

15/02/08

INS. CASE OWNER: Jvy

CC 3 / LCR18001119

KLASS 9

LKR:
IDAC:

Surveyor: KALVIN

DOI: 16/01/18

Date / Time: 16/01/18

Registered in Merimen: 18/01/18

Pre-assign / CCU / FTE

Insured Vehicle No.: SLM 2154J

Claim No.: 61345922345G

Name of Insured: LCA

Policy No.: 0999995110

Insured Tel No.: _____ HP: 9066 0707

Make / Model: HONDA VEZEL 1.5

Excess Sec II :SS _____ D.O.A: 15/01/18

Place of Accident: ALONG SOMERSET RD ORCHARD GATEWAY DROP OFF

Is driver the owner? (YES NO) Nature of Accident: _____

If NO, Driver Name / Age: SEAH SENG CHYE

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

Driver Tel No.: 9066 0707 (V/L: YES / NO NO)

Insured Liability: % Final ? Yes / No

SNC 2982L

INSRS:
WSP: OXG (Lopas)
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	STAGE	DATE / PIC
	Non-Reporting Itr (1st):	
	Non-Reporting Itr (2nd):	
	Non-Reporting Itr (Final):	
	Notification Itr (if non-pickup):	
	Call OE:	<u>> 22/1/18 email.</u>
	After call Itr to OE:	<u>JUVON</u>
	Documentation Check List:	Handler Typist
	Notification Itr (if non-pickup)	<input type="checkbox"/>
	After call Itr to OE:	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA:	<input 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"/>

RECEIVED 20 FEB 2018

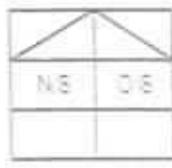
PRELIMINARY ADVICE	Date/ Time:	Sent By:	Confirm by:
REALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS _____	(_____ days) Reduction:	% _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No.:	<u>NIL</u>
Repair Cost:	SS <u>588.50</u>		
Cost of Rental (LOR):	SS <u>163.43</u>	(<u>1.5</u> days) x <u>108.95</u>	
Cost of Use (LOU):	SS <u>75.00</u>	(<u>5</u> days) x <u>15.00</u>	
Cost of Income (LOI):	SS _____	(<u>5</u> days) x _____	
LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
LTA Search	SS <u>5.35</u>		
Legal:	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 <u>823.28</u>	Global Sum SS: <u>830.00</u>	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Name 1:	SS <u>830.00</u>	Name 1:	<u>Comfordelgro Eng mearny Pte Ltd.</u>
Name 2: (Strike if N.A.)	SS _____	Name 2:	
Name 3: (Strike if N.A.)	SS _____	Name 3:	

COPY SENT 20/02/18

Kalvin

ASSIGNMENT

Ref: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Work/Location: _____
 of: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____



(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

Bel. or Market Value: _____
 D40 Accident Report Consistent? : Yes or No
 QA / PR Seen Consistent? : Yes or No
 Est. Receipt: 2 days Res: Yes or No
 Lim Sum: 20 \$ 3 Yr: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Job No: SHC 2984L Page: 20 Date: 20 Jun 2013
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/O / Prime Mover
 Truck / Trailer of: _____
 Make: Hyundai Santa Fe CC: 199
 Colour: Blue IC: 0 Ins: 0 Std: N/A
 Ser. Reading: 625054 T/Fact: 0 Red: Std / N/A
 Eng No: _____
 VIN: KMHE741VMPA834810
 Gen. Cond: Good / P / Poor / Burnt
 Steering: Inor: 0 / Jammed / Leaked / Burnt or
 Brake: Inor: 0 / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD 0 / Rim or
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MID / OHTSU / FIR / SUMI
 TOYO / YOKO or Maxxis
 Front: _____ Rear: _____
 R/Bal: 7 --- R/Bal: 7 ---
 L/Bal: 7 --- L/Bal: 7 ---
 D/OA: 15/1/8 D/OI: 16/1/8
 Survey held at: CAHE 11/7/11
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roctop or
Front.
 The U/C / Chassis frame / Body Structure affected due to collision

Date / Time	Action / Instruction
7/2/18	Con firm 43 \$550.00 with 2 working days
	AZH 42
	(red) = \$904.28 62/1.2

DealTime File Pass to: Prel. Report
 Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____ Survey Fee: _____
 Add Fee: Site Visit \$ _____
 Inter. \$ _____
 Tech. \$ _____
 Other \$ _____

Report Format: _____
 Survey Fee: _____
 Insurance: _____
 Fract: _____
 Other: _____



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/LCR18001119/K1ws3

78 SHENTON WAY #08-16
CHARTIS BUILDINGS SINGAPORE 079120

Date : 18-01-2018



Code : LCR

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLM 3154J	Veh. Inspected	SHC 2984L
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	18/01/2018

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

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5. General Information

Accident Date	15/01/2018	Inspection Date	16/01/2018
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.

nam: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO.205107504

OMER IS COMFORT TRANSPORTATION PTE LTD OMER NO. 7010045 ADDRESS 383 SIN MING DRIVE SINGAPORE SINGAPORE 575717 (P) 65508755 (O) (P) JUNT CARD NO.	REGN NO. SHC2984L	MILEAGE
	MAKE HYUNDAI	FUEL E _____ 1/2 _____ F
	MODEL SONATA	DATE/TIME IN 16.01.2018 12:30
	YR OF MANU. 20.06.2013	TARGET DATE
	CHASSIS CODE KMHE141VMDA834810	COMPLETION DATE/TIME

AIG

Accident Date: 15.01.2018
 NATURE: 3P 15.01.2018

JOB DESCRIPTION

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: SHC2984L LKE/KALVIN

Vehicle No.: SHC2984L

 Signature/Date

 Signature/Date

 Name of Service Advisor

 Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No 305107504
Date : 20/01/18

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC2984L CTPL 15.01.18

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

1. The repair job shall bill to: AIG — SLM3154J
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:	<u>20%</u>	<u>\$550.00</u>
Final Lumpsum Repair cost		<u>\$550.00</u>

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 KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kalvin
Date : 22/1/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 2984L

DATE 16/1/2018 14:55

MAKE :

MODEL : HYUNDAI SONATA

UCC/Kalvin - Y Sum
Like *AIG*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille <i>✓</i>			\$ 282.10
	Radiator Grille U Moulding <i>X 500</i>			\$ 108.90
	Front Bumper Cover <i>X 1400</i>			\$ 538.80
	Front Bumper Bracket Top (LH/RH) <i>X 200</i>	\$	22.40	\$ 44.80
	Front Bumper Protector (LH/RH) <i>X Repair</i>	\$	29.20	\$ 58.40
	Front Bumper Side Bracket <i>X 200</i>	\$	14.30	\$ 28.60
	SUB TOTAL			\$ 1,061.60
	LESS 20%			\$ 212.32
	DISCOUNTED TOTAL			\$ 849.28
	Front Number Plate <i>✓</i>			\$ 25.00 Nett
	Front No Plate Trim Cover <i>✓</i>			\$ 30.00 Nett
				\$ 55.00
	Labour Charge			
	Panel Beating			\$ 380.00 <i>200</i>
	Spray Painting Charge			\$ 200.00 <i>180</i>
	TOTAL LABOUR			\$ 550.00
	ESTIMATE TOTAL			\$ 1,454.28
	<p><i>Kalvin (CICR)</i> <i>16/1/18 1520hrs</i> <i>2 Days</i> <i>L/S</i> <i>After Repair-phot</i></p>			
	<p>LKK Auto Consultants hereby notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before later spray painting To display damaged parts during resurvey Parts prices are subject to confirmation Third party surveys on a "Without Prejudice" basis No illegal modifications are allowed Supplementary work must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature:</p>			
	<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.</p>			

REPAIR ESTIMATE*

VEHICLE NO : SHC 2984L

DATE 16/1/2018 14:55

MAKE :

MODEL : HYUNDAI SONATA

Like/Kawen *4 Sur*
Like *ALG*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille ✓			\$ 282.10
	Radiator Grille U Moulding X			\$ 108.90
	Front Bumper Cover X <i>1400</i>			\$ 538.80
	Front Bumper Bracket Top (LH/RH) ?	\$	22.40	\$ 44.80
	Front Bumper Protector (LH/RH) X <i>Repair</i>	\$	29.20	\$ 58.40
	Front Bumper Side Bracket ?	\$	14.30	\$ 28.60
	SUB TOTAL			\$ 1,061.60
	LESS 20%			\$ 212.32
	DISCOUNTED TOTAL			\$ 849.28
	Front Number Plate ✓			\$ 25.00
	Front No Plate Trim Cover ✓			\$ 30.00
				\$ 55.00
	Labour Charge			
	Panel Beating			\$ 350.00 ²⁰⁰
	Spray Painting Charge			\$ 200.00 ¹⁸⁰
	TOTAL LABOUR			\$ 550.00
	ESTIMATE TOTAL			\$ 1,454.28

Nett
Nett

Kali: (C/C/K)
16/1/18 1520hrs
2 Days
4/3
After Repair-pht

KK Auto Consultants hereby 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 modification(s) is allowed
- Supplementary item(s) must be surveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature: _____
Date: _____

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO							FROM	TO
			10/1/18	ABOU ME	623	560	150	1800	2440	
			"	U. C. W.	623	803	241	0730	1955	
			11/1	ABOU MEZ	623	937	137	0800	2400	
			"	U. C. W.	624	127	186	0740	1955	
			12/1/18	ABOU MEZ	624	296	173	1800	0300	
			12/1/18	ABOU MEZ	624	306	9	0430	0515	
			13/1	U. C. W.	624	499	191	0840	1745	
			14/1	U. C. W.	624	813	314	0900	1310	
			15/1	ABOU MEZ	624	948	131	1800	2400	
			16/1	U. C. W.	625	054	106	0700	1255	

SHC2987L

Our Ref : T 0118 / SHC2984L /CL(st)
 Your Ref: _____
 Date : 26-Jan-18

ComfortDelGro Engineering Pte Ltd
 205 Braddell Road Singapore 579701

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

Mainline +65 6383 6280
 Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199500409V

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

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 SHC2984L YOUR INSURED SLM3154J
 AND OTHER _____ ON 15.01.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHC2984L 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 SLM3154J we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	588.50
2	<u>2</u> days Loss of Rental @ \$ 108.95 per day	\$	217.90
3	Survey Report Fees <i>(Surveyed by M/s LKK)</i>	\$	-
4	GIA / LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transporation	\$	-
Sub Total :		\$	813.89

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ 80.00 per days	\$	160.00
Total Claims :		\$	973.89

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 : SLM3154J
- c) GIA / Police report/s of : SHC2984L
- d) Letter of authority from owner / hirer / operator
 - (X) Photograph/s of Accident Scene () Certificate of Insurance
 - () Witness statement/s (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.

A member of

COMFORTDELGRO



Vivian Lau (LKKAuto)

From: Vivian Lau (LKKAuto)
Sent: Monday, 22 January, 2018 2:51 PM
To: 'eyap@lioncityrentals.com.sg'
Cc: Hsiao Tong (LKKAuto); Joy Irene (LKKAuto)
Subject: ACCIDENT INVOLVING SLM 3154J AND SHC 2984L ON 15/01/2018

Our Ref: CC3/LCR18001119/K1ws3

22 January 2018

LION CITY RENTALS PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SLM 3154J AND SHC 2984L ON 15/01/2018

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.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within 7 days i.e. by **31/01/2018**, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please call us if you have further queries.

Thank you

Best Regards,

Vivian Lau | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-8625 | email: Vivianlau@lkkauto.com | fax: 6741-4108

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

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****SONATA SHC2984L , SLM3154L****ON 15-Jan-18 22:50****ORCHARD GATEWAY LOBBY ENTRANCE OFF SOMERSET RD**

I / We

LEE CHYE HEE(Hirer) NRIC No.: **S1579174H**

and/or

ABDUL AZIZ BIN MOHD ... (Relief) NRIC No.: **S1542667E**

Taxi Number

SHC2984L

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

16-Jan-2018Name of Hirer
Hirer NRIC**LEE CHYE HEE
S1579174H**

Signature :



Address

**702 BEDOK RESERVOIR ROAD #06-...
470702**

Contact No.

97681188Name of Relief
Relief NRIC**ABDUL AZIZ BIN MOHD GHANI
S1542667E**

Signature :



Address

**702 BEDOK RESERVOIR RD 10-3532
470702**

Contact No.

91893752

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\$830.00 (Global Sum) for vehicle no. SHC 2984L that was damaged pursuant to the accident which occurred on 15/01/2018 (date) along ORCHARD GATEWAY LOBBY ENTRANCE OFF SOMERSET ROAD (location) involving vehicle no/s SLM 3154J.

This is pursuant to the inspection conducted on 16/01/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner COMFORT TRANSPORTATION PTE LTD ("the third party claimant") of vehicle no. SHC 2984L make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to SHC 2984L (vehicle no.) as a result of the accident.

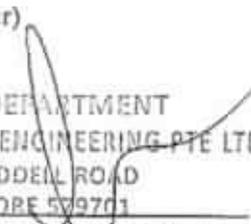
We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

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)

Awt

Signed by appointed surveyor


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 599701
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

GST REG. NO. M2-8921817-3

TAX INVOICE

8010004
 AIG ASIA PACIFIC INSURANCE PTE LTD
 #08-16 78 SHENTON WAY.CHARTIS BUILD
 SINGAPORE 079120
 CONTACT NO: 64193000 3225094

VEHICLE NO
 SHC2984L
 MAKE
 HYUNDAI
 MODEL
 SONATA
 DATE OF REG
 20.06.2013
 CHASSIS CODE
 KMHE141VMDA834810

INV. NO/DATE
 91353293 24.01.2018
 JOB NO.
 305107504
 ODOMETER READING

 JOB TYPE

Description : 3P 15.01.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	550.00
Add GST @ 7.000 %	38.50
Total Invoice amount	588.50

Issued by : CHEWBEELING 24.01.2018 13:50:19
 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.

Our Ref: CT18010464

Date: 24 January 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 15/01/2018 @ 22:50 hrs
ALONG ORCHARD GATEWAY LOBBY ENTRANCE OFF
 SOMERSET RD
INVOLVING SLM3154J

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 **SHC2984L** (the "Taxi"). The Taxi was hired to **LEE CHYE HEE IC NO S1579174H** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$108.95** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte 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
SLM3154J	15 Jan 2018 / 22:50:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK

SUC 2904L

...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	18 Jan 2018 Edit Reg		16 Jan 2018 00:00 Edit Adj Rpt	S\$550.00 Edit Estimates	S\$550.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:	LCRF PTE LTD , Co. Reg. No.: 201624597K								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHC2984L	Date of Loss:	15/01/2018 22:00 - :59						
Claim Type:	TP / 6134592234SG	Policy/Cover Note No.:	0999995110						
Vehicle Reg. No. (Insured):	SLM3154J	Policy No. (Claimant):	MCDM0015						
	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 Yong, Ivy-AV] Ivy-VA.Yong@aig.com								
Claimant's Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 29/01/2018]								
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

*SHC2984L (6134592234SG)
[SLM3154J]
TP
COMFORT TRANSPORTATION PTE LTD
Jan 15 2018 10:00PM
[LCRF PTE LTD]
ComfortDelGro Engineering Pte Ltd

Upload Documents		Upload Photos		Compose New Letter		Upload Video		Upload Audio		View View in Browser	
Letters/Correspondences										1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print		
1	(Draft)	Third Party Express Settlement - Payment Breakdown							Edit		
Assessment Reports										1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)						Thumbnail	Print		
1	22/01/18 11:00	Accident Statement <small>From:SC - Reg. No: SLM3154J, Claimant: LCRF PTE LTD</small>							Load HTM		
Photos/Images										3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail	Print		
1	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
2	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
3	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
4	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
5	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
6	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
7	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
8	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
9	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
10	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
11	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
12	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
13	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
14	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
15	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
16	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
17	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
18	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
19	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
20	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
21	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
22	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
23	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
24	18/01/18 17:52	General View							Load JPG	<input checked="" type="checkbox"/>	
25	19/01/18 09:06	Reinspection Photo							Load JPG	<input checked="" type="checkbox"/>	
26	19/01/18 09:06	Reinspection Photo							Load JPG	<input checked="" type="checkbox"/>	
27	19/01/18 09:06	Reinspection Photo							Load JPG	<input checked="" type="checkbox"/>	
28	19/01/18 09:07	Reinspection 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	18/01/18 15:40	TP GIA REPORT	 Load PDF	
2	18/01/18 15:40	TP ESTIMATE- MARKED	 Load PDF	
3	22/01/18 14:52	Email letter to OI ACCIDENT INVOLVING SLM 3154J AND SHC 2984L ON 15.01.2018	 Load PDF	
4	22/02/18 07:43	WORKSHOP INVOICE	 Load PDF	
5	22/02/18 07:43	AUTHORISATION TO ACT FORM	 Load PDF	
6	22/02/18 07:43	Release Voucher	 Load PDF	
7	22/02/18 07:43	RENTAL RECEIPT	 Load PDF	
8	22/02/18 07:43	LTA SEARCH	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)
<div style="border: 1px solid black; height: 40px; width: 100%;"></div>
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

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

Vehicle No:	SLM3154J (Insd veh)	Model:	HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO (A)
	SHC2984L (TP veh)		
Date of Accident:	15/01/2018		

Global Sum Settlement	: [X] Yes [] No
Repair Estimate	: \$ 1,556.08
Final Repair Cost	: \$ 830.00
Loss of Use	: \$ 1.50 days at \$50.00 per day
Rental (if any)	: \$ 1.50 days
LTA / GIA Search Fee	: \$
Others:	: \$
	: \$
Final Settlement Sum (Global Sum)	: \$ 830.00
Is Third Party Workshop GIA Registered? [X] YES [] NO (Kindly indicate below)	
A) For <u>Non GIA Registered Workshop</u> :	Agreed Liability _____(%)
B) For <u>GIA Registered Workshop</u> :	BOLA Applicable: Yes / No BOLA Scenario No: _____
	__NIL__
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	: \$	830.00
2)		: \$	
3)		: \$	
4)		: \$	

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

22 Feb
2018
Date

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

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/LCR18001119/K1WS3Q2

Date: 22/02/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 0999995110
 Claimant Vehicle No: SHC2984L Insured Vehicle No: SLM3154J
 Date of Loss: 15/01/2018 Nature of Claim: TP Claim No: 6134592234SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC2984L
 Make & Model: HYUNDAI SONATA NF, 2.0 CRDI AT ABS 2WD 4DR TURBO (A) Engine No: D4EAD320163
 Reg. Date: 20/06/2013 (Man. Year: 2013) Chassis No: KMHET41VMDA834810
 Colour: Blue Odometer: 625054 km
 Engine Capacity: 1991 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: 215/60 R16 Rear Tyre Size: 215/60 R16
 Front Left Side: Maxxis 7 mm Rear Left Side: Maxxis 7 mm
 Front Right Side: Maxxis 7 mm Rear Right Side: Maxxis 7 mm

The above values represent the remaining tyre treads depth.

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	904.28	280.68	623.60	68.96
Miscellaneous Items	0.00	0.00	0.00	
Labour	550.00	380.00	170.00	30.91
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,454.28	660.68	793.60	54.57
Approved Total (Overridden) (S\$)		550.00		
(S\$)	1,454.28	550.00	904.28	62.18
+ GST 7.00/7.00% (S\$)	101.80	38.50	63.30	62.18
Nett Amount (S\$)	1,556.08	588.50	967.58	62.18
+ Loss of Use (1.5 x S\$50.00/day) (S\$)		75.00		
+ Car Rental (1.5 x S\$108.95/day) (S\$)		163.43		
+ Doc/Search Fee (S\$)		5.35		
Nett Liability (S\$)		832.28		
Global Sum Settlement (S\$)		830.00		

INSPECTION

Date of Assignment: 16/01/2018
Date Inspected: 16/01/2018 Inspected At: ComfortDelGro Engineering Pte Ltd
(Loyang)
59 Loyang Drive
Singapore 508969

Estimated Period of Repair: 2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: VIVIAN LAU PEI FENG

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

REPAIR DETAILS

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*RADIATOR GRILLE	Cracked	282.10 FL	*282.10 FL
2	1		*RADIATOR GRILLE U MOULDING	Serviceable	108.90 FL	*- FL
3	1		*FRONT BUMPER COVER	Repair	538.80 FL	*- FL
4	2		*FRONT BUMPER BRACKET TOP (LH/RH)	Serviceable	44.80 FL	*- FL
5	2		*FRONT BUMPER PROTECTOR (LH/RH)	Repair	58.40 FL	*- FL
6	2		*FRONT BUMPER SIDE BRACKET	Serviceable	28.60 FL	*- FL
7	1		*FRONT NUMBER PLATE	Cracked	25.00 FS	*25.00 FS
8	1		*FRONT NO PLATE TRIM COVER	Cracked	30.00 FS	*30.00 FS

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

Sub Total (S\$)	1,116.60	337.10
- List Item Discount on L Items 20.00/20.00% (S\$)	212.32	56.42
Total Parts (S\$)	904.28	280.68

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
Labour Items				
1	PANEL BEATING	New	350.00	200.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
Gross Labour Cost (S\$)			550.00	380.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >