSteering: Inord~~er~~ / Jammed / Leaked / Burnt orBrake: Inord~~er~~ / Jammed / Leaked / Burnt orModi: Nil / S/Rim / ST~~o~~A/Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Wella

Front: _____ Rear: _____

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 8/7/19 D.O.I. 8/7/19Survey held at CPGE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or

n/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

7/21/16 1.650 (USD) + 1.186.42 42%CTZ
4s

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

S + RS: _____

Photos: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : _____ (\$ _____)



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/CTI19012200/K1ea3

12/07/2019

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

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHD 6594Y

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 08/07/2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd (Loyang) and have the following to report:-

Workshop Estimate Amount	: S\$	2,836.42
Revised Estimate Amount	: S\$	1,650.00
"Check" Items Amount	: S\$	-
Total (Including Check Items)	: S\$	1,650.00
Market Value	: S\$	- (est.)
LTA Reimbursement Value	: S\$	- (est.)
Nett Value	: S\$	- (est.)

Description of Damage:

The vehicle sustained damages at the
N/S Rear Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 6594Y

DATE 8/7/2019 16:35

MAKE :

MODEL : HYUNDAI i40

L/Ce

CHINA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Bootlid Moulding / <i>ca</i>			\$ 85.00	
	Rear Bumper / <i>ph</i>			\$ 553.00	
	Rear Bumper Clip 10 pcs - <i>ca</i>			\$ 22.00	
	Rear Bumper Bracket (LH/RH) <i>ca RH x 50</i>		\$ 35.60	\$ 71.20	
	Rear Bumper Under Cover / <i>ca</i>			\$ 228.00	
	Rear Fender Inner Lining (LH/RH) <i>x ca</i>		\$ 169.30	\$ 338.60	
	<i>Rear Tail lamp (LH) - Int</i>				
	<i>Rear Fender (LH) x 1 pc</i>				
	SUB TOTAL		<i>\$565.60</i>	\$ 1,297.80	1868.40
	LESS 20%			\$ 259.56	372.68
	DISCOUNTED TOTAL			\$ 1,038.24	1490.72
	Rear Bumper Rubber Mat / <i>ca</i>			\$ 50.00	Nett
	Rear Bumper Reverse Sensor / <i>shld</i>			\$ 135.70	Nett
				\$ 185.70	
	Labour Charge				
	Panel Beating			\$ 400.00 <i>200</i>	
	Spray Painting Charge			\$ 30.00 <i>500</i>	
	Wiring Charge			\$ 150.00 <i>400</i>	
	Towing Fees- King Dolly			\$ 80.00 <i>20</i>	
	Remove/Refix Reverse Sensor			\$ 80.00 <i>60</i>	
	TOTAL LABOUR			\$ 960.00	1160
	ESTIMATE TOTAL			\$ 2,183.94	2,836.40

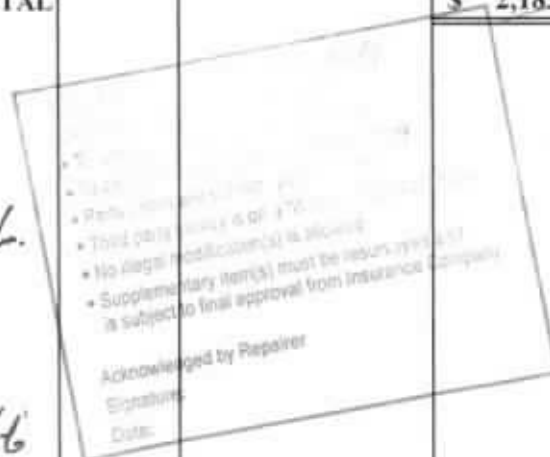
Ka Lin 14/6/19

98/7/19 1020h.

20h

4/5

Attn Repair p 6/6



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 305309599
Date 11.07.19

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHD6594Y CTPL

Fax :

08.07.19

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

1. The repair job shall bill to: CHINA --- GBA2563A
2. The finalized amount shall be:


(a) Spare Parts after List discount		
(b) Labour Charges		
Total for Part-By-Part Repair Cost		
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		<u>\$1,650.00</u>
Final Lumpsum Repair cost		<u>\$1,650.00</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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Koke
Date : 12/7/19

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		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORT CLS

Date Time: 08.07.2019 15:53

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3936219

JO NO: 305309599

MER
COMFORT TRANSPORTATION PTE LTD
7010045
MER NO: 383 SIN MING DRIVE
SS Singapore SINGAPORE 575717
65508755

P)
P)

JNT CARD NO:

REGN NO:	SHD6594Y	MILEAGE
MAKE:	HYUNDAI	FUEL E 1/2 F
MODEL	I-40	DATE/TIME IN 08.07.2019 10:45
YR OF MANU	23.06.2016	TARGET DATE
CHASSIS CODE	KMHLB41UMGU091544	COMPLETION DATE/TIME

CHINA

JOB DESCRIPTION

Accident Date: 08.07.2019
NATURE: 3P 08.07.2019

S/NO LABOR CODE
000010 23-01

DESCRIPTION
TOWING FEE (King Dolly)



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Signature/Stamp

Exit Pass

Vehicle No.: SHD6594Y

LKE

Vehicle No.:

SHD6594Y

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE 8/7/2019 16:35

H/Ce

CHINA

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Bootlid Moulding /			\$ 85.00	
	Rear Bumper /			\$ 553.00	
	Rear Bumper Clip 10 pcs -			\$ 22.00	
	Rear Bumper Bracket (LH/RH) LH ✓ RH ✓		\$ 35.60	\$ 71.20	
	Rear Bumper Under Cover /			\$ 228.00	
	Rear Fender Inner Lining (LH/RH) X		\$ 169.30	\$ 338.60	
	Rear Tail lamp (LH) -				
	Rear Fender (LH) x 2				
	SUB TOTAL			\$ 1,297.80	
	LESS 20%			\$ 259.56	
	DISCOUNTED TOTAL			\$ 1,038.24	
	Rear Bumper Rubber Mat /			\$ 50.00	Nett
	Rear Bumper Reverse Sensor /			\$ 135.70	Nett
				\$ 185.70	
	Labour Charge				
	Panel Beating			\$ 400.00 200	
	Spray Painting Charge			\$ 300.00 500	400
	Wiring Charge			\$ 30.00 20	20
	Towing Fees- King Dolly			\$ 150.00 60	60
	Remove/Refix Reverse Sensor			\$ 80.00 20	20
	TOTAL LABOUR			\$ 960.00	
	ESTIMATE TOTAL			\$ 2,183.94	
	Ka bin 14061				
	8/7/19 1020h.				
	200				
	45				
	After Repair photo				
<div><p>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.</p></div>					

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

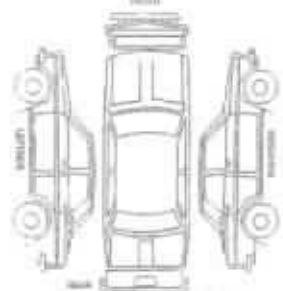
Job Requisition

1. Date: <u>8-7-2019</u> Time Received: <u>11:30</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" 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 checked="" 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>MR NAH</u> Contact No.: <u>94767192</u> Vehicle No.: <u>SHD6594Y</u> Make / Model / Colour: <u>140</u> Email: _____		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks: _____ _____ _____	

7. Location: <u>7 GAMBAS CRESCENT</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input 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	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungai 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: _____			

10. Odometer Reading: _____ 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		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	
---	--	--	--

Job Attended

12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver: <u>Shu Shen</u> Vehicle No.: <u>4P74946</u> Time Dispatch: <u>11:30</u> Time of Arrival: <u>12:10</u> Time Completed: _____		 # : Cracked X : Dented / : Scatched O : Missing Signature of Customer: _____	
---	--	---	--

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™.

<u>8-7-2019</u> Date	<u>12:10</u> Time	 Signature of Customer
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14. WORKSHOP

Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard
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Mei Kwan (LKKAUTO)

From: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>
Sent: Friday, 12 July, 2019 2:01 PM
To: Mei Kwan (LKKAUTO)
Subject: RE: OUR REF: SNM19D203232/TANKL - FW: Direct Settlement - Accident Involving GBA2563A (OI : CTI - TBA) and SHD6594Y (TP : LKK REF - CC3/CTI19012200/K1ea3) on 08/07/2019
Attachments: GBA2563A.pdf

Without Prejudice

Dear Mei Kwan,

We refer to your email below.

Attached is our insured's accident report as requested.

We await your next advice.

Thank you.

Regards

Tan Kah Leong
Assistant Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6193 | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/

Disclaimer: This e-mail and any files transmitted with it is intended only for the named recipients and may contain confidential information. Any unauthorized disclosure, use or dissemination of this message, either in whole or partial, is prohibited. If you are not the intended recipient, please notify the sender immediately. Please delete the e-mail and any copies of it thereafter.

From: Claims Dept of CTI
Sent: Friday, 12 July, 2019 12:13 PM
To: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>; Alfred Toh <alfred.toh@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>; Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>
Subject: OUR REF: SNM19D203232/TANKL - FW: Direct Settlement - Accident Involving GBA2563A (OI : CTI - TBA) and SHD6594Y (TP : LKK REF - CC3/CTI19012200/K1ea3) on 08/07/2019

Dear Kah Leong,

Please revert Lkk.

Officer in charge – Kah Leong 63896193

Thank you

Lim Shu Min
Executive

COMFORTDELGRO ENGINEERING

Our Ref : T 0719 / SHD6594Y /WT(st)

Your Ref :

Date : 17-Jul-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: 199608488R

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
46 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
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 SHD6594Y YOUR INSURED GBA2563A
AND OTHER _____ ON 08.07.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHD6594Y 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 GBA2563A we are submitting these claims for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,765.50
6	3 days Loss of Rental @ \$ 116.95 per day	\$ 350.85
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 :		\$ 2,123.84

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 2,363.84

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 : GBA2563A
- c) GIA / Police report/s of : SHD6594Y
- 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



ISO 9001
CERTIFIED

Asher Sng (LKKAuto)

From: Asher Sng (LKKAuto)
Sent: Wednesday, 24 July 2019 2:00 PM
To: INFO@MGPAINTSANDTRADING.COM
Subject: ACCIDENT INVOLVING GBA 2563A AND SHD 6594Y ON 08/07/2019

Our Ref: CC3/CTH19012200/K1ea3

24 JULY 2019

MG PAINTING SERVICES PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING GBA 2563A AND SHD 6594Y ON 08/07/2019

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
ALONGI 40 SHD6594Y , GBA2563A
ARK @ GAMBAS AT NO 7 GAMBAS CRESCENT

ON 08-Jul-19 10:45

I / We

GARY SOO CHEE SIONG... (Hirer) NRIC No.: SXXXX466J

and/or

NAH WHEE TIONG (Relief) NRIC No.: SXXXX760Z

Taxi Number

SHD6594Y

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

08-Jul-2019

Name of Hirer
Hirer NRICGARY SOO CHEE SIONG(SU ZHISONG)
SXXXX466J

Signature :



Address

757 WOODLANDS AVENUE 4 #10-269
730757

Contact No.

96820899

Name of Relief
Relief NRICNAH WHEE TIONG
SXXXX760Z

Signature :



Address

759 WOODLANDS AVENUE 6 08-22
730759

Contact No.

94767192

MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMCVSN3048181800 Claim No : SNM19D203232/TANKL
 Claimant : COMFORT TRANSPORTATION PTE LTD
 Amount : S\$2,273.84
 DOLLARS TWO THOUSAND TWO HUNDRED SEVENTY THREE 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. : SHD 6594Y
 Insured Vehicle No. : GBA 2563A

Date of Loss : 08/07/2019
 Place of Accident : APK @ GAMBAS AT NO 7 GAMBAS CRESCENT

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 : MG PAINTING SERVICES PTE LTD
 Driver Name : KATHIRVEL SUDHAKAR

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\$	1,765.50
(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\$	2,273.84

Claimant Name : COMFORT TRANSPORTATION PTE LTD

NRIC No :

Signature : 
 CLAIMS DEPARTMENT
 COMFORTDELTA ENGINEERING PTE LTD
 55 LORONG DRIVE
 SINGAPORE 509905

Date : 19-8-17

The contents of this document apply to vehicle damages only
 All personal injuries and damages arising therefrom are excluded

Please forward your cheque made payable to:
 COMFORTDELTA ENGINEERING PTE LTD

TAX INVOICE

8010012

CHINA TAIPING INSURANCE CO (S) PTE LTD
SPRINGLARK TOWER

3 ANSON ROAD #16-00
SINGAPORE 079909

CONTACT NO: 62222366

VEHICLE NO
SHD6594Y

NO/DATE
91455317 15.07.2019

MAKE
HYUNDAI

JOB NO.
305309599

MODEL
I-40

DIAGNOSTIC READING

DATE OF REG
23.06.2016

CHASSIS CODE
KMH1841UMGU091544

JOB TYPE

Description : 3P 08.07.2019

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,650.00
Add GST @ 7.000 %	115.50
Total Invoice amount	1,765.50

Issued by : KATHERINE TAN 15.07.2019 16:42:55
Repair Type : CLSO/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.

PATRON'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No

Our Ref: CT19070174

Date: 15 July 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	08/07/2019 @ 10:45 hrs
ALONG	ARK @ GAMBAS AT NO 7 GAMBAS CRESCENT
INVOLVING	GBA2563A

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 **SHD6594Y** (the "Taxi"). The Taxi was hired to **GARY SOO CHEE SIONG(SU ZHISONG) IC NO S7411466J** 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.

DATE	NAME OF DRIVER SHD6594Y	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE
		6	1	1	1	5		FROM	TO	
2/7	Alex.	6	1	1	1	5	7	0450	1600	
2/7	GARY	6	1	1	4	9	5	1630	0430	
3/7	Alex.	6	1	1	7	7	7	0445	1600	
3/7	GARY	6	1	2	0	2	0	1630	0430	
4/7	Alex.	6	1	2	2	6	5	0515	1600	
4/7	GARY	6	1	2	6	0	9	1630	0430	
5/7	Alex.	6	1	2	9	1	2	0445	1600	
5/7	GARY	6	1	3	2	1	8	1630	0500	
6/7-8/7	Alex	6	1	3	7	5	3	0500	1045	
08/7/19	Accident?	6 1 3 7 5 3						1045	—	
10/7/19	Repair	GAR/SW/ENR					—	—	1730	

Layang

GAR/SW/ENR

Sierra

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBA2563A	08 Jul 2019 / 10:45:00	Successful	C01	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

Previous OK




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/CTI19012200/K1ea3q2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909			Date : 04-09-2019	
			Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBA 2563A	Veh. Inspected	SHD 6594Y	
Policy No.	DMCVSN3048181800	Coverage (\$)	0.00	
Claim No.	SNM19D203232/TANKL	Excess (\$)	0.00	
Assign From		Assign Date	08/07/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU091544	Colour	BLUE	
Odometer	613752	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 N/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	08/07/2019	Inspection Date	08/07/2019	
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:		2 Working Days		

**LKK Auto Consultants Pte Ltd**

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Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 6594Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BOOTLID MOULDING	CRACKED	85.00	85.00
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET (LH/RH) @\$35.60	N/S CRACKED / O/S SERVICEABLE	71.20	35.60
1	REAR BUMPER UNDER COVER	CRACKED	228.00	228.00
2	REAR FENDER INNER LINING (LH/RH) @\$169.30	SERVICEABLE	338.60	-
1	REAR TAILLAMP (LH)	CUT	565.60	565.60
1	REAR FENDER (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-372.68	-297.84
			1,490.72	1,191.36
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
			185.70	185.70
	<u>LABOUR</u>			
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER (LH).		400.00	200.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.		30.00	20.00
	TOWING FEES-KING DOLLY.		150.00	60.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			1,160.00	710.00
	GRAND TOTAL		2,836.42	2,087.06
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,650.00

Report Ref No. CC3/CTI19012200/K1ea3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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