

INS. CASE OWNER:

CC 3 / LCR170 23447, K1P33

LKK:

IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :S5

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
12/1/17	SHA4361G, COLMHI 501179 / 11/2017, 11/2/17	Non-Reporting ltr (1st):	
08/1	SLQ 54390 - X	Non-Reporting ltr (2nd):	
		Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
19/1/17	3 vehicle. Old 2nd car.	Call OI:	19/1/17
	Sent letter to OI via email.	After call ltr to OI:	19/1/17
17/1/18	File pass to Neo Kuan to close	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:	S\$	(days)	Reduction: %
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	%	(Agreed / Assessed)	BOLA S/N No.:
Repair Cost:	S\$		
Loss of Rental (LOR):	S\$	(1.5 days)	x \$ 125.00
Loss of Use (LOU):	S\$	(5 x days)	
Loss of Income (LOI):	S\$	(5.50 x 1.5 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOU <input checked="" type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$	5.35	
Medical:	S\$	-	
Disbursement:	S\$	-	(e.g. Tow/ Independent)
Legal Cost	S\$	-	
Total:	S\$	567.45	Global Sum S\$: 560.00
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	S\$	560.00	Name 1: CamFutDesign Engineering Pte Ltd.
Payee 2: (Strike if N.A.)	S\$		Name 2:
Payee 3: (Strike if N.A.)	S\$		Name 3:

ASSIGNMENT

10



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/LCR17023447/K1pa3		
78 SHENTON WAY #08-16 CHARTIS BUILDINGS SINGAPORE 079120		Date : 11-12-2017		
		Code : LCR		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLQ 5439D	Veh. Inspected	SHA 4361G	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	11/12/2017	
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				
5. General Information				
Accident Date	08/12/2017	Inspection Date	08/12/2017	
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.				

number of COMFORTDELGRO

Date/Time: 08.12.2017 10:36 Page : 1

am: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO.305095841

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO. SHA4361G MAKE HYUNDAI MODEL I-40 YR OF MANU 19.05.2016 CHASSIS CODE KMHLB41UMGU089722	MILEAGE FUEL E 1/2 F DATE/TIME IN 08.12.2017 07:40 TARGET DATE COMPLETION DATE/TIME
--	---	---

UNT CARD NO.

JOB DESCRIPTION

Incident Date: 08.12.2017
DURATION: 3P 08.12.17

NO LABOR CODE DESCRIPTION

RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip

Exit Pass

Vehicle No.: SHA4361G LIMITS

Vehicle No.: SHA4361G

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 08.12.2017

REPAIR ESTIMATE

Time: 10:44:11

Page: 1

Aig Asia-CPIP/
LKK - Kalvin

TS

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

JOB NO : 305095841
 REGN NO : SHA4361G
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 19.05.2016
 DATE/TIME IN : 08.12.2017 07:40
 ACCIDENT DATE : 08.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT	REMARKS
0001 04-01-0103-0579-G BUMPER REAR	1		603.60	20.00	482.88	X repair
0002 04-01-0103-0738-G BUMPER LOWER REAR	1		225.00	20.00	180.00	X SC
0003 04-01-0101-0111-G BUMPER CLIPS	10 L		22.00	20.00	17.60	X MV
0004 09-01-9999-0068-A REVERSE SENSOR	1		135.70	20.00	135.70	X SC

SUB-TOTAL : 816.18

JOB NATURE

JOB NATURE	QTY	UNIT-PRICE	DISC%	AMOUNT	REMARKS
0000 L PANEL BEATING		280.00		100	
0001 23-502 SPRAYPAINT ON AFFECTED AREA		200.00		180	
0002 L R/I REVERSE SENSOR		120.00		X MN	

SUB-TOTAL : 600.00

TOTAL : 1,416.18

MVA NAME & SIGNATURE

DATE :

LMF

SURVEYOR NAME & SIGNATURE

DATE :

Kalvin LKK
 8/12/17 11:00 LK
 2 Days
 PIP
 After Repair PIP

AUTHORISED : YES / NO

the Repairer

- To repair the vehicle
- To deliver the vehicle to the customer
- Parts prices are subject to confirmation
- Third party claims are on a "No Fault / Prejudice" basis
- No illegal trade practices are allowed
- Supplementary work must be authorised and is subject to prior approval from Insurance Company

Acknowledged by Repairer
 Signature: _____
 Date: _____

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305095841

Date : 11/12/17

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHA4361G

Date of Accident : 08-Dec-17

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

1. The repair job shall bill to: AIG ASIA --- SLQ5439D

2. The finalized amount shall be:

(a) Spare Parts after List discount NIL

(b) Labour Charges \$280.00

Total for Part-By-Part Repair Cost \$280.00

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% _____

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 : LIM T S

Name : KALVIN

Tel : 62148398

Date : 11/12/17

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				
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 : 305095841
REGN NO : SHA4361G
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 19.05.2016
DATE/TIME IN : 08.12.2017 07:40
ACCIDENT DATE : 08.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 180.00

SUB-TOTAL : 280.00

TOTAL : 280.00


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING PTE LTD

Date: 08.12.2017

REPAIR ESTIMATE

Time: 10:44:11

Page: 1

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

JOB NO : 305095841
 REGN NO : SHA4361G
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 19.05.2016
 DATE/TIME IN : 08.12.2017 07:40
 ACCIDENT DATE : 08.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-0579-G	BUMPER REAR	1	603.60 20.00 482.88
0002	04-01-0103-0738-G	BUMPER LOWER REAR	1	225.00 20.00 180.00
0003	04-01-0101-0111-G	BUMPER CLIPS	10 L	22.00 20.00 17.60
0004	09-01-9999-0068-A	REVERSE SENSOR	1	135.70 200 135.70

SUB-TOTAL : 816.18

JOB NATURE

0000 L	PANEL BEATING	280.00	100
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00	180
0002 L	R/I REVERSE SENSOR	120.00	X

SUB-TOTAL : 600.00

TOTAL : 1,416.18

MVA NAME & SIGNATURE
 DATE :

SURVEYOR NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO

Kalvin LKK
 8/12/17 11:00 G
 2 Days
 PIP
 After Repair photo

LKK Auto Company/this licence notify
 the Repairs of the following:
 • To reserves bill to insurance company
 • To deploy labour, and timing survey
 • Parts procedures and to insurance
 • Third party claim against the "job" basis
 • No legal liability involved
 • Supplemental claims must be approved and
 is subject to final approval from Insurance Company

Signature:
 Date:

Our Ref : T 1217 / SHA4361G /CL(st)
Your Ref:
Date : 15-Dec-17

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

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA4361G YOUR INSURED SLQ5439D
AND OTHER SHB5239R ON 08.12.17

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHA4361G** 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 **SLQ5439D** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 299.60
2	2 days Loss of Rental @ \$ 125.00 per day	\$ 250.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 5.35
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation	\$ -
Sub Total :		\$ 554.95

HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims :		\$ 714.95

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

- a) Original repair bill and photocopies of photographs : 4 pcs.
b) LTA search slip/s of : SLQ5439D
c) GIA / Police report/s of : SHA4361G
d) Letter of authority from owner / hirer / operator
(X) Photograph/s of Accident Scene () Certificate of Insurance
() Witness statement/s (x) Downtime/Mileage record

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully

Cecilia Lee

Executive

CDGE Claims Department

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

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

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: 198000429

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
330 Ubi Road 3
Singapore 408549

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

122

SIA 43619

DATE	NAME OF DRIVER	MILEAGE READING							MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER
		1	5	3	8	6	2	6		FROM	TO		
2-12-17	John	1	5	3	8	6			264	2215 PM	0500 A		
3-12-17	John	1	5	3	6	4	3		257	1405 PM	2215 P		
4-12-17	John	1	5	3	9	2	0		277	2200 PM	0730 A		
5-12-17	John	1	5	4	1	7	6		256	2200 PM	0730 A		
6-12-17	John	1	5	4	4	9	7		321	2215 PM	0730 A		
7-12-17	John	1	5	4	7	6	7		.	2200 PM			
8/12													
8/12	Accident repair								In	0740	—		
9/12				W					Out	—	1030		

John

Hsiao Tong (LKKAUTO)

From: Hsiao Tong (LKKAUTO)
Sent: Tuesday, 19 December, 2017 4:55 PM
To: 'Eileen, May Hwee Yap'
Subject: ACCIDENT INVOLVING SLQ 5439D(AIG) / SHA 4361G/ OTHERS ON 08/12/2017

Your Ref: **SLQ 5439D**
Our Ref: CC3/LCR17023447/K1pa3

Dear Sir/Madam,

ACCIDENT INVOLVING SLQ 5439D(AIG) / SHA 4361G/ OTHERS ON 08/12/2017

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 SHA 4361G against your insurance policy.

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

If Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Best Regards,

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)

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING i 40 SHA4361G , SLQ5439D , SHB5239R ON 08-Dec-17 06:30
ALONG AIRPORT BOULEVARD TWDS TERMINAL 2 DEPARTURE HALL**

I / We **NG YEOK SENG JOHN** (Hirer) NRIC No.: **S0477991F**

and/or (Relief) NRIC No.:

Taxi Number **SHA4361G**

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 **08-Dec-2017**

Name of Hirer **NG YEOK SENG JOHN**

Hirer NRIC **S0477991F**

Signature :



Address **305D ANCHORVALE LINK #15-17
544305**

Contact No. **98193521**

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\$ 560.00** (Global Sum) for vehicle no. **SHA 4361G** that was damaged pursuant to the accident which occurred on **08/12/2017** (date) along **AIRPORT BLVD TWDS TERMINAL 2 DEPARTURE HALL** (location) involving vehicle no/s **SLO 5439D**.

This is pursuant to the inspection conducted on **08/12/2017** (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner **COMFORT TRANSPORTATION PTE LTD** ("the third party claimant") of vehicle no. **SHA 4361G** 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 **SHA 4361G** (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 17 (day) of 01 (month) 20 18 (year)



Aux

Signed by appointed surveyor

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579001

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
SHA4361G

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
19.05.2016

CHASSIS CODE
KMHLB41UMGU089722

INV. NO/DATE
91345848 12.12.2017

JOB NO.
305095841

ODOMETER READING

DATE/TIME IN
08.12.2017 07:40

Description : 3P 08.12.17

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

S/No	Part No.	Description	Qty	Unit Price	%Disc	Net
0001	L	PANEL BEATING	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

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	91345848	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
SHA4361G

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
19.05.2016

CHASSIS CODE
KMHLB41UMGU089722

INV. NO/DATE
91345848 12.12.2017

JOB NO.
305095841

ODOMETER READING

DATE/TIME IN
08.12.2017 07:40

Issued by : CHEWBEELENG 12.12.2017 14:29:46
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.
8010004	91345848	299.60	

Our Ref: CT17120247

Date: 12 December 2017



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 08/12/2017 @ 06:30 hrs
ALONG AIRPORT BLVD TWDS TERMINAL 2 DEPARTURE
HALL
INVOLVING SLQ5439D, SHB5239R

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 **SHA4361G** (the "Taxi"). The Taxi was hired to **NG YEOK SENG JOHN IC NO S0477991F** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte 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.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLQ5439D	08 Dec 2017 / 06:30:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

SLQ5439D

...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	11 Dec 2017 Edit Reg		08 Dec 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					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:		LCRF PTE LTD, Co. Reg. No.: 201624597K							
Main Claimant:		COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R							
Vehicle Reg. No.:		SHA4361G	Date of Loss:	08/12/2017 06:00 - :59					
Claim Type:		TP / 3593478635SG	Policy/Cover Note No.:	0999995069					
Vehicle Reg. No. (Insured):		SLQ5439D	Policy No. (Claimant):	MCOM0016					
		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 Yong, Ivy-AV] Ivy-VA.Yong@aig.com							
Claimant's Insurer:		India International Insurance Pte Ltd (HQ) - Tel: 63476100							
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 20/12/2017]							
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete 									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*SHA4361G (3593478635SG)
 [SLQ5439D]
 TP
 COMFORT TRANSPORTATION PTE LTD
 Dec 8 2017 6:00AM
 [LCRF PTE LTD]
 ComfortDelGro Engineering Pte Ltd

Upload Documents	Upload Photos	Compose New Letter	Upload Video	Upload Audio	View View in Browser
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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	AIG Asia Pacific Insurance Pte. Ltd. (SG)		Thumbnail	Print
1	12/12/17 14:25	Accident Statement <small>From: SC - Reg. No: SLQ5439D, Claimant: LCRF PTE LTD</small>	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	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
2	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
3	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
4	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
5	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
6	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
7	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
8	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
9	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
10	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
11	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
12	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
13	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
14	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
15	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
16	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
17	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
18	11/12/17 17:58	General View	1	Load JPG	<input checked="" type="checkbox"/>
19	12/12/17 07:47	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
20	12/12/17 07:47	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
21	12/12/17 07:47	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>

Documentation				1 per page v	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	12/12/17 10:09	TP ESTIMATE - MARKED	1	Load PDF	
2	12/12/17 10:09	TP GIA REPORT	1	Load PDF	
3	23/01/18 10:30	WORKSHOP INVOICE	1	Load PDF	
4	23/01/18 10:30	AUTHORISATION TO ACT FORM	1	Load PDF	
5	23/01/18 10:30	Release Voucher	1	Load PDF	

6	23/01/18 10:30	RENTAL RECEIPT	1	Load PDF	
7	23/01/18 10:30	LTA SEARCH	1	Load PDF	
8	23/01/18 10:30	LETTER TO OI	1	Load PDF	

Documents Checklist

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

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)
<div><div></div><div>^</div><div>v</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:	SLQ5439D (Insd veh)	Model:	HYUNDAI I40 1.7 L CRDI AT
	SHA4361G (TP veh)		ABS AIRBAG 4DR (A)
Date of Accident:	08/12/2017		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	1,515.31
Final Repair Cost	:	\$	560.00
Loss of Use	:	\$	1.50 days at \$50.00 per day
Rental (if any)	:	\$	1.50 days
LTA / GIA Search Fee	:	\$	
Others:	:	\$	
	:	\$	
Final Settlement Sum (Global Sum)	:	\$	560.00
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 (*): _____0_____(%)	
* 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	:	\$ 560.00
2)		:	\$
3)		:	\$
4)		:	\$
5)		:	\$

JOANNE LEE KHANG MIN

23 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: CC3/LCR17023447/K1PA3Q2

Date: 23/01/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 0999995069
 Claimant Vehicle No: SHA4361G Insured Vehicle No: SLQ5439D
 Date of Loss: 08/12/2017 Nature of Claim: TP Claim No: 3593478635SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA4361G
 Make & Model: HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A) Engine No: D4FDGU624294
 Reg. Date: 19/05/2016 (Man. Year: 2016) Chassis No: KMHLB41UMGU089722
 Colour: Blue Odometer: 154767 km
 Engine Capacity: 1685 cc
 Market Value/New Car Price: N/A
 Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: 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	816.18	0.00	816.18	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	600.00	280.00	320.00	53.33
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,416.18	280.00	1,136.18	80.23
+ GST 7.00/7.00% (S\$)	99.13	19.60	79.53	80.23
Nett Amount (S\$)	1,515.31	299.60	1,215.71	80.23
+ Loss of Use (1.5 x S\$50.00/day) (S\$)		75.00		
+ Car Rental (1.5 x S\$125.00/day) (S\$)		187.50		
+ Doc/Search Fee (S\$)		5.35		
Nett Liability (S\$)		567.45		
Global Sum Settlement (S\$)		560.00		

INSPECTION

Date of Assignment: 08/12/2017
 Date Inspected: 08/12/2017 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: 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		*BUMPER REAR	Repair	603.60 FL	*- FL
2	1		*BUMPER LOWER REAR	Serviceable	225.00 FL	*- FL
3	10		*BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
4	1		*REVERSE SENSOR	Serviceable	135.70 FS	*- FS
					Sub Total (\$\$)	986.30
					- List Item Discount on L Items 20.00/20.00% (\$\$)	170.12
					Total Parts (\$\$)	816.18

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

0.00

0.00

0.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	280.00	100.00
2	SPRAYPAINT ON AFFECTED AREA	New	200.00	180.00
3	R/I REVERSE SENSOR	New	120.00	0.00
Gross Labour Cost (S\$)			600.00	280.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >