

INS. CASE OWNER:

CC 4 / AXA1800

LKK:
IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$5

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L-YES/NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT:

YES / NO

TP GIA REPORT:

YES / NO

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
14/1/18	WILLIAM	Non-Reporting Itr (1st):	
		Non-Reporting Itr (2nd):	
		Non-Reporting Itr (Final):	
		Notification Itr (if non-pickup):	
		Call OI:	22/1/18
		After call Itr to OI:	WILLIAM
		Documentation Check List:	Handler Typist
		Notification Itr (if non-pickup)	<input type="checkbox"/>
		After call Itr 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: 15/1/18 Sent By: WILLIAM

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost	\$5	(days) Reduction:	%
FINAL SETTLEMENT	Date/Time: 6/2/18	Confirm with: WILLIAM	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	50 (Agreed / Assessed) BOLA S/N No.:	NR
Repair Cost:	428.60	\$5 214.30	
Loss of Rental (LOR):	581.76	\$5 290.88 (4:5 days) x 129.38	
Loss of Use (LOU):	225.00	\$5 112.50 (\$ 50 x 4.5 days)	
Loss of Income (LOI):	\$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	7.49	\$5 7.49	
Medical	\$5		
Disbursement:	\$5	(e.g. Tow/ Independent)	
Legal Cost	\$5		
Total:	1245.79	\$5 625.17	Global Sum \$5: 600.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$5 600.00	Name 1:	Comfort delgro Engineering Pte Ltd
Payee 2: (Strike if N.A.)	\$5	Name 2:	
Payee 3: (Strike if N.A.)	\$5	Name 3:	

Wang et al.

N/S	O/S



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

AXA INSURANCE PTE LTD

Ref : CC4/ASM18000690/K1wb3

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 11-01-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKU 6359K	Veh. Inspected	SHC 8668K
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	11/01/2018

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	06/01/2018	Inspection Date	11/01/2018
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: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3795416

JC NO.305104996

CUSTOMER MS CUSTOMER NO. ADDRESS (R) (P)	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO. MAKE MODEL YR OF MANU CHASSIS CODE	SHC8668K HYUNDAI I-40 17.03.2016 RMHLE41UMGU085772	MILEAGE FUEL E 1/2 F DATE/TIME IN 08.01.2018 11:00 TARGET DATE COMPLETION DATE/TIME
---	--	---	--	---

JOB DESCRIPTION

Accident Date: 06.01.2018
NATURE: 3P 06.01.18/C

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

BOOKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

w/edgement Slip

Exit Pass

SHC8668K FZ AXA

Vehicle No.: SHC8668K

of Service Advisor

Signature/Date _____

Name of Service Advisor

Date _____

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHC 8668K

MAKE :

MODEL : HYUNDAI i40

DATE 8/1/2018 14:47

AXA
 Rear Right

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Wheel Hup-Cap (RH) <i>1 piece</i>			\$ 150.70
	<i>Rear Bumper x 2</i>			
	SUB TOTAL			\$ 150.70
	LESS 20%			\$ 30.14
	DISCOUNTED TOTAL			\$ 120.56
	Rear Bumper Rubber Mat <i>x 1</i>			\$ 50.00 Nett
	Labour Charge			
	Panel Beating			\$ 350.00 <i>100</i>
	Spray Painting Charge			\$ 200.00 <i>180</i>
	Wiring Charge			\$ 50.00 <i>x</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>x</i>
	Rear Wheel Alignment			\$ 120.00 <i>x</i>
	TOTAL LABOUR			\$ 840.00
	ESTIMATE TOTAL			\$ 1,010.56

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal work is allowed
- Supplemental claims will be resurveyed and is subject to confirmation by the Insurance Company

Acknowledged: _____
 Signature: _____
 Date: _____

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
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- No illegal work is allowed
- Supplemental claims will be resurveyed and is subject to confirmation by the Insurance Company

Acknowledged: _____
 Signature: _____
 Date: _____

Kelvin LKK
11/1/18 10:04
2 Pys
PIP
After Repair pht

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.



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: S8M006T1
Our ref: CC4/ASM18000690/K1wb3

Date: 15.01.2018

The Motor Claims Department
M/s AXA INSURANCE PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHC 8668K

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 11.01.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd (Loyang) and have the following to report:-

Workshop Estimate Amount	: S\$	1,010.56
Revised Estimate Amount	: S\$	400.56
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
O/S Rear Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2.0 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305104996
Date : 11.01.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC8668K

Fax :

Date of Accident : 06.01.2018

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

1. The repair job shall bill to: AXA -- SKU6359K
2. The finalized amount shall be:


(a) Spare Parts after List discount		\$120.56
(b) Labour Charges		\$280.00
Total for Part-By-Part Repair Cost		\$400.56
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less:	20%	\$0.00
Final Lumpsum Repair cost		


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

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
Date : 12/1/18

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		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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

JOB NO : 305104996
REGN NO : SHC8668K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 17.03.2016
DATE/TIME IN : 08.01.2018 11:00
ACCIDENT DATE : 06.01.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0658-G I40VC CAP ASSY-WHEEL HUB 1 150.70 20.00 120.56

SUB-TOTAL : 120.56

JOB NATURE

0000 L PANEL BEATING 100.00

0001 L SPRAY PAINTING CHARGE 180.00

SUB-TOTAL : 280.00

TOTAL : 400.56

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

$A \times A$

DATE 8/1/2018 14:47

DATE
REAR RIGHT

DATE
REAR RIGHT

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Wheel Hup-Cap (RH) / <i>hatched</i>			\$ 150.70
	<i>Rear bumper sc 19-2</i>			
	SUB TOTAL			\$ 150.70
	LESS 20%			\$ 30.14
	DISCOUNTED TOTAL			\$ 120.56
	Rear Bumper Rubber Mat X "			\$ 50.00
	Labour Charge			100
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 120.00
	Rear Wheel Alignment			\$ 120.00
	TOTAL LABOUR			\$ 840.00
	ESTIMATE TOTAL			\$ 1,010.56
	<i>Kelvin LKK</i>			
	<i>M 11/1/18 1000 E</i>			
	<i>2 Pgs</i>			
	<i>P/P</i>			
	<i>Affile Rep. p/Lt</i>			

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party claims is on a "Without Prejudice" basis
- No legal liability when as advised
- Supplementary repair must be resurveyed and is subject to final approval from insurance company

Acknowledged by Repairer
Signature: _____

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.

Our Ref : T 0118/ SHC8668K /WT(st)

Your Ref :

Date : 12-Feb-18

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

Attn : Motor Claims Department

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 8383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 1966000489

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
Yishun Industrial Park A
Singapore 768732

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC8668K YOUR INSURED SKU6359K
AND OTHER _____ ON 06.01.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHC8668K 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 SKU6359K we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	428.60
2	<u>5</u> days Loss of Rental @ \$ <u>129.28</u> per day	\$	646.40
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	GIA / LTA Search Fee	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transporation Fees	\$	-
Sub Total :		\$	1,082.49

HIRER'S CLAIM

7	<u>5</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	400.00
Total Claims:		\$	1,482.49

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

- a) Original repair bill and photostat photographs 8 pcs
- b) LTA search slip/s of : SKU6359K
- c) GIA / Police report/s of : SHC8668K
- d) Letter of authority from owner / hirer / operator
 - (X) Photocopie/s of Accident Scene Photo/s () Traffic Compound (X) PIR
 - () Witness statement/s (x) Rental Rate letter (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

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

COMFORTDELGRO





Auto
Consultants
Pte Ltd

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

23 January 2018

Hong Kim Pong
133 Jalan Seaview
Singapore 438427

Dear Sir/ Mdm

OUR REF : CC4/ASM18000690/K1wb3
YOUR REF : SKU 6359K

ACCIDENT INVOLVING SKU 6359K & SHC 8668K ALONG SIMS AVE ON 06/01/2018

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 SHC 8668K against your motor insurance policy.

Based on the accident report and accident scenario, we are of the opinion that this is a case of conflicting version kindly forward to us with any evidence/information to proof.

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. Your 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



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 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
ALONG****i 40 SHC8668K , SKU6359K
SIMS AVE X LOR 35 GEYLANG****ON 06-Jan-18 19:20**

I / We

MOHAMED ISHAK JAHABAR ALI (Hirer) NRIC No.: **S6980123D**

and/or

(Relief) NRIC No.:

Taxi Number

SHC8668K

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

07-Jan-2018

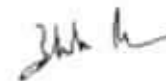
Name of Hirer

MOHAMED ISHAK JAHABAR ALI

Hirer NRIC

S6980123D

Signature :



Address

**564 PASIR RIS STREET 51 #09-140
510564**

Contact No.

97232439



redefining / insurance

CLAIM REF : S8M006T1
INSURED : HONG KIM PONG

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 07 Jan 2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of ComfortDelgro Engineering Pte Ltd and the Hirer, Mohamed Ishak Jahabar, of vehicle no. SHC 8668K.

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

- agree to accept the sum of Singapore Dollars Six Hundred only (S\$ 600.00) 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 (SKU 6359K) arising out of an accident with (SHC 8668K) on 06/01/2018
- 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. SKU 6359K arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- 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. SKU 6359K.

Dated this 6th day of March 2018

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp [Stamp]
CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
55 LOYANG DRIVE
SINGAPORE 508693

Witness : _____
Name : _____
I/C No : _____
Address : _____

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

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO
SHC8668K

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
17.03.2016

CHASSIS CODE
KMHLB41UMGU085772

INV. NO/DATE
91354441 30.01.2018

JOB NO.
305104996

ODOMETER READING

DATE/TIME IN
08.01.2018 11:00

Description : 3P 06.01.18

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0103-0658	140VC CAP ASSY-WHEEL, HUB	1	150.70	20.00	120.56
			SUB-TOTAL		:	120.56
JOB NATURE						
0001	I.	PANKI BEATING	100.00		100.00	
0002	I.	SPRAY PAINTING CHARGE	180.00		180.00	
			SUB-TOTAL		:	280.00

THESE TERMS AND CONDITIONS APPLY TO ALL WORK DONE BY THE COMPANY. THE CUSTOMER'S SIGNATURE AND SEAL ARE REQUIRED TO VALIDATE THE INVOICE. THE CUSTOMER'S SIGNATURE AND SEAL ARE REQUIRED TO VALIDATE THE INVOICE. THE CUSTOMER'S SIGNATURE AND SEAL ARE REQUIRED TO VALIDATE THE INVOICE.

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PLEASE EXAMINE THE INVOICE CAREFULLY. IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT THE COMPANY. THE CUSTOMER'S SIGNATURE AND SEAL ARE REQUIRED TO VALIDATE THE INVOICE.

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.
8010010	91354441	428.60	

Our Ref: CT18010158

Date: 16 January 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 06/01/2018 @ 19:20 hrs
ALONG SIMS AVE X LOR 35 GEYLANG
INVOLVING SKU6359K

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 **SHC8668K** (the "Taxi"). The Taxi was hired to **MOHAMED ISHAK JAHABAR ALI IC NO S6980123D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$129.28** 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
SKU6359K	06 Jan 2018 / 19:20:00	Successful	A12	AXA INSURANCE PTE LTD

Previous OK

Thank you



Goh Cheng Chuan Andrew Cornelius has successfully logged out.

Your last login date and time was 08 Jan 2018, 08:12:42.

To return to ONE.MOTORING, please click [here](#)

For security reasons, please **CLEAR YOUR CACHE** after each session.

Session Transaction History

<u>S/No.</u>	<u>Asset Type</u>	<u>Asset ID</u>	<u>Asset Owner ID</u>	<u>Transaction Type</u>	<u>Transaction Amount(S\$)</u>	<u>Log Date/Time</u>
1	Vehicle	SKU6359K	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	08 Jan 2018 / 08:14:47
2	Vehicle	SKZ6254C	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	08 Jan 2018 / 08:14:19
3	Vehicle	SJR3265U	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	08 Jan 2018 / 08:13:37
4	Vehicle	SJC4072G	-	18.32 Insurance Enquiry (GIRO Payment)	7.49	08 Jan 2018 / 08:13:01

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SKU 6359K (Insd veh)	Model:	TPVD HYUNDAI I40
	SHC 8668K (TP veh)		
Date of Accident:	06/01/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> [X] Yes	<input type="checkbox"/> [] No
Repair Estimate	:	\$	1,081.30
Final Repair Cost	:	\$	428.60
Loss of Token Sum	:	\$	225.00
Rental (if any)	:	\$	581.76
	@50%		617.68
LTA / GIA Search Fee	:	\$	7.49

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum (Global Sum)	:	\$	600.00

Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> [X] YES <input type="checkbox"/> [] NO (Kindly indicate below)	
A) For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B) For GIA Registered Workshop:	BOLA Applicable: Yes/ No- BOLA Scenario No: _____
	_____ NIL _____
BOLA Liability: _____ 50 _____ (%)	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	\$ 600.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

20/03/2018
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))