

INS. CASE OWNER:

Saw Theng

CC 4, ASM
AXA1702

3158, #2pb3

LKK:
IDAC:

Surveyor:

Falvin

DOI:

6/12/17

Date / Time:

6/12/17

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

STU 5344H

Name of Insured:

FOH KOF SEMU

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

02/12/17

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: FOH LIMEE HINEE TEPPEY

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

SYM0053T / 21034

Policy No.:

PD88082

Make / Model:

MAYOR

Place of Accident:

JTB TMS KCH B4

BRADDOU EXIT

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

Insured Liability:

%

Final ? Yes / No

SHA 9780



INSRS:

WSP:

Tel:

Liability:

RMKS:

LIMEE

V/L

(ARU)



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:

After call ltr to OI:

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:

Confirm by:

Repair Cost:

SS

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

(W)

Agreed / Assessed BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

SS

1354.81

Loss of Rental (LOR):

SS

452.48

(35

days) x

#127.28

Loss of Use (LOU):

SS

-

(\$

x

days)

Loss of Income (LOI):

SS

175.00

(\$50

x 2.5

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

535

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost:

SS

-

Total:

SS

1987.64

Global Sum SS:

1980.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

1980.00

Name 1:

Comfort Belgro Engineering Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

JP

\$250.00

COPY SENT
6/12/17

MIC 7/3/17

RECEIVED 2018
RECEIVED 6 JUNE 2018

Surfing

Kalin

REP:

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.

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / FR 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

Date / Time Action / Instruction

Veh No: SHA 978D Yr Regn: 15 Sep 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / T/O / Prime Mover /
 Truck / Trailer or
 Make: Hyundai I40 cc: 1685
 Colour: yellow A/C: Ins Std / NI / NA
 Sp Reading: 158943 T.Radio: Ins Std / NI / NA
 Eng No: _____
 C/No: KMHCB4U4H4093623
 Gen. Cond: Good / ~~Fair~~ / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: NI / S/Rim / STD A/Rim or
 Tyre Size: F: 205/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wetake
 Front: _____ Rear: _____
 R/Bal: 7 mm R/Bal: 7 mm
 L/Bal: 7 mm L/Bal: 7 mm
 D.O.A: 2/12/12 D.O.I: 6/14/12
 Survey held at: CHKE (Long)
 Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Asst
PIP

PIP \$ 1266.18 (Red \$ 1221.00 / 49%).

Case/Time File Pass to:

☐

Prelim. Report

Date/Time File Return to:

☐

Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Date/Time File Return to:

Date/Time File Return to:

Add Fee:

☐

Site Insp: \$

☐

Interview: \$

☐

Tech. Insp: \$

☐

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

AXA INSURANCE PTE LTD

Ref : CC4/AXA17023158/K1pb3

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 06-12-2017



Code : AXA2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJU 5349H	Veh. Inspected	SHA 978D
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/12/2017

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	06/12/2017
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.
--

Date/Time: 04.12.2017 14:19 Page : 1

am: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO.305094510

MEMBER NO. 7010070 CITYCAB PTE LTD 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P)	REGN NO. SHA 978D MAKE: HYUNDAI MODEL I-40 YR OF MANU 15.09.2016 CHASSIS CODE KMHLB41UMGU093623	MILEAGE FUEL E. 1/2 F DATE/TIME IN 04.12.2017 11:00 TARGET DATE COMPLETION DATE/TIME
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Accident Date: 02.12.2017
Accident Time: 3P 02.12.2017
NO LABOR CODE DESCRIPTION

SIGNED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Identification Slip		Exit Pass	
Vehicle No.: SHA 978D CHIANG @		Vehicle No.: SHA 978D	
Service Advisor		Name of Service Advisor	
Signature/Date		Date	
Returned to Service Reception upon collection		To be kept by Security Guard	

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 978D

DATE 4/12/2017 16:15

MAKE :

MODEL : HYUNDAI i40

Change

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	
	Rear Bumper Reflector Lamp (RH) X 1 <			\$ 32.00	
	SUB TOTAL			\$ 1,939.35	
	LESS 20%			\$ 387.87	
	DISCOUNTED TOTAL			\$ 1,551.48	
	Rear Bumper Reverse Sensor ✓			\$ 135.70	Nett
	Rear Bumper i40 Plate ✓			\$ 50.00	Nett
				\$ 185.70	
	Labour Charge			200	
	Panel Beating			\$ 380.00	
	Spray Painting Charge			\$ 200.00	180
	Wiring Charge			\$ 50.00	X
	R/Refix Reverse Sensor			\$ 120.00	20
	TOTAL LABOUR			\$ 750.00	
	ESTIMATE TOTAL			\$ 2,487.18	
<p>Kalunick</p> <p>6/12/17 1425hrs.</p> <p>2 days.</p> <p>PIP</p> <p>Before Part photo</p>					
<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 modifications allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</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.					

