

INS. CASE OWNER:

Ernst

CC 4 / AXA1800

3092, 12/10/18

LKK
IDAC

Surveyor:

Kalvin

DOI:

ASSIGNMENT

14/1/18

Date / Time:

14/1/18

Registered in Merimen:

14/1/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 78665

Name of Insured:

TRANS-UB SERVICES P/L

Insured Tel No.:

HP:

Excess Sec II :\$

\$5000

D.O.A.:

12/1/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

TAN SION HUONG

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

60470553

Policy No.:

VPX1P1680620

Make / Model:

HEVRIET

Place of Accident:

SERANGGON RD TANG BORN
FERN RD

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

Insured Liability:

%

Final ? Yes / No

SHA 7681M



INSRS:

WSP:

Tel:

Liability:

RMKS:

come
m



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

14/1/18

you

SHA 7681M - 4
u pls obtain TP video to confirm liability. 4

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:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

X

After call ltr to OI:

X

Authorisation To Act:

X

Release Voucher:

X

Final Repair Bill:

X

Car Rental Invoice:

X

Towing Invoice:

X

LTA / GIA:

X

Medical Bill:

X

PIR:

X

Mandate/Reject Instruction:

X

LOD

X

Payment Breakdown Form:

X

Post-Repair Photos:

X

Others:

X

RECEIVED 17 APR 2018

PRELIMINARY ADVICE

Date/Time: 20/1/18

Sent By: Tan

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

CATHERINE

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. : NIL

If NO or B 28, Ass. Lia :

Repair Cost:

\$

1,304.54

Loss of Rental (LOR):

\$

344.16

(2 days)

X 172.08

Loss of Use (LOU):

\$

-

(5 x 2 days)

X 100

Loss of Income (LOI):

\$

100

(50 x 2 days)

X 100

LOR only

LOU only

LOR + LOU

LOR + LOI

(Tick only one)

GIA/LTA Search

\$

-

Medical

\$

-

Disbursement:

\$

-

(e.g. Tow/ Independent)

Legal Cost

\$

-

Total:

\$

1,748.70

Global Sum \$:

1,745.XX

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$

1,745.XX

Name 1:

COMFORTDELGRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

\$

X

Name 2:

X

Payee 3: (Strike if N.A.)

\$

X

Name 3:

X

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

VIDEO-TP STATIONARY
WHEN HIT BY OI.

Driver: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp Vehicle No: _____

at Work stop 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

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 7 681M

Yr Regn: 17 May 2015

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

Truck / Trailer or

Make: Mercedes Benz

E 220

C.C

2143

Colour: White

A/C: Insured

Std / NI / NA

Sp. Reading: 442415

T/Radio: Insured

Std / NI / NA

Eng/No: _____

C/No: VDD2120.120171365

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225 / 55 R16

R: _____

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

TOYO / YOKO or Wet/6

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. _____

D.O.I. 14/2/18

Survey held at (DKE (6072))

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

O/S wing mirror

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

Date / Time

Action / Instruction

2/2/18 At PIP \$ 1219.20 / 1 Day.

AXA
PIP

R (\$578/32%)

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. Insp (\$ _____)

Survey Fee:

Transportation:

\$ + RS \$ _____

Photo

Other

Report Form 1



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

AXA INSURANCE PTE LTD

Ref : CC4/AXA18003092/K1jb3

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 15-02-2018



Code : AXA2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 7866S	Veh. Inspected	SHA 7681M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	15/02/2018

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

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5. General Information

Accident Date	12/02/2018	Inspection Date	14/02/2018
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.

Our Job Ref No : 305116538
Date : 14/02/18



COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHA7681M 12/02/18

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

1. The repair job shall bill to: AXA SHB7866S
 2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,019.20
 - (b) Labour Charges \$200.00
 - Total for Part-By-Part Repair Cost \$1,219.20**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: _____
Final Lumpsum Repair cost _____
 3. Estimated normal period for repairs: 1 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 :  Signature : 
Name : CHIANG Name : K. L. L.
Tel : 62148314 Date : 20/2/18
Fax : 65468156

For Official Use Only

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

Remarks:

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

JOB NO : 305116538
REGN NO : SHA7681M
MILEAGE : 0000000000
MAKE : MERCEDES BENZ
MODEL : E220CDI(E6)
DATE OF REGN : 13.05.2015
DATE/TIME IN : 13.02.2018 01:45
ACCIDENT DATE : 12.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0202-0898-G (212)MIRROR HOUSING W/SIG 1 414.00 20.00 331.20

0002 04-01-0202-2099-G (212)MIRROR MOTOR ASSY FR 1 860.00 20.00 688.00

SUB-TOTAL : 1,019.20

JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 50.00

0002 23-01 TOWING FEE 50.00

SUB-TOTAL : 200.00

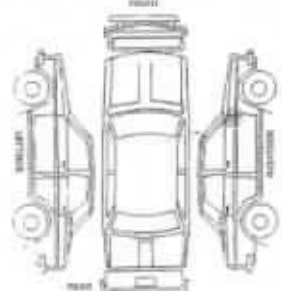
TOTAL : 1,219.20

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition

Date: 13/02/2018 Time Received: 01.45		3. Vehicle Type:	4. Type of Towing:
<input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : MR NGIAM Contact No. : 93271020 Vehicle No. : SHP 7681M Make / Model / Colour : E220 Email :		<input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	<input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
Location: 210 Choa Chu Kang CENTRAL		5. Nature of Service:	6. Parts Replaced/Remarks:
Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungai Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		<input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	
1. Odometer Reading : 442495 Fuel Level : F 1/4 1/2 3/4 E		8. Vehicle Tow - In Workshop:	
2. Towing Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input checked="" type="checkbox"/> YISHUN TOWING <input type="checkbox"/> OTHERS Name of Driver : WANG YUAN DONG Vehicle No. : YPS480P Time of Dispatch : 01.45 Time of Arrival : 07.28 Time Completed : 03.30		11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested	

Cash Invoice Details (if applicable)

3. Cash Invoice No. :

Customer Acknowledgement

- I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.
- I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.
- Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

13/02/2018 Date 07.38 Time Signature of Customer

4. WORKSHOP

Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 7681M

DATE 13/2/2018 15:08

MAKE :

MODEL : MERCEDES

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Mirror Glass, Frt/ RH <i>x</i>			\$ 240.00
	Mirror Glass Cover, Frt/ RH <i>x</i>			\$ 70.00
	Mirror Housing W/Signal Lamp, Frt/ RH <i>—</i>			\$ 414.00
	Mirror Motor Assy, Frt/ RH <i>—</i>			\$ 860.00
	SUB TOTAL			\$ 1,584.00
	LESS 20%			\$ 316.80
	DISCOUNTED TOTAL			\$ 1,267.20
	Labour Charge			
	Panel Beating			\$ 280.00 <i>100</i>
	Spray Painting Charge			\$ 200.00 <i>50</i>
	Wiring Charge			\$ 50.00 <i>x</i>
	<i>to be fke \$50</i>			
	TOTAL LABOUR			\$ 530.00
	ESTIMATE TOTAL			\$ 1,797.20
<i>Katrick</i> <i>14/2/18 1505H</i> <i>1271</i> <i>P/P</i> <i>Before part photo</i>				
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.				

LKM Auto Consultants hence notify the Repairer of the following:

- To resurvey, before spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- This quote is valid on a "Without Prejudice" basis
- No legal proceedings to be taken
- Supplies and materials are subject to inspection and approval by the insurance company

Acknowledged

Date

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 7681M

DATE 13/2/2018 15:08

MAKE :

MODEL : MERCEDES

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Mirror Glass, Frt/ RH ✓			\$ 240.00
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	Mirror Motor Assy, Frt/ RH ✓			\$ 860.00
	SUB TOTAL			\$ 1,584.00
	LESS 20%			\$ 316.80
	DISCOUNTED TOTAL			\$ 1,267.20
	Labour Charge			
	Panel Beating			\$ 280.00 100
	Spray Painting Charge			\$ 200.00 50
	Wiring Charge			\$ 50.00 x
	TOTAL LABOUR			\$ 530.00
	ESTIMATE TOTAL			\$ 1,797.20
<p>Kalicki</p> <p>14/2/18 1505L</p> <p>1071</p> <p>P/P</p> <p>Before Paint photo</p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged parts during resurvey Parts prices are subject to confirmation Third party survey is on 'without prejudice' basis No illegal instructions is allowed Supplementary items must be surveyed and is subject to approval from LKK Auto Company 				
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/ SHA7681M /WT(st)

Your Ref : 26

Date : 24-Feb-18

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 576701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 198800489V

Workshops

Braddell
205 Braddell Road
Singapore 576701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 726791

Yishun
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 SHA7681M YOUR INSURED SHB7866S
AND OTHER _____ ON 12.02.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHA7681M 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 SHB7866S we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,304.54
2	3 days Loss of Rental @ \$ 172.08 per day	\$	516.24
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	GIA / LTA Search Fee	\$	-
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transporation Fees	\$	-
Sub Total :		\$	1,820.78

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$	240.00
Total Claims:		\$	2,060.78

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

- a) Original repair bill and photostat photographs 7 pcs
- b) LTA search slip/s of : SHB7866S
- c) GIA / Police report/s of : SHA7681M
- d) Letter of authority from owner / hirer / operator
 - (X) Photocopies of Accident Scene Photo/s () Traffic Compound (X) PIR
 - () 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



Joy Irene (LKKAUTO)

From: Joy Irene (LKKAUTO)
Sent: Monday, 2 April 2018 2:51 PM
To: 'claims@transcab.com.sg'
Cc: 'carrisalee@ava-ins.com'; 'icewong@ava-ins.com'; 'ireneng@ava-ins.com'; 'foonghon@ava-ins.com'; Admin A; Vivian Lau (LKKAUTO)
Subject: ACCIDENT INVOLVING SHB 7866S & SHA 7681M ALONG SERANGOON ROAD ON 12/02/2018

Transcab Taxi (Singapore)
Trans-cab Services Pte Ltd

Dear Sir/Madam,

OUR REF : CC4/AXA18003092/K1jb3
YOUR REF : VPX/P1680520 (SHB 7866S)

ACCIDENT INVOLVING SHB 7866S & SHA 7681M ALONG SERANGOON ROAD ON 12/02/2018

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 **M/s ComfortDelgro Engineering Pte Ltd** acting on behalf of the owner of SHA 7681M against your motor insurance policy.

Based on the accident reports, both drivers have given conflict of statements. As such, we are of the opinion that liability is at equal apportionment in case no substantial evidence is provided.

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.

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 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following **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 our 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 us immediately. You may email it to cst@axa.com.sg / joyirene@lkkauto.com or deliver it by hand to our 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 authorized driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we 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 our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm (press 1 for GI and option 3 for claims) or cst@axa.com.sg / joyirene@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

Thank you.

Best Regards,

Joy Irene | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6749-5792 | email: joyirene@lkkauto.com | Fax: 6741-4108

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

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LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **MERCEDES E220 SHA7681M , SHB7866S** **ON 12-Feb-18 19:15**
ALONG **SERANGOON RD X BOON KENG RD**

I / We **NGIAM CHONG TECK (Y...** (Hirer) NRIC No.: **S7406904E**

and/or (Relief) NRIC No.:

Taxi Number **SHA7681M**

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 **13-Feb-2018**

Name of Hirer **NGIAM CHONG TECK (YAN CHONGDE)**
Hirer NRIC **S7406904E** Signature :



Address **210 CHOA CHU KANG CENTRAL #11...**
680210

Contact No. **93271020**



redefining / insurance

CLAIM REF : C0470553
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated **13 Feb. 2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of **ComfortDelgro Engineering Pte Ltd** and the Hirer **NGIAM CHONG TECK (YAN CHONGDE)** of vehicle no. **SHA 7681M**

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 SEVEN HUNDRED FORTY FIVE ONLY (S\$ 1,745.00)** 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. **(SHB 7866S)** arising out of an accident with **(SHA 7681M)** on **12.02.2018**.
- 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. **(SHB 7866S)** 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. **(SHB 7866S)**.

Dated this 13th day of April 2018

Signed by _____

(AUTHORISED SIGNATORY)

COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 538881

Company Stamp _____

Witness : _____

Name : _____

I/C No : _____

Address : _____

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 538881

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

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Customer Centre #B1-01
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

Re-Signed:

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"

re-sign

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Summer Institute on Aging
 The Journal Club Session, 2004

NY and NJ 01/20/2014

100 Laurens Street, Northville, MI 48168

401 Yardeni Road, Singapore 604005
 5501 Leong Street 8, Singapore 410008

7. Durgam Chattri Vihar, Durgam, Hyderabad, 500 002
8. P.O. Box 100, 1, Durgam, Hyderabad, 500 002

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
SHA7681M

MAKE
MERCEDS BENZ

MODKI,
K220CDT (K6)

DATE OF REG
13.05.2015

CHASSIS CODE
WDD21200128171365

INV. NO/DATK
91358123 21.02.2018

JOB NO.
305116538

ODOMETER READING

DATE/TIME IN
13.02.2018 01:45

Items total		1,219.20
Add GST @	7.000 %	85.34
Invoice amount		1,304.54

Issued by : KATHERINETAN 21.02.2018 15:32:59
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

Payment Type/Term: /Credit 30 days

[illegible]

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/CHO No.
8010010	91358123	1,304.54	

Our Ref: CT18020445

Date: 21 February 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	12/02/2018 @ 19:15 hrs
ALONG	SERANGOON RD X BOON KENG RD
INVOLVING	SHB7866S

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 **SHA7681M** (the "Taxi"). The Taxi was hired to **NGIAM CHONG TECK (YAN CHONGDE) IC NO S7406904E** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$172.08** 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.

[illegible]

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

Proceed Direct Settlement

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	13 Feb 2018		19 Feb 2018 08:11 Edit Adj Rpt	S\$1,219.20 Edit Estimates	S\$1,219.20 View Rpt		Pending for Survey Report Cancel Case

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

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHA7681M	Date of Loss:	12/02/2018 00:00 - :59 [32 Months and 30 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / C0470553	Policy/Cover Note No.:	P1680520 (Third Party Only)
Vehicle Reg. No. (Insured):	SHB7866S	Policy No. (Claimant):	MCOM0015
		Excess:	S\$5,000.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Ernest Tay - 6880 4835]		
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 28/02/2018]		

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

- AXA_SG (11/04/2018): Re: TP settlement - C0470553/P1680520
- AXA_SG (08/03/2018): TP settlement - C0470553/P1680520
- AXA_SG (08/03/2018): Re: Direct Settlement - Accident Involving SHB7866S (01 : AXA - C0470553) and SH...
- AXA_SG (19/02/2018): WP / New TP Assignment - C0470553/P1680520

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

*SHA7681M (C0470553)
[SHB7866S]
TP
COMFORT TRANSPORTATION PTE LTD
Feb 12 2018 12:00AM
[TRANS-CAB SERVICES PTE LTD]
ComfortDelGro Engineering Pte Ltd

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Letters/Correspondences				
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	1 per page	<input checked="" type="checkbox"/>
1	(Draft)	Third Party Express Settlement - Payment Breakdown	Edit	Thumbnail Print
Assessment Reports				
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	1 per page	<input checked="" type="checkbox"/>
1	20/02/18 15:55	Adjuster Immediate Advice	Load HTM	Thumbnail Print
Photos/Images				
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	3 per page	<input checked="" type="checkbox"/>
1	20/02/18 16:54	Reinspection Photo	Load JPG	Thumbnail Print
2	20/02/18 16:54	Reinspection Photo	Load JPG	Thumbnail Print
3	20/02/18 16:54	Reinspection Photo	Load JPG	Thumbnail Print
4	20/02/18 16:54	Reinspection Photo	Load JPG	Thumbnail Print
5	11/04/18 11:41	LKK INSPECTION PHOTOS	Load PDF	Thumbnail Print
Documentation				
No	Finalized On	AXA Insurance Pte Ltd (HQ)	1 per page	<input checked="" type="checkbox"/>
1	13/02/18 16:02	EMAIL_ABS	Load PDF	Thumbnail Print
2	13/02/18 16:02	ESTIMATE & TP GIA REPPORT_ABS	Load PDF	Thumbnail Print
3	13/02/18 17:36	NEW EMAIL_ABS	Load PDF	Thumbnail Print
4	08/03/18 15:40	Singapore Accident Statement - SHB7866S / INSD	Load PDF	Thumbnail Print
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		
1	20/02/18 15:56	TP_ESTIMATE-_MARKED	Load PDF	Thumbnail Print
2	18/04/18 12:40	WORKSHOP INVOICE	Load PDF	Thumbnail Print
3	18/04/18 12:40	AUTHORISATION TO ACT FORM	Load PDF	Thumbnail Print
4	18/04/18 12:40	DISCHARGE VOUCHER	Load PDF	Thumbnail Print
5	18/04/18 12:40	RENTAL RECEIPT	Load PDF	Thumbnail Print
6	18/04/18 12:40	LOD	Load PDF	Thumbnail Print
7	18/04/18 12:40	LETTER TO OI	Load PDF	Thumbnail Print

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 black; height: 100px; width: 100%; margin-top: 5px;"></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:	SHB7866S (Insd veh)	Model:	MERCEDES-BENZ E220
	SHA7681M (TP veh)		BLUETEC 2.1 D (A)
Date of Accident:	12/02/2018		

Global Sum Settlement	<input checked="" type="checkbox"/> [X] Yes	<input type="checkbox"/> [] No
Repair Estimate	: \$	1,976.50
Final Repair Cost	: \$	1,304.54
Loss of Token Sum	: \$	100.00
Rental (if any)	: \$	344.16
LTA / GIA Search Fee	: \$	0.00
Others:	: \$	0.00
	: \$	
Final Settlement Sum (Global Sum)	: \$	1,745.00

2.00 days at \$50.00 per day
2 days

Is Third Party Workshop GIA Registered? ☒ [X] 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: _____
 _____ NIL _____
 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	: \$ 1,745.00
2)		: \$
3)		: \$

JOANNE LEE KHANG MIN

18 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: 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: CC4/AXA18003092/K1JB3Q2

Date: 18/04/2018

REFERENCE

Handling Insurer: AXA Insurance Pte Ltd

Policy No:

P1680520

Claimant Vehicle No : SHA7681M

Insured Vehicle No :

SHB7866S

Date of Loss: 12/02/2018

Nature of Claim:

TP

Claim No: C0470553

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA7681M

Make & Model: MERCEDES-BENZ E220 BLUETEC, 2.1 D (A)

Engine No: 65192432745573

Reg. Date: 13/05/2015 (Man. Year: 2014)

Chassis No: WDD2120012B171365

Colour: White

Odometer: 442495 km

Engine Capacity: 2143 cc

Market Value/New Car Price: N/A

Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 225/55 R16

Rear Tyre Size:

225/55 R16

Front Left Side: West Lake 7 mm

Rear Left Side:

West Lake 7 mm

Front Right Side: West Lake 7 mm

Rear Right Side:

West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,267.20	1,019.20	248.00	19.57
Miscellaneous Items	0.00	0.00	0.00	
Labour	580.00	200.00	380.00	65.52
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,847.20	1,219.20	628.00	34.00
+ GST 7.00/7.00% (S\$)	129.30	85.34	43.96	34.00
Nett Amount (S\$)	1,976.50	1,304.54	671.96	34.00
+ Loss of Use (2.0 x S\$50.00/day) (S\$)		100.00		
+ Car Rental (2.0 x S\$172.08/day) (S\$)		344.16		
Nett Liability (S\$)		1,748.70		
Global Sum Settlement (S\$)		1,745.00		

INSPECTION

Date of Assignment: 19/02/2018

Date Inspected: 14/02/2018 Inspected At:

ComfortDelGro Engineering Pte Ltd

(Loyang)

59 Loyang Drive

Singapore 508969

Estimated Period of Repair: 1.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: Joy Irene Bascao

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 17 Apr 2018)
Parts:	143	MERCEDES-BENZ E220 BLUETEC 2.1 D (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA7681M)	
Validity:	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	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*MIRROR GLASS ,FRT/RH (CONSISTENT)	Serviceable	240.00 FL	*- FL
2	1		*MIRROR GLASS COVER ,FRT/RH (CONSISTENT)	Serviceable	70.00 FL	*- FL
3	1		*MIRROR HOUSING W/SIGNAL LAMP ,FRT/RH (CONSISTENT)	Cracked	414.00 FL	*414.00 FL
4	1		*MIRROR MOTOR ASSY ,FRT/RH (CONSISTENT)	Cracked	860.00 FL	*860.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	1,584.00	1,274.00
- List Item Discount on L Items 20.00/20.00% (S\$)	316.80	254.80

Total Parts (S\$)	1,267.20	1,019.20
--------------------------	-----------------	-----------------

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	280.00	100.00
2	SPRAY PAINTING CHARGE	New	200.00	50.00
3	WIRING CHARGE	New	50.00	0.00
4	TOWING FEE	New	50.00	50.00
Gross Labour Cost (S\$)			580.00	200.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >