

Surveyor: Amc | DOI: 5/1/18 | Date / Time: 1/1/18  
 Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE: \_\_\_\_\_  
 Insured Vehicle No.: 6BF 8543S | Claim No.: S8m00800  
 Name of Insured: Amly P/L | Policy No.: VCAPI1916531  
 Insured Tel No.: \_\_\_\_\_ | HP: \_\_\_\_\_ | Make / Model: Piata 2016  
 Excess Sec II :SS: \_\_\_\_\_ | D.O.A.: 3/1/18 | Place of Accident: But 270 Banglat Rd Clp  
 Is driver the owner? (YES / NO) \_\_\_\_\_ | Nature of Accident: \_\_\_\_\_  
 If NO, Driver Name / Age: Low Soon GEE | OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
 Driver Tel No.: 90701166 (VL: YES / NO) | Insured Liability: % Final? Yes / No



SHE 22517 → → → → →

INSRS: WSP: Code | Tel: \_\_\_\_\_ | Liability: Impng. | RMKS: \_\_\_\_\_  
 INSRS: WSP: \_\_\_\_\_ | Tel: \_\_\_\_\_ | Liability: \_\_\_\_\_ | RMKS: \_\_\_\_\_  
 INSRS: WSP: \_\_\_\_\_ | Tel: \_\_\_\_\_ | Liability: \_\_\_\_\_ | RMKS: \_\_\_\_\_  
 INSRS: WSP: \_\_\_\_\_ | Tel: \_\_\_\_\_ | Liability: \_\_\_\_\_ | RMKS: \_\_\_\_\_

Date / Time	STAGE	DATE / PIC
<u>2/1/18</u>	Non-Reporting ltr (1st):	} NA
<u>2/1/18</u>	Non-Reporting ltr (2nd):	
<u>2/1/18</u>	Non-Reporting ltr (Final):	
<u>27-2-18 @ 11:2 AM</u>	Notification ltr (if non-pickup):	
<u>27-2-18 @ 1:38 PM</u>	Call OI:	<u>204 27-2-18</u>
	After call ltr to OI:	
	Documentation Check List:	Handler   Typist
	Notification ltr (if non-pickup):	<input type="checkbox"/>   <input type="checkbox"/>
	After call ltr to OI:	<input type="checkbox"/>   <input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>   <input type="checkbox"/>
	Release Voucher:	<input type="checkbox"/>   <input type="checkbox"/>
	Final Repair Bill:	<input type="checkbox"/>   <input type="checkbox"/>
	Car Rental Invoice:	<input type="checkbox"/>   <input type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>   <input type="checkbox"/>
	LTA / GIA :	<input type="checkbox"/>   <input type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>   <input type="checkbox"/>
	PIR:	<input type="checkbox"/>   <input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>   <input type="checkbox"/>
	LOD:	<input type="checkbox"/>   <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>   <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>   <input type="checkbox"/>
	Others:	<input type="checkbox"/>   <input type="checkbox"/>

RECEIVED 11 MAY 2018

Calculation slip?

