

INS. CASE OWNER:

Ernest

CC 4/1800 3390, 12w63

LKK:

IDAC:

Surveyor:

Kulwn

DOI:

ASSIGNMENT

27/7/18

Date / Time:

27/7/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

YN 4565R

Name of Insured:

ONE ISLAND TRADING

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

27/7/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: WRAH MIE BIN KAMSAM

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

88M0090B / 31651

Policy No.:

VC/P1606215

Make / Model:

MSAM

Place of Accident:

ONE TO LTH

OI GIA REPORT: YES NO ; TP GIA REPORT: YES NO

Insured Liability:

%

Final ? Yes / No

SHA 93894



INSRS:

WSP:

Tel:

Liability:

RMKS:

WHE
W



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

27/7/18

WHE

SHA 93894

YN 4565R - 7

shut down

8/3/18

Confirm accident details, inform if claim
applied to other party. NCP will be
affected later and out

RECEIVED 02 APR 2018

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:

8/3/18 307032018

Documentation Check List: Handler Typist

Notification ltr (if non-pickup):

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / CHA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

27/7/18

Sent By:

WHE

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

27/3/18

Confirm with:

William

Email

Call

Final Liability:

SS

100

(Agreed / Assessed) BOLA S/N No. : 15

If NO or B 28, Ass. Lia :

Repair Cost:

SS

2280.76

Loss of Rental (LOR):

SS

213.50

(2-3 days) x 125.40

Loss of Use (LOU):

SS

125.00

(5 50 x 25 days)

Loss of Income (LOI):

SS

-

(5

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

(Tick only one)

GIA/LTA Search

SS

2.00

Medical:

SS

Disbursement:

SS

(e.g Tow / Independent)

Legal Cost

SS

Total:

SS

2721.26

Global Sum SS: 2700.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

2700.00

Name 1:

Comfortdelgro Engineering Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

COPY SENT

2/4/2018

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:



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/ASM18003390/K1wb3

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 22-02-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YN 4565R	Veh. Inspected	SHA 9389U
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	22/02/2018

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	21/02/2018	Inspection Date	22/02/2018
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.
--

Date/Time: 21.02.2018 18:02

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order: 3805814

JC NO: 305118714

OWNER	REG NO	MILEAGE
AS CITYCAB PTE LTD	SHA9389U	
7010070	MAKE	FUEL
OWNER NO	TOYOTA	E.....1/2.....F
RESS 383 SIN MING DRIVE	MODEL	DATE/TIME IN
Singapore SINGAPORE 575717	PRIUS HYBRID(G4)21.02.2018 12:50	
65551188	YR OF MANU	TARGET DATE
(R) (P)	31.05.2017	
	CHASSIS CODE	COMPLETION DATE/TIME
	JTDKB3FU603557170	

COUNT CARD NO:

Accident Date: 21.02.2018
NATURE: 3P 21.02.18/B

JOB DESCRIPTION

LABOR CODE

WHOLE RIGHT SIDE
DESCRIPTION

AXA
YN4565R

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA9389U

FZ AXA

Vehicle No.: SHA9389U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305118714
Date : 23.02.2018

ComfortDelGro Engineering Pte Ltd
59 Loring Drive Singapore 508669
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA9389U

Date of Accident : 21.02.2018

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

1. The repair job shall bill to: AXA — YN 4565R
2. The finalized amount shall be:

(a) Spare Parts after List discount		\$971.55
(b) Labour Charges		\$1,160.00
Total for Part-By-Part Repair Cost		\$2,131.55
(c) Lumpsum Repair (if applicable)		
Total for Lumpsum repair cost after Less:	20%	\$0.00
Final Lumpsum Repair cost		

3. Estimated normal period for repairs: 3 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount.

Signature : 

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kalvin

Date : 26/2/18

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: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305118714
 REGN NO : SHA9389U
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 31.05.2017
 DATE/TIME IN : 21.02.2018 12:50
 ACCIDENT DATE : 21.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0573-A PRIG4 FENDER SUB-ASSY FRO 1 933.10 25.00 699.82

0002 03-01-0302-2057-G PRIG4 CAP WHEEL 1 175.80 25.00 131.85

0003 04-01-0302-2270-G PRIG4 PLATE-BACK DOOR NAM 1 86.50 25.00 64.87

SUB-TOTAL : 896.54

JOB NATURE

0000 20-05 RENEW ADVERTISMENT FRONT FENDER 100.00

0001 20-05 RENEW ADVERTISMENT FRONT DOOR RH 100.00

0002 20-05 FRONT DOOR COMFORT LOGO 75.00

0003 L PANEL BEATING 400.00

0004 L SPRAY PAINTING CHARGE 540.00

0005 L TUFF KOTE 20.00

SUB-TOTAL : 1,235.00

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

JOB NO : 305118714
REGN NO : SHA9389U
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(C
DATE OF REGN : 31.05.2017
DATE/TIME IN : 21.02.2018 12:50
ACCIDENT DATE : 21.02.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,131.54

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :
AUTHORISED : YES / NO

CITY CAB PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SHA 9389U

MAKE :

MODEL : TOYOTA PRIUS

21/2/2018 15:42

Fauzy

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
FRONT BUMPER COVER <i>X Repair</i>			\$ 490.50	
FRONT BUMPER SIDE RETAINER, RH <i>X see</i>			\$ 77.00	
FENDER SUB-ASSY, FRONT RH <i>— Bent</i>			\$ 933.10	
FRONT FENDER SHIELD, RH <i>X see</i>			\$ 198.50	
FRONT FENDER SHIELD CLIP <i>X see</i>			\$ 14.90	
FRONT FENDER HYBRID EMBLEM, RH <i>— see</i>			\$ 86.50	
FRONT WHEEL HUB CAP <i>— handle</i>			\$ 175.80	
<i>Front RH Door X repair</i>				
<i>RH wing mirror X repair</i>				
SUB TOTAL			\$ 1,976.30	
LESS 25%			\$ 494.08	
DISCOUNTED TOTAL			\$ 1,482.23	
FRONT FENDER ADVERTISEMENT LOGO (RH) <i>— see</i>			\$ 100.00	NETT
FRONT DOOR ADVERTISEMENT LOGO <i>— see</i>			\$ 100.00	NETT
FRONT DOOR COMFORT LOGO <i>— see</i>			\$ 75.00	NETT
			\$ 275.00	
LABOUR CHARGE				
Panel Beating			\$ 600.00 <i>400</i>	
Spray Painting Charge			\$ 200.00 <i>50</i>	
Tuff Kote			\$ 50.00 <i>20</i>	
FRT Wheel Alignment			\$ 120.00 <i>X 11</i>	
TOTAL LABOUR			\$ 1,470.00	
ESTIMATE TOTAL			\$ 3,227.23	

Kalin (LKK)

22/2/18 15:15 hrs

3 Days

P/P

Before Paint photo

LKK Auto Consultants hence notify the Repaired of the following:

- To resurvey to check after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without prejudice" basis
- No illegal modifications is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by: [Signature]

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.

AXIA

WHOLE LEFT SIDE

FZ

Fauzy

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
FRONT BUMPER COVER X Repair			\$ 490.50	
FRONT BUMPER SIDE RETAINER, RH X			\$ 77.00	
FENDER SUB-ASSY, FRONT RH ✓			\$ 933.10	
FRONT FENDER SHIELD, RH X			\$ 198.50	
FRONT FENDER SHIELD CLIP X			\$ 14.90	
FRONT FENDER HYBRID EMBLEM, RH ✓			\$ 86.50	
FRONT WHEEL HUB CAP ✓			\$ 175.80	
Front RH Door X repair				
RH Wing Mirror X repair				
SUB TOTAL			\$ 1,976.30	
LESS 25%			\$ 494.08	
DISCOUNTED TOTAL			\$ 1,482.23	
FRONT FENDER ADVERTISEMENT LOGO (RH) ✓			\$ 100.00	NETT
FRONT DOOR ADVERTISEMENT LOGO ✓			\$ 100.00	NETT
FRONT DOOR COMFORT LOGO ✓			\$ 75.00	NETT
			\$ 275.00	
LABOUR CHARGE				
Panel Beating			\$ 600.00	400
Spray Painting Charge			\$ 200.00	5%
Tuff Kote			\$ 50.00	20
FRT Wheel Alignment			\$ 120.00	X
TOTAL LABOUR			\$ 1,470.00	
ESTIMATE TOTAL			\$ 3,227.23	

Kalin 16/10/1

22/2/18 13:15 hrs

3 Days

P/P

Before Paint photo

LKK Auto Consultants hence notify the Repairer of the following:

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

Our Ref : CC18020710/ SHA9389U /WT(st)

Your Ref :

Date : 02-Mar-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: 198000429

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 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

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

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA9389U YOUR INSURED YN 4565R
AND OTHER ON 21.02.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : **SHA9389U** 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 : **YN 4565R** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,280.76
2	3 days Loss of Rental @ \$ 125.40 per day	\$ 376.20
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 2.00
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 2,658.96

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 2,898.96

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

- a) Original repair bill and photocopied photographs: 7 pcs.
- b) LTA search slip/s of : **YN 4565R**
- c) GIA / Police report/s of : **SHA9389U**
- d) Letter of authority from owner / hirer / operator
- (X) Photocopies 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





Auto
Consultants
Pte Ltd

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

09 March 2018

ONE ISLAND TRADING

BLK 518 JURONG WEST STREET 52

#03-139

Singapore 640518

Dear Sir/ Mdm

OUR REF : CC4/ASM18003390/K1wb3

YOUR REF : YN 4565R

**ACCIDENT INVOLVING YN 4565R & SHA 9389U ALONG AYE TO CITY ON
21/02/2018**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from **ComfortDelGro Engineering Pte Ltd** acting on behalf of the owner of SHA 9389U against your motor insurance policy.

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.

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 intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to Vivianlau@lkkauto.com within 7 days **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



Auto
Consultants
Pte Ltd

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

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.

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 6841 8625 or email us at Vivianlau@lkkauto.com

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

Yours sincerely,

Vivian Lau
Case Handler
DID: 6841 8625
FAX: 6741 4108
EMAIL: Vivianlau@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****TOYOTA PRIUS SHA9389U , YN4565R
SLIP ROAD OF AYE X JURONG TOWN HALL ROAD****ON 21-Feb-18 10:40**

I / We

CHUA HUA HENG(Hirer) NRIC No.: **S1414203G**

and/or

(Relief) NRIC No.:

Taxi Number

SHA9389U

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

21-Feb-2018

Name of Hirer

CHUA HUA HENG

Hirer NRIC

S1414203G

Signature :



Address

**897 TAMPINES STREET 81 #10-810
520897**

Contact No.

96670881



redefining / insurance

CLAIM REF : S8M009DB
INSURED : ONE ISLAND TRADING

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 21 Feb 2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of Citycab Pte Ltd and the Hirer, Chua Hua Heng of vehicle no. SHA 9389U

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 Two Thousand Seven Hundred Only (S\$ 2,700.00) 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 YN 4565R arising out of an accident with SHA 9389U on 21/02/2018.
- 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. YN 4565R 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 YN 4565R

Dated this 27th day of March 2018

Signed by _____

(AUTHORISED SIGNATORY)

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD

Company Stamp _____

59 LOYANG DRIVE
SINGAPORE 538669

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

Witness : _____

Name : _____

I/C No : _____

Address : _____

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 538669

"The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document"

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO
SHA9389U

INV. NO/DATE
91359270 27.02.2018

MAKE
TOYOTA

JOB NO.
305118714

MODEL
PRIUS HYBRID(G4)

OILMETER READING

DATE OF REG
31.05.2017

DATE/TIME IN
21.02.2018 12:50

CHASSIS CODE
JTDKB3PU603557170

Description : 3P 21.02.18

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	03-01-0302-2057	PRIG4 CAP WHKIT.	1	175.80	25.00	131.85
0002	04-01-0302-0573	PRIG4 FENDER SUB-ASSY FRO	1	933.11	25.00	699.83
0003	04-01-0302-2270	PRIG4 PLATE-BACK DOOR NAM	1	86.50	25.00	64.87
SUB-TOTAL				:		896.55

JOB NATURE

0001	20-05	RENEW ADVERTISEMENT FRONT FENDER	100.00	100.00
0002	20-05	RENEW ADVERTISEMENT FRONT DOOR RH	100.00	100.00
0003	20-05	FRONT DOOR COMFORT LOGO	75.00	75.00
0004	L	PANEL BEATING	400.00	400.00
0005	L	SPRAY PAINTING CHARGE	540.00	540.00

WE WILL BE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTS. HOWEVER, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR DAMAGE TO PROPERTY BELONGING TO CUSTOMERS AND EMPLOYEES, AND EMPLOYEES ARE ADVISED THAT THERE IS AN OWNERS' RISK.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGN, WITHIN 1 DAY'S TIME, A RECEIPT, AND GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 15 DAYS FROM THE PAYMENT) FOR THE PERIOD OF DEFAULT.

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERROR OR DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THE INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91359270	2,280.76	

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
SHA9389U

INV. NO/DATE
91359270 27.02.2018

MAKE
TOYOTA

JOB NO.
305118714

MODEL
PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG
31.05.2017

DATE/TIME IN
21.02.2018 12:50

CHASSIS CODE
JTDKR3FU603557170

S/No	Part No.	Qty	Unit Price	%Disc	Net
0006	L				
	TUFF KOTE	20.00			20.00
	SUB-TOTAL	:			1,235.00

Items total	2,131.55
Add GST @ 7.000 %	149.21
Invoice amount	2,280.76

Issued by : KATHERINETAN 27.02.2018 15:34:51
Repair type : CPSO/57/57
Payment Type/Term: /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST THE THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARE OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY, IF ANY, ADVISE THE COMPANY IN WRITING OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE TAKEN TO HAVE BEEN IN GOOD ORDER.
INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT E.G. AFTER 15 DAYS FROM THE DATE WHEN THE PERIOD OF DEFAULT.
PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY IF ANY ERRORS OR DISCREPANCIES WITHIN 15 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91359270	2,280.76	

Our Ref: CC18020710



Date: 27 February 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	21/02/2018 @ 10:40 hrs
ALONG	SLIP ROAD OF AYE X JURONG TOWN HALL ROAD
INVOLVING	YN4565R

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 **SHA9389U** (the "Taxi"). The Taxi was hired to **CHUA HUA HENG IC NO S1414203G** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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.

SHA 938911

DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIM)		DATE	NAME OF DRI
		1	0	4	3	9		FROM	TO		
19/1/2018	CHUA H.H.	1	0	4	3	9	5	6.42am	1.45		
"	Chua L. P.	1	0	4	6	5	8	14.50	8.21		
20/01/2018	CHUA H.H.	1	0	4	9	3	4	5.45am	1.50p		
"	Chua L. P.	1	0	5	2	0	5	14.22	00.41		
21/01/2018	CHUA H.H.	1	0	5	3	8	1	6.20am	12.42p		
21/2	Accident							12.50	-		
23/2	repair							-	14.30		

for

Invoice

<https://www.giarmc.org.sg/claims/index.cfm?fusebox=MTRsas&fusca...>

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-027193

Date of Request: 21/02/2018

Your Ref No:

Online Purchase

Soon Hock Motor Pte Ltd
Blk 10 Ang Mo Kio Industrial Park 2A
#01-05/06 AMK Autopoint
Singapore 568047

Dear Sir/Madam,

Enquiry Date 21/02/2018
Enquiry By Chris Lim Gan Koon
TP Vehicle No. YN4565R
Accident Date 21/02/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

Invoice

<https://www.giarmc.org.sg/claims/index.cfm?fusebox=MTRsas&fusca...>

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-027193

Date of Request: 21/02/2018

Your Ref No:

Online Purchase

Soon Hock Motor Pte Ltd
Blk 10 Ang Mo Kio Industrial Park 2A
#01-05/06 AMK Autopoint
Singapore 568047

Dear Sir/Madam,

Enquiry Date 21/02/2018
Enquiry By Chris Lim Gan Koon
TP Vehicle No. YN4565R
Accident Date 21/02/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
YN4565R	AXA Insurance Pte Ltd	29/04/2017-28/04/2018	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	YN 4565R (Insd veh)	Model:	TPVD TOYOTA PRIUS
	SHA 9389U (TP veh)		
Date of Accident:	21/02/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	3,453.14
Final Repair Cost	:	\$	2,280.76
Loss of Token Sum	:	\$	125.00
Rental (if any)	:	\$	313.50
LTA / GIA Search Fee	:	\$	2.00

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum (Global Sum)	:	\$	2,700.00

Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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	\$ 2,700.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

05/04/2018
Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))