Our Job Ref No : 305094510
Date : 07/12/17



COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHA 978D 02/12/17

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

- The repair job shall bill to: AXA SJU5349H
 - The finalized amount shall be:
 - Spare Parts after List discount \$ 866.18
 - Labour Charges \$400.00
 - Total for Part-By-Part Repair Cost** \$ 1266.18
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost
 - Estimated normal period for repairs: 2 working days.
 - We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
 - Thank you for your assistance. We confirm the estimates and finalized amount
- Signature :  Signature : 
Name : CHIANG Name : KALVIN
Tel : 62148314 Date : 20/12/17
Fax : 65468156

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		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

REPAIR ESTIMATE

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO	:	305094510
REGN NO	:	SHA 978D
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	15.09.2016
DATE/TIME IN	:	04.12.2017 11:00
ACCIDENT DATE	:	02.12.2017

JOB / PARTS DESCRIPTION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
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PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	22.00	20.00	17.60
0003	04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	2.00	50.00
0004	09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70	0.20	135.70
0005	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	0.00	225.00

70.31

SUB-TOTAL : 911.18

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00
0002 20-05	RENEW ADVERTISEMENT STICKER-	20.00

SUB-TOTAL : 400,00

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305094510
REGN NO : SHA 978D
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 15.09.2016
DATE/TIME IN : 04.12.2017 11:00
ACCIDENT DATE : 02.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,311.18

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

AGA

DATE 4/12/2017 16:15

MODEL : HYUNDAI i40

Chong

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — <i>Refined</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X 3m</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X 2m</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X 2m</i>			\$ 49.00
	Rear Bumper Clips — <i>we</i>			\$ 22.00
	Rear Bumper Sponge <i>X 3m</i>			\$ 143.40
	Rear Bumper Under Cover — <i>cut</i>			\$ 225.00
	Rear Bumper Reflector Lamp (RH) <i>X 2m 5m</i>			\$ 32.00
	SUB TOTAL			\$ 1,939.35
	LESS 20%			\$ 387.87
	DISCOUNTED TOTAL			\$ 1,551.48
	Rear Bumper Reverse Sensor — <i>should</i>			\$ 135.70
	Rear Bumper i40 Plate — <i>we</i>			\$ 50.00
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 380.00 <i>2=0</i>
	Spray Painting Charge			\$ 200.00 <i>180</i>
	Wiring Charge			\$ 50.00 <i>X 2m</i>
	R/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,487.18
	Kalunick A 6/12/17 1425hrs. 2 Days. PRP Before Paint photo			
	LKK Auto Consultants hence notify the Repairer of the following: • 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 Acknowledged by Repairer Signature: _____ Date: _____			
	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: Thursday, 1 March 2018 2:11 PM
To: 'williamtan@cdge.com.sg'; 'catherinekoh@cdge.com.sg'
Subject: Your Ref: CC17120166/ SHA 978D/ WT(st) *Our Ref: CC4/ASM17023158/K1pb3
[ACCIDENT INVOLVING SJU 5349H(AXA) & SHA 978D ON 02/12/2017]

Your Ref: **CC17120166/ SHA 978D/ WT(st)**
Our Ref: CC4/ASM17023158/K1pb3

Without Prejudice

Dear Sirs/Madam,

ACCIDENT INVOLVING SJU 5349H(AXA) & SHA 978D ON 02/12/2017

We refer to the above matter.

We propose settlement at a global sum of **\$1,980.00(all-in)**.

Please confirm acceptance.

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

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

Blk 54, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Hsiao Tong (LKKAUTO)

From: William Tan Thoo Seng <williamtan@cdge.com.sg>
Sent: Thursday, 1 March 2018 2:22 PM
To: Hsiao Tong (LKKAUTO)
Subject: Re: Your Ref: CC17120166/ SHA 978D/ WT(st) *Our Ref: CC4/ASM17023158/K1pb3 [ACCIDENT INVOLVING SJU 5349H(AXA) & SHA 978D ON 02/12/2017]

Without Prejudice.

Dear Hsiao Tong

We accept your global offer at \$1,980.00.

Kindly forward your D.V. and payment to CDGE

Thank you.

Best Regards
William Tan
Claims Department | ComfortDelgro Engineering Pte Ltd
Off : 62148737 | Fax : 62141843

From: "Hsiao Tong (LKKAUTO)" <chewht@lkkauto.com>
To: "williamtan@cdge.com.sg" <williamtan@cdge.com.sg>, "catherinekoh@cdge.com.sg" <catherinekoh@cdge.com.sg>
Date: 01/03/2018 02:11 PM
Subject: Your Ref: CC17120166/ SHA 978D/ WT(st) *Our Ref: CC4/ASM17023158/K1pb3 [ACCIDENT INVOLVING SJU 5349H(AXA) & SHA 978D ON 02/12/2017]

Your Ref: **CC17120166/ SHA 978D/ WT(st)**
Our Ref: CC4/ASM17023158/K1pb3

Without Prejudice

Dear Sirs/Madam,

ACCIDENT INVOLVING SJU 5349H(AXA) & SHA 978D ON 02/12/2017

We refer to the above matter.

We propose settlement at a global sum of **\$1,980.00(all-in)**.

Please confirm acceptance.

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

Best Regards,
Hsiao Tong, Chew | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4168
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Our Ref : CC17120166/ SHA 978D /WT(st)

Your Ref :

Date : 26-Dec-17

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: 198906048W

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

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA 978D YOUR INSURED SJU5349H
AND OTHER _____ ON 02.12.17**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : **SHA 978D** 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 : **SJU5349H** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,354.81
2	4 days Loss of Rental @ \$ 129.28 per day	\$	517.12
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	5.35
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
Sub Total :		\$	1,877.28

HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per days	\$	320.00
Total Claims :		\$	2,197.28

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

- a) Original repair bill and photocopied photographs: 6 pcs.
b) LTA search slip/s of : SJU5349H
c) GIA / Police report/s of : SHA 978D
d) Letter of authority from owner / hirer / operator
(X) Photocopy/s of Accident Scene Photo/s () Certificate of Insurance
() 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





Auto
Consultants
Pte Ltd

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

11 DECEMBER 2017

KOH KOK SENG

BLK 333 SEMBAWANG CLOSE

#05-429

SINGAPORE 750333

Dear Sir/ Mdm

OUR REF : CC4/AXA17023158/K1pb3

YOUR REF : P0880186 (SJU 5349H)

**ACCIDENT INVOLVING SJU 5349H & SHA 978D ALONG/AT CTE TWDS CITY
BEFORE BRADDELL EXIT ON 02/12/2017**

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 SHA 978D against your motor insurance policy.

Based on the accident report and accident scenario, we are of the opinion that liability is not in our favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

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 us.

Your full co-operation in the handling of the claim is required and kindly submit the following to chewht@lkkauto.com within 10 days from the date of this letter **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.

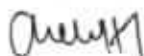
This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

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 6742 3197 or email us at chewht@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely



Chew Hsiao Tong

Case Handler

DID: 6742 3197

FAX: 6741 4108

EMAIL: chewht@lkkauto.com

Cc *AXA Insurance Pte Ltd
(Motor Claims Dept)*

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****i 40 SHA978D , SJU5349H
CTE TWDS CITY
(NEAR ANG MO KIO AVE 1)****ON 02-Dec-17 12:10**

I / We

TAY KENG CHUAN(Hirer) NRIC No.: **S1321341J**

and/or

(Relief) NRIC No.:

Taxi Number

SHA978D

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

TAY KENG CHUAN

Hirer NRIC

S1321341J

Signature :



Address

**412 BUKIT BATOK WEST AVENUE 4 #...
650412**

Contact No.

81338355



redefining / insurance

CLAIM REF : S7M0053T
INSURED : KOH KOK SENG

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 03.12.2017, we are authorised to and do hereby give this discharge for ourselves and on behalf of CityCab Pte Ltd and the Hirer, Tay Keng Chuan of vehicle no. SHA 978D.

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 Nine Hundred Eighty only (S\$1,980.00)** 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. (SJU 5349H) arising out of an accident with (SHA 978D) 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. SJU 5349H 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. SJU 5349H.

Dated this 2nd day of March 2018

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp COMFORTDELGRO ENGINEERING PTE LTD
55 LOYANG DRIVE
SINGAPORE 608989

Witness : [Signature]
Name : CLAIMS DEPARTMENT
I/C No : COMFORTDELGRO ENGINEERING PTE LTD
Address : 55 LOYANG DRIVE
SINGAPORE 608989

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

[illegible]

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
SHA 9780

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
15.09.2016

CHASSIS CODE
KMHLB41UMGU093623

INV. NO/DATE
91347431 21.12.2017

JOB NO.
305094510

ODMETER READING

DATE/TIME IN
04.12.2017 11:00

S/No	Part No.	Qty	Unit Price	%Disc	Net
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SUB-TOTAL				:	450.00
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Items total	1,266.18
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Add GST @	7.000 %	88.63
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Invoice amount	1,354.81
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Issued by : KATHKRINETAN 21.12.2017 15:31:46
Repair type : CPSO/57/57
Payment type/Term: /Credit 30 days

COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD SINGAPORE 579701
MOBILE: +65 6380 6280 FACSIMILE: +65 6380 4755
WEBSITE: WWW.COMFORTDELGRO.COM

THIS INVOICE IS VALID FOR 30 DAYS FROM THE DATE OF ISSUANCE. IF THE INVOICE IS NOT PAID WITHIN THE VALIDITY PERIOD, THE INVOICE WILL BE VOID. THE CUSTOMER SHALL BE RESPONSIBLE FOR THE PAYMENT OF THE INVOICE. THE CUSTOMER SHALL BE RESPONSIBLE FOR THE PAYMENT OF THE INVOICE. THE CUSTOMER SHALL BE RESPONSIBLE FOR THE PAYMENT OF THE INVOICE.

IF THE CUSTOMER IS NOT SATISFIED WITH THE SERVICE, HE/SHE MAY RETURN THE GOODS TO THE SUPPLIER WITHIN 30 DAYS OF THE DATE OF RECEIPT. THE SUPPLIER SHALL BE RESPONSIBLE FOR THE RETURN OF THE GOODS. THE SUPPLIER SHALL BE RESPONSIBLE FOR THE RETURN OF THE GOODS. THE SUPPLIER SHALL BE RESPONSIBLE FOR THE RETURN OF THE GOODS.

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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	91347431	1,354.81	

Our Ref: CC17120166



Date: 21 December 2017

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	02/12/2017 @ 12:10 hrs
ALONG	CTE TWDS CITY (NEAR ANG MO KIO AVE 1)
INVOLVING	SJU5349H

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 **SHA0978D** (the "Taxi"). The Taxi was hired to **TAY KENG CHUAN IC NO S1321341J** 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.

MILEAGE READING				MILEAGE TRAVELLED (KM)		DATE	NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		
											FROM	TO	
1	5	6	2	5	4	170		07-20	1615	04.12.17	1100	-	
1	5	6	4	7	9	225		2204	0607	07.12.17	1100	-	
1	5	6	6	9	8	218		0700	1800				
1	5	6	9	2	1	223		2155	0448				
1	5	7	1	3	1	210		0720	2010				
1	5	7	3	8	2	251		2201	0523				
1	5	7	7	2	0	338		0715	2031				
1	5	7	9	7	6	256		2205	0551				
1	5	8	2	4	0	263		0800	1900				
1	5	8	4	7	0	230		2200	0417				
1	5	8	8	5	1	381		0700	2340				

800978 R

Accident Report

1100 - 1400

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJU5349H	02 Dec 2017 / 12:10:00	Successful	A12	AXA INSURANCE PTE LTD

[Previous](#)[OK](#)

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SJU 5349H (Insd veh)	Model:	TPVD HYUNDAI I40
	SHA 978D (TP veh)		
Date of Accident:	02/12/2017		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	2,661.28
Final Repair Cost	:	\$	1,354.81
Loss of Token Sum	:	\$	175.00
Rental (if any)	:	\$	452.48
LTA / GIA Search Fee	:	\$	5.35

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,980.00

Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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	\$ 1,980.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

07/03/2018
Date

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