

INS. CASE OWNER:

CC

AIG1702

LKK:

IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :\$

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel 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
4/1/18	Non-Reporting ltr (1st):	
4/1/18	Non-Reporting ltr (2nd):	
4/1/18	Non-Reporting ltr (Final):	
4/1/18	Notification ltr (if non-pickup):	
4/1/18	Call Of:	4/1/18 email.
4/1/18	After call ltr to OI:	4/1/18
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$S	( days) Reduction:	%
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	27.
Repair Cost:	\$S 1382.20		
Loss of Rental (LOR):	\$S 250.00	( 3 days) X 125.00	
Loss of Use (LOU):	\$S 100.00	(550 x 2 days)	
Loss of Income (LOI):	\$S -	(5 x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$S 5.35		
Medical:	\$S -		
Disbursement:	\$S -	(e.g. Tow/ Independent)	
Legal Cost	\$S -		
Total:	\$S 1737.55	Global Sum \$S:	1730.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S 1730.00	Name 1:	Comfortdelgro engineering Pte Ltd.
Payee 2: (Strike if N.A.)	\$S	Name 2:	
Payee 3: (Strike if N.A.)	\$S	Name 3:	





# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CC3/LCR17024662/K1wb3

78 SHENTON WAY #08-16  
CHARTIS BUILDINGS SINGAPORE 079120

Date : 29-12-2017



Code : LCR

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLJ 2964K	Veh. Inspected	SHC 7927U
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	29/12/2017

## 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	26/12/2017	Inspection Date	28/12/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

## 5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
---

Team: ARC Repair TP(CFS0)1 JOB CARD Sales Order: JC No: 305101677

STOMER	REGN NO	MILEAGE
CITYCAB PTE LTD	SHC7927U	
VMS 7010070	MAKE	FUEL
STOMER NO	HYUNDAI	E 1/2 F
DRESS 383 SIN MING DRIVE	MODEL	DATE/TIME IN
Singapore SINGAPORE 575717	I-40	26.12.2017 20:10
65551188	YR OF MANU	TARGET DATE
(R) (P)	27.01.2015	
ICOUNT CARD NO.	CHASSIS CODE	COMPLETION DATE/TIME
	KMHLB41UMFU064787	

JOB DESCRIPTION

Accident Date: 26.12.2017  
NATURE: 3P 26.12.2017

S/NO	LABOR CODE	DESCRIPTION
		ALA - taxi Rear damage
		LKK / Kalut -

BOOKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHC7927U

LARRY NG

Signature/Date

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC7927U

Name of Service Advisor

Date

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305101677  
Date : 26.01.2018

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508959  
Fax: 6546 8156

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC7927U

Fax :

Date of Accident: 26.12.2017

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

1. The repair job shall bill to: AIG SLJ2964K
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	<u>\$891.78</u>
(b) Labour Charges	<u>\$400.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<u>\$1,291.78</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: _____	_____
<b>Final Lumpsum Repair cost</b>	_____

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : [Signature]  
Name : Larry Ng  
Tel : 6214 8316  
Fax : 6546 8156

Signature : [Signature]  
Name : Kalvin  
Date : 29/1/18

### 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:

\_\_\_\_\_

COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 26.01.2018  
Time: 19:41:55  
Page: 1

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

JOB NO : 305101677  
REGN NO : SHC7927U  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 27.01.2015  
DATE/TIME IN : 26.12.2017 20:10  
ACCIDENT DATE : 26.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	22.00	20.00	17.60
0003 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0004 04-01-0103-0852-G	I40VC REFLECTOR/REFLEX AS	1	32.00	20.00	25.60
0005 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70		135.70
0006 04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00		50.00

SUB-TOTAL : 891.78

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

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 26.01.2018

Time: 19:41:55

Page: 2

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

JOB NO : 305101677  
REGN NO : SHC7927U  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 27.01.2015  
DATE/TIME IN : 26.12.2017 20:10  
ACCIDENT DATE : 26.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,291.78

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 7927U

MAKE :

MODEL : HYUNDAI i40

ACG

DATE 27/12/2017 15:02

DOA: 26.12.17

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)			\$ 32.00
	<b>SUB TOTAL</b>			<b>\$ 1,939.35</b>
	<b>LESS 20%</b>			<b>\$ 387.87</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,551.48</b>
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>560.00</del>
	Spray Painting Charge			\$ <del>400.00</del>
	Wiring Charge			\$ <del>50.00</del>
	R/Refix Reverse Sensor			\$ <del>120.00</del>
	<b>TOTAL LABOUR</b>			<b>\$ 1,130.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,867.18</b>

Nett

Nett

200

180

20

20

Larry Ng

Kalvin 11/11/17  
 28/12/17 11:00am  
 28 Days  
 P/P  
 Before Paint job

LKK Auto Consultants hence notify the Repairer of the following:

- To survey before/after spray painting
- To display damaged parts during survey
- Parts prices are subject to confirmation
- Third party survey is on a "No Fault Prejudice" basis
- No legal responsibility is accepted
- Supplemental claims must be reviewed 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.



CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 7927U

MAKE :

MODEL : HYUNDAI i40

ACG

DATE 27/12/2017 15:02

DOT: 26.12.17

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) ✓			\$ 32.00	



Our Ref : CC17120951/ SHC7927U /CL(st)

Date : 15-Feb-18

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

**Attn : Motor Claims Department WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC7927U YOUR INSURED**  
**SLJ2964K AND OTHER ON 26.12.17**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no: **SHC7927U** 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 **SLJ2964K** we are submitting these claim for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$ 1,382.20
2	2.5 days Loss of Rental @ \$ 125.00 per day	\$ 312.50
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ -
5	GIA / Police Report Fees	\$ 7.49
6	Towing / Medical / Transportation Fees	\$ -
<b>Sub Total :</b>		<b>\$ 1,702.19</b>

**HIRER'S CLAIM**

7	2.5 days Loss of Income @ \$ 80.00 per day	\$ 200.00
<b>Total Claims :</b>		<b>\$ 1,902.19</b>

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 : **SLJ2964K**
- c) GIA / Police report/s of : **SHC7927U**
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s
  - ( ) Certificate of Insur: ( x ) Rental Rate letter
  - ( X ) Photograph/s of Accident Scene
  - ( x ) Downtime/Mileage record

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

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

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 ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive 4th Floor 205 Braddell Road Singapore 579701  
Singapore 508969

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 198000489

**Workshops**

**Braddell**  
205 Braddell Road  
Singapore 579701

**Loyang**  
59 Loyang Drive  
Singapore 508969

**Sin Ming**  
383 Sin Ming Drive  
Singapore 575717

**Pandan**  
45 Pandan Road  
Singapore 609286

**Ubi**  
320 Ubi Road 3  
Singapore 408649

**Senoko**  
24 Senoko Loop  
Singapore 758156

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791

**Yishun**  
501 Yishun Industrial Park A  
Singapore 768732

**Vivian Lau (LKKAuto)**

---

**From:** Vivian Lau (LKKAuto)  
**Sent:** Thursday, 4 January, 2018 9:47 AM  
**To:** 'eyap@lioncityrentals.com.sg'  
**Cc:** Zayyer (LKKAuto); Hsiao Tong (LKKAuto)  
**Subject:** ACCIDENT INVOLVING SLJ 2964K AND SHC 7927U ON 26/12/2017

Our Ref: CC3/LCR17024662/K1wb3

04 January 2018

**LION CITY RENTALS PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SLJ 2964K AND SHC 7927U ON 26/12/2017**

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.

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

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 7 days from the date of this letter.

Please call us if you have further queries.

