

INS CASE OWNER

CC 3 /AIG1800

LKK
IDAC

Surveyor:

DOI:

Date / Time: _____

Registered in Meritcn.

Pre-assign / CCU / FTE



Insured Vehicle No. _____

Name of Insured

Insured Tel No.

Excess Sec II :SS

Is driver the owner?

If NO, Driver Name / Age :

Driver Tel No. _____

HP²

D.O.A.:

Nature of Accident :

(V/L-YES/NO)

Claim No.

Policy No.

Make / Model :

Place of Accident :

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

Insured Liability :	%	Final ? Yes / No
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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
14/1/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
17/1/18 @ 9:45am	Call Ol: 19/1/18 @ 10:15am	
	After call ltr to Ol: 19/1/18 - ok ok	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/> <input type="checkbox"/>
	After call ltr to Ol:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/> <input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
	PIR:	<input type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE		Date/Time:	Send By:	Post-Repair Photos:	Others:
FINALIZATION		Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	SS	(days)	Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 13/11/18	Confirm with: PC119	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No.:	27	If NO or B 28, Ass. Lia:
Repair Cost:	SS	1712.00		001	KARL - BONDRO TV
Loss of Rental (LOR):	SS	417.50	(2.5 days) X 167.80		
Loss of Use (LOU):	SS	125.00	(5.50 x 2.5 days)		
Loss of Income (LOI):	SS	-	(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]	
GLA/LTA Search	SS	5.25			
Medical:	SS	-			1) Claim status: Normal/Reject/Private Settle
Disbursement:	SS	-	(e.g. Tow/ Independent)		2) Report Format:
Legal Cost:	SS	-			3) Survey fee:
Total:	SS	2261.85	Global Sum SS:	2260.00	
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	SS	2260.00	Name 1:	Comfortdelgro Engineering Pte Ltd	
Payee 2: (Strike if N.A.)	SS		Name 2:		
Payee 3: (Strike if N.A.)	SS		Name 3:		

CO / TP / WS / TP RES / CO RES / EVA / DW / MV

[illegible]

Paula Carter

Remark. The van had commenced its repair at the time of inspection.

Rate of Return Value

UDAC Accident Room	Consistent? : Yes or No
--------------------	-------------------------

Consistent? : Yes or No

Ques	Ans	File	Yes or No
Ques 2	Ans 2	File 2	Yes or No

do Yes or No

CA / REV / REP / 24 HRS

10/26/2009 11:00

Date	Time	Action	Inspection
------	------	--------	------------

AIG SKW 1886C

7/2/18 Confirm US \$1600.00 with 2 working days

($P_{\text{red}} = 2386.01$
60%)

Creating the Pass ☐: Prel. Report

☐ Final Report

2007-08-01

Figure 1. The effect of the concentration of the inhibitor on the rate of polymerization.

$$\lim_{n \rightarrow \infty} \sum_{k=1}^n \frac{1}{k^2} = \frac{\pi^2}{6}$$

Days Of Repair

Resurvey No. of Tric

Add Fee: [illegible]

1000



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/AIG18000609/Dwb3		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 10-01-2018		
		Code : AIG		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKW 1886C	Veh. Inspected	SHA 89U	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	10/01/2018	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	08/01/2018	Inspection Date	09/01/2018	
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: CK ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC No.305105046

CUSTOMER AS: CITYCAB PTE LTD CUSTOMER NO: 7010070 ADDRESS: 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (C) (P)	REGN NO: SHA 89U	MILEAGE
	MAKE: MERCEDES BENZ	FUEL E: 1/2 F
	MODEL: E220CDI (E5)	DATE/TIME IN: 08.01.2018 14:00
	YR OF MANU: 06.06.2013	TARGET DATE
	CHASSIS CODE: WDD2120022A727736	COMPLETION DATE/TIME

JOINT CARD NO.

Accident Date: 08.01.2018
NATURE: 3P 08.01.18

/NO LABOR CODE DESCRIPTION

PACKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
No.: SHA 89U	LIMITS	Vehicle No.: SHA 89U	
_____ Service Advisor	_____ Signature/Data	_____ Name of Service Advisor	_____ Date
Returned to Service Reception upon collection		To be kept by Security Guard	

CITY CAB PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHA 89U

MAKE :

MODEL : MERCEDES BENZ

DATE 9/1/2018

LKC -

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>disbent</i>			\$ 1,510.00 ✓
	Rear Bumper Reinforcement <i>new</i>			\$ 1,150.00 X
	Rear Bumper Bracket Lower (LH/RH) <i>new</i>		\$ 135.00	\$ 270.00 X
	Rear Bumper Bracket Top (LH/RH) <i>new</i>		\$ 125.00	\$ 250.00 X
	Rear Bumper Retainer Mounting (LH/RH) <i>new</i>		\$ 115.00	\$ 230.00 X
	SUB TOTAL			\$ 3,410.00
	LESS 20%			\$ 682.00
	DISCOUNTED TOTAL			\$ 2,728.00
	Rear Bumper Sensor <i>Den</i>			\$ 220.00 <i>388.00</i> Nett ✓
	Rear Bumper Rubber Mat <i>new</i>			\$ 50.00 Nett ✓
				\$ 438.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>300/-</i>
	Spray Painting Charge			\$ 250.00 <i>200/-</i>
	Tuff Kote			\$ 50.00 <i>new</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>40/-</i>
	TOTAL LABOUR			\$ 820.00
	ESTIMATE TOTAL			\$ 3,986.00

09/01/2018 P 143

Lat Antone

L/Snn

2 days

2 Kk Auto

g

LKK Auto Consultants is to notify
the Repairer of the following:
• To survey before repair work commencing
• To display damaged parts for survey
• Parts and materials to be used
• Third party liability on "judges" basis
No floor
Supplementary terms must be agreed and
is subject to final acceptance of the 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.

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305105046
Date : 11/01/18

FINALIZATION FORM

To : LKK
Attn : BRYAN

Fax :

Vehicle Reg No. : SHA 89U Date of Accident : 08-Jan-18

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

1. The repair job shall bill to: AIG ASIA — SKW1886C

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

\$1,600.00

\$1,600.00

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : BRYAN

Date : 16/01/2018

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:

[Signature]

SHA 8911

MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO			72	66	10	355		FROM	TO
			05/01	PABIAN	72	66	10		355	0700	0030
			05/01	WANG							
			06/01	PABIAN	72	67	22		148	1200	2300
			06/01	WANG							
			07/01	PABIAN	72	71	60		113	1100	2000
			07/01	WANG							
			08/01	PABIAN	72	73	47		108	700	1400
			Longway Accident								
			8/1	Accident					In	1400	✓
			10/1	repair				41	Out		1730

Our Ref : CC18010196/ SHA 89U /CL(st)

Date : 22-Jan-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 SHA 89U YOUR INSURED
SKW1886C AND OTHER ON 08.01.18

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no: SHA 89U 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 SKW1886C we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,712.00
2	3 days Loss of Rental @ \$ 167.80 per day	\$ 503.40
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ -
5	GIA / Police Report Fees	\$ 7.49
6	Towing / Medical / Transporation Fees	\$ -
Sub Total :		\$ 2,222.89

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per day	\$ 240.00
Total Claims :		\$ 2,462.89

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 : SKW1886C
c) GIA / Police report/s of : SHA 89U
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.

COMFORTDELGRO
ENGINEERING

CDGE Taxi Claims Dept ComfortDelGro Engineering Pte Ltd
59 Loyang Drive 4th Flr 205 Braddell Road Singapore 579701
Singapore 508969 Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199900489V

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

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) 67414108

Our Ref: CC3/AIG18000609/Dwb3

17 JANUARY 2018

**JUAY KANGJIE, EDMUND
BLK 987A BUANGKOK GREEN
#06-07
SINGAPORE 531987**

Dear Sir/Madam,

ACCIDENT INVOLVING SKW 1886C AND SHA 89U ON 08.01.2018

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 note that your No-Claim Discount (NCD)(if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

Siti

Case Handler

DID: 6256 3561

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
ALONG****MERCEDES E220 SHA89U , SKW 1886C
YIO CHU KANG ROAD X ANG MO KIO ST 65****ON 08-Jan-18 10:35**

I / We

HUA DEKUN FABIAN(Hirer) NRIC No.: **S8112059E**

and/or

(Relief) NRIC No.:

Taxi Number

SHA89U

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date

08-Jan-2018

Name of Hirer

HUA DEKUN FABIAN

Hirer NRIC

S8112059E

Signature :



Address

**603A PUNGGOL ROAD #05-700
821603**

Contact No.

96929703

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\$2,260.00 (Global Sum) for vehicle no. SHA 89U that was damaged pursuant to the accident which occurred on 08/01/2018 (date) along YIO CHU KANG ROAD X ANG MO KIO ST 65 (location) involving vehicle no/s SKW 1886C.

This is pursuant to the inspection conducted on 09/01/2018 (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. SHA 89U 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 89U (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 13 (day) of Feb (month) 2018 (year)

ABT

Signed by appointed surveyor

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701


Signed by "the workshop" (with chop)

*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 079120
CONTACT NO: 64193000 3225094

VEHICLE NO
SHA 89U
MAKE
MERCEDES BENZ
MODEL
E220CDI (E5)
DATE OF REG
06.06.2013
CHASSIS CODE
WDD2120022A727736
INV. NO/DATE
91352457 19.01.2018
JOB NO.
305105046
ODOMETER READING

JOB TYPE

Description : 3P 08.01.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,600.00
Add GST @ 7.000 %	112.00
Total Invoice amount	1,712.00

Issued by : CHEWHEELING 19.01.2018 10:57:57
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.

Our Ref: CC18010196



Date: 18 January 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	08/01/2018 @ 10:35 hrs
ALONG	YIO CHU KANG ROAD X ANG MO KIO ST 65
INVOLVING	SKW 1886C

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 **SHA0089U** (the "Taxi"). The Taxi was hired to **HUA DEKUN FABIAN IC NO S8112059E** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$167.80** 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
SKW1886C	08 Jan 2018 / 10:35:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

SHA 894

...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	08 Jan 2018 Edit Reg		09 Jan 2018 00:00 Edit Adj Rpt	S\$1,600.00 Edit Estimates	S\$1,600.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by adjuster]

Insured:	JUAY KANGJIE, EDMUND (RUI KANGJIE, EDMUND), ID: S8308206B		
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHA89U	Date of Loss:	08/01/2018 10:00 - :59
Claim Type:	TP / 1678262504SG	Policy/Cover Note No.:	2100434392 (Comprehensive)
Vehicle Reg. No. (Insured):	SKW1886C	Policy No. (Claimant):	D-18088937MFSH
	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 Tan, Bennie-WZ - 6419 1718] Bennie-WZ.Tan@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 BRYAN TANI] ... [Final Rpt due 19/01/2018]		

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

***SHA89U (1678262504SG)**
[SKW1886C]
TP
CITYCAB PTE LTD
Jan 8 2018 10:00AM
[JUAY KANGJIE, EDMUND (RUI KANGJIE, EDMUND)]
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				
															1 per page		<input checked="" type="checkbox"/>			
No	Finalized On		AIG Asia Pacific Insurance Pte. Ltd. (SG)												Thumbnail		Print			
1	11/01/18 09:49		Accident Statement From: SC - Reg. No: SKW1886C, Claimant: JUAY KANGJIE, EDMUND (RUI KANGJIE, EDMUND)												1	Load HTM				
															3 per page		<input checked="" type="checkbox"/>			
No	Relabel/Reorder		LKK Auto Consultants Pte Ltd (HQ)												Thumbnail		Print			
1	16/01/18 09:29		Rear View Left												1	Load JPG	<input checked="" type="checkbox"/>			
2	16/01/18 09:29		Rear View Right												1	Load JPG	<input checked="" type="checkbox"/>			
3	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
4	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
5	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
6	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
7	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
8	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
9	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
10	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
11	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
12	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
13	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
14	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
15	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
16	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
17	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
18	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
19	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
20	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
21	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
22	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
23	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
24	16/01/18 09:29		General View												1	Load JPG	<input checked="" type="checkbox"/>			
25	16/01/18 09:29		Odometer Reading												1	Load JPG	<input checked="" type="checkbox"/>			
26	16/01/18 09:29		Chassis Number												1	Load JPG	<input checked="" type="checkbox"/>			
27	16/01/18 09:30		Finishing Photo												1	Load JPG	<input checked="" type="checkbox"/>			
28	16/01/18 09:30		Finishing Photo												1	Load JPG	<input checked="" type="checkbox"/>			

29	16/01/18 09:30	Finishing 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	10/01/18 18:21	TP ESTIMATE- MARKED		Load PDF	
2	10/01/18 18:21	TP GIA REPORT		Load PDF	
3	17/01/18 14:46	LETTER TO OI		Load PDF	
4	14/02/18 09:07	WORKSHOP INVOICE		Load PDF	
5	14/02/18 09:07	AUTHORISATION TO ACT FORM		Load PDF	
6	14/02/18 09:07	Release Voucher		Load PDF	
7	14/02/18 09:07	RENTAL RECEIPT		Load PDF	
8	14/02/18 09:07	LTA SEARCH		Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<p>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>			
<p>Show Remarks To: <input type="checkbox"/> Handling Insurer</p> <p><small>Note: Remarks are private unless you show it to other parties.</small></p>			

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SKW1886C (Insd veh)	Model:	MERCEDES-BENZ E220 2.0
	SHA89U (TP veh)		(A)
Date of Accident:	08/01/2018		

Global Sum Settlement	: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	: \$	4,265.02
Final Repair Cost	: \$	2,260.00
Loss of Use	: \$	2.50 days at \$50.00 per day
Rental (if any)	: \$	2.50 days
LTA / GIA Search Fee	: \$	
Others:	: \$	
	: \$	
Final Settlement Sum (Global Sum)	: \$	2,260.00

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: _____
 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	: \$	2,260.00
2)		: \$	
3)		: \$	
4)		: \$	
5)		: \$	

JOANNE LEE KHANG MIN

14 Feb
2018

LKK Auto Consultants Pte Ltd

Date

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

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/AIG18000609/DWB3Q2

Date: 14/02/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 2100434392
 Claimant Vehicle No: SHA89U Insured Vehicle No: SKW1886C
 Date of Loss: 08/01/2018 Nature of Claim: TP Claim No: 1678262504SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA89U
 Make & Model: MERCEDES-BENZ E220, 2.0 (A) Engine No: 65192431495687
 Reg. Date: 06/06/2013 (Man. Year: 2012) Chassis No: WDD2120022A727736
 Colour: White Odometer: 727437 km
 Engine Capacity: 2143 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: Bridgestone 5 mm Rear Left Side: Bridgestone 5 mm
 Front Right Side: Bridgestone 5 mm Rear Right Side: Bridgestone 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,166.00	1,478.00	1,688.00	53.32
Miscellaneous Items	0.00	0.00	0.00	
Labour	820.00	540.00	280.00	34.15
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,986.00	2,018.00	1,968.00	49.37
Approved Total (Overridden) (S\$)		1,600.00		
(S\$)	3,986.00	1,600.00	2,386.00	59.86
+ GST 7.00/7.00% (S\$)	279.02	112.00	167.02	59.86
Nett Amount (S\$)	4,265.02	1,712.00	2,553.02	59.86
+ Loss of Use (2.5 x S\$50.00/day) (S\$)		125.00		
+ Car Rental (2.5 x S\$167.80/day) (S\$)		419.50		
+ Doc/Search Fee (S\$)		5.35		
Nett Liability (S\$)		2,261.85		
Global Sum Settlement (S\$)		2,260.00		

INSPECTION

Date of Assignment: 09/01/2018

Date Inspected: 09/01/2018 Inspected At: ComfortDelGro Engineering Pte Ltd
(Loyang)
59 Loyang Drive
Singapore 508969

Estimated Period of Repair: 2.0 days

Adjuster: BRYAN TANI

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	Distorted	1,510.00 FL	*1,510.00 FL
2	1		*REAR BUMPER REINFORCEMENT	Not Necessary	1,150.00 FL	*- FL
3	2		*REAR BUMPER BRACKET LOWER (LH/RH)	Not Necessary	270.00 FL	*- FL
4	2		*REAR BUMPER BRACKET TOP (LH/RH)	Not Necessary	250.00 FL	*- FL
5	2		*REAR BUMPER RETAINER MOUNTING (LH/RH)	Not Necessary	230.00 FL	*- FL
6	1		*REAR BUMPER SENSOR	Damaged	388.00 FS	*220.00 FS
7	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS

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

Sub Total (\$)	3,848.00	1,780.00
- List Item Discount on L Items 20.00/20.00% (\$)	682.00	302.00
Total Parts (\$)	3,166.00	1,478.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	300.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
3	TUFF KOTE	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	40.00
Gross Labour Cost (\$\$)			820.00	540.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >