INS. CASE OWN	cl	CC Y / ASM1800	mg,	COGA J LKK!	29125	<u> </u>
Surv yor:	Awle	DOI: ASSIGN	MENT	Date / Time :	5/1/18	_
				Registered in Merimen:		
Pre-assign / CC	O) V U	2. T		S8m on	0 & Ap	
Insured Vehicle	SJK14	50 J	Claim No.			
Name of Insured	TAN CWEE (	CITENT	Policy No.	GAIPA	3841	
2_0		IP: 98501580		1, cum"	1	
Insured Tel No.			Make / Model	- •	V A .	
Excess Sec II :S:	sD	NO.A: WY18	Place of Accide	ut: NAS OF	ust V	
Is driver the own	er? (YES / 🚱 ) N	Nature of Accident				
If NO, Driver N	ame / Age :		OI GIA REPOR	T: YES / NO ; TP GIA RE	PORT: YES / NO	):
Driver Te	il No, :	(V/L; YES / NO)	Insured Liability	y: % Final?	Yes / No	
SHB 337	14×					_
INSRS: WSP: Tel: Limbility: RMKS:	INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:	To Li	ISRS: ISP: el: iability: MKS:	
Date/ Time						
7/2/18	7/4/52334X - N2 [1VC	1 40 10 FARITUALITY	1. DEM31414	STAGE	DATE / P	1C
Jus	C/4 1430 T- X			Non-Reporting ltr (1st): Non-Reporting ltr (2nd):		
	P. A. costa			Non-Reporting ltr (Final):		
	+ fuchy vurticat	11-015		Notification ltr (if non-pickup Call OI: UIU/0	2/18	JUI
14/02/16 0.10:1	e M	1 TR velille	D 1-1-	After call ltr to OI:	0110	110
1910/18 6 10.1		d TP vehicl	2.000	Documentation Check List:	Handler Typ	ist.
	il egainst of			Notification ltr (if non-pickup		
7/02/18 @3	File post to book	4 to ounces a	epost	After call ltr to OI:		
1.12	1	F 0	/	Authorisation To Act		
				Release Voucher: Final Repair Bill:		$\vdash$
	DET	CEIVED 27 FEB	2018	Car Rental Invoice		
_	DE.	ALL IT IN IN IN IN IN	170.50	Towing Invoice		
				LTA/GIA:		
	A THE PART OF THE PART OF	010		Medical Bill:		
RE(	DEIVED 2 2 MAY 20	310		PIR:		
				Mandate/Reject Instruction		
				LOD	_	$\vdash$
POET IN COLUMN A PARTICIO	r Dayman and A	Comp. 11 11		Payment Breakdown Form		
PRELIMINARY ADVIC	E Date/Time: XX	Sent By:		Post-Repair Photos: Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by:		
Repair Cost:	ss 3700 (3	days) Reduction:	%	Email	Call	
FINAL SETTLEMENT		Confirm with U 1110		Email Call		
Final Liability:		assessed) BOLA S/N No. :	27	If NO or B 28, Ass. Lia:		
Repair Cost: ادرا هـ	9 SS 3, 9 59 .00					
Loss of Rental (LOR): 115	ss 632.20 (5.	5 days)		CHERRY	egives	
Loss of Use (LOU):	SS . (S X	days)		M	1.0	
Loss of Income (LOI):		S days)  R + LOI Tick only on	6	77	7 19	
LOR only LOU on GIA/LTA Search	ss 7.44.	T LAZI TICK ONLY ON	<b>c</b> J	13/8/18 8		
Medical:	SS			1) Claim status: Normal/Ro		e
Disbursement:	SS	(e.g. Tow/ Independe	nt)	2) Report Format: 7	P	
Legal Cost	SS		3	3) Survey fee: 3	1350	
Total:			0.00	- 1 1-1		
FINAL PAYMENT		Confirm with:		Email Call	025 1 - 5	
Payce 1:			TPELGRO (	ENGINEERING	PTE LTB	XHY
Payee 2: (Strike if N.A.)	70.0	Name 2:			sun	Alsh
Payce 3: (Strike if N.A.)	SS	Name 3:			/ /	

