

INSURANCE
 POLICY CASE OWNER: Che Hing | CC 3 / AIG17024553 / KH 53 | 9/1 LXX: 9/1 IDAC:
 Surveyor: KALVIN | ASSIGNMENT | DOI: 27/12/17 | Date / Time: 27/12/17
 Registered in Meritmen: 28/12/17

Pre-assign / CCU / FTE

Insured Vehicle No: SJP 2884A | Claim No: 331530705059
 Name of Insured: SOO GEW KOKE | Policy No: 2100127528
 Insured Tel No: _____ | HP: _____ | Make / Model: _____
 Excess Sec II :SS _____ | D.O.A: 25/12/17 | Place of Accident: ONE TOWARDS SW
 Is driver the owner? (YES / NO) _____ | Nature of Accident: _____
 IF NO, Driver Name / Age: Jem.ethankoh@gmail.com | GHA REPORT: YES / NO; TP GHA REPORT: YES / NO
 Driver Tel No.: _____ | (VL: YES / NO) | Insured Liability: _____ % | Final? Yes / No _____

SHA 1506B

INSRS: _____ | WSP: _____ | Tel: _____ | Liability: _____ | RMKS: _____
 WSP: COGE (loyang) | Tel: _____ | Liability: _____ | RMKS: _____
 INSRS: _____ | WSP: _____ | Tel: _____ | Liability: _____ | RMKS: _____
 INSRS: _____ | WSP: _____ | Tel: _____ | Liability: _____ | RMKS: _____

Date/Time	STAGE	DATE / PIC
	Non-Reporting Itr (1st)	
	Non-Reporting Itr (2nd)	
	Non-Reporting Itr (Final)	
	Notification Itr (if non-pickup)	
	Call OI	
	After call Itr to OI	<u>27/12/17 - vic</u>
	Documentation Check List: Handler Typist	
	Notification Itr (if non-pickup)	
	After call Itr to OI	
	Authorization To Act	
	Release Voucher	
	Final Repair Bill	
	Car Rental Invoice	
	Towing Invoice	
	LTA / GHA	
	Medical Bill	
	FIR	
	Mandate/Reject Instruction	
	LOD	
	Payment Breakdown Form	
	Post-Repair Photos	
	Others	

PRELIMINARY ADVICE	Date/Time:	Sent By:
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: <u>418</u>	\$S <u>455.00</u> (2 days) Reduction: <u>29</u> %	Confirm by:
FINAL SETTLEMENT	Date/Time: <u>26/02/19</u>	Confirm with: <u>KALVIN</u>
Final Liability:	% <u>100</u> (Assessed / Assessed) BOLA S/N No.: <u>27</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: <u>(w/ GST)</u>	\$S <u>486.85</u>	IF NO or B 28, Ass. Lia: <u>COO REAR-BINDING TP</u>
Loss of Rental (LOR):	\$S <u>375.57</u> (3 days) X \$125.19	<div style="border: 2px solid black; padding: 5px; display: inline-block;"> CLAIM SETTLEMENT 1) Claim status: <u>Normal/Reject/Private Settle</u> 2) Report Format: 3) Survey fee: <u>\$320.00</u> </div>
Loss of Use (LOU):	\$S <u>150.00</u> (\$50 x 3 days)	
Loss of Income (LOI):	\$S <u>—</u> (\$ x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR+LOU <input type="checkbox"/> LOR+LOI <input checked="" type="checkbox"/> (Tick only one)		
GHA/LTA Search	\$S <u>7.99</u>	
Medical:	\$S <u>—</u>	
Disbursement:	\$S <u>—</u>	
Legal Cost:	\$S <u>—</u> (e.g. Tow/Independent)	
Total:	\$S <u>1,019.91</u>	Global Sum \$S: <u>1,010.00</u>
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	\$S <u>1,010.00</u>	Name 1: <u>COMPUTERBOLERO ENGINEERING PTB US</u>
Payee 2: (Strike if N.A.)	\$S <u>—</u>	Name 2: <u>—</u>
Payee 3: (Strike if N.A.)	\$S <u>—</u>	Name 3: <u>—</u>

ASSIGNMENT

From: _____ Case: _____
 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 Ven: _____

Vehicle: **SHA 1506B** / Reg: **31 Jan 2017**
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/G / Prime Mover /
 Truck / Trailer or _____
 Make: **Hyundai Zonix**
 Colour: **Blue** A/C: **Ins** / Std / NI / NA
 Sp Reading: **119770** T/F: **Ins** / Std / NI / NA
 Eng No: _____
 C/No: **KMHCB85/CVHY017960**
 Gen Cond: **Good** / F6 / Poor / Burnt
 Steering: **Ins** / Jammed / Leaked / Burnt or
 Brake: **Ins** / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / Rim or

(Policy Condition)
 Remark: The veh had commenced its
 repair at the time of inspection.