<b>PRELIMINARY ADVICE</b>	Date/Time: <u>2/1/18</u>	Sent By: <u>Amc</u>
<b>FINALIZATION</b>	Date/Time: _____	Confirm with: _____
Repair Cost: S\$ _____	( _____ days) Reduction: _____ %	Email <input type="checkbox"/> Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b>	Date/Time: <u>3/5/18</u>	Confirm with: <u>Amc</u>
Final Liability: % <u>50</u>	(Agreed/ Assessed) BOLA S/N No.: <u>246</u>	If NO or B 28, Ass. Lia: _____
Repair Cost: S\$ <u>3,310.49</u>	@ <u>50%</u> → <u>1,655.25</u>	G. 10/5/18
Loss of Rental (LOR): S\$ <u>351.44</u>	( <u>3</u> days) x <u>117</u> = <u>175.50</u>	
Loss of Use (LOU): S\$ _____	( <u>5</u> x <u>3</u> days)	
Loss of Income (LOI): S\$ <u>150</u>	( <u>550</u> x <u>3</u> days) = <u>75.00</u>	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]	
GIA/LTA Search: S\$ <u>7.49</u>		1) Claim status: Normal/Reject/Private Settle
Medical: S\$ _____		2) Report Format: _____
Disbursement: S\$ _____	(e.g. Tow/ Independent) <u>1,913.24</u>	3) Survey fee: _____
Legal Cost: S\$ _____		
<b>Total:</b> S\$ <u>3,818.98</u>	Global Sum S\$: _____	
<b>FINAL PAYMENT</b>	Date/Time: _____	Confirm with: _____
Payee 1: S\$ <u>1,913.24</u>	Name 1: <u>COMFORT DELIRO ENGINEERING P/L LTD</u>	
Payee 2: (Strike if N.A.) S\$ _____	Name 2: _____	
Payee 3: (Strike if N.A.) S\$ _____	Name 3: _____	

City: Kalvin

1007/14

ASSIGNMENT

SHC 2251 T Date: 25 Jan 2014

Report No: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 CD / TP / WS / TP RES / CD RES / EVA / INV / MY  
 To inspect vehicle No: \_\_\_\_\_  
 at / on / in / of / to / from \_\_\_\_\_  
 of \_\_\_\_\_  
 insured \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claim No: \_\_\_\_\_  
 Sum insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 Driver's Record: \_\_\_\_\_  
 Make of vehicle: \_\_\_\_\_

NS	OS

Policy Condition: \_\_\_\_\_  
 Remark: The van had commenced its repair at the time of inspection.  
 Sell or Market Value: \_\_\_\_\_  
 OAC Accident Report: \_\_\_\_\_ Consistent? Yes or No  
 DR - RR Seen: \_\_\_\_\_ Consistent? Yes or No  
 Est. Repair: \_\_\_\_\_ days Res: Yes or No  
 UIC Sum: \_\_\_\_\_ % UIC Val: Yes or No  
 OA / REV / REP / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle IN / OUT

Type: Motor Vehicle Bus / Van / Lorry / 0 0 0 0 0 0  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai Zuo 1185  
 Colour: Blue AC Ins No: \_\_\_\_\_  
 Chassis No: 205334 T-Record: 0 Ins No: \_\_\_\_\_  
 Eng No: \_\_\_\_\_  
 Silver: KMHCB44MHA4098563  
 Gen. Cond: Good / 6 Poor / Burnt  
 Steering: Ino: 6 / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Ino: 6 / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Mod: Nil / S/Rim / STD A/P 0 or \_\_\_\_\_  
 Tyre Size: F: 205/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / PS / LIZA / MID / OHTSU / PIR / SUVI  
 TOYO / YOKO or Hankook  
 Front: \_\_\_\_\_ Rear: \_\_\_\_\_  
 R.Bb: 7 --- R.Bb: 7 ---  
 L.Bb: 7 --- L.Bb: 7 ---  
 D.O.A: 3/2/8 D.O.I: 5/2/8  
 Survey held at: COKE (6751)  
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roofed or  
o/s front.  
 The UIC / Chassis frame / Body Structure effected due to collision

Date / Time Action / Instruction: 8/2/8 Start 84 \$7092.92 / 26% AXA  
PIC  
R (\$490.56 / 13%)

See This File Fee of  : Prel. Report  
 : Final Report  
 Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_  
 Add Fee:  Site Fee \$ \_\_\_\_\_  
 High Fee \$ \_\_\_\_\_  
 Test Fee \$ \_\_\_\_\_  
 Rep Fee \$ \_\_\_\_\_  
 Survey Fee: \_\_\_\_\_  
 Temporary: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



**SHC2251T - TP CLAIM > GBF8543S - AXA**  
Fauzy Bin Mokhtar to: motor.survey

05/02/2018 09:28 AM

Hi Motor Claims,

Please refer attached GIA report, the estimate to be advise upon survey the vehicle.  
The taxi was grounded at our workshop on 04.02.18.



SHC2251T.pdf

With Regards

Fauzy Bin Mokhtar  
ComfortDelGro Engineering Pte Ltd  
Taxi Crash Repair Department  
DID : 6214- 8319  
FAX:: 6546-8156

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305113413  
Date : 07.02.2018

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

## FINALIZATION FORM

To : LKK Fax : \_\_\_\_\_  
Attn : KALVIN  
Vehicle Reg No. : SHC2251T Date of Accident : 03.02.2018

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

1. The repair job shall bill to: AXA --- GBF8543S
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	<u>\$2,193.92</u>
(b) Labour Charges	<u>\$900.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<b><u>\$3,093.92</u></b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$0.00</u>
<b>Final Lumpsum Repair cost</b>	<b><u>\$0.00</u></b>

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

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

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

Signature :   
Name : Calvin  
Date : 8/2/18

### 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		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 : 305113413  
 REGN NO : SHC2251T  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 25.01.2017  
 DATE/TIME IN : 04.02.2018 10:05  
 ACCIDENT DATE : 03.02.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	562.30	20.00	449.84
0002	04-01-0103-0638-G	I40V2 BRKT ASSY-FR BPR UP	1	22.40	20.00	17.92
0003	04-01-0103-0782-A	I40V2 LAMP ASSY-HEAD RH#	1	1,388.00	20.00	1,110.40
0004	04-01-0103-0573-G	I40VC PANEL-FENDER RH#	1	619.00	20.00	495.20
0005	04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	150.70	20.00	120.56

SUB-TOTAL : 2,193.92

## JOB NATURE

0000	20-05	RENEW ADVERTISEMENT STICKER- FRT FENDE				100.00
0001	L	PANEL BEATING			400.00	
0002	L	SPRAY PAINTING CHARGE			360.00	
0003	L	WIRING CHARGE			20.00	
0004	L	TUFF KOTE		20.00		

SUB-TOTAL : 900.00

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

JOB NO : 305113413  
 REGN NO : SHC2251T  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 25.01.2017  
 DATE/TIME IN : 04.02.2018 10:05  
 ACCIDENT DATE : 03.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,093.92

\_\_\_\_\_  
 MVA NAME & SIGNATURE  
 DATE :

\_\_\_\_\_  
 SURVEYOR NAME & SIGNATURE  
 DATE :

AUTHORISED : YES / NO

REPAIR ESTIMATE\*

VEHICLE NO : SHC 2251T

*AXA*

DATE 5/2/2018 11:22

*FZ*

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>— Detail</i>			\$ 562.30
	Front Bumper Bracket Top (RH) <i>— wa</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>Xm</i>			\$ 9.20
	Headlamp (RH) <i>— head</i>			\$ 1,388.00
	Front Fender (RH) <i>— pd</i>			\$ 619.00
	Front Fender Shield (RH) <i>Xm</i>			\$ 169.80
	Front Fender Retainer <i>x wa</i>			\$ 9.20
	Front Wheel Hub Cap <i>— head</i>			\$ 150.70
	<b>SUB TOTAL</b>			<b>\$ 2,930.60</b>
	<b>LESS 20%</b>			<b>\$ 586.12</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,344.48</b>
	Front Fender Advertisement Logo (RH) <i>— wa</i>			\$ 100.00 <i>Nett</i>
				<b>\$ 100.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>500.00</del> <i>400</i>
	Spray Painting Charge			\$ <del>400.00</del> <i>360</i>
	Wiring Charge			\$ <del>50.00</del> <i>20</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	FRT Wheel Alignment			\$ <del>80.00</del> <i>40</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,140.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,584.48</b>

*Kaka (CCK)*  
*5/2/18 1515 hrs*  
*2 Days*  
*PIP*  
*Before paint photo*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature:

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

member of COMFORTDELGRO

Date/Time: **05.02.2018 09:02** Page : **1**

am: **ARC Repair TP(CLSO)1**      **JOB CARD** Sales Order: **3801985**      JC NO **305113413**

DMER S <b>COMFORT TRANSPORTATION PTE LTD</b> DMER NO <b>7010045</b> ESS <b>383 SIN MING DRIVE</b> <b>Singapore SINGAPORE 575717</b> <b>65508755</b> (R) (O) (P) JUNT CARD NO.	REGN NO: <b>SHC2251T</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
	MODEL <b>I-40</b>	DATE/TIME IN <b>04.02.2018 10:05</b>
	YR OF MANU <b>25.01.2017</b>	TARGET DATE
	CHASSIS CODE <b>KMHLB41UMHU098563</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: **03.02.2018**  
 NATURE: **3P 03.02.18/B**

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

CHECKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR      CUSTOMER'S SIGNATURE

Wedge Slip

Exit Pass

Vehicle No.: **SHC2251T**      **FZ AXA**

Vehicle No.: **SHC2251T**

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHC 2251T

DATE 5/2/2018 11:22

MAKE :

MODEL : HYUNDAI i40

*FZ*

*AXA*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover /			\$ 562.30
	Front Bumper Bracket Top (RH) /			\$ 22.40
	Front Bumper Retainer Mounting ?			\$ 9.20
	Headlamp (RH) /			\$ 1,388.00
	Front Fender (RH) /			\$ 619.00
	Front Fender Shield (RH) X			\$ 169.80
	Front Fender Retainer X			\$ 9.20
	Front Wheel Hub Cap /			\$ 150.70
	<b>SUB TOTAL</b>			<b>\$ 2,930.60</b>
	<b>LESS 20%</b>			<b>\$ 586.12</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,344.48</b>
	Front Fender Advertisement Logo (RH) /			\$ 100.00 <b>Nett</b>
				<b>\$ 100.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>500.00</del> <sup>900</sup>
	Spray Painting Charge			\$ <del>400.00</del> <sup>760</sup>
	Wiring Charge			\$ <del>50.00</del> <sup>20</sup>
	Tuff Kote			\$ <del>50.00</del> <sup>20</sup>
	FRT Wheel Alignment			\$ <del>80.00</del> <sup>5</sup>
	<b>TOTAL LABOUR</b>			<b>\$ 1,140.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,584.48</b>

*Kate (C/K)*  
*5/2/18 15:15 hrs*  
*2 Pys*  
*PIP*  
*Before paint photo*

LKK Auto Consultants hence notify the Repairer of the following:

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- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party surveys on a "Without Prejudice" basis
- No illegal modifications is allowed
- Supplementary item(s) must be resurveyed 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.



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: S8M008D0  
Our ref: CC4/ASM18002223/K1ja3

Date: 07.02.2018

The Motor Claims Department  
M/s AXA INSURANCE PTE LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO.**

**SHC 2251T**

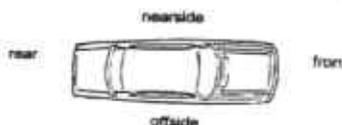
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 05.02.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd (Loyang) and have the following to report:-

Workshop Estimate Amount	: S\$	3,584.48
Revised Estimate Amount	: S\$	3,093.92
"Check" Items Amount	: S\$	7.36
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the  
O/S Front portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2.0 days

Yours faithfully,

KALVIN ANG  
Licensed Appraiser





Our Ref : T 0218/ SHC2251T /WT(st)

Your Ref :

Date : 20-Feb-18

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

ComfortDeiGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 198500249W

**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 SHC2251T YOUR INSURED GBF8543S  
AND OTHER \_\_\_\_\_ ON 03.02.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHC2251T 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 GBF8543S we are submitting these claim for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	3,310.49
2	<u>3</u> days Loss of Rental @ \$ <u>117.00</u> per day	\$	351.00
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	\$	-
<b>Sub Total :</b>			<b>\$ 3,668.98</b>

**HIRER'S CLAIM**

7	<u>3</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	240.00
<b>Total Claims:</b>			<b>\$ 3,908.98</b>

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

- a) Original repair bill and photostat photographs 6 pcs
- b) LTA search slip/s of : GBF8543S
- c) GIA / Police report/s of : SHC2251T
- d) Letter of authority from owner / hirer / operator
  - ( X ) Photocopie/s of Accident Scene Photo/s ( ) Traffic Compound ( X ) PIR
  - ( ) Witness statement/s ( x ) Rental Rate letter ( x ) Downtime/Mileage record

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully

*William Tan*

Deputy Manager

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email : williamtan@cdge.com.sg

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

A member of

**COMFORTDELGRO**



**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

**Joy Irene (LKKAuto)**

---

**From:** Joy Irene (LKKAuto)  
**Sent:** Tuesday, 27 February 2018 1:55 PM  
**To:** 'mcloo@hmly.com.sg'; 'liowsoongee@singnet.com.sg'  
**Subject:** ACCIDENT INVOLVING GBF 8543S AND SHC 2251T ALONG BLK 270 BANGKIT ROAD CAR PARK ON 03.02.2018

**HMLY PTE LTD**  
Policy Holder

**ATTENTION : Ms. Loo**

Dear Sir/Madam,

**OUR REF : CC4/ASM18002223/K1ja3**  
**YOUR REF : GBF 8543S**

**ACCIDENT INVOLVING GBF 8543S AND SHC 2251T ALONG BLK 270 BANGKIT ROAD CAR PARK ON 03.02.2018**

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 SHC 2251T against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had come out from the parking lot whilst third-party vehicle came from out from a rounding corner. As such, we are of the opinion that an equal apportionment of liability is applicable unless evidence will prove which party is at fault.

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 [joyirene@lkkauto.com](mailto:joyirene@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 the undersigned.

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

Best Regards,  
Joy Irene | Case Handler  
LKK Auto Consultants Pte Ltd  
DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

All contents of this email is intended strictly for the addressee(s) only. It may contain confidential and/or privileged information. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this email. Any unauthorized copying, disclosure or distribution of the material in this email is strictly forbidden.





redefining / insurance

CLAIM REF : S8M008D0  
INSURED : HMLY PTE LTD

**DISCHARGE VOUCHER**

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated **04 February 2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of Comfort Transportation Pte Ltd and the Hirer **YEO SENG CHOON** of vehicle no. **SHC 2251T**

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

- a) agree to accept the sum of Singapore Dollars **ONE THOUSAND NINE HUNDRED THIRTEEN AND TWENTY FOUR CENTS ONLY (S\$ 1,913.24)** 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 **(GBF 8543S)** arising out of an accident with **(SHC 2251T)** on **03.02.2018**.
- b) 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. **(GBF 8543S)** arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- c) 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. **(GBF 8543S)**.

Dated this 3rd day of May 2018

Signed by \_\_\_\_\_  
(AUTHORISED SIGNATORY)

Company Stamp \_\_\_\_\_  
COMFORTDELGRO ENGINEERING PTE LTD  
15 LIOHANG DRIVE  
SINGAPORE 534999

Please forward your claims/initial payment to:  
COMFORTDELGRO ENGINEERING PTE LTD

Witness : \_\_\_\_\_  
Name : \_\_\_\_\_  
I/C No : \_\_\_\_\_  
Address : \_\_\_\_\_

GST REG. NO. M2-8921817-3

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

## TAX INVOICE

VEHICLE NO  
 SHC2251T INV. NO/DATE  
 91356559 09.02.2018

MAKE  
 HYUNDAI JOB NO.  
 305113413

MODEL  
 I-40 ODOMETER READING

DATE OF REG  
 25.01.2017 DATE/TIME IN  
 04.02.2018 10:05

CHASSIS CODE  
 KMHLB41UMHU098563

S/No	Part No.	Qty	Unit Price	%Disc	Net
0004	I, WIRING CHARGE	20.00		20.00	
0005	L, TUFF KOTE	20.00		20.00	
SUB-TOTAL :					900.00

Items total	3,093.92
Add GST @ 7.000 %	216.57
Invoice amount	3,310.49

Issued by : KATHERINETAN 09.02.2018 16:20:15  
 Repair type : CLSO/57/57  
 Payment Type/Term: /Credit 30 days

PLEASE PRINT ALL NECESSARY PRECAUTIONS UNDER THIS TAX INVOICE. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CLAIMS ON ANYTHING BELONGING TO CUSTOMER AND WORKERS ARE TRAINED AND TESTED & COVERED BY COMPANY'S INSURANCE.  
 CUSTOMER SHALL INFORM THEIR WORKERS IMMEDIATELY WHEN DELIVERED AND SHALL WITHIN 7 DAYS AFTER DELIVERY DATE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLE WILL BE DEEMED TO BE IN GOOD ORDER.  
 INTEREST OF 1% PER MONTH WILL BE CHARGED ON A TRY TO PAY BASIS IN REFERENCE TO THE COMPANY'S POLICY WHICH IS THE COMPANY'S BY THE CUSTOMER'S RECEIPT SIGNATURE ON THE DATE OF RECEIVING THE VEHICLE. SHALL SIGN THE RECEIPT FOR THE VEHICLE BY DEFAULT.  
 PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF DELIVERY. IF THE COMPANY'S WORKERS HAVE FOUND THE CUSTOMER'S WORKERS TO BE UNRELIABLE, THE COMPANY WILL CORRECT AND REPAIR.

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: CT18020076

Date: 09 February 2018



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON            03/02/2018 @ 15:15 hrs  
ALONG                    CARPARK DRIVEWAY IN FRONT BLK 271, BANKIT  
                                 ROAD  
INVOLVING              GBF 8543S

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 **SHC2251T** (the "Taxi"). The Taxi was hired to **YEO SENG CHOON IC NO S0147004C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.00** 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.

SILCREDIT

2018

DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER
		20	3	4		FROM	TO		
2/1	Nh	203	4	90	3040	1700	0610		
1-2	Teo	203	7	01	210	640	500P		
1/2	Nh	204	1	26	433.5	1700	0630		
2-2	Teo	204	3	29	202	640	500P		
2/2	Nh	204	7	01	371.7	1700	0530		
3-2	Teo	204	9	12	211	640	500P		
3/2	Nh	205	2	96	382.9	1700	0615		
4-2	Teo	205	3	34	143	915	1015		
6-2	Teo					125P			
040218	pendant	17			W	1005P	-		
060218	Repall				W	1430	-		

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBF85435	03 Feb 2018 / 15:15:00	Successful	A12	AXA INSURANCE PTE LTD

Previous

OK

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

Vehicle No:	GBF 8543S (Insd veh)	Model:	TPVD HYUNDAI I40
	SHC 2251T (TP veh)		
Date of Accident:	03/02/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Repair Estimate	:	\$	3,835.39	
Final Repair Cost	:	\$	3,310.49	
Loss of Token Sum	:	\$	150.00	3days at \$50.00 per day
Rental (if any)	:	\$	351.00	3 days
		@50%	1,905.74	
LTA / GIA Search Fee	:	\$	7.49	

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum	:	\$	1,913.24

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: \_\_\_\_\_  
 24b\_\_

BOLA Liability: \_\_\_\_\_50\_\_\_\_\_(%) Assessed Liability (\*): \_\_\_\_\_(%)

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

Remarks  
 \_\_\_\_\_  
 \_\_\_\_\_

**Payment Instruction: Payee's Breakdown**

1)	COMFORTDELGRO ENGINEERING PTE LTD	:	\$	1,913.24
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\_\_\_\_\_  
 JOANNE LEE KHANG MIN  
 LKK Auto Consultants Pte Ltd

\_\_\_\_\_  
 30/05/2018  
 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))