

INS. CASE OWNER:

Lynette

CC4/AXA1800 V916, K2ub7

LKK:

IDAC:

Surveyor:

Falvin

DOI:

ASSIGNMENT

12/7/18

Date / Time:

12/07/18

Registered in Merimen:

12/7/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 5483 X

Name of Insured:

TRANS-CAR SERVICES P/L

Insured Tel No.:

HP:

Excess Sec II :\$5

A 5000

D.O.A.:

10/7/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

TAN Penny Min

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

11070478

Policy No.:

VPX/PI080570

Make / Model:

RENAVIT

Place of Accident:

AIRPORT AVENUE T3 CP

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

SHA 8679P



INSRS:

WSP:

Tel:

Liability:

RMKS:

WBE

W-



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

12/7/18  
TH

SHA 8679P X

SH 5483 X

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

THIN  
50/5

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr 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:

12/7/18

Sent By:

DM

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$5

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

28/5/18

Confirm with:

Catherine

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.: 15

If NO or B 28, Ass. Lia:

Repair Cost:

\$5 706.20

Loss of Rental (LOR):

\$5 234.00

(

2 days)

x 117.00

Loss of Use (LOU):

\$5 100.00

(\$50

x 2 days)

Loss of Income (LOI):

\$5

(\$

x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

(Tick only one)

GIA/LTA Search

\$5

Medical:

\$5

Disbursement:

\$5

(e.g. Tow/ Independent)

Legal Cost

\$5

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$5 1040.20

Global Sum \$5:

1040.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5 1040.00

Name 1:

COMFORTDELGR ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

COPY SENT

(08/11/13)

REF:

Surveyor: Kalvin**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_

Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or NoLum Sum: PIP % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHA 8679PYr Regn: 15 Sep 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai

c.c

1685Colour: Yellow

A/C: Insured / Std / NI / NA

Sp. Reading: 203609

T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLDX14M44093628

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Triangle

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 10/2/18D.O.I. 13/2/18Survey held at COGE (Gum)

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

n/s Frnt.

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

	<u>\$660.00 (Red: \$ 715.12 / 52%)</u>

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

Photos

Others

TOTAL

Report Format: \_\_\_\_\_

Lump Sum / I.B.I: (\$ \_\_\_\_\_)



# 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: 199607196R GST Reg. No. 19-9607196-R

Affiliated to Federation Internationale Des Experts En Automobile				
AXA INSURANCE PTE LTD			Ref : CC4/AXA18002916/K1ub3	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811			Date : 13-02-2018	
			Code : AXA2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 5483X		Veh. Inspected	SHA 8679P
Policy No.			Coverage (\$)	0.00
Claim No.			Excess (\$)	0.00
Assign From			Assign Date	13/02/2018
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model			c.c	0
Engine No.	HIDDEN		Year of Reg.	
Chassis No.			Colour	
Odometer	-		Steering	
Brakes			Modification	
General				
<b>3. Conditions of Tyres</b>				
	Size		Make	Balance
R/H Front Tyre				mm
L/H Front Tyre				mm
R/H Rear Tyre				mm
L/H Rear Tyre				mm
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	10/02/2018		Inspection Date	13/02/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
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: 305116204 JC NO.:

CUSTOMER	REG NO	MILEAGE
CITYCAB PTE LTD	SHA8679P	
MS 7010070	MAKE	FUEL
CUSTOMER NO 983 SIN MING DRIVE	HYUNDAI	E.....1/2.....F
RESS Singapore SINGAPORE 575717	MODEL	DATE/TIME IN
65551188	I-40 12.02.2018 11:55	
(R) (O)	YR OF M	TARGET DATE
(P)	15.09.2016	
COUNT CARD NO.	CHASSIS	COMPLETION DATE/TIME:
	RCR1B41UMGU093628	

Accident Date: 10.02.2018  
NATURE: 3P 10.02.2018

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA8679P CHIANG

Vehicle No.: SHA8679P

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

Our Job Ref No : 305116204  
Date : 14/02/18

## COMFORTDELGRO ENGINEERING

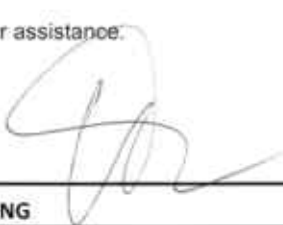
ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

### FINALIZATION FORM


To : LKK  
Attn : KALVIN  
Vehicle Reg No : SHA8679P

Fax :

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

1. The repair job shall bill to: AXA SHS5483X
2. The finalized amount shall be:
  - (a) Spare Parts after List discount
  - (b) Labour Charges \$660.00
  - Total for Part-By-Part Repair Cost** \$660.00
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \_\_\_\_\_
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 : KALVIN  
Date : 21/2/18

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 14.02.2018

Time: 10:28:26

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305116204  
REGN NO : SHA8679P  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 15.09.2016  
DATE/TIME IN : 12.02.2018 11:55  
ACCIDENT DATE : 10.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 360.00

0002 20-05 FRT FENDER ADVERTISEMENT 100.00

SUB-TOTAL : 660.00

TOTAL : 660.00

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

**REPAIR ESTIMATE\***

VEHICLE NO. : SHA 8679P

DATE 12/2/2018 16:37

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>x 14-2</i>			\$ 562.30
	Front Bumper Bracket Top (LH) <i>x 14-2</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>x 14-2</i>			\$ 9.20
	<i>Front Fcl Ls (LH) x 14-2</i>			
	SUB TOTAL			\$ 593.90
	LESS 20%			\$ 118.78
	DISCOUNTED TOTAL			\$ 475.12
	Frnt Fender Advertisement Logo (LH) <i>— x 14-2</i>			\$ 100.00
				\$ 100.00
	Labour Charge			<i>200</i>
	Panel Beating			\$ <del>350.00</del>
	Spray Painting Charge			\$ <del>400.00</del> <i>260</i>
	Tuff Kote			\$ <del>50.00</del> <i>x 14-2</i>
	TOTAL LABOUR			\$ 800.00
	ESTIMATE TOTAL			\$ 1,375.12
	<i>Kalina 16kh</i>			
	<i>13/2/18 1005h</i>			
	<i>2 Pys</i>			
	<i>P/P</i>			
	<i>After Repair p Ls</i>			
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No illegal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature: _____ 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.			

## REPAIR ESTIMATE\*

DATE 12/2/2018 16:37

**MODEL : HYUNDAI i40**

<p><b>KK Auto Consultants hence notify the Repairer of the following:</b></p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged parts in the workshop</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification is allowed</li> <li>• Supplemental items must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p><b>Acknowledged by Repairer:</b></p> <p><b>Signature:</b></p> <p><b>Date:</b></p>	
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Our Ref : CC18020412/ SHA8679P /WT(st)

Your Ref :

Date : 26-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: 19686548W

## 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 609288

**Ubi**  
320 Ubi Road 3  
Singapore 408649

**Senoko**  
24 Senoko Loop  
Singapore 758158

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791

**Yishun**  
501 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 SHA8679P YOUR INSURED SHC5483X AND OTHER ON 10.02.18

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHA8679P 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 : SHC5483X we are submitting these claim for your consideration on behalf of the claimants.

### TAXI OWNER'S CLAIM

1	Cost of Repair	\$	706.20
2	<u>3</u> days Loss of Rental @ \$ <u>117.00</u> per day	\$	351.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	-
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
<b>Sub Total :</b>		\$	<b>1,057.20</b>

### HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	240.00
<b>Total Claims :</b>		\$	<b>1,297.20</b>

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

- Original repair bill and photocopied photographs: 9 pcs.
- LTA search slip/s of : SHC5483X
- GIA / Police report/s of : SHA8679P
- Letter of authority from owner / hirer / operator
  - ( X ) Photocopie/s of Accident Scene Photo/s ( ) Certificate of Insurance
  - ( ) 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)

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**From:** Thin Thin (LKKAUTO)  
**Sent:** Wednesday, 30 May 2018 6:55 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 5483X AND SHA 8679P ALONG AIRPORT T3 TAXI STAND ON 10/02/2018

30 MAY 2018

Transcab Taxi  
Singapore

Dear Sir/Mdm,

OUR REF : CC4/AXA18002916/K1ub3  
YOUR REF : SHC 5483X

### **ACCIDENT INVOLVING SHC 5483X AND SHA 8679P ALONG AIRPORT T3 TAXI STAND ON 10/02/2018**

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 SHA 8679P 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](mailto: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](mailto: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](mailto: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](mailto: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  
ALONG****I 40 SHA8679P , SHC5483X  
AIRPORT T3 TAXI QUEUE****ON 10-Feb-18 23:25**

I / We

**YONG JOON NEN**(Hirer) NRIC No.: **S0097784E**

and/or

**YEO SUNG HEE**(Relief) NRIC No.: **S1079455B**

Taxi Number

**SHA8679P**

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

**12-Feb-2018**

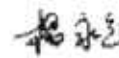
Name of Hirer

**YONG JOON NEN**

Hirer NRIC

**S0097784E**

Signature :



Address

**38 BEO CRESCENT #03-40  
160038**

Contact No.

**90626032**

Name of Relief

**YEO SUNG HEE**

Relief NRIC

**S1079455B**

Signature :



Address

**162 MEI LING ST 09-361  
140162**

Contact No.

**83199656**



redefining / insurance

CLAIM REF : C0470478  
INSURED : TRANS-CAB SERVICES PTE LTD

**DISCHARGE VOUCHER**

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 12 February 2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of **Citycab Pte Ltd** and the Hirer, YONG JOOK KEN vehicle no. SHA 8679P.

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

- agree to accept the sum of Singapore Dollars One Thousand and Forty only (S\$ 1,040.00) 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 5483X) arising out of an accident with (SHA 8679P) on 10/02/2018.
- 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 5483X arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- 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 5483X.

Dated this 28<sup>th</sup> day of May 2018

Signed by \_\_\_\_\_

(AUTHORISED SIGNATORY)

CLAIMS DEPARTMENT

COMFORTDELGRO ENGINEERING PTE LTD

Company Stamp \_\_\_\_\_

59 LOYANG DRIVE

SINGAPORE 509668

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

Witness : \_\_\_\_\_

Name : \_\_\_\_\_

I/C No : \_\_\_\_\_

Address : \_\_\_\_\_

"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"

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 2

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO  
SHA8679P

INV. NO/DATE  
91358302 22.02.2018

MAKE  
HYUNDAI

JOB NO.  
305116204

MODEL  
I-40

ODOMETER READING

DATE OF REG  
15.09.2016

DATE/TIME IN  
12.02.2018 11:55

CHASSIS CODE  
KMHLB41UMGU093628

Items total		660.00
Add GST @	7.000 %	46.20
Invoice amount		706.20

Issued by : KATHERINETAN 22.02.2018 14:31:38  
Repair type : CFSO/57/57  
Payment Type/Term: /Credit 30 days

1. WHILE TAKING ALL NECESSARY PRECAUTIONS, WE ARE NOT RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE OR ACCIDENTAL DAMAGE TO THE VEHICLE OR TO THE PERSONS OR PROPERTY OF ANY OTHER PERSON.  
2. OUR LIABILITY SHALL BE LIMITED TO THE REPAIRS AND PARTS SUPPLIED BY US. WE SHALL NOT BE RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE OR TO THE PERSONS OR PROPERTY OF ANY OTHER PERSON.  
3. INTEREST ON THE AMOUNT DUE SHALL BE CHARGED AT A RATE OF 10% PER ANNUM. WE SHALL NOT BE RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE OR TO THE PERSONS OR PROPERTY OF ANY OTHER PERSON.  
4. COMPANY BY THE UNDERSIGNED MUST PAID ON THE DATE OF THE INVOICE. WE SHALL NOT BE RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE OR TO THE PERSONS OR PROPERTY OF ANY OTHER PERSON.  
5. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND SIGN THE RECEIPT. IF ANY DISCREPANCY IS FOUND, PLEASE REPORT IT TO US IMMEDIATELY. WE SHALL NOT BE RESPONSIBLE FOR ANY DAMAGE TO THE VEHICLE OR TO THE PERSONS OR PROPERTY OF ANY OTHER PERSON.

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.
8010010	91358302	706.20	

Our Ref: CC18020412



Date: 22 February 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON            10/02/2018    @   23:25 hrs  
ALONG                    AIRPORT T3 TAXI QUEUE  
INVOLVING              SHC5483X

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 **SHA8679P** (the "Taxi"). The Taxi was hired to **YONG JOON NEN IC NO S0097784E** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **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.



SR	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
					FROM	TO					FROM	TO
	206	78	7	265	0845	1712	120218	848679P			1155	
	207	02	1	234	1800	0314	0218	848679P				1030
	207	22	3	202	0705	1538		848679P				
	207	39	1	168	1750	0233		848679P				
	207	61	8	227	0920	1744		848679P				
	207	82	2	204	1830	0300		848679P				
	207	97	1	149	0925	1725		848679P				
	208	18	4	213	1755	0233		848679P				
	208	49	1	307	0955	2225		848679P				
	208	60	9	118	0725	1100		848679P				



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

Direct Settlement

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	13 Feb 2018		13 Feb 2018 09:35 <a href="#">Edit Adj Rpt</a>	<b>S\$660.00</b> <a href="#">Edit Estimates</a>	<b>S\$660.00</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 insurer]</span>									
Insured:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K								
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G								
Vehicle Reg. No.:	SHA8679P	Date of Loss:	10/02/2018 00:00 - :59 [16 Months and 26 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / C0470478	Policy/Cover Note No.:	P1680520 (Third Party Only)						
Vehicle Reg. No. (Insured):	SHC5483X	Policy No. (Claimant):	D-18088937MFSH						
		Excess:	S\$5,000.00						
Repairer:	Comfortdelgro Rent-a-car Pte Ltd (HQ) 205 BREDDLE ROAD, 579701 Braddell - Tel:								
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 23/02/2018]								
Driver/Custodian (Insured):	TAN PENG HIN (55 / Male), NRIC: S1543154G, Tel: +6596895145								
Adj Asg. Remarks:	TP is not ARC workshop.								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
• AXA_SG (13/02/2018): New TP Assignment - C0470478/P1680520									
<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

\*SHA8679P (C0470478)  
[SHC5483X]  
TP  
CITYCAB PTE LTD  
Feb 10 2018 12:00AM  
[TRANS-CAB SERVICES PTE LTD]  
Comfortdelgro Rent-a-car Pte Ltd

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

**View** View in Browser

Letters/Correspondences				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)			
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)			
1	14/02/18 15:11	Adjuster Immediate Advice	1	Load HTM	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Finalized On	AXA Insurance Pte Ltd (HQ)			
1	18/04/18 10:49	ACCIDENT PHOTO 1	1	Load JPG	<input checked="" type="checkbox"/>
2	18/04/18 10:49	ACCIDENT PHOTO 2	1	Load JPG	<input checked="" type="checkbox"/>
3	18/04/18 10:49	ACCIDENT PHOTO 3	1	Load JPG	<input checked="" type="checkbox"/>

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)			
1	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
2	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
3	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
4	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
5	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
6	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
7	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
8	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
9	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
10	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
11	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
12	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
13	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
14	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
15	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
16	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
17	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
18	14/02/18 08:43	General View	1	Load JPG	<input checked="" type="checkbox"/>
19	21/02/18 17:43	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
20	21/02/18 17:43	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>
21	21/02/18 17:43	Reinspection Photo	1	Load JPG	<input checked="" type="checkbox"/>

Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AXA Insurance Pte Ltd (HQ)			
1	13/02/18 09:16	ESTIMATE & GIA TP_ABS	1	Load PDF	
2	13/02/18 09:16	GIA SHC5483X INSD_ABS	1	Load PDF	
3	13/02/18 09:17	EMAIL_ABS	1	Load PDF	

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)			
				Thumbnail	Print

Letters/Correspondences				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	14/02/18 16:55	TP ESTIMATE- MARKED	1	Load PDF	
2	31/05/18 10:45	PIR Result	1	Load PDF	
3	04/06/18 08:12	WORKSHOP INVOICE	1	Load PDF	
4	04/06/18 08:12	AUTHORISATION TO ACT FORM	1	Load PDF	
5	04/06/18 08:12	DISCHARGE VOUCHER	1	Load PDF	
6	04/06/18 08:12	RENTAL RECEIPT	1	Load PDF	
7	04/06/18 08:12	LOD	1	Load PDF	
8	04/06/18 08:12	LETTER TO OI	1	Load PDF	

## Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)				
Show Remarks To: <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:	SHC5483X (Insd veh)	Model:	RENAULT LATITUDE 2.0 CVT
	SHA8679P (TP veh)		ABS (A)
Date of Accident:	10/02/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> [ X ] Yes	<input type="checkbox"/> [ ] No
Repair Estimate	:	\$	1,471.38
Final Repair Cost	:	\$	1,040.00
Loss of Token Sum	:	\$	2.00 days at \$50.00 per day
Rental (if any)	:	\$	2 days
LTA / GIA Search Fee	:	\$	
Others:	:	\$	
	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,040.00
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> [ X ] 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: Yes/ <del>No</del> 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	:	\$ 1,040.00
2)		:	\$
3)		:	\$

JOANNE LEE KHANG MIN

04 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))

## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607196R)

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/AXA18002916/K1UB3Q2

Date: 04/06/2018

## REFERENCE

Handling Insurer: AXA Insurance Pte Ltd

Policy No: P1680520

Claimant Vehicle No : SHA8679P

Insured Vehicle No : SHC5483X

Date of Loss: 10/02/2018

Nature of Claim:

TP

Claim No: C0470478

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SHA8679P

Make &amp; Model: RENAULT LATITUDE, 2.0 CVT ABS (A)

Engine No: D4FDGU672448

Reg. Date: 15/09/2016 (Man. Year: 2016)

Chassis No: KMHLB41UMGU093628

Colour: Yellow

Odometer: 208609 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: Triangle 7 mm

Rear Left Side:

Triangle 7 mm

Front Right Side: Triangle 7 mm

Rear Right Side:

Triangle 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	575.12	100.00	475.12	82.61
Miscellaneous Items	0.00	0.00	0.00	
Labour	800.00	560.00	240.00	30.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>1,375.12</b>	<b>660.00</b>	<b>715.12</b>	<b>52.00</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>96.26</b>	<b>46.20</b>	<b>50.06</b>	<b>52.00</b>
<b>Nett Amount (S\$)</b>	<b>1,471.38</b>	<b>706.20</b>	<b>765.18</b>	<b>52.00</b>
<b>+ Loss of Use (2.0 x S\$50.00/day) (S\$)</b>		<b>100.00</b>		
<b>+ Car Rental (2.0 x S\$117.00/day) (S\$)</b>		<b>234.00</b>		
<b>Nett Liability (S\$)</b>		<b>1,040.20</b>		
<b>Global Sum Settlement (S\$)</b>		<b>1,040.00</b>		

## INSPECTION

Date of Assignment: 13/02/2018

Date Inspected: 13/02/2018 Inspected At:

Comfortdelgro Rent-a-car Pte Ltd (HQ)  
205 BREDELL ROAD  
Singapore 579701

Estimated Period of Repair: 2.0 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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 04 Jun 2018)
<b>Parts:</b> 143	RENAULT LATITUDE 2.0 CVT ABS (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SHA8679P)	
<b>Validity:</b>	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
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *

### Recommended Parts

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*FRONT BUMPER COVER (CONSISTENT)	Repair	562.30 FL	*- FL
2	1	*FRONT BUMPER BRACKET TOP (LH) (CONSISTENT)	Serviceable	22.40 FL	*- FL
3	1	*FRONT BUMPER RETAINER MOUNTING (CONSISTENT)	Serviceable	9.20 FL	*- FL
4	1	*FRONT FENDER (LH) (CONSISTENT) (NPA)	Repair	0.00 FL	*- FL
5	1	*FRT FENDER ADVERTISEMENT LOGO (LH) (CONSISTENT)	Necessary	100.00 FS	*100.00 FS
F=Franchise part. S=SpcNett. L=ListItemDisc.					
<b>Sub Total (\$\$)</b>				<b>693.90</b>	<b>100.00</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>				<b>118.78</b>	<b>0.00</b>
<b>Total Parts (\$\$)</b>				<b>575.12</b>	<b>100.00</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
<u>Labour Items</u>				
1	PANEL BEATING	New	350.00	200.00
2	SPRAY PAINTING CHARGE	New	400.00	360.00
3	TUFF KOTE	New	50.00	0.00
Gross Labour Cost (S\$)			800.00	560.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >