

INS. CASE OWNER:

78

CC

AXA1800

0695, 1/2/18

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

ASSIGNMENT

11/1/18

Date / Time:

11/01/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJY 7074R

Claim No.:

58M006WT / 20917

Name of Insured:

EUEH SION WEE

Policy No.:

47092759

Insured Tel No.:

HP: 96171923

Make / Model:

TOYOTA

Excess Sec II :SS

D.O.A.:

05/01/18

Place of Accident:

SALESTIER PD

Is driver the owner?

(YES) / NO

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L) (YES) NO

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

Insured Liability:

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

SHD 20695
WTE
Urgent



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
1/2/18	SHD 20695 - 11/01/18 - 11/01/18	Non-Reporting Itr (1st):	
1/2	SHD 20695 - 11/01/18 - 11/01/18	Non-Reporting Itr (2nd):	
	Survey before RPA accident date	Non-Reporting Itr (Final):	
	Removal of claim	Notification Itr (if non-pickup):	
	Original TP LOU in. RPA mandate	Call OI:	02/02/18 - WIC
	Before OI.	After call Itr to OI:	
	RPA mandate if RPA 45K.	Documentation Check List: Handler Typist	
	Finalized.	Notification Itr (if non-pickup):	
02/02/18 @ 2:30PM	Spoke to OI. He confirmed accident details & RPA-extended TP. Informing TP claim. Accepted to settle & RPA. No issues. Send letter & email to OI.	After call Itr to OI:	
	Below RPA mandate	Authorisation To Act:	
19/02/18	Orig. DV in. TP accepted offer.	Release Voucher:	
	All in order.	Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice:	
		LTA / GIA:	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD:	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE	Date/Time: 11/1/18	Sent By: WIC
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost: R/P	SS 930.00 (2 days)	Reduction: 62 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
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FINAL SETTLEMENT	Date/Time: 02/02/18	Confirm with: WIC	Email <input type="checkbox"/> Call <input type="checkbox"/>
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Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	24
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Repair Cost: (WIC)	SS 995.00		
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Loss of Rental (LOR):	SS 615.00 (5 days) X \$125.00		
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Loss of Use (LOU):	SS 280.00 (50 x 5 days)		
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Loss of Income (LOI):	SS - (5 x days)		
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LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]			
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GIA/LTA Search	SS 7.49		
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Medical:	SS -		
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Disbursement:	SS -	(e.g. Tow/Independent)	
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Legal Cost:	SS -		
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Total:	SS 1,878.10	Global Sum SS: - 1,870.00	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
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Payee 1:	SS 1,870.00	Name 1: CONFIDENTIAL ENGINEERING PTE LTD	
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Payee 2: (Strike if N.A.)	SS -	Name 2: -	
---------------------------	------	-----------	--

Payee 3: (Strike if N.A.)	SS -	Name 3: -	
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Kahin

REF ENLST 2

678/KMH3

16 Jun 2016

SHD 30695

File

Estimated Cost

Type Motor Cycle Bus Van Cargo Truck Trailer

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

Truck Trailer

To inspect vehicle No

Make Hyundai 240 1685

At Workshop File

Colour Blue 1685 Std Nil/NA

ET

No. 157913 1685 Std Nil/NA

Insured

Eng No

Policy No

O/N

Damage No

Gen Cont Good 16 / Poor / Burnt

Sum Insured

Excess

Steering Inord 6 Jammed / Leaked / Burnt

Client's Record

Brake Inord 6 Jammed / Leaked / Burnt

Make of van

Mod Nil / SRim / STD 6 Rim

Policy Condition

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



Sel of Market Value

Tire Size 205/60 R16

QAC Accident Report Consistent? Yes or No

BS / DUN / EXNOVA / GY / FS / LZA / MC / OHTSU / PIR / SUMI

QAC PR Seen Consistent? Yes or No

TOYO / YOKO

Est Repair 2 days Fee Yes or No

Front Rear

Cum Sum - No Eval Yes or No

R Bal 7 mm R Bal 7 mm

CA / REV / REP / 24 HRS

L Bal 7 mm L Bal 7 mm

Date

Person Contacted

Vehicle IN / OUT

D.O.A. 7/1/8 D.O.A. 11/1/8

Survey held at CDSE (177)

Des of Damages Frt / Rear / OS / NS / UIC / Rooftop or

Rear N/S

The UIC / Chassis/frame / Body Structure affected due to collision

Date Time Action Instruction

16/1/18, Contact P/p \$930.48 / 20% -
Cump: \$1,556.70 / 62%.AXA
P/P

Creating Fee Paid by

☐

Prel. Report

Days Of Repair

☐

Final Report

Resurvey No. of Trip

Creating Fee Paid by

Add Fee

☐

1st time \$

☐

2nd time \$

☐

3rd time \$

☐

4th time \$

Report Format

Lump Sum / I.B /



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/ASM18000863/K1hb3	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811			Date : 15-01-2018	
			Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	EW 1122U		Veh. Inspected	SHC 6096Z
Policy No.			Coverage (\$)	0.00
Claim No.			Excess (\$)	0.00
Assign From			Assign Date	15/01/2018
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	10/01/2018		Inspection Date	16/01/2018
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

208 Bras Basah Road Singapore 179570

Telephone + 65 6393 6287 Facsimile + 65 6393 6776

Workshops

30 Leong Drive Singapore 109660

782 Sin Ming Drive Singapore 570771

43 Pandan Road Singapore 609286

20 Selegie Road Singapore 118100

1 Bunge Road Singapore 122101

8 Del' Avenue 1 Singapore 120517

Date/Time: 08.01.2018 17:20

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO.305105074

CUSTOMER

R/MS COMFORT TRANSPORTATION PTE LTD

CUSTOMER NO. 7010045

ADDRESS 383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

L (R) (O)

(P)

ACCOUNT CARD NO.

REGN NO. SHD3069S

MILEAGE

MAKE: HYUNDAI

FUEL

E 1/2 F

MODEL I-40

DATE/TIME IN 07.01.2018 20:40

YR OF MANU 16.06.2016

TARGET DATE

CHASSIS CODE RMHLB41UMGU091436

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 07.01.2018

NATURE: 3P 07.01.2018

LABOR CODE

DESCRIPTION

AXA - taxi Rcr damage

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Redemption Slip

Exit Pass

No. SHD3069S

LARRY

Vehicle No.: SHD3069S

Larry NG

Service Advisor

Signature/Date

Name of Service Advisor

Date

Turned in Service Redemption card collection

REPAIR ESTIMATE*

MAKE :

DATE 9/1/2018 8:41

BOA: 07.01.18

D3

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 X			\$ 225.00
	Rear Bumper Reflector Lamp (LH) X			\$ 32.00
	SUB TOTAL			\$ 1,939.35
	LESS 20%			\$ 387.87
	DISCOUNTED TOTAL			\$ 1,551.48
	Rear Bumper Reverse Sensor X			\$ 135.70
	Rear Bumper Rubber Mat ✓			\$ 50.00
				\$ 185.70
	Labour Charge			200
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 200.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,487.18
	Ka Lin LKK M 11/1/18 1400 hr 2 D-7r P/P Before Post photo			
	This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.			

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHD 3069S

MAKE :

MODEL : HYUNDAI i40

AXA

DATE 9/1/2018 8:41

BOX: 07.01.18

PP

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>Detent</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>Xin</i>			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Xin</i>		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket <i>Xin</i>			\$ 49.00	
	Rear Bumper Clips <i>2</i>			\$ 22.00	
	Rear Bumper Sponge <i>Xin</i>			\$ 143.40	
	Rear Bumper Under Cover <i>Xin</i>			\$ 225.00	
	Rear Bumper Reflector Lamp (LH) <i>Xin</i>			\$ 32.00	
	SUB TOTAL			\$ 1,939.35	
	LESS 20%			\$ 387.87	
	DISCOUNTED TOTAL			\$ 1,551.48	
	Rear Bumper Reverse Sensor <i>X not fitted</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>1</i>			\$ 50.00	Nett ✓
				\$ 185.70	
	Labour Charge			200	
	Panel Beating			\$ 380.00	
	Spray Painting Charge			\$ 200.00	180
	Wiring Charge			\$ 50.00	X **
	R/Refix Reverse Sensor			\$ 120.00	X **
	TOTAL LABOUR			\$ 750.00	
	ESTIMATE TOTAL			\$ 2,487.18	
	<i>Ka lin LKK/</i> <i>11/1/18 1400h</i> <i>2 P-7h</i> <i>PIP</i> <i>Before Paint photo</i>				
	<i>Larry Ng</i>				
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> 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 departmental charges are levied Supplements to "Work" must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: _____ Date: _____</p>				
	This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

COMFORTDELGRO ENGINEERING

Our Job Ref No. : 305105074

Date : 16.01.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3069S

Date of Accident: 07/01/18

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

1. The repair job shall bill to: AXA SJY7074R

2. The finalized amount shall be:

(a) Spare Parts after List discount \$550.48

(b) Labour Charges \$380.00

Total for Part-By-Part Repair Cost \$930.48

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost _____

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

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : 

Name : Larry Ng

Name : K. Kalvin

Tel : 6214 8316

Date : 16/1/18

Fax : 6546 8156

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:

Vic (LKKAUTO)

From: Vic (LKKAUTO)
Sent: Tuesday, 6 March, 2018 5:00 PM
To: William Tan Thoo Seng
Cc: Catherine Koh Mui Gek; Admin A; Vic (LKKAUTO)
Subject: Your Ref: T0118/SHD3069S/WT(st)_ACCIDENT INVOLVING VEHICLES SJY 7074R AND SHD 3069S ON 07/01/2018
Attachments: DV.pdf

Your Ref: T0118/SHD3069S/WT(st)
Our Ref: CC4/ASM18000695/K1hb3

Without Prejudice

Dear William,

ACCIDENT INVOLVING VEHICLES SJY 7074R AND SHD 3069S ON 07/01/2018

We refer to the above matter and we confirmed in receipt of your LOD dated 22/01/2018.

On a without prejudice basis and purely for an amicable settlement and without admission of any liability to our Insured's part, we offer a global sum of **\$1,870.00** (all in) to settle your client's claim.

If agreeable, kindly sign the enclosed DV and forward back a copy to us for payment processing.

Thank you.

"Please note that our above offer and any settlement arising from the above offer are made on a without prejudice basis, and should not be construed as an admission of liability on our part or on the part of our Insured Driver. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. Our offer made in respect of this present matter is made solely to resolve this matter only. No reference shall be made to this offer or any settlement arising from this offer in any other related matters."

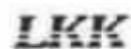
Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



Save the Earth. Print only when necessary.

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Our Ref : T 0118/ SHD3069S /WT(st)

Your Ref :

Date : 22-Jan-18

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No. 199906048M

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

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

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAX SHD3069S YOUR INSURED SJY7074R
AND OTHER _____ ON 07.01.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHD3069S 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 SJY7074R we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 995.61
2	<u>5.5</u> days Loss of Rental @ \$ <u>125.00</u> per day	\$ 687.50
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fee	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 1,690.60

HIRER'S CLAIM

7	<u>5.5</u> days Loss of Income @ \$ <u>80.00</u> per days	\$ 440.00
Total Claims:		\$ 2,130.60

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

- a) Original repair bill and photostat photographs 30 pcs
- b) LTA search slip/s of : SJY7074R
- c) GIA / Police report/s of : SHD3069S
- d) Letter of authority from owner / hirer / operator
 - (X) Photocopy/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

02 MARCH 2018

KUEH SION WEE

By Post and By Email

BLOCK 205 SERANGOON CENTRAL
#06-150
SINGAPORE 550205

Dear Sir/Madam,

OUR REF : CC4/ASM18000695/K1hb3
YOUR REF : SJY 7074R
ACCIDENT INVOLVING SJY 7074R AND SHD 3069S ALONG BALESTIER ROAD ON
07.01.2018

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 M/s COMFORTDELGRO ENGINEERING PTE LTD, acting on behalf of the owner of SHD 3069S against your motor insurance policy.

Based on the accident report, accident scenario and available evidences, it was reported that your vehicle had rear-ended to the Third-Party vehicle SHD 3069S. As such, liability may not be to your favour.

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 full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- 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)



Auto
Consultants
Pte Ltd

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

- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's 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 at 6256 3561 or email us at vicalpeh@lkkauto.com.

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

Yours sincerely,

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

c.c. AXA Insurance Pte Ltd (AXA)
(Motor Claims Dept)

francis@spore-food-delight.com
(Email)

Vic (LKKAUTO)

From: Vic (LKKAUTO)
Sent: Friday, 2 March, 2018 3:40 PM
To: francis@spore-food-delight.com
Cc: Admin A; Vic (LKKAUTO)
Subject: YOUR REF: SJY 7074R_ACCIDENT INVOLVING SJY 7074R AND SHD 3069S ALONG BALESTIER ROAD ON 07.01.2018



Auto
Consultants
Pte Ltd

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

02 MARCH 2018

KUEH SION WEE

By Post and By

Email
BLOCK 205 SERANGOON CENTRAL
#06-150
SINGAPORE 550205

Dear Sir/Madam,

OUR REF : CC4/ASM18000695/K1hb3
YOUR REF : SJY 7074R
ACCIDENT INVOLVING SJY 7074R AND SHD 3069S ALONG BALESTIER ROAD ON 07.01.2018

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 M/s COMFORTDELGRO ENGINEERING PTE LTD, acting on behalf of the owner of SHD 3069S against your motor insurance policy.

Based on the accident report, accident scenario and available evidences, it was reported that your vehicle had rear-ended to the Third-Party vehicle SHD 3069S. As such, liability may not be to your favour.

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 full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (if any)

- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's 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 at 6256 3561 or email us at vicalpeh@lkkauto.com.

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

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

This e-mail contain confidential and privileged material, and are for the sole use of the intended recipient. Use or distribution by an unintended recipient is prohibited, and may be a violation of law. If you believe that you received this e-mail in error, please do not read this e-mail or any attached items. Please delete the e-mail and all attachments, including any copies thereof, and inform the sender that you have deleted the e-mail, all attachments and any copies thereof. Thank you.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****I 40 SHD3069S , SJY 7074R****ON 07-Jan-18 19:10****BALESTIER ROAD TOWARDS CITY NEAR KIM KEAT RD JUNCTION**

I / We

NEO KOK SAY(Hirer) NRIC No.: **S12065461**

and/or

(Relief) NRIC No.:

Taxi Number

SHD3069S

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:

NEO KOK SAY

Hirer NRIC

S12065461

Signature :



Address:

**104B ANG MO KIO STREET 11 #09-53
561104**

Contact No.

94371723



redefining / insurance

CLAIM REF : S8M006W7
INSURED : KUEH SION WEE

DISCHARGE VOUCHER

We, **COMFORTDELGRO ENGINEERING PTE LTD** confirm that by letter of authorisation dated **08/01/2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of ComfortDelgro Engineering Pte Ltd and the Hirer **NEO KOK SAY** of vehicle no. **SHD 3069S**.

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 **ONE THOUSAND EIGHT HUNDRED SEVENTY** only (**S\$1,870.00**) 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. **SJY 7074R** arising out of an accident with **SHD 3069S** on **07/01/2018**.
- 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. **SJY 7074R** 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. **SJY 7074R**.

Dated this 7th day of March 2018

Signed by _____

(AUTHORISED SIGNATORY)

COMFORTDELGRO ENGINEERING PTE LTD
55 LOYANG DRIVE
SINGAPORE 638988

Company Stamp _____

Witness : _____

Name : _____

I/C No : _____

Address : _____

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.

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
SHD3069S

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
16.06.2016

CHASSIS CODE
KMHLB41UMGU091436

INV. NO/DATE
91352336 18.01.2018

JOB NO.
305105074

ODOMETER READING

DATE/TIME IN
07.01.2018 20:40

Description : 3P 07.01.2018

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0103-0579	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP	10	2.20	20.00	17.60
0003	04-01-0103-1150	I40VC PROTECTOR MAT	1	50.00	0.00	50.00
			SUB-TOTAL		:	550.48

JOB NATURE

0001	L	PANEL BEATING	200.00	200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	180.00	180.00
SUB-TOTAL :			380.00	

WE warrant that the goods and services supplied by us are of the quality and quantity specified in the invoice and that they are free from defects and are fit for the purpose intended. This warranty is subject to the terms and conditions of our standard terms and conditions of sale, which are available on request. We warrant that the goods and services supplied by us are free from defects and are fit for the purpose intended. This warranty is subject to the terms and conditions of our standard terms and conditions of sale, which are available on request.

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	91352336	995.61	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO
SHD3069S

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
16.06.2016

CHASSIS CODE
KMHLE41UMGU091436

INV. NO/DATE
91352336 18.01.2018

JOB NO.
305105074

ODOMETER READING

DATE/TIME IN
07.01.2018 20:40

Items total		930.48
Add GST @	7.000 %	65.13
Invoice amount		995.61

Issued by : CHEWBEELENG 18.01.2018 15:56:50
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91352336	995.61	

Our Ref: CT18010204

Date: 18 January 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	07/01/2018 @ 19:10 hrs
ALONG	BALESTIER ROAD TOWARDS CITY
INVOLVING	SJY 7074R

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 **SHD3069S** (the "Taxi"). The Taxi was hired to **NEO KOK SAY IC NO S1206546I** 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.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJY7074R	07 Jan 2018 / 19:10:00	Successful	A12	AXA INSURANCE PTE LTD

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

SMD 3069 J

**THIRD PARTY EXPRESS SETTLEMENT
(PAYMENT BREAKDOWN)**

Vehicle No:	SJY 7074R (Insd veh)	Model:	TPVD HYUNDAI I40
	SHD 3069S (TP veh)		
Date of Accident:	07/01/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	2,661.29
Final Repair Cost	:	\$	995.61
Loss of Token Sum	:	\$	250.00
Rental (if any)	:	\$	625.00
LTA / GIA Search Fee	:	\$	7.49

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,870.00

Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> 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: _____
	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	\$ 1,870.00

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))