

INS. CASE OWNER

Kian Chuan

CC 3/AIG18002611

1 K1453

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

ASSIGNMENT

07/02/18

Date / Time:

02/02/18

Registered in Merimen:

03/02/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

PLS 2646G

Claim No.:

062546616256

Name of Insured:

TAN MENG HONG

Policy No.:

1700049858

Insured Tel No.:

HP: 8202 5666

Make / Model:

Audi A1 Sportback - 1.0 TFSI

Excess Sec II :\$5

D.O.A: 06/02/18

Place of Accident:

S. TRONIC CAR
ALONG SUKUT TERAH ROAD, NEXT TO
ROCHOR RIVER

Is driver the owner?

YES / ☒

Nature of Accident:

If NO, Driver Name / Age: TOH LING GIN JOLYNN

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

Driver Tel No.:

9191 0505

(V/L ☒ YES / NO)

Insured Liability:

% Final ? Yes / No

SHA 784X



INSRS:

WSP: COGE (Copy)

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time		STAGE	DATE / PIC
	SHA 784X - CC3/0561209543/11/11/15/2 DPA 2016/10/15	Non-Reporting 1st (1st):	
	- CC3/0561209543/11/11/15/2 DPA 2016/10/15	Non-Reporting 1st (2nd):	
	- CC3/0561209543/11/11/15/2 DPA 2016/10/15	Non-Reporting 1st (Final):	
20/02/18	Both departed changing lanes.	Notification 1st (if non-pickup):	
07/02/18	OI said no evidence. Advised her if no evidence will settle equal letter.	Call OI: 907/02/18	
		After call 1st to OI:	
8/3/18	RTM - TP insisted that the video (sent to Jas) is sufficient to prove. PLS rafw.	Documentation Check List: Handler Typist	
	To request extended video. TP provided 1 second video only.	Notification 1st (if non-pickup):	
		After call 1st to OI:	
		Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice:	
		LTA / GIA:	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD:	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm by:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	\$5 380	(2 days) Reduction:	54%	Email <input type="checkbox"/>	Call <input checked="" type="checkbox"/>
FINAL SETTLEMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	15	If NO or B 28, Ass. Lia:	
Repair Cost:	\$5 406.60				
Loss of Rental (LOR):	\$5 557.84	(3 days)			
Loss of Use (LOU):	\$5 150.00	(5 x 3 days)			
Loss of Income (LOI):	\$5	(5 x days)			
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input checked="" type="checkbox"/>	LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	\$5 7.49				
Medical:	\$5				
Disbursement:	\$5	(e.g. Tow/ Independent)			
Legal Cost	\$5				
Total:	\$5 921.93	Global Sum \$5:	850/-		
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/>	Call <input type="checkbox"/>
Payee 1:	\$5 850.00	Name 1:	Comfortdelgso Engineering Pte Ltd		
Payee 2: (Strike if N.A.)	\$5	Name 2:			
Payee 3: (Strike if N.A.)	\$5	Name 3:			

ASSIGNMENT

Estimate Date _____
 Estimated Cost _____
 CD / TP / WS / TP RES / CD RES / EVA / INV / MV _____
 To inspect Vehicle No. _____
 at Workshop No. _____
 H. _____
 Insured _____
 Policy No. _____
 Claims No. _____
 Sum Insured _____ Excess _____
 (Client's Record)
 Name of Van: _____

(Policy Condition)

Remark: The van had commenced its
 repair at the time of inspection.



Bel. or Market Value _____
 CAD Accident Form _____ Consistent? - Yes or No
 G/A - FR Seen _____ Consistent? - Yes or No
 Est. Repairs _____ days Rep. Yes or No
 Lim. Sup. _____ % 3 Val. Yes or No

CA / REV / REP. / 24 HRS

Date _____ Person Contacted _____

Vehicle IN / OUT

SHA 784X 17th 2018
 Type M/Car / M/Cycle / Bus / Van / Lorry / T/O / Prime/Mover
 Truck / Trailer or _____
 Make: H/L 240 168
 Colour: Yellow A/C Ins. 0 Std. N/A
 Sp. Reading: 418266 T. Radio Ins. 0 Std. N/A
 Eng. No. _____
 Chassis: KA HLB 414A E40 61572
 Gen. Cond: Good / P / Poor / Burnt
 Steering: In order / C / Jammed / Lashed / Burnt or
 Brake: In order / C / Jammed / Lashed / Burnt or
 Mod: N/A / S/Rim / STD 0 Rim or
 Tyre Size: 205 / 60 R 16
 BS / DUN / EXNOVA / GY / PS / LIZA / MIC / OHTSU / RIR / SUMI /
 TOYO / YOKO or: H/L
 Front: 7 Rear: 2
 R/Sel: 7 L/Sel: 7
 D.O.A.: 6/2/8 D.O.I.: 7/2/8
 Survey held at: 1046 / 6/8
 Des. of Damages: Fr. / Rear / O/S / N/S / U/O / Roof top or
o/s Rev
 The U/O / Chassis frame / Body Structure affected due to collision.

Date/Time Action/Instruction
5/2/18 Labrad c/s \$2800 / 26/18

AGG
 412

Date/Time File Pass of ☐ Prel. Report
☐ Final Report

Date/Time File Return of

C

Report Format

Lump Sum / 15

Days Of Repair

Resurvey No. of Trip

Survey Fee

Transporter

Add Fee:

Site Fee: \$

Intercept: \$

Tech. Fee: \$

Miscellaneous: \$

Fuel

Toll


Total

**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

Affiliated to Federation Internationale Des Experts En Automobile				
AIG ASIA PACIFIC INSURANCE PTE LTD		Ref : CC3/AIG18002611/K1ys3		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 08-02-2018		
		Code : AIG		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLS 2646G	Veh. Inspected	SHA 784X	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	08/02/2018	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. 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. General Information				
Accident Date	06/02/2018	Inspection Date	07/02/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO:305114430

CUSTOMER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO: SHA 784X	MILEAGE
	MAKE: HYUNDAI	FUEL E 1/2 F
	MODEL I-40	DATE/TIME IN 06.02.2018 15:15
	YR OF MANU 17.09.2014	TARGET DATE
	CHASSIS CODE KMHLB41UMEU061572	COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.02.2018
NATURE: 3P 06.02.2018

3/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
Vehicle No.: SHA 784X	CHIANG @	Vehicle No.: SHA 784X	
Signature/Date		Date	
returned to Service Reception upon collection		To be kept by Security Guard	

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 784X

DATE 7/2/2018 10:23

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
				\$ 100.00	
	Labour Charge				
	Panel Beating			\$ 350.00	
	Spray Painting Charge			\$ 200.00	
	Wiring Charge			\$ 50.00	
	R/Refix Reverse Sensor			\$ 120.00	
	TOTAL LABOUR			\$ 720.00	
	ESTIMATE TOTAL			\$ 820.00	
<p>1/Calvin 10/1/18</p> <p>7/2/18 1505L</p> <p>2 P-1</p> <p>4s</p> <p>After Repair</p>					
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</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.					

Our Job Ref No : 305114430
Date : 08/02/18

COMFORTDELGRO ENGINEERING

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


FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHA 784X 06/02/18

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

- The repair job shall bill to: AIG SLS2646G
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges

Total for Part-By-Part Repair Cost

 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost \$380.00
- Estimated normal period for repairs: 2 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
- Thank you for your assistance. We confirm the estimates and finalized amount

Signature : CHIANG Signature : K. Chua
Name : CHIANG Name : K. Chua
Tel : 62148314 Date : 8/2/18
Fax : 65468156

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:

REPAIR ESTIMATE*

VEHICLE NO : SHA 784X

MAKE :

MODEL : HYUNDAI i40

DATE 7/2/2018 10:23

MODEL	: HYUNDAI i40				
Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
				\$ 100.00	
	Labour Charge				
	Panel Beating			\$ 350.00	
	Spray Painting Charge			\$ 200.00	
	Wiring Charge			\$ 50.00	
	R/Refix Reverse Sensor			\$ 120.00	
	TOTAL LABOUR			\$ 720.00	
	ESTIMATE TOTAL			\$ 820.00	
<p> <i>Kalvi 10/1/14</i> <i>7/2/18 1505L</i> <i>20/1</i> <i>45</i> <i>After Repair</i> </p>					
<p> LKK Auto Care hereby notify the Repairer that: <ul style="list-style-type: none"> • To remove all other body painting • To display damaged parts during resurvey • Parts on the subject of the survey • The repair work is on a "no time" basis • No deposit is to be taken • Supplemental work must be reviewed and is subject to approval from Insurance Company </p> <p> Acknowledged by: _____ Signature: _____ Date: _____ </p>					
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>					





Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 67414108

Our Ref: CC3/AIG18002611/K1ys3

07 FEBRUARY 2018

TAN MENG HONG
650C JURONG WEST ST 61
#09-242
SINGAPORE 643650

Dear Sir/Madam,

ACCIDENT INVOLVING SLS 2646G & SHA 784X ALONG/AT BUKIT TIMAH ROAD, NEXT TO ROCHOR RIVER ON 06/02/2018

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.

Kindly note that we have reviewed this matter and would like to advise that you and/or your authorized driver may not be absolved from blame for this accident.

If you have evidence/information to prove that we should not settle the third party claim, kindly let us have them in writing within the next 10 days i.e. by **17/02/2018**, after we shall proceed with negotiation with Third Party claimant on the **without prejudice basis** and any settlement should not bind any claims whatsoever by you/your driver against the other party's insurer arising from this particular accident.

Please note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,


Jas Khine
Case Handler
DID: 6841 2928
FAX: 6741 4108
Email: jaskhine@lkkauto.com

c.c. AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONG

I 40 SHA784X , SLS2646G

ON 06-Feb-18 14:40

SUNGEI RD TWDS OPHIR RD B4 JUNCTION OF JALAN BESAR

I / We

TER KWEE YIH (DAI GU... (Hirer) NRIC No.: S7244686J

and/or

(Relief) NRIC No.:

Taxi Number

SHA784X

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

TER KWEE YIH (DAI GUIYI)

Hirer NRIC

S7244686J

Signature :



Address

158 TAMPINES ST 12 #11-61

521158

Contact No.

93696362

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 SS850-00 (Global Sum), for vehicle no. SHA 784X that was damaged pursuant to the accident which occurred on 06/02/2018 (date) along/at BUKIT TIMAH ROAD, NEAR TO ROCHOR RIVER (location) involving vehicle no/s SLS 2646G.

This is pursuant to the inspection conducted on 07/02/2018 (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. SHA 784X 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 SHA 784X (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 09 (day) of March (month) 2018 (year)



fm/18

Signed by appointed surveyor

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADFIELD ROAD
SINGAPORE 579701

Signed by "the workshop" (with chop)

"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 ~~claim~~ 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
SHA 784X

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
17.09.2014

CHASSIS CODE JOB TYPE
KMHLB41UMKU061572

INV. NO/DATE
91356565 09.02.2018

JOB NO.
305114430

ODOMETER READING

Description : 3P 06.02.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	380.00
Add GST @ 7.000 %	26.60
Total Invoice amount.	406.60

Issued by : KATHERINETAN 09.02.2018 16:27:03
Repair Type : CPSO/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: CC18020206



Date: 09 February 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 06/02/2018 @ 14:40 hrs
ALONG SUNGEI RD > OPHIR RD B4 JUNCTION OF JALAN
 BESAR
INVOLVING SLS2646G

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 **SHA0784X** (the "Taxi"). The Taxi was hired to **TER KWEE YIH (DAI GUIYI) IC NO S7244686J** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$119.28** 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.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SL52646G	06 Feb 2018 / 14:40:00	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 Edit Reg		07 Feb 2018 00:00 Edit Adj Rpt	S\$380.00 Edit Estimates	S\$380.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by adjuster]

Insured:	TAN MENG HONG , ID: S6830665E		
Main Claimant:	CITYCAB PTE LTD , Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHA784X	Date of Loss:	06/02/2018 14:00 - :59
Claim Type:	TP / 0685466163SG	Policy/Cover Note No.:	1700049858 (Comprehensive)
Vehicle Reg. No. (Insured):	SLS2646G	Policy No. (Claimant):	D-18088937MFSH
	Excess:		
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Chan, Kian-Chuan] Kian-Chuan.Chan@aig.com		
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 20/02/2018]		

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

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.									

Claim Documents

*SHA784X (0685466163SG)
[SLS2646G]
TP
CITYCAB PTE LTD
Feb 6 2018 2:30PM
[TAN MENG HONG]
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	AIG Asia Pacific Insurance Pte. Ltd. (SG)		Thumbnail	Print		
1	12/02/18 16:50	Accident Statement <small>From: SC - Reg. No: SLS2646G, Claimant: TAN MENG HONG</small>	1	Load HTM			
Photos/Images						3 per page ▼	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print		
1	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
2	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
3	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
4	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
5	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
6	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
7	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
8	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
9	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
10	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
11	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
12	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
13	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
14	09/02/18 08:50	General View	1	Load JPG	<input checked="" type="checkbox"/>		
Documentation						1 per page ▼	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print		
1	09/02/18 11:51	TP GIA REPORT	1	Load PDF			
2	09/02/18 11:51	TP ESTIMATE- MARKED	1	Load PDF			
3	16/03/18 11:23	WORKSHOP INVOICE	1	Load PDF			
4	16/03/18 11:23	AUTHORISATION TO ACT FORM	1	Load PDF			
5	16/03/18 11:23	Release Voucher	1	Load PDF			
6	16/03/18 11:23	RENTAL RECEIPT	1	Load PDF			
7	16/03/18 11:23	LTA SEARCH	1	Load PDF			
8	16/03/18 11:23	LETTER TO OI	1	Load PDF			

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
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There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SLS2646G (Insd veh)	Model:	HYUNDAI I40 1.7 L CRDI AT
	SHA784X (TP veh)		ABS AIRBAG 4DR (A)
Date of Accident:	06/02/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	877.40
Final Repair Cost	:	\$	850.00
Loss of Use	:	\$	3.00 days at \$50.00 per day
Rental (if any)	:	\$	3 days
LTA / GIA Search Fee	:	\$	
Others:	:	\$	
	:	\$	
Final Settlement Sum (Global Sum)	:	\$	850.00

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: 15

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	:	\$ 850.00
2)		:	\$
3)		:	\$
4)		:	\$
5)		:	\$

JOANNE LEE KHANG MIN

16 Mar
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))

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/AIG18002611/K1YS3Q2

Date: 16/03/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 1700049858
 Claimant Vehicle No: SHA784X Insured Vehicle No: SLS2646G
 Date of Loss: 06/02/2018 Nature of Claim: TP Claim No: 0685466163SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA784X
 Make & Model: HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A) Engine No: D4FDEU494014
 Reg. Date: 17/09/2014 (Man. Year: 2014) Chassis No: KMHLB41UMEU061572
 Colour: Yellow Odometer: 418266 km
 Engine Capacity: 1685 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: 205/60 R16 Rear Tyre Size: 205/60 R16
 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	100.00	100.00	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	720.00	280.00	440.00	61.11
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	820.00	380.00	440.00	53.66
+ GST 7.00/7.00% (S\$)	57.40	26.60	30.80	53.66
Nett Amount (S\$)	877.40	406.60	470.80	53.66
+ Loss of Use (3.0 x S\$50.00/day) (S\$)		150.00		
+ Car Rental (3.0 x S\$119.28/day) (S\$)		357.84		
+ Doc/Search Fee (S\$)		7.49		
Nett Liability (S\$)		921.93		
Global Sum Settlement (S\$)		850.00		

INSPECTION

Date of Assignment: 07/02/2018

Date Inspected: 07/02/2018 Inspected At:

ComfortDelGro Engineering Pte Ltd
(Loyang)

59 Loyang Drive
Singapore 508969

Estimated Period of Repair: 2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: Jasmine Khine Phoo Wai

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 RUBBER MAT	Necessary	50.00 FS	*50.00 FS
2	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 FS	*50.00 FS
F=Franchise part. S=SpcNett						
Total Parts (S\$)					100.00	100.00

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	350.00	100.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
3	WIRING CHARGE	New	50.00	0.00
4	R/REFIX REVERSE SENSOR	New	120.00	0.00
Gross Labour Cost (\$\$)			720.00	280.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >