

INS. CASE OWNER:

Shawn

CC 3 / AIG180 02966 / K1093

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

12/02/18

Date / Time:

12/02/18

Registered in Meritmen:

12/02/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLU 9894A

Claim No.:

1650445323SG

Name of Insured:

HEALTHY HEART CLINIC PTE LTD

Policy No.:

1900000662

Insured Tel No.:

HP: 9422 7319

Make / Model:

SUBARU FORESTER - 2.0I-L (55) (A)

Excess Sec II :SS

D.O.A: 12/02/18

Place of Accident:

JUNCTION OF LOWER DELTARD AND JALAN SUKUT MERAH

Is driver the owner?

(YES / ☒ NO)

Nature of Accident:

If NO, Driver Name / Age:

WONG SENG SING

OI GIA REPORT ☒ YES / NOTP GIA REPORT ☒ YES / NO

Driver Tel No.:

9422 7319

(V/L: ☒ YES / NO)

Insured Liability:

Final ? Yes / No

SHC 8855



INSRS:

WSP: 009E (Lapang)

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):

Call OI:

After call Itr to OI:

Documentation Check List: Handler Typist

Notification Itr (if non-pickup)

After call Itr 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:

21/02/18 (After)

21/2/18 @ 9:30am

FILED O/D COMPANED ACCIDENT. O/D REPAIR ENDED TP. INFROM TP CLAIM TALKED TO SENE AND ADVISE ABOUT ACTS FOR

RECEIVED 22 APR 2018

PRELIMINARY ADVICE

Date/Time:

-

Sent By:

-

FINALIZATION

Date/Time:

11/2/18

Confirm with: PRANK

Confirm by: PRANK

Repair Cost:

P/R SS380

(2 days) Reduction:

6A %

Email ☒Call ☐

FINAL SETTLEMENT

Date/Time:

3/4/18

Confirm with: CHOWA

Email ☒Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.:

27

If NO or B 28. Ass. Lia:

Repair Cost:

W/661 SS299.60

O/D REPAIR ENDED TP.

Loss of Rental (LOR):

SS 254.00

(2 days) x 127.00

Loss of Use (LOU):

SS -

(5 x 2 days)

Loss of Income (LOI):

SS 100.00

(500 x 2 days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LO ☒

(Tick only one)

GIA/LTA Search

SS 149

Medical:

SS -

Disbursement:

SS -

(e.g. Tow/Independent)

Legal Cost

SS -

Total:

SS 641.09

Global Sum SS:

FINAL PAYMENT

Date/Time:

3/4/18

Confirm with: CHOWA

Email ☒Call ☐

Payee 1:

SS 641.09

Name 1: COMPTONWILLIS ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lump Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 87555 Yr Regn: 4 Apr 2016Type: M.Car / M.Cycle / Bus / Van / Lorry / Tr / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 C.C. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 272653 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: K4HLB414A44085473Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Maxxis

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 12/2/18 D.O.I. 12/2/18Survey held at CPHCL

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

Rear o/s

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

Date / Time	Action / Instruction
14/2/18	Carpal PIP \$280 / 2 days.
	(REP: +620.48 69%)

Date/Time, File Pass to?

☐

Prel. Report

Days Of Repair: _____

1)

☐

Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format: _____

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

Our Job Ref No : 305116147
Date : 13/02/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SHC 8755 S SLU9894A

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

- The repair job shall bill to: AIG
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges \$280.00
 - Total for Part-By-Part Repair Cost \$280.00
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost
- 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 :
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name : K. L. N.
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				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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

JOB NO : 305116147
REGN NO : SHC8755S
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 04.03.2016
DATE/TIME IN : 12.02.2018 10:50
ACCIDENT DATE : 12.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 180.00

SUB-TOTAL : 280.00

TOTAL : 280.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :



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/AIG18002966/K1es3

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Date : 13-02-2018



Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLU 9894A	Veh. Inspected	SHC 8755S
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	12/02/2018	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.
--

Team: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO.305116147

CUSTOMER		REGN NO.	MILEAGE
MS COMFORT TRANSPORTATION PTE LTD		SHC8755S	
CUSTOMER NO. 7010045		MAKE	FUEL
ADDRESS 383 SIN MING DRIVE		HYUNDAI	E.....1/2.....F
Singapore SINGAPORE 575717		MODEL	DATE/TIME IN
65508755		I-40	12.02.2018 10:50
(R)	(C)	YR OF MANU.	TARGET DATE
(P)		04.03.2016	
COUNT CARD NO.		CHASSIS CODE	COMPLETION DATE/TIME
		KMHLB41UMGU085433	

Accident Date: 12.02.2018
NATURE: 3P 12.02.2018

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION

PACKED & PASSED OUT BY: _____

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Wedge ment Slip		Exit Pass	
Vehicle No.: SHC8755S CHIANG		Vehicle No.: SHC8755S	
Signature/Data		Date	
Name of Service Advisor		To be kept by Security Guard	

Our Ref : T 0218 / SHC8755S /CL(st)
Your Ref:
Date : 2-Mar-18

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

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC8755S YOUR INSURED SLU9894A
AND OTHER ON 12.02.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHC8755S** 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 **SLU9894A** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 299.60
2	2 days Loss of Rental @ \$ 117.00 per day	\$ 234.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation	\$ -
Sub Total :		\$ 541.09

HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims :		\$ 701.09

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

- a) Original repair bill and photocopies of photographs : 6 pcs.
b) LTA search slip/s of : SLU9894A
c) GIA / Police report/s of : SHC8755S
d) Letter of authority from owner / hirer / operator
(X) 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.

CDGE Taxi Claims Dept
59 Loyang Drive 4th Floor
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: 198600249

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758158

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Tuesday, 27 February 2018 3:08 PM
To: 'SIONGSUNG@GMAIL.COM'
Subject: ACCIDENT INVOLVING SLU 9894A AND SHC 8755S ON 12/02/2018



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/AIG18002966/K1es3

27 FEB 2018

HEALTHY HEART CLINIC PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SLU 9894A AND SHC 8755S ON 12/02/2018

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.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

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

Please 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,

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
ALONGi 40 SHC8755S , SLU9894A
LOWER DELTA RD X JALAN BUKIT MERAH

ON 12-Feb-18 08:40

I / We

NEO AH LENG

(Hirer) NRIC No.: S1282086J

and/or

CHIO PENG LEONG

(Relief) NRIC No.: S1612847C

Taxi Number

SHC8755S

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
Hirer NRICNEO AH LENG
S1282086J

Signature :



Address

19 TELOK BLANGAH CRESCENT #13...
090019

Contact No.

91146184

Name of Relief
Relief NRICCHIO PENG LEONG
S1612847C

Signature :



Address

3 EVERTON PARK 06-75
080003

Contact No.

97856292

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\$299.60** (Repair Cost), **S\$334.00** (Loss of Use/Rental), **S\$7.49** (Disbursement) for vehicle no. **SHC 8755S** that was damaged pursuant to the accident which occurred on **12/02/2018** (date) along **LOWER DELTA RD X JALAN BUKIT MERAH** (location) involving vehicle no/s **SLU 9894A**.

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. **SHC 8755S** 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 **SHC 8755S** (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.

- 3 APR 2018

Dated this _____ (day) of _____ (month) 20____ (year)



AWK

Signed by appointed surveyor

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL 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 cheque made payable to:-
COMFORTDELGRO ENGINEERING PTE LTD

299.60

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHERTON WAY, CHARTIS BUILD
SINGAPORE SG 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHC8755S

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
04.03.2016

CHASSIS CODE
KMHTB41UMGU085433

INV. NO/DATE
91358958 26.02.2018

JOB NO.
305116147

ODOMETER READING

DATE/TIME IN
12.02.2018 10:50

Issued by : KATHERINKTAN 26.02.2018 16:13:35
Repair type : CISO/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.
8010004	91358958	299.60	

Our Ref: CT18020370

Date: 23 February 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 12/02/2018 @ 08:40 hrs
ALONG LOWER DELTA RD X JALAN BUKIT MERAH
INVOLVING SLU9894A

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 **SHC8755S** (the "Taxi"). The Taxi was hired to **NEO AH LENG IC NO S1282086J** a registered hirer-operator of **Comfort Transportation 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 **India International Insurance Pte 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.

HOURS OPERATED (T)		DATE	NAME OF DRIVER	MILEAGE HEADING						MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
FROM	TO			1	2	3	4	5	6		FROM	TO
		09/02/18	Ne	27	14	32				282	0900	1735
		09-02-18	Nto	27	16	88				256	1800	0340
		10/02/18	Sam	27	18	88				200	0800	1635
		10-02-18	Nto	27	21	73				285	1720	0440
		11/02/18	Sim	27	23	48				175	0835	1721
		11-02-18	Nto	27	26	16				268	1740	0430
		12-02-18	Clio								0820	-
		120218	} Accident Reported							546	87555	1250
		130218										-

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLU9894A	12 Feb 2018 / 08:40:00	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'ed	Status
Main	12 Feb 2018 Edit Reg		12 Feb 2018 00:00 Edit Adj Rpt	\$5280.00 Edit Estimates	\$5280.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
-------------	------------------	----------------------	------------------	--------------------------

CLAIM SUBFOLDER DETAILS [Created by adjuster]

Insured:	Healthy Heart Clinic Pte Ltd, Co. Reg. No.: 201732642R		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC87555	Date of Loss:	12/02/2018 08:00 - :59 [23 Months and 8 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 1650445323SG	Policy/Cover Note No.:	1800000662 (Comprehensive)
Vehicle Reg. No. (Insured):	SLU9894A	Policy No. (Claimant):	MCOM0015
		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:	India International Insurance Pte Ltd (HQ) - Tel: 63476100		
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

*SHC8755S (1650445323SG)
[SLU9894A]
TP
COMFORT TRANSPORTATION PTE LTD
Feb 12 2018 8:00AM
[Healthy Heart Clinic Pte Ltd]
ComfortDelGro Engineering Pte Ltd

Upload Documents Upload Photos Compose New Letter Upload Video Upload Audio			View View in Browser	
Letters/Correspondences			1 per page <input type="checkbox"/> <input checked="" type="checkbox"/>	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	(Draft)	Third Party Express Settlement – Payment Breakdown	 Edit	
Assessment Reports				
			1 per page <input type="checkbox"/> <input checked="" type="checkbox"/>	
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
1	14/02/18 10:00	Accident Statement <small>From: SC - Reg. No: SLU9894A, Claimant: HEALTHY HEART CLINIC PTE LTD</small>	 Load HTM	
Photos/Images				
			3 per page <input type="checkbox"/> <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
2	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
3	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
4	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
5	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
6	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
7	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
8	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
9	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
10	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
11	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
12	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
13	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
14	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
15	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
16	14/02/18 08:38	General View	 Load JPG	<input checked="" type="checkbox"/>
17	14/02/18 17:07	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
18	14/02/18 17:07	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
19	14/02/18 17:07	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
Documentation				
			1 per page <input type="checkbox"/> <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	14/02/18 11:51	TP GIA REPORT	 Load PDF	
2	14/02/18 11:51	TP ESTIMATE- MARKED	 Load PDF	
3	27/02/18 15:09	LETTER TO OI	 Load PDF	
4	04/04/18 14:05	WORKSHOP INVOICE	 Load PDF	
5	04/04/18 14:05	AUTHORISATION TO ACT FORM	 Load PDF	
6	04/04/18 14:05	Release Voucher	 Load PDF	
7	04/04/18 14:05	RENTAL RECEIPT	 Load PDF	
8	04/04/18 14:05	LTA SEARCH	 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></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:	SLU9894A (Insd veh)	Model:	HYUNDAI I40 1.7 D CRDI F/L
	SHC8755S (TP veh)		AT ABS AIRBAG 4DR (M)
Date of Accident:	12/02/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Repair Estimate	:	\$	963.51
Final Repair Cost	:	\$	299.60
Loss of Use	:	\$	100.00
Rental (if any)	:	\$	234.00
LTA / GIA Search Fee	:	\$	7.49
Others:	:	\$	0.00
	:	\$	
Final Settlement Sum	:	\$	641.09

2.00 days at \$50.00 per day
2 days

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability _____ (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: _____
 BOLA Liability: _____ 100 (%) Assessed Liability (*): _____ (%)
 * Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks _____

Payment Instruction: Payee's Breakdown			
1)	ComfortDelGro Engineering Pte Ltd	:	\$ 641.09
2)		:	\$
3)		:	\$
4)		:	\$
5)		:	\$

JOANNE LEE KHANG MIN

04 Apr
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: CC3/AIG18002966/K1EA3Q2

Date: 04/04/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 1800000662
 Claimant Vehicle No: SHC8755S Insured Vehicle No: SLU9894A
 Date of Loss: 12/02/2018 Nature of Claim: TP Claim No: 1650445323SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC8755S
 Make & Model: HYUNDAI I40, 1.7 D CRDI F/L AT ABS AIRBAG 4DR (M) Engine No: D4FDFU594895
 Reg. Date: 04/03/2016 (Man. Year: 2015) Chassis No: KMHLB41UMGU085433
 Colour: Blue Odometer: 272653 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	500.48	0.00	500.48	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	400.00	280.00	120.00	30.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	900.48	280.00	620.48	68.91
+ GST 7.00/7.00% (S\$)	63.03	19.60	43.43	68.90
Nett Amount (S\$)	963.51	299.60	663.91	68.91
+ Loss of Use (2.0 x S\$50.00/day) (S\$)		100.00		
+ Car Rental (2.0 x S\$117.00/day) (S\$)		234.00		
+ Doc/Search Fee (S\$)		7.49		
Nett Liability (S\$)		641.09		

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	Repair	603.60 FL	*- FL
2	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
					Sub Total (S\$)	625.60
					- List Item Discount on L Items 20.00/20.00% (S\$)	125.12
					Total Parts (S\$)	500.48

F=Franchise part. L=ListItemDisc.

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	200.00	100.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
Gross Labour Cost (S\$)			400.00	280.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >