INS. CASE OWN	ER Angie	CC 2 / LCR170.	22220 1	KIZAZ / DAC	
4 3	•	ASSIG	NMENT		
Surveyor	_ KALVIN		11/12	- Date / Time : 2	1.10
1				- Date / Time :	2/11/17
Pre-assign / CC	U / FTE			Registered in Merimen:	21/11/14
Insured Vehicle	No SLm 766	m	Claim No.	1039/2722	7.00
Name of Insured				2539/8337	
H_U	LEK		Policy No.	0999995110	
Insured Tel No.		HP:	Make / Mode	el: Hrodh Vetral	
Excess Sec II :S:	S	D.O.A: 17/11/17	Place of Acc	ident: boon tot st	nut.
Is driver the own	er? (YES / NO)	Nature of Accident :			
If NO. Driver N	ame / Age :		OLGIA REB	ORT: YES / NO ; TP GIA REP	ODD VANO
Driver Te	d No. :	(V/L: YES / NO)	Insured Liab		Yes/No
SHB 354	5U	-		11 Cont. 10	
INCPS.	i livene		-		
WSP: C962 ((Loyag) WSP:		INSRS: WSP:	INS WS	SRS:
H H Tel:	H Tel:	A-A	Tel:	Tel	
Liability: RMKS:	Liabilit	14	Liability:	Lia Lia	bility :
_	RMKS		RMKS:	RM	fKS:
Date/Time	7500				
23/11/12 (Zayer)	SHB 3545U - X	; SLM 766m -	X	STAGE	DATE/PIC
- Sull'A Cayer		FLAST EMAZL TO	LGR.	Non-Reporting ltr (1st): Non-Reporting ltr (2nd):	9-2-18
19-1-18	RECEIVE) FROM 2NY	1.	Non-Reporting ltr (Final):	
9 2 15	LICTTER	The LOVE - V	CPS// T	Notification ltr (if non-pickup):	13-3-18
9-2-18			EPORT.	Call OI: JOY	19-3-18
	1 EMAILED	COGEFOR CO	TV.	After call ltr to Ol: Documentation Check List:	Handler Trustet
*	OID FROM	4 LEFTMOS	LANE	Notification ltr (if non-pickup)	Handler Typist
	TURNED "	D CENTRE		After call ltr to Ol:	
				Authorisation To Act.	/
				Release Voucher:	
				Final Repair Bill:	
				Car Rental Invoice:	
	RECEIVED	T TOTAL BOOK		Towing Invoice LTA / GIA :	
	M-M-IV-II	C U FINE 2018		Medical Bill:	× .
				PIR:	2
6				Mandate/Reject Instruction:	× -
				LOD	2
PRELIMINARY ADVICE	Data Fillian	Latinos (1 lac 177)		Payment Breakdown Form:	
CHELININAKI ADVICE	. Date/Time:	Sent By:		Post-Repair Photos:	
FINALIZATION	Date/Time:	Confirm with:		Others: Confirm by:	
Repair Cost:	5\$ (days) Reduction:	%	Email	Call
FINAL SETTLEMENT	Date/Time; 20-3-18		^	Email Call	Call
Final Liability:	% O (Afreed/	Assessed) BOLA S/N No.:	NIL	If NO or B 28, Ass. Lia:	
Repair Cost: G51	SS 1,712.xx				
loss of Rental (LOR):	ss 258.54()	days) × 129,28			2005.
Loss of Use (LOU):	S\$ - (\$ x	days)		(D)(0)(0)(1)	21/1
OR only LOU only	ss 100 (s 50 x		100	701	18
OR only LOU only	ss 5.35	R + LOI Tick only on	cj		
Medical:	ss -			1) Claim status: Normal/Rejo	ct/Private Settle
Disbursement	ss —	(e.g. Tow/ Independe	nt)	2) Report Format:	
Legal Cost	SS -			3) Survey fee:	
Total:	ss 2,0+5.91	Global Sum SS: Z, GOU.	× 4		
FINAL PAYMENT	Date/Time:	Confirm with:	e: FA	Email Call	
Payee I:	ss 2,000.X+		FLOKO E	NOINEERING PT	E LTD
Perce 2 (Strike if N.A.)	\$\$ ×	Nume 2:			
True V (Sudeif NA.)	23	Mane V X			

ASSI	GNMENT
From: Date:	Vah No. SHB 35 454 Yr Regn. 17-54 &1x
Estimated Cost:	Type: M,Car / M,Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD 6 / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No:	Make: Hyu Sai I 40 ex 1685 Colour 466 A/C: Insu@d/Std/NI/NA
at Workshop m/s	
of	Sp. Reading 5/84 88 T/Radio: InaGred / Std / NI / NA
Insured:	Eng/No:
Policy No.	CNO: KMHLAKIUMEUOSSOOZ
Claims No.	Gen. Cond: Good / Faio/ Poor / Burnt
Sum Insured: Excess:	Steering: Inorde / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked / Burnt or
Make of Veti:	Modi: NII (S/Rim / STD A/Bim or
*	Tyre Size: F: 205/60116
(Policy Condition)	R:
Remark: The veh had commenced its N/S 0/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYOTYOKO OF HAN how le
Bal. or Market Value.	Eront Reat 3
IDIAC Accident Rport: Consistent? : Yes or No	R/Bal 7 mm R/Bal 7 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 1 mm L/Bal. 4 mm
Est Repairs: 3 days Res.: Yes or No	D.O.A. 17/1/2 D.O.I. 20/1/4
Lum Sum: 96 3 Val.: Yes or No	Survey held at COKE (1
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
h . M . (00	AZ4 45.
L/S \$1,600	41.
K)	
	R(\$1,139.84) 427.)
7:	
Date/Time File Pass to? Preli. Report	Davis Of Parallel
Hiromitoport	Days Of Repair:
Cate/Time. File Return to?	Resurvey No. of Trip: Survey Fee:
2) Add Fee	
	Interview (\$) Phons
Report Format :	Tech Invs (\$) cews
Lump Sum / I.B.I: (S	Weekend (\$



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 Inte	rnationale Des Experts En Auto	HE-MAN
AIG	ASIA PACIFIC INS	SURANCE PTE LTD	Ref : CC3/LCR1702	22220/K1za3
CHA	SHENTON WAY #0 ARTIS BUILDING GAPORE 079120	8-16	Date: 21-11-2017	
1.		Policy Particu	lars :- THIRD PARTY CLA	IM
	Insured Veh.	SLM 766M	Veh. Inspected	SHB 3545U
	Policy No.		Coverage (5)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From		Assign Date	21/11/2017
2.		Vehicle I	Particulars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	2	Steering	
	Brakes		Modification	
	General			
3.		Co	enditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre		*	mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre		, v	mm
4.		Desc	cription of Damages	
5.		Ge	eneral Information	20/10/10
	Accident Date	17/11/2017	Inspection Date	20/11/2017
	Survey held at	COMFORTDELGRO ENG	INEERING PTE LTD	
	4	59 LOYANG DRIVE SINGAPORE 508969		
5a.			Remarks	

COMFORTDELGRO ENGINEERING

305090688 Our Job Ref No . ComfortDel/Gro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8166 22.11.2017 Date **FINALIZATION FORM** LKK Fax: To KALVIN Attn : Date of Accident 17.11.2017 Vehicle Reg No. : SHB3545U The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SLM766M The repair job shall bill to: 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: \$1,600.00 Final Lumpsum Repair cost Estimated normal period for repairs: 3 working days. 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you 4 within 7 working days Thank you for your assistance. We confirm the estimates and 5. finalized amount Signature : Signature: Name 6214 8316 Date Tel 6546 8156 Fax For Official Use Only Document Confirm By Attached Remarks Item Amount (Signature) Yes or No YES Rental Rate P/Day Loss of Income Paid 3. Survey Fees 4. LTA Search Fee \$5.35 Medical Fees (on behalf of driver, if applicable) 6 Overrun Remarks:

ALG

- 4

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHILCE NO : SHB3545U MAKE : HYUNDAI

MODEL: 140

POA: 17.11.17

Date: 20.11.2017

		Type			
Left Rear Door	led			\$	1,403.00
Rocker Cover Garnish -	LH xtep			\$	483.60
Rear Wheel Cover - LH	- hratil			\$	150.70
	SUB TOTAL			\$	2,037.30
	LESS 20%				407.46
	DISCOUNTED TOTAL			\$	1,629.84
Rear Door Tel No Sticke	er _ pr			\$	10.00 N
	To display damaget parts Parts procedure subset 130 form. They party survey is on a "M-frout". No display survey is on a "M-frout".	tored on republic 1		\$	10.00
Labour Charge	THE PARTY NAMED IN COLUMN TWO IS NOT THE OWNER.	runved att	d spany		12
Panel Beating				S	400:00
Spray Painting Charge				S	600.00
Wiring Charge	Date:			S	400:00 600:00 50:00
Tuff Kote				\$	50,00
	TOTAL LABOUR			\$	1,100.00
	ESTIMATE TOTAL			\$	2,739.84
MA					
	Rear Door Tel No Sticke Labour Charge Panel Beating Spray Painting Charge Wiring Charge	LESS 20% DISCOUNTED TOTAL Rear Door Tel No Sticker LKK Authority the Report of the Authority Street	SUB TOTAL LESS 20% DISCOUNTED TOTAL Rear Door Tel No Sticker LKK Ash the Reporter To resure to the substitute of the result of	SUB TOTAL LESS 20% DISCOUNTED TOTAL Rear Door Tel No Sticker LKK Anh. the Reporter 10 decay damages parts are to the end of the en	SUB TOTAL LESS 20% DISCOUNTED TOTAL \$ Rear Door Tel No Sticker To discary damages patter of the Person of t

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.

Kalvi (C/CK) Page 1 of 1

1 2 o/n/+ 143 chrs.

3 Poys

45

After Ryair photo.

COMFORTDELGRO ENGINEERING

A member of COMFORTDELCRO

Date/Time: 20.11.2017 11:28

Page : 1

ARC Repair TP(CFSO)1 leam:

JOB CARD Sales Order:

JC NO305090688

STOMER

/MS

(FI)

(P)

CITYCAB PTE LTD

7010070

STOMER NO. 383 SIN MING DRIVE DRESS Singapore SINGAPORE 575717

65551188

COUNT CARD NO.

REGN NO. MILEAGE MAKE: HYUNDAI FUEL YR OF MANU 7, 2014 TARGET DATE COMPLETION DATE/TIME B41UMEU058002

JOB DESCRIPTION

Accident Date: 17.11.2017

NATURE: 3P 17.11.2017

R/NO

LABOR CODE

DESCRIPTION

ALG - taxi left Rea domogy 1 KK/Kalmi -

ECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

awiedgement Slip.

SHB3545U

LARRY

Venicle No.:

Exit Pass

SHB3545U

Latry Ng

of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

ALG

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHILCE NO: SHB3545U MAKE

: HYUNDAI

MODEL

: 140

POA: 17.11.17

Date: 20.11.2017

Qty		Type	Unit Price	Amo	unt
1	Left Rear Door			S	1,403.00
1	Rocker Cover Garnish – LH X/49.7-			\$	483.60
1	Rear Wheel Cover – LH			s	150.70
	SUB TOTAL			s	2,037.30
	LESS 20%				407.46
	DISCOUNTED TOTAL			s	1,629.84
1	Rear Door Tel No Sticker			\$	10.00 N
				\$	10.00
1	Labour Charge				
1	Panel Beating			\$	400.00
1	Spray Painting Charge			\$	400-00 600-00 50-00
1	Wiring Charge			\$	50.00
1	Tuff Kote			S	50.00
	TOTAL LABOUR			\$	1,100.00
	ESTIMATE TOTAL			\$	2,739.84
Lem	143	TK	K Auto Consultani	to hones salt	
		Ithe	KAuto Consultani Repairer of the fo	libwing:	

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.

Kalini (C/CK) Page 1 of 1

A 20/11/2 1436 hrs.

3 Doys

45

After Ryeir pholo.

- * Third party survey is on a "Without Prejudice" basis.
- No riegal modification(s) is allowed.
- Supplementary (sim(s) must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

Joy Irene (LKKAuto)

From:

Joy Irene (LKKAuto)

Sent:

Monday, 19 March 2018 10:19 AM

To:

'Eileen, May Hwee Yap'

Cc:

Admin A; Vivian Lau (LKKAuto)

Subject:

ACCIDENT INVOLVING LCR SLM 766M AND SHB 3545U ON 17.11.2017 (23:00

HOURS) ALONG BON TAT STREET

19 March 2018

LION CITY RENTALS PTE LTD

Policy Holder

AIG

: 2539183377SG

LKK

: CC3/LCR17022220/K1ja3

Dear Sir/Madam,

ACCIDENT INVOLVING LCR SLM 766M AND SHB 3545U ON 17.11.2017 (23:00 HOURS) ALONG BON TAT STREET

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.

We have received a claim from SHB 3545U against your insurance policy.

Based on the information on hand, we are of the opinion that we cannot be absolved from liability. 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.

Best Regards, Joy Irene | Case Handler LKK Auto Consultants Pte Ltd

DID: 6841-2409 | email: joyirene@lkkauto.com Fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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	-
Our	Ref
Out	1,01

CC17110673/ SHB3545U /CL(st)

Date

8-Dec-17

AIG ASIA PACIFIC INSURANCE PTE LTD

CHARTIS Buliding

78 Shenton Way

#07-16

Singapore 079120

CDGE Taxi Claims Dept ComfortDelGro Engineering Pta Ltd

59 Lovang Drive 4th Fir. 205 Braddell Road Singapore 579701

COMFORTDELGRO

Singapore 508969

Mainline +65 6383 6280 Facsimilie +65 6280 9755

www.cdge.com.sg

No. 1995 SUBMIT

Workshops

Braddell 205 Braddell Road Singapore 579701

59 Loyang Drive Singapore 508969

Sin Ming 383 Sin Ming Drive Singapore 575717

45 Pandan Road Singapore 609286

Senoko 24 Senoko Loop

Sungei Kadut 7 Sungel Kadul Way

Singapore 768732

501 Yishun Industrial Park

Pandan

320 Ubi Rhad 3 Singapore 408649

Singapore 758156

Singapore 726791

Attn: Motor Claims Department WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHB3545U YOUR INSURED ON 17.11.17 **SLM 766M** AND OTHER

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no: SHB3545U 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 SLM 766M we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1,712.00 Cost of Repair 1 days Loss of Rental @ \$ 129.28 per day \$ 258.56 2 \$ (Surveyed by M/s LKK) 3 Survey Report Fees \$ LTA Search Fees 4 \$ 5.35GIA / Police Report Fees \$ Towing / Medical / Transporation Fees

1.975.91 \$ Sub Total:

HIRER'S CLAIM

days Loss of Income @ \$ 80.00 per day \$ 160.00 Total Claims: \$ 2,135.91

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

Original repair bill and photocopies of photographs: **SLM 766M** pcs.

LTA search slip/s of b)

SHB3545U GIA / Police report/s of :

c) Letter of authority from owner / hirer / operator d)

() Certificate of Insur. (x) Rental Rate letter) Witness statement/s

) 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









		CHB	3 3545 4			
PERATED (TIME	DATE	NAME OF DRIVER	MILEAGE BEADING	MILEAGE	HOURS OPE	HOURS OPERATED (TIME)
0 ,	-			(KM)	FROM	10
151)	19 11 3		211917	1.26	X091	0200
05/50	10 (till)	Chart	08791	174	0800	St 6)
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7 00/	<u> </u>	とのでかった		tw.	ı	(645

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)

Sent: Tuesday, 13 March 2018 1:55 PM

To: 'Eileen, May Hwee Yap'

Cc: Vivian Lau (LKKAuto); Admin A

Subject: ACCIDENT INVOLVING LCRF SLM 766M AND SHB 3545U ON 17.11.2017 (23:00)

HOURS) ALONG BOON TAT STREET

13 March 2018

LION CITY RENTALS PTE LTD

Policy Holder

AIG : 2539183377SG

LKK : CC3/LCR17022220/K1ja3

Dear Sir/Madam,

ACCIDENT INVOLVING LCRF SLM 766M AND SHB 3545U ON 17.11.2017 (23:00 HOURS) ALONG BOON TAT STREET

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.

We have received a claim from SHB 3545U against your insurance policy.

Based on the information on hand, we are of the opinion that we cannot be absolved from liability. 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.

Best Regards,
Joy Irene | Case Handler
LKK Auto Consultants Pte Ltd

DID: 6841-2409 | email: joyirene@lkkauto.com| Fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING

i 40 SHB3545U , SLM766M

ON 17-Nov-17 22:15

ALONG

BOON TAT ST TWDS MARINA VIEW, X JUNCTION CECIL ST.

I / We

SEOW HWEE KHIM (XIA... (Hirer) NRIC No.: \$75122783

and/or

TAY KOK MENG

(Relief) NRIC No.: \$1794082A

Taxi Number

SHB3545U

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

18-Nov-2017

Name of Hirer

SEOW HWEE KHIM (XIAO HUIQIN)

Hirer NRIC

S7512278J

Address

514 CHOA CHU KANG STREET 51 #07...

680514

Contact No.

96872476

Name of Relief

TAY KOK MENG

Relief NRIC

S1794082A

Signature :

Aridness

514 CHOA CHU KANG STREET 51 05-52

680514

Contact No.

88280044

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 S\$2,000.00 (Global Sum) for vehicle no. SHB 3545U that was damaged pursuant to the accident which occurred on 17/11/2017 (date) along BOON TAT STREET (location) involving vehicle no/s SLM 766M. This is pursuant to the inspection conducted on 20/11/2017 (date) at "the workshop".

We/I confirm that we/I are/am au	thorized by the owner	CITYCAB PTE
<u>LTD</u> ("the third party claimant") of paragraph and we/I have full auth	of vehicle no <u>SHB 3545U</u> make the sority to settle the matter on his/her letter of authority given by "the third	claim as set out in the above behalf in a manner that we/I
loss and/or expense that they will of after the above said agreement loo	Il indemnify AIG Asia Pacific Insura or have already incurred in the event t dges a further claim against the form airs and/or rental and/or loss of use poult of the accident.	that "the third party claimant" ner for any loss and expenses
	reached above is in full and final set the accident and that further this settle f liability basis.	
This agreement is subject to the exclusive jurisdiction over any dis	application of Singapore law and pute arising out of the same.	the Singapore Courts have
Dated this (day) of		
Mux	COMFORTDELGI	SCIEPARTMENT RD ENGINEERING PTE LTD BRADDELL ROAD APORE 579701
Signed by appointed surveyor	Signed by '	"the workshop" (with chop)

"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."

Signed by appointed surveyor

Please forward your cheque made payable to:-COMFORTDELGRO ENGINEERING PTE LTD

COMFORTDELGRO ENGINEERING

A member of COMFORIDELGRO

GST REG. NO. M2-8921817-3

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

7 Surge Kicks Way Engages 70079 6 Dels Average 1 Singapore 533677

COMPANY REG. NO.: 199506048W

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY.CHARTIS BUILD

SINGAPORE 079120

CONTACT NO: 64193000

3225094

VEHCLE NO

INV. NO/DATE 91343357 29.11.2017

HYUNDAT

JOB NO. 305090688

MODEL I - 40

ODOMETER READING

DATE OF REG 17.07.2014

CHASSIS CODE

JOB TYPE

KMHLB41UMEU058002

Description : 3P 17.11.2017

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt Add GST @ 7.000 %

Total Invoice amount

1,712.00

Issued by : CHEWBEELENG 29.
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days CHEWBEELENG 29.11.2017 10:04:04

ComfortDelGro Engineering Pte Ltd A member of COMFORD SLORE

Head Office: 205 Braddell Road Singapore 579701

BANK/CHQ No. AMOUNT ACCOUNT No. INVOICE No.

Kindly note that no receipt shall be issued unless requested.

Our Ref: CC17110673

Date: 23 November 2017



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

17/11/2017 @ 22:15 hrs

ALONG

BOON TAT ST TWDS MARINA VIEW X JUNCTION

CECIL ST.

INVOLVING

SLM766M

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 SHB3545U (the "Taxi"). The Taxi was hired to SEOW HWEE KHIM (XIAO HUIQIN) IC NO S7512278J a registered hirer-operator of CityCab Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$129.28 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.

4483545 D

Enquire Vehicle Insurer

Vehicle

Incident

Search

Insurance

No.

Date/Time

Status

Company Code

Insurance Company Name

SLM766M

17 Nov 2017 / 22:15:00

Successful A04

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK

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

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\$1,600.00 Edit Estimates	\$\$1,600.00 View Rpt		Pending for Survey Report Cancel Case	
	Main	Refere	ence	Claim Details		ocuments	Show All	
CLAIM SI	UBFOLDER DET	AILS				[Created by ad	juster]	
Insured:		LION CITY R	ENTALS PTE LTD,	Co. Reg. No.: 20:	504621K			
Main Claim	sant:	CITYCAB PT	ELTD, Co. Reg. N	io.: 199502839G				
Vehicle Re	g. No.:	SHB3545U		Date of Loss	¥.	17/11/2017 22:00 - :59		
Claim Type	e:	TP / 25391	833775G	Policy/Cover	Note No.:	0999995110		
Vehicle Re	g. No. (Insured):	SLM766M		Policy No. (C	laimant):	D-15072702MFSH		
				Excess:				
Repairer:		ComfortDelG	iro Engineering Pt	e Ltd (Loyang) 5	Loyang Drive, 50	8969 Loyang - Tel:	6214 8300	
Handling I	nsurera		ific Insurance Pte Gan@aig.com	. Ltd. (Express)	Tel: 65-6419-300	0 [Handled by 6	ian, Angle-GL]	
Claimant's	Insurer:	MS First Cap	ital Insurance Ltd	(HQ) - Tel: 62222	311			
Adjuster:		Rpt due 30	nsultants Pte Ltd /11/2017]	(HQ) - Tel: 6256-3	561 [Handled b	y KALVIN ANG W	EI KUN] [Fina	
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Due Dat		Type Task Gro	up Subject	Handler Assig	ned By Com	pleted On Cr	eated On Done	

Claim Documents

*SHB3545U (25391833775G)

[SLM766M]

TP

CITYCAB PTE LTD

Nov 17 2017 10:00PM

[LION CITY RENTALS PTE LTD]

ComfortDelGro Engineering Pte Ltd

Let	ters/Corresponde	nces	1 pe	r page 🔍	V
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Prin
1	(Draft)	Third Party Express Settlement – Payment Breakdown	0	Edit	
Pho	tos/Images		3 pe	r page	V
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Prin
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No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	21/11/17 17:42	TP GIA REPORT	0	Load PDF	
2	21/11/17 17:42	TP ESTIMATE- MARKED	0	Load PDF	
3	19/03/18 10:30	LETTER TO LCRF	0	Load PDF	
4	20/03/18 17:10	OI GIA REPORT	0	Load PDF	
5	23/03/18 10:00	WORKSHOP INVOICE	0	Load PDF	
6	23/03/18 10:00	AUTHORISATION TO ACT FORM	0	Load PDF	
7	23/03/18 10:00	Release Voucher	0	Load PDF	
8	23/03/18 10:00	RENTAL RECEIPT	0	Load PDF	
9	23/03/18 10:00	LTA SEARCH	0	Load PDF	

Documents Checklist

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JOANNE LEE KHANG MIN

LKK Auto Consultants Pte Ltd

TEAR		

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SLIV	SLM766M (Insd veh)				Model:				HYUNDAI 140 1.7 L CRDI AT		
	SHB	SHB3545U (TP veh) 17/11/2017						1	ABS AIRBAG 4DR (A)			
Date of Acciden	t: 17/1											
								_				
Global Sum Settlement : [X] Yes				5	1	1	No					
Repair Estimate				: \$			2,931.6	3				
Final Repair Cost				: \$			2,000	.00				
Loss of Use				: \$					-	2.00 da	ys at \$50.00 per day	
Rental (if any)				: \$					2	da	ys	
LTA / GIA Search	Fee			: \$								
Others:				: \$								
				: \$								
Final Settlement	Sum (Glo	ba	Sum)	: \$			2,000	.00				
Is Third Party W below)			153		()	1	YES	ಿ	1	NO	(Kindly indicate	
A) For Non GIA	Registe	rec	Worksho	<u>p:</u>		_	ed Liab	_			_(%)	
						ROL	A Appli	cable	· Yee	/ No	BOLA Scenario No:	
B) For GIA Reg BOLA Liabili						_N	L_				(%)	
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BOLA Liabili	ty:1	00	(%)			_N Asse	L essed Li	iabilit	y (*):		(%)	
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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)

2018

Date

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/LCR17022220/K1JA3Q2

Date:

23/03/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No:

0999995110

Claimant Vehicle SHB3545U

Insured Vehicle No:

SLM766M

Date of Loss:

17/11/2017

Nature of Claim:

TP

Claim No: 2539183377SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

No:

SHB3545U

Make & Model:

HYUNDAI 140, 1.7 L CRDI AT ABS AIRBAG 4DR (A)

Engine No: D4FDEU409569

Reg. Date:

17/07/2014 (Man. Year: 2014)

Chassis No: KMHLB41UMEU058002

Colour:

Yellow

Odometer: 518488 km

Engine Capacity:

1685 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:

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

205/60R16

Rear Tyre Size:

205/60R16

Front Left Side:

Hankook 7 mm

Rear Left Side: Rear Right Side: Hankook 7 mm Hankook 7 mm

Front Right Side: Hankook 7 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,639.84	1,252.96	386.88	23.59
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,100.00	760.00	340.00	30.91
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,739.84	2,012.96	726.88	26.53
Approved Total (Overridden) (S\$)		1,600.00		
(S\$)	2,739.84	1,600.00	1,139.84	41.60
+ GST 7.00/7.00% (S\$)	191.79	112.00	79.79	41.60
Nett Amount (S\$)	2,931.63	1,712.00	1,219.63	41.60
+ Loss of Use (2.0 x S\$	50.00/day) (S\$)	100.00		
+ Car Rental (2.0 x S\$1	+ Car Rental (2.0 x S\$129.28/day) (S\$)			
+ Doc/S	Search Fee (S\$)	5.35		
Ne	tt Liability (S\$)	2,075.91		
Global Sum	Settlement (S\$)	2,000.00		

INSPECTION

Date of Assignment:

20/11/2017

Adjuster Report

Page 2 of 4

Date Inspected:

20/11/2017 Inspected At:

ComfortDelGro Engineering Pte Ltd

(Loyang)

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

3.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: Joy Irene Bascao

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		*LEFT REAR DOOR	Dented	1,403.00 FL	*1,403.00 FL
2	1		*ROCKER COVER GARNISH -LH	Repair	483.60 FL	*-FL
3	1		*REAR WHEEL COVER LH	Grazed	150.70 FL	*150.70 FL
4	1		*REAR DOOR TEL NO.STICKER	Necessary	10.00FS	*10.00 FS
-Fra	nchise	part S=SpcNe	tt. L=ListtlemDisc.	Sub Total (S\$)	2,047.30	1,563.70
			- List Item Discount on L Iten	ns 20.00/20.00% (S\$)_	407.46	310.74
				Total Parts (S\$)	1,639.84	1,252.96
			Report was unsubmitted of	during this print-out.		

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

Particulars	Lab.Type	Repairer's	Amount
ur Items			
PANEL BEATING	New	400.00	200.00
SPRAY PAINTING CHARGE	New	600.00	540.00
WIRING CHARGE	New	50.00	0.00
TUFF KOTE	New	50.00	20.00
	Gross Labour Cost (S\$)	1,100.00	760.00
	PANEL BEATING SPRAY PAINTING CHARGE WIRING CHARGE	PANEL BEATING New SPRAY PAINTING CHARGE New WIRING CHARGE New TUFF KOTE New	PANEL BEATING New 400.00 SPRAY PAINTING CHARGE New 600.00 WIRING CHARGE New 50.00 TUFF KOTE New 50.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >