

INS. CASE OWNER:

CC 4/ASM1800

LKK:

IDAC:

SUBVYOR

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II : \$5

Is driver the owner?

If NO, Driver Name / Age:

Driver Tel No.:

(V/L- YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$5

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

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

If NO or B 28, Ass. Lia:

Repair Cost:

\$5 942.11

Loss of Rental (LOR):

\$5 345.00

(

3 days) x 115.00

Loss of Use (LOU):

\$5 150.00

(\$

50 x 3 days)

Loss of Income (LOI):

\$5

(\$

x days)

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

[Tick only one]

GIA/LTA Search

\$5

Medical:

\$5

Disbursement:

\$5

(e.g. Tow/Independent)

Legal Cost

\$5

Total:

\$5 1444.60

Global Sum \$5: 1444.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5 1440.00

Name 1:

COMFORTDELGRD ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

COPY SENT 16/4/18

AXA

2139lug3-

5/2/18

SHA 7997C

5 Mar 2015

①

SHA 7997C
Com Port Delgro
Sq Ioyeng Drive

Hyundai I40
Blue

1685

450190

KMHLB414MFU064311

6

6

6

6

205/60R16



BE DUN BSNVA GH PS LCA MID CHSL PR SLV

TOYO YOKO

Weld/He

7

7

2/2/18

7

7

5/2/18

(DHE (Ioyeng))

See if Damage to Pass CS MS UC Road

Ran M.

The U.C. Crossed from Body Structure and/or L.F. or R.F.

12/2/18 Colord 11/18 880.48/20yr

PIP

PIP 880.48 (Red: \$ 1606.70/65yr.)



Print Report
Final Report

Days Of Report

Reschedule/Cancel

Add Fee



See Fee
Add Fee
Cancel Fee



Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO.305113069

TOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P) (O)		REGN NO. SHA7997C	MILEAGE
		MAKE HYUNDAI	FUEL E 1/2 F
		MODEL I-40	DATE/TIME IN 02.02.2018 12:55
		YR OF MANU. 05.03.2015	TARGET DATE
		CHASSIS CODE RMHLB41UMFU064811	COMPLETION DATE/TIME

AXA

Accident Date: 02.02.2018
NATURE: 3P 02.02.2018

JOB DESCRIPTION

Sl/NO	LABOR CODE	DESCRIPTION
-------	------------	-------------

LOCKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
-----------------	----------------------

Wedge ment Slip

Exit Pass

Vehicle No.: SHA7997C LKE

Vehicle No.: SHA7997C

Signature/Date of Service Advisor

Name of Service Advisor Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305113069

Date : 09/02/18

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

FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No : SHA7997C CTPL

02.02.18

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

1. The repair job shall bill to: **AXA** --- **SKP4511B**
2. The finalized amount shall be:

(a) Spare Parts after List discount	\$500.48
(b) Labour Charges	\$380.00
Total for Part-By-Part Repair Cost	\$880.48
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	_____
Final Lumpsum Repair cost	_____

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

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature : 

Name : Kohn

Date : 12/2/18

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

Date: 08.02.2018

REPAIR ESTIMATE

Time: 16:57:11

Page: 1

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

JOB NO : 305113069
REGN NO : SHA7997C
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 05.03.2015
DATE/TIME IN : 02.02.2018 12:55
ACCIDENT DATE : 02.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE 1 L 603.60 20.00 482.88
0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 20.00 17.60

SUB-TOTAL : 500.48

JOB NATURE

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

SUB-TOTAL : 380.00

TOTAL : 880.48

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHA 7997C

DATE 2/2/2018 15:35

MAKE :

MODEL : HYUNDAI i40

Like

PbyP
AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>ph</i>			\$ 603.60
	Rear Bumper Reinforcement <i>sun</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>sun</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket (LH) <i>sun</i>			\$ 49.00
	Rear Bumper Clips <i>sun</i>			\$ 22.00
	Rear Bumper Sponge <i>sun</i>			\$ 143.40
	Rear Bumper Under Cover <i>sun</i>			\$ 225.00
	Rear Bumper Reflector Lamp (LH) <i>sun</i>			\$ 32.00
	SUB TOTAL			\$ 1,939.35
	LESS 20%			\$ 387.87
	DISCOUNTED TOTAL			\$ 1,551.48
	Rear Bumper Reverse Sensor <i>X</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>X</i>			\$ 50.00
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 380.00 <i>200</i>
	Spray Painting Charge			\$ 200.00 <i>180</i>
	Wiring Charge			\$ 50.00 <i>X</i>
	R/Refix Reverse Sensor			\$ 120.00 <i>X</i>
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,487.18
<p><i>K. Lu 16/10/18</i> <i>5/2/18 10:10am</i> <i>2 P. 71.</i> <i>P. 1 P.</i> <i>Before Paint p. 11</i></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 "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: _____ Date: _____</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>				

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHA 7997C

DATE 2/2/2018 15:35

MAKE :

MODEL : HYUNDAI i40

Like

PbyP
AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper ✓			\$ 603.60	
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	Rear Bumper Sponge ?			\$ 143.40	
	Rear Bumper Under Cover ✕			\$ 225.00	
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	DISCOUNTED TOTAL			\$ 1,551.48	
	Rear Bumper Reverse Sensor ✕			\$ 135.70	Nett
	Rear Bumper Rubber Mat ✕			\$ 50.00	Nett
				\$ 185.70	
	Labour Charge				
	Panel Beating			\$ 380.00 ²⁰⁰	
	Spray Painting Charge			\$ 200.00 ¹⁸⁰	
	Wiring Charge			\$ 50.00 ✕	
	R/Refix Reverse Sensor			\$ 120.00 ✕	
	TOTAL LABOUR			\$ 750.00	
	ESTIMATE TOTAL			\$ 2,487.18	
	<i>K. Lu 16/10/18</i> <i>5/2/18 1010Lm</i> <i>2 11/11</i> <i>VIP</i> <i>Before Paint pL</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 part(s) during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification(s) is to be made Supplementary Agreement is to be signed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: 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.				

Thin Thin (LKKAUTO)

From: Thin Thin (LKKAUTO)
Sent: Wednesday, 21 March 2018 2:16 PM
To: 'kohtia@yahoo.com.sg'
Subject: ACCIDENT INVOLVING SKP 4511B AND SHA 7997C ALONG REPUBLIC BLVD JOINING OPHIR ROAD ON 02/02/2018



Auto
Consultants
Pte Ltd

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

21 MARCH 2018

JOANNE YEO PUAY KIANG

Dear Sir/Madam,

OUR REF : CC4/ASM18002139/KQua3
YOUR REF : SKP 4511B

ACCIDENT INVOLVING SKP 4511B AND SHA 7997C ALONG REPUBLIC BLVD JOINING OPHIR ROAD ON 02/02/2018

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 **SKP 4511B** against your motor insurance policy.

As spoken, basing on the circumstances of the accident reported by both parties (front-to-rear collision) where you had hit third-party vehicle from the rear, we are of the opinion that we cannot be absolved from liability.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to thinthin@lkkauto.com within 7 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)

- 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 2360 or email us at thinthin@lkkauto.com

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

Yours sincerely

THIN THIN HLAING
LKK Auto Consultants Pte Ltd
DID: 6841 2360
FAX: 6741 4108
Email: thinthin@lkkauto.com

Cc *AXA Insurance Pte Ltd
(Motor Claims Dept)*

Thin Thin (LKKAuto)

From: Thin Thin (LKKAuto)
Sent: Wednesday, 21 March 2018 2:16 PM
To: kohtia@yahoo.com.sg
Subject: ACCIDENT INVOLVING SKP 4511B AND SHA 7997C ALONG REPUBLIC BLVD JOINING OPHIR ROAD ON 02/02/2018



Auto
Consultants
Pte Ltd

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

21 MARCH 2018

JOANNE YEO PUAY KIANG

Dear Sir/Madam,

OUR REF : CC4/ASM18002139/K1ua3
YOUR REF : SKP 4511B

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Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

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- Coloured photographs of damage to all vehicles involved (If any)
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- 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 6841 2360 or email us at thinthin@lkkauto.com

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

Yours sincerely

THIN THIN HLAING
LKK Auto Consultants Pte Ltd
DID: 6841 2360
FAX: 6741 4108
Email: thinthin@lkkauto.com

Cc *AXA Insurance Pte Ltd
(Motor Claims Dept)*

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONG

I 40 SHA7997C , SKP4511B

ON 02-Feb-18 06:55

SLIP RD FROM REPUBLIC BLVD TWDS OPHIR RD(ECP/AIRPORT DIRECTION)

I / We

SUPPAYAN MARGADIRAN (Hirer) NRIC No.: S1458515Z

and/or

GANASAN S/O PALANY... (Relief) NRIC No.: S2196736Z

Taxi Number

SHA7997C

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

02-Feb-2018

Name of Hirer

SUPPAYAN MARGADIRAN

Hirer NRIC

S1458515Z

Signature :



Address

36 MARSILING DRIVE #08-405
730036

Contact No.

90256429

Name of Relief

GANASAN S/O PALANYSAM Y

Relief NRIC

S2196736Z

Signature :



Address

213 MARSILING CRESCENT #12-79
730213

Contact No.

98170133



redefining / insurance

CLAIM REF : S8M008AW
INSURED : JOANNE YEO PUAY KIANG(YANG PEIJUAN)

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 02 FEBRUARY 2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of ComfortDelgro Engineering Pte Ltd and the Hirer, SUPPAYAN MARGADIRAN vehicle no. SHA 7997C.

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 Four Hundred and Forty only (S\$ 1,440.00) 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 (SKP 4511B) arising out of an accident with (SHA 7997C) on 02/02/2018.
- 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. SKP 4511B 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. SKP 4511B.

Dated this 11th day of April 2018

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp COMFORTDELGRO ENGINEERING PTE LTD
59 LLOYD DRIVE
SINGAPORE 639466

Witness : [Signature]

Name : CLAIMS DEPARTMENT

I/C No : COMFORTDELGRO ENGINEERING PTE LTD

Address : 59 LLOYD DRIVE
SINGAPORE 639466

Please forward your cheque made payable to
COMFORTDELGRO ENGINEERING PTE LTD

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
SHA7997C

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
05.03.2015

CHASSIS CODE
KMHLE41UMFU064811

INV. NO/DATE
91357284 14.02.2018

JOB NO.
305113069

ODOMETER READING

DATE/TIME IN
02.02.2018 12:55

Items total		880.48
Add GST @	7.000 %	61.63
Invoice amount		942.11

Issued by : CHEWBEELENG 14.02.2018 14:06:36
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	91357284	942.11	

Our Ref: CT18020038

Date: 14 February 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	02/02/2018 @ 06:55 hrs
ALONG	SLIP RD FROM REPUBLIC BLVD TWDS OPHIR RD
INVOLVING	SKP4511B

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 **SHA7997C** (the "Taxi"). The Taxi was hired to **SUPPAYAN MARGADIRAN IC NO S1458515Z** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS 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
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.

AGE LLED 1)	HOURS OPERATED (TIME)	
	FROM	TO
	15.50	01.40
	0600	15.20
	15.40	01.40
	0600	15.50
	16.00	02.00
	16.30	03.45
	0610	16.14
	17.00	05.00
	0622	16.44
	16.50	22.30
	0850	12.00

DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		4	4	8		FROM	TO
29-1-18	S. Margen	4	4	8	198	13.15	23.55
30/1/18	G. Anderson	4	4	8	253	0630	16.10
30-1-18	S. Margen	4	4	9	240	17.08	02.20
31/1/18	G. Anderson	4	4	9	204	0600	15.20
31-1-18	S. Margen	4	4	9	262	15.40	01.40
1/2/18	G. Anderson	4	4	9	232	0600	15.30
1.2-18	S. Margen	4	5	0	247	15.40	02.30
2/2/18	G. Anderson	4	5	0	25	0600	12.85
02/2/18	Accident ?	S. Margen			Longing	1255	—
05/2/18	Repair	S. Margen			AW	—	16.30

2/2/2018

Insurance Particulars Enquiry By Agents Detail

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKP4511B	02 Feb 2018 / 06:55:00	Successful	A12	AXA INSURANCE PTE LTD

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

SWA 7997C

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SKP 4511B (Insd veh)	Model:	TPVD HYUNDAI I40
	SHA 7997C (TP veh)		
Date of Accident:	02/02/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	2,661.28
Final Repair Cost	:	\$	942.11
Loss of Token Sum	:	\$	150.00
Rental (if any)	:	\$	345.00
LTA / GIA Search Fee	:	\$	7.49

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,440.00

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability _____ (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: _____

BOLA Liability: _____ 100 _____ (%) Assessed Liability (*): _____ (%)

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks _____

Payment Instruction: Payee's Breakdown			
1)	COMFORTDELGRO ENGINEERING PTE LTD	:	\$ 1,440.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

24/04/2018
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))