ISSERELY	JE CC 4, ASM1800 4621	1 (C/ma3) / LIKK: 34409
Surveyor:	CONN DOI: ASSIGNMENT.	Date / Time : 12/3/18
Pre-assign / CCU / Insured Vehicle No. Name of Insured Insured Tel No. Excess Sec II :S\$ Is driver the owner?	Claim N Policy N HP: Make / 1 D.O.A: 91372014 Place of	10. : (TA139589 (1)
If NO, Driver Nam Driver Tel N	No.: A8314v (V/L: Y)/NO) Insured	REPORT: Y / NO; TP GIA REPORT: Y / NO Liability: % Final? Yes/No
INSRS: WSP: CI) UV Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS: INSRS: WSP: Tel: Liability: RMKS:	wsp: Tel: Liability:
Date/Time W/V Lum	SMALL COSTANTI SO 18040 NEWS 13: 004: 251	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final):
*	to confirm habitisy. & About our stop empt	Notification ltr (if non-pickup): Call OI: SEVAN
2/4/18	Call Old Confirm accildent det Ord Change land. Inform 7 p (1)	After call ltr to OI: Still Documentation Check List: Handler Typist
	Company name . Little sun!	Authorisation To Act: Release Voucher: Final Repair Bill:
RE	CEIVED 1 3 DEC 2018	Car Rental Invoice: Towing Invoice LTA / GIA : Medical Bill:
		PIR: Mandate/Reject Instruction: LOD
PRELIMINARY ADVICE	Date/Time: Sent By:	Payment Breakdown Form: Post-Repair Photos:
FINALIZATION	Date/Time: Confirm with:	Others: Confirm by:
Repair Cost: FINAL SETTLEMENT	S\$ Date/Time: \(\begin{align*} \text{(Aays) Reduction;} \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Email Call Email
Final Liability: Repair Cost: Loss of Rental (LOR):	% (O) (Agreed / Assessed) BOLA S/N No.: 615 S\$ 35 47.78 S\$ 526.50 (4.5 days) x (17.00	If NO or B 28, Ass. Lia: OIP change I am
Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search	S\$ 225.00(\$ 50 x 4.5 days) S\$ (\$ x days) LOR + LOU LOR + LOI [Tick only one] S\$ 7.49	03/11/8
Medical: Disbursement: Legal Cost Total:	S\$ (e.g. Tow/ Independent) S\$	Claim status: Normal/Reject/Private Settle Report Format: Survey fee:
FINAL PAYMENT	SS 4306.77 Global Sum SS: 4300.00 Date/Time: Confirm with:	Provide Cott
Payee 1: Payee 2: (Strike if N.A.)	SS 4300.00 Name 1: (OMFORTDELGRO SS Name 2:	ENGINEERING PTE LTD.
Payee 3: (Strike if N.A)	Sy Name 3:	

rom: Date: 12.032018 Veh No. SHA 4644 Yr Regn: 2016			ASSI	GNMENT		_	-
Type: M.Car / M. Cycle / Bus / Van / Lorry / T. Gil / Prime Mover / Truck / Trailler or / Truck / Trailler or / Make: The firms Mover / Trailler	From:	Date: 12			SHA 4	644 Yr Regn:	Sep 2016
To inspect Vehicle No: SHA HAND To inspect Vehicle No: SHA HAND To inspect Vehicle No: SHA HAND To inspect Vehicle No: Sha Hand No. Index Hand No. Sha Hand No. Index Hand No. Sha Hand No. Index Ha	Estimated Cost:			Type: M.Car /			
To inspect Vehicle No: SHA HAND To inspect Vehicle No: SHA Workshop mis Conflict Delign So, Reading So,	\cap	RES / EVA / INV / MV		Truck			
EngNo: C/No: C/N				Make:	To Hyu	Li Ixo	c.c 1685
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EngNo: C/No: C/N	12			Sp.Reading	20 867	6 T/Radio: Insu	red / Std / NI / NA
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Claims No. Sum Insured: Excess:	Policy No.				KMI	468 414464	1093828
Steering: Inorges Jammed / Leaked / Burnt or Brake: Inorder T Jammed / Leaked / Burnt or Modi: Nil / SiRim / STDAIRim or Tyre Size: F: 2 or 6 a R / 6 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTS U / PIR / SUMI / TOYO / YOKO or Brake: Inorder T Jammed / Leaked / Burnt or Modi: Nil / SiRim / STDAIRim or Tyre Size: F: 2 or 6 a R / 6 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTS U / PIR / SUMI / TOYO / YOKO or Brake: Inorder T Jammed / Leaked / Burnt or Modi: Nil / SiRim / STDAIRim or Tyre Size: F: 2 or 6 a R / 6 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTS U / PIR / SUMI / TOYO / YOKO or Brake: Inorder T Jammed / Leaked / Burnt or Modi: Nil / SiRim / STDAIRim or Tyre Size: F: 2 or 6 a R / 6 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTS U / PIR / SUMI / TOYO / YOKO or Brake: Inorder T Jammed / Leaked / Burnt or Modi: Nil / SiRim / STDAIRim or Tyre Size: F: 2 or 6 a R / 6 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTS U / PIR / SUMI / TOYO / YOKO or LIDAIR / TOYO / YOKO or Brake: Inorder T Jammed / Leaked / Burnt or Modi: Nil / SiRim / STDAIRim or Tyre Size: F: 2 or 6 a R / 6 R: BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTS U / PIR / SUMI / TOYO / YOKO or LIDAIR / TOYO / YOKO OR REad: LIDAIR / TOYO				Gen. Cond: G	ood / Fair / Poor /	Burnt	
Brake: InorderTJammed / Leaked / Burnt or Modi: Nil / SiRim / StDA/Rim or Tyre Size: F: 2 of 6 or R / 6 R:		Excess:					
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Date: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision Date / Time Action / Instruction AxA P/P Date/Time File Pass to? Preli. Report Preli. Report Preli. Report Preli. Report Preli. Resurvey No. of Trip: Survey Fee: Date/Time File Return to? Site Insp (\$) \$ -8 -85 Interview (\$) Photos Photo	100						loved
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Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision Date/Time Action / Instruction	CA / REV / REP. / 2		/ehicle: IN / OUT	Des. of Dame	iges. I'll / ileai /		
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TORREST AND	Date/Time, File Return to?	=		Resurvey No	nsp (\$	Transportation)S + RS!) Photos	



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

Insured Veh. Policy No. Claim No. Assign From Make & Model Engine No.	-01 DRE 068811 Policy Par GW 2428H S8M00AGU	Pate: CC4/ASM1800 Date: 12-03-2018 Code: ASM ticulars:-THIRD PARTY CLA Veh. Inspected Coverage (\$) Excess (\$) Assign Date				
Insured Veh. Policy No. Claim No. Assign From Make & Model Engine No.	Policy Par GW 2428H S8M00AGU	Code : ASM ticulars :- THIRD PARTY CLA Veh. Inspected Coverage (\$) Excess (\$) Assign Date	SHA 464U 0.00 0.00			
Policy No. Claim No. Assign From Make & Model Engine No.	GW 2428H S8M00AGU	Veh. Inspected Coverage (\$) Excess (\$) Assign Date	SHA 464U 0.00 0.00			
Policy No. Claim No. Assign From Make & Model Engine No.	S8M00AGU	Coverage (\$) Excess (\$) Assign Date	0.00			
Claim No. Assign From Make & Model Engine No.		Excess (\$) Assign Date	0.00			
Assign From Make & Model Engine No.		Assign Date	3.13.17/			
Make & Model Engine No.	Vehic		12/03/2018			
Engine No.	Vehic	L D # L 00 ##				
Engine No.		cle Particulars & Condition				
		c.c	0			
	HIDDEN	Year of Reg.				
Chassis No.		Colour				
Odometer	: *	Steering	Steering			
Brakes		Modification	Modification			
General						
		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			
	D	escription of Damages				
	TO STATE OF THE STATE OF	General Information				
Accident Date	09/03/2018	Inspection Date	12/03/2018			
Survey held at	COMFORTDELGRO E	NGINEERING PTE LTD				
	59 LOYANG DRIVE SINGAPORE 508969					
		Remarks				
1	L/H Front Tyre R/H Rear Tyre L/H Rear Tyre Accident Date Survey held at	R/H Front Tyre L/H Front Tyre R/H Rear Tyre L/H Rear Tyre D Accident Date 09/03/2018 Survey held at COMFORTDELGRO E 59 LOYANG DRIVE SINGAPORE 508969	Size Make R/H Front Tyre L/H Front Tyre R/H Rear Tyre Description of Damages General Information Accident Date 09/03/2018 Inspection Date Survey held at COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969 Remarks A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BAS			

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your ref:

S8M00AGU

Our ref:

CC4/ASM18004621/K1ma3

Date:

15.03.2018

The Motor Claims Department
M/s AXA INSURANCE PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

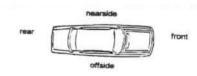
SHA 464U

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 12.03.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd (Loyang) and have the following to report:

Workshop Estimate Amount	: S\$	5,789.96
Revised Estimate Amount	: S\$	3,315.68
"Check" Items Amount	: S\$	-
Total (Including Check Items)	: S\$	3,315.68
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage: The vehicle sustained damages at the N/S Body



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 3.0 days

Yours faithfully,

KALVIN ANG

Licensed Appraiser

CITYCAB PTE LTD REPAIR ESTIMATE*

: SHA 464U

MAKE

AXA LEFT FRONT

Fauzy

DATE 3/10/2018 9:51

PP

DEL	: HYUNDAI i40	-	Type Unit Price			Amount		
Qty	Parts Description/ Labour	Type	Unit	Price		1,403.05		
	Front Door (LH) X Meph				l	980.50		
	Front Door Mirror (LH) - Protes	21		150.70	\$			
	Front and Rear Wheel Hup-Cap (LH/RH)	4-,	\$	150.70	\$	301.40		
	Front Fender (LH)				\$	618.95		
	Front Fender Shield (LH)				\$	89.80		
	0. 0 - 1(41) × Mys							
	Rem S.L. (IA) & rope SUB TOTAL				\$	3,393.70		
	Ran Fands (SI) & rep 1/2 LESS 20%	1			\$	678.74		
	Per Par (LH) × Fagra Rear Parts (LH) × reprir SUB TOTAL Rear Parts (LH) × reprir LESS 20% DISCOUNTED TOTAL	1			\$	2,714.96	1	
						ACCOUNT OF THE PARTY OF THE PAR		
	Rear Bumper Rubber Mat × 12				\$	50.00	Ne	
	Rear Door Tel No. Sticker (LH/RH)				\$	80.00	Ne	
	Frank Door Coloured Comfort Logo (LH)				\$	75.00		
	Front Door Coloured Comfort Logo (LH)				Ś	100.00		
	Front Door Advertisement Logo (LH)				٦	100.00	144	
					Ś	235.00	+	
					7	233.00	1	
	Lahawa Chausa							
	Labour Charge				\$	1,200.00	6	
	Panel Beating				ے ا	1,200.00	-	
	Spray Painting Charge				¢			
	Wiring Charge				\$		-	
	Tuff Kote				\$			
	Remove/Refix Reverse Sensor				\$		-	
	Transfer of Door				\$	-	1.00	
	Four Wheel Alignment				\$	120.00	1	
	TOTAL LABOUR	R			\$	2,840.00		
					L			
	ESTIMATE TOTAL	4			\$	5,789.96	4	
	Koku 101014 1/ 12/3/18 1415hs 3 Dys							
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	1 2 1/2	* To re	Survey before	he following: lafter spray paint	ine			
	Before Print y LL	• To di	splay damage	d part(s) during r	esurv	ey		
	De "	Parts	prices are su	ect to confirma	tion			
		= Third	eopl modifies	s in a "Without F	rejud	fice" basis		
		⇒ Supp	lementary bas	(s) must be resi	nley.	ed and		
	This is an initial estimate based on a visual inspection of	f the above	Wehicle: TI	ne final repair	raqua	actumenyill		
	be prepared after the vehicle is surveyed by a motor Su	rveyorapp	ointed by t	he insurance	con	npany.		

Signature:

Date:

CITYCAB PTE LTD

Fauzy

VEHICLE NO

: SHA 464U

DATE 3/10/2018 9:51

Qty	Parts Description/ Labour	Type	Unit Price	10	Amount
	Front Door (LH) X Meps			\$	1,403.05
	Front Door Mirror (LH)			\$	980.50
	Front and Rear Wheel Hup-Cap (LH/RH)		\$ 150.70	\$	301.40
	Front Fender (LH)			\$	618.95
	Front Fender Shield (LH)			\$	89.80
	2 0 1/41 × 12/2				
	Ren Par (UN) & roger SUBTOTAL			\$	3,393.70
	Ray First (21) & rep 1/2 LESS 20%			\$	678.74
	Per Par (LH) X My SUB TOTAL Per Part (LH) X MY SUB TOTAL Per Part (LH) X MP LESS 20% DISCOUNTED TOTAL				2,714.96
	Rear Bumper Rubber Mat 🗶			\$	50.00
	Rear Door Tel No. Sticker (LH/RH)			\$	10.00
	Front Door Coloured Comfort Logo (LH)			\$	75.00
	Front Door Advertisement Logo (LH)			\$	100.00
				\$	235.00
	Labour Charge				
	Panel Beating			\$	1,200.00
	Spray Painting Charge			\$	1,200.00
	Wiring Charge			\$	30.00
	Tuff Kote			\$	50.00
	Remove/Refix Reverse Sensor			\$	120.00
	Transfer of Door			\$	120.00
	Four Wheel Alignment			\$	120.00
	TOTAL LABOUR			\$	2,840.00
	ESTIMATE TOTAL			\$	5,789.96
	Kokin/C/C/W				
	Kok. 101014 1/2/3/18 1415hs 3 Dys				
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	3 071	0.10	Auto Consultants hence epairer of the following:		fy
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	P/P 11	A-7.10.0	splay damaged part(s) during is prices are subject to confirma		vey
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	Detor		The street of the street		
		is sui	lementary Item(s) must be resu spect to final approval from Insu	vey	ed and
		2000	Redned by Dane	SOTTOR	company
	This is an initial estimate based on a visual inspection of t		CONTROL OF THE PROPERTY OF THE		200

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Worksnops
55 Loyang Drive Singapore 508989
383 Sin Ming Drive Singapore 576717
45 Pandan Road Singapore 509286
Date/Time: 3210 R03 Sin20288609: 09 Page: 1

_{JC NO}305123596 ARC Repair TP(CFSO)1 JOB CARD Sales Order: 3809661 eam: MILEAGE REGN SHA 464U TOMER CITYCAB PTE LTD MAKE HYUNDAI FUEL AS. 7010070 TOMER NO 83 SIN MING DRIVE MODEL I-40 09.03 75018 15:35 RESS Singapore SINGAPORE 575717 65551188 YR OF 29.09.2016 TARGET DATE (R) (O) (P) CHASSIS CODE 41UMGU093838 COMPLETION DATE/TIME: OUNT CARD NO.

JOB DESCRIPTION

ccident Date: 09.03.2018

ATURE: 3P 09.03.18/B-

/NO

LABOR CODE

DESCRIPTION

CKED & PASSED OUT BY:	_	
SERVICE ADVISOR		CUSTOMER'S SIGNATURE
wledgement Slip	Exit Pass	
: SHA 464U FZ AXA	Vehicle No.: SHA 464U	
of Service Advisor Signature/Date returned to Service Reception upon collection	Name of Service Advisor To be kept by Security Guard	Date

COMFORTDELGRO ENGINEERING

Our Job Ref No : ComfortDelGro Engineering Pte Ltd 13.03.2018 Date 59 Loyang Drive Singapore 508969 Fax: 6546 8156 FINALIZATION FORM LKK Fax: To : KALVIN Attn : Vehicle Reg No. : SHA 464U Date of Accident: 09.03.2018 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-The repair job shall bill to: AXA GW2428H 2. The finalized amount shall be: Spare Parts after List discount \$1,675.68 (a) (b) Labour Charges \$1,640.00 Total for Part-By-Part Repair Cost \$3,315.68 (c.) Lumpsum Repair (if applicable) \$0.00 Total for Lumpsum repair cost after Less: 20% Final Lumpsum Repair cost \$0.00 Estimated normal period for repairs: 3 working days. 3. 4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days Thank you for your assistance. We confirm the estimates and 5. finalized amount Signature: Signature : FAUZY BIN MOKHTAR Name Name Tel : 62148319 Date : 65468156 Fax For Official Use Only Document Confirm By Item Amount Remarks Attached (Signature) Yes or No YES 1. Rental Rate P/Day 2. Loss of Income Paid 3. Survey Fees 4. LTA Search Fee 7.49 5. Medical Fees (on behalf of driver, if applicable) 6 Overrun Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 13.03.2018 Time: 18:44:00

REPAIR ESTIMATE

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO REGN NO : 305123596 : SHA 464U

MILEAGE MAKE

: 0000000000

MODEL

: HYUNDAI

: I-40

DATE OF REGN : 29.09.2016 DATE/TIME IN : 09.03.2018

: 09.03.2018 15:35

ACCIDENT DATE : 09.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0003 04-01-0103-0658-G I40VC CAP ASSY-WHEEL HUB 2 301.40 20.00 241.12

0004 28-01-0103-0007-A (I40)FRT DOOR LOGO CCTPL 1 75.00 2.00- 75.00

SUB-TOTAL : 1,675.68

JOB NATURE

0000 20-05	RENEW ADVERTISMENT FRONT DOOR LH		100.00
0001 L	PANEL BEATING	600.00	
0002 L	SPRAY PAINTING CHARGE	900.00	
0003 L	WIRING CHARGE	20.00	
0004 L	TUFF KOTE	20.00	

SUB-TOTAL : 1,640.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 13.03.2018 Time: 18:44:00

Page: 2

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS: CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO

: 305123596

REGN NO

: SHA 464U : 0000000000

MILEAGE MAKE

: HYUNDAI

MODEL

DATE OF REGN

: I-40 : 29.09.2016

DATE/TIME IN

: 09.03.2018 15:35

ACCIDENT DATE : 09.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,315.68

MVA NAME & SIGNATURE

DATE:

DATE:

AUTHORISED: YES/NO

SURVEYOR NAME & SIGNATURE

COMFORTDELGRO ENGINEERING

Our Ref : CC18030275/ SHA 464U /WT(s	et)	ENC	JINEEKINC
Your Ref :	30	ComfortDelG	ro Engineering Pte Lte
Date : 22-Mar-18	CDGE Taxi Claims Dept		Road Singapore 57970
AXA Insurance Pte Ltd	59 Loyang Drive 4th Flr Singapore 508969		Mainline +65 6383 628 acsimilie +65 6280 975
8 Shenton Way			www.cdge.com.s
#24-01, AXA Tower		Compa	ny Registration No: 199506048V
Singapore 068811			Workshops
Attn : Motor Claims Department	WITHOUT PREJUDICE		205 Braddell Road Singapore 57970
Dear Sir			59 Loyang Drivi Singapore 50896
ACCIDENT INVOLVING OUR TAXI SHA AND OTHER	464U YOUR INSURED G	09.03.18	Sin Ming 383 Sin Ming Drive Singapore 57571
We are the authorised repair workshop for City SHA 464U which was involved in the cap			45 Pandan Road Singapore 60928
The vehicle owner and the taxi driver conce assist them in presenting their claims agains	at the party responsible for a		320 Ubi Road Singapore 40864
matters arising from the damage to the vehicle As the accident was caused by the negligent a		W 2428H	24 Senoko Looj Singapore 75815i
we are submitting these claim for your consider TAXI OWNER'S CLAIM	eration on behalf of the claim	ants.	Sungei Kadu 7 Sungei Kadut Wa Singapore 72879
1 Cost of Repair	447.00		Yishur
2 days Loss of Rental @\$ 3 Survey Report Fees (Surveyed by M/s	117.00 per day \$		Yishun Industrial Park / Singapore 76873
4 LTA Search Fees	LKK)	7.49	
5 GIA / Police Report Fees	- 9	-	
6 Towing / Medical / Transportation Fees	- 5	-	
	Sub Total : \$	4,140.27	
HIRER'S CLAIM	00.00	100.00	
75days Loss of Income @\$	80.00 per days Total Claims:		
We enclosed herewith the following document	s to support the claims: -		
a) Original repair bill and photostat photogra		9 pcs.	
. III	2428H		
c) GIA / Police report/s of : SHA	464U		
d) Letter of authority from owner / hirer / ope	erator		
(X) Photocopie/s of Accident Scene Photo() Witness statement/s (x) Rental Rate le			
Kindly look into the matter and let us hear from as soon as possible.	n you on the settlement of the	e said claims	
Please note that it is a condition of any settlem prejudice to any personal injury claim (if any) of		without	

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











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

04 APRIL 2018

HONG LI KWANG ENTERPRISE BLK442 FAJAR ROAD / #07-482 SINGAPORE 670442

Dear Sir/Madam,

OUR REF

: CC4/ASM18004621/K1ma3

YOUR REF

: GW 2428H

ACCIDENT INVOLVING GW 2428H AND SHA 464U ALONG JURONG WEST CENTRAL 1 ON 09.03.2018

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 464U against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had collided onto the Third Party vehicle SHA 464U while filtering lane. As such, liability is down against us.

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 bevanlim@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)



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
- Document stated that you are the owner/employee of the company.(ACRA, Employment Letter, etc)

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 bevanlim@lkkauto.com.

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

Yours sincerely,

Bevan Lim Case Handler DID: 6749 4274

FAX: 6741 4108

Email: bevanlim@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA) (Motor Claims Dept) LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SHA464U , GW2428H

ON 09-Mar-18 13:30

ALONG

JLB BOON LAY TWDS PIE

I/We

GAN THONG CHIA RAY...

(Hirer) NRIC No.: **S1742508J**

and/or

(Relief) NRIC No .:

Taxi Number

SHA464U

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

09-Mar-2018

Name of Hirer

GAN THONG CHIA RAYMOND

Hirer NRIC

S1742508J

Signature:

Address

456 TAMPINES STREET 42 #03-270

520456

Contact No.

90024615



CLAIM REF

S8M00AGU

INSURED

HONG LI KWANG ENTERPRISE

DISCHARGE VOUCHER

We, **ComfortDelGro Engineering Pte Ltd** confirm that by letter of authorization dated <u>09/03/2018</u>, we are authorised to and do hereby give this discharge for ourselves and on behalf of Citycab Pte Ltd and the Hirer, <u>GAN THONG CHIA RAYMOND</u> of vehicle no. <u>SHA 464U</u>.

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 <u>FOUR THOUSAND AND THREE HUNDRED</u> only (S\$ 4,300.00) 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 (<u>GW 2428H</u>) arising out of an accident with (<u>SHA 464U</u>) on <u>09/03/2018</u>.
- 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. <u>GW</u> <u>2428H</u> 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. <u>GW 2428H</u>.

Signed by		(AUTHORISED SIGNATORY)	Please forward your cheque made payable top
Company	Stamp _	COMFORTDELIGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508968	COMPORTDELGRO ENGINEERING PTE LTD
Witness	:	//~	
Name	: _	CLAIMS DEPARTMENT	
I/C No	:	COMFORTUELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE	0
Address	٠.	SINGAPORE 508969	8
	Way, #24-	d (Company Reg. No. 199903512M) 01 AXA Tower, Singapore 068811	nitents of this document apply to vehicle damages only onal injuries and damages arising therefrom are excluded ambit and application of this document."

Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Fload Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

24 Senoko Loop Singapore 758156 7 Sungel Kadut Way Singapore 728791 501 Yishun Industrial Park A Singapore 76873. 59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609286 320 Ubi Road 3 Singapore 408649

COMPANY REG. NO.: 199506048W

801.001.0

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER

SINGAPORE SG 068811

CONTACT NO: 63387288

Description: 3P 09.03.18

ARHCUR NO SHA 464U

INV. NO/DATE 91362318 15.03.2018

JOB NO. HYUNDAT

MAKE

305123596

MODEL. I - 40

ODOMETER READING

DATE OF REG 29.09.2016

DATE/TIME IN 09.03.2018 15:35

CHASSIS CODE KMHT.B41UMGU093838

S/No Part No.

Oty Unit Price %Disc

Net.

		 _	

PART	REQUISITION					
0001	04-01-0103-0600	140VC MIRROR ASSY-O/S REA	1	980.50	20.00	784.40
0002	04-01-0103-0574	140VC PANEL-FENDER LH#	1.	618.95	20.00	495.16
0003	04-01-0103-0658	140VC CAP ASSY-WHEEL HUB	2	150.70	20.00	241.12
0004	28-01-0103-0007	(I40)FRT DOOR LOGO CCTPL	1.	75.00	0.00	75.00
0005	28-01-0103-2014	140V3 APP LOGO REAR DOOR	1	80.00	0.00	80.00
			SUB-TOTAL		1,67	5.68

JOB NATURE

0001	20-05	RENEW ADVERTISMENT FRONT DOOR LH	100.00	100.00
0002	L	PANEL BEATING	600.00	600.00
0003	L	SPRAY PAINTING CHARGE	900.00	900,00

ComfortDelGro Engineering Pte Ltd A member of COMFORTDELGRO

Head Office: 205 Braddell Road Singapore 579701

-	ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
	8010010	91362318	3,547.78	

Kindly note that no receipt shall be issued unless requested.



A member of COMFORTDELGRO

AXA INSURANCE PTE LID

SINGAPORE SG 068811

CONTACT NO: 63387288

#24-01 8 SHENTON WAY AXA TOWER

801.001.0

GST REG. NO. M2-8921817-3 TAX INVOICE ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Mainline + 65 6383 6280 Facsimile + 65 6280 9755

Workshops

59 Loyang Drive Singapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609288 320 Ubi Road 3 Singapore 408649

24 Senoko Loop Singapore 758156 7 Sungei Kuduf Way Singapore 728791 501 Yishun Industrial Park A Singapore 768732

TNV. NO/DATE 91362318 15.03.2018

COMPANY REG. NO.: 199506048W

Page:

ARHCTR NO SHA 464U

> MAKK JOB NO.

305123596 HYUNDAT

MODEL. ODOMETER READING 1 - 40

DATE OF REG DATE/TIME IN 29.09.2016 09.03.2018 15:35

CHASSIS CODE KMHLB41UMGU093838

S/No	Part No.		Qty Unit Price	%Disc Net
0004	I.	WIRING CHARGE	20.00	20.00
0005	L	TUFF KOTE	20.00	20.00
		SUF	B-TOTAL:	1,640.00
		Thomas hohe	7	2 215 66

Items total 3,315.68 7,000 % Add GST @ 232.10Invoice amount 3,547,78

KATHERINETAN 15.03.2018 15:19:15 Issued by

Repair type : CFSO/57/57 Payment Type/Term: /Credit 30 days

ComfortDelGro Engineering Pte Ltd A member of COMFORTDELGRO

Head Office: 205 Braddell Road Singapore 579701

BANK/CHQ No. ACCOUNT No. INVOICE No. **AMOUNT** 3,547,78 8010010 91362318

Kindly note that no receipt shall be issued unless requested.

Our Ref: CC18030275

Date: 15 March 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

09/03/2018

@ 13:30 hrs

ALONG

JLB BOON LAY TWDS PIE

INVOLVING

GW2428H

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 SHA0464U (the "Taxi"). The Taxi was hired to GAN THONG CHIA RAYMOND IC NO S1742508J a registered hirer-operator of CityCab Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$117.00 per day (inclusive of GST).

Please be advised that the Taxi was insured with 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.

	11HH	MILEAGE	HOURS OPERATED (TIME)	DATE	NAME OF DRIVER
DATE	NAME OF DRIVER	MILEAGE READING TRAVELLED (KM)	FROM	1	DAME OF THE PROPERTY OF THE PR
270218	3	30744 (328	C60V V090		
070318	SIMUON	0			
815080	CARC		*		
818080	SIMON	n		2	
CABSIR	Carl Caccident	Cat (accident) 2080 16 315			
9/3/18	Acaidmy 714				
13/3/18	Repair 1+1	bug and	CTI		

Enquire Vehicle Insurer Vehicle No. Incident Date/Time

Search Status

Insurance Company Code

Insurance Company Name

GW2428H

09 Mar 2018 / 13:30:00

Successful

A12

AXA INSURANCE PTE LTD

Previous

OK

SHA4644

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	GW 2428H (In	sd veh)	Model:	HYUNDAI 140
	SHA 464U (ΓP veh)		51
Date of Accident:	09/03/2018		1	/
Global Sum Settlen	nent : [X] Yes]] No	
Repair Estimate		: \$	6,270.16	
Final Repair Cost		: \$	3,547.78	
Loss of Token Sum	ii —	: \$	225.00	4.5days at \$50.00 per day
Rental (if any)		: \$	526.50	4.5 days
LTA / GIA Search F	ee	: \$	7.49	
7.		1 22		
Others:		: \$	0.00	
		: \$		
Final Settlement Su	ım (Global Sum)	: \$	4,300.00	
			V	1 NO (Kindly indicate
below)	kshop GIA Registered	r L	X] YES [] NO (Kindly indicate
	Registered Workshop:		Agreed Liability	(%)
A) TOTAGE GIA	registered Workshop.		BOLA Applicable:	10000
B) For GIA Regis	tered Workshop:		B15	Tes/ NO BOLA Scendilo No.
BOLA Liability	100(%)			/ (*):(%)
				ses where BOLA does not apply.
Remarks	amy to be interesting to	0114111 00		осо инстородитаско негарру.
Payment Instruction	on: Payee's Breakdowr	1		
1) COMFORTDE	LGRO ENGINEERING F	TE LTD	: \$	4,300.
	3			/
JOANNE L	EE KHANG MIN		19/12/2018	
LKK Auto C	onsultants 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)



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 Intern	ationale Des Experts En Automo	bile
AXA	INSURANCE PTE	E LTD	Ref : CC4/ASM180046	521/K1aa3q2
AXA	HENTON WAY #24 TOWERSINGAPO N:ERNEST TAY		Date: 19-12-2018 Code: ASM	
1.		Policy Particula	ars :- THIRD PARTY CLAIM	
	Insured Veh.	GW 2428H	Veh. Inspected	SHA 464U
	Policy No.	GA139589/1	Coverage (\$)	0.00
	Claim No.	S8M00AGU	Excess (\$)	0.00
	Assign From		Assign Date	12/03/2018/
2.		Vehicle Pa	articulars & Condition	
	Make & Model	HYUNDAI 140	c.c	1685
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	KMHLB41UMGU093838	Colour	YELLOW
	Odometer	208676	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		
3.		Cone	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	205/60 R16	HANKOOK	7 mm
	L/H Front Tyre	205/60 R16	HANKOOK	7 mm
	R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
	L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4.			ption of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	N/S BODY.	
	DAMAGES SEE D	ETAILS.		
5.		Gene	eral Information	
	Accident Date	09/03/2018	Inspection Date	12/03/2018
	Survey held at	COMFORTDELGRO ENGINE	EERING PTE LTD	
		59 LOYANG DRIVE SINGAPORE 508969		
5a.		Stages II all III	Remarks	The state of the s
		ON WAS CONDUCTED ON A"\CE TO YOUR INSTRUCTIONS		
5b.			ate Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	3 Working Days	



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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 464U

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT DOOR (LH) (CONSISTENT)	TO REPAIR SEE LABOUR	1,403.05	-
1	FRONT DOOR MIRROR (LH) (CONSISTENT)	BROKEN	980.50	980.50
2	FRONT AND REAR WHEEL HUP-CAP (LH/RH) @\$150.70 (CONSISTENT)	GRAZED	301.40	301.40
1	FRONT FENDER (LH) (CONSISTENT)	DENTED	618.95	618.95
1	FRONT FENDER SHIELD (LH) (CONSISTENT)	SERVICEABLE	89.80	-
1	REAR DOOR (LH) (NPA) (CONSISTENT)	TO REPAIR SEE LABOUR	-	2
1	REAR FENDER (LH) (NPA) (CONSISTENT)	TO REPAIR SEE LABOUR	-	-
1	REAR BUMPER (NPA) (CONSISTENT)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-678.74	-380.17
			2,714.96	1,520.68
	SPECIAL NETT ITEMS		-2	
1	REAR BUMPER RUBBER MAT (SN) (CONSISTENT)	NOT NECESSARY	50.00	-
2	REAR DOOR TEL NO.STICKER (LH/RH) (SN) (CONSISTENT)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (LH) (SN) (CONSISTENT)	NECESSARY	75.00	75.00
1	FRONT DOOR ADVERTISEMENT LOGO (LH) (SN) (CONSISTENT)	NECESSARY	100.00	100.00
			305.00	255.00
	LABOUR		2	
	PANEL BEATING.INCLUSIVE OF THE REPAIR OF REAR FENDER (LH),FRONT DOOR (LH),REAR FENDER (LH) AND REAR BUMPER		1,200.00	600.00
	SPRAY PAINTING CHARGE.		1,200.00	900.00
	WIRING CHARGE.		30.00	20.00
	TUFF KOTE.		50.00	20.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	TRANSFER OF DOOR .	NOT NECESSARY	120.00	

Report Ref No. CC4/ASM18004621/K1aa3q2



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

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
1	FOUR WHEEL ALIGNMENT.		120.00	
			2,840.00	1,540.00
	GRAND TOTAL		5,859.96	3,315.68

RECOMMENDED COST OF REPAIRS	3,315.68

Report Ref No. CC4/ASM18004621/K1aa3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

....

Automotive Assessor

HO LEONG CHUAN

Service Request Details

CLAIMS

MESSAGES

SERVICE REQUESTS

*

HONG LI KWANG ENTERPRISE BLK 442 FAJAR ROAD, #07-482, 670442, Singapore TPVD HYUNDAI Incident Vehicle SHA464U Registration # Primary Contact/Insured 140 Vehicle Information Service Address 98384274 MAY@BSC.SG Model Make Wait for: Approve invoice Next Step Actions CC4/ASM18004621/K1aa3q2 🎤 LKK AUTO CONSULTANTS PTE LTD (TP) Pending verification - Direct Settlement Third Party Vehicle Damage 21 August 2018 9 March 2018 SBMOOAGU Request Date Vendor Name Type of Loss Due Date Reference Loss Date Services Claim

Merimen AUTHOR Notes GIA Report SUB-TYPE Metrics Assessment Reports & Statement Documents Document SubType TYPE History Invoices ■ GW2428H / INSD + Upload Documents Document Type Messages NAME

DATE UPLOADED

20 December 2018

LKK AUTO CONSULTANTS PTE LTD (TP)

Surveyor/ Assessor expense

Invoice

LKKInvoice1 (10).pdf

Claim Handler

ANG Richard

richard.angbs@axa.com.sg

Additional Instructions

betweenthin amondalaines area and analaine and the things of

bitton ilin mandalaime ava nam nafalaim avana natalifadar inadan anafan anafan aranga ta Milanda anafan ana

DATE UPLOADED	14 March 2018	12 March 2018
AUTHOR	LKK AUTO CONSULTANTS PTE LTD (TP)	DHIWAR Namrata
SUB-TYPE	Estimate / Quotation	Estimate / Quotation
TYPE	Reports & Statement	Forms / Claim Documents
NAME	TP ESTIMATE - MARKED.pdf	TP SURVEY REQ.ms8