N/S	O/S

Tyre Size: F: **195/65 R15**
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Nexen**

Ball or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 GIA / PR Seen: _____ Consistent? Yes or No
 Est. Repairs: **2** days Res: Yes or No
 Lum Sum: **—** % 3 Val: Yes or No

Front: _____ Rear: _____
 R.Bal: **7** mm R.Bal: **2** mm
 L.Bal: **2** mm L.Bal: **7** mm
 D.O.A: **25/12/12** D.O.I: **27/12/12**
 Survey held at: **COKE (622)**

CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Des of Damages: **Fr** / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time Action / Instruction
2/1/8 a Cabred P/P \$455/2 P₂
(240: \$189.00/29%)

**AGG
 P/P**

Date/Time File Pass of? Prel. Report
 Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Survey Fee: _____
 Transport: _____

Add Fee: Site Insp: \$
 Inter. Insp: \$
 Tech. Insp: \$
 Messing: \$

Report Format: _____
 Lump Sum / I.B.I: \$



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/AIG17024553/K1hs3	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 28-12-2017	
Code : AIG			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJP 2884A	Veh. Inspected	SHA 1506B
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	28/12/2017
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	25/12/2017	Inspection Date	27/12/2017
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.			

A member of COMFORT DELGRO

Date/Time: 26.12.2017 17:14 Page : 1

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO305101269

STOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (O) (F)	REGN NO:	SHA1506B	MILEAGE
	MAKE:	HYUNDAI	FUEL E 1/2 F
	MODEL:	IONIQ	DATE/TIME IN 26.12.2017 09:30
	YR OF MANU:	31.01.2017	TARGET DATE
	CHASSIS CODE:	KMHC851CVHU017960	COMPLETION DATE/TIME:
	ICOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 25.12.2017
 NATURE: 3P 25.12.2017

S/NO	LABOR CODE	DESCRIPTION
		ALA - taxi rear damage LKK/Kelvi -

CHECKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip
 Vehicle No.: SHA1506B
 LARRY
 Signature/Date

Exit Pass
 Vehicle No.: SHA1506B
 Name of Service Advisor
 Date

Returned to Service Reception upon collection

To be kept by Security Guard

AIG

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 1506B

DATE 27/12/2017 10:57

Lany.

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X Repair</i>			
	Rear Bumper Reinforcement ?			
	Rear Bumper Reinforcement Bracket (LH/RH) ?			
	Rear Bumper Sponge ?			
	Rear Bumper Under Cover ?			
	Rear Bumper Garnish ?			
	SUB TOTAL			
	LESS 20%			
	DISCOUNTED TOTAL			
	Rear No. Plate			\$ 25.00 Nett
	Rear No. Plate Trim Cover			\$ 30.00 Nett
	Rear Bumper Reverse Sensor <i>X</i>			\$ 135.70 Nett
				\$ 190.70
	Labour Charge			
	Panel Beating			\$ 250.00 <i>200</i>
	Spray Painting Charge			\$ 220.00 <i>180</i>
	Wiring Charge			\$ 50.00 <i>X</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>20</i>
	TOTAL LABOUR			\$ 640.00
	ESTIMATE TOTAL			

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modifications allowed
- Supplement's (if any) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Date:

Kelvin LKK
27/12/17 11:15 hrs
2 Pys
PIP
After Repair photo

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No . : 305101269
Date : 30.12.2017

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN
Vehicle Reg No. : SHA1506B Date of Accident: 25.12.2017

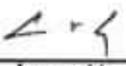
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: AIG SJP2884A
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$55.00</u>
(b) Labour Charges	<u>\$400.00</u>
Total for Part-By-Part Repair Cost	<u>\$455.00</u>
(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 : 
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Calvin
Date : 2/1/18

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 : 305101269
 REGN NO : SHA1506B
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ
 DATE OF REGN : 31.01.2017
 DATE/TIME IN : 26.12.2017 09:30
 ACCIDENT DATE : 25.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 FNPS NO PLATE(S) & TRIM COVER 1 N 55.00 0.00 55.00

SUB-TOTAL : 55.00

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 : 455.00

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

COMFORTDELGRO ENGINEERING

Our Ref : T 1217 / SHA1506B /CL(st)
 Your Ref: _____
 Date : 5-Jan-18

CDGE Taxi Claims Dept
 59 Loyang Drive 4th Flr
 Singapore 508969

ComfortDelGro Engineering Pte Ltd
 205 Braddell Road Singapore 579701
 Mobile +65 6280 6280
 Facsimile +65 6280 9755
 www.cdge.com.sg

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

Company Registration No: 199200049H

Workshops

Braddell
 205 Braddell Road
 Singapore 579701

Loyang
 59 Loyang Drive
 Singapore 508969

Sin Ming
 383 Sin Ming Drive
 Singapore 575717

Pandan
 15 Pandan Road
 Singapore 609286

Ubi
 320 Ubi Road 3
 Singapore 408649

Senoko
 24 Senoko Loop
 Singapore 758156

Sungei Kadut
 7 Sungei Kadut Way
 Singapore 725791

Yishun
 501 Yishun Industrial Park A
 Singapore 758732

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA1506B YOUR INSURED SJP2884A
 AND OTHER _____ ON 25.12.17**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA1506B 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 SJP2884A we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	486.85
2	<u>3</u> days Loss of Rental @ \$ 125.19 per day	\$	375.57
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	GIA / LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation	\$	-
Sub Total :		\$	869.91

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$	240.00
Total Claims :		\$	1,109.91

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 : SJP2884A
- c) GIA / Police report/s of : SHA1506B
- 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.

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

27 AUGUST 2018

SOO SIEW KOKE
BLOCK 128 YISHUN STREET 11
#02-293
SINGAPORE 760128

Dear Sir/Madam,

OUR REF : CC3/AIG17024553/K1hb3
YOUR REF : SJP 2884A
ACCIDENT INVOLVING SJP 2884A AND SHA 1506B ALONG CTE TOWARDS SLE
ON 25.12.2017

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

We have received a claim from Body Repairer/Workshop acting on behalf of the owner of SHA 1506B against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had collided to the Third-Party vehicle SHA 1506B. As such, liability may not be on your favour.

Please be informed that your No Claim Discount (NCD – if any) 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 defense, please reply to us within 10 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 10 days from the date of this letter if not provided at AIG's 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)



Auto
Consultants
Pte Ltd

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

- 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 AIG's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AIG 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), AIG 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 6256 3561 or email us at vicalpeh@lkkauto.com.

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

Yours sincerely,

Vic Alpeh
Case Handler
DID: 6841 2096
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONG140 SHA1506B , SJP2884A
SLE TWDS WOODLANDS B4 LENTOR AVE EXIT

ON 25-Dec-17 23:20

I / We

LOY CHEE KWANG KELV... (Hirer) NRIC No.: S1726122C

and/or

LOY CHEE CHONG (Relief) NRIC No.: S1567689B

Taxi Number

SHA1506B

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

26-Dec-2017

Name of Hirer
Hirer NRICLOY CHEE KWANG KELVIN
S1726122C

Signature :



Address

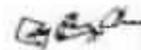
254 COMPASSVALE ROAD #09-702
540254

Contact No.

91701502

Name of Relief
Relief NRICLOY CHEE CHONG
S1567689B

Signature :



Address

506 HOUGANG AVE B #11-676
530506

Contact No.

83880051

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\$1,010.00** (Global Sum – all in) for vehicle no. **SHA 1506B** that was damaged pursuant to the accident which occurred on **25/12/2017** (date) along **CTE TOWARDS SLE** (location) involving vehicle no/s **SJP 2884A**. This is pursuant to the inspection conducted on **27/12/2017** (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 1506B** 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 1506B** (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 26/02/2019


AWK

Signed by appointed surveyor


ALEX TAN
Manager, Claims

Signed by "the workshop" (with chop)

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508688

"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"

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

TAX INVOICE

8010004
 AIG ASIA PACIFIC INSURANCE PTE LTD
 #08-16 78 SHENTON WAY, CHARTIS BUILD
 SINGAPORE SG 079120
 CONTACT NO: 64193000 3225094

VEHICLE NO
 SHA1506B
 MAKE
 HYUNDAI
 MODEL
 IONIQ
 DATE OF REG
 31.01.2017
 CHASSIS CODE
 KMHC851CVHU017960

INV. NO/DATE
 91349353 30.12.2017
 JOB NO.
 305101269
 ODOMETER READING
 DATE/TIME IN
 26.12.2017 09:30

Description : 3P 25.12.2017

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	PNPS	NO PLATE(S)	1	55.00	0.00	55.00
			SUB-TOTAL	:		55.00

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 570701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010004	91349353	486.85	

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

8010004
AIG ASIA PACIFIC INSURANCE PTE LTD
#08-16 78 SHENTON WAY, CHARTIS BUILD
SINGAPORE SG 079120
CONTACT NO: 64193000 3225094

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
800880000 • 01 6284 8201 Fax: 6284 8200
Workshops:
01 Loober Drive Singapore 508602 01 Sunway Lagoon Singapore 797008
781 Seletar Road, Singapore 811717 01 Sunway 4 Linn Way Singapore 729991
01 Paya Lebar Road Singapore 408006 01 Dobb's Avenue Singapore 580031
327 1/2 Road Singapore 408649

COMPANY REG. NO.: 199506048W
Page: 2

VEHICLE NO SHA1506B	INV. NO/DATE 91349353 30.12.2017
MAKE HYUNDAI	JOB NO. 305101269
MODEL IONIQ	ODOMETER READING
DATE OF REG 31.01.2017	DATE/TIME IN 26.12.2017 09:30
CHASSIS CODE KMH851CVHU017960	

Items total	455.00
Add GST @ 7.000 %	31.85
Invoice amount	486.85

Issued by : CHEWBEELENG 02.01.2018 15:21:45
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	91349353	486.85	

Our Ref: CT17120866

Date: 02 January 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 25/12/2017 @ 23:20 hrs
ALONG SLE TWDS WOODLANDS B4 LENTOR AVE EXIT
INVOLVING SJP2884A

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 **SHA1506B** (the "Taxi"). The Taxi was hired to **LOY CHEE KWANG KELVIN IC NO S1726122C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.19** 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.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJP2884A	25 Dec 2017 / 23:20:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous OK

SHA1506 B

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

Express

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	28 Dec 2017 Edit Reg		27 Dec 2017 00:00 Edit Adj Rpt	S\$455.00 Edit Estimates	S\$455.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:	Soo Siew Koke , ID: -								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHA1506B	Date of Loss:	25/12/2017 23:00 - :59 [10 Months and 25 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 3315307050SG	Policy/Cover Note No.:	2100127328-08001 (Comprehensive)						
Vehicle Reg. No. (Insured):	SJP2884A	Policy No. (Claimant):	D-15072701MFSH						
		Excess:							
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Loh, Chee-Heng] Chee-Heng.Loh@aig.com								
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 09/01/2018]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> • AIG_SG (14/08/2018): Re: NO OI GIA REPORT • AIG_SG (02/01/2018): NO OI GIA REPORT 									
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

*SHA1506B (3315307050SG)
 [SJP2884A]
 TP
 COMFORT TRANSPORTATION PTE LTD
 Dec 25 2017 11:20PM
 [Soo Siew Koke]
 ComfortDelGro Engineering Pte Ltd

Upload Documents		Upload Photos		Compose New Letter		Upload Video		Upload Audio		View <input type="button" value="View in Browser"/>	
Letters/Correspondences										1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print		
1	[Draft]	Third Party Express Settlement - Payment Breakdown							Edit		
Assessment Reports										1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)						Thumbnail	Print		
1	14/08/18 09:04	Accident Statement <small>From: SC - Rep. No: SJP2884A, Claimant: SOO SIEW KOKE</small>							Load HTM		
Photos/Images										3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print		
1	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
2	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
3	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
4	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
5	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
6	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
7	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
8	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
9	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
10	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
11	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
12	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
13	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
14	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
15	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
16	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
17	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
18	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
19	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
20	28/12/17 09:27	General View							Load JPG	<input checked="" type="checkbox"/>	
21	29/12/17 08:38	Reinspection Photo							Load JPG	<input checked="" type="checkbox"/>	
22	29/12/17 08:38	Reinspection Photo							Load JPG	<input checked="" type="checkbox"/>	
23	29/12/17 08:38	Reinspection Photo							Load JPG	<input checked="" type="checkbox"/>	
24	29/12/17 08:38	Reinspection Photo							Load JPG	<input checked="" type="checkbox"/>	
Documentation										1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print		
1	28/12/17 09:14	TP GIA REPORT							Load PDF		
2	28/12/17 09:14	TP ESTIMATE- INCOMPLETE (PART PRICES)							Load PDF		
3	04/01/18 10:48	SJP 2884A - NON REPORTING LETTER							Load PDF		
4	27/08/18 16:40	OID DRIVING LICENCE STATUS							Load PDF		

Letters/Correspondences			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
5	27/08/18 17:03	LETTER TO OI		Load PDF
6	25/02/19 12:11	OI UNDERTAKING LETTER		Load PDF
7	11/03/19 13:14	WORKSHOP INVOICE		Load PDF
8	11/03/19 13:14	AUTHORISATION TO ACT FORM		Load PDF
9	11/03/19 13:14	Release Voucher		Load PDF
10	11/03/19 13:14	RENTAL RECEIPT		Load PDF
11	11/03/19 13:14	RENTAL MILEAGE		Load PDF
12	11/03/19 13:14	LTA SEARCH		Load PDF
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)		Thumbnail Print
1	04/10/18 14:23	TP GIA		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 style="border: 1px solid black; height: 40px; margin-top: 5px;"></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:	SJP2884A (Insd veh)	Model:	HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A)
	SHA1506B (TP veh)		
Date of Accident:	25/12/2017		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	888.85
Final Repair Cost	:	\$	1,010.00
Loss of Use	:	\$	3.00 days at \$50.00 per day
Rental (if any)	:	\$	3 days
LTA / GIA Search Fee	:	\$	
Others:	:	\$	
	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,010.00
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	:	\$ 1,010.00
2)		:	\$
3)		:	\$
4)		:	\$

JOANNE LEE KHANG MIN

LKK Auto Consultants Pte Ltd

11 Mar
2019

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/AIG17024553/K1HB3Q2
Date: 11/03/2019

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 2100127328-08001
Claimant Vehicle No : SHA1506B **Insured Vehicle No :** SJP2884A
 Date of Loss: 25/12/2017 Nature of Claim: TP Claim No: 3315307050SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SHA1506B**
 Make & Model: HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A) Engine No: G4LEGU302257
 Reg. Date: 31/01/2017 (Man. Year: 2016) Chassis No: KMHC851CVHU017960
 Colour: Blue Odometer: 119770 km
 Engine Capacity: 1580 cc
 Market Value/New Car Price: N/A
 Sum Insured (S\$): **Market Value/New Car Price**

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195/65 R15 Rear Tyre Size: 195/65 R15
 Front Left Side: Nexen 7 mm Rear Left Side: Nexen 7 mm
 Front Right Side: Nexen 7 mm Rear Right Side: Nexen 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	190.70	55.00	135.70	71.16
Miscellaneous Items	0.00	0.00	0.00	
Labour	640.00	400.00	240.00	37.50
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	830.70	455.00	375.70	45.23
+ GST 7.00/7.00% (S\$)	58.15	31.85	26.30	45.23
Nett Amount (S\$)	888.85	486.85	402.00	45.23
+ Loss of Use (3.0 x S\$50.00/day) (S\$)		150.00		
+ Car Rental (3.0 x S\$125.19/day) (S\$)		375.57		
+ Doc/Search Fee (S\$)		7.49		
Nett Liability (S\$)		1,019.91		
Global Sum Settlement (S\$)		1,010.00		

INSPECTION

Date of Assignment: 27/12/2017
 Date Inspected: 27/12/2017 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: VIC ALPEH

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		*REAR BUMPER (NPA)	Repair	0.00 FL	*- FL
2	1		*REAR BUMPER REINFORCEMENT (NPA)	Serviceable	0.00 FL	*- FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH) (NPA)	Serviceable	0.00 FL	*- FL
4	1		*REAR BUMPER SPONGE (NPA)	Serviceable	0.00 FL	*- FL
5	1		*REAR BUMPER UNDER COVER (NPA)	Serviceable	0.00 FL	*- FL
6	1		*REAR BUMPER GARNISH (NPA)	Serviceable	0.00 FL	*- FL
7	1		*REAR NO.PLATE	Cracked	25.00 FS	*25.00 FS
8	1		*REAR NO.PLATE TRIM COVER	Cracked	30.00 FS	*30.00 FS
9	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS

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

Sub Total (S\$)	190.70	55.00
- List Item Discount on L Items 20.00/20.00% (S\$)	0.00	0.00
Total Parts (S\$)	190.70	55.00

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
Labour Items				
1	PANEL BEATING	New	250.00	200.00
2	SPRAY PAINTING CHARGE	New	220.00	180.00
3	WIRING CHARGE	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (S\$)			640.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >