

INS. CASE OWNER:

Stacey | CC 4/ASM 4637, ELWB39

LKK:  
IDAC:

Surveyor: Kalvin

DOI: ASSIGNMENT  
17/7/18

Date / Time: 17/7/18  
Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE:



Insured Vehicle No.: SLH 9883A  
Name of Insured: YES CONSTRUCTION P/L  
Insured Tel No.: \_\_\_\_\_ HP: \_\_\_\_\_  
Excess Sec II :SS \_\_\_\_\_ D.O.A.: 09/03/18

Claim No.: S8M00914 / 34465  
Policy No.: \_\_\_\_\_  
Make / Model: TOYOTA  
Place of Accident: MERPORT BUNLEMAN TMS  
ELP

Is driver the owner? (YES /  NO) Nature of Accident: \_\_\_\_\_  
If NO. Driver Name / Age: Xu Dian King OI GIA REPORT:  YES / NO : TP GIA REPORT  YES / NO  
Driver Tel No.: \_\_\_\_\_ (V/L)  YES / NO Insured Liability: \_\_\_\_\_ % Final? Yes / No

SLH 7948E



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



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



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



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

Date / Time	STAGE	DATE / PIC
<u>17/4/18</u> <u>Victim</u>	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OE: After call ltr to OE: <u>email</u> <u>17/7/18</u>	
	Documentation Check List: Handler Typist	
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OE	<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 type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>
<b>PRELIMINARY ADVICE</b> Date/Time: <u>17/7/18</u> Sent By: <u>Thm</u> <u>DEC</u> <u>date</u>		
<b>FINALIZATION</b> Date/Time: _____ Confirm with: _____ Confirm by: _____		
Repair Cost: \$S _____ ( _____ days) Reduction: _____ % Email <input type="checkbox"/> Call <input type="checkbox"/>		
<b>FINAL SETTLEMENT</b> Date/Time: <u>11/8/18</u> Confirm with: <u>William</u> Email <input type="checkbox"/> Call <input type="checkbox"/>		
Final Liability: % <u>100</u> (Agreed / Assessed) BOLA S/N No. : <u>27</u> If NO or B 28, Ass. Lia :		
Repair Cost: \$S <u>2354.00</u>		
Loss of Rental (LOR): \$S <u>442.13</u> ( <u>4.5</u> days ) x <u>98.25</u>		
Loss of Use (LOU): \$S <u>225.00</u> ( \$ <u>50</u> x <u>4.5</u> days )		
Loss of Income (LOI): \$S _____ ( \$ _____ 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]		
CHALTA Search: \$S <u>7.49</u>		
Medical: \$S _____		
Disbursement: \$S _____ (e.g. Tow/Independent )		
Legal Cost: \$S _____		
Total: \$S <u>3028.62</u> Global Sum \$S: <u>3000.00</u>		
<b>FINAL PAYMENT</b> Date/Time: _____ Confirm with: _____ Email <input type="checkbox"/> Call <input type="checkbox"/>		
Payee 1: \$S <u>3000.00</u> Name 1: <u>comfortdelgro engineering Pte Ltd</u>		
Payee 2: (Strike if N.A.) \$S _____ Name 2: _____		
Payee 3: (Strike if N.A.) \$S _____ Name 3: _____		

**COPY SENT**  
17/8/18





# 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/ASM18004637/K1wb3

8 SHENTON WAY #24-01  
AXA TOWERSINGAPORE 068811

Date : 12-03-2018



Code : ASM

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLH 9883A	Veh. Inspected	SHC 7548E
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	12/03/2018

## 2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

## 4. Description of Damages

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## 5. General Information

Accident Date	09/03/2018	Inspection Date	12/03/2018
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.



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305123842  
Date : 14/03/18

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

### FINALIZATION FORM

To :     LKK      
Attn :     KEVIN      
Vehicle Reg No. :     SHC7548E    

Fax : \_\_\_\_\_  
    09/03/18    

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

- The repair job shall bill to:     AXA         SLH9883A
- The finalized amount shall be:
  - (a) Spare Parts after List discount \_\_\_\_\_
  - (b) Labour Charges \_\_\_\_\_
  - Total for Part-By-Part Repair Cost** \_\_\_\_\_
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_
  - Final Lumpsum Repair cost**     \$2,200.00

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

Signature :       
Name :     CHIANG      
Tel :     62148314      
Fax :     65468156    

We confirm the estimates and finalized amount

Signature :       
Name :     Kahr      
Date :     14/3/18    

### 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	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks: \_\_\_\_\_  
\_\_\_\_\_

**CITY CAB PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHC 7548E

DATE 12/3/2018 10:27

MAKE :

MODEL : HYUNDAI SONATA

*Chene* *AWA*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>X repair</i>			\$ 1,349.50
	Boot Lid Rubber <i>X sue</i>			\$ 110.90
	Boot Lid Lock Upper <i>X sue</i>			\$ 132.10
	Boot Lid Lock Lower <i>X sue</i>			\$ 30.30
	Boot Lid Sonata Plate <i>new</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>new</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>new</i>			\$ 26.10
	Boot Lid CRDI Plate <i>new</i>			\$ 22.70
	Boot Lid Lamp (LH) <i>new</i>			\$ 230.20
	Boot Lid Trimboard <i>X sue</i>			\$ 165.40
	Boot Lid Trimboard Clips (10pcs) <i>X m</i>			\$ 10.00
	Rear Bumper <i>Rehab</i>			\$ 578.40
	Rear Bumper Reinforcement <i>new</i>			\$ 483.30
	Rear Bumper Clip <i>new</i>			\$ 22.00
	Rear Bumper Sponge <i>trim</i>			\$ 137.40
	Rear Bumper Under Cover <i>new</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>X repair</i>	\$	38.00	\$ 76.00
	Tail Lamp (LH) <i>X sue</i>			\$ 344.00
	Rear Panel <i>X repair</i>			\$ 391.80
	Rear Panel Garnish <i>X sue</i>			\$ 95.80
	<b>SUB TOTAL</b>			<b>\$ 4,459.50</b>
	<b>LESS 20%</b>			<b>\$ 891.90</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,567.60</b>
	Boot Lid City Cab Logo & Tel No. Sticker <i>new</i>			\$ 30.00
	Rear No. Plate <i>X sue</i>			\$ 25.00
	Rear Fender Advertisement Logo (LH/RH) <i>new</i>	\$	100.00	\$ 200.00
	<i>Reverse sensor</i> <i>shhd</i>			<i>\$ 135.70</i>
				<b>\$ 255.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>750.00</del> 400
	Spray Painting Charge			\$ <del>600.00</del> 540
	Wiring Charge			\$ <del>50.00</del> 20
	Tuff Kote			\$ <del>50.00</del> 20
	Remove/Reinstall Reverse Sensor			\$ <del>120.00</del> 20
	<b>TOTAL LABOUR</b>			<b>\$ 1,570.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,392.60</b>

*Kalau 16/16/16/16/16*  
*12/3/18 144shs.*  
*3 Ans*  
*4/5*  
*After Repair p the*

**Remove/Reinstall Reverse Sensor**  
 KK Auto Services  
 the Repairer of the following:  
 • To survey before and after painting  
 • To display correct colour and finish  
 • Parts prices must be on a 'no prejudice' basis  
 • Third party claims must be validated  
 • All work must be inspected and approved  
 • Supplier of parts must be authorised and  
 is subject to the approval from insurance Company

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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

**CITY CAB PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHC 7548E

DATE 12/3/2018 10:27

MAKE :

MODEL : HYUNDAI SONATA

*Cherie* *ASMA*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid <i>x repair</i>			\$ 1,349.50
	Boot Lid Rubber <i>x</i>			\$ 110.90
	Boot Lid Lock Upper <i>x</i>			\$ 132.10
	Boot Lid Lock Lower <i>x</i>			\$ 30.30
	Boot Lid Sonata Plate <i>✓</i>			\$ 43.60
	Boot Lid Hyundai Plate <i>✓</i>			\$ 24.20
	Boot Lid 'H' Emblem <i>✓</i>			\$ 26.10
	Boot Lid CRDI Plate <i>✓</i>			\$ 22.70
	Boot Lid Lamp (LH) <i>✓</i>			\$ 230.20
	Boot Lid Trimboard <i>x</i>			\$ 165.40
	Boot Lid Trimboard Clips (10pcs) <i>x</i>			\$ 10.00
	Rear Bumper <i>✓</i>			\$ 578.40
	Rear Bumper Reinforcement <i>✓</i>			\$ 483.30
	Rear Bumper Clip <i>✓</i>			\$ 22.00
	Rear Bumper Sponge <i>?</i>			\$ 137.40
	Rear Bumper Under Cover <i>✓</i>			\$ 185.80
	Rear Bumper Protector (LH/RH) <i>x repair</i>	\$	38.00	\$ 76.00
	Tail Lamp (LH) <i>x</i>			\$ 344.00
	Rear Panel <i>x repair</i>			\$ 391.80
	Rear Panel Garnish <i>x</i>			\$ 95.80
	<b>SUB TOTAL</b>			<b>\$ 4,459.50</b>
	<b>LESS 20%</b>			<b>\$ 891.90</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,567.60</b>
	Boot Lid City Cab Logo & Tel No. Sticker <i>✓</i>			\$ 30.00 <b>Nett</b>
	Rear No. Plate <i>x</i>			\$ 25.00 <b>Nett</b>
	Rear Fender Advertisement Logo (LH/RH) <i>✓</i>	\$	100.00	\$ 200.00 <b>Nett</b>
	<i>Reverse sensor</i> <i>✓</i>			<i>\$ 135.70</i>
				<b>\$ 255.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>750.00</del> <i>450</i>
	Spray Painting Charge			\$ <del>600.00</del> <i>540</i>
	Wiring Charge			\$ <del>50.00</del> <i>20</i>
	Tuff Kote			\$ <del>50.00</del> <i>x</i>
	Remove/Refix Reverse Sensor			\$ <del>120.00</del> <i>20</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,570.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 5,392.60</b>

*Kalve 16/11/18*  
*12/3/18 1445hrs.*  
*3 hrs*  
*45*  
*After Repair*

**Remove/Refix Reverse Sensor**  
 the Repairer of the following:  
 • To resurvey before/after spray painting  
 • To display damaged part(s) during resurvey  
 • Parts prices are subject to confirmation  
 • Third party survey is on a "Without Prejudice" basis  
 • No illegal modification(s) is allowed  
 • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
 Signature: 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.

⏪ **Re:S8M00AI4, OI: SLH 9883A, TP: SHC 7548E**

Type

📘 Information

Message

Hi Vivian, as per our investigation, the authorised driver is a emp0loyee of our insured. policy covered.

Reply

Our Ref : CC18030300/ SHC7548E /WT(st)  
 Your Ref : \_\_\_\_\_  
 Date : 22-Mar-18

ComfortDelGro Engineering Pte Ltd  
 205 Braddell Road Singapore 579701

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

Mainline +65 6383 6280  
 Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 198500486V

**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 SHC7548E YOUR INSURED SLH9883A  
 AND OTHER \_\_\_\_\_ ON 09.03.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHC7548E 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 SLH9883A we are submitting these claim for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	2,354.00
2	<u>5</u> days Loss of Rental @ \$ <u>98.25</u> per day	\$	491.25
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
	<b>Sub Total :</b>	\$	<b>2,852.74</b>

**HIRER'S CLAIM**

7	<u>5</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	400.00
	<b>Total Claims :</b>	\$	<b>3,252.74</b>

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

- a) Original repair bill and photostat photographs 4 pcs.
  - b) LTA search slip/s of: SLH9883A
  - c) GIA / Police report/s of: SHC7548E
  - d) Letter of authority from owner / hirer / operator
- ( X ) Photocopie/s of Accident Scene Photo/s ( ) Certificate of Insurance  
 ( ) Witness statement/s ( x ) Rental Rate letter ( x ) Downtime/Mileage record

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

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

Yours faithfully  
*William Tan*

Deputy Manager  
 CDGE Claims Department

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

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

**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

## Vivian Lau (LKKAuto)

---

**From:** Vivian Lau (LKKAuto)  
**Sent:** Tuesday, 17 April, 2018 12:11 PM  
**To:** 'stephanie.goh@yesconstruction.com.sg'  
**Cc:** Thin Thin (LKKAuto)  
**Subject:** ACCIDENT INVOLVING SLH 9883A & SHC 7548E ALONG AIRPORT BOULEVARD TWDS ECP ON 09/03/2018

Dear Sir/ Mdm

**OUR REF : CC4/ASM18004637/K1wb3**  
**YOUR REF : SLH 9883A**

### **ACCIDENT INVOLVING SLH 9883A & SHC 7548E ALONG AIRPORT BOULEVARD TWDS ECP 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 **ComfortDelGro Engineering Pte Ltd** acting on behalf of the owner of SHC 7548E 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](mailto: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

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](mailto:Vivianlau@lkkauto.com)

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

Thank you

Best Regards,

**Vivian Lau** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-8625 | email: [Vivianlau@lkkauto.com](mailto:Vivianlau