

INSURANCE

INS. CASE OWNER

Salha

CC 3 / AIG180 02963 / K1053

LKK: IDAC:

Surveyor

KALVIN

DOI

12/22/18

Date / Time

12/02/18

Registered in Meritmen

13/02/18

Pre-assign / CCU / FTE



Insured Vehicle No. :

SLD 488U

Claim No. :

796671962SG

Name of Insured :

BECK HON TENG (SHI HANTING)

Policy No. :

2100471014

Insured Tel No. :

HP: 9737 2266

Make / Model :

KEA CERATO KS-1.6 (A7)

Excess Sec II :SS

D.O.A : 10/02/18

Place of Accident :

ALONG PIE NEAR TOA PAYOH

Is driver the owner? YES / NO

Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(VA) YES / NO

OI GIA REPORT YES / NO

TP GIA REPORT YES / NO

Insured Liability :

% Final ? Yes / No

Skw 8893K

SLD 488U

SHA 205DS



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/Time	STAGE	DATE / PIC
	Non-Reporting Itr (1st):	
	Non-Reporting Itr (2nd):	
	Non-Reporting Itr (Final):	
	Notification Itr (if non-pickup):	
21/02/18 (Ashu)	Call OI	From 21/2/18
27/2/18 @ 9:36am	After call Itr to OI	
	Documentation Check List:	Handler Typist
	Notification Itr (if non-pickup)	<input type="checkbox"/>
	After call Itr to OI	<input checked="" type="checkbox"/>
	Authorisation To Act	<input checked="" type="checkbox"/>
	Release Voucher	<input checked="" type="checkbox"/>
	Final Repair Bill	<input checked="" type="checkbox"/>
	Car Rental Invoice	<input checked="" type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA	<input checked="" type="checkbox"/>
	Medical Bill	<input type="checkbox"/>
	PIR	<input type="checkbox"/>
	Mandate/Reject Instruction	<input type="checkbox"/>
	LOD	<input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

RECEIVED 17 FEB 2018

PRELIMINARY ADVICE	Date/Time: -	Sent By: -	Confirm with: -	Confirm by: -
FINALIZATION	Date/Time: 19/2/18	Confirm with: JIMMY	Confirm by: ANK	
Repair Cost:	1/5 S\$ 900	(2) days) Reduction:	68 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 8/3/18	Confirm with: (S/O) A	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	28	If NO or B 28, Ass. Lia: 0%
Repair Cost:	4/65 S\$ 963.00	3 VEH C/L OP 200		
Loss of Rental (LOR):	S\$ 345.00	(3) days) x \$115		
Loss of Use (LOU):	S\$ -	15 x days)		
Loss of Income (LOI):	S\$ 150.00	(\$ 50 x 3 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]	
GIA/LTA Search	S\$ 149			
Medical:	S\$ -			
Disbursement:	S\$ -	(e.g. Tow/Independent)		
Legal Cost	S\$ -			
Total:	S\$ 1,465.99	Global Sum S\$:	1,460.00	
FINAL PAYMENT	Date/Time: 8/3/18	Confirm with: (S/O) A	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 1,460.00	Name 1:	COMFORT DESIGN ENGINEERING PTE LTD	
Payee 2: (Strike if N.A.)	S\$	Name 2:		
Payee 3: (Strike if N.A.)	S\$	Name 3:		

COPY SENT 14/3/18

Surveyor: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect 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 No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 20505 Yr Regn: 10 Jly 2014

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

Truck / Trailer or

Make: Hyundai 280 c.c. 1685

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 430776 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KM HCB414ME4056095

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Har Kook

Front: _____ Rear: _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 10/2/18 D.O.I. 12/2/18

Survey held at COSE (124)

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

Rear

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>14/2/18</u>	<u>Value 45 \$ 900 / 20%</u>
	<u>45 \$ 900 (AEO) + 1,561.58 (20%)</u>

AJA
41.

Date/Time, File Pass to? : Prel. Report
 : Final Report

1) _____
Date/Time, File Return to?

Report Format : _____
Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____
Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. Invs (\$ _____)
 : Weekend (\$ _____)

Survey Fee:	
Transportation:	
\$ + RS. SI	
Photos	
Others	
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/AIG18002963/K1es3

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Date : 13-02-2018



Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLD 4881J	Veh. Inspected	SHA 2050S
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	13/02/2018

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	10/02/2018	Inspection Date	12/02/2018
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.
--

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 2050S

*AIG/LKK
Rear*

DATE 12/2/2018 13:56

Ju.

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)?		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket			\$ 49.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Advertisement Logo			\$ 50.00
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 380.00 ²⁰⁰
	Spray Painting Charge			\$ 200.00 ¹⁸⁰
	Wiring Charge			\$ 50.00 ^X
	R/Refix Reverse Sensor			\$ 120.00 ^X
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,461.58

*Kaler LKK
12/2/18 1500h
2 Days
43
After Repair photo*

LKK Auto Consultants hence notify the Repairer of the following:

- To survey before spray painting
- To display damaged parts during survey
- Parts prices are subject to change
- Third party survey is not a LKK Auto Consultants liability
- No illegal modifications allowed
- Supplementary items must be supplied and agreed
- is subject to final approval from insurance company

Acknowledged by Repairer
Signature:
Date:

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.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305116149

Date : 13/02/2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA2050S

Date of Accident : 10/02/18

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

1. The repair job shall bill to: AIG --- SLD4881J
###
2. The finalized amount shall be:

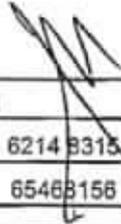
(a) Spare Parts after List discount		<u>\$0.00</u>
(b) Labour Charges	###	<u>\$0.00</u>
Total for Part-By-Part Repair Cost		<u>\$900.00</u>
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		<u> </u>
Final Lumpsum Repair cost		<u> </u>

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.

We confirm the estimates and finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 14/2/18

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	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEMS:

COMFORTDELGRO ENGINEERING PTE LTD

Ju.

REPAIR ESTIMATE*

VEHICLE NO : SHA 2050S

*AIG/LKK
Rear*

DATE 12/2/2018 13:56

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>1 pc X 100</i>			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X 100</i>	\$	180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X 100</i>			\$ 49.00
	Rear Bumper Clips <i>1 pc</i>			\$ 22.00
	Rear Bumper Sponge <i>X 100</i>			\$ 143.40
	Rear Bumper Under Cover <i>1 pc</i>			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20% DISCOUNTED TOTAL			\$ 381.47 \$ 1,525.88
	Rear Bumper Reverse Sensor <i>X 1 pc</i>			\$ 135.70
	Rear Bumper Advertisement Logo <i>1 pc</i>			\$ 50.00
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 380.00 ²⁰⁰
	Spray Painting Charge			\$ 200.00 ¹⁸⁰
	Wiring Charge			\$ 50.00 ^{X 100}
	R/Refix Reverse Sensor			\$ 120.00 ^{X 100}
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,461.58

*Kaler LKK
12/2/18 1500hr
2 Days
45
After Repair photo*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary work(s) must be resurveyed and is subject to final approval from Insurer

Acknowledged by Repairer:
Signature:
Date:

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 Ref : T 0218 / SHA2050S /CL(st)
 Your Ref: _____
 Date : 21-Feb-18

ComfortDelGro Engineering Pte Ltd
 205 Braddell Road Singapore 579701

CDGE Taxi Claims Dept
 59 Loyang Drive 4th Floor
 Singapore 508969

Mainline +65 6383 6280
 Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199600489

Workshops

Braddell
 205 Braddell Road
 Singapore 579701

Loyang
 59 Loyang Drive
 Singapore 508969

Sin Ming
 363 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

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 SHA2050S YOUR INSURED SLD4881J
 AND OTHER SKW8893K ON 10.02.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA2050S 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 SLD4881J we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 963.00
2	<u>4</u> days Loss of Rental @ \$ 115.00 per day	\$ 460.00
3	Survey Report Fees (<i>Surveyed by M/s LKK</i>)	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation	\$ -
Sub Total :		\$ 1,430.49

HIRER'S CLAIM

7	<u>4</u> days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims :		\$ 1,750.49

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 : SLD4881J
 c) GIA / Police report/s of : SHA2050S
 d) Letter of authority from owner / hirer / operator
 () Photograph/s of Accident Scene () Certificate of Insurance
 () Witness statement/s (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.

A member of

COMFORTDELGRO



*Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Tuesday, 27 February 2018 3:16 PM
To: 'LINUSSECK@GMAIL.COM'
Subject: ACCIDENT INVOLVING SLD 4881J AND SHA 2050S / OTHERS ON 10/02/2018



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

Our Ref: CC3/AIG18002963/K1es3

27 FEB 2018

SENG HON TENG

Dear Sir/Madam,

ACCIDENT INVOLVING SLD 4881J AND SHA 2050S / OTHERS ON 10/02/2018

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.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant.

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.

You are aware that your No-Claim Discount (NCD – if applicable) will be with held for the time being. Pending for final allocation of liability in settlement by our principal AIG Asia Pacific Insurance Pte Ltd.

Please call us if you have further queries.

Yours faithfully,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING I 40 SHA2050S , SLD 4881J AND Skw 8995k ON 10-Feb-18 12:15
ALONG PIE TWDS CHANGI AIR PORT AFTER TOA PAYOH EXIT.

I / We **YOONG HOW CHOON** (Hirer) NRIC No.: **S0092830E**

and/or **OH CHIN ENG** (Relief) NRIC No.: **S1288570I**

Taxi Number **SHA2050S**

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 **11-Feb-2018**

Name of Hirer **YOONG HOW CHOON**
 Hirer NRIC **S0092830E**

Signature :



Address **935 TAMPINES STREET 91 #06-335**
520935

Contact No. **92211975**

Name of Relief **OH CHIN ENG**
 Relief NRIC **S1288570I**

Signature :



Address **891A TAMPINES AVENUE 8 15-72**
521891

Contact No. **90287750**

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\$1,760.00** (Global Sum) for vehicle no. **SHA 2050S** that was damaged pursuant to the accident which occurred on **10/02/2018** (date) along **PIE TWDS CHANGI AIRPORT AFTER TOA PAYOH EXIT** (location) involving vehicle no/s **SLD 4881J**.

This is pursuant to the inspection conducted on **12/02/2018** (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner **COMFORT TRANSPORTATION PTE LTD** ("the third party claimant") of vehicle no. **SHA 2050S** 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 2050S** (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 08 (day) of 03 (month) **20** 18 (year)



AWK

Signed by appointed surveyor

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 57001

Signed by "the workshop" (with chop)

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

"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."

Our Ref: CT18020361

Date: 14 February 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 10/02/2018 @ 12:15 hrs
ALONG PIE TWDS CHANGI AIR PORT AFTER TOA PAYOH
 EXIT
INVOLVING SLD4881J, SKW8893K

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA2050S** (the "Taxi"). The Taxi was hired to **YOONG HOW CHOON IC NO S0092830E** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

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

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLD4881J	10 Feb 2018 / 12:15:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Previous](#) [OK](#)

SHA 201805

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

Express

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	13 Feb 2018 Edit Reg		12 Feb 2018 00:00 Edit Adj Rpt	\$900.00 Edit Estimates	\$900.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:	Seck Hon Teng (Shi HanTing) , ID: S8233742C								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHA2050S	Date of Loss:	10/02/2018 12:00 - :59						
Claim Type:	TP / 7966371963SG	Policy/Cover Note No.:	2100471014						
Vehicle Reg. No. (Insured):	SLD4881J	Policy No. (Claimant):	D-18088936MFSH						
	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 Wui, Shawn-KJ] Shawnkaijye.Wui@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 23/02/2018]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
• AIG_SG (14/02/2018): Request To Upload TP GIA Report									
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

*SHA2050S (7966371963SG)
 [SLD4881J]
 TP
 COMFORT TRANSPORTATION PTE LTD
 Feb 10 2018 12:00PM
 [Seck Hon Teng (Shi HanTing)]
 ComfortDelGro Engineering Pte Ltd

Upload Documents Upload Photos Compose New Letter Upload Video Upload Audio			View View in Browser	
Letters/Correspondences			1 per page v <input checked="" type="checkbox"/>	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	(Draft)	Third Party Express Settlement - Payment Breakdown	Edit	
Photos/Images			3 per page v <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
2	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
3	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
4	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
5	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
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9	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
10	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
11	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
12	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
13	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
14	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
15	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
16	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
17	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
18	14/02/18 08:36	General View	Load JPG	<input checked="" type="checkbox"/>
19	14/02/18 17:06	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
20	14/02/18 17:06	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
21	14/02/18 17:06	Reinspection Photo	Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page v <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	14/02/18 11:34	TP GIA REPORT	Load PDF	
2	14/02/18 11:34	TP ESTIMATE- MARKED	Load PDF	
3	27/02/18 15:16	LETTER TO OI	Load PDF	
4	15/03/18 10:39	WORKSHOP INVOICE	Load PDF	
5	15/03/18 10:39	AUTHORISATION TO ACT FORM	Load PDF	
6	15/03/18 10:39	Release Voucher	Load PDF	
7	15/03/18 10:39	RENTAL RECEIPT	Load PDF	
8	15/03/18 10:39	LTA SEARCH	Load PDF	
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
1	14/02/18 10:49	OI GIA	Load PDF	

Documents Checklist

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

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)
<div style="border: 1px solid gray; height: 40px; width: 100%;"></div>
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:	SLD4881J (Insd veh)	Model:	HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A)
	SHA2050S (TP veh)		
Date of Accident:	10/02/2018		

Global Sum Settlement	: [X] Yes	[] No
Repair Estimate	: \$	2,633.89
Final Repair Cost	: \$	1,460.00
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)	: \$	1,460.00
Is Third Party Workshop GIA Registered? [X] YES [] NO (Kindly indicate below)		
A) For <u>Non GIA Registered Workshop</u> : Agreed Liability _____(%)		
B) For <u>GIA Registered Workshop</u> : BOLA Applicable: Yes/ No- BOLA Scenario No: _____		
BOLA Liability: _____100_____(%) Assessed Liability (*): _____0_____(%)		
* 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	: \$ 1,460.00
2)		: \$
3)		: \$
4)		: \$
5)		: \$

JOANNE LEE KHANG MIN

LKK Auto Consultants Pte Ltd

15 Mar
2018

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/AIG18002963/K1ES3Q2

Date: 15/03/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.	Policy No:	2100471014
Claimant Vehicle No : SHA2050S	Insured Vehicle No :	SLD4881J
Date of Loss: 10/02/2018	Nature of Claim:	TP Claim No: 7966371963SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA2050S	
Make & Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Engine No: D4FDEU440191
Reg. Date:	10/07/2014 (Man. Year: 2014)	Chassis No: KMHLB41UMEU056095
Colour:	Blue	Odometer: 430776 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):	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	1,711.58	730.48	981.10	57.32
Miscellaneous Items	0.00	0.00	0.00	
Labour	750.00	380.00	370.00	49.33
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,461.58	1,110.48	1,351.10	54.89
Approved Total (Overridden) (S\$)		900.00		
	(S\$) 2,461.58	900.00	1,561.58	63.44
+ GST 7.00/7.00% (S\$)	172.31	63.00	109.31	63.44
Nett Amount (S\$)	2,633.89	963.00	1,670.89	63.44
+ Loss of Use (3.0 x S\$50.00/day) (S\$)		150.00		
+ Car Rental (3.0 x S\$115.00/day) (S\$)		345.00		
+ Doc/Search Fee (S\$)		7.49		
	Nett Liability (S\$)	1,465.49		
	Global Sum Settlement (S\$)	1,460.00		

INSPECTION

Date of Assignment: 12/02/2018

Date Inspected: 12/02/2018 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: Asher Sng Rong Yi

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	603.60 FL	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Serviceable	360.00 FL	*- FL
4	1		*REAR BUMPER SIDE BRACKET	Serviceable	49.00 FL	*- FL
5	1		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
6	1		*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
7	1		*REAR BUMPER UNDER COVER	Cut	225.00 FL	*225.00 FL
8	1		*REAR BUMPER REVERSE SENSOR	Not Necessary	135.70 FS	*- FS
9	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 FS	*50.00 FS

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

Sub Total (S\$)	2,093.05	900.60
- List Item Discount on L Items 20.00/20.00% (S\$)	381.47	170.12
Total Parts (S\$)	1,711.58	730.48

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	380.00	200.00
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 (\$\$)			750.00	380.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >