

INS. CASE OWNER:

CC # AXA1800

LKK:

IDAC:

Surveyor:

Kalin

DOI:

ASSIGNMENT

4/2/18

Date / Time:

4/2/18

Registered in Merimen:

4/2/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 54765

Name of Insured:

TRANS-URB SERVICES PTE LTD

Insured Tel No.:

HP:

Excess Sec II :\$S

4500

D.O.A.:

1/2/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name, Age:

KOW KHOW YEN

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

11469705

Policy No.:

UPK (P1650520)

Make / Model:

PERANLT

Place of Accident:

AIRPORT BANGKOK T4

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability:

Final ? Yes / No

SHB 6697M



INSRS:

WSP:

Tel:

Liability:

RMKS:

CARE
M.

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

7/15/18
TH

SHB 6697M - X

SHC 54765 - X

OINR

OI rear ended to TP.

RECEIVED 18 JUN 2018

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OE:

THM By Email?

After call ltr to OE:

15/6

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OE:

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:

4/2/18

Sent By:

Anu

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$S

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

12/6/18

Confirm with:

William

Email

Call

Final Liability:

%

100

Agreed

Assessed

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

\$S 2835.50

Loss of Rental (LOR):

\$S 654.08

(

4

days) x

163.52

Loss of Use (LOU):

\$S 200.00

(\$ 50

x

4

days)

Loss of Income (LOI):

\$S

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$S

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 3689.58

Global Sum \$S:

3680.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$S

3680.00

Name 1:

COMFORTDELGRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

\$S

Name 2:

Payee 3: (Strike if N.A.)

\$S

Name 3:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

AXA - Hsum

Date: 02.02.2018

Time: 16:08:09

Page: 1/2

(Fri)

TS

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

JOB NO : 305113070
 REGN NO : SHB6697U
 MILEAGE : 0000000000
 MAKE : MERCEDES BENZ
 MODEL : VIANO CDI 2.2L
 DATE OF REGN : 24.10.2013
 DATE/TIME IN : 02.02.2018 13:20
 ACCIDENT DATE : 01.02.2018

1614

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | | | |
|------|-------------------|---------------------------|---|----------|-----------------|----------|----------------------------------|
| 0001 | 04-01-0203-0579-G | REAR BUMPER | 1 | 1,372.00 | 20.00 | 1,097.60 | 1,372.00 <i>Recht</i> |
| 0002 | 04-01-0203-2044-G | REAR BUMPER RH | 1 | 473.60 | 20.00 | 378.88 | 473.60 <i>ne</i> |
| 0003 | 04-01-0203-2047-G | TAIL LAMP RH | 1 | 322.00 | 20.00 | 257.60 | 322.00 <i>X ne</i> |
| 0004 | 04-01-0203-0072-G | REARBUMPER REFLECTOR RH | 1 | 33.00 | 20.00 | 26.40 | 33.00 <i>X ne</i> |
| 0005 | 04-01-0203-2049-G | TAILLAMP LOWER GARNISH RH | 1 | 35.70 | 20.00 | 28.56 | 35.70 <i>X repair</i> |
| 0006 | 28-01-0203-2001-G | TYPE DESIGNATION-2.2 | 1 | 39.00 | 20.00 | 31.20 | 39.00 <i>ne</i> |
| 0007 | 28-01-0203-2002-G | TYPE DESIGNATION-CDI | 1 | 39.00 | 20.00 | 31.20 | 39.00 <i>ne</i> |
| 0008 | 28-01-0203-2003-G | TYPE DESIGNATION-VIANO | 1 | 39.00 | 20.00 | 31.20 | 39.00 <i>ne</i> |
| 0009 | 28-01-0203-2000-G | TAILGATE MERCEDES STAR | 1 | 29.00 | 20.00 | 23.20 | 29.00 <i>ne</i> |
| 0010 | 28-01-0299-2011-G | TAILGATE MAXICAB STICKER | 1 | 40.00 | 200 | 40.00 | 40.00 <i>ne</i> |
| 0011 | 09-01-0299-2005-A | REVERSE SENSOR | 1 | 288.00 | 0.20 | 288.00 | 288.00 <i>544</i> |

SUB-TOTAL : 2,233.84

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.02.2018

Time: 16:08:09

REPAIR ESTIMATE

Page: 2

AXA-4SUM

(Fri)

TS

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

JOB NO : 305113070
 REGN NO : SHB6697U
 MILEAGE : 0000000000
 MAKE : MERCEDES BEN.
 MODEL : VIANO CDI 2.2L
 DATE OF REGN : 24.10.2013
 DATE/TIME IN : 02.02.2018 13:20
 ACCIDENT DATE : 01.02.2018

| JOB / PARTS DESCRIPTION | | QTY | IND | UNIT | PRICE | DISC% | AMOUNT |
|-------------------------|------------------------------|-----|-----|------|-------------------|-------|----------|
| 0000 L | PANEL BEATING | | | | 860.00 | | 600 |
| 0001 23-502 | SPRAYPAINT ON AFFECTED AREA | | | | 800.00 | | 720 |
| 0002 17-01 | CHECK ALL LIGHTING | | | | 50.00 | X | 00 |
| 0003 20-00 | TUFF COAT ON AFFECTED PARTS. | | | | 40.00 | X | 00 |
| 0004 L | R/I REVERSE SENSOR | | | | 120.00 | | 20 |
| 0005 20-05 | REAR BUMPER MAT | | | | 50.00 | | — |
| SUB-TOTAL : | | | | | | | 1,920.00 |
| TOTAL : | | | | | | | 4,153.84 |

MVA NAME & SIGNATURE

DATE :

Lmy

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

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:

Date:

Kerlu 10/01/18

11 5/2/18 1020h

3 by

L/s

After Reps- photo

COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.02.2018

Time: 16:08:09

REPAIR ESTIMATE

AXA - 4sum

Page: 1/2

(Fri)

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SUB-TOTAL : 2,233.84

JOB NATURE

COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.02.2018

Time: 16:08:09

REPAIR ESTIMATE

Page: 2

AXA-4sum

(Fri)

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CUSTOMER: 7010045

ADDRESS : COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

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65508755

JOB NO : 305113070

REGN NO : SHB6697U

MILEAGE : 0000000000

MAKE : MERCEDES BEN.

MODEL : VIANO CDI 2.2L

DATE OF REGN : 24.10.2013

DATE/TIME IN : 02.02.2018 13:20

ACCIDENT DATE : 01.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

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|-------------|------------------------------|-----------------------|
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| 0004 L | R/I REVERSE SENSOR | 120.00 20 |
| 0005 20-05 | REAR BUMPER MAT | 50.00 — |

SUB-TOTAL : 1,920.00

TOTAL : 4,153.84

MVA NAME & SIGNATURE

DATE :

SURVEYOR NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

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- 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:

Date:

Kerlu (Kerlu)

11 5/2/8 1020h

3 Rye

L/s

After Reps - photo

Our Ref : T 0218/ SHB6697U /WT(st)

Your Ref :

Date : 21-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: 198506348W

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 SHB6697U YOUR INSURED SHC5476S
AND OTHER _____ ON 01.02.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHB6697U 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 SHC5476S we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

| | | |
|--------------------|---|--------------------|
| 1 | Cost of Repair | \$ 2,835.50 |
| 2 | 5 days Loss of Rental @ \$ 163.52 per day | \$ 817.60 |
| 3 | Survey Report Fees (Surveyed by M/s LKK) | \$ - |
| 4 | GIA / LTA Search Fee | \$ - |
| 5 | GIA / Police Report Fees | \$ - |
| 6 | Towing / Medical / Transportation Fees | \$ - |
| Sub Total : | | \$ 3,653.10 |

HIRER'S CLAIM

| | | |
|----------------------|---|--------------------|
| 7 | 5 days Loss of Income @ \$ 80.00 per days | \$ 400.00 |
| Total Claims: | | \$ 4,053.10 |

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 : SHC5476S
- c) GIA / Police report/s of : SHB6697U
- d) Letter of authority from owner / hirer / operator
 - (X) Photocopy/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



Thin Thin (LKKAUTO)

From: Thin Thin (LKKAUTO)
Sent: Wednesday, 13 June 2018 1:22 PM
To: claims@transcab.com.sg
Cc: CS A Team; carrisalee@ava-ins.com; icewong@ava-ins.com; ireneng@ava-ins.com; foonghon@ava-ins.com
Subject: ACCIDENT INVOLVING SHC 5476S AND SHB 6697M ALONG AIRPORT T4 TAXI STAND ON 01/02/2018

13 JUNE 2018

Transcab Taxi
Singapore

Dear Sir/Mdm,

OUR REF : CC4/AXA18002260/K1ub3
YOUR REF : SHC 5476S

ACCIDENT INVOLVING SHC 5476S AND SHB 6697M ALONG AIRPORT T4 TAXI STAND ON 01/02/2018

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 **ComfortDelGro Engineering Pte Ltd** acting on behalf of the owner of SHB 6697U against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties, we are of the opinion that we cannot be absolved from liability.

We also wish to advise that there is an excess of S\$5,000.00 attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim. The applicability of the excess is as follows:

- (1) Any settlement equal to or above the excess, you shall be liable to make the payment of S\$5,000.00; or
- (2) Any settlement below the excess, you shall be liable for the amount settled.

AXA shall keep you informed of the third party claim settlement and thereafter kindly let AXA have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by AXA for the above subject matter, AXA expressly reserves all their rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

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. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to AXA immediately. You may email it to cst@axa.com.sg or deliver it by hand to AXA's Customer Care Centre.

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 our 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

This is a computer generated letter and no signature is required.

Cc Motor Claims Department
AXA Insurance Pte Ltd

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **VIANO (Maxi Cab) SHB6697U , SHC5476S** **ON 01-Feb-18 19:50**
ALONG **TAXI QUEUE LINE ON DRIVEWAY MOVING TOWARDS AIRPORT T4**

I / We **ROHAIZAT BIN ABDUL ...** (Hirer) NRIC No.: **S7538715F**

and/or **JAMALLUDIN BIN HAIRI** (Relief) NRIC No.: **S7203953Z**

Taxi Number **SHB6697U**

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 **ROHAIZAT BIN ABDUL RASIK**
Hirer NRIC **S7538715F**

Signature :

Address **220 TAMPINES STREET 24 #03-118**
520220

Contact No. **97900958**

Name of Relief **JAMALLUDIN BIN HAIRI**
Relief NRIC **S7203953Z**

Signature :

Address **237 TAMPINES ST 21 #02-557**
520237

Contact No. **96514104**



redefining / insurance

CLAIM REF : C0469705
INSURED : TRANS-CAB SERVICES PTE LTD

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 Comfort Transportation Pte Ltd and the Hirer, Jamalludin Bin Hairi vehicle no. SHB 6697U.

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 Three Thousand Six Hundred and Eighty only (S\$ 3,680.00) 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 (SHC 5476S) arising out of an accident with (SHB 6697U) on 01/02/2018.
- 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. SHC 5476S 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. SHC 5476S.

Dated this 13 day of June 2018

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp [Stamp]
CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
55 LOYANG DRIVE
SINGAPORE 508569

Witness : [Signature]
Name : [Signature]
I/C No : [Signature]
Address : [Signature]
CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
55 LOYANG DRIVE
SINGAPORE 508569

Please forward your cheque made payable to:
COMFORTDELGRO ENGINEERING PTE LTD

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO
SHB6697U

MAKE
MERCEDES BENZ

MODEL
VIANO CDI 2.2L

DATE OF REG
24.10.2013

CHASSIS CODE
WDF63981323809915

INV. NO/DATE
91357959 20.02.2018

JOB NO.
305113070

ODOMETER READING

JOB TYPE

Description : 3P 01.02.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt 2,650.00
Add GST @ 7.000 % 185.50

Total Invoice amount 2,835.50

Issued by : CHEWBEELING 20.02.2018 14:05:45
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

(WHILE MAKING ALL REASONABLE PRECAUTIONS AND TAKING THE NECESSARY MEASURES TO PROTECT THE COMPANY'S RESPONSIBILITY FOR DAMAGE OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES AND THINGS AND THINGS IN CURRENT HANDS.)
(CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL SIGN A CHECKLIST WITHIN 24 HOURS OF THE NOTICE IN WRITING TO THE COMPANY OF ANY DAMAGE, LOSS, OR INJURY TO THE VEHICLE OR THINGS AND THINGS IN HANDS IN GOOD ORDER.
(INTEREST OF 1% PER MONTH WILL BE CHARGED ON A LUMP SUM BASIS IN RESPECT OF ANY AMOUNT DUE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. WITHIN 30 DAYS FROM THE INVOICE DATE FOR THE PERIOD OF DEFECT.
(PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR OMISSIONS WITHIN 15 DAYS OF RECEIPT. IF THE CUSTOMER DOES NOT ADVISE THE COMPANY WITHIN 15 DAYS, THE COMPANY SHALL BE DEEMED TO HAVE ACCEPTED THE INVOICE AS CORRECT AND BINDING.

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: CT18020037

Date: 08 February 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 01/02/2018 @ 19:50 hrs
ALONG TAXI QUEUE LINE ON DRIVEWAY MOVING TWDS
 AIRPORT T4
INVOLVING SHC5476S

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 **SHB6697U** (the "Taxi"). The Taxi was hired to **ROHAIZAT BIN ABDUL RASIK IC NO S7538715F** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$163.52** 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.

| DATE | NAME OF DRIVER | MILEAGE READING | | | | | | | MILEAGE TRAVELLED (KM) | HOURS OPERATED (TIM) | | DATE | NAME O |
|---------|----------------|-----------------|---|---|---|---|---|-----|------------------------|----------------------|----|------|--------|
| | | 5 | 3 | 2 | 3 | 3 | 9 | 288 | | FROM | TO | | |
| 28/01 | RAHIM | 5 | 3 | 2 | 3 | 3 | 9 | 288 | 1500 | 0115 | | | |
| 29/1/18 | Rohanzat | 5 | 3 | 2 | 5 | 3 | 2 | 193 | 1155 | 0517 | | | |
| 30/1/18 | Rohanzat | 5 | 3 | 1 | 8 | 3 | 2 | 300 | 1400 | 0400 | | | |
| 31/1/18 | Rohanzat | 5 | 3 | 3 | 1 | 7 | 4 | 341 | 1130 | 0345 | | | |
| 1/2/18 | Rohanzat | 5 | 3 | 2 | 3 | 7 | 9 | 205 | 1700 | 0100 | | | |
| 2/2 | | | | | | | | | | | | | |
| 2/2 | Accident | | | | | | | In | 1320 | / | | | |
| 6/2 | repair | | | | W | | | Out | 1230 | / | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |

9

...CLAIM SUBFOLDER...(Pending for Survey Report)

BT Proceed Direct Settlement

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'd | Status |
|------|-------------|---------------|--|--|--|------------|---|
| Main | 02 Feb 2018 | | 04 Feb 2018 23:10 Edit Adj Rpt | S\$2,650.00 Edit Estimates | S\$2,650.00 View Rpt | | Pending for Survey Report Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | |
|--|---|--|--|----------|---------|-------------|--------------|------------|-------|
| CLAIM SUBFOLDER DETAILS | | [Created by insurer] | | | | | | | |
| Insured: | TRANS-CAB SERVICES PTE LTD , Co. Reg. No.: 200303878K | | | | | | | | |
| Main Claimant: | COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R | | | | | | | | |
| Vehicle Reg. No.: | SHB6697U | Date of Loss: | 01/02/2018 19:00 - :59 [51 Months and 8 Days From LTA Reg Date (Man Yr)] | | | | | | |
| Claim Type: | TP / C0469705 | Policy/Cover Note No.: | P1680520 (Third Party Only) | | | | | | |
| Vehicle Reg. No. (Insured): | SHC5476S | Policy No. (Claimant): | D-15072702MFSH | | | | | | |
| | | Excess: | S\$5,000.00 | | | | | | |
| Repairer: | ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300 | | | | | | | | |
| Handling Insurer: | AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Ernest Tay - 6880 4835] | | | | | | | | |
| Claimant's Insurer: | MS First Capital Insurance Ltd (HQ) - Tel: 62222311 | | | | | | | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 13/02/2018] | | | | | | | | |
| ASSOCIATED MAIL RECEIVED | | View All Compose Case Mail | | | | | | | |
| <ul style="list-style-type: none"> AXA_SG (30/05/2018): TP settlement - C0469705/P1680520 AXA_SG (16/03/2018): Re: Direct Settlement - Accident Involving SHC5476S (OI : AXA - C0469705) and SH... AXA_SG (04/02/2018): WP / New TP Assignment - C0469705/P1680520 | | | | | | | | | |
| ALL ASSOCIATED TASKS | | View All Search Tasks Create New Task Complete | | | | | | | |
| Due Date | Priority | Type | Task Group | Subject | Handler | Assigned By | Completed On | Created On | Done? |
| No results. | | | | | | | | | |

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC4/AXA18002260/K1UB3Q2

Date: 20/06/2018

REFERENCE

Handling Insurer: AXA Insurance Pte Ltd

Policy No:

P1680520

Claimant Vehicle No : SHB6697U

Insured Vehicle No :

SHC5476S

Date of Loss: 01/02/2018

Nature of Claim:

TP

Claim No: C0469705

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHB6697U

Make & Model: MERCEDES-BENZ VIANO, 2.1 D CDI Ambiente (W639) (A)

Engine No: 65194031588962

Reg. Date: 24/10/2013 (Man. Year: 2013)

Chassis No: WDF63981323809915

Colour: White

Odometer: 533393 km

Engine Capacity: 2143 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 225/60 R16C

Rear Tyre Size: 225/60 R16C

Front Left Side: Hankook 7 mm

Rear Left Side: Hankook 7 mm

Front Right Side: Hankook 7 mm

Rear Right Side: Hankook 7 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|---|-----------------|-----------------|-----------------|--------------|
| Parts | 2,233.84 | 1,921.28 | 312.56 | 13.99 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 1,920.00 | 1,390.00 | 530.00 | 27.60 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Calculated Gross Total (S\$) | 4,153.84 | 3,311.28 | 842.56 | 20.28 |
| Approved Total (Overridden) (S\$) | | 2,650.00 | | |
| (S\$) | 4,153.84 | 2,650.00 | 1,503.84 | 36.20 |
| + GST 7.00/7.00% (S\$) | 290.77 | 185.50 | 105.27 | 36.20 |
| Nett Amount (S\$) | 4,444.61 | 2,835.50 | 1,609.11 | 36.20 |
| + Loss of Use (4.0 x S\$50.00/day) (S\$) | | 200.00 | | |
| + Car Rental (4.0 x S\$163.52/day) (S\$) | | 654.08 | | |
| Nett Liability (S\$) | | 3,689.58 | | |
| Global Sum Settlement (S\$) | | 3,680.00 | | |

INSPECTION

Date of Assignment: 04/02/2018

Date Inspected: 05/02/2018 Inspected At: ComfortDelGro Engineering Pte Ltd
(Loyang)
59 Loyang Drive
Singapore 508969

Estimated Period of Repair: 3.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: THIN THIN HLAING

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

REPAIR DETAILS

Reference

| | | |
|----------------------|--|---|
| Part Source: | MRM-SG | Version: 1.0 (Last Synchronised: 20 Jun 2018) |
| Parts: | M1-MPV | MERCEDES-BENZ VIANO 2.1 D CDI Ambiente (W639) (A) (Catalogue:Merimen Singapore 1.0) |
| Labour: | Repairer's | (Price-denominated Standard List) |
| Print Code: | (Unsubmitted, no print-code for SHB6697U) | |
| Validity: | These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page | |
| Further Info: | Items/values not in reference catalogue are prefixed with an asterisk *. | |

Recommended Parts

| No. | Qty | Part No. | Particulars | Condition | Repairer's | Amount |
|-----|-----|----------|---|-------------|-------------|--------------|
| 1 | 1 | | *REAR BUMPER (CONSISTENT) | Deformed | 1,372.00 FL | *1,372.00 FL |
| 2 | 1 | | *REAR BUMPER RH (CONSISTENT) | Cracked | 473.60 FL | *473.60 FL |
| 3 | 1 | | *TAIL LAMP RH (CONSISTENT) | Serviceable | 322.00 FL | *- FL |
| 4 | 1 | | *REAR BUMPER REFLECTOR RH (CONSISTENT) | Serviceable | 33.00 FL | *- FL |
| 5 | 1 | | *TAILLAMP LOWER GARNISH RH (CONSISTENT) | Repair | 35.70 FL | *- FL |
| 6 | 1 | | *TYRE DESIGNATION -2.2 (CONSISTENT) | Necessary | 39.00 FL | *39.00 FL |
| 7 | 1 | | *TYRE DESIGNATION -CDI (CONSISTENT) | Necessary | 39.00 FL | *39.00 FL |
| 8 | 1 | | *TYRE DESIGNATION -VIANO (CONSISTENT) | Necessary | 39.00 FL | *39.00 FL |
| 9 | 1 | | *TAILGATE MERCEDES STAR (CONSISTENT) | Necessary | 29.00 FL | *29.00 FL |
| 10 | 1 | | *TAILGATE MAXICAB STICKER (CONSISTENT) | Necessary | 40.00 FS | *40.00 FS |
| 11 | 1 | | *REVERSE SENSOR (CONSISTENT) | Shorted | 288.00 FS | *288.00 FS |

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

| | | |
|---|-----------------|-----------------|
| Sub Total (S\$) | 2,710.30 | 2,319.60 |
| - List Item Discount on L Items 20.00/20.00% (S\$) | 476.46 | 398.32 |
| Total Parts (S\$) | 2,233.84 | 1,921.28 |

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

| No | Particulars | Lab.Type | Repairer's | Amount |
|-------------------------|-----------------------------|----------|------------|----------|
| <u>Labour Items</u> | | | | |
| 1 | PANEL BEATING | New | 860.00 | 600.00 |
| 2 | SPRAYPAINT ON AFFECTED AREA | New | 800.00 | 720.00 |
| 3 | CHECK ALL LIGHTING | New | 50.00 | 0.00 |
| 4 | TUFF COAT ON AFFECTED PARTS | New | 40.00 | 0.00 |
| 5 | R/I REVERSE SENSOR | New | 120.00 | 20.00 |
| 6 | REAR BUMPER MAT | New | 50.00 | 50.00 |
| Gross Labour Cost (S\$) | | | 1,920.00 | 1,390.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

| | | | |
|-------------------|---------------------|--------|---------------------------|
| Vehicle No: | SHC5476S (Insd veh) | Model: | MERCEDES-BENZ VIANO 2.1 |
| | SHB6697U (TP veh) | | D CDI AMBIENTE (W639) (A) |
| Date of Accident: | 01/02/2018 | | |

| | | | |
|-----------------------------------|---|---|-----------------------------|
| Global Sum Settlement | : | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repair Estimate | : | \$ | 4,444.61 |
| Final Repair Cost | : | \$ | 2,835.50 |
| Loss of Token Sum | : | \$ | 200.00 |
| Rental (if any) | : | \$ | 654.08 |
| LTA / GIA Search Fee | : | \$ | 0.00 |
| Others: | : | \$ | 0.00 |
| | : | \$ | |
| Final Settlement Sum (Global Sum) | : | \$ | 3,680.00 |

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 | : | \$ 3,680.00 |
| 2) | | : | \$ |
| 3) | | : | \$ |

JOANNE LEE KHANG MIN

20 Jun
2018

LKK Auto Consultants Pte Ltd

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))

Claim Documents

*SHB6697U (C0469705)
[SHC5476S]
TP
COMFORT TRANSPORTATION PTE LTD
Feb 1 2018 7:00PM
[TRANS-CAB SERVICES PTE LTD]
ComfortDelGro Engineering Pte Ltd

| | | | | | | | | | | | | | | | | | | | | |
|-------------------------|-----------------|--|---------------|--|--|--------------------|--|--|--------------|--|--|--------------|--|-----------|------------|-------|-------------------------------------|-----------------|--|--|
| Upload Documents | | | Upload Photos | | | Compose New Letter | | | Upload Video | | | Upload Audio | | | View | | | View in Browser | | |
| Letters/Correspondences | | | | | | | | | | | | | | | 1 per page | | <input checked="" type="checkbox"/> | | | |
| No | Finalized On | LKK Auto Consultants Pte Ltd (HQ) | | | | | | | | | | | | Thumbnail | | Print | | | | |
| 1 | (Draft) | Third Party Express Settlement – Payment Breakdown | | | | | | | | | | | | 1 | Edit | | | | | |
| Assessment Reports | | | | | | | | | | | | | | | 1 per page | | <input checked="" type="checkbox"/> | | | |
| No | Finalized On | LKK Auto Consultants Pte Ltd (HQ) | | | | | | | | | | | | Thumbnail | | Print | | | | |
| 1 | 06/02/18 14:33 | Adjuster Immediate Advice | | | | | | | | | | | | 1 | Load HTM | | | | | |
| Photos/Images | | | | | | | | | | | | | | | 3 per page | | <input checked="" type="checkbox"/> | | | |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | | | | | | | | | | | | Thumbnail | | Print | | | | |
| 1 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 2 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 3 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 4 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 5 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 6 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 7 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 8 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 9 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 10 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 11 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 12 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 13 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 14 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 15 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 16 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 17 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 18 | 05/02/18 17:50 | General View | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 19 | 06/02/18 08:33 | Reinspection Photo | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 20 | 06/02/18 08:33 | Reinspection Photo | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 21 | 06/02/18 08:33 | Reinspection Photo | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 22 | 06/02/18 08:33 | Reinspection Photo | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 23 | 06/02/18 08:33 | Reinspection Photo | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 24 | 06/02/18 08:33 | Reinspection Photo | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 25 | 06/02/18 08:33 | Reinspection Photo | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 26 | 07/02/18 17:33 | Reinspection Photo | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 27 | 07/02/18 17:33 | Reinspection Photo | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 28 | 07/02/18 17:33 | Reinspection Photo | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| 29 | 07/02/18 17:33 | Reinspection Photo | | | | | | | | | | | | 1 | Load JPG | | <input checked="" type="checkbox"/> | | | |
| Documentation | | | | | | | | | | | | | | | | | | | | |

| Letters/Correspondences | | | 1 per page | <input checked="" type="checkbox"/> |
|-----------------------------------|-----------------|--|------------|-------------------------------------|
| No | Finalized On | | Thumbnail | Print |
| LKK Auto Consultants Pte Ltd (HQ) | | | 1 per page | <input checked="" type="checkbox"/> |
| No | Finalized On | AXA Insurance Pte Ltd (HQ) | Thumbnail | Print |
| 1 | 02/02/18 17:45 | EMAIL_ABS | Load PDF | |
| 2 | 02/02/18 17:45 | CO CLAIMAINT & TP GIA REPORT_ABS | Load PDF | |
| 3 | 30/05/18 16:19 | Singapore Accident Statement - SHC5476S / INSD | Load PDF | |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | Thumbnail | Print |
| 1 | 20/06/18 14:10 | WORKSHOP INVOICE | Load PDF | |
| 2 | 20/06/18 14:10 | AUTHORISATION TO ACT FORM | Load PDF | |
| 3 | 20/06/18 14:10 | DISCHARGE VOUCHER | Load PDF | |
| 4 | 20/06/18 14:10 | RENTAL RECEIPT | Load PDF | |
| 5 | 20/06/18 14:10 | LOD | Load PDF | |
| 6 | 20/06/18 14:10 | LETTER TO OI | Load PDF | |

Documents Checklist

| DOCUMENTS CHECKLIST | Reset | Save | Print |
|--|-------|------|-------|
| There are no document checklists configured. | | | |
| Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> | | | |
| Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small> | | | |