Kalvin

11000 may



### 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

		Printed to 1 designation	n Internationale Des Experts En Autor			
AXA	INSURANCE PTE	ELTD	Ref : CC4/ASM1800	2229/K1ya3		
	HENTON WAY #24 TOWERSINGAPO		Date: 05-02-2018 Code: ASM			
1.		Policy Par	rticulars :- THIRD PARTY CLA	IM		
	Insured Veh.	SJK 1430J	Veh. Inspected	SHB 3374X		
	Policy No.		Coverage (\$)	0.00		
	Claim No.	S8M008AR	Excess (\$)	0.00		
	Assign From		Assign Date	05/02/2018		
2.		Vehi	cle Particulars & Condition			
	Make & Model		c.c	0		
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No.		Colour			
	Odometer	*	Steering			
	Brakes		Modification			
	General					
3.		STATE OF STA	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.	1		General Information	44.00.00		
	Accident Date	02/02/2018	Inspection Date	05/02/2018		
	Survey held at		ENGINEERING PTE LTD			
		59 LOYANG DRIVE SINGAPORE 508969				
5a.	STORES AND A		Remarks			

Company Registration No. 199607198R

51 UBLAVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your ref:

S8M008AR

Our ref:

CC4/ASM18002229/K1ya3

Date:

07.02.2018

The Motor Claims Department
M/s AXA INSURANCE PTE LTD

Dear Sir/Madam,

### PRELIMINARY ADVICE OF VEHICLE NO.

SHB 3374X

We refer to the above matter.

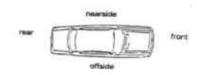
Please be informed that we had conducted the inspection of the above mentioned vehicle on 05.02.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd (Loyang) and have the following to report:-

Workshop Estimate Amount	: S\$	11,978.06
Revised Estimate Amount	: S\$	4,486.22
"Check" Items Amount	: S\$	750.40
Market Value	: S\$	
LTA Reimbursement Value	: SS	
Nett Value	: S\$	

Description of Damage:

The vehicle sustained damages at the

Rear N/S Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs:

3.0 days

Yours faithfully,

KALVIN ANG

Licensed Appraiser

### COMFORTDELGRO ENGINEERING

305113199 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 08.02.2018 59 Loyang Drive Singapore 508969 Date Fax: 6546 8156 FINALIZATION FORM LKK Fax: KALVIN Attn : 02.02.2018 Vehicle Reg No. : SHB3374X Date of Accident : The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SJK1430J The repair job shall bill to: AXA 1. The finalized amount shall be: 2. Spare Parts after List discount \$0.00 (a) \$0.00 Labour Charges (b) Total for Part-By-Part Repair Cost \$0.00 (c.) Lumpsum Repair (if applicable) 20% Total for Lumpsum repair cost after Less: \$3,700.00 Final Lumpsum Repair cost Estimated normal period for repairs: 3 working days. 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 4. 7 working days Thank you for your assistance. We confirm the estimates and 5. finalized amount Signature: Signature: Name : FAUZY BIN MOKHTAR Name Tel : 62148319 Date Fax : 65468156 For Official Use Only Document Confirm By Item Amount Remarks Attached (Signature) Yes or No YES Rental Rate P/Day 2. Loss of Income Paid Survey Fees 4. LTA Search Fee Medical Fees (on behalf of driver, if applicable) 6 Overrun Remarks:

CITY CAB PTE LTD \*\* REPAIR ESTIMATE\*
VEHICLE NO : SHB 3374X

DATE 3/2/2018 10:10

MAKE :

AXA REAR LEFT

ODEL	: HYUNDAI 140			_	LS
Qty	Parts Description/ Labour	Type	Unit Price	_ /	Amount
	Boot Lid XMM			\$	1,681.40
	Boot Lid Rubber × 500			\$	115.80
	Boot Lid Lock Upper			S	137.90
	Boot Lid Lock Lower			5	31.70
	Boot Lid 'H' Emblem			S	27.20
	Boot Lid CRDI Plate - MA			S	41.00
	Boot Lid Lamp (LH)			S	556.80
	Bootlid Moulding — of	1		\$	85.00
	Bootlid i40 Emblem — ***			S	41.00
13	Bootlid Lower Garnish			S	398.00
	Rear Bumper July			\$	603.60
77	Pear Rumper Peinforcement - 17	Day	esset	S	504.35
	Page Pumper Reinforcement Breaket (HPH) UI	RUX	\$ 180.00	S	360.00
_	Rear Bumper Reinforcement Bracket (CH/RH)		400.00	5	49.00
	Rear Bumper Clips			S	22.00
-	Rear Bumper Sponge			S	143.40
	Rear Bumper Under Cover — 4			S	225.00
					32.00
	Rear Bumper Reflector Lamp (LH)				
	Tail Lamp (LH)			1000	565.60
	Tail Lamp Quarter Panel (LH)			1000	97.90
	Rear Panel x rqn				592.30
	Rear Panel Garnish < 5			(200)	57.70
	Rear Panel Lower Panel			-	495.50
	Exhaust Pipe Insulator, LH				58.55
	Exhaust Silencer,LH — A-			CHE	954.00
	Exhaust Pipe Hanger × 5	1		1.33	58.55
	Rear Fender (LH) X Fager			\$	2,020.10
7.	Rear Fender Inner Lining (LH)			\$	164.40
	Rear Fender Air-Duct ×		\$ 51.60	\$	103.20
	Rear Windscreen Moulding 😾 **			\$	60.00
	SUB TOTAL			S	10,282.95
	LESS 20%			S	2,056.59
	DISCOUNTED TOTAL			\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	8,226.36
	Boot Lid Comfort Logo & Tel No. Sticker			\$	30.00
3	Boot Lid Advertisement Logo			S	100.00
	Rear Bumper Reverse Sensor - 544			\$	135.70
_	Rear Bumper Advertisement Logo ~ ~ C			S	50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	S	200.00
	Rear Windscreen Sealant			S	46.00
	ASSAL STANSONIANA STANDARD (SS.				230000
				S	561.70

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			THE WITCHES
	Panel Beating			\$ 1,500.00
	Spray Painting Charge			5 1,000.00
	Wiring Charge			\$ 50,00
	Tuff Kote			S 100.00
	Remove/Refix Cushion & Upholstery Rear			\$ 150.00
	Remove/Refix Rear Windscreen Glass	1		\$ 120.00
	Remove/Refix Reverse Sensor	1		\$ 120.00
	Remove/Refix Exhaust Pipe			S 150.00
	TOTAL LABOUR			\$ 3,190.00
	ESTIMATE TOTAL			\$ 11,978.06
	Kala (CER)  1 5/2/18 184; 3 P71.			
	Calo			
	11 5/2/18 184	-h		
	// //			
	3 0-11			
	Us			
	III Par ald			
	Affe Report plat	1000		
)				
		-		
	LKK Auto Consultants hence notify	\		
	the Repairer of the following:	1		
	the Repairer of the following among a to resurvey before after sorry parity during resurvey			
	* 10 resolves			
	Parts Discer	pasis		
	Trivid party	box		
	Third party survey is on a slicined. No illegal modification(s) is allicined. Supplementary item(s) must be resurveyed. Supplementary item(s) must be resurveyed.	Combaul		1
	<ul> <li>No illegal modifications, the resurveyed</li> <li>Supplementary item(s) must be resurveyed</li> <li>subject to final approval from insurance</li> </ul>			
	@ Sooless	1		
	Admostedged by Repairer	1		
	Signature:			
	Date:			
	This is an initial estimate based on a visual inspection of the			

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

### COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

### ComfortDelGro Engineering Pte Ltd

24 Serioko Loop Singapore 758156 7 Sungel Kaitut Way Singapore 726791 6 Defu Avenue 1 Singapore 539537

59 Loyang Drive Singapore 509919 963 Sim Ming Drive Singapore 572717 45 Pandam Road Singapore 609286

Date/Time: 03.02.2018 09:34 Page: 1 'eam: ARC Repair TP(CFSO)1 JOB CARD Sales Order: 3801892 JC NO305113199 REGN NO. MILEAGE TOMER CITYCAB PTE LTD MS FUEL 7010070 HYUNDAI TOMER NO. 383 SIN MING DRIVE E.....1/2.. 02.02.2018 16:05 Singapore SINGAPORE 575717 65551188 YR OF MANUS. 2014 (R) (O)TARGET DATE (P) CHASSIS CODE KMHLB41UMBU058005 COMPLETION DATE/TIME: COUNT CARD NO. JOB DESCRIPTION ccident Date: 02.02.2018 IATURE: 3P 02.02.18/B LABOR CODE CKED & PASSED OUT BY: SERVICE ADVISOR CUSTOMER'S SIGNATURE vledgement Slip Exit Pass

sturned to Service Reception upon collection

FZ AXA

Signature/Date

SHB3374X

of Service Advisor

http://cdoek2srv:82/Runtime/Runtime/Form/CDG.VARS.Form.AccidentReportReque... 02/02/2018

Vehicle No.:

Name of Service Advisor

To be kept by Security Guard

SHB3374X

Date

· · · CITY CAB PTE LTD REPAIR ESTIMATE\*

VEHICLE NO: SHB 3374X

DATE 3/2/2018 10:10

DEL	: HYUNDAI i40	Trees	Hate Dates		LS Amount
Qty	Parts Description/ Labour	Type	Unit Price	1	1,681.40
	Boot Lid Xryn Boot Lid Rubber ×			S	115.80
	500			\$	137.90
	Boot Lid Lock Upper × Boot Lid Lock Lower			\$ \$	31.70
	Boot Lid 'H' Emblem				27.20
	Boot Lid CRDI Plate			\$	41.00
				\$ \$	556.80
	Boot Lid Lamp (LH) X Bootlid Moulding			5	85.00
	Bootlid i40 Emblem				41.00
	Bootlid Lower Garnish			\$	398.00
				\$	
	Rear Bumper			\$	603.60
	Rear Bumper Reinforcement Rear Bumper Reinforcement Bracket (LH/RH)	RUT	\$ 180.00	S	504.35
	Rear Bumper Reinforcement Bracket (LH/RH)	(A 10.5)	5 180.00	\$	360.00
	Rear Bumper Side Bracket ?			\$	49.00
	Rear Bumper Clips			\$	22.00
	Rear Bumper Sponge ?			5	143.40
	Rear Bumper Under Cover			S	225.00
	Rear Bumper Reflector Lamp (LH)			\$	32.00
	Tail Lamp (LH) ?			5	565.60
	Tail Lamp Quarter Panel (LH) ★ トサャーレ Rear Panel ★ rep			\$	97.90 592.30
			1 6.7	\$	57.70
	Rear Panel Garnish ✓ Rear Panel Lower Panel ✓			\$	495.50
	Exhaust Pipe Insulator, LH ×			\$	58.55
	Exhaust Fipe insulator, LH			\$	954.00
	Exhaust Pipe Hanger ×			\$	58.55
	Rear Fender (LH) X 1907			\$	2,020.10
	Rear Fender Inner Lining (LH)			0	164.40
	Rear Fender Air-Duct ×		S 51.60	S	103.20
	Rear Windscreen Moulding 🔀		3 31.00	\$	60.00
	SUB TOTAL			S	10,282.95
	LESS 20%			S	2,056.59
	DISCOUNTED TOTAL			s	8,226.36
				GE II	
	Boot Lid Comfort Logo & Tel No. Sticker			S	30.00
	Boot Lid Advertisement Logo			\$	100.00
	Rear Bumper Reverse Sensor			\$	135.70
	Rear Bumper Advertisement Logo		22 1-00-004-000 NOV	\$	50.00
	Rear Fender Advertisement Logo (LH/RH)		S 100.00	\$	200.00
	Rear Windscreen Sealant			\$	46.00
				s	561.70

SHB 3374X

Qty	Parts Description/ Labour	Type	Unit Price	1	Amount
	Labour Charge				
	Panel Beating			s	1,500.00
	Spray Painting Charge			\$	1,000.00
	Wiring Charge			\$	50,00
	Tuff Kote			\$	100.00
	Remove/Refix Cushion & Upholstery Rear			S	150.00
	Remove/Refix Rear Windscreen Glass			5	
				100	120.00
	Remove/Refix Reverse Sensor			\$	120.00
	Remove/Refix Exhaust Pipe			\$	159.00
	TOTAL LABOUR			s	3,190.00
	ESTIMATE TOTAL			5	11,978.06
	Kalu (CKK)  M 5/2/18 184,  3 0-71.	-4			
	3 Pm. 45 After Regar plat				
		To resurvey  To display d	prisuitants hence notify to the for wing; beforeither pray paining imaged partial during resurvey are subject to confirmation		
		Third party No illegal in	survey (5 on a "Without Prejudice odification(5) is allowed any stampts must be resurveyed final approval from Insurance C	and	
		Acknowledge Signature: Date:	dity Repailer		
	This is an initial estimate based on a visual inspection of th		16000 2000 12 Van 10		120

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

# COMFORTDELGRO

0 - 0 - 6	CC40000040/ CUID2274	V AACT/AA		L	NGINEERING
Our Ref :	CC18020049/ SHB3374	X/VVT(St)		10-010 PK	DelGro Engineering Pte Lto
Date :	20-Feb-18	_	CDGE Taxi Claims Dep 59 Loyang Drive 4th Fir		Mainline +65 6383 6280
AXA Insur	ance Pte Ltd		Singapore 508969		Facsimille +65 6280 9755
8 Shenton	Way				www.cdge.com.s
#24-01, AX	A Tower				Company Registration No. 199506049
Singapore	068811				Workshops
Attn : Moto	or Claims Department	WITH	OUT PREJUDICE		205 Braddell Road Singapore 57970
Dear Sir					Loyang 59 Loyang Drivi Singapore 508965
ACCIDENT	INVOLVING OUR TAX	(I SHB3374X	YOUR INSURED S		Sin Mino
AND OTHE	R		ON _	02.02.18	383 Sin Ming Drive Singapore 575717
	authorised repair workshop which was involved in				lo: Pandar
assist them	owner and the taxi drive in presenting their claims	against the pa			to Ub 320 Ubi Road 3 Singapore 40884
	ng from the damage to the ent was caused by the neg		ur insured driving S	JK1430J	Senoko 24 Senoko Loo Singapore 75815
	nitting these claim for your				Sungel Kadu
TAXLOWNE	ER'S CLAIM				7 Sungei Kadut Way
1 Cost of				\$ 3,959.00	Singapore 72879 Yishur
2 7	_days Loss of Rental @	\$ 115.00	per day :	\$ 805.00 \$ -	501 Yishun Industrial Park A
	Report Fees (Surveyed	l by M/s RT)		\$ -	Singapore 768733
	arch Fees			\$ 7.49	
	olice Report Fees	F		\$ -	
6 Towing	/ Medical / Transportation	rees		\$ - \$ 4,771.49	
HIRER'S CL	AIM		Sub Total : _	3 4,771.49	
7 7	days Loss of Income @	\$ 80.00	per days	\$ 560.00	
			Total Claims :	\$ 5,331.49	
Me enclosed	d herewith the following do	cuments to sun	nort the claims: -		
	repair bill and photocopie		port the claims.	4	pcs.
[1] [1] [1] [1] [2] [2] [2] [2] [2] [2] [2] [2] [2] [2	arch slip/s of :	SJK1430J	-		pos.
	olice report/s of :	SHB3374X			
	f authority from owner / hir				
( ) Pho	stocopie/s of Accident Scene ness statement/s (x) Renta	Photo/s	( ) Certificate of In Downtime/Mileage re		
Kindly look in as soon as p	nto the matter and let us he ossible.	ear from you on	the settlement of th	ne said claims	
	that it is a condition of any any personal injury claim (i			without	

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











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

14 FEBRUARY 2018

TAN SWEE SHENG BLK 231 JURONG EAST ST 21 #12-667 SINGAPORE 600231

Dear Sir/Madam,

Our Ref

: CC4/ASM18002229/K1ya3

Your Ref

: SJK 1430J

## ACCIDENT INVOLVING SJK 1430J & SHB 3374X ALONG/AT JURONG EAST ST 21 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 SH 9304Y against your motor insurance policy.

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 jaskhine@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)



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 SHB3374X , SJK 1430K

ON 02-Feb-18 15:05

ALONG

JURONG EAST ST 21 X CARPARK ENTRANCE NEAR LAMP POST 32

I / We

**CHOY CHONG WENG** 

(Hirer) NRIC No.: \$1178301E

and/or

(Relief) NRIC No.:

Taxi Number

SHB3374X

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).
- 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

CHOY CHONG WENG

Hirer NRIC

S1178301E

Signature:

Address

746 WOODLANDS CIRCLE #05-726

730746

Contact No.

97381662



CLAIM REF

S8M008AR

INSURED

TAN SWEE SHENG

#### DISCHARGE VOUCHER

We, COMFORTDELGRO ENGINEERING PTE LTD confirm that by letter of authorisation dated 02/02/2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of CITYCAB Pte Ltd and the Hirer, CHOY CHONG WENG of vehicle no. SHB3374X.

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 <u>FOUR THOUSAND EIGHT HUNDRED SEVENTY</u> only (SS4,870,00) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against AXA INSURANCE PTE LTD and/or their Insured and/or the driver of vehicle no <u>SJK 1430J</u> arising out of an accident with SHB3374X on 02/02/2018.
- 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. <u>SJK</u> 1430J 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. SJK 1430J.

Dated thi	s_15	day of		
Signed by		AUTHORISED SIGNATIONY)		
Company	Stamp_	COMPORTDELIGRO ENGINEERING FTE LTD  59 LOYANG DRIVE  SINGAPORE 508989	Please forward your cheque made payable COMFORTDELGRO ENGINEERING PTE	6
Witness		fl.		
Name	2	CLAMES DEPARTMENT		
I/C No	0.	COMPORTUGE AND ENGINEERING PTE LTD		
Address	* =	S9 LOYANG DRIVE SINGAPORE 508959	ē	

AXA Insurance Pte Ltd (Company Reg. No. 199903512M) 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 Customer Centre #B1-01

Tel: +65 6880 4888 Fax: +65 6338 2622 Website: www.axa.com.sg

"The contents of this document apply to vehicle damages only All personal injuries and damages arising therafrom are excluded from the ambit and application of this document"

### COMFORTDELGRO ENGINEERING

A member of COMFORTDELCRO

GST REG. NO. M2-8921817-3

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER

SINGAPORE 068811

CONTACT NO: 63387288

Description: 3P 02.02.18

ComfortDelGro Engineering Pte Ltd

203 Brackett Road Birgapore 1/9/1/1 Maintine + 85 6363 6260 Facsimine + 85 6260 9/55

Workshops.

COMPANY RKG. NO.: 199506048W

Page: 1

24 Seroko Loop Singapore 7581108

TAX INVOICE

VEHCLE NO SHB3374X

TNV. NO/DATE 91356568 09.02.2018

MAKK HYUNDAI JOB NO. 305113199

MODEL, I - 40

ODOMETER READING

DATE OF REG 07.08.2014

CHASSIS CODE KMHL841UMKU058005 JOB TYPE

7.000 %

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt

3,700.00

Total Invoice amount.

3,959.00

Issued by

KATHERINETAN 09.02.2018 16:31:06

Repair Type : CFSO/57/57 Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd A member of COMFORIDELGRO

Head Office: 205 Braddell Road Singapore 579701

ACCOUNT No. INVOICE No. **AMOUNT** BANK/CHQ No.

Kindly note that no receipt shall be issued unless requested.

Our Ref: CC18020049

Date: 09 February 2018



#### TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

02/02/2018 @ 15:05 hrs

ALONG

JURONG EAST ST 21 X C/P ENTRANCE NEAR LAMP

POST 32

INVOLVING

SJK 1430J

We refer to the above-mentioned accident and wish to inform that CityCab Pte Ltd is the registered owner of the taxi bearing vehicle registration number SHB3374X (the "Taxi"). The Taxi was hired to CHOY CHONG WENG IC NO S1178301E a registered hirer-operator of CityCab 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.

	S#83374X		MILEAGE	HOURS OPE	HOURS OPERATED (TIME	NAME OF DRIVER	MILEAGE
DATE	NAME OF DRIVER	MILEAGE HEADING	(KM)	FROM			
31-118	Ch Al ve	572499	161	20 91	0305		
(74 ip	TITOS	F4447	320	ofsto	1553		
81-8-1	Ch Al M	573919	193	1600	1335		
81/4/18	よったかか	573157	137	98tu	(63}		
2/2/18	Ace ded 2,		2	1605	1605 -		
8/2/18	Pepaie 1	7	cont	l	1100		

**Enquire Vehicle Insurer** Vehicle No. Incident Date/Time

Search Status Insurance Company Code Insurance Company Name

SJK1430J

02 Feb 2018 / 15:05:00

Successful

A12

AXA INSURANCE PTE LTD

Previous

OK

SUB 3374X





Goh Cheng Chuan Andrew Cornelius has successfully logged out.

Your last login date and time was 03 Feb 2018, 07:10:14.

To return to ONE.MOTORING, please click here

For security reasons, please CLEAR YOUR CACHE after each session.

### Session Transaction History

S/No		oe Asset ID	Asset Owner ID	<u>Transaction Type</u>	Transaction Amount(S\$)	Log Date/Time
1	Vehicle	SKA7167X	=	18.32 Insurance Enquiry (GIRO Payment)	7.49	03 Feb 2018 / 07:12:10
2	Vehicle	SJK1430J	÷	18.32 Insurance Enquiry (GIRO Payment)	7.49	03 Feb 2018 / 07:11:01

# THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SJK 1430J (	Insd veh)	Model:	TPVD H	YUNDAI 140
	SHB 3374X	(TP veh)			
Date of Accident:	02/02/2018				
Global Sum Settlen	nent : [ ] Yes	1	X] No	1	
Repair Estimate	1 20 0	: \$	12,816.52		
Final Repair Cost		: \$	3,959.00		
Loss of Token Sum		: \$	275.00	5.5days	at \$50.00 per day
Rental (if any)		: \$	632.50	5.5 days	9
LTA / GIA Search F	ee	: \$	7.49		
Others:		: \$	0.00		
		: \$			
Final Settlement Su	m	: \$	4,870.00		
Is Third Party Wor pelow)	kshop GIA Registere	d? [ ]	X ] YES	[ ] NO	(Kindly indicate
A) For Non GIA R	egistered Workshop	•	Agreed Liability	(	%)
B) For GIA Regis	tered Workshop:		BOLA Applicabl 27	e: Yes/ No B	OLA Scenario No:
BOLA Liability:	(%)		Assessed Liabil	ity (*):	(%)
* Assessed Lia	bility to be filled only fo	or chain co	llisions and for d	cases where BO	DLA does not apply.
Remarks					
Payment Instruction	on: Payee's Breakdo	4/D			
			La		1.070.0
1) COMFORTDE	GRO ENGINEERING	PIELID	: \$		4,870.0
JOANNE L	EE KHANG MIN		24/05/2018		
	onsultants Pte I td		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)