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

Thank you

Best Regards,

**Vivian Lau** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-8625 | email: [Vivianlau@lkkauto.com](mailto:Vivianlau@lkkauto.com) | fax: 6741-4108

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

LETTER OF AUTHORISATION (NAF / PAF)			
<b>ACCIDENT INVOLVING ALONG</b>	<b>I 40 SHC7927U , SLJ2964K KIM KEAT RD TWDS BALESTIER RD T JUNCTION.</b>	<b>ON 26-Dec-17 19:15</b>	
<b>I / We</b>	<b>KOH WAH KONG</b>	<b>(Hirer) NRIC No.:</b>	<b>S1656137A</b>
<b>and/or</b>	<b>LOOI ENG HOCK</b>	<b>(Relief) NRIC No.:</b>	<b>S2500515E</b>
<b>Taxi Number</b>	<b>SHC7927U</b>		
hereby authorise ComfortDelGro Engineering Pte Ltd (CDGE):			
<ol style="list-style-type: none"> <li>1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.</li> <li>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).</li> <li>3. To sign Discharge Voucher on my/our behalf.</li> <li>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".</li> </ol>			
<b>Date</b>	<b>27-Dec-2017</b>		
<b>Name of Hirer Hirer NRIC</b>	<b>KOH WAH KONG S1656137A</b>	<b>Signature :</b>	 
<b>Address</b>	<b>126 BEDOK RESERVOIR ROAD #04-1... 470126</b>		
<b>Contact No.</b>	<b>97913804</b>		
<b>Name of Relief Relief NRIC</b>	<b>LOOI ENG HOCK S2500515E</b>	<b>Signature :</b>	
<b>Address</b>	<b>131 BEDOK RESERVOIR ROAD # 11-1327 470131</b>		
<b>Contact No.</b>	<b>94462869</b>		

**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 \$ 1,730.00 (Global Sum) for vehicle no. SHC 7927U that was damaged pursuant to the accident which occurred on 26/12/2017 (date) along KIM KEAT RD (location) involving vehicle no/s SLJ 2964K.

This is pursuant to the inspection conducted on 28/12/2017 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner CITYCAB PTE LTD ("the third party claimant") of vehicle no. SHC 7927U 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 SHC 7927U (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 \_\_\_\_\_ (day) of 27 FEB 2018 (month) 20 (year)

Awk   
Signed by appointed surveyor

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
205 BRADDELL ROAD  
SINGAPORE 579701

Signed by "the workshop" (with chop)

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

"The contents of this document apply to vehicle damages only.  
All personal injuries and damages arising therefrom are excluded  
from the ambit and application of this document"

## 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  
SHC7927U

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
27.01.2015

CHASSIS CODE  
1MHLB41UMFU064787

INV. NO/DATE  
91355147 31.01.2018

JOB NO.  
305101677

ODOMETER READING

DATE/TIME IN  
26.12.2017 20:10

Description : 3P 26.12.2017

S/No	Part No.
------	----------

Oty	Unit	Price	%Disc	Net
-----	------	-------	-------	-----

## PART REQUISITION

0001	04-01-0103-0852	I40VC REFLECTOR/REFLEX AS	1	32.00	20.00	25.60
0002	04-01-0103-0579	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0003	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP	10	2.20	20.00	17.60
0004	04-01-0103-0738	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0005	09-01-9999-0068	HYUNDAI REVERSE SENSOR AS	1	135.70	0.00	135.70
0006	04-01-0103-1150	I40VC PROTECTOR MAT	1	50.00	0.00	50.00

SUB-TOTAL	:	891.78
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### JOB NATURE

0001	L	PANEL BEATING	200.00	200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	180.00	180.00

**ComfortDelGro Engineering Pte Ltd**  
A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

[illegible]

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  
SHC7927U

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
27.01.2015

CHASSIS CODE  
KMHLE41UMFU064787

INV. NO/DATE  
91355147 31.01.2018

JOB NO.  
305101677

ODOMETER READING

DATE/TIME IN  
26.12.2017 20:10

S/No	Part No.	Qty	Unit Price	%Disc	Net
0003	L REMOVE/REFIX REVERSE SENSOR	20.00			20.00
SUB-TOTAL :					400.00

Items total	1,291.78
Add GST @ 7.000 %	90.42
Invoice amount	1,382.20

Issued by : CHEWBEELENG 01.02.2018 15:27:50  
Repair type : CFSO/57/57  
Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd  
A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010004	91355147	1,382.20	



Our Ref: CC17120951



Date: 01 February 2018

**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	26/12/2017 @ 19:15 hrs
ALONG	KIM KEAT RD TWDS BALESTIER RD T JUNCTION.
INVOLVING	SLJ2964K

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 **SHC7927U** (the "Taxi"). The Taxi was hired to **KOH WAH KONG IC NO S1656137A** a registered hirer-operator of **CityCab 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 **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  
Assistant Manager, 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
SLJ2964K	26 Dec 2017 / 19:15:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

SHC 79274

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

Express

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	29 Dec 2017 <a href="#">Edit Reg</a>		28 Dec 2017 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$1,291.78</b> <a href="#">Edit Estimates</a>	<b>S\$1,291.78</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

<b>Main</b>	<b>Reference</b>	<b>Claim Details</b>	<b>Documents</b>	<a href="#">Show All</a>
-------------	------------------	----------------------	------------------	--------------------------

**CLAIM SUBFOLDER DETAILS** [\[Created by adjuster\]](#)

Insured:	LCRF PTE LTD, Co. Reg. No.: -		
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHC7927U	Date of Loss:	26/12/2017 19:00 - :59
Claim Type:	TP / 2766966983SG	Policy/Cover Note No.:	0999995009
Vehicle Reg. No. (Insured):	SLJ2964K	Policy No. (Claimant):	D-15072702MFSH
		Excess:	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by <b>Kang, Sam-PL</b> ] Sam.Kang@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 <b>KALVIN ANG WEI KUN</b> ] ... <b>[Final Rpt due 10/01/2018]</b>		

**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

\*SHC7927U (2766966983SG)  
[SLJ2964K]  
TP  
CITYCAB PTE LTD  
Dec 26 2017 7:00PM  
[LCRF PTE LTD]  
ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			Upload Video			Upload Audio			View			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												1		Edit			
Assessment Reports															1 per page		<input checked="" type="checkbox"/>			
No	Finalized On		AIG Asia Pacific Insurance Pte. Ltd. (SG)												Thumbnail		Print			
1	03/01/18 17:09		Accident Statement From: SC - Reg. No: SLJ2964K, Claimant: LCRF PTE LTD												1		Load HTM			
Photos/Images															3 per page		<input checked="" type="checkbox"/>			
No	Relabel/Reorder		LKK Auto Consultants Pte Ltd (HQ)												Thumbnail		Print			
1	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
2	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
3	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
4	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
5	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
6	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
7	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
8	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
9	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
10	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
11	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
12	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
13	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
14	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
15	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
16	29/12/17 17:30		General View												1		Load JPG		<input checked="" type="checkbox"/>	
17	29/12/17 17:34		Reinspection Photo												1		Load JPG		<input checked="" type="checkbox"/>	
18	29/12/17 17:34		Reinspection Photo												1		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	29/12/17 15:20		TP ESTIMATE- MARKED												1		Load PDF			
2	29/12/17 15:20		TP GIA REPORT												1		Load PDF			
3	04/01/18 09:52		Email letter to OIACCIDENT INVOLVING SLJ 2964K AND SHC 7927U ON 26.12.2017												1		Load PDF			
4	28/02/18 12:34		WORKSHOP INVOICE												1		Load PDF			
5	28/02/18 12:34		AUTHORISATION TO ACT FORM												1		Load PDF			
6	28/02/18 12:34		Release Voucher												1		Load PDF			
7	28/02/18 12:34		RENTAL RECEIPT												1		Load PDF			
8	28/02/18 12:34		LTA SEARCH												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)**

**Show Remarks To:** ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SLJ2964K (Insd veh)	Model:	HYUNDAI I40 1.7 D (A)
	SHC7927U (TP veh)		
Date of Accident:	26/12/2017		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	3,067.88
Final Repair Cost	:	\$	1,730.00
Loss of Use	:	\$	2.00 days at \$50.00 per day
Rental (if any)	:	\$	2 days
LTA / GIA Search Fee	:	\$	
Others:	:	\$	
	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,730.00

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

A) For Non GIA Registered Workshop: Agreed Liability \_\_\_\_\_(%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ ~~No~~ BOLA Scenario No: 27

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	:	\$ 1,730.00
2)		:	\$
3)		:	\$
4)		:	\$
5)		:	\$

JOANNE LEE KHANG MIN

LKK Auto Consultants Pte Ltd

28 Feb  
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))

## 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/LCR17024662/K1WB3Q2

Date: 28/02/2018

## REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 0999995009  
 Claimant Vehicle No: SHC7927U Insured Vehicle No: SLJ2964K  
 Date of Loss: 26/12/2017 Nature of Claim: TP Claim No: 2766966983SG

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SHC7927U  
 Make & Model: HYUNDAI I40, 1.7 D (A) Engine No: D4FDEU475068  
 Reg. Date: 27/01/2015 (Man. Year: 2014) Chassis No: KMHLB41UMFU064787  
 Colour: Yellow Odometer: 283687 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: West Lake 7 mm Rear Left Side: West Lake 7 mm  
 Front Right Side: West Lake 7 mm Rear Right Side: West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,737.18	891.78	845.40	48.67
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,130.00	400.00	730.00	64.60
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>2,867.18</b>	<b>1,291.78</b>	<b>1,575.40</b>	<b>54.95</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>200.70</b>	<b>90.42</b>	<b>110.28</b>	<b>54.95</b>
<b>Nett Amount (S\$)</b>	<b>3,067.88</b>	<b>1,382.20</b>	<b>1,685.68</b>	<b>54.95</b>
<b>+ Loss of Use (2.0 x S\$50.00/day) (S\$)</b>		100.00		
<b>+ Car Rental (2.0 x S\$125.00/day) (S\$)</b>		250.00		
<b>+ Doc/Search Fee (S\$)</b>		5.35		
<b>Nett Liability (S\$)</b>		<b>1,737.55</b>		
<b>Global Sum Settlement (S\$)</b>		<b>1,730.00</b>		

## INSPECTION

Date of Assignment: 28/12/2017  
 Date Inspected: 28/12/2017 Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang)

59 Loyang Drive  
Singapore 508969

Estimated Period of Repair: 2.0 days

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**Adjuster:** KALVIN ANG WEI KUN

**Manager:** VIVIAN LAU PEI FENG

*NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.*



## REPAIR DETAILS

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	603.60 FL	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Serviceable	360.00 FL	*- FL
4	1		*REAR BUMPER SIDE BRACKET	Serviceable	49.00 FL	*- FL
5	1		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
6	1		*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
7	1		*REAR BUMPER UNDER COVER	Cut	225.00 FL	*225.00 FL
8	1		*REAR BUMPER REFLECTOR LAMP (RH)	Cracked	32.00 FL	*32.00 FL
9	1		*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FS	*135.70 FS
10	1		*REAR BUMPER RUBBE MAT	Necessary	50.00 FS	*50.00 FS

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

<b>Sub Total (S\$)</b>	<b>2,125.05</b>	<b>1,068.30</b>
- List Item Discount on L Items 20.00/20.00% (S\$)	387.87	176.52
<b>Total Parts (S\$)</b>	<b>1,737.18</b>	<b>891.78</b>

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	560.00	200.00
2	SPRAY PAINTING CHARGE	New	400.00	180.00
3	WIRING CHARGE	New	50.00	0.00
4	R/REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (\$\$)			1,130.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >