| DNS, CASE OWNE | * trust | CC 4/AXA1800 | 027(, | FIMBO LIKE | | |
|---|--|-------------------------|---|--|---|---|
| Surveyor | Falvin | DOI: ASSIGN | CARLO RESIDENCE DE LO | Date / Time : Registered in Merimen: | 4/1/18 | |
| Pre-assign / CCU | 4D 40 | tabo | Claim No. | : S7m + 0 61 | W-1007/2 1/2 | 4 |
| Name of Insured Insured Tel No. Excess Sec II :SS | | HP: D.O.A: VY V | Make / Model Place of Accide | : MATTSUBIL | М | |
| Is driver the owne If NO, Driver Na | r? (YES / NO) | Nature of Accident : | OF GIA REPOR | RT: (ES)/NO ; TP GIA I | REPORT: YES / NO | _ |
| SHA 484 | NO: 90071597 | (V/L:YES/NO) | Insured Liabilit | y: % Fina | I? Yes/No | |
| INSRS: WSP: Tel: Liability: RMKS: | INSRS: WSP: Tel: Liability RMKS: | y: 🗐 | INSRS: WSP: Tel: Liability: RMKS: | | INSRS: WSP: Tel: Liability: RMKS: | |
| Date/Time | | | | | | |
| 81118 | SHIPLINGSH OF | ECT RECEIVED A LOS MES | Mari 15/12/19 | STAGE | DATE / PIC | |
| | JB44970-4 | | | Non-Reporting ltr (1st): Non-Reporting ltr (2nd): | | |
| WWW | | | | Non-Reporting Dr (Final): | | |
| | * SMANTUAIN | 65 | | Notification ltr (if non-pick | * | |
| | white was to | he e e le | Note it | Call Ot: 37 | 3/16 | |
| | MAD HAMMAN IN | ulo to contrau lia | milital. | After call fir to Of: / \ | IVIO | |
| | | | | Documentation Check Lis | st: Handler Typist | |
| | email to willbe | Plability wella | | Notification by (if non-pick | 4p) | |
| | | | | After call ftr to Of: | | |
| | COUNTRYM according | - details inform 7 | P' Maim. | Authorisation To Act: | |] |
| | agra to gette | and away No | 0 10111 | Release Voucher: | | |
| | the affectival | Utter and out | | Final Repair Bill: | / | |
| | | | | Car Rental Invoice: | / |] |
| 27/2/18 | File pass to t | your type report | | Towing Invoice | | |
| | | 31 31 1 | | LTA/GIA: | | |
| | | RECEIVED 2 | 7 FEB 2018 | Medical Bill: PTR: | | } |
| | RECEIVE | D 0 8 MAR 2018 | | Mandate/Reject Instructi | oti: | - |
| | NE ve | | | LOD | V | - |
| pper new any approx | D. 7. 10 | ETT | | Payment Breakdown For | m: | - |
| PRELIMINARY ADVICE | Date/Time: 15 1 18 | Sent By: " Divis | | Post-Repair Photos: | | 4 |
| FINALIZATION | Date/Time: | Confirmation | | Others: | | |
| | SS (| Confirm with: | 9 | Confirm by: | Call | |
| Repair Cost: FINAL SETTLEMENT | Date/Time: 6/3/18 | days) Reduction: | - NE | Email Call | | |
| Final Liability: | 41-14 | | 2 | If NO or B 28, Ass. Lia : | | |
| Repair Cost: +621 | SS 1236-06- | ASSESSED BULA S/N NU. 1 | 4 | II NO 01 D 48, ASS. LIII : | | |
| Loss of Rental (LOR): | 22 1065-20 / (6- | M. Del X week 2 | | THE REAL PROPERTY. | 51/157 | |
| Loss of Use (LOU): | ss 425-000 50 x | | | W WIN | St. 1 | |
| Loss of Income (LOI): | 55 -/ 15 x | days) | | | 1-4 | |
| LOR only LOU only | The second secon | OR + LOI Tick only one | 1 | -01 | NE 8 3 18 | |
| GIA/LTA Search | SS 1-49 | | | | | |
| Medical: | ss - | | | 1) Claim status: Normal/ | Reject/Private Settle | |
| Disbursement: | ss - | (e.g. Tow/ Independen | t) | 2) Report Format: | | |
| Legal Cost | 55 - | | | 3) Survey fee: | | |
| Total: | ZO-78758 | Global Sum SS: >700-00 | 2 | | | |
| FINAL PAYMENT | Dater rime: | Confirm with: | / | Email Call | | |
| Payee 1: | 55>100-00 | Name 1: Comfortall orc | ENGINEER | a the Hol | | |
| Payee 2: (Strike if N.A.) | SS | Name 2: | 0 | , | | |
| Payee 3: (Strike if N.A.) | S\$ | Name 3: | | | | |

REF

Kalvin



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

| _ | THE RESERVE | PERSONAL PROPERTY AND ADDRESS OF THE PERSONAL PR | ationale Des Experts En Autom | Control of the Contro | | |
|------------|----------------------------------|--|----------------------------------|--|--|--|
| AXA | INSURANCE PTE | LTD | Ref : CC4/ASM1800 | 0271/K1wb3 | | |
| | HENTON WAY #24 A TOWERSINGAPO | | Date: 04-01-2018 Code: ASM | | | |
| 1. | | Policy Particula | rs :- THIRD PARTY CLAI | M | | |
| | Insured Veh. | YP 4493D | Veh. Inspected | SHA 4898A | | |
| | Policy No. | | Coverage (\$) | 0.00 | | |
| | Claim No. | | Excess (\$) | 0.00 | | |
| | Assign From | | Assign Date | 04/01/2018 | | |
| 2. | | Vehicle Pa | rticulars & Condition | | | |
| | Make & Model | | c.c | 0 | | |
| | Engine No. | HIDDEN | Year of Reg. | | | |
| T | Chassis No. | | Colour Steering | | | |
| | Odometer | * | | | | |
| | Brakes | | Modification | | | |
| | General | | | | | |
| 3. | 8 1 3 1 4 1 | Cond | ditions 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 | | |
| | Dirikear Tyre | 4 | | | | |
| 4. | Dirikear Tyre | Descri | ption of Damages | | | |
| | Diffical Tyle | 1.00 | ption of Damages | | | |
| | Accident Date | 1.00 | | 04/01/2018 | | |
| | | Gene | eral Information Inspection Date | 04/01/2018 | | |
| 4 . | Accident Date | 27/12/2017 | eral Information Inspection Date | 04/01/2018 | | |

OMFORTDELGRO ENGINEERING

COMFORDELING

Date/Time: 29.12.2017 15:46

| m: | ARC Repair TP(CLSO)1 | JOB CARD Sale | es Order: | JC NO305102250 |
|-------|--|---------------|-----------------------------------|----------------------|
| MER | | | REGN NO. SHA4898A | MILEAGE |
| MER | COMFORT TRANSPORTATION PTE No. 7010045 | LTD | MAKE: HYUNDAI | FUEL F |
| 38 | NO 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 | A | | 12.2017 10:45 |
| F | 65508755 (0) | 2 | R OF MANU. 05.01.2017 | TARGET DATE |
| BUT O | TARIT NO | | CHASSIS CODE KMHLB41UMHU097899 | COMPLETION DATE/TIME |

JOB DESCRIPTION

:cident Date: 27.12.2017 ATURE: 3P 27.12.17

'NO

LABOR CODE

DESCRIPTION

AXA LICIC/ Kalmi

| KED & PASSED OUT BY: | | | |
|---|----------------|---|----------------------|
| SERVICE ADVISOR | | | CUSTOMER'S SIGNATURE |
| ledgement Slip | | Exit Pass | |
| No. SHA4898A LAR | RY AXA | Vehicle No.: SHA489 | RBA |
| f Service Advisor turned to Service Reception upon collection | Signature/Date | Name of Service Advisor To be kept by Security Guard | Date |

COMFORTDELGRO ENGINEERING

| Ot | ur Job R | lef No; | 305102250 | | | ENGINEERIN |
|---------------------------|---|---|---|-----------------------------|---|--|
| Da | rte | : | 09/01/18 | | Com | fortDelGro Engineering Pte Lt |
| FIN | NALIZA | TION FORM | | 0 | Fax: | oyang Drive Singapore 50896 6546 8156 |
| To | 0.84 | | LKK | | Fax: | |
| Att | n is | | KALVIN | | 190. | |
| Vei | hicle Re | g No. : SH | A4898A | | Date of Accident | 27.12.2017 |
| The | survey | and estimates | of the repairs of the | a above mosti- | | 27.12.2017 |
| 1. | | | 2 144 2 | | ned vehicle are at | s fallows:- |
| | 1110 | repair job shall l | DIII to: | AXA | | YP4493D |
| 2. | The | finalized amoun | t shall be: | | | |
| | (a) | Spare Parts a | fter List discount | | | \$495.2 |
| | (b) | Labour Charg | es | | | 1000000 |
| | | Total for Part | -By-Part Repair C | ost | | \$660.0 |
| | (-) | | | | | \$1,155.2 |
| | (c.) | Total for Lump | oair (if applicable) sum repair cost aft | last and | | |
| | | Final Lumpsu | m Repair cost an | ter Less: | _ | |
| | | | | | | |
| 3 | Eetim | -tt | | | | |
| 3. | | | iod for repairs: | | | |
| | We sh within | | ove amount as Co | orrect and Cor | nfirmed if there is | no reply from you mates and |
| 4. | We sh within | nall treat the ab 7 working day | ove amount as Co | orrect and Cor | nfirmed if there is | |
| 4. | We sh within Thank | nall treat the ab 7 working day you for your as | ove amount as Co | orrect and Cor | nfirmed if there is | |
| 4. | We sh within Thank Signati | nall treat the ab in 7 working day you for your as | sistance. | orrect and Cor V fi | nfirmed if there is | |
| 4. | We sh within Thank Signate Name | nall treat the ab | sistance. | orrect and Cor V fi | ofirmed if there is We confirm the estinalized amount | |
| 4 . | We sh within Thank Signate Name Tel | you for your as ure: Li 6214 831 | sistance. | orrect and Cor | offirmed if there is we confirm the esti- nalized amount | Mates and |
| 4. | We sh within Thank Signati Name Tel Fax | you for your as ure: : 6214 831 | sistance. | orrect and Cor | offirmed if there is The confirm the estinalized amount Ignature: | imates and |
| 4. | We sh within Thank Signati Name Tel Fax | you for your as ure: Li 6214 831 | sistance. | orrect and Cor | offirmed if there is The confirm the estinalized amount Ignature: | Mates and |
| 4. | We sh within Thank Signate Name Tel Fax | you for your as ure: : 6214 831 | sistance. | Document Attached | offirmed if there is The confirm the estinalized amount Ignature: | Mates and |
| 4. | We sh within Thank Signate Name Tel Fax Itel | you for your as you for your as ure: 6214 831 6546 8150 se Only | sistance. | Document Attached Yes or No | Ve confirm the estinalized amount ignature: ame : | Kalia 10/1/1 |
| 4. | We sh within Thank Signati Name Tel Fax Itial Rations of Inc. | all treat the about 7 working day you for your as ure: : 6214 831 : 6546 8156 se Only em e P/Day ome Paid | sistance. | Document Attached | Ve confirm the estinalized amount ignature: ame : | Kalia 10/1/1 |
| Ren Loss | We sh within Thank Signate Name Tel Fax Itel Itel Itel Itel Itel Itel Itel Itel | you for your as you for your as ure: 6214 831 6546 8150 See Only em 8 P/Day ome Paid | sistance. | Document Attached Yes or No | Ve confirm the estinalized amount ignature: ame : | Kalia 10/1/1 |
| Ren Loss Sun LTA | We sh within Thank Signate Name Tel Fax Itel Itel Itel Itel Itel Itel Itel Itel | you for your as you for your as ure: 6214 831 6546 8150 See Only em 8 P/Day ome Paid | sistance. | Document Attached Yes or No | Ve confirm the estinalized amount ignature: ame : | Kalia 10/if-C |

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 09.01.2018 Time: 09:08:18

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 REGN NO MILEAGE

: 305102250 : SHA4898A : 0000000000

MAKE MODEL.

: HYUNDAI : I-40

DATE OF REGN

: 05.01.2017

DATE/TIME IN

: 28.12.2017 10:45

ACCIDENT DATE : 27.12.2017

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0574-G I40VC PANEL-FENDER LH# 1 619.00 20.00 495.20

SUB-TOTAL: 495.20

JOB NATURE

DATE:

0000 L PANEL BEATING

300.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA

360.00

SUB-TOTAL : 660.00

TOTAL : 1,155.20

MVA NAME & SIGNATURE

AUTHORISED: YES / NO

SURVEYOR NAME & SIGNATURE

DATE:

COMPORT DELORO ENGINEERING LIE LID

REPAIR ESTIMATE*

VEHICLE NO: SHA 4898A

MAKE :

AXA

DATE 29/12/2017 15:11 - 4

PUA: 27-12:17

| DEL | : HYUNDAI i40 | Tr. | Their Delay | ľ. | Amount |
|------------------|---|---|--------------------------------|----|----------|
| Qty | Parts Description/ Labour | Type | Unit Price | = | |
| | Front Bumper Cover | | | S | 1,052.20 |
| | Front Bumper Bracket (LH) | | | 5 | 24.60 |
| | Front Fender (LH) | | | S | 619.00 |
| | Front Wheel Hub Cap (LH) × 5 | | | S | 150.70 |
| | SUB TOTAL | i i | | s | 1,846.50 |
| | LESS 20% | 6 | | S | 369.30 |
| | DISCOUNTED TOTAL | L | | S | 1,477.20 |
| | | | | | |
| | | In | | | |
| | Labour Charge | | | | 200 |
| | Panel Beating | | | S | 590.00 |
| | Spray Painting Charge | | | s | 400.00 |
| | FRT Wheel Alignment | | | S | 120,00 |
| | PK1 wheel Aughment | | | 3 | |
| | TOTAL LABOU | R | | \$ | 1,020.00 |
| | ESTIMATE TOTA | L | | \$ | 2,497.20 |
| | Kalur (UKI4 // 4/1/18 110- hu 20-7: | | | | |
| eu _{Vm} | PlP Part photo | To descrive and Parts are as a Third party at No degain in Supplements of Supplements of the Supplements of | A littership have planence Con | | |

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SHA 4898A

DATE 29/12/2017 15:11

. MAKE

Por: 27-12:17

| DEL | : HYUNDAI i40 | - | 11 to 10 to | T . | |
|-----|---|--------------------------|--|-------------------------------------|------------------------|
| Qty | Parts Description/ Labour | Type | Unit Price | = | Amount |
| | Front Bumper Cover | | | S | 1,052.20 |
| | Front Bumper Bracket (LH) | | | S | 24.60 |
| | Front Fender (LH) | | | S | 619.00 |
| | Front Wheel Hub Cap (LH) X | | | S | 150.70 |
| | SUB TOTAL | | | s | 1,846.50 |
| | LESS 20% | | | S | 369.30 |
| | DISCOUNTED TOTAL | | | S | 1,477.20 |
| | | | | | |
| | | | | | |
| | Labour Charge | | | | 700 |
| | Panel Beating | | | S | 500.00 |
| | Spray Painting Charge | | | S | 400.00 |
| | FRT Wheel Alignment | | | S | 120.00 |
| | | | | 1.0 | |
| | TOTAL LABOUR | | | s | 1,020.00 |
| | ESTIMATE TOTAL | | | s | 2,497.20 |
| | 10.1. 11861 | | | | |
| | 1 4/1/18 110. G | | | | |
| 140 | Kaha 18114 1 4/1/18 110.4 20-71 PIP Before Past pho | the S | Auto Consultants hence epairer of the following: survey before better consultants during to cost are autoest to conferre to a survey before the conferred to conferred to conferred to consultants and a survey of the cost a | sing resurve roos Pilijudi | y n' basis d and |
| | | Ackno Signat Date: | wledged by Repairer une: | | |



COMFORTDELGRO

| Our | Ref: | T1217/ SHA4898A /WT(st) | | | | | | ENG | INEERING |
|------------|------------|--|---------|-------------|-------------|----------------|--------|------------|---|
| You Dat | ur Ref : | 19-Jan-18 | | COGE | Faxi Claim | s Dent | | | Engineering Pte Ltd ad Singapore 579701 |
| Dat | | 15-0811-10 | | | ing Drive 4 | | -63 | | |
| AX | A Insu | rance Pte Ltd | | | re 508969 | | | | inline +65 6383 6280 imilia +65 6260 9755 |
| 8 S | henton | Way | | | | | | | www.odge.com.sg |
| #24 | I-01, AX | A Tower | | | | | | Congress 9 | representation temperature |
| Sin | gapore | 068811 | | | | | | | Workshops |
| Att | n : Moto | or Claims Department | | WITHO | OUT PRE | JUDICE | | | Braddell 205 Braddell Road Singspore 579701 |
| De | ar Sir | | | | | | | | Loyang |
| | | T INVOLVING OUR TA | X SH | A4898A | _ | | YP | 4493D | 59 Loyang Drive Singapore 508969 Sin Ming |
| | OTHER | | | T | | 27.12.17 | | varana. | 383 Sin Ming Drive Singapore 575717 |
| of n | notor veh | authorised repair workshop folicle No: SHA4898A which volle. The vehicle owner and the | vas inv | volved in | the capti | oned accide | nt wit | th your | Pandan 45 Pandan Road Singapore 609286 |
| auti | norized u | s to assist them in presenting able matters arising from the | their | claims ag | gainst the | | | | 320 Ubi Road 3 Singapore 408849 |
| As t | he accide | nt was caused by the negligent | act of | your insure | ed driving | | to: | | Senoko 24 Senoko Loop Singapore 758156 |
| | | nitting these claim for your co | nsidei | ration on | beriaii oi | the claiman | 15. | | Sungei Kadut |
| libuar | | ER'S CLAIM | | | | | | 4 226 DE | 7 Sungel Kadut Way Singapore 728791 |
| 1 | Cost of | Repair days Loss of Rental @ | • | 125.00 | ner day | , | \$ | 1,236.06 | Yishun |
| 2 | Survey | | | M/s LKK) | | | \$ | 1,120,00 | shun Industrial Park A Singapore 768732 |
| 4 | | TA Search Fee | | mo Ling | | | \$ | 7.49 | Consecution |
| 5 | | olice Report Fees | | | | | \$ | | |
| 6 | | / Medical / Transporation Fe | es | | | | \$ | | |
| | | | | | | Sub Total: | \$ | 2,368.55 | |
| HII | RER'S CI | | 1 -2 | 10002002 | zenen neum | | | | |
| 7 | 9 | days Loss of Income @ | \$ | 80.00 | | | \$ | 720.00 | |
| | | | | | Т | otal Claims: | \$ | 3,088.55 | |
| We | enclose | d herewith the following docu | ments | to suppo | ort the cla | aims: - | | | |
| a) | | repair bill and photostat pho | | | | 10 | pcs | | |
| b) | | | 493D | | | | | | |
| c) | GIA / P | olice report/s of : SHA | 4898A | \ | | | | | |
| d) | Letter | of authority from owner / hirer | / ope | rator | | | | | |
| 3.5 | (X)P | hotocopie/s of Accident Scene | Photo/ | s () Tr | affic Com | pound (X) | PIR | | |
| | () Wit | ness statement/s (x) Rental R | ate let | ter (x)D | owntime/I | Mileage record | d | | |
| | dly look i | nto the matter and let us hea | r from | you on th | ne settler | ment of the s | aid o | claims | |
| | | 58 2 | 224 | V V | 7.72 | 7 97 99 | 92.52 | | |

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

Yours faithfully William Tan

Deputy Manager

CDGE Claims Department

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

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

A member of











51 UBLAVE 1, #01-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

07 February 2018

CAPRIOXY TRADING SERVICES PTE LTD

45 Airport Cargo Rd Singapore 819478

Dear Sir/ Mdm

OUR REF

: CC4/ASM18000271/K1wb3

YOUR REF : YP 4493D

ACCIDENT INVOLVING YP 4493D & SHA 4898A ALONG CTE TWDS SLE ON 27/12/2017

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

We have received a claim from ComfortDelGro Engineering Pte Ltd acting on behalf of the owner of SHA 4898A against your motor insurance policy.

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

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

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. You intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to Vivianlau@lkkauto.com_within 7 days if not provided at our reporting centre. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim



51 UBLAVE 1, #01-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 408933 TEL: 1065/62563561 FAX: 1065/62564315

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 our prior knowledge and consent.

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

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

If you need any clarification, please do not hesitate to contact us 6841 8625 or email us at Vivianlau@lkkauto.com

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

Yours sincerely,

Vivian Lau Case Handler

DID: 6841 8625 FAX: 6741 4108

EMAIL: Vivianlau@lkkauto.com

c.c. AXA Insurance Pte Ltd (Motor Claims Dept) LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING

140 SHA4898A , YP 4493 D

ON 27-Dec-17 16:45

ALONG

CTE TOWARDS SLE AT SLIP ROAD OF ANG MO KIO AVENUE 1

1 / We

TOH TIAM CHAI

(Hirer) NRIC No.: S1456472A

and/or

LIM YONG HOCK CHERRY (Relief) NRIC No.: S0192539C

Taxi Number

SHA4898A

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

28-Dec-2017

Name of Hirer

TOH TIAM CHAI

Hirer NRIC

S1456472A

Signature:

Address

635 HOUGANG AVENUE 8 #08-67

530635

Contact No.

91193202

Name of Relief

LIM YONG HOCK CHERRY

Relief NRIC

S0192539C

Signature :

Address

617 HOUGANG AVENUE 8 05-354

530617

Contact No.



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

Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

Customer Centre #B1-01

CLAIM REF

: S7M0069Q

INSURED

CAPRIOXY TRADING SERVICES PTE LTD

DISCHARGE VOUCHER

We, ComfortDelgro Engineering Pte Ltd confirm that by letter of authorisation dated 28 Dec 2017, we are authorised to and do hereby give this discharge for ourselves and on behalf of ComfortDelgro Engineering Pte Ltd and the Hirer, Toh Tiam Chai of vehicle no. SHA 4898A.

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

- a) agree to accept the sum of Singapore Dollars Two Thousand Seven Hundred only (\$\\$2,700.00) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against AXA INSURANCE PTE LTD and/or their Insured and/or the driver of vehicle no (YP 4493D) arising out of an accident with (SHA 4898A) on 27/12/2017
- b) declare that AXA INSURANCE PTE LTD and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against AXA INSURANCE PTE LTD and/or their Insured and/or the driver of vehicle no. YP 4493D arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- c) We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify AXA INSURANCE PTE LTD against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of ComfortDelgro Engineering Pte Ltd is made without any admission of liability whatsoever on the part of **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. YP 4493D

| Dated this 640 | _day ofMarch | _2018 |
|---------------------------|------------------------------------|---|
| Signed by(AU | THORISED SIGNATORY) | |
| Company Stamp | SRICKANG ORIVE SWOLPCRE SOUSS | COMFORTDELGRO ENGINEERING PTE LTD |
| Witness : | M- | |
| Name : | CLAWE DEPARTMENT | |
| I/C No : | COMPORTDELDING ENGINEERING PTF LTD | |
| Address : | SELCYANG DRIVE BRUCKROME SAME | "The contents of this document apply to vehicle damages of |
| AXA Insurance Pte Ltd (Co | mpany Reg. No. 199903512M) | All personal injuries and damages arising therefrom are exc |

from the ambit and application of this document

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

ComfortDelGro Engineering Pte Ltd

Workstrees

to Lourney Drive Singapore SORMO 353 Sin Minor Drive Singapore S75717 St Parkton Read Singapore 608280

24 Senoro Ling Singapore 258150 7 Surger Kadal War Singapore 728701 8 Debi Avenue 1 Singapore 539327

COMPANY REG. NO.: 199506048W

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER

SINGAPORE SG 068811

CONTACT NO: 63387288

VEHCLE NO SHA4898A

INV. NO/DATE 91350953 11.01.2018

MAKE HYUNDAI JOB NO. 305102250

MODEL I - 40

ODOMETER READING

DATE OF REG 05.01.2017

DATE/TIME IN 28.12.2017 10:45

CHASSIS CODE KMHLB41UMHU097899

S/No Part No.

Description: 3P 27.12.17

Qty Unit Price %Disc

Net

PART REQUISITION

0001 04-01-0103-0574

I40VC PANEL-FENDER LH#

619.00

20.00

495.20

SUB-TOTAL

495.20

JOB NATURE

0001 L

PANEL BEATING

300.00

300.00

0002 23-502

SPRAYPAINT ON AFFECTED AREA

360.00

360.00

SUB-TOTAL

660.00

ComfortDelGro Engineering Pte Ltd A member of COMFORTDELCRO

Head Office:

205 Braddell Road Singapore 579701

ACCOUNT No. INVOICE No. **AMOUNT** BANK/CHO No. 1,236.06 91350953 8010010

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Backeri Royd Singspore S79701 Mantes + 65 5363 5260 Faculture + 65 6360 9755.

Workshops

38 Lovery Divis Engages 00000 305 Sin May Dree Engages 070717 45 Pantar Acad Engages 00006 300 US Read 3 Segapore 400648 24 Seroku Litin Sengapore 1981 M 7 Surger Kidut Way Sengapore 1981 M 8 Deb Avenue 1 Singapore (SMS)11

COMPANY REG. No.: 199506048W

Page: 2

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHCLE NO SHA4898A

INV. NO/DATE 91350953 11.01.2018

MAKE HYUNDAI JOB NO. 305102250

MODEL. I - 40

ODOMETER READING

DATE OF REG 05.01.2017

DATE/TIME IN 28.12.2017 10:45

CHASSIS CODE KMHLB41UMHU097899

Items total

1,155.20

Add GST @

7.000 %

80.86

Invoice amount

1;236.06

Issued by : CHEWBRELENG 11.01.2018 09:41:34 Repair type : CLSO/57/57 Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd A member of COMFORTDELCRO

Head Office: 205 Braddell Road Singapore 579701

ACCOUNT No. INVOICE No. AMOUNT BANK/CHQ No. 8010010 91350953 1,236.06

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CT17120972

Date: 10 January 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

27/12/2017 @ 16:45 hrs

ALONG

CTE > SLE AT SLIP ROAD OF ANG MO KIO AVE 1

INVOLVING

YP4493D

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 SHA4898A (the "Taxi"). The Taxi was hired to TOH TIAM CHAI IC NO S1456472A 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 First Capital Insurance Ltd on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay Executive, Fleet Safety

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

| | | | MILEAGE | HOURS OPERATED (TIME) | (ATED (TIME) | DATE | NAM |
|----------|----------------|-----------------|---------|-----------------------|--------------|------|-----|
| DATE | NAME OF DRIVER | MILEAGE READING | (KOM) | FROM | OT. | | |
| 27-12-17 | CHERRY | 5/0/10 | 122 | /330 | 2000 | | |
| 57512017 | 7. c 70h | 071100 | 764 | 3033 OG4V | 1490 | | |
| 38-13-17 | Cuepey wheat | 07/202 | 77 | 0320 | 1130 | | |
| 11.0.00 | A CCIDGUT | _ | 2 | 1045 | Ç | | |
| 81.10.50 | REPAIR | / | Two | 11.45 | (- | | 141 |
|) | | | | | | | |
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| | | | | | | | |



Enquire Vehicle Insurer

| | | Liiquiic | Cilicie insurer | |
|----------------|------------------------|---------------|--|------------------------|
| Vehicle No. | Incident Date/Time | Search Status | THE PERSON OF TH | Insurance Company Name |
| YP4493D | 27 Dec 2017 / 16:45:00 | Successful | A12 | AXA INSURANCE PTE LTD |
| | | Previ | ous OK | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



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Last updated on 17 Dec 2017 at 12:12 AM

41A 4893 A



| | | Enquire Veh | icle Insurer | | |
|---|----------------------|-----------------|------------------|-------------|--------------------------|
| | Vehicle No. | Incident | Date (DDMMYYY) |) Incid | lent Time (HHMMSS) |
| 1 | YP4493D | | 27122017 | 164500 | (E.g. 235900 for 11:59pm |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |
| | * Search Fee of \$7. | 49(incl GST) is | applicable per s | uccessful s | earch. |
| | | Submit | Clear | | |
| | | | | | |
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Land Transport Authority

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Last updated on 17 Dec 2017 at 12:12 AM

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

| | YP 4493D | (Insd veh) | Model: | TPVD HYUNDAI |
|--|--|------------------------|--|--|
| | SHA 4898A (TP veh) | 1 | 140 | |
| Date of Accident: | 27/12/2017 | | 1 | |
| | | | | |
| Global Sum Settlen | nent : [X] Ye | s 1 | 1 No | |
| Repair Estimate | | : \$ | 2,672.00 | |
| Final Repair Cost | | : \$ | 1,236.06 | |
| Loss of Token Sum | | : \$ | 425.00 | 8.5days at \$50.00 per day |
| Rental (if any) | | : \$ | 1,062.50 | 8.5 days |
| LTA / GIA Search Fee | | : \$ | 7.49 | |
| Others: | | : \$ | 0.00 | |
| Juliers. | | | | |
| others. | | : \$ | | |
| Final Settlement Su | (0 | : \$ | 2,700.00 | |
| inal Settlement Su s Third Party Worl elow) | kshop GIA Registe | : \$: \$ red? [| X] YES [| |
| inal Settlement Su s Third Party Wor elow) A) For Non GIA R | kshop GIA Registe | : \$: \$ red? [| 6 | (%) |
| Final Settlement Su s Third Party Work elow) A) For Non GIA R B) For GIA Regist BOLA Liability: | kshop GIA Registered Workshotered Workshop: | : \$: \$ red? [| Agreed Liability _ BOLA Applicable15 Assessed Liabilit | (%) E: Yes/ Ne BOLA Scenario No: by (*):(%) |
| Final Settlement Sus Third Party Work elow) A) For Non GIA R B) For GIA Regist BOLA Liability: * Assessed Lia | kshop GIA Registered Workshotered Workshop: | : \$: \$ red? [| Agreed Liability _ BOLA Applicable15 Assessed Liabilit | (%) E: Yes/ Ne BOLA Scenario No: by (*):(%) |
| Final Settlement Sus Third Party Work elow) A) For Non GIA R B) For GIA Regist BOLA Liability: * Assessed Lia | kshop GIA Registered Workshotered Workshop: | : \$: \$ red? [| Agreed Liability _ BOLA Applicable15 Assessed Liabilit | (%) E: Yes/ Ne BOLA Scenario No: by (*):(%) |
| Final Settlement Sus Third Party Work elow) A) For Non GIA R B) For GIA Regist BOLA Liability: * Assessed Lia | kshop GIA Registered Workshotered Workshop: | : \$: \$ red? [| Agreed Liability _ BOLA Applicable15 Assessed Liabilit | (%) E: Yes/ Ne BOLA Scenario No: by (*):(%) |
| Final Settlement Sus Third Party Work elow) A) For Non GIA R B) For GIA Regist BOLA Liability: * Assessed Lia Remarks | kshop GIA Registered Workshotered Workshop:100(%) bility to be filled only | red? [| Agreed Liability _ BOLA Applicable15 Assessed Liabilit | (%) E: Yes/ Ne BOLA Scenario No: by (*):(%) |
| Final Settlement Sus Third Party Work elow) A) For Non GIA R B) For GIA Regist BOLA Liability: * Assessed Lia Remarks | kshop GIA Registered Workshotered Workshop: | red? [| Agreed Liability _ BOLA Applicable15 Assessed Liabilit | (%) e: Yes/ No BOLA Scenario No: |

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)