

1/19/2018

INS. CASE OWNER:

Statty | CC 9, ASM AXA1800 3/27, K21629

LKK: IDAC:

Surveyor:

Falvin

DOI:

ASSIGNMENT

2/2/18

Date / Time:

7/2/18

Registered in Merimen:

Pre-assign / CCU / FTE:



Insured Vehicle No.:

SLV 70914

Claim No.:

38M0099 / 31379

Name of Insured:

HUNG BRY MEN

Policy No.:

GA71426

Insured Tel No.:

HP: 94561604

Make / Model:

TOMOTA

Excess Sec II :\$:

D.O.A: 1/1/18

Place of Accident:

UP NEAR BIK US BEDOK RESERVOIR RD

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

TAN YEE SIONG

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: %

Final? Yes / No

SHL 6262



INSRS: WSP: Tel: Liability: RMKS:

WBE W



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/Time		STAGE	DATE / PIC
14/7/18	SHL 6262 - v	Non-Reporting ltr (1st):	
	SLV 70914 - v	Non-Reporting ltr (2nd):	
	# Smartclaim	Non-Reporting ltr (Final):	
	DINR	Notification ltr (if non-pickup):	
	MINUSSED.	Call OI:	11/04/18 - 96
	ORIGINAL TP LOD IN.	After call ltr to OI:	
11/04/18		Documentation Check List:	Handler Typist
2:30PM	GROUP TO OI. OI IS RELATIVE. HE	Notification ltr (if non-pickup)	<input type="checkbox"/>
	CONTINUED ACCIDENT DETAILS. OUI WAS	After call ltr to OI:	<input checked="" type="checkbox"/>
	REVERSEING. INFORMED HILL OF TP CALL &	Authorisation To Act:	<input checked="" type="checkbox"/>
	NEW FINES. INFORMED OI WE ARE	Release Voucher:	<input checked="" type="checkbox"/>
	REVERSEING TP VIDEO. SEND UPDATE &	Final Repair Bill:	<input checked="" type="checkbox"/>
	EMAIL TO OI.	Car Rental Invoice:	<input checked="" type="checkbox"/>
16/04/18		Towing Invoice	<input type="checkbox"/>
	TYPE REPORT FOR WILKINSON APPROVAL	LTA / GIA:	<input checked="" type="checkbox"/>
	TP VIDEO FOOTAGE IN. V PRIB/VIC/STAGES	Medical Bill:	<input type="checkbox"/>
	UPLOADED TO VIDEO IN WILKINSON.	PIR:	<input type="checkbox"/>
	BELOW 45K WILKINSON	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
2:22PM	UPLOD TO OI. INFORMED ABOUT TP CALL	LOD	<input checked="" type="checkbox"/>
	& LIABILITY.	Payment Breakdown Form:	<input type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: 2/2/18	Post-Repair Photos:	<input checked="" type="checkbox"/>
	Sent By: DM	Others:	<input type="checkbox"/>

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost: P/P	SS 560.00 (2 days)	Reduction: 73 %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 23/1/18	Confirm with: WILKINSON	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.:	NIL
Repair Cost: (00/000)	SS 599.20		
Loss of Rental (LOR):	SS 577.68 (35 days) X \$107.88		
Loss of Use (LOU):	SS 175.00 (5 50 x 5.5 days)		
Loss of Income (LOI):	SS - (5 x 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/T: Search	SS 7.99		
Medical	SS -		
Disbursement:	SS - (e.g. Tow/Independent)		
Legal Cost	SS -		
Total:	SS 1,159.27	Global Sum SS:	1,100.00
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS 1,100.00	Name 1:	COMPOTREBELGRO BRANDBRING PTE LTD
Payee 2: (Strike if N.A.)	SS -	Name 2:	-
Payee 3: (Strike if N.A.)	SS -	Name 3:	-

(1/2)

CITY CAB PTE LTD
REPAIR ESTIMATE*

AMA



VEHICLE NO : SHC 626J

DATE 20/2/2018 16:02

MAKE :

MODEL : HYUNDAI SONATA

LS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover X repair			\$ 538.80
	Front Bumper Protector (LH) X repair			\$ 29.20
	Front Bumper Bracket (LH) X			\$ 20.10
	Headlamp (LH) X			\$ 797.90
	SUB TOTAL			\$ 1,386.00
	LESS 20%			\$ 277.20
	DISCOUNTED TOTAL			\$ 1,108.80
	Labour Charge			
	Panel Beating- Repair Frt LH Fender			\$ 500.00 200
	Spray Painting Charge			\$ 400.00 260
	Wiring Charge			\$ 50.00 X
	TOTAL LABOUR			\$ 950.00
	ESTIMATE TOTAL			\$ 2,058.80
<p>Kahe (LKH)</p> <p>21/2/18 1445hr</p> <p>2071</p> <p>45</p> <p>After Repair ph</p>		<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from insurance Company <p>Acknowledged by Repairer Signature: Date:</p>		
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>				

am: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO 305118256

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (O) (P) UNIT CARD NO.	REGN NO. SHC 626J	MILEAGE
	MAKE HYUNDAI	FUEL E _____ 1/2 _____ F
	MODEL SONATA	DATE/TIME IN 19.02.2018 16:30
	YR OF MANU. 25.10.2012	TARGET DATE
	CHASSIS CODE KMHE141VMCA831018	COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 19.02.2018
 Nature: 3P 19.02.18

NO	LABOR CODE	DESCRIPTION
----	------------	-------------

WORKED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Recognition Slip

Exit Pass

No.: SHC 626J JU AXA

Vehicle No.: SHC 626J

 Signature/Date

 Signature/Date

 Name of Service Advisor

 Date

Returned to Service Reception upon collection

To be kept by Security Guard



CITY CAB PTE LTD
REPAIR ESTIMATE*

A/H

Jirmani

VEHICLE NO : SHC 626J

DATE 20/2/2018 16:02

MAKE :

MODEL : HYUNDAI SONATA

LS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover X rep			\$ 538.80
	Front Bumper Protector (LH) X rep			\$ 29.20
	Front Bumper Bracket (LH) X rep			\$ 20.10
	Headlamp (LH) X rep			\$ 797.90
	SUB TOTAL			\$ 1,386.00
	LESS 20%			\$ 277.20
	DISCOUNTED TOTAL			\$ 1,108.80
	Labour Charge			200
	Panel Beating- Repair Frt LH Fender			\$ 500.00
	Spray Painting Charge			\$ 400.00 760
	Wiring Charge			\$ 50.00 X4
	TOTAL LABOUR			\$ 950.00
	ESTIMATE TOTAL			\$ 2,058.80

Kah (K/LY)
 21/2/18 1445hrs
 2 Days
 4/5
 After Repair ph

KK Auto Consultants hence notify the Repairer of the following:

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

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

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

Our Job Ref No : 305118256

Date : 22/02/2018

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC 626J

Date of Accident : 19/02/2018

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

- The repair job shall bill to: AXA --- SLV7091H
###
- The finalized amount shall be:

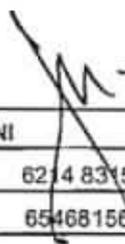
(a) Spare Parts after List discount		<u>\$0.00</u>
(b) Labour Charges	###	<u>\$560.00</u>
Total for Part-By-Part Repair Cost		<u>\$560.00</u>
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less: <u>20%</u>		<u> </u>
Final Lumpsum Repair cost		<u> </u>

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 : 

Signature : 

Name : JUMANI

Name : K 9/m

Tel : 6214 8315

Date : 23/2/18

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	\$7.48			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CHECK ITEMS:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 22.02.2018

REPAIR ESTIMATE

Time: 18:36:11

Page: 1

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

JOB NO : 305118256
REGN NO : SHC 626J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 25.10.2012
DATE/TIME IN : 19.02.2018 16:30
ACCIDENT DATE : 19.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING- FRT. 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 360.00

SUB-TOTAL : 560.00

TOTAL : 560.00

MVA NAME & SIGNATURE
DATE:

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE:

WBE

<< Service Request Details

Claim

S8M0099J

Reference

None 

Loss Date

February 19, 2018

Request Date

February 21, 2018

Due Date

February 21, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Finish the work

Complete Work	More 
---------------	--

Vehicle Information

Incident Vehicle Registration #

SHC626J

Make

TPVD HYUNDAI

Service Address

...

Primary Contact/Insured

CHUNG BEY LUEN
137 BEDOK RESERVOIR ROAD, #04-1451, 470137, Singapore

BEYLUEN@HOTMAIL.COM

Claim Handler

NG Stacey
6568804351
stacey.ng@axa.com.sg

Additional Instructions

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message



Pls proceed to do DS, thanks-VO

Type

🗨 Question

Message

Reply

Our Ref : CC18020615/ SHC 626J /WT(st)
Your Ref : _____
Date : 26-Feb-18

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 188880000W

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 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 726791

Yishun
501 Yishun Industrial Park A
Singapore 768732

AXA Insurance Pte Ltd
8 Shenton Way
#24-01, AXA Tower
Singapore 068811

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC 626J YOUR INSURED SLV7091H
AND OTHER _____ ON 19.02.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHC 626J 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 : SLV7091H we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	599.20
2	<u>4</u> days Loss of Rental @ \$ <u>107.88</u> per day	\$	431.52
3	Survey Report Fees (<i>Surveyed by M/s LKK</i>)	\$	-
4	LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
Sub Total :		\$	1,038.21

HIRER'S CLAIM

7	<u>4</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	320.00
Total Claims :		\$	1,358.21

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

- a) Original repair bill and photocopied photographs: 9 pcs.
- b) LTA search slip/s of : SLV7091H
- c) GIA / Police report/s of : SHC 626J
- d) Letter of authority from owner / hirer / operator

(X) Photocopie/s of Accident Scene Photo/s () Certificate of Insurance
() Witness statement/s (x) Rental Rate letter (x) Downtime/Mileage record

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully
William Tan

Deputy Manager
CDGE Claims Department

Tel: 6214 8737 Fax : 6214 1843 Email : williamtan@cdge.com.sg

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

A member of

COMFORTDELGRO





11 APRIL 2018

**CHUNG BEY LUEN
BLOCK 137 BEDOK RESERVOIR ROAD
#04-1451
SINGAPORE 470137**

By Post and By Email

Dear Sir/Madam,

**OUR REF : CC4/ASM18003327/K1hb3
YOUR REF : SLV 7091H
ACCIDENT INVOLVING SLV 7091H AND SHC 626J ALONG BLOCK 128 BEDOK
RESERVOIR ROAD CAR PARK ON 19.02.2018**

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 SHC 626J against your motor insurance policy.

Based on the accident report, accident scenario and available evidences, it was reported that your vehicle had collided to the Third-Party vehicle SHC 626J while reversing. As such, liability may not be to your favour unless proven otherwise.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's 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)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at vicalpeh@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Vic Alpeh
Case Handler
DID: 6841 2096
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

c.c. *AXA Insurance Pte Ltd (AXA)*
(Motor Claims Dept)

c.c. beyluen@hotmail.com
(Email)

Vic (LKKAuto)

From: Vic (LKKAuto)
Sent: Wednesday, 11 April, 2018 2:47 PM
To: beyluen@hotmail.com
Cc: Admin A; Vic (LKKAuto)
Subject: YOUR REF: SLV 7091H_ACCIDENT INVOLVING SLV 7091H AND SHC 626J ALONG
BLOCK 128 BEDOK RESERVOIR ROAD CAR PARK ON 19.02.2018



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

11 APRIL 2018

CHUNG BEY LUEN
BLOCK 137 BEDOK RESERVOIR ROAD
#04-1451
SINGAPORE 470137

By Post and By Email

Dear Sir/Madam,

OUR REF : CC4/ASM18003327/K1hb3
YOUR REF : SLV 7091H
ACCIDENT INVOLVING SLV 7091H AND SHC 626J ALONG BLOCK 128 BEDOK RESERVOIR ROAD CAR PARK ON 19.02.2018

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 SHC 626J against your motor insurance policy.

Based on the accident report, accident scenario and available evidences, it was reported that your vehicle had collided to the Third-Party vehicle SHC 626J while reversing. As such, liability may not be to your favour unless proven otherwise.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)

- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at vicalpeh@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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

 Auto
Consultants
Pte Ltd *Save the Earth. Print only when necessary.*

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LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****SONATA SHC626J , SLV7091H****ON 19-Feb-18 00:40****OPEN SPACE CAR PARK NEAR BLK 128 OFF BEDOK RESERVOIR RD**

I / We

GHAZI AMIN(Hirer) NRIC No.: **S8513559G**

and/or

(Relief) NRIC No.:

Taxi Number

SHC626J

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

19-Feb-2018

Name of Hirer

GHAZI AMIN

Hirer NRIC

S8513559G

Signature :



Address

**286 yishun avenue 6 #12-92
760286**

Contact No.

94998561



redefining / insurance



CLAIM REF : S8M0099J
INSURED : CHUNG BEY LUEN

DISCHARGE VOUCHER

We, **COMFORTDELGRO ENGINEERING PTE LTD** confirm that by letter of authorisation dated **19/02/2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of **CITYCAB PTE LTD** and the Hirer, **GHAZLAMIN** of vehicle no. **SHC 626J**.

Now we **COMFORTDELGRO ENGINEERING PTE LTD** for ourselves and the said Hirer and the driver jointly and severally:-

- a) agree to accept the sum of Singapore Dollars **ONE THOUSAND ONE HUNDRED** only (**S\$1,100.00**) 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 **SLV 7091H** arising out of an accident with **SHC 626J** on **19/02/2018**.
- b) 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. **SLV 7091H** arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- c) 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. **SLV 7091H**.

Dated this 23 day of November 2018

Signed by _____
(AUTHORISED SIGNATORY)

COMFORTDELGRO ENGINEERING PTE LTD
55 LOWANG DRIVE
SINGAPORE 68002

Company Stamp _____

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

Witness : _____
Name : _____
IC No : _____
Address : _____
CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
55 LOWANG DRIVE
SINGAPORE 68002

"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: CC18020615



Date: 23 February 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 19/02/2018 @ 00:40 hrs
ALONG CAR PARK NEAR BLK 128 OFF BEDOK RESERVOIR
 RD
INVOLVING SLV7091H

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC0626J** (the "Taxi"). The Taxi was hired to **GHAZI AMIN IC NO S8513559G** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$107.88** 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
SLV7091H	19 Feb 2018 / 00:40:00	Successful	A12	AXA INSURANCE PTE LTD

Previous OK

SHC 6267



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/ASM18003327/K1hb3q2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN:VALE OH

Date : 17-12-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLV 7091H	Veh. Inspected	SHC 626J
Policy No.	GA311428	Coverage (\$)	0.00
Claim No.	S8M0099J	Excess (\$)	0.00
Assign From		Assign Date	21/02/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA831018	Colour	YELLOW
Odometer	658037	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	MAXXIS	7 mm
L/H Front Tyre	215/60 R16	MAXXIS	7 mm
R/H Rear Tyre	215/60 R16	MAXXIS	7 mm
L/H Rear Tyre	215/60 R16	MAXXIS	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	19/02/2018	Inspection Date	21/02/2018
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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 626J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER COVER (CONSISTENT)	TO REPAIR SEE LABOUR	538.80	-
1	FRONT BUMPER PROTECTOR (LH) (CONSISTENT)	TO REPAIR SEE LABOUR	29.20	-
1	FRONT BUMPER BRACKET (LH) (CONSISTENT)	SERVICEABLE	20.10	-
1	HEADLAMP (LH) (CONSISTENT)	SERVICEABLE	797.90	-
	LESS 20% DISCOUNT		-277.20	-
			1,108.80	-
	LABOUR			
	PANEL BEATING -REPAIR FRT LH FENDER INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER AND FRONT BUMPER PROTECTOR (LH).		500.00	200.00
	SPRAY PAINTING CHARGE.		400.00	360.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
			950.00	560.00
	GRAND TOTAL		2,058.80	560.00
RECOMMENDED COST OF REPAIRS				560.00

Report Ref No. CC4/ASM18003327/K1hb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
LKKInvoice 1 (6).pdf	Invoice	Surveyor/ Assessor expense	LKK AUTO CONSULTANTS PTE LTD (TP)	19 December 2018
RENTAL RECEIPT.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	19 December 2018
RENTAL MILEAGE.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	19 December 2018
Payment breakdown.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	19 December 2018
LTA SEARCH.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	19 December 2018
LOD.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	19 December 2018
LKKInspection (2).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	19 December 2018
LKKAdjustments (1).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	19 December 2018
DISCHARGE VOUCHER.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LKK AUTO CONSULTANTS PTE LTD (TP)	19 December 2018
AUTHORISATION TO ACT FORM.pdf	Forms / Claim Documents	POA / Authority Letter	LKK AUTO CONSULTANTS PTE LTD (TP)	19 December 2018
WORKSHOP INVOICE.pdf	Invoice	Repairer	LKK AUTO CONSULTANTS PTE LTD (TP)	19 December 2018
LETTER TO OI.pdf	Letters and Correspondence	Policy Holders / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	19 December 2018
VDS.pdf	Letters and Correspondence	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	24 October 2018
Email from OI on 241018.pdf	Letters and Correspondence	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	24 October 2018

