



## 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

### TAX INVOICE

MINISTRY OF DEFENCE

INV No. AC2304431

HQ TRANSPORT COMMAND

INV Date 14/07/2023

KRANJI CAMP 3

Reference CC2/MIDA22011019/Npq2

151 CHOACHU KANG WAY

Code MIDA

SINGAPORE 688248

### PROFESSIONAL SERVICE FEE

Vehicle No. MID 46274

Insured Veh.

Claim No. CY22/MID46274/311022/0038

Policy No. OA22031393

Accident Date 31/10/2022

Inspection Date 04/11/2022

Description	Total
Documentation For Motor Accident Claim	40.00
Corresponding With TP Claimant/Insurer For Recovery OR Settlement (If TCA Not Applicable)	190.00
Appraisal of Damaged Vehicle before Repairs (On-site inspection/ appraisal, taking photos of the damaged vehicle, survey report)	160.00
Appraisal of Vehicle after Repairs (On-site inspection/appraisal, taking photos, survey report)	180.00
<b>Subtotal</b>	<b>570.00</b>
<b>GST (8%)</b>	<b>45.60</b>
<b>Grand Total</b>	<b>615.60</b>

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to **'LKK Auto Consultants Pte Ltd'**

LKK Auto Consultants Pte Ltd

**CHT**

## LKK AUTO CONSULTANTS PTE LTD

51 Ubi Ave1, #01-25 Paya Ubi Industrial Park, Singapore 408933.

TEL : 6256 3561

FAX : 6256 4315

Reg. No: 199607198R

GST Reg. No. 19-9607198-R

MINISTRY OF DEFENCE  
HQ-TRANSPORT COMMAND  
KRANJI CAMP 3  
151 CHOA CHU KANG WAY  
SINGAPORE 688248

REF No. AC2304431 DG  
REF Date 14/7/2023  
Code MIDA

### DISBURSEMENT FEE

IOD Number CY22/MID46274/311022/0038  
PO Number OA22031393  
SAF Vehicle MID 46274  
Civillian Vehicle SHC 7172E  
Accident Date 31/10/2022  
Inspection Date 4/11/2022

<b><u>LKK Cost of Claim paid to claimant on behalf of MINDEF</u></b>				
	<b>Unit Price</b>	<b>(8%) GST Amount</b>	<b>Total</b>	
Repair Cost of SHC 7172E	\$ 850.00	\$ 68.00	\$ 918.00	
Loss of Rental (\$110.67 x 4days)	\$ 442.68	N.A	\$ 442.68	
Loss of Income (\$50 x 4days)	\$ 200.00	N.A	\$ 200.00	
<b>Total Fee</b>			<b>\$ 1,560.68</b>	

We shall be glad if you could forward us the payment at your early convenience.

Cheque should be crossed and made payable to "LKK AUTO CONSULTANTS PTE LTD".

LKK AUTO CONSULTANTS PTE LTD

YUYU

Successful

**GIRO**

Bank Reference  
**FT23070238089429**

Application Date: 06/07/2023

### From

Company Name LKK AUTO CONSULTANTS PTE LTD	Account Name LKK AUTO CONSULTANTS PTE LTD
Account Number 3393019938	Currency SGD

### To

Payee Name COMFORTDELGRO ENGINEERING PTE LTD	Account Number 0010695444	
Bank Country Singapore	Bank Name DBS BANK LTD	SWIFT BIC Code DBSSSGSGXXX

### Amount & When

Value Date 07/07/2023	Transaction Currency SGD	Transaction Amount 1,560.68
Payee Reference MID 46274	Payment Purpose Invoice Payment	
Customer Reference MID 46274		
Ultimate Originating Customer --	Ultimate Payee Name --	
Payment Details --		
Remarks for Approval --		

For Customer's Remarks

Re: [SEEK MANDATE] - Your Ref: CY22/MID46274/311022/0038 // LKK Ref : CC2/MIDA22011019/GNpq2

EDWIN KANG WEE HUAT (MINDEF) <KANG\_Wee\_Huat\_Edwin@defence.gov.sg>

Wed 22/3/2023 10:13 AM

To: Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>  
Cc: HO AIK SENG, DENNIS (MINDEF) <HO\_Aik\_Seng\_Dennis@defence.gov.sg>; SHETH AADIT SACHIN (MINDEF) <Sheth\_Aadit\_Sachin@defence.gov.sg>; Olivia Lau (LKKAUTO) <olivialau@lkkauto.com>

Message Classification: Official Closed  
Ok pls proceed, thanks.

Sent from [Outlook for Android](#)

**From:** Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>  
**Sent:** Friday, March 3, 2023 3:31:33 PM  
**To:** EDWIN KANG WEE HUAT (MINDEF) <KANG\_Wee\_Huat\_Edwin@defence.gov.sg>  
**Cc:** HO AIK SENG, DENNIS (MINDEF) <HO\_Aik\_Seng\_Dennis@defence.gov.sg>; SHETH AADIT SACHIN (MINDEF) <Sheth\_Aadit\_Sachin@defence.gov.sg>; Olivia Lau (LKKAUTO) <olivialau@lkkauto.com>  
**Subject:** [SEEK MANDATE] - Your Ref: CY22/MID46274/311022/0038 // LKK Ref : CC2/MIDA22011019/GNpq2

Message Classification: Official Closed  
Your ref: **CY22/MID46274/311022/0038**  
LKK ref : CC2/MIDA22011019/GNpq2

Dear Sirs,

**ACCIDENT INVOLVING MID46274 AND SHC7172E ON 31/10/2022**

We refer to the above matter.

The accident occurred when our SAF driver rear-ended third party. We are of the view our SAF driver is at fault.

We would like to seek your approval to negotiate and settle with civilian repairer.

The summary is as follows: -

	Pre-Repair Estimated Amount (by workshop)	Claimed Amount	Mandate Amount
1. Cost of Repair (with GST)	\$ 2,299.30	\$ 918.00	\$ 918.00 (\$850.00 + 8%GST)
2. Loss of RENTAL (5days x \$110.67)	\$ 553.35	\$ 553.35	\$ 442.68 (4days x \$110.67)
3. Loss of Income (5days x \$80.00)	\$ 400.00	\$ 400.00	\$ 200.00 (4days x \$50.00)
<b>Total</b>	<b>\$ 3,252.65</b>	<b>\$ 1,871.35</b>	<b>\$1,560.68</b>

- Enclosed herewith : -
- LKK Survey Report & Photos – SHC7172E.
  - LOD – SHC7172E.
  - SAF Report & Photos - MID46274

Kindly let us have your approval / instruction.

Best Regards,  
**Hsiao Tong, Chew (Ms)** | Case Handler  
**LKK Auto Consultants Pte Ltd**  
Phone: 6742-3197 | Email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) |  
HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 |  
S(408933)



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**From:** Hsiao Tong (LKKAuto)  
**Sent:** Thursday, November 24, 2022 12:02 PM  
**To:** EDWIN KANG WEE HUAT <KANG\_Wee\_Huat\_Edwin@defence.gov.sg>; HO AIK SENG, DENNIS <HO\_Aik\_Seng\_Dennis@defence.gov.sg>; SHETH AADIT SACHIN (MINDEF) <sheth\_aadit\_sachin@defence.gov.sg>  
**Cc:** Olivia Lau (LKKAuto) <olivialau@lkkauto.com>  
**Subject:** RE: SHC7172E VS 46274MID THIRD PARTY CLAIM.

Your Ref: **MID46274**  
LKK Ref: CC2/MIDA22011019/Gp

Dear Sirs,

We have conducted inspection for SHC7172E.

Please refer to the attached appraisal of damaged vehicle before repair and photos for your perusal.

Please let us have a copy of IOD & case file (MID46274) for our necessary action.

Thank you.

Best Regards,

**Hsiao Tong, Chew (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6742-3197 | Email: [chewht@lkkauto.com](mailto:chewht@lkkauto.com) |

HQ : Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 |

S(408933)

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**From:** HO AIK SENG, DENNIS (MINDEF) <[HO\\_Aik\\_Seng\\_Dennis@defence.gov.sg](mailto:HO_Aik_Seng_Dennis@defence.gov.sg)>  
**Sent:** Monday, 7 November 2022 4:10 PM  
**To:** Hsiao Tong (LKKAuto) <[chewht@lkkauto.com](mailto:chewht@lkkauto.com)>  
**Cc:** SHETH AADIT SACHIN (MINDEF) <[Sheth\\_Aadit\\_Sachin@defence.gov.sg](mailto:Sheth_Aadit_Sachin@defence.gov.sg)>; EDWIN KANG WEE HUAT (MINDEF) <[KANG\\_Wee\\_Huat\\_Edwin@defence.gov.sg](mailto:KANG_Wee_Huat_Edwin@defence.gov.sg)>  
**Subject:** FW: SHC7172E VS 46274MID THIRD PARTY CLAIM.

Message Classification: Official Closed  
Hi Hsiao Tong,

As spoken, please see this for follow-up with Comfortdelgro.

We will follow up with the documents with you.

Thank you.

Regards,

DENNIS HO  
TA INVESTIGATION WO  
HQ TPT/ SAFETY BR  
63074511  
91763064

**From:** [SPF\\_LOGS\\_ACS@spf.gov.sg](mailto:SPF_LOGS_ACS@spf.gov.sg) <[SPF\\_LOGS\\_ACS@spf.gov.sg](mailto:SPF_LOGS_ACS@spf.gov.sg)>  
**Sent:** Thursday, 3 November, 2022 3:14 PM  
**To:** HO AIK SENG, DENNIS (MINDEF) <[HO\\_Aik\\_Seng\\_Dennis@defence.gov.sg](mailto:HO_Aik_Seng_Dennis@defence.gov.sg)>  
**Cc:** [ENG\\_Cui\\_Fen@spf.gov.sg](mailto:ENG_Cui_Fen@spf.gov.sg); [LUI\\_Lai\\_Kuen@spf.gov.sg](mailto:LUI_Lai_Kuen@spf.gov.sg); [SPF\\_LOGS\\_ACS@spf.gov.sg](mailto:SPF_LOGS_ACS@spf.gov.sg)  
**Subject:** FW: SHC7172E VS 46274MID THIRD PARTY CLAIM.

Hi Dennis,

Preceding email and attachments refer. SPF received an accident notification from 3<sup>rd</sup> party workshop (ComfortDelgro) for an accident involving military truck – **46274MID**.

Forwarded for your follow-up please.

*Best Regards,*

*Hafizul Farhan Bin Rahmat  
Assistant Logistics Support Officer  
Corporate Services Division | Police Logistics Department*



**Singapore Police Force W** [police.gov.sg](http://police.gov.sg) **FB** [fb.com/singaporepoliceforce](https://fb.com/singaporepoliceforce) **IG** [Instagram.com/singaporepoliceforce](https://Instagram.com/singaporepoliceforce)

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**From:** Chiang Liat Choon <[chianglc@cdge.com.sg](mailto:chianglc@cdge.com.sg)>  
**Sent:** Tuesday, 1 November 2022 1:06 pm  
**To:** SPF LOGS ACS (SPF) <[SPF\\_LOGS\\_ACS@spf.gov.sg](mailto:SPF_LOGS_ACS@spf.gov.sg)>  
**Subject:** Fw: SHC7172E VS 46274MID THIRD PARTY CLAIM.

Officer - In - Charge,

Attached herewith repair estimate and GIA.

Best Regards  
Chiang Liat Choon  
Taxi Accident Repair  
ComfortDelGro Engineering Pte Ltd  
Off: 62148314 Fax: 65468156

Do you really need to print?  
Go Digital! Go Paperless!



**From:** [canon@comfortdelgro.com.sg](mailto:canon@comfortdelgro.com.sg) <[canon@comfortdelgro.com.sg](mailto:canon@comfortdelgro.com.sg)>  
**Sent:** Tuesday, 1 November 2022 12:49 pm  
**To:** Chiang Liat Choon <[chianglc@cdge.com.sg](mailto:chianglc@cdge.com.sg)>  
**Subject:** Scan Image

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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WARNING: "Privileged/Confidential information may be contained in this message. If you are not the intended addressee, you must not copy, distribute or take any action in reliance thereon. Communication of any information in this email to any unauthorised person is an offence under the Official Secrets Act (Cap 213). Please notify the sender immediately if you receive this in error."

Our Ref: CC1022/SHC7172E/KS(st)  
Date: 27.01.2023

ATTORNEY GENERAL CHAMBERS  
1 UPPER PICKERING STREET  
Singapore 058288

Attn : Motor Claims Department

**Without Prejudice**

**ComfortDelGro Engineering Pte Ltd**  
59 Loyang Drive Singapore 508969

www.cdge.com.sg

Company Registration No: 199506048W

Dear Sir/Madam

**ACCIDENT ON 31.10.2022 INVOLVING SHC7172E & 46274MID ALONG SIMEI ST 3**

We are the authorised repair workshop for CityCab Pte Ltd , the owner of vehicle No SHC7172E, which was involved in the captioned accident with your insured vehicle No 46274MID.

The vehicle owner and the taxi hirer/driver concerned have requested and authorised us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage of the vehicle.

As the accident was caused by the negligent act of your insured driver, we are submitting these claims for your consideration on behalf of the claimants:

**Taxi Owner's Claim :**

1. Cost of Repairs		S\$	918.00
2. Loss of Rental	5 days x S\$ 110.67	S\$	553.35
3. Survey Report Fee		S\$	0.00
4. LTA Search Fee		S\$	0.00
5. GIA / Police Report Fee		S\$	0.00
6. Others		S\$	0.00

**Hirer's Claim :**

1. Loss of Income	5 days x S\$ 80.00	S\$	400.00
2. Others		S\$	0.00

[E&OE]	<b>Total Claims</b>	<b>S\$</b>	<b>1,871.35</b>
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A copy each of the following supporting documents marked [X] is enclosed:

[X] Original Repair Bill	[X] Letter of Authority from Owner/Hirer/Operator
[X] GIA/Police Report(s)	[X] Rental Rate Letter
[ ] LTA/GIA Search Slip(s)	[X] Downtime/Mileage Record
[ ] Survey Report / Bill	[ ] Witness Statement / Accident Scene Photo(s)
[ ] Driver's IC/DL/VL / Road Tax / Log Card / Certificate of Insurance	
[ ] Tow Chit / PIR / Hirer's IRAS / Others :	

Kindly look into the matter and let us hear from you on the settlement of our clients' 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 sincerely

Kazali H S

CDGE Claims Department

DID: 62148736

FAX: -

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 i 40 SHC7172E , 46274MID  
ALONG SIMEI ST 3****ON 31-Oct-22 22:45**I / We **NEO BOCK SENG** (Hirer) NRIC No.: **SXXXX838B**and/or (Relief) NRIC No.: **SXXXX838B**Taxi Number **SHC7172E**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of earning (Pending successful recovery), 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 **01-Nov-2022**Name of Hirer **NEO BOCK SENG**Hirer NRIC **SXXXX838B**

Signature :

Address **499C TAMPINES AVE 9 #09-268  
523499**Contact No. **90039263**

## DISCHARGE VOUCHER AND INDEMNITY

Claimant Ref: **SHC7172E**

IOD No: **CY22/MID46274/311022/0038**

I / We, the undersigned **CITYCAB PTE LTD** DO HEREBY AGREE that payment by the Government of the Republic of Singapore as represented by the Ministry of Defence (hereinafter referred to as the "Government") of the sum of **SGD ONE THOUSAND FIVE HUNDRED SIXTY AND CENTS SIXTY EIGHT ONLY (S\$1,560.68)** shall be the full and final settlement of all claims (other than Personal Injury Claims) howsoever arising out of or in connection with the damages caused to my/our vehicle no. **SHC7172E**, in an accident involving Government vehicle no. **MID46274** on **31/10/2022** at/ along **SIMEI ST 3**.

I/ We hereby authorize you to make payment in favour of **COMFORTDELGRO ENGINEERING PTE LTD**.

I/ We agree that the payment is made without any admission of liability on the part of the Government or any agent or servant of the Government, I/We declare that I/We have no further claim whatsoever against the Government or any agent or servant of the Government in respect of the abovementioned incident and hereby give the Government a full and final discharge in respect of any liability or liabilities (Excluding Personal Injury Claims) which may arise out of the aforesaid accident.

I/We also declare that I am/We are the person entitled to receive the above compensation and hereby undertake to indemnify the Government against any claim made or which may be made by any person in connection with this matter.

Date: 06-06-2023

Signature of Claimant (with company stamp if applicable): \_\_\_\_\_

Name of Claimant: **CITYCAB PTE LTD**  
**CO. REG. NO. 199502839G**

If the Claimant is a Company or Firm, Name and Designation  
Of the person signing on behalf of the Company or Firm.

Signature of Witness: \_\_\_\_\_

Name and Designation of Witness: Catherine Koh

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508969  
KAZALI  
Claims Executive

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508969

"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 cheque made payable to:  
**COMFORTDELGRO ENGINEERING PTE LTD**

GST REG. NO. M2-8921817-3

**TAX INVOICE**

8010008

ATTORNEY GENERAL CHAMBERS

1 UPPER PICKERING STREET  
SINGAPORE 058288

CONTACT NO:

VEHICLE NO  
SHC7172E

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
07.04.2016

CHASSIS CODE  
KMHLB41UMGU086979

NO/DATE  
93118788 19.01.2023

JOB NO.  
305535067

ODOMETER READING

JOB TYPE

Description : 3P 31.10.2022

**Invoice for Lump Sum Repair**

Total Lump Sum Repair Amt	850.00
Add GST @ 8.000 %	68.00
<b>Total Invoice amount</b>	<b>918.00</b>

Issued by : KATHERINETAN 19.01.2023 13:31:14  
Repair Type : CFSO/57/57  
Payment Type/Term : /Credit 30 days

1. WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR OTHER INCIDENTS RELATING TO CUSTOMERS' AND VEHICLES ARE DRIVEN AND TESTED BY OWNERS ONLY.

2. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY OF NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE DATE).

4. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

**ComfortDelGro Engineering Pte Ltd**

Head Office:  
205 Braddell Road  
Singapore 579701

ACCOUNT No.

INVOICE No.

AMOUNT

BANK/CHQ No.

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

Our Ref: CC22100523



Date: 07 November 2022

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                      31/10/2022    @   22:45 hrs  
ALONG                               SIMEI ST 3  
INVOLVING                        46274MID

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 **SHC7172E** (the "Taxi"). The Taxi was hired to **NEO BOCK SENG IC NO SXXXX838B** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$110.67** per day (inclusive of GST).

Please be advised that the Taxi was insured with **AXA 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

Philip Chia  
Manager, Fleet Safety

This is a computer generated letter. No signature is required.



DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
							FROM	TO
28-10-22	N/A	958	249		321.1	1925	0600	
29-10-22	Lax	958	450		900	0800	1730	
29-10-22	N/A	958	863		213.3	1950	2430	
30-10-22	Lax	958	918		255	0800	1635	
30-10-22	N/A	959	116		197.7	2300	0550	
31-10-22	Lax	959	118		201	0800	1639	
31-10-22	N/A	959	404		86.6	2000	0018	
31-10-22					2407.172E	23.40	-	
05-11-22	Y Hardant Repairs				N/A	-	0850	

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Actual Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

## ACCIDENT STATEMENT

Date of Submission .....	01/11/2022 10:52 (SGT)
Reported by .....	Driver
Date of Accident .....	31/10/2022 22:45 (SGT)
Exact Location of Accident .....	Simei St 3, Singapore
Additional Location Information .....	-
Country/State of Loss .....	Singapore

## DETAILS OF OWN VEHICLE

Vehicle Registration Number .....	SHC7172E
-----------------------------------	----------

### INSURED/POLICYHOLDER

Is company? .....	Yes
Name Of Registered Owner .....	CITYCAB PTE LTD
Company Reg No .....	1XXXXX839G
Email Address .....	fleetsafety@cdgtaxi.com.sg
Mobile Phone No .....	(Phone) +65-90039263
Alternative Phone No .....	(Office) +65-65508768

### VEHICLE PARTICULARS

Manufacturer .....	Hyundai
Model .....	I40
Variant .....	-
Exact purpose for which vehicle was being used at time of accident .....	Private hire
Are you claiming under your own insurance policy for repair to your vehicle? .....	No - Claiming third party
Vehicle Category .....	Taxi
Transmission .....	Auto
CC .....	1685

### INSURANCE COMPANY

Name of Insurance Company .....	AXA Insurance Pte Ltd
Policy Number / Cover Note Number .....	VFX/P2419140

### DRIVER

Name of Driver .....	NEO BOCK SENG
NRIC No .....	SXXXX838B
Date Of Birth .....	25/07/1963
Occupation .....	Outdoor

Date Of Driving Pass .....	02/11/2001
Driving experience .....	20 YEARS AND 11 MONTHS
Gender .....	Male
Mobile Number .....	(Phone) +65-90039263
Alt. Phone Number .....	-
Email Address .....	fleetsafety@cdgtaxi.com.sg
Address .....	499C TAMPINES AVENUE 9 #09-268
Address complement .....	-
Postcode .....	523499
Is the driver the policyholder? .....	No
If No, Relationship of the Driver with the Insured .....	Hirer
Does Driver Own Other Vehicles? .....	No
Vehicle Registration Number of Other Vehicle Owned by Driver .....	-
Insurance Company of Other Vehicle Owned by Driver .....	-

#### GENERAL INFORMATION OF THE ACCIDENT

Type of Accident .....	Collision - Head to Rear
Weather Conditions .....	Clear
Road Surface .....	Dry

#### OTHER INFORMATION

Was any foreign vehicle involved in the accident? .....	No
Number of vehicles involved in the accident .....	2
Was anybody injured in the Accident? .....	Yes
Was any injured conveyed to hospital by ambulance? .....	No
Was any other vehicle or property damaged? .....	Yes
Number of Passengers (Including Driver) .....	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? .....	No
Translator's name .....	-
Translator's ID .....	-
Translator's phone number .....	-
Translator's email .....	-
Original language used in the statement .....	-

#### PASSENGER 1

Name .....	UNKNOWN
Gender .....	Female

#### DETAILS OF POLICE ACTION

Was the accident reported to the police? .....	No
Was notice of intended Prosecution given? .....	No
If yes, against whom? .....	-

#### CIRCUMSTANCES OF ACCIDENT

ON 31/10/2022 AT AROUND 2245HRS, I WAS DRIVING VEHICLE A (SHC7172E) ALONG SIMEI STREET 3. WHILE STATIONARY AT A RED TRAFFIC LIGHT, VEHICLE B (46274MID) SUDDENLY REAR ENDED VEHICLE A. I SUSTAINED NECK AND BACK PAIN AFTER THE ACCIDENT BUT I AM UNSURE IF MY FEMALE PASSENGER SUSTAINED ANY INJURY. THERE WERE NO OTHER VEHICLES INVOLVED IN THE ACCIDENT.

#### ATTACHMENT(S)

Are accident photos available for attachment? .....	Yes
Was there any video captured by Car Camera? .....	Yes
Reasons for not uploading a video of the accident .....	FILE IS NOT SUITABLE

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number .....	46274MID
Vehicle Manufacturer .....	-
Vehicle Model .....	-
Vehicle Variant .....	-
Vehicle Colour .....	-
Vehicle Category .....	Government
Name of Driver .....	MUHAMMAD ZAIHAN BIN ZAILANI
NRIC No .....	TXXXX963G
Contact Number .....	(Phone) +65-89213863
Address .....	-
Address complement .....	-
Postcode .....	-
Insurance Company Name .....	-
Nature Of Damage .....	-
Details of property damaged in accident .....	-
No. Of Passenger (Including Driver) .....	1

#### INJURED PERSONS DETAILS

##### INJURED 1

Name of injured person .....	NEO BOCK SENG
Gender .....	Male
Phone No .....	(Phone) +65-90039263
Address .....	499C TAMPINES AVENUE 9 #09-268
Address Complement .....	-
Post Code .....	523499
Approximate Age Years Old .....	59
Injuries Sustained .....	NECK AND BACK
Injured person in which vehicle? .....	SHC7172E
Were seat belts worn? .....	Yes
Was this injured conveyed to hospital by ambulance? .....	No

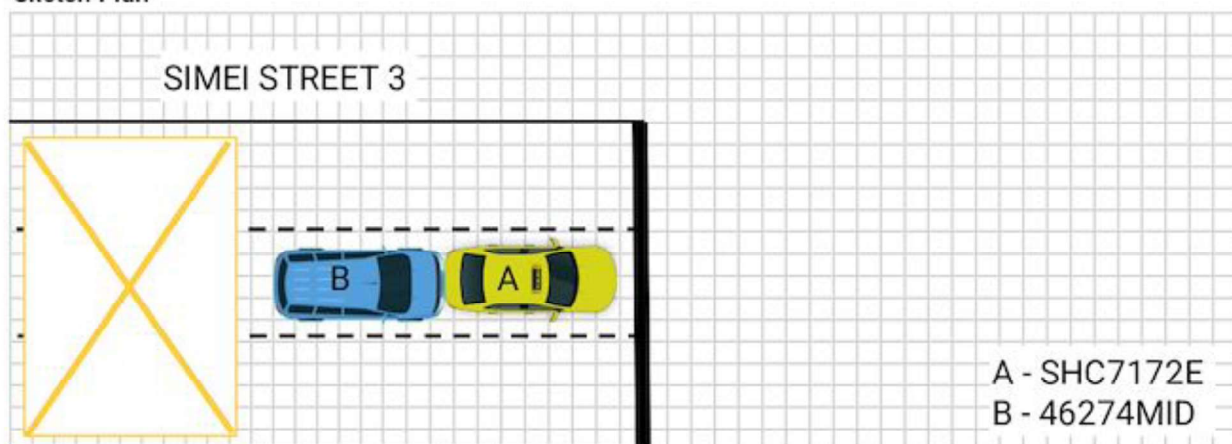
**SKETCH PLAN****IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**  
I understand, acknowledge, agree and consent that :  
(a) My Insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' law yers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :  
(i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;  
(ii) investigating the accident and/or my claims;  
(iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;  
(iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or  
(v) complying with applicable law in administering, processing, handling and/or dealing with my claims.  
(collectively the "Purposes")  
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and  
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their law yers/law firms), which may be based outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &amp; Time

Driver's Signature (If driver is not the policyholder) / Date & Time  
01/11/2022 1000HRS

Witnessed by Reporting Centre Personnel

FLASH ACCIDENT  
REPORTING OFFICER  
FRO SUFIYAN**Sketch Plan**

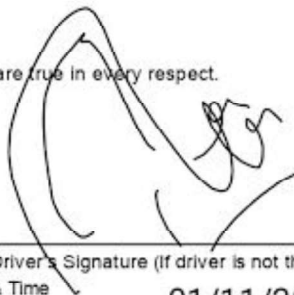


## Describe Circumstances of the Accident

ON 31/10/2022 AT AROUND 2245HRS, I WAS DRIVING VEHICLE A (SHC7172E) ALONG SIMEI STREET 3. WHILE STATIONARY AT A RED TRAFFIC LIGHT, VEHICLE B (46274MID) SUDDENLY REAR ENDED VEHICLE A. I SUSTAINED NECK AND BACK PAIN AFTER THE ACCIDENT BUT I AM UNSURE IF MY FEMALE PASSENGER SUSTAINED ANY INJURY. THERE WERE NO OTHER VEHICLES INVOLVED IN THE ACCIDENT.

## Declaration

I/We declare the foregoing particulars are true in every respect.



Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

01/11/2022 1000HRS

**FLASH ACCIDENT  
REPORTING OFFICER**

FRO NAZREEN



Witnessed by Reporting Centre Personnel



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

**Mindef ref:**

LKK ref: CC2/MIDA22011019/Gp

Date: 24.11.2022

**HQ TRANSPORT COMMAND**

**Attn: Maj Edwin**

Dear Sir/Madam

**APPRAISAL OF DAMAGED VEHICLE BEFORE REPAIRS: SHC7172E**

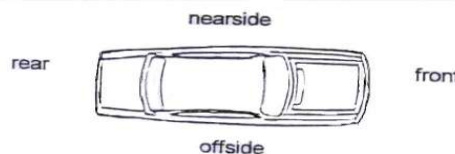
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 4/11/2022 at the premises of M/s COMFORTDELGRO ENGINEERING PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$	2,128.98
Revised Estimate Amount	: S\$	1,080.00
"Check" Items Amount	: S\$	135.70
Total	: S\$	<b>1,215.70</b>
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,

**XING GUO QIANG**  
**Licensed Appraiser**



## 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

MINISTRY OF DEFENCE

HQ TRANSPORT COMMAND

KRANJI CAMP 3

151 CHOA CHU KANG WAYSINGAPORE 688248

Ref: CC2/MIDA22011019/Npq2

Date: 28/02/2023

Code: MIDA

### 1. Policy Particulars :- THIRD PARTY CLAIM

<b>Insured Veh.</b>	MID 46274	<b>Veh. Inspected</b>	SHC 7172E
<b>Policy No.</b>	OA22031393	<b>Coverage (\$)</b>	0.00
<b>Claim No.</b>	CY22/MID46274/311022/0038	<b>Excess (\$)</b>	0.00
<b>Assign From</b>		<b>Assign Date</b>	04/11/2022

### 2. Vehicle Particulars & Condition

<b>Make &amp; Model</b>	HYUNDAI I40	<b>c.c</b>	1685
<b>Engine No.</b>	HIDDEN	<b>Year of Reg.</b>	2016
<b>Chassis No.</b>	KMHLB41UMGU086979	<b>Colour</b>	YELLOW
<b>Odometer</b>	-	<b>Steering</b>	IN ORDER
<b>Brakes</b>	IN ORDER	<b>Modification</b>	NIL
<b>General</b>	GOOD		

### 3. Conditions of Tyres

	<b>Size</b>	<b>Make</b>	<b>Balance</b>
<b>R/H Front Tyre</b>	195/65 R15	WEST LAKE	6 mm
<b>L/H Front Tyre</b>	195/65 R15	WEST LAKE	6 mm
<b>R/H Rear Tyre</b>	195/65 R15	WEST LAKE	6 mm
<b>L/H Rear Tyre</b>	195/65 R15	WEST LAKE	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

### 5. General Information

<b>Accident Date</b>	31/10/2022	<b>Inspection Date</b>	04/11/2022
<b>Survey held at</b>	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

<b>ESTIMATED NORMAL PERIOD FOR REPAIR:</b>	<b>2 Working Days</b>
--	-----------------------





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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7172E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER COVER	BROKEN	553.00	553.00
1	REAR BUMPER LOWER COVER	SERVICEABLE	228.00	-
1	REAR REINFORCEMENT	SERVICEABLE	428.40	-
10	REAR BUMPER CLIPS @\$2.20	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET LH/RH @\$35.60	SERVICEABLE	71.20	-
2	REAR BUMPER REFLECTOR LH/RH @\$32.00	SERVICEABLE	64.00	-
	LESS 20% DISCOUNT		-273.32	-115.00
			1,093.28	460.00
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER MAT (SN)	NECESSARY	50.00	50.00
1	REAR REVERSE SENSOR (SN)	SERVICEABLE	135.70	-
			185.70	50.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		450.00	280.00
	SPRAY PAINTING CHARGE .		300.00	250.00
	REMOVE/REFIX REVERSE SENSOR .		60.00	40.00
	CHECK LIGHTING & WIRING.	NOT NECESSARY	40.00	-
			850.00	570.00
<b>GRAND TOTAL</b>			<b>2,128.98</b>	<b>1,080.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>850.00</b>

Report Ref No. CC2/MIDA22011019/Npq2

MUHAMMAD NAZRIL BIN ABDULLAH

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.



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### PHOTOGRAPHS FOR VEHICLE NO. SHC 7172E

### INSPECTION







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### PHOTOGRAPHS FOR VEHICLE NO. SHC 7172E

### RE-INSPECTION

