

INS. CASE OWNER:

CL

CC 4 / ASM1800 1159, K14a3

LKK:

IDAC:

26153

Surveyor:

Ank

DOI:

ASSIGNMENT

19-01-18

Date / Time:

18/1/18

Registered in Merimen:

Pre-assign / CCU / FTE

SKS 9520B



Insured Vehicle No.:

Claim No.:

58M 007CF

Name of Insured:

CHUA HAT PENG

Policy No.:

GA266784/1

Insured Tel No.:

HP:

97719979

Make / Model:

BMW 535

Excess Sec II :SS

D.O.A.:

18/01/18

Place of Accident:

SOTIS PD 7 MCE

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

SSJ 2646C

SKS 9520B

SHA 7694L



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

01



INSRS:

WSP:

Tel:

Liability:

RMKS:

WSP: 01610444

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

STAGE

DATE / PIC

24/1

SHA 7694L - Curline 2016 840 / Kpa 192 : 019-27617

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

24/2/18

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

27/02/18 @ 3:05

3 veh chain collision of OF was 2nd vel

Confirmed accident scenario Xavare now will be on hold.

27/02/18 @ 3:30

File pass to typist to prepare report.

RECEIVED 27 FEB 2018

RECEIVED 06 MAR 2018

PRELIMINARY ADVICE Date/Time:

27/1/18

Sent By:

hkm

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

110.48

(2 days) Reduction:

47

%

Email

Call

FINAL SETTLEMENT

Date/Time:

06/03/18

Confirm with:

Cw

11

1 am

Email:

Call:

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

28

If NO or B 28, Ass. Lia: 0

Repair Cost:

S\$

1188.21

Loss of Rental (LOR):

S\$

775.68

(6 days)

Loss of Use (LOU):

S\$

300.00

(5 x 6 days)

Loss of Income (LOI):

S\$

10

(x 6 days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

7.49

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

2,271.38

Global Sum S\$:

2,270/-

FINAL PAYMENT

Date/Time:

Confirm with:

Email:

Call:

Payee 1:

S\$

2,270.00

Name 1:

Comfortdelgeo Engineering Pte Ltd

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

COPY SENT 6/3/18



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/ASM18001159/K1ya3		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 18-01-2018		
		Code : ASM		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKS 9520B	Veh. Inspected	SHA 7494L	
Policy No.		Coverage (\$)	0.00	
Claim No.	S8M007CF	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				
5. General Information				
Accident Date	17/01/2018	Inspection Date		
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.				

COMFORTDELGRO ENGINEERING

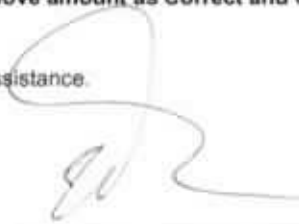

Our Job Ref No : 305108058
Date : 23/01/18

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508968
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SHA7494L
Fax :
17/01/2018

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

- The repair job shall bill to: AXA SKS9520B
 - The finalized amount shall be:
 - Spare Parts after List discount \$730.48
 - Labour Charges \$380.00
 - Total for Part-By-Part Repair Cost \$1,110.48
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost
 - Estimated normal period for repairs: 2 working days.
 - We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
 - Thank you for your assistance.
Signature : 
Name : CHIANG
Tel : 62148314
Fax : 65468156
- We confirm the estimates and finalized amount.
Signature : 
Name : KALVIN
Date : 24/1/18

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 : 305108058
 REGN NO : SHA7494L
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 18.06.2015
 DATE/TIME IN : 17.01.2018 13:10
 ACCIDENT DATE : 17.01.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002 04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	2.00	50.00
0003 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0004 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00

SUB-TOTAL : 730.48

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00

SUB-TOTAL : 380.00

TOTAL : 1,110.48

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 7494L

DATE 17/1/2018 15:19

MAKE :

MODEL :

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>kel</i>			\$ 603.60	
	Rear Bumper Reinforcement <i>Xue</i>			\$ 483.30	
	Rear Bumper Clip <i>new</i>			\$ 22.00	
	Rear Bumper Sponge <i>Xue</i>			\$ 137.40	
	Rear Bumper Under Cover <i>new</i>			\$ 225.00	
	Rear Bumper Protector (LH/RH) <i>Xue</i>		\$ 38.00	\$ 76.00	
	SUB TOTAL			\$ 1,482.90	
	LESS 20%			\$ 296.58	
	.DISCOUNTED TOTAL			\$ 1,186.32	
	Rear Bumper Reverse Sensor <i>X not fitted</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>new</i>			\$ 50.00	Nett
				\$ 185.70	
	Labour Charge				
	Panel Beating			\$ 350.00 ²⁰⁰	
	Spray Painting Charge			\$ 200.00 ¹⁸⁰	
	Wiring Charge			\$ 50.00 ^{Xue}	
	Remove/Refix Reverse Sensor			\$ 120.00 ^{Xue}	
	TOTAL LABOUR			\$ 720.00	
	ESTIMATE TOTAL			\$ 2,092.02	
<i>Kalvin LUK</i> <i>19/1/18 10.00hr</i> <i>2 Pym.</i> <i>PIP</i> <i>Before Paint photo.</i>					
<div> <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 parts during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification is allowed Supplementary survey must be resurveyed and is subject to final approval from Insurance Company </div> <div> <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p> </div>					
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.					

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC No. 305108058

CUSTOMER	REGN NO: SHA7494L	MILEAGE
MS	MAKE: HYUNDAI	FUEL
CUSTOMER NO. 7010045	MODEL: I-40	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE	DATE/TIME IN	
Singapore SINGAPORE 575717	17.01.2018 13:10	
65508755	YR OF MANU: 2015	TARGET DATE
(R) (P)	CHASSIS NO: 14115411U069558	COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 17.01.2018
NATURE: 3P 17.01.2018

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No.: SHA7494L	Vehicle No.: SHA7494L
Signature/Date	Name of Service Advisor
Signature/Date	Date
returned to Service Reception upon collection	To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 7494L

DATE 17/1/2018 15:19

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 578.40	
	Rear Bumper Reinforcement ?			\$ 483.30	
	Rear Bumper Clip -			\$ 22.00	
	Rear Bumper Sponge ?			\$ 137.40	
	Rear Bumper Under Cover -			\$ 185.80	
	Rear Bumper Protector (LH/RH) X		\$ 38.00	\$ 76.00	
	SUB TOTAL			\$ 1,482.90	
	LESS 20%			\$ 296.58	
	DISCOUNTED TOTAL			\$ 1,186.32	
	Rear Bumper Reverse Sensor X not fitted			\$ 135.70	Nett
	Rear Bumper Rubber Mat -			\$ 50.00	Nett
				\$ 185.70	
	Labour Charge				
	Panel Beating			\$ 350.00 200	
	Spray Painting Charge			\$ 200.00 180	
	Wiring Charge			\$ 50.00 X	
	Remove/Refix Reverse Sensor			\$ 120.00 X	
	TOTAL LABOUR			\$ 720.00	
	ESTIMATE TOTAL			\$ 2,092.02	
<p>Kalina Luck</p> <p>19/1/18 1000hr</p> <p>2 Rm.</p> <p>PIP</p> <p>Before Paint photo</p>					
<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 "Win-Lose" basis No illegal modifications allowed Supplementary items must be approved and is subject to final approval <p>Acknowledged by Repairer:</p> <p>Signature:</p> <p>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.					



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: S8M007CF

Our ref: CC4/ASM18001159/K1ya3

Date: 22.01.2018

The Motor Claims Department
M/s AXA INSURANCE PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHA 7494L

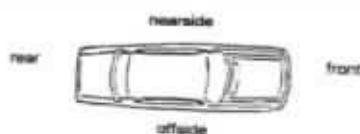
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 19.01.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd (Loyang) - Ubi and have the following to report:-

Workshop Estimate Amount	: S\$	2,092.02
Revised Estimate Amount	: S\$	1,058.96
"Check" Items Amount	: S\$	496.56
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
Rear Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2.0 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser



Auto
Consultants
Pte Ltd

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

27 FEBRUARY 2018

CHUA HAI PENG
80 ELIAS ROAD
#03-01
SINGAPORE 519945

Dear Sir/Madam,

OUR REF : CC4/ASM18001159/K1ya3
YOUR REF : SKS 9520B

**ACCIDENT INVOLVING SKS 9520B, SHA 7494L & OTHER VEHICLE ALONG/AT
SCOTTS ROAD TOWARDS MCE ON 17/01/2018**

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 SHA 7494L against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties (chain collision) where your vehicle was the 2nd vehicle, we are of the opinion that we cannot be absolved from liability.

Please be informed that your No Claim Discount (NCD) will be withheld for the time being, pending for the final allocation of liability.

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 10 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 jaskhine@lkkauto.com within 10 days from the date of this letter **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)



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).

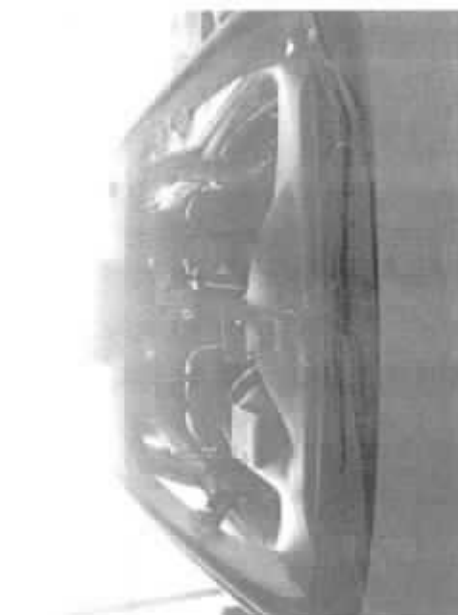
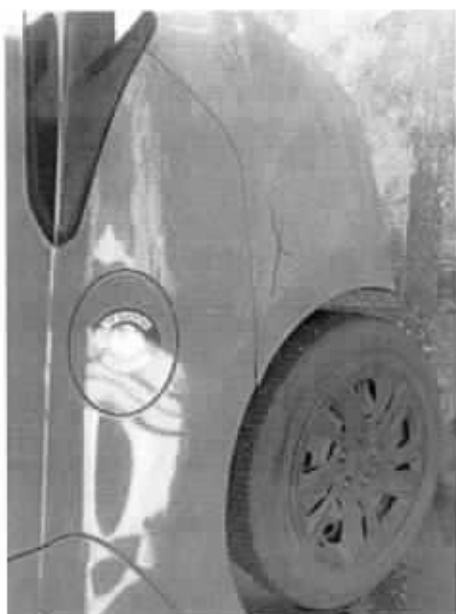
If you need any clarification, please do not hesitate to contact us at 6841 2928 or email us at jaskhine@lkkauto.com

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

Yours sincerely

Jas Khine
Case Handler
DID: 6841 2928
FAX: 6741 4108
Email: jaskhine@lkkauto.com

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





Our Ref: T 0118/ SHA7494L /WT(st)

Your Ref:

Date: 02-Feb-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: 199506548W

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 TAXI SHA7494L YOUR INSURED SKS9520B
AND OTHER SJJ2646C ON 17.01.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No: SHA7494L 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 SKS9520B we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,188.21
2	7 days Loss of Rental @ \$ 129.28 per day	\$ 904.96
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:		\$ 2,100.66

HIRER'S CLAIM

7	7 days Loss of Income @ \$ 80.00 per days	\$ 560.00
Total Claims:		\$ 2,660.66

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

- a) Original repair bill and photostat photographs 7 pcs
- b) LTA search slip/s of: SKS9520B
- c) GIA / Police report/s of: SHA7494L
- d) Letter of authority from owner / hirer / operator
 - (X) Photocopies 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

27 FEBRUARY 2018

CHUA HAI PENG
80 ELIAS ROAD
#03-01
SINGAPORE 519945

Dear Sir/Madam,

OUR REF : CC4/ASM18001159/K1ya3
YOUR REF : SKS 9520B

**ACCIDENT INVOLVING SKS 9520B, SHA 7494L & OTHER VEHICLE ALONG/AT
SCOTTS ROAD TOWARDS MCE ON 17/01/2018**

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 SHA 7494L against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties (chain collision) where your vehicle was the 2nd vehicle, we are of the opinion that we cannot be absolved from liability.

Please be informed that your No Claim Discount (NCD) will be withheld for the time being, pending for the final allocation of liability.

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 10 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 jaskhine@lkkauto.com within 10 days from the date of this letter **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)



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 6841 2928 or email us at jaskhine@lkkauto.com

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

Yours sincerely

Jas Khine
Case Handler
DID: 6841 2928
FAX: 6741 4108
Email: jaskhine@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SHA7494L , SKS 9520B , SJJ 2646C ON 17-Jan-18 09:25
ALONG KPE TOWARDS CITY NEAR TAMPINES ROAD EXIT AND IN FRONT ERP GAN...

I / We **KUSMAYADI BIN KAMA...** (Hirer) NRIC No.: **S8421387Z**

and/or (Relief) NRIC No.:

Taxi Number **SHA7494L**

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 **17-Jan-2018**

Name of Hirer **KUSMAYADI BIN KAMARUSANAWI**

Hirer NRIC **S8421387Z**

Signature :



Address **476A UPPER SERANGOON VIEW #1...**
531476

Contact No. **98175012**



redefining / insurance

CLAIM REF : S8M007CF
INSURED : CHUA HAI PENG

DISCHARGE VOUCHER

We, **Comfortdelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 17/01/18, we are authorised to and do hereby give this discharge for ourselves and on behalf of **Comfortdelgro Engineering Pte Ltd** and the Hirer, Kusmayadi Bin of vehicle no. SHA 7494L
Komarusanawi

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

- agree to accept the sum of Singapore Dollars Two Thousand Two Hundred And Seventy Only (\$2,270.00) 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 (SKS 9520B) arising out of an accident with (SHA 7494L) on 17/01/2018.
- 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. SKS 9520B 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. SKS 9520B.

Dated this 06 day of March 2018

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp [Stamp]
COMFORTDELGRO ENGINEERING PTE LTD
88 LOYANG DRIVE
SINGAPORE 638888

Witness : [Signature]
Name : [Signature]
I/C No : [Signature]
Address : [Signature]
CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
88 LOYANG DRIVE
SINGAPORE 638888

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
SHA74941

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
18.06.2015

CHASSIS CODE
KMHLB41UMFU069558

INV. NO/DATE
91354765 31.01.2018

JOB NO.
305108058

ODOMETER READING

DATE/TIME IN
17.01.2018 13:10

Description : 3P 17.01.2018

S/No	Part No.		Qty	Unit Price	Disc	Net
PART REQUISITION						
0001	04-01-0103-0579	I40VC COVER ASSY-RR BUMPER	1	603.60	20.00	482.88
0002	04-01-0103-1150	I40VC PROTECTOR MAT	1	50.00	0.00	50.00
0003	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP	10	2.20	20.00	17.60
0004	04-01-0103-0738	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
SUB-TOTAL			:			730.48

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

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	91354765	1,188.21	

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

201, Brasell Road Singapore 378701
Mobile: + 65 9083 8081 Fax: + 65 6382 8724

Workforce

COMPANY REG. NO.: 199506048W

Page: 2

GST REG. NO. M2-8921817-3

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO
SHA7494E

MAK
HYUNDAI

MCJDKL
[-40]

DATE OF REG
18.06.2015

CHASSIS CODE
KMHLB41UMFU069558

TINV. NO/DATE
91354765 31.01.2018

JOH NO.
305108058

OLCMMETER READING

DATE/TIME IN
17.01.2018 13:10

Items total		1,110.48
Add GST @	7.000 %	77.73
Invoice amount		1,188.21

Issued by : KATHERINE TAN 31.01.2018 12:24:27

Repair type : CI.S0/57/57

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

[illegible]

Our Ref: CT18010494

Date: 31 January 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	17/01/2018 @ 09:25 hrs
ALONG	KPE >CITY NEAR TAMPINES RD EXIT INFRONT ERP GANTRY
INVOLVING	SKS 9520B, SJJ 2646C

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 **SHA7494L** (the "Taxi"). The Taxi was hired to **KUSMAYADI BIN KAMARUSANAWI IC NO S8421387Z** 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 **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
Assistant Manager, 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
SKS9520B	17 Jan 2018 / 09:25:00	Successful	A12	AXA INSURANCE PTE LTD

Previous OK

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SKS 9520B (Insd veh)	Model:	HYUNDAI I40 1.7L CRDI
	SHA 7494L (TP veh)		AT ABS AIRBAG 4DR
Date of Accident:	17/01/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	2,238.46
Final Repair Cost	:	\$	1,188.21
Loss of Token Sum	:	\$	300.00
Rental (if any)	:	\$	775.68
LTA / GIA Search Fee	:	\$	7.49

Others:	:	\$	0.00
---------	---	----	------

	:	\$	
Final Settlement Sum (Global Sum)	:	\$	2,270.00

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: _____
BOLA Liability: _____ 100 _____ (%)	Assessed Liability (*): _____ 0 _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.	
Remarks _____ _____	

Payment Instruction: Payee's Breakdown		
1)	COMFORTDELGRO ENGINEERING PTE LTD	\$ 2,270.00

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))