

INSURANCE CASE OWNER: Bennie | CC 3 / AIG1800 4627 / 12ub3 90 | LKK: IDAC

Surveyor: Kalvin | DOI: A12/18 | Date / Time: 9/3/18  
Registered in Merimen: 12/3/18

Pre-assign / CCU / FTE



Insured Vehicle No.: STX 5445K  
Name of Insured: LIAM FENG SWEE BONEC  
Insured Tel No.: \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A: 7/2/18  
Is driver the owner? (YES / ☒ NO) Nature of Accident: \_\_\_\_\_  
If NO, Driver Name / Age: MEISSA LEE PELTM  
Driver Tel No.: \_\_\_\_\_ (V/L: ☒ YES / NO)

Claim No.: 822290901456  
Policy No.: 200441583  
Make / Model: UTROEN  
Place of Accident: BUNT TIMAH RD  
OI GIA REPORT: YES / NO: ☒ YES / NO  
Insured Liability: % \_\_\_\_\_ Final ? Yes / No

SHA 867K → → → → →



INSRS: WSP: UUE  
Tel: ly  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_  
WSP: \_\_\_\_\_  
Tel: \_\_\_\_\_  
Liability: \_\_\_\_\_  
RMKS: \_\_\_\_\_

Date / Time		STAGE	DATE / PIC
<u>14/2/18</u> <u>7M</u>	<u>SHARKE - 15/01/2018 404 / 12/11/18</u> <u>STX 5445K - 10</u>	Non-Reporting Itr (1st):	
		Non-Reporting Itr (2nd):	
		Non-Reporting Itr (Final):	
		Notification Itr (if non-pickup):	
		Call OI:	<u>&gt; THIN</u> <u>vic on</u>
		After call Itr to OI:	<u>3/4</u> <u>u/k</u>
<u>2/4/18</u>	<u>called OI, no response.</u>	Documentation Check List:	Handler Typist
	<u>Spoke to OI she confirmed the accident details. Informed TP claim and she agree to settle.</u>	Notification Itr (if non-pickup):	<input checked="" type="checkbox"/>
		After call Itr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice:	<input checked="" type="checkbox"/>
		LTA / GIA:	<input checked="" type="checkbox"/>
		Medical Bill:	<input checked="" type="checkbox"/>
		PBR:	<input checked="" type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD:	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input checked="" type="checkbox"/>
		Post-Repair Photos:	<input checked="" type="checkbox"/>
		Others:	<input checked="" type="checkbox"/>

RECEIVED 16 APR 2018

<b>PRELIMINARY ADVICE</b> Date/Time: _____ Sent By: _____		Confirm by: _____	
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____		Confirm by: _____	
Repair Cost:	SS _____ ( _____ days) Reduction: _____ %	Email <input type="checkbox"/>	Call <input type="checkbox"/>
<b>FINAL SETTLEMENT</b> Date/Time: <u>16/4/18</u> Confirm with: <u>Cecilia</u>		Email <input type="checkbox"/>	Call <input type="checkbox"/>
Final Liability:	% <u>100</u> (Agreed / Assessed) BOLA S/N No.: <u>11(a)</u>	If NO or B 28, Ass. Lia: _____	
Repair Cost:	SS <u>728.20</u>		
Loss of Rental (LOR):	SS <u>287.50</u> ( <u>2.5</u> days) <u>x 115</u>		
Loss of Use (LOU):	SS <u>125.00</u> ( \$ <u>50</u> x <u>2.5</u> days)		
Loss of Income (LOI):	SS _____ ( \$ _____ x _____ days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> (Tick only one)		
GIA/LTA Search:	SS <u>7.49</u>		
Medical:	SS _____		
Disbursement:	SS _____ (e.g. Tow/Independent)		
Legal Cost:	SS _____		
Total:	SS <u>1148.19</u> Global Sum SS: _____		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____		Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	SS <u>1148.19</u> Name 1: <u>COMFORTDELGRO ENGINEERING PTE LTD</u>		
Payee 2: (Strike if N.A.)	SS _____ Name 2: _____		
Payee 3: (Strike if N.A.)	SS _____ Name 3: _____		

COPY SENT 16/4/18

06/11/13

Name: Kalvin

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspected Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est Repairs: 2 days Res.: Yes or NoLum Sum: PIP % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHA 867R Yr Regn: 16 Apr 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai 240 c.c. 1680Colour: Yellow A/C: Ins~~ured~~ / Std / NI / NASp. Reading: 352643 T/Radio: Ins~~ured~~ / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHL044MF406830XGen. Cond: Good / ~~Fair~~ / Poor / BurntSteering: In~~order~~ / Jammed / Leaked / Burnt orBrake: In~~order~~ / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD ~~APR~~ orTyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Hankook

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 7/5/8 D.O.I. 9/5/8Survey held at: 104E (67m)

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

0/0 Frnt.

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

Date / Time	Action / Instruction
	<u>\$ 680.56 (Red: \$ 1168.40 / 63 %)</u>
	<u>A24</u>
	<u>PIP</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: \_\_\_\_\_

Lump Sum (13.1.13)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

S + RS \$ \_\_\_\_\_

Photos

Others

TOTAL



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
AIG ASIA PACIFIC INSURANCE PTE LTD		Ref : CC3/AIG18004627/K1ub3		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 12-03-2018		
		Code : AIG		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SKX 5445K	Veh. Inspected	SHA 867R	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	12/03/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	07/03/2018	Inspection Date	09/03/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

IC NO. 305123261

CUSTOMER	CITYCAB PTE LTD	REG NO	SHA 867R	MILEAGE
VMS	7010070	MAKE	HYUNDAI	FUEL
CUSTOMER NO	383 SIN MING DRIVE	MODEL	I-40	E.....1/2.....F
ADDRESS	Singapore SINGAPORE 575717		08.03.2018 13:10	DATE/TIME IN
	65551188	YR OF MANU	16.04.2015	TARGET DATE
L (R)	(C)	CHASSIS CODE	KMHLB41UMFU068304	COMPLETION DATE/TIME:
(P)				
SCOUT CARD NO.				

Accident Date: 07.03.2018  
NATURE: 3P 07.03.2018

### JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
	AIG - Taxi	Right Front Damage
	LKK / Repair -	

ECKED & PASSED OUT BY:

### SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Twedgerment Slip

Exit Pass

SHA 867R

LARRY

Vehicle No.: **SHA 867R**

Larry Ng

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 : 305123261

Date : 14 Mar. 2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA 867R

Date of Accident: 07/03/18

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

1. The repair job shall bill to: **AIG** **SKX5445K**

2. The finalized amount shall be:

(a) Spare Parts after List discount **\$120.56**

(b) Labour Charges **\$560.00**

**Total for Part-By-Part Repair Cost** **\$680.56**

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: \_\_\_\_\_

**Final Lumpsum Repair cost** \_\_\_\_\_

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 : **Larry Ng**

Name : **Calvin**

Tel : 6214 8316

Date : **14/3/18**

Fax : 6546 8156

## 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				
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 : 305123261  
REGN NO : SHA 867R  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 16.04.2015  
DATE/TIME IN : 08.03.2018 13:10  
ACCIDENT DATE : 07.03.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0658-G I40VC CAP ASSY-WHEEL HUB 1 150.70 20.00 120.56

SUB-TOTAL : 120.56

## JOB NATURE

0000 L PANEL BEATING 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 360.00

SUB-TOTAL : 560.00

TOTAL : 680.56

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :

CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 867R

MAKE :

MODEL : HYUNDAI i40

AIG

DATE 8/3/2018 16:54

DOA: 07.03.18

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (LH) <i>x 1/2 ppr</i>			\$ 619.00
	Front Fender Shield (LH) <i>x 1/2 ppr</i>			\$ 169.80
	Front Fender Retainer <i>x 1/2 ppr</i>			\$ 9.20
	Frt Wheel Hub Cap, LH <i>1/2 ppr</i>			\$ 150.70
	<i>Front Bumper x 1/2 ppr</i>			
	SUB TOTAL			\$ 948.70
	LESS 20%			\$ 189.74
	DISCOUNTED TOTAL			\$ 758.96
	Labour Charge			
	Panel Beating			\$ <del>560.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>400.00</del> <i>360</i>
	Tuff Kote			\$ <del>50.00</del> <i>x 1/2</i>
	Frt Wheel Alignment			\$ <del>80.00</del> <i>x 1/2</i>
	TOTAL LABOUR			\$ 1,090.00
	ESTIMATE TOTAL			\$ 1,848.96
<i>Kohli</i> <i>9/3/18 10:00h</i> <i>2 hrs.</i> <i>P/P</i> <i>After Repair, U</i>				
LKK 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 items must be reviewed 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.				

Larry Ng

CITY CAB PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHA 867R

MAKE :

MODEL : HYUNDAI i40

AIG

DATE 8/3/2018 16:54

DOA: 07.03.18

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (RH) <i>x 1/2</i>			\$ 619.00
	Front Fender Shield (RH) <i>x</i>			\$ 169.80
	Front Fender Retainer <i>x</i>			\$ 9.20
	Frt Wheel Hub Cap, RH <i>x</i>			\$ 150.70
	<i>Front Bumper x 1/2</i>			
	<b>SUB TOTAL</b>			<b>\$ 948.70</b>
	<b>LESS 20%</b>			<b>\$ 189.74</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 758.96</b>
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ <del>560.00</del>
	Spray Painting Charge			\$ <del>400.00</del> <i>360</i>
	Tuff Kote			\$ <del>50.00</del> <i>x</i>
	Frt Wheel Alignment			\$ <del>80.00</del> <i>x</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,090.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,848.96</b>
	<i>K. L. L. L. L.</i> <i>9/3/18 10:00h</i> <i>2 hrs.</i> <i>P/P</i> <i>After Repair y U</i>			
	<div> <p>LKK Auto Consultants hereby notify the Repairs as follows:</p> <ul style="list-style-type: none"> <li>To remove all rust and painting</li> <li>To do a full body survey</li> <li>Parts price based on market value</li> <li>Third party liability</li> <li>To be subject to the insurance company</li> </ul> </div>			
	<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>			

Larry Ng



Our Ref : CC18030242/ SHA 867R /CL(st)

Date : 19-Mar-18

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

**Attn : Motor Claims Department WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA 867R YOUR INSURED**  
**SKX5445K AND OTHER                      ON 07.03.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no:

**SHA 867R** 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 **SKX5445K** we are submitting these claim for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	728.20
2	<u>3</u> days Loss of Rental @ <u>\$ 115.00</u> per day	\$	345.00
3	Survey Report Fees <b>(Surveyed by M/s LKK)</b>	\$	-
4	LTA Search Fees	\$	-
5	GIA / Police Report Fees	\$	7.49
6	Towing / Medical / Transportation Fees	\$	-
<b>Sub Total :</b>		\$	<b>1,080.69</b>

**HIRER'S CLAIM**

7	<u>3</u> days Loss of Income @ <u>\$ 80.00</u> per day	\$	240.00
<b>Total Claims :</b>		\$	<b>1,320.69</b>

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

- a) Original repair bill and photocopies of photographs : 6 pcs.
- b) LTA search slip/s of : SKX5445K
- c) GIA / Police report/s of : SHA 867R
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s
  - ( ) Certificate of Insur: ( x ) Rental Rate letter
  - ( X ) Photograph/s of Accident Scene
  - ( x ) Downtime/Mileage record

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

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

Yours faithfully

Cecilia Lee

Executive

CDGE Claims Department

Tel : 6214 8354 Fax: 6214 1843 Email : cecillalee@sparkcarcare.com

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

CDGE Taxi Claims Dept ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive 4th Floor 205 Braddell Road Singapore 579701

Singapore 508969

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 198600001

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 758732



Auto  
Consultants  
Pte Ltd

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

Our Ref: CC3/AIG18004627/K1ub3

03 APRIL 2018

**CHAN KENG SWEE LIONEL**  
BLK 138 PUNGGOL WALK  
#05-31  
SINGAPORE 828700

Dear Sir/Madam,

**ACCIDENT INVOLVING SKX 5445K & SHA 867R ON 07/03/2018**

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

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

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

Please note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

THIN THIN HLAING  
Case Handler  
DID: 6841 2360  
FAX: 6741 4108  
Email: [thinthin@lkkauto.com](mailto:thinthin@lkkauto.com)

c.c. *AIG Asia Pacific Insurance Pte Ltd*  
*(Motor Claims Dept)*

## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONGi 40 SHA867R , SKX5445K  
DUNEARN ROAD

ON 07-Mar-18 16:35

I / We

LIM MAH KWEE

(Hirer) NRIC No.: S00300511

and/or

KOH CHEE KEONG

(Relief) NRIC No.: S16092021

Taxi Number

SHA867R

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

08-Mar-2018

Name of Hirer

LIM MAH KWEE

Hirer NRIC

S00300511

Signature :



Address

502 BEDOK NORTH STREET 3 #06-50  
460502

Contact No.

90235793

Name of Relief

KOH CHEE KEONG

Relief NRIC

S16092021

Signature :



Address

426 BEDOK NORTH RD #06-501  
460426

Contact No.

98341239

**RELEASE VOUCHER**  
**(AIG Asia Pacific - Express Third Party Claim)**

"We/I, COMFORTDELGRO ENGINEERING PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of surveyor) with respect to the amount claimed for S\$ 728.20 (Repair Cost), S\$ 412.50 (Loss of Use/Rental), S\$ 7.49 (Disbursement) for vehicle no. SHA 867R that was damaged pursuant to the accident which occurred on 07/03/2018 (date) along BUKIT TIMAH ROAD / DUNEARN ROAD (location) involving vehicle no/s SKX 5445K. This is pursuant to the inspection conducted on 09.03.2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner CITYCAB PTE LTD ("the third party claimant") of vehicle no. SHA 867R make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to SHA 867R (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

16 APR 2018

Dated this \_\_\_\_\_ (day) of \_\_\_\_\_ (month) 20\_\_\_\_ (year)



*mk*

Signed by appointed surveyor

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
205 BRADDELL ROAD  
SINGAPORE 579701

Signed by "the workshop" (with chop)

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

"The contents of this document apply to vehicle damage 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

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE NO  
SHA 867R

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
16.04.2015

CHASSIS CODE  
KMHLB41UMFU068304

INV. NO/DATE  
91362273 15.03.2018

JOB NO.  
305123261

ODOMETER READING

DATE/TIME IN  
08.03.2018 13:10

Description : P 07.03.2018

S/No	Part No.	Qty	Unit Price	%Disc	Net
------	----------	-----	------------	-------	-----

### PART REQUISITION

0001	04-01-0103-0658	I40VC CAP ASSY-WHEEL HUB	1	150.70	20.00	120.56
SUB-TOTAL			:			120.56

### JOB NATURE

0001	L	PANEL BEATING	200.00		200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	360.00		360.00
SUB-TOTAL			:		560.00

WE HEREBY WARRANT THAT THE INFORMATION CONTAINED HEREIN IS TRUE AND CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF. WE DO NOT WARRANT THE ACCURACY OF THE INFORMATION CONTAINED HEREIN. THE INFORMATION CONTAINED HEREIN IS FOR INFORMATION ONLY AND DOES NOT CONSTITUTE AN OFFER OF ANY FINANCIAL PRODUCT OR SERVICE. THE INFORMATION CONTAINED HEREIN IS NOT TO BE USED FOR ANY OTHER PURPOSE. THE INFORMATION CONTAINED HEREIN IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF COMFORTDELGRO ENGINEERING PTE LTD. THE INFORMATION CONTAINED HEREIN IS NOT TO BE USED FOR ANY OTHER PURPOSE. THE INFORMATION CONTAINED HEREIN IS NOT TO BE REPRODUCED OR TRANSMITTED IN ANY FORM OR BY ANY MEANS, ELECTRONIC OR MECHANICAL, INCLUDING PHOTOCOPYING, RECORDING, OR BY ANY INFORMATION STORAGE AND RETRIEVAL SYSTEM, WITHOUT THE WRITTEN PERMISSION OF COMFORTDELGRO ENGINEERING PTE LTD.

ComfortDelGro Engineering Pte Ltd  
A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010004	91362273	728.20	

GST REG. NO. M2-8921817-3

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 2

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

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DATE OF REG  
16.04.2015

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INV. NO/DATE  
91362273 15.03.2018

JOB NO.  
305123261

ODOMETER READING

DATE/TIME IN  
08.03.2018 13:10

Items total		680.56
Add GST @	7.000 %	47.64
Invoice amount		728.20

Issued by : CHEWBEELING 15.03.2018 12:03:28  
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

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010004	91362273	728.20	

Our Ref: CC18030242



Date: 15 March 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	07/03/2018 @ 16:35 hrs
ALONG	DUNEARN ROAD
INVOLVING	SKX5445K

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 **SHA0867R** (the "Taxi"). The Taxi was hired to **LIM MAH KWEE IC NO S0030051I** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** 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.

[illegible][illegible]



**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKX5445K	07 Mar 2018 / 16:35:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Previous](#)[OK](#)

SHA 867R

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

Express

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	12 Mar 2018 <a href="#">Edit Reg</a>		09 Mar 2018 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$680.56</b> <a href="#">Edit Estimates</a>	<b>S\$680.56</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

<b>Main</b>	<b>Reference</b>	<b>Claim Details</b>	<b>Documents</b>	<a href="#">Show All</a>
-------------	------------------	----------------------	------------------	--------------------------

**CLAIM SUBFOLDER DETAILS** [Created by adjuster]

Insured:	<b>Chan Keng Swee Lionel (Zeng Qingrui)</b> , ID: 578167438		
Main Claimant:	<b>CITYCAB PTE LTD</b> , Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	<b>SHA867R</b>	Date of Loss:	07/03/2018 16:00 - :59 [34 Months and 19 Days From LTA Reg Date (Man Yr)]
Claim Type:	<b>TP / 8332909014SG</b>	Policy/Cover Note No.:	2100442583
Vehicle Reg. No. (Insured):	<b>SKX5445K</b>	Policy No. (Claimant):	D-18088937MFSH
		Excess:	
Repairer:	<b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	<b>AIG Asia Pacific Insurance Pte. Ltd. (Express)</b> - Tel: 65-6419-3000 ... [Handled by <b>Tan, Bennie-WZ</b> - 6419 1718] Bennie- WZ.Tan@aig.com		
Claimant's Insurer:	<b>MS First Capital Insurance Ltd (HQ)</b> - Tel: 62222311		
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>KALVIN ANG WEI KUN</b> ] ... [Final Rpt due 21/03/2018]		

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

There are no mail for this case.

**ALL ASSOCIATED TASKS** [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SHA867R (8332909014SG)  
[SKX5445K]  
TP  
CITYCAB PTE LTD  
Mar 7 2018 4:00PM  
[Chan Keng Swee Lionel (Zeng Qingrui)]  
ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			Upload Video			Upload Audio			View		View in Browser		
Video																	1 per page		<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)												Thumbnail		Print			
1	02/04/18 12:08	OI Video - Accident												1	Load MP4				
Letters/Correspondences																	1 per page		<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)												Thumbnail		Print			
1	(Draft)	Third Party Express Settlement - Payment Breakdown												1	Edit				
Assessment Reports																	1 per page		<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)												Thumbnail		Print			
1	13/03/18 14:26	Accident Statement From: SC - Reg. No: SKX5445K, Claimant: CHAN KENG SWEI LIONEL												1	Load HTM				
Photos/Images																	3 per page		<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)												Thumbnail		Print			
1	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
2	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
3	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
4	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
5	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
6	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
7	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
8	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
9	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
10	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
11	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
12	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
13	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
14	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
15	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
16	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
17	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
18	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
19	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
20	12/03/18 17:35	General View												1	Load JPG	<input checked="" type="checkbox"/>			
21	13/03/18 08:26	Reinspection Photo												1	Load JPG	<input checked="" type="checkbox"/>			
22	13/03/18 08:26	Reinspection Photo												1	Load JPG	<input checked="" type="checkbox"/>			
23	13/03/18 08:26	Reinspection Photo												1	Load JPG	<input checked="" type="checkbox"/>			
24	13/03/18 08:26	Reinspection Photo												1	Load JPG	<input checked="" type="checkbox"/>			
Documentation																	1 per page		<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)												Thumbnail		Print			

Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)		Thumbnail Print
1	12/03/18 17:52	TP ESTIMATE- MARKED		Load PDF
2	12/03/18 17:52	TP GIA REPORT		Load PDF
3	17/04/18 14:07	WORKSHOP INVOICE		Load PDF
4	17/04/18 14:07	AUTHORISATION TO ACT FORM		Load PDF
5	17/04/18 14:07	Release Voucher		Load PDF
6	17/04/18 14:07	RENTAL RECEIPT		Load PDF
7	17/04/18 14:07	LTA SEARCH		Load PDF
8	17/04/18 14:07	LETTER TO OI		Load PDF

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	<a href="#">Reset</a>	<a href="#">Save</a>	<a href="#">Print</a>
There are no document checklists configured.			

### Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SKX5445K (Insd veh)	Model:	HYUNDAI I40 1.7 D (A)
	SHA867R (TP veh)		
Date of Accident:	07/03/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Repair Estimate	:	\$	1,978.39	
Final Repair Cost	:	\$	728.20	
Loss of Use	:	\$	125.00	2.50 days at \$50.00 per day
Rental (if any)	:	\$	287.50	2.50 days
LTA / GIA Search Fee	:	\$	7.49	
Others:	:	\$	0.00	
	:	\$		
Final Settlement Sum	:	\$	1,148.19	

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

**A) For Non GIA Registered Workshop:**    Agreed Liability \_\_\_\_\_(%)

**B) For GIA Registered Workshop:**    BOLA Applicable: Yes/ ~~No~~    BOLA Scenario No: \_\_\_\_\_

BOLA Liability: \_\_\_100\_\_\_(%)    Assessed Liability (\*): \_\_\_\_\_(%)

\* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks \_\_\_\_\_

Payment Instruction: Payee's Breakdown			
1)	ComfortDelGro Engineering Pte Ltd	:	\$ 1,148.19
2)		:	\$
3)		:	\$
4)		:	\$
5)		:	\$

JOANNE LEE KHANG MIN

17 Apr  
2018

LKK Auto Consultants Pte Ltd

Date

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

## LKK Auto Consultants Pte Ltd (Co Reg No: 199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/AIG18004627/K1UB3Q2

Date: 17/04/2018

## REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 2100442583  
 Claimant Vehicle No: SHA867R Insured Vehicle No: SKX5445K  
 Date of Loss: 07/03/2018 Nature of Claim: TP Claim No: 8332909014SG

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SHA867R  
 Make & Model: HYUNDAI I40, 1.7 D (A) Engine No: D4FDFU564955  
 Reg. Date: 16/04/2015 (Mon, Year: 2015) Chassis No: KMHLB41UMFU068304  
 Colour: Yellow Odometer: 352643 km  
 Engine Capacity: 1685 cc  
 Market Value/New Car Price: N/A  
 Sum Insured (S\$): Market Value/New Car Price

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes  
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size: 205/60 R16 Rear Tyre Size: 205/60 R16  
 Front Left Side: Hankook 7 mm Rear Left Side: Hankook 7 mm  
 Front Right Side: Hankook 7 mm Rear Right Side: Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	758.96	120.56	638.40	84.12
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,090.00	560.00	530.00	48.62
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>1,848.96</b>	<b>680.56</b>	<b>1,168.40</b>	<b>63.19</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>129.43</b>	<b>47.64</b>	<b>81.79</b>	<b>63.19</b>
<b>Nett Amount (S\$)</b>	<b>1,978.39</b>	<b>728.20</b>	<b>1,250.19</b>	<b>63.19</b>
<b>+ Loss of Use (2.5 x S\$50.00/day) (S\$)</b>		125.00		
<b>+ Car Rental (2.5 x S\$115.00/day) (S\$)</b>		287.50		
<b>+ Doc/Search Fee (S\$)</b>		7.49		
<b>Nett Liability (S\$)</b>		<b>1,148.19</b>		

## INSPECTION

Date of Assignment: 09/03/2018  
 Date Inspected: 09/03/2018 Inspected At: ComfortDelGro Engineering Pte Ltd  
 (Loyang)  
 59 Loyang Drive  
 Singapore 508969

Estimated Period of Repair: 2.0 days

---

**Adjuster:** KALVIN ANG WEI KUN**Manager:** THIN THIN HLAING

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

## REPAIR DETAILS

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT FENDER (LH)	Repair	619.00 FL	*- FL
2	1		*FRONT FENDER SHIELD (LH)	Serviceable	169.80 FL	*- FL
3	1		*FRONT FENDER RETAINER	Serviceable	9.20 FL	*- FL
4	1		*FRT WHEEL HUB CAP (LH)	Grazed	150.70 FL	*150.70 FL
5	1		*FRONT BUMPER (NPA)	Repair	0.00 FL	*- FL
					<b>Sub Total (S\$)</b>	<b>948.70 150.70</b>
					<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>189.74 30.14</b>
					<b>Total Parts (S\$)</b>	<b>758.96 120.56</b>

F=Franchise part. L=ListItemDisc.

Report was unsubmitted during this print-out.



## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	560.00	200.00
2	SPRAY PAINTING CHARGE	New	400.00	360.00
3	TUFF KOTE	New	50.00	0.00
4	FRT WHEEL ALIGNMENT	New	80.00	0.00
Gross Labour Cost (S\$)			1,090.00	560.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >