

Surveyor: ANK DOI: 28/11/17 Date / Time: 28/11/17
 Registered in Merimen: 29/11/17

Pre-assign / CCU / FTE



Insured Vehicle No.: SKX 5168 K
 Name of Insured: Tay Cheng Beng @ Tay Hong Ang
 Insured Tel No.: _____ HP: _____
 Excess Sec II : \$5 _____ D.O.A: 28/11/17
 Is driver the owner? (YES / NO) Nature of Accident: _____

Claim No.: 501434255756
 Policy No.: 2100441728
 Make / Model : _____
 Place of Accident: DRIVEWAY AT INSTITUTE OF MENTAL HEALTH @ BANGKAT

If NO, Driver Name / Age: _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No.: _____ (V/L: YES / NO) Insured Liability: % Final ? Yes / No

SHB 7213 J



INSRS: _____
 WSP: CO NO
 Tel: 1000
 Liability: _____
 RMKS: _____



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: <u>28/11/17</u>	
	After call ltr to OI: <u>28/11/17</u>	
	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: _____
Repair Cost	\$5 _____	(days) Reduction: % _____
FINAL SETTLEMENT	Date/Time: <u>17/4/18</u>	Confirm with: <u>Cecilia</u>
Final Liability:	% <u>NO</u>	(Agreed / Assessed) BOLA S/N No.: <u>NIL</u>
Repair Cost:	<u>W/85</u> \$5 <u>299.60</u>	
Loss of Rental (LOR):	\$5 <u>250.80</u>	(2 days) x \$125.40
Loss of Use (LOU):	\$5 _____	(5 - x - days)
Loss of Income (LOI):	\$5 <u>100.00</u>	(350 x 2 days)
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]
GIA/LTA Search	\$5 <u>5.35</u>	
Medical:	\$5 _____	
Disbursement:	\$5 _____	(e.g. Tow/ Independent)
Legal Cost	\$5 _____	
Total:	\$5 <u>655.75</u>	Global Sum \$5: <u>650.00</u>
FINAL PAYMENT	Date/Time: <u>17/4/18</u>	Confirm with: <u>Cecilia</u>
Payee 1:	\$5 <u>650.00</u>	Name 1: <u>Comfort Belgro Engineering Pte Ltd</u>
Payee 2: (Strike if N.A.)	\$5 _____	Name 2: _____
Payee 3: (Strike if N.A.)	\$5 _____	Name 3: _____

Burrup

Kabin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 221JJYr Regn: 28 Sep 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / Tr / Prime Mover /

Truck / Trailer or

Make: Toyota Prius

C.C

Colour: YellowA/C: Insured

Std / NI / NA

Sp. Reading: 29511T/Radio: Insured

Std / NI / NA

Eng/No: _____

C/No: JTDKB3F4X0J564266Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD Rim orTyre Size: F: 195/65R15R: -

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 28/11/17D.O.I. 28/11/17Survey held at: PAE (Loyang)

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

Front o/s

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

Date / Time

Action / Instruction

29/11/17 Continued P/P \$280 / 2 days

AZH

P/P

P/P \$280 Cred \$637.889 G.M.

Date/Time: File Pass to?

☐

: Preli. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

Date/Time: File Return to?

2)

Add Fee: ☐

Site Insp (\$

) \$ + RS \$

☐

Interview (\$

) Photo

☐

Tech. Invs (\$

) Other

☐

Weekend (\$

)

Report Format: _____

Lump Sum / I.B.I: (\$ _____)

TOTAL




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			
AIG ASIA PACIFIC INSURANCE PTE LTD		Ref : CC3/AIG17022710/K1pa3	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 29-11-2017	
Code : AIG			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKX 5168K	Veh. Inspected	SHB 2213J
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	29/11/2017
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	28/11/2017	Inspection Date	28/11/2017
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.			

Job: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JO NO305093013

MER CITYCAB PTE LTD 7010070 MER NO SS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO	SHB2213J	MILEAGE
	MAKE	TOYOTA	FUEL E 1/2 F
	MODEL	PRIUS HYBRID(G4)28	DATE/TIME IN 28.11.2017 11:10
	YR OF MANU	28.09.2017	TARGET DATE
	CHASSIS CODE	JTDKB3FUX03564266	COMPLETION DATE/TIME

UNT CARD NO.

JOB DESCRIPTION

cident Date: 28.11.2017
TURE: 3P 28.11.17

NO	LABOR CODE	DESCRIPTION
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LED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Job: SHB2213J JU AIG LKK

Vehicle No.: SHB2213J

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE

VEHIC : SHB 2213J

MAKE :

MODEL: TOYOTA PRIUS

28/11/2017 15:48

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
FRONT BUMPER COVER <i>X repair</i>			\$ 490.50
SUB TOTAL			\$ 490.50
LESS 25%			\$ 122.63
DISCOUNTED TOTAL			\$ 367.88
Labour Charge			
Panel Beating- Repair Frt Bumper			\$ 350.00 ¹⁰⁰
Spray Painting Charge			\$ 200.00 ¹³⁰
TOTAL LABOUR			\$ 550.00
ESTIMATE TOTAL			\$ 917.88
<p><i>Kalun LKK</i> <i>28/11/17 1530hrs</i> <i>2 Days</i> <i>P/P</i> <i>After Repair p/lt</i></p> <div> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: Date:</p> </div>			
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.			

Hsiao Tong (LKKAUTO)

From: Hsiao Tong (LKKAUTO)
Sent: Friday, 29 December, 2017 12:50 PM
To: cecilialee@sparkcarcare.com; Jasmine Cai Yuyan
Subject: <Request for Video> Your Ref: CC17110950/ SHB2213J/ CL(st) *Our Ref: CC3/AIG17022710/K1pa3 [ACCIDENT INVOLVING SKX 5168K(AIG) & SHB 2213J ON 28/11/2017]
Attachments: STATEMENT OF SKX 5168K.pdf

Your Ref: **CC17110950/ SHB2213J/ CL(st)**
Our Ref: CC3/AIG17022710/K1pa3

Without Prejudice

Dear Sirs,

ACCIDENT INVOLVING SKX 5168K(AIG) & SHB 2213J ON 28/11/2017

We refer to the above matter.

Please be informed that our insured reported that **no collision**. Attached here with a copy of our insured driver accident report for your easy reference.

We would like to request a copy of video footage as stated in your client accident report for our necessary action.

Appreciate an early reply.

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

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

"Wishes you a Merry Christmas & Happy New Year 2018"

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

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

Hsiao Tong (LKKAUTO)

From: Cecilia Lee Peng Geok <cecilialee@sparkcarcare.com>
Sent: Friday, 29 December, 2017 5:14 PM
To: Hsiao Tong (LKKAUTO)
Subject: Re: <Request for Video> Your Ref: CC17110950/ SHB2213J/ CL(st) *Our Ref: CC3/AIG17022710/K1pa3 [ACCIDENT INVOLVING SKX 5168K(AIG) & SHB 2213J ON 28/11/2017]
Attachments: SHB2213J VC (TS).avi

Without Prejudice

Dear Sir/Madam

Attached video footage. Please note that the video footage is solely for investigation and shall not be reproduced. You undertake to preserve its confidentiality and will not disclose, provide or make available the video footage in whole or in part, to any third party.

Thank you.

Best Regards
Cecilia Lee
Claims Department | ComfortDelGro Engineering Pte Ltd
Off: 6214 8354 | Fax:
6214 1843

From: "Hsiao Tong (LKKAUTO)" <chewht@lkkauto.com>
To: "cecilialee@sparkcarcare.com" <cecilialee@sparkcarcare.com>, "Jasmine Cai Yuyan" <jasminecai@cdge.com.sg>
Date: 29/12/2017 12:50 PM
Subject: <Request for Video> Your Ref: CC17110950/ SHB2213J/ CL(st) *Our Ref: CC3/AIG17022710/K1pa3 [ACCIDENT INVOLVING SKX 5168K(AIG) & SHB 2213J ON 28/11/2017]

Your Ref: **CC17110950/ SHB2213J/ CL(st)**
Our Ref: CC3/AIG17022710/K1pa3

Without Prejudice

Dear Sirs,

ACCIDENT INVOLVING SKX 5168K(AIG) & SHB 2213J ON 28/11/2017

We refer to the above matter.

Please be informed that our insured reported that **no collision**. Attached here with a copy of our insured driver accident report for your easy reference.

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Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

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

[attachment "STATEMENT OF SKX 5168K.pdf" deleted by Cecilia Lee Peng Geok/sparkcarcare/cdge/delgronotes]

Hsiao Tong (LKKAuto)

From: Hsiao Tong (LKKAuto)
Sent: Thursday, 4 January, 2018 2:08 PM
To: 'Chan, Kian-Chuan'
Subject: Your Ref: 5014342557SG *Our Ref: CC3/AIG17022710/K1pa3 [ACCIDENT INVOLVING SKX 5168K(OI) & SHB 2213J ON 28/11/2017]
Attachments: SHB2213J VC (TS).avi

Your Ref: **5014342557SG**
Our Ref: CC3/AIG17022710/K1pa3

Dear Sirs/ Madam,

ACCIDENT INVOLVING SKX 5168K(OI) & SHB 2213J ON 28/11/2017

We refer to the above matter.

Attached here with a copy of video from third party for your easy reference.
The video shows that OI reversed and slightly grazed against third party taxi. We are of the opinion that liability is not in our insured' s favour.

We will engage OI on third party claim and update if there is any issue.

Note: Kindly assist to remove/ ignore the Loss of Income(LOI) in TPBI(if any) as we will settle Loss of Income(LOI) for Third Party driver, Lin Jing Jie Allan under TPPD claim.

"Wishes you a Merry Christmas & Happy New Year 2018"

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

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

Date : 8-Dec-17

CDGE Taxi Claims Dept ComfortDelGro Engineering Pte Ltd
59 Loyang Drive 4th Flr 235 Braddell Road Singapore 579701
Singapore 508969 Mainline +65 6383 6286

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdnz.com.sg

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508569

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 800288

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758158

Sungei Kadut
7 Sungei Kadut Way
Singapore 726791

Yishun
501 Yishun Industrial Park A
Singapore 758732

Sub Total : \$ 555.75

Yishun

501 Yishun Industrial Park A
Singapore 758732

Total Claims : \$ 715.75

a)	Original repair bill and photocopies of photographs :	7	pcs.
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- b) LTA search slip/s of : SKX5168K
- c) GIA / Police report/s of : SHB2213J
- 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.

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.

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MCD617157096 Vehicle Registration No: SHB2213J
Name (as shown in NRIC) : LIN JING JIE ALLAN NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 28/11/2017 Time of Accident : 08:00
Place of Accident : DRIVEWAY AT INSTITUTE OF MENTAL HEALTH AT BUANGKOK
Insurance Company: First Capital Insurance Ltd

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

REFER POLICE REPORT NO: T/20171128/2083

Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: JANET
NRIC/FIN No.: _____
Date: 29/11/2017



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AIG17022710/K1pa3

19 JANUARY 2018

TAY CHONG BENG
12 BEDOK RESERVOIR VIEW
#15-32
SINGAPORE 479237

Dear Sir/Madam,

ACCIDENT INVOLVING SKX 5168K & SHB 2213T ON 28/11/2017

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.

We have received a claim from SHB 2213T against your motor insurance policy.

Based on all available information at hand for the accident, we are of the view that we do not have a good defense towards the claim submitted by the owner of SHB 2213T. The video footage shows that your vehicle left front portion had slightly collided onto the front right portion of the taxi while you were reversing. Therefore, we are of the opinion that liability is not in your favour. We will 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 note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

CHEW HSIAO TONG
Case Handler
DID: 6742 3197
FAX: 6741 4108
Email: chewht@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING TOYOTA PRIUS SHB2213J , SKX 5168K ON 28-Nov-17 08:00
ALONG DRIVEWAY AT INSTITUTE OF MENTAL HEALTH AT BUANGKOK GREEN**

I / We **LIN JING JIE ALLAN** (Hirer) NRIC No.: **S0245403C**

and/or (Relief) NRIC No.:

Taxi Number **SHB2213J**


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 **28-Nov-2017**

Name of Hirer **LIN JING JIE ALLAN**
Hirer NRIC **S0245403C**

Signature :



Address **247 COMPASSVALE ROAD #09-632
540247**

Contact No. **90485225**

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\$650.00 (Global Sum) for vehicle no. SHB 2213J that was damaged pursuant to the accident which occurred on 28/11/2017 (date) along DRIVEWAY AT INSTITUTE OF MENTAL HEALTH AT BUANGKOK (location) involving vehicle no/s SKX 5168K.

This is pursuant to the inspection conducted on 28/11/2017 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner CITYCAB PTE LTD ("the third party claimant") of vehicle no. SHB 2213J 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 SHB 2213J (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.

Dated this 18 APR 2018 (day) of _____ (month) 20____ (year)



Signed by appointed surveyor

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL 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

COMPANY REG. NO.: 199506048W
Page: 1

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY, CHARTIS BUILD
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHB2213J

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4)

DATE OF REG
28.09.2017

CHASSIS CODE
JTDKR3PUX03564266

INV. NO/DATE
91343750 30.11.2017

JOB NO.
305093013

ODOMETER READING

DATE/TIME IN
28.11.2017 11:10

Description : 3P 28.11.17

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0001 L PANKI. BRATING- YKT. 100.00 100.00

0002 23-502 SPRAYPAINT ON AFFECTED AREA 180.00 180.00

SUB-TOTAL : 280.00

Items total 280.00

Add GST @ 7.000 % 19.60

Invoice amount 299.60

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF THE WORK DONE AND THE AMOUNT THEREOF. I AM AWARE THAT ANY FALSIFICATION OF THIS STATEMENT IS A BREACH OF THE TERMS AND CONDITIONS OF MY EMPLOYMENT AND MAY BE SUBJECT TO DISCIPLINARY ACTION.

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF THE WORK DONE AND THE AMOUNT THEREOF. I AM AWARE THAT ANY FALSIFICATION OF THIS STATEMENT IS A BREACH OF THE TERMS AND CONDITIONS OF MY EMPLOYMENT AND MAY BE SUBJECT TO DISCIPLINARY ACTION.

I HEREBY CERTIFY THAT THE ABOVE IS A TRUE AND CORRECT STATEMENT OF THE WORK DONE AND THE AMOUNT THEREOF. I AM AWARE THAT ANY FALSIFICATION OF THIS STATEMENT IS A BREACH OF THE TERMS AND CONDITIONS OF MY EMPLOYMENT AND MAY BE SUBJECT TO DISCIPLINARY ACTION.

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.
8010004	91343750	299.60	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W

Page: 2

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY, CHARTIS BUILD
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHR2213J

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4)

DATE OF REG
28.09.2017

CHASSIS CODE
JTDKB3FUX03564266

INV. NO/DATE
91343750 30.11.2017

JOB NO.
305093013

ODOMETER READING

DATE/TIME IN
28.11.2017 11:10

Issued by : KATHERINETAN 30.11.2017 14:31:18
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.
8010004	91343750	299.60	

Our Ref: CC17110950



Date: 30 November 2017

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 28/11/2017 @ 08:00 hrs
ALONG DRIVEWAY AT INSTITUTE OF MENTAL HEALTH AT
INVOLVING BUANGKOK GREEN
SKX5168K

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 **SHB2213J** (the "Taxi"). The Taxi was hired to **LIN JING JIE ALLAN IC NO S0245403C** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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.

SUB 22135

READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)	
		FROM	TO				FROM	TO		
309										
326	417	1649	0618	28/11/17	Accident	1110	1N	1110	—	—
153	227	0727	1717	29/11/17	Repair	001	001	—	1400	—
563	410	1725	0522							
791	228	0738	1702							
198	407	1707	2450							
— 95	297	0731	2250							
741	246	0600	1638							
312	91	1717	2147							
170	188	0726	1626							
226	457	1645	0450							
		0751								

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKX5168K	28 Nov 2017 / 08:00:00	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'd	Status
Main	29 Nov 2017 Edit Reg		28 Nov 2017 00:00 Edit Adj Rpt	S\$280.00 Edit Estimates	S\$280.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by adjuster]

Insured:	Tay Chong Beng @ Tay Hong Ang, ID: S2556427H		
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHB2213J	Date of Loss:	28/11/2017 08:00 - :59 [2 Months From LTA Reg Date (Man Yr)]
Claim Type:	TP / 5014342557SG	Policy/Cover Note No.:	2100441725
Vehicle Reg. No. (Insured):	SKX5168K	Policy No. (Claimant):	D-15072702MFSH
		Excess:	
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 Loh, Chee-Heng] Chee-Heng.Loh@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 08/12/2017]		

ASSOCIATED MAIL RECEIVED View All Compose Case Mail

- AIG_SG (30/11/2017): Request To Upload TP GIA Report
- AIG_SG (30/11/2017): No OI GIA Report (SKX5168K VS SHB2213J)

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

***SHB2213J (5014342557SG)**
[SKX5168K]
TP
CITYCAB PTE LTD
Nov 28 2017 8:00AM
[Tay Chong Beng @ Tay Hong Ang]
ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			Upload Video			Upload Audio			View View in Browser		
Video												1 per page		<input checked="" type="checkbox"/>			
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)										Thumbnail		Print			
1	04/01/18 15:50	Video - Other										1	Load AVI				
Letters/Correspondences												1 per page		<input checked="" 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 checked="" type="checkbox"/>			
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)										Thumbnail		Print			
1	27/12/17 13:31	Accident Statement From: SC - Reg. No: SKX5168K, Claimant: TAY CHONG BENG										1	Load HTM				
Photos/Images												3 per page		<input checked="" type="checkbox"/>			
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)										Thumbnail		Print			
1	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
2	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
3	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
4	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
5	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
6	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
7	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
8	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
9	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
10	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
11	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
12	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
13	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
14	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
15	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
16	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
17	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
18	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
19	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
20	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
21	29/11/17 19:14	General View										1	Load JPG	<input checked="" type="checkbox"/>			
22	29/11/17 19:33	Reinspection Photo										1	Load JPG	<input checked="" type="checkbox"/>			
23	29/11/17 19:33	Reinspection Photo										1	Load JPG	<input checked="" type="checkbox"/>			
24	29/11/17 19:33	Reinspection Photo										1	Load JPG	<input checked="" type="checkbox"/>			
25	29/11/17 19:33	Reinspection Photo										1	Load JPG	<input checked="" type="checkbox"/>			
Documentation												1 per page		<input checked="" type="checkbox"/>			

Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)		Thumbnail Print
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	01/12/17 09:54	TP ESTIMATE - MARKED		Load PDF
2	01/12/17 09:54	TP GIA REPORT		Load PDF
3	01/12/17 14:15	Non reporting letter		Load PDF
4	19/04/18 14:54	WORKSHOP INVOICE		Load PDF
5	19/04/18 14:54	AUTHORISATION TO ACT FORM		Load PDF
6	19/04/18 14:54	Release Voucher		Load PDF
7	19/04/18 14:54	RENTAL RECEIPT		Load PDF
8	19/04/18 14:54	LTA SEARCH		Load PDF
9	19/04/18 14:54	LETTER TO OI		Load PDF

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<div> Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div> <div></div> <div> <div></div> <div></div> </div> </div> </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:	SKX5168K (Insd veh)	Model:	TOYOTA PRIUS HYBRID 1.8
	SHB2213J (TP veh)		CVT (A)
Date of Accident:	28/11/2017		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	982.12
Final Repair Cost	:	\$	650.00
Loss of Use	:	\$	2.00 days at \$50.00 per day
Rental (if any)	:	\$	2 days
LTA / GIA Search Fee	:	\$	
Others:	:	\$	
	:	\$	
Final Settlement Sum (Global Sum)	:	\$	650.00

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A) For **Non GIA Registered Workshop**: Agreed Liability _____ (%)

B) For **GIA Registered Workshop**: BOLA Applicable: ~~Yes~~/ No BOLA Scenario No: _____

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	:	\$ 650.00
2)		:	\$
3)		:	\$
4)		:	\$

JOANNE LEE KHANG MIN

19 Apr
2018

LKK Auto Consultants Pte Ltd

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/AIG17022710/K1PA3Q2

Date: 19/04/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 2100441725
Claimant Vehicle SHB2213J **Insured Vehicle No :** SKX5168K
No :
 Date of Loss: 28/11/2017 Nature of Claim: TP Claim No: 5014342557SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SHB2213J**
 Make & Model: TOYOTA PRIUS HYBRID, 1.8 CVT (A) Engine No: 2ZRS064187
 Reg. Date: 28/09/2017 (Man. Year: 2017) Chassis No: JTDKB3FUX03564266
 Colour: Yellow Odometer: 29511 km
 Engine Capacity: 1798 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: 195/65 R15 Rear Tyre Size: 195/65 R15
 Front Left Side: Yokohama 7 mm Rear Left Side: Yokohama 7 mm
 Front Right Side: Yokohama 7 mm Rear Right Side: Yokohama 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	367.87	0.00	367.87	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	550.00	280.00	270.00	49.09
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	917.87	280.00	637.87	69.49
+ GST 7.00/7.00% (S\$)	64.25	19.60	44.65	69.49
Nett Amount (S\$)	982.12	299.60	682.52	69.49
+ Loss of Use (2.0 x S\$50.00/day) (S\$)		100.00		
+ Car Rental (2.0 x S\$125.40/day) (S\$)		250.80		
+ Doc/Search Fee (S\$)		5.35		
Nett Liability (S\$)		655.75		
Global Sum Settlement (S\$)		650.00		

INSPECTION

Date of Assignment: 28/11/2017
 Date Inspected: 28/11/2017 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: CHEW HSIAO TONG

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		*FRONT BUMPER COVER	Repair	490.50 FL	*- FL
					Sub Total (\$\$)	490.50 0.00
					- List Item Discount on L Items 25.00/25.00% (\$\$)	122.63 0.00
					Total Parts (\$\$)	367.87 0.00

F=Franchise part, L=ListItemDisc.

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
<u>Labour Items</u>				
1	PANEL BEATING-REPAIR FRT BUMPER	New	350.00	100.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
Gross Labour Cost (S\$)			550.00	280.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >