

INS. CASE OWNER: MAVIS

CC 3/ LCR17022214 / K12a3

LKK:
IDAC:

ASSIGNMENT

Stuveyta: KALVIN

DOI: 20/11/17

Date / Time: 20/11/17

Registered in Merimen: 21/11/17

Pre-assign / CCU / FTE



Insured Vehicle No. : SLK 5516X

Claim No. : 892260586356

Name of Insured : LCR

Policy No. : 0999995163

Insured Tel No. : _____ HP: _____

Make / Model : TOYOTA COROLLA ALTIS CLASSIC

Excess Sec II : SS _____ D.O.A. : 20/11/17

Place of Accident : 16 CUT MARINA BLVD

Is driver the owner? (YES NO) Nature of Accident : _____

If NO, Driver Name / Age : TAN SEOW WAH

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 400T



INSRS:
WSP: COGE (Layang)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/Time	STAGE	DATE / PIC																																
<u>23/11/17 (2017)</u>	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:																																	
	Documentation Check List: <table border="1"> <tr><td>Handler</td><td>Typist</td></tr> <tr><td>Notification ltr (if non-pickup)</td><td><input type="checkbox"/></td></tr> <tr><td>After call ltr to OI:</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Authorisation To Act:</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Release Voucher:</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Final Repair Bill:</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Car Rental Invoice:</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Towing Invoice:</td><td><input type="checkbox"/></td></tr> <tr><td>LTA / GIA :</td><td><input checked="" type="checkbox"/></td></tr> <tr><td>Medical Bill:</td><td><input type="checkbox"/></td></tr> <tr><td>PIR:</td><td><input type="checkbox"/></td></tr> <tr><td>Mandate/Reject Instruction:</td><td><input type="checkbox"/></td></tr> <tr><td>LOD</td><td><input type="checkbox"/></td></tr> <tr><td>Payment Breakdown Form:</td><td><input type="checkbox"/></td></tr> <tr><td>Post-Repair Photos:</td><td><input type="checkbox"/></td></tr> <tr><td>Others:</td><td><input type="checkbox"/></td></tr> </table>	Handler	Typist	Notification ltr (if non-pickup)	<input type="checkbox"/>	After call ltr 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 type="checkbox"/>	Payment Breakdown Form:	<input type="checkbox"/>	Post-Repair Photos:	<input type="checkbox"/>	Others:	<input type="checkbox"/>	
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Post-Repair Photos:	<input type="checkbox"/>																																	
Others:	<input type="checkbox"/>																																	

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	SS _____	days) Reduction: % _____
FINAL SETTLEMENT	Date/Time: <u>11/1/18</u>	Confirm with: <u>(e/citra)</u>
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>18</u>
Repair Cost:	SS <u>909.50</u>	
Loss of Rental (LOR):	SS <u>245.63</u>	(2.5 days) x <u>998.25</u>
Loss of Use (LOU):	SS <u>125.00</u>	(5 days) x <u>25</u>
Loss of Income (LOI):	SS _____	(3 days) x _____
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	<input type="checkbox"/> LOR + LOU <input type="checkbox"/>	<input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]
GIA/LTA Search	SS <u>5.35</u>	
Medical:	SS _____	
Disbursement:	SS _____	(e.g. Tow/ Independent)
Legal Cost	SS _____	
Total:	SS <u>1285.48</u>	Global Sum SS: <u>1280.00</u>
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS <u>1280.00</u>	Name 1: <u>Comptelgpa Engineering pte ltd</u>
Payee 2 (3rd Party):	SS _____	Name 2: _____
Payee 3 (Strife / N.A.):	SS _____	Name 3: _____

Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.305090771

CUSTOMER CITYCAB PTE LTD MS 7010070 CUSTOMER NO. 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 65551188 (P) (C) (P) COUNT CARD NO.	REGN NO. SHC 400T	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL SONATA	DATE/TIME IN 20.11.2017 09:35
	YR OF MANU 30.12.2010	TARGET DATE
	CHASSIS CODE KMHET41VMAA801774	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 20.11.2017
 NATURE: 3P 20.11.2017

S/NO	LABOR CODE	DESCRIPTION
		ALG - taxi Right Rear damage LKK/Kelvi -

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC 400T LARRY

Vehicle No.: SHC 400T

Larry Ng

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No . 305090771

Date : 22.11.2017

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC 400T

Date of Accident: 20.11.2017

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

1. The repair job shall bill to: AIG SLK5516X

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: _____

Final Lumpsum Repair cost \$850.00

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 : [Signature]

Signature : [Signature]

Name : Larry Ng

Name : Kalvin

Tel : 6214 8316

Date : 22/11/17

Fax : 6546 8156

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	\$5.35			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

SAC H007

DATE	NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED		DATE
		From	To		From	To	
12-11-17		61440			0843	0846	
13-11-17		61674			0850	1735	
14-11-17		61966			0904	2115	
15-11-17		62240			0850	2015	
16-11-17		62500			0849	2015	
17-11-17		62752			0903	2021	
18-11-17		62899			1055	1824	
19-11-17		63033					
20-11-17							
20-11-17	ACCIDENT			110	0935	-	
22-11-17	REPAIR			007	1315	-	

Our Ref : CC17110683/ SHC 400T /CL(st)

Date : 27-Nov-17

AIG ASIA PACIFIC INSURANCE PTE LTD
CHARTIS Buliding
78 Shenton Way
#07-16
Singapore 079120

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: 19660049W

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 758732

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC 400T YOUR INSURED
SLK5516X AND OTHER _____ ON 20.11.17**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no:
SHC 400T 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 SLK5516X we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	909.50
2	<u>3</u> days Loss of Rental @ \$ 98.25 per day	\$	294.75
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	-
5	GIA / Police Report Fees	\$	5.35
6	Towing / Medical / Transportation Fees	\$	-
Sub Total :		\$	<u>1,209.60</u>

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per day	\$	240.00
Total Claims :		\$	<u>1,449.60</u>

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

- a) Original repair bill and photocopies of photographs : 9 pcs.
- b) LTA search slip/s of : SLK5516X
- c) GIA / Police report/s of : SHC 400T
- d) Letter of authority from owner / hirer / operator
 - () Witness statement/s
 - () Certificate of Insur. (x) Rental Rate letter
 - () Photograph/s of Accident Scene
 - (x) Downtime/Mileage record

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

Cecilia Lee

Executive

CDGE Claims Department

Tel : 6214 8354 Fax: 6214 1843 Email : cecilialee@sparkcarcare.com

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

A member of

COMFORTDELGRO



Zayer (LKKAuto)

From: Zayer (LKKAuto)
Sent: Wednesday, 13 December, 2017 4:30 PM
To: 'Eileen, May Hwee Yap'
Cc: Vivian Lau (LKKAuto)
Subject: ACCIDENT INVOLVING SLK 5516X / SHC 400T AT/ALONG MARINA BLVD X MARINA VIEW LINK ON 20/11/2017

Your Ref: SLK 5516X
Our Ref: CC3/LCR17022214/K1za3

LION CITY RENTALS PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SLK 5516X / SHC 400T AT/ALONG MARINA BLVD X MARINA VIEW LINK ON 20/11/2017

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 7 days i.e. by 20/12/2017 after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please call us if you have further queries.

Zayer
DID: 6841 2409
FAX: 6741 4108
Email: zayer@lkkauto.com

Case Handler
c.c. *AIG Asia Pacific Insurance Pte Ltd*
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **SONATA SHC400T , SLK5516X** **ON 20-Nov-17 08:55**
ALONG **MARINA BOULEVARD X MARINA VIEW LINK**

I / We **TAY LYE CHONG** (Hirer) NRIC No.: **S1236943C**

and/or (Relief) NRIC No.:

Taxi Number **SHC400T**

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 **20-Nov-2017**

Name of Hirer **TAY LYE CHONG**
Hirer NRIC **S1236943C**

Signature :



Address **116 SIMEI STREET 1 #11-598**
520116

Contact No. **97584256**

RELEASE VOUCHER
(AIG Asia Pacific - Express Third Party Claim)

"We/I, COMFORTDELGRO ENGINEERING PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of surveyor) with respect to the amount claimed for \$S1,280.00 (Global Sum) for vehicle no. SHC 400T that was damaged pursuant to the accident which occurred on 20/11/2017 (date) along MARINA BLVD X MARINA VIEW LINK (location) involving vehicle no/s SLK 5516X

This is pursuant to the inspection conducted on 20/11/17 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner COMFORT TRANSPORTATION PTE LTD ("the third party claimant") of vehicle no SHC 400T make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to SHC 400T (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

11 JAN 2018

Dated this _____ (day) of _____ (month) 20__ (year)



Ante

Signed by appointed surveyor

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRIDGE L ROAD
SINGAPORE 579701

Signed by "the workshop" (with chop)

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"

GST REG. NO. M2-8921817-3

TAX INVOICE

8010004
 AIG ASIA PACIFIC INSURANCE PTE LTD
 #08-16 78 SHENTON WAY.CHARTIS BUILD
 SINGAPORE 079120
 CONTACT NO: 64193000 3225094

VEHICLE NO
 SHC 400T
 MAKE
 HYUNDAI
 MODEL
 SONATA
 DATE OF REG
 30.12.2010
 CHASSIS CODE
 KMHT41VMAA801774

INV. NO/DATE
 91342387 23.11.2017
 JOB NO.
 305090771
 ODOMETER READING

 JOB TYPE

Description : 3P 20.11.2017

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		850.00
Add GST @ 7.000 %		59.50
Total Invoice amount		909.50

Issued by : KATHERINETAN 23.11.2017 17:05:55
 Repair Type : CFSO/57/57
 Payment Type/Term : /Credit 30 days

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.

Our Ref: CC17110683



Date: 23 November 2017

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 20/11/2017 @ 08:55 hrs
ALONG -MARINA BLVD X MARINA VIEW LINK
INVOLVING SLK5516X

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 **SHC0400T** (the "Taxi"). The Taxi was hired to **TAY LYE CHONG IC NO S1236943C** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$98.25** per day (inclusive of GST).

Please be advised that the Taxi was insured with **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
Executive, Fleet Safety

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

SLC 430 T

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLK5516X	20 Nov 2017 / 08:55:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK

...CLAIM SUBFOLDER...(Pending for Survey Report)

Express

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	21 Nov 2017 Edit Reg		20 Nov 2017 00:00 Edit Adj Rpt	S\$850.00 Edit Estimates	S\$850.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:	LCRF PTE LTD , Co. Reg. No.: 201624597K								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHC400T	Date of Loss:	20/11/2017 08:00 - :59						
Claim Type:	TP / 8922605868SG	Policy/Cover Note No.:	0999995163						
Vehicle Reg. No. (Insured):	SLK5516X	Policy No. (Claimant):	D-15072702MFSH						
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Chew, Mavis] Chew.Mavis@aig.com								
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 30/11/2017]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*SHC400T (8922605868SG)
[SLK5516X]
TP
COMFORT TRANSPORTATION PTE LTD
Nov 20 2017 8:00AM
[LCRF PTE LTD]
ComfortDelGro Engineering Pte Ltd

Upload Documents	Upload Photos	Compose New Letter	Upload Video	Upload Audio	View View in Browser
Letters/Correspondences					1 per page <input type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	(Draft)	Third Party Express Settlement – Payment Breakdown	1	Edit	
Assessment Reports					1 per page <input type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)		Thumbnail	Print
1	22/11/17 09:50	Accident Statement From: SC - Reg. No: SLK5516X, Claimant: LCRF PTE LTD	1	Load HTM	
Photos/Images					3 per page <input type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
2	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
3	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
4	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
5	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
6	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
7	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
8	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
9	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
10	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
11	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
12	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
13	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
14	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
15	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
16	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
17	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
18	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
19	21/11/17 18:47	General View	1	Load JPG	<input checked="" type="checkbox"/>
20	23/11/17 17:28	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
21	23/11/17 17:28	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
22	23/11/17 17:28	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
23	23/11/17 17:28	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
Documentation					1 per page <input type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	21/11/17 17:08	TP GIA REPORT	1	Load PDF	
2	21/11/17 17:08	TP ESTIMATE- MARKED	1	Load PDF	
3	17/01/18 16:38	WORKSHOP INVOICE	1	Load PDF	

4	17/01/18 16:38	AUTHORISATION TO ACT FORM		Load PDF	
5	17/01/18 16:38	Release Voucher		Load PDF	
6	17/01/18 16:38	RENTAL RECEIPT		Load PDF	
7	17/01/18 16:38	LTA SEARCH		Load PDF	
8	17/01/18 16:38	LETTER TO OI		Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Show Remarks To: <input type="checkbox"/> Handling Insurer
<small>Note: Remarks are private unless you show it to other parties.</small>

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

**THIRD PARTY EXPRESS SETTLEMENT
(PAYMENT BREAKDOWN)**

Vehicle No:	SLK5516X (Insd veh)	Model:	HYUNDAI SONATA NF 2.0 2.0 CRDI AT ABS 2WD 4DR TURBO (A)
	SHC400T (TP veh)		
Date of Accident:	20/11/2017		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	: \$	2,643.24	
Final Repair Cost	: \$	1,280.00	
Loss of Use	: \$	2.50 days at \$50.00 per day	
Rental (if any)	: \$	2.50 days	
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum (Global Sum)	: \$	1,280.00	
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A) For <u>Non GIA Registered Workshop</u> :		Agreed Liability _____(%)	
B) For <u>GIA Registered Workshop</u> :		BOLA Applicable: Yes/ No- BOLA Scenario No:	
		10	
BOLA Liability: _____100_____(%)		Assessed Liability (*): _____(%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks _____			

Payment Instruction: Payee's Breakdown			
1)	ComfortDelGro Engineering Pte Ltd	: \$	1,280.00
2)		: \$	
3)		: \$	
4)		: \$	
5)		: \$	

JOANNE LEE KHANG MIN

LKK Auto Consultants Pte Ltd

17 Jan
2018

Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

LKK Auto Consultants Pte Ltd (Co Reg.No.199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/LCR17022214/K1ZA3Q2

Date: 17/01/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.	Policy No:	0999995163
Claimant Vehicle No : SHC400T	Insured Vehicle No :	SLK5516X
Date of Loss: 20/11/2017	Nature of Claim:	TP Claim No: 8922605868SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC400T	Engine No: HIDDEN
Make & Model:	HYUNDAI SONATA NF, 2.0 2.0 CRDI AT ABS 2WD 4DR TURBO (A)	Chassis No: KMHET41VMAA801774
Reg. Date:	30/12/2010 (Man. Year: 2010)	Odometer: 63085 km
Colour:	Yellow	
Engine Capacity:	1991 cc	
Market Value/New Car Price:	N/A	
Sum Insured (S\$):	Market Value/New Car Price	

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	215/60 R16	Rear Tyre Size:	215/60 R16
Front Left Side:	Maxxis 7 mm	Rear Left Side:	Maxxis 7 mm
Front Right Side:	Maxxis 7 mm	Rear Right Side:	Maxxis 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	680.32	126.00	554.32	81.48
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,790.00	940.00	850.00	47.49
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,470.32	1,066.00	1,404.32	56.85
Approved Total (Overridden) (S\$)		850.00		
	(S\$)	2,470.32	850.00	1,620.32
+ GST 7.00/7.00% (S\$)	172.92	59.50	113.42	65.59
Nett Amount (S\$)	2,643.24	909.50	1,733.74	65.59
+ Loss of Use (2.5 x S\$50.00/day) (S\$)		125.00		
+ Car Rental (2.5 x S\$98.25/day) (S\$)		245.63		
+ Doc/Search Fee (S\$)		5.35		
Nett Liability (S\$)		1,285.48		
Global Sum Settlement (S\$)		1,280.00		

INSPECTION

Date of Assignment: 20/11/2017
Date Inspected: 20/11/2017 Inspected At: ComfortDelGro Engineering Pte Ltd
(Loyang)
59 Loyang Drive
Singapore 508969

Estimated Period of Repair: 2.0 days

Adjuster: KALVIN ANG WEI KUN**Manager:** ZAY YER LYNN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Repair	578.40 FL	*- FL
2	1		*REAR BUMPER CLIP	Not Necessary	22.00 FL	*- FL
3	1		*REAR BUMPER PROTECTOR (RH)	Repair	38.00 FL	*- FL
4	1		*REAR DOOR PROTECTOR (RH)	Repair	54.50 FL	*- FL
5	1		*REAR WHEEL HUP-CAP (RH)	Grazed	145.00 FL	*145.00 FL
6	1		*REAR FENDER (RH) (NPA)	Repair	0.00 FL	*- FL
7	1		*REAR DOOR (RH) (NPA)	Repair	0.00 FL	*- FL
8	1		*REAR DOOR TEL NO.STICKER (RH)	Necessary	10.00 FS	*10.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	847.90	155.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	167.58	29.00
Total Parts (\$\$)	680.32	126.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING -REAR FENDER	New	850.00	400.00
2	SPRAY PAINTING CHARGE	New	600.00	540.00
3	WIRING CHARGE	New	50.00	0.00
4	TUFF KOTE	New	50.00	0.00
5	REMOVE/REFIX REVERSE SENSOR	New	120.00	0.00
6	REAR WHEEL ALIGNMENT	New	120.00	0.00
Gross Labour Cost (S\$)			1,790.00	940.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >