

Surveyor: MCF DOI: 6/2/18 Date / Time: 6/2/18  
Registered in Merimen: 6/2/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SLN 2208P  
Name of Insured : UR  
Insured Tel No. : HP:  
Excess Sec II :SS D.O.A: 06/02/18  
Is driver the owner? ( YES / NO ) Nature of Accident :

Claim No. : 95589576886  
Policy No. :  
Make / Model :  
Place of Accident :

If NO, Driver Name / Age : OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO  
Driver Tel No. : (V/L: YES / NO ) Insured Liability : % Final ? Yes / No

SHD 8809R



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

WUE  
W



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:



INSRS:  
WSP:  
Tel :  
Liability :  
RMKS:

Date/ Time	STAGE	DATE / PIC
<u>6/2/18</u> <u>707-</u>	Non-Reporting ltr (1st):	<u>- 9-2-18</u>
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI:	<u>20713-3-19</u>
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" 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"/>

SHD 8809R - no/insured report/ no/insured  
UR non reporting  
OID REPORTED NO COLLISION  
REQ. TP CCTV AS REPORTED.  
TO CHECK W/SUR. OF VISIBLE  
DAMAGE TO TAXI'S REAR

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm by:
Repair Cost:	SS	( days) Reduction:	%
FINAL SETTLEMENT	Date/Time: <u>13-3-19</u>	Confirm with: <u>ALLEN</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>100</u>	(Agreed / Assessed) BOLA S/N No. : <u>NIL</u>	If NO or B 28, Ass. Lia :
Repair Cost:	SS <u>1,605</u>		
Loss of Rental (LOR):	SS <u>611.28</u>	days <u>4</u>	<u>152.82</u> PIR
Loss of Use (LOU):	SS <u>200</u>	(S x days)	
Loss of Income (LOI):	SS <u>200</u>	(S x days)	
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	SS <u>7.49</u>		
Medical:	SS		
Disbursement:	SS	(e.g. Tow/ Independent )	
Legal Cost	SS		
Total:	SS <u>2,423.77</u>	Global Sum SS: <u>2,420.00</u>	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS <u>2,420.00</u>	Name 1: <u>COMFORTALGAU ENGINEERING (PTE) LTD</u>	
Payee 2: (Strike if N.A.)	SS <u>X</u>	Name 2: <u>✓</u>	
Payee 3: (Strike if N.A.)	SS	Name 3:	

COPY SENT  
10/2/19

1) Claim status: Normal/Reject/Private Settle  
2) Report Format:  
3) Survey fee:

Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO 305114286

CUSTOMER  /MS CITYCAB PTE LTD CUSTOMER NO 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188  COUNT CARD NO.	REGN NO. SHD8809R	MILEAGE
	MAKE MERCEDES BENZ	FUEL E.....1/2.....F
	MODEL VIANO CDI 2.2L	DATE/TIME IN 06.02.2018 09:35
	YR OF MANU. 06.07.2011	TARGET DATE
	CHASSIS CODE WDF63981323643009	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 06.02.2018  
NATURE: 3P 06.02.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY: \_\_\_\_\_

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

Acknowledgement Slip		Exit Pass	
Vehicle No.: SHD8809R	CHIANG @	Vehicle No.: SHD8809R	
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 : SHD 8809R

DATE 6/2/2018 10:29

MAKE :

MODEL : MERCEDES BENZ VIANO (REAR)

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper		def	\$ 1,372.00
	Bumper L/H Side, RR		R x	\$ 473.60
	Bumper R/H Side, RR		R x	\$ 473.60
	Bumper Protector		AW x	\$ 205.18
	Bumper Clips		22	\$ 22.00
	<b>SUB TOTAL</b>			<b>\$ 2,546.38</b>
	<b>LESS 20%</b>			<b>\$ 509.28</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,037.10</b>
	Reverse Sensor		288	\$ 288.00
	Rear Bumper Rubber Mat		50	\$ 50.00
				<b>\$ 338.00</b>
	<b>Labour Charge</b>			
	Panel Beating		200	\$ 400.00
	Spray Painting Charge		180	\$ 250.00
	Wiring Charge		✓	\$ 50.00
	Remove/Refix Reverse Sensor		60	\$ 120.00
	<b>TOTAL LABOUR</b>			<b>\$ 820.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 3,195.10</b>
<p>Not Authorised 4th Rear After paint photo LKK Auto Hub 6/2/2018 @ 14:36 2nd day</p>				
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				

Nett

Nett

COMFORTDELGRO  
ENGINEERING

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

Our Job Ref No : 305114286

Date: 13/02/18

### FINALIZATION FORM

To LKK

Fax:

Attn: MA

Vehicle Reg No. : SHD8809R

06/02/18

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

1. The repair job shall bill to: AIG SLN2208P
2. The finalized amount shall be:
- (a) Spare Parts after List discount \_\_\_\_\_
- (b) Labour Charges \_\_\_\_\_
- Total for Part-By-Part Repair Cost** \_\_\_\_\_
- (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \_\_\_\_\_  
**Final Lumpsum Repair cost** \$1,500.00
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.
- Signature : \_\_\_\_\_
- Name : **CHIANG**
- Tel : **62148314**
- Fax : **65468156**
- We confirm the estimates and finalized amount
- Signature : \_\_\_\_\_
- Name : Wae
- Date : 14/2/2018

## 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:

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHD 8809R

DATE 6/2/2018 10:29

MAKE :

MODEL : MERCEDES BENZ VIANO (REAR)

Qty	Parts Description/ Labour	Type	Unit Price	Amount
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	Bumper L/H Side, RR		R x	\$ 473.60
	Bumper R/H Side, RR		R x	\$ 473.60
	Bumper Protector		SW x	\$ 205.18
	Bumper Clips		2x	\$ 22.00
	<b>SUB TOTAL</b>			<b>\$ 2,546.38</b>
	<b>LESS 20%</b>			<b>\$ 509.28</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,037.10</b>

Reverse Sensor  
Rear Bumper Rubber Mat

SWA \$ 288.00

ROR \$ 50.00

Nett

Nett

**\$ 338.00**

**Labour Charge**  
Panel Beating  
Spray Painting Charge  
Wiring Charge  
Remove/Refix Reverse Sensor

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:

200 \$ 400.00

180 \$ 250.00

50 \$ 50.00

60 \$ 120.00

**TOTAL LABOUR****\$ 820.00****ESTIMATE TOTAL****\$ 3,195.10**

Not Author  
Up Repair  
After paint Photo  
LKK Auto Consultants  
6/2/2018 @ 14:30  
2nd day

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.

## Joy Irene (LKKAUTO)

---

**From:** Kang, Sam <Sam.Kang@aig.com>  
**Sent:** Monday, 16 April 2018 2:27 PM  
**To:** Joy Irene (LKKAUTO)  
**Cc:** Admin A; Vivian Lau (LKKAUTO)  
**Subject:** RE: AIG Ref: #8558957676SG003#023# (LCR SLN 2208P ON 06.02.2018 \* SHD 8809R)

Dear Joy,

Further to your email below, kindly request for photograph taken at the accident scene from the TP Driver, if any, for further assessment.

Meanwhile, please also confirm with the assigned Surveyor whether there was any visible damage on the TP vehicle's rear during his PRI.

Keep us posted. Thanks.

Regards,  
Sam Kang (Ms)  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120  
Tel +(65) 6419 1882 | Fax +(65) 6835 7416  
[sam.kang@aig.com](mailto:sam.kang@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)

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**From:** Joy Irene (LKKAUTO) [mailto:JoyIrene@lkkauto.com]  
**Sent:** Monday, April 16, 2018 1:37 PM  
**To:** Kang, Sam  
**Cc:** Admin A; Vivian Lau (LKKAUTO)  
**Subject:** 8558957676SG (LCR SLN 2208P ON 06.02.2018 \* SHD 8809R)

Dear Sam,

Attached TP video for your viewing.

LCR driver reported no collision and no damages.

We are of the opinion that the video provided is not conclusive to determine if there was collision.

Kindly let us have your opinion/instruction for this claim.

Thank you.

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)

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Our Ref : CC18020172/ SHD8809R /CL(st)

Date : 26-Feb-18

**AIG ASIA PACIFIC INSURANCE PTE LTD**  
**CHARTIS Buliding**  
**78 Shenton Way**  
**#07-16**  
**Singapore 079120**

**Attn : Motor Claims Department WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHD8809R YOUR INSURED  
SLN2208P AND OTHER ON 06.02.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no: SHD8809R 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 SLN2208P we are submitting these claim for your consideration on behalf of the claimants.

#### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,605.00
2	<u>5</u> days Loss of Rental @ \$ 152.82 per day	\$ 764.10
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ -
5	GIA / Police Report Fees	\$ 7.49
6	Towing / Medical / Transporation Fees	\$ -
<b>Sub Total :</b>		<b>\$ 2,376.59</b>

#### HIRER'S CLAIM

7	<u>5</u> days Loss of Income @ \$ 80.00 per day	\$ 400.00
<b>Total Claims :</b>		<b>\$ 2,776.59</b>

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

- a) Original repair bill and photocopies of photographs : 7 pcs.
- b) LTA search slip/s of : SLN2208P
- c) GIA / Police report/s of : SHD8809R
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s
  - ( ) Certificate of Insur ( x ) Rental Rate letter
  - ( ) Photograph/s of Accident Scene
  - ( 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

Cecilia Lee

Executive

CDGE Claims Department

Tel : 6214 8354 Fax: 6214 1843 Email : cecilialee@sparkcarcare.com

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

CDGE Taxi Claims Dept ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive 4th Floor 205 Braddell Road Singapore 579701  
Singapore 508969 Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 189500489V

#### 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 726791

**Yishun**  
501 Yishun Industrial Park A  
Singapore 768732



## Joy Irene (LKKAuto)

---

**From:** Ng, Jeffreysaykiat <Jeffreysaykiat.Ng@aig.com>  
**Sent:** Monday, 11 March 2019 3:42 PM  
**To:** Joy Irene (LKKAuto)  
**Cc:** Admin A; Vivian Lau (LKKAuto)  
**Subject:** RE: AIG Ref: #8558957676SG003#023# (LCR SLN 2208P ON 06.02.2018 \* SHD 8809R)  
**Attachments:** TP RESULT.JPG

Dear Joy Irene,

Please refer attached for the final police investigation result.

In view that there are damages on TP's rear bumper and police result is not in our insured's favour, please proceed to resolve at best.

Thank you.

**Jeffrey Ng**  
AIG  
Senior Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore 079120

Tel +(65) 6419 1916 | Fax +(65) 6835 7416

[Jeffreysaykiat.Ng@aig.com](mailto:Jeffreysaykiat.Ng@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)



AIG Asia Pacific won General Insurance Company of the Year at the 22nd Asia Insurance Industry Awards.  
[Click here to find out more.](#)

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---

**From:** Joy Irene (LKKAuto) [mailto:JoyIrene@lkkauto.com]  
**Sent:** Friday, March 01, 2019 4:58 PM  
**To:** Ng, Jeffreysaykiat  
**Cc:** Admin A; Vivian Lau (LKKAuto)  
**Subject:** RE: AIG Ref: #8558957676SG003#023# (LCR SLN 2208P ON 06.02.2018 \* SHD 8809R)

Dear Jeffrey,



SINGAPORE  
POLICE FORCE

1. This letter  
is a computer-generated  
letter and does not  
require a signature.  
2. This letter is for  
your information only.

Our Ref: TTHF130630019  
Date: 11 FEB 2019

YEO LAI HOCK  
APT BLK 45A TAMMINS STREET #5  
#07-08  
SINGAPORE 520457

Dear Sir/Madam

ROAD TRAFFIC ACCIDENT INVOLVING SHD 8819 R AND SLN 2209 P ALONG CHANG  
SOUTH AVENUE 3 ON 24/02/2018 AT ABOUT 06:55AM

I refer to the above accident.

Please be informed that we have completed our investigations which revealed that the driver of  
SLN 2209 P had committed an offence of Inconsiderate driving under Section 50(6) of the  
Road Traffic Act Chapter 276. Action has been initiated against the driver for the said offence.

Yours faithfully

HEAD INVESTIGATION  
TRAFFIC POLICE  
SINGAPORE POLICE FORCE

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

**Joy Irene (LKKAUTO)**

---

**From:** Joy Irene (LKKAUTO)  
**Sent:** Wednesday, 13 March 2019 2:21 PM  
**To:** 'Insurance LCR SG'  
**Cc:** Admin A; Hsiao Tong (LKKAUTO)  
**Subject:** ACCIDENT INVOLVING SLN 2208P AND SHD 8809R ON 06.02.2018

Dear Sir/Madam,

**ACCIDENT INVOLVING SLN 2208P (LCR) & SHD 8809R ON 06/02/2018 ALONG CHANGI SOUTH AVE 3**

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

We have received a claim from **SHD 8809R** against your insurance policy.

Based on the information on hand, we are of the opinion that liability is down against us.

We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

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)

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---

**From:** Joy Irene (LKKAUTO)  
**Sent:** Friday, 9 February 2018 3:51 PM  
**To:** Insurance LCR SG <[insurance@lioncityrentals.com.sg](mailto:insurance@lioncityrentals.com.sg)>  
**Cc:** Kang, Sam <[Sam.Kang@aig.com](mailto:Sam.Kang@aig.com)>; Vivian Lau (LKKAUTO) <[vivianlau@lkkauto.com](mailto:vivianlau@lkkauto.com)>; Shu Pei (LKKAUTO) <[shupeil@lkkauto.com](mailto:shupeil@lkkauto.com)>  
**Subject:** ACCIDENT INVOLVING SLN 2208P AND SHD 8809R ON 06.02.2018

**Our Ref:** CC3/LCR18002425/M1jb3

**LCRF PTE LTD**

Your Vehicle : **SLN 2208P**  
Third-Party : **SHD 8809R**  
Date of Accident : 06 Feb 2018  
Time of Accident : 08:45  
Location of Accident : CHANGI SOUTH AVE 3 X CHANGI BUSINESS PARK VISTA

Dear Sirs,

We refer to the above subject matter. Your insurer AIG Asia Pacific Insurance Pte Ltd (AIG) has received a third party claim(s) against your motor insurance policy, and has appointed LKK Auto Consultants Pte Ltd to act on their behalf to handle this matter.

**We highlight that this accident has not been reported to AIG.**

Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AIG. Failure to report the accident may affect the standing of your insurance policy.

Kindly proceed to lodge your accident report **immediately**, giving the version of the accident amongst other things related to the accident. The accident report can be lodged at any of AIG reporting centres. For the listing of AIG reporting centres, you may refer to your Certificate of Insurance or visit AIG Singapore's website.

Should you have any clarifications, please contact the undersigned within 7 days from the date of this letter.

Best Regards,

Joy Irene | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6749-5792 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING** **VIANO (Maxi Cab) SHD8809R , SLN2208P** **ON 06-Feb-18 08:45**  
**ALONG** **CHANGI SOUTH AVE 3 X CHNAGI BISNESS PARK VISTA**

I / We **YEO LAI HOCK (YANG L...** (Hirer) NRIC No.: **S8211393B**

and/or (Relief) NRIC No.:

Taxi Number **SHD8809R**

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 **06-Feb-2018**

Name of Hirer **YEO LAI HOCK (YANG LAIFU)**

Hirer NRIC **S8211393B**

Signature :



Address **497A TAMPINES STREET 45 #07-08**  
**520497**

Contact No. **83835000**

**RELEASE VOUCHER**  
**(AIG Asia Pacific - Express Third Party Claim)**

"We/I, **COMFORTDELGRO ENGINEERING PTE LTD** ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd **LKK AUTO CONSULTANTS PTE LTD** (name of surveyor) with respect to the amount claimed for **S\$2,420.00** (Global Sum) for vehicle no. **SHD 8809R** that was damaged pursuant to the accident which occurred on **06/02/2018** (date) along **CHANGI SOUTH AVE 3/BUSINESS PARK VISTA** (location) involving vehicle no/s **SLN 2208P**. This is pursuant to the inspection conducted on **06/02/2018** (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner **CITYCAB PTE LTD** ("the third party claimant") of vehicle no. **SHD 8809R** make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to **SHD 8809R** (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 13 (day) of 03 (month) 2019 (year)



Signed by appointed surveyor



AILEEN TAN  
Manager, Claims

Signed by "the workshop" (with chop)

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508989

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

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

GST REG. NO. M2-8921817-3

## TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHENTON WAY, CHARTIS BUILD  
SINGAPORE 079120

CONTACT NO: 64193000 3225094

VEHICLE NO  
SHD8809R

MAKE  
MERCEDES BENZ

MODEL  
VIANO CDI 2.2i

DATE OF REG  
06.07.2011

CHASSIS CODE  
WDF63981323643009

INV. NO/DATE  
91358136 21.02.2018

JOB NO.  
305114286

ODOMETER READING

JOB TYPE

Description : 3P 06.02.2018

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	1,500.00
Add GST @ 7.000 %	105.00
<b>Total Invoice amount.</b>	<b>1,605.00</b>

Issued by : KATHERINE TAN 21.02.2018 15:44:31  
Repair Type : CFSO/57/57  
Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd  
A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.

INVOICE No.

AMOUNT

BANK/CHQ No.


Our Ref: CC18020172



Date: 21 February 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	06/02/2018 @ 08:45 hrs
ALONG	CHANGI SOUTH AVE 3 X CHNAGI BUSINESS PARK VISTA
INVOLVING	SLN2208P

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 **SHD8809R** (the "Taxi"). The Taxi was hired to **YEO LAI HOCK (YANG LAIFU) IC NO S8211393B** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$152.82** 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.



SFD 8809R

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TM)		DATE	NAME
		7	2	1	8		FROM	TO		
24/12/17	NICOLAS	7	2	1	8	28			1/1/17	
25/12/17	NICOLAS	7	2	2	7	0		2221		
27/12/17	NICOLAS	7	2	3	0	46				
28/12/17	NICOLAS	7	2	3	3	96				
29/12/17	James	7	2	3	7	10	2200	0900		
30/12/17	NICOLAS	7	2	4	4	29		2825		
31/12/17	NICOLAS	7	2	4	7	13				
04/01/17	NICOLAS	7	2	6	1	44				
6/2	Accident						0935	-		
10/2	repair						-	1200		

*Handwritten signature*

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLN2208P	06 Feb 2018 / 08:45:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous OK

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

Express

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	06 Feb 2018 <a href="#">Edit Reg</a>		06 Feb 2018 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$1,500.00</b> <a href="#">Edit Estimates</a>	<b>S\$1,500.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by adjuster]</span>									
Insured: <b>LCRF Pte Ltd</b> , Co. Reg. No.: NA									
Main Claimant: <b>CITYCAB PTE LTD</b> , Co. Reg. No.: 199502839G									
Vehicle Reg. No.: <b>SHD8809R</b>		Date of Loss: 06/02/2018 08:00 - :59 [79 Months From LTA Reg Date (Man Yr)]							
Claim Type: <b>TP / 8558957676SG</b>		Policy/Cover Note No.: 0999995085							
Vehicle Reg. No. (Insured): <b>SLN2208P</b>		Policy No. (Claimant): D-18088937MFSH							
		Excess:							
Repairer: <b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300									
Handling Insurer: <b>AIG Asia Pacific Insurance Pte. Ltd. (Express)</b> - Tel: 65-6419-3000 ... [Handled by <b>Ng, Jeffrey-SK</b> ] <a href="mailto:Jeffreysaykiat.Ng@aig.com">Jeffreysaykiat.Ng@aig.com</a>									
Claimant's Insurer: <b>MS First Capital Insurance Ltd (HQ)</b> - Tel: 62222311									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>MA CHIN FOOK</b> ] ... <b>[Final Rpt due 15/02/2018]</b>									
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
<ul style="list-style-type: none"> <li>AIG_SG (07/02/2018): <b>No OI GIA Report</b></li> <li>AIG_SG (07/02/2018): <b>Request To Upload TP GIA Report</b></li> </ul>									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SHD8809R (8558957676SG)  
 [SLN2208P]  
 TP  
 CITYCAB PTE LTD  
 Feb 6 2018 8:00AM  
 [LCRF Pte Ltd]  
 ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			Upload Video			Upload Audio			View			View in Browser		
Video															1 per page					
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)												Thumbnail		Print				
1	01/03/19 17:00	FROM CDGE												1		Load AVI				
Letters/Correspondences															1 per page					
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					
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)												Thumbnail		Print				
1	13/02/18 10:40	Accident Statement From: SC - Reg. No: SLN2208P, Claimant: LCRF PTE LTD												1		Load HTM				
Photos/Images															3 per page					
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)												Thumbnail		Print				
1	14/02/18 17:48	General View												1		Load JPG				
2	14/02/18 17:48	General View												1		Load JPG				
3	14/02/18 17:48	General View												1		Load JPG				
4	14/02/18 17:48	General View												1		Load JPG				
5	14/02/18 17:48	General View												1		Load JPG				
6	14/02/18 17:48	General View												1		Load JPG				
7	14/02/18 17:48	General View												1		Load JPG				
8	14/02/18 17:48	General View												1		Load JPG				
9	14/02/18 17:48	General View												1		Load JPG				
10	14/02/18 17:48	General View												1		Load JPG				
11	14/02/18 17:48	General View												1		Load JPG				
12	14/02/18 17:48	General View												1		Load JPG				
13	14/02/18 17:48	General View												1		Load JPG				
14	14/02/18 17:48	General View												1		Load JPG				
Documentation															1 per page					
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)												Thumbnail		Print				
1	07/02/18 17:18	TP ESTIMATE- MARKED												1		Load PDF				
2	07/02/18 17:18	TP GIA REPORT												1		Load PDF				
3	15/03/19 12:38	WORKSHOP INVOICE												1		Load PDF				
4	15/03/19 12:38	AUTHORISATION TO ACT FORM												1		Load PDF				
5	15/03/19 12:38	Release Voucher												1		Load PDF				
6	15/03/19 12:38	RENTAL RECEIPT												1		Load PDF				
7	15/03/19 12:38	RENTAL MILEAGE												1		Load PDF				
8	15/03/19 12:38	LTA SEARCH												1		Load PDF				
9	15/03/19 12:38	LETTER TO OI												1		Load PDF				

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	Reset	Save	Print
There are no document checklists configured.			

<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>
<div></div>
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SLN2208P (Insd veh)	Model:	MERCEDES-BENZ VIANO 2.1
	SHD8809R (TP veh)		D CDI AMBIENTE (W639) (A)
Date of Accident:	06/02/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	3,418.76
Final Repair Cost	:	\$	2,420.00
Loss of Use	:	\$	4.00 days at \$50.00 per day
Rental (if any)	:	\$	4 days
LTA / GIA Search Fee	:	\$	
Others:	:	\$	
	:	\$	
Final Settlement Sum (Global Sum)	:	\$	2,420.00
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A) For <u>Non GIA Registered Workshop</u> :		Agreed Liability _____ (%)	
B) For <u>GIA Registered Workshop</u> :		BOLA Applicable: <del>Yes</del> / 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	:	\$ 2,420.00
2)		:	\$
3)		:	\$
4)		:	\$
5)		:	\$

JOANNE LEE KHANG MIN

15 Mar  
2019

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))

# 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: CC3/LCR18002425/M1JB3Q2

Date: 15/03/2019

### REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 0999995085  
**Claimant Vehicle No :** SHD8809R **Insured Vehicle No :** SLN2208P  
 Date of Loss: 06/02/2018 Nature of Claim: TP Claim No: 8558957676SG

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SHD8809R**  
 Make & Model: MERCEDES-BENZ VIANO, 2.1 D CDI Ambiente (W639) (A) Engine No: 65194032431917  
 Reg. Date: 06/07/2011 (Man. Year: 2011) Chassis No: WDF63981323643009  
 Colour: White Odometer: 733002 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 R16 Rear Tyre Size: 225/60 R16  
 Front Left Side: West Lake 7 mm Rear Left Side: West Lake 7 mm  
 Front Right Side: West Lake 7 mm Rear Right Side: West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,375.10	1,453.20	921.90	38.82
Miscellaneous Items	0.00	0.00	0.00	
Labour	820.00	440.00	380.00	46.34
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>3,195.10</b>	<b>1,893.20</b>	<b>1,301.90</b>	<b>40.75</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,500.00</b>		
(S\$)	3,195.10	1,500.00	1,695.10	53.05
<b>+ GST 7.00/7.00% (S\$)</b>	223.66	105.00	118.66	53.05
<b>Nett Amount (S\$)</b>	<b>3,418.76</b>	<b>1,605.00</b>	<b>1,813.76</b>	<b>53.05</b>
<b>+ Loss of Use (4.0 x S\$50.00/day) (S\$)</b>		200.00		
<b>+ Car Rental (4.0 x S\$152.82/day) (S\$)</b>		611.28		
<b>+ Doc/Search Fee (S\$)</b>		7.49		
<b>Nett Liability (S\$)</b>		<b>2,423.77</b>		
<b>Global Sum Settlement (S\$)</b>		<b>2,420.00</b>		

### INSPECTION

Date of Assignment: 06/02/2018  
Date Inspected: 06/02/2018 Inspected At: ComfortDelGro Engineering Pte Ltd  
(Loyang)  
59 Loyang Drive  
Singapore 508969  
Estimated Period of Repair: 2.0 days

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**Adjuster:** MA CHIN FOOK**Manager:** Joy Irene Bascao

*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

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	1,372.00 FL	*1,372.00 FL
2	1		*BUMPER L/H SIDE ,RR	Repair	473.60 FL	*- FL
3	1		*BUMPER R/H SIDE ,RR	Repair	473.60 FL	*- FL
4	1		*BUMPER PROTECTOR	Not Necessary	205.18 FL	*- FL
5	1		*BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
6	1		*REVERSE SENSOR	Shorted	288.00 FS	*288.00 FS
7	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS

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

<b>Sub Total (\$\$)</b>	<b>2,884.38</b>	<b>1,732.00</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>509.28</b>	<b>278.80</b>
<b>Total Parts (\$\$)</b>	<b>2,375.10</b>	<b>1,453.20</b>

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
<b>Labour Items</b>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	250.00	180.00
3	WIRING CHARGE	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	60.00
Gross Labour Cost (S\$)			<b>820.00</b>	<b>440.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >