

INS. CASE OWNER:

Saw Theng

CC4 / AXA17023075

K/LWA3

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

05/12/17

Date / Time:

05/12/17

Registered in Merimen:

05/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 9922A

Claim No.:

C04/3878

Name of Insured:

TRANS - CAB SERVICES PTE LTD

Policy No.:

VPR/P1680520

Insured Tel No.:

HP:

Make / Model:

RENAULT LATITUDE - 2.0 DCI A7

Excess Sec II : \$S

5,000.00

D.O.A.: 02/12/17

Place of Accident:

BAYERANT AVE TOWARDS RAFFLES AVE

Is driver the owner?

(YES ☒ NO ☐

Nature of Accident:

If NO, Driver Name / Age: LEONG KOK CHEONG

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

Driver Tel No.:

9109 6365

(VA ☒ YES / NO)

Insured Liability:

%

Final? Yes / No

SHC 38905



INSRS:

WSP: COGE (Loyang)

Tel:

Liability: TP - ARC

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

Date/Time	STAGE	DATE / PIC
08/12/17 (v.v.v.v.v)	SHC 38905 - CC3/ATG/1014459/11/10/192p DCA 16/17/11	Non-Reporting ltr (1st):
	- NGA/ENC17012302/Y DCA 22/04/13	Non-Reporting ltr (2nd):
	- NGA/ENC09008694/K1 DCA 22/04/13	Non-Reporting ltr (Final):
	- NGA/ENC1009204/11/10/1 DCA 01/06/15	Notification ltr (if non-pickup):
	- NGA/ENC17012302/11/10/1 DCA 22/06/17	Call OI:
	SHB 9922A - CC3/ATG/1014459/11/10/192p DCA 24/03/11	After call ltr to OI:
	- CC3/AXA/1006051/K1/2/2 DCA 24/03/11	Documentation Check List: Handler Typist
	- CC3/ENC16007357/K1/2/2 DCA 22/04/11	Notification ltr (if non-pickup)
	- CC3/ENC15014152/K1/2/2 DCA 12/05/15	After call ltr to OI:
	- CC3/ENC15014152/K1/2/2 DCA 26/05/17	Authorisation To Act:
	- CC3/TP/11/10/14596/K1/2/2 DCA 21/02/11	Release Voucher:
	- CC3/TP/11/10/14596/K1/2/2 DCA 24/03/11	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: 08/12/17	Sent By: Shirley Hsu
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	\$S	() days	Reduction: %
FINAL SETTLEMENT		Date/Time: 4/1/18	Confirm with: William
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.: 27
Repair Cost:	\$S	1209.61	
Loss of Rental (LOR):	\$S	452.48	(3.5 days) x 129.28
Loss of Use (LOU):	\$S	175.00	(\$ 50 x 3.5 days)
Loss of Income (LOI):	\$S	-	(\$ x days)
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S	-	
Medical:	\$S	-	
Disbursement:	\$S	-	(e.g. Tow/ Independent)
Legal Cost	\$S	-	
Total:	\$S	1837.09	Global Sum \$S: 1800.00
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	\$S	1800.00	Name 1: Comfortdelgro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	\$S	-	Name 2:
Payee 3: (Strike if N.A.)	\$S	-	Name 3:



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

AXA INSURANCE PTE LTD

Ref : CC4/AXA17023075/K1wa3

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 05-12-2017



Code : AXA-2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 9922A	Veh. Inspected	SHC 3890S
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/12/2017

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

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5. General Information

Accident Date	02/12/2017	Inspection Date	05/12/2017
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.
--

Team: ARC Repair TP(CLSO)1		JOB CARD Sales Order:		JC No 305094374	
CUSTOMER		REGN NO	SHC3890S	MILEAGE	
/MS: COMFORT TRANSPORTATION PTE LTD		MAKE	HYUNDAI	FUEL	
CUSTOMER NO: 7010045		MODEL	I-40	E 1/2 F	
ADDRESS: 383 SIN MING DRIVE		YR OF MANU	11.02.2015	DATE/TIME IN	
Singapore SINGAPORE 575717		CHASSIS CODE	KMHLB41UMFU064617	03.12.2017 09:00	
(R) 65508755 (O)		TARGET DATE		COMPLETION DATE/TIME	
(P)		COUNT CARD NO.			

Accident Date: 02.12.2017
NATURE: 3P 02.12.2017

JOB DESCRIPTION

S / NO	LABOR CODE	DESCRIPTION
	AXA -	taxi Rear damage

CHECKED & PASSED OUT BY: _____	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No.: SHC3890S	Vehicle No.: SHC3890S
Larry Ng	
Name of Service Advisor	Name of Service Advisor
Signature/Date	Date
returned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHC 3890S

MAKE :

MODEL : HYUNDAI i40

AXA

DATE 4/12/2017 13:05

POA: 02.12.2017

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper / <i>Detail xue</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>xue</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>xue</i>		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket <i>xue</i>			\$ 49.00	
	Rear Bumper Clips / <i>an</i>			\$ 22.00	
	Rear Bumper Sponge <i>xue</i>			\$ 143.40	
	Rear Bumper Under Cover / <i>cut</i>			\$ 225.00	
	SUB TOTAL			\$ 1,907.35	
	LESS 20%			\$ 381.47	
	DISCOUNTED TOTAL			\$ 1,525.88	
	Rear Bumper Reverse Sensor <i>xue</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat / <i>huc</i>			\$ 50.00	Nett
				\$ 185.70	
	Labour Charge				
	Panel Beating			\$ 380.00 <i>200</i>	
	Spray Painting Charge			\$ 200.00 <i>120</i>	
	Wiring Charge			\$ 50.00	<i>xue</i>
	R/Refix Reverse Sensor			\$ 120.00 <i>20</i>	
	TOTAL LABOUR			\$ 750.00	
	ESTIMATE TOTAL			\$ 2,461.58	
<p><i>Kalvin 161164</i> <i>5/12/17 1450hr.</i> <i>2 Pay s.</i> <i>P/P</i> <i>Before Paint p Lst</i></p>					
<p><i>Larry Ng</i></p>					
<p>KK 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>					
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>					

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3890S

MAKE :

MODEL : HYUNDAI i40

AXA

DATE 4/12/2017 13:05

POA: 02.12.2017

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper ✓			\$ 603.60	
	Rear Bumper Reinforcement ?			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) ?		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket ?			\$ 49.00	
	Rear Bumper Clips ✓			\$ 22.00	
	Rear Bumper Sponge ?			\$ 143.40	
	Rear Bumper Under Cover ✓			\$ 225.00	
			</		

Larry Ng

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

To: AXA Insurance Pte Ltd
8 Shenton Way #24-01
AXA Tower
Singapore 068811

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Khor Saw Theng

Date: 08 Dec 2017

Preliminary Advice

Insured Vehicle No	: SHB9922A	Accident Date	: 02/12/2017
TP Vehicle No	: SHC3890S	Assignment Date	: 05/12/2017
Make	: HYUNDAI I40	Est. Duration of Repair	: 2 days
Date of Inspection	: 05/12/2017		
Inspection At	: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969		

Point of Impact / General Description of Damages

The vehicle sustained impact / damagesrear.... portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	2,461.58
Revised Amount	:S\$	1,130.48
Check Items (Estimated)	:S\$	845.40
Total	:S\$	1,975.88

Lump Sum Repair	:S\$
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Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (X) Other comments : We have not authorized repairs.

603.60	504.35
22.00	360.00
225.00	49.00
	143.40

50.00	135.70
-------	--------

200.00	180.00
180.00	20.00
20.00	50.00
	100.00

400.00

350.00	0.00
--------	------

50.00

1056.75

135.70

850.60

1907.35
850.60
1056.75

185.70
50.00
135.70

750.00
400.00
350.00

850.60
170.12
680.48
50.00
400.00

1130.48

1056.75
0.00
0.00
0.00
0.00

}

CHECK ITEM

1056.75
211.35
845.40

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305094374

Date : 06/12/17

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No : SHC3890S

Date of Accident: 02/12/17

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

1. The repair job shall bill to: AXA SHB9922A(Transcab)

2. The finalized amount shall be:

(a) Spare Parts after List discount \$730.48

(b) Labour Charges \$400.00

Total for Part-By-Part Repair Cost \$1,130.48

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost _____

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 : 

Name : Larry Ng

Name : Calvin

Tel : 6214 8316

Date : 7/12/17

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. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305094374
REGN NO : SHC3890S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 11.02.2015
DATE/TIME IN : 03.12.2017 09:00
ACCIDENT DATE : 02.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0003 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0004 04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00		50.00

SUB-TOTAL : 730.48

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0002 L	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 400.00

TOTAL : 1,130.48

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Our Ref : T1217/ SHC3890S /WT(st)

Your Ref :

Date : 15-Dec-17

AXA Insurance Pte Ltd
8 Shenton Way
#24-01, AXA Tower
Singapore 068811

Attn : Motor Claims Department

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: 198000000

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
Yishun Industrial Park A
Singapore 768732

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC3890S YOUR INSURED SHB9922A
AND OTHER _____ ON 02.12.17**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHC3890S 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 : SHB9922A we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,209.61
2	<u>4</u> days Loss of Rental @ \$ 129.28 per day	\$ 517.12
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fee	\$ -
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 1,726.73

HIRER'S CLAIM

7	<u>4</u> days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims:		\$ 2,046.73

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

- a) Original repair bill and photostat photographs 5 pcs
- b) LTA search slip/s of : SHB9922A
- c) GIA / Police report/s of : SHC3890S
- d) Letter of authority from owner / hirer / operator
- (X) Photocopies of Accident Scene Photo/s () Traffic Compound () PIR
- () Witness statement/s (x) Rental Rate letter (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

William Tan

Deputy Manager

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email: williamtan@cdge.com.sg

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

A member of

COMFORTDELGRO



Vivian Lau (LKKAUTO)

From: Vivian Lau (LKKAUTO)
Sent: Tuesday, 12 December, 2017 4:36 PM
To: 'claims@transcab.com.sg'
Cc: 'carrisalee@ava-ins.com'; 'icewong@ava-ins.com'; 'ireneng@ava-ins.com'; 'foonghon@ava-ins.com'
Subject: YOUR REF : SHB 9922A, OUR REF : CC4/AXA17023075/K1wa3, ACCIDENT INVOLVING SHB 9922A & SHC 3890S ALONG BAYFRONT AVE TWDS RAFFLES AVE

12 December 2017

Transcab Taxi
Singapore

Dear Sir/Madam,

OUR REF : CC4/AXA17023075/K1wa3
YOUR REF : SHB 9922A

ACCIDENT INVOLVING SHB 9922A & SHC 3890S ALONG BAYFRONT AVE TWDS RAFFLES AVE

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from **ComfortDelGro Engineering Pte Ltd** acting on behalf of the owner of SHC 3890S against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

We also wish to advise that there is an excess of **S\$5,000.00** attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim.

AXA shall keep you informed of the third party claim settlement and thereafter kindly let AXA have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by AXA for the above subject matter, AXA expressly reserves all their rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to Vivianlau@lkkauto.com **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)

- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to AXA immediately. You may email it to cst@axa.com.sg or deliver it by hand to AXA's Customer Care Centre.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6841 8625 or email us at Vivianlau@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Thank you

Best Regards,

Vivian Lau | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-8625 | email: Vivianlau@lkkauto.com | fax: 6741-4108

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGI 40 SHC3890S , SHB9922A
BAY FRONT AVE TWDS RAFFLES AVE.

ON 02-Dec-17 21:15

I / We

ATTENBOROUGH SIDNE... (Hirer) NRIC No.: S1571823D

and/or

(Relief) NRIC No.:

Taxi Number

SHC3890S

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

03-Dec-2017

Name of Hirer

ATTENBOROUGH SIDNEY ANDREW

Hirer NRIC

S1571823D

Signature :



Address

205 MARSILING DRIVE #11-268
730205

Contact No.

91766494



redefining / insurance

CLAIM REF : C0463878
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 03 Dec 2017, we are authorised to and do hereby give this discharge for ourselves and on behalf of ComfortDelgro Engineering Pte Ltd and the Hirer, Attenborough Sidney Andrew of vehicle no. SHC 3890S

Now we **ComfortDelgro Engineering Pte Ltd** for ourselves and the said Hirer and the driver jointly and severally:-

- agree to accept the sum of Singapore Dollars One Thousand Eight Hundred only (S\$1,800.00) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no (SHB 9922A) arising out of an accident with (SHC 3890S) on 02/12/2017.
- declare that **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. SHB 9922A arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of ComfortDelgro Engineering Pte Ltd is made without any admission of liability whatsoever on the part of **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. SHB 9922A

Dated this 04 day of January 2018

Signed by [Signature]
 (AUTHORISED SIGNATORY)

Company Stamp [Stamp]
 CLAIMS DEPARTMENT
 COMFORTDELGRO ENGINEERING PTE LTD
 88 LOYANG DRIVE
 SINGAPORE 508399

Witness : _____
 Name : _____
 I/C No : _____
 Address : _____
 CLAIMS DEPARTMENT
 COMFORTDELGRO ENGINEERING PTE LTD
 88 LOYANG DRIVE
 SINGAPORE 508399

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

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
 SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO
 SHC3890S

MAKE
 HYUNDAI

MODEL
 I-40

DATE OF REG
 11.02.2015

CHASSIS CODE
 KMHLB41UMFU064617

INV. NO/DATE
 91345678 11.12.2017

JOB NO.
 305094374

ODOMETER READING

DATE/TIME IN
 03.12.2017 09:00

Description : 3P 02.12.2017

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0103-0579	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002	04-01-0103-0738	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0003	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP	10	2.20	20.00	17.60
0004	04-01-0103-1150	I40VC PROTECTOR MAT	1	50.00	0.00	50.00
SUB-TOTAL			:			730.48

JOB NATURE

0001	L	PANEL BEATING	200.00	200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	180.00	180.00
0003	L	REMOVE/REFIX REVERSE SENSOR	20.00	20.00
SUB-TOTAL			:	400.00

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.
8010010	91345678	1,209.61	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO
SHC38908

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
11.02.2015

CHASSIS CODE
KMHLB41UMFU064617

INV. NO/DATE
91345678 11.12.2017

JOB NO.
305094374

ODOMETER READING

DATE/TIME IN
03.12.2017 09:00

Items total		1,130.48
Add GST @	7.000 %	79.13
Invoice amount		1,209.61

Issued by : CHEWBEELING 11.12.2017 15:26:54
Repair type : CLSO/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.
8010010	91345678	1,209.61	

Our Ref: CT17120052

Date: 11 December 2017



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	02/12/2017 @ 21:15 hrs
ALONG	BAY FRONT AVE TWDS RAFFLES AVE
INVOLVING	SHB9922A

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC3890S** (the "Taxi"). The Taxi was hired to **ATTENBOROUGH SIDNEY ANDREW IC NO S1571823D** a registered hirer-operator of **Comfort Transportation 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.

SAIC 38905

DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		NAME O
						FROM	TO	
1st Nov 2017	AS. Andrews	2698	38		273	2323	1048	
2nd Nov 2017	AS. Andrews	2701	68		330	0320	2337	
3rd Nov 2017	AS. Andrews	2710	663		495	0435	0837	
4th Nov 2017	AS. Andrews	2710	992		339	1913	0836	
5th Nov 2017	AS. Andrews	2714	5A		462	2020	1140	
6th Nov 2017	AS. Andrews	2717	73		319	2301	1110	
7th Nov 2017	AS. Andrews	2722	12		439	0445	1126	
30th Nov 2017	AS. Andrews	--- DECEMBER 2017				---		
1st December 2017	AS. Andrews					0351	0845	
03.12.17	ACCIDENT	/			1N	0900	-	
06.12.17	PAPAY				017	1445	-	

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

B1 Direct Settlement

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	05 Dec 2017		05 Dec 2017 11:45 Edit Adj Rpt	S\$1,130.48 Edit Estimates	S\$1,130.48 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHC3890S	Date of Loss:	02/12/2017 21:00 - :59						
Claim Type:	TP / C0463878	Policy/Cover Note No.:	P1680520 (Third Party Only)						
Vehicle Reg. No. (Insured):	SHB9922A	Policy No. (Claimant):	D-1572701MFSH						
		Excess:	S\$5,000.00						
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Khor Saw Theng - 6880 4754]								
Claimant's Insurer:	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 14/12/2017]								
Driver/Custodian (Insured):	LEONG KOK CHEONG (), NRIC: S1150837E								
Adj Asg. Remarks:	TP IS ARC WORKSHOP.								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
• AXA_SG (05/12/2017): New TP Assignment - /P1680520									
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

*SHC3890S (C0463878)
[SHB9922A]
TP
COMFORT TRANSPORTATION PTE LTD
Dec 2 2017 9:00PM
[TRANS-CAB SERVICES PTE LTD]
ComfortDelGro Engineering Pte Ltd

[Upload Documents](#) |
 [Upload Photos](#) |
 [Compose New Letter](#)






View View in Browser

Letters/Correspondences				1 per page v	<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 v	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	08/12/17 09:31	Adjuster Immediate Advice	1	Load HTM	

Photos/Images				3 per page v	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
2	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
3	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
4	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
5	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
6	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
7	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
8	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
9	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
10	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
11	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
12	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
13	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
14	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
15	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
16	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
17	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
18	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
19	06/12/17 08:12	General View	1	Load JPG	<input checked="" type="checkbox"/>
20	07/12/17 19:45	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
21	07/12/17 19:45	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>

Documentation				1 per page v	<input checked="" type="checkbox"/>
No	Finalized On	AXA Insurance Pte Ltd (HQ)		Thumbnail	Print
1	05/12/17 10:14	EMAIL	1	Load PDF	
2	05/12/17 10:14	SHB9922A GIA REPORT	1	Load PDF	
3	05/12/17 10:14	TP ESTIMATE & GIA REPORT	1	Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	08/12/17 09:58	TP ESTIMATE- MARKED	1	Load PDF	
2	15/01/18 15:12	WORKSHOP INVOICE	1	Load PDF	

3	15/01/18 15:12	AUTHORISATION TO ACT FORM		Load PDF	
4	15/01/18 15:12	DISCHARGE VOUCHER		Load PDF	
5	15/01/18 15:12	RENTAL RECEIPT		Load PDF	
6	15/01/18 15:12	LOD		Load PDF	
7	15/01/18 15:12	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>v</div></div> <div>Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small></div>			

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SHB9922A (Insd veh)	Model:	HYUNDAI I40 1.7 D (A)
	SHC3890S (TP veh)		
Date of Accident:	02/12/2017		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	2,633.89
Final Repair Cost	:	\$	1,800.00
Loss of Token Sum	:	\$	3.50 days at \$50.00 per day
Rental (if any)	:	\$	3.50 days
LTA / GIA Search Fee	:	\$	
Others:	:	\$	
	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,800.00
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: _____	
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	:	\$ 1,800.00
2)		:	\$
3)		:	\$

JOANNE LEE KHANG MIN

15 Jan
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: CC4/AXA17023075/K1WA3Q2

Date: 15/01/2018

REFERENCE

Handling Insurer: AXA Insurance Pte Ltd

Policy No: P1680520

Claimant Vehicle No: SHC3890S

Insured Vehicle No: SHB9922A

Date of Loss: 02/12/2017

Nature of Claim: TP

Claim No: C0463878

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC3890S

Make & Model: HYUNDAI i40, 1.7 D (A)

Reg. Date: 11/02/2015 (Man. Year: 2014)

Colour: Blue

Engine Capacity: 1685 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

Engine No: D4FDEU473966

Chassis No: KMHLB41UMFU064617

Odometer: 272755 km

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: 205/60 R16

Rear Tyre Size: 205/60 R16

Front Left Side: Hankook 7 mm

Rear Left Side: Hankook 7 mm

Front Right Side: Hankook 7 mm

Rear Right Side: Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,711.58	730.48	981.10	57.32
Miscellaneous Items	0.00	0.00	0.00	
Labour	750.00	400.00	350.00	46.67
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,461.58	1,130.48	1,331.10	54.08
+ GST 7.00/7.00% (S\$)	172.31	79.13	93.18	54.08
Nett Amount (S\$)	2,633.89	1,209.61	1,424.28	54.08
+ Loss of Use (3.5 x S\$50.00/day) (S\$)		175.00		
+ Car Rental (3.5 x S\$129.28/day) (S\$)		452.48		
Nett Liability (S\$)		1,837.09		
Global Sum Settlement (S\$)		1,800.00		

INSPECTION

Date of Assignment: 05/12/2017

Date Inspected: 05/12/2017 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: VIVIAN LAU PEI FENG

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

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 15 Jan 2018)
Parts: 143	HYUNDAI I40 1.7 D (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHC3890S)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER (CONSISTENT)	Deformed	603.60 FL	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT (CONSISTENT)	Serviceable	504.35 FL	*- FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH) (CONSISTENT)	Serviceable	360.00 FL	*- FL
4	1		*REAR BUMPER SIDE BRACKET (CONSISTENT)	Serviceable	49.00 FL	*- FL
5	1		*REAR BUMPER CLIPS (CONSISTENT)	Necessary	22.00 FL	*22.00 FL
6	1		*REAR BUMPER SPONGE (CONSISTENT)	Serviceable	143.40 FL	*- FL
7	1		*REAR BUMPER UNDER COVER (CONSISTENT)	Cut	225.00 FL	*225.00 FL
8	1		*REAR BUMPER REVERSE SENSOR (CONSISTENT)	Not Necessary	135.70 FS	*- FS
9	1		*REAR BUMPER RUBBER MAT (CONSISTENT)	Necessary	50.00 FS	*50.00 FS
					Sub Total (\$\$)	2,093.05 900.60
					- List Item Discount on L Items 20.00/20.00% (\$\$)	381.47 170.12
					Total Parts (\$\$)	1,711.58 730.48

F=Franchise part. S=SpcNett. 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	New	380.00	200.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
3	WIRING CHARGE	New	50.00	0.00
4	R/REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (\$\$)			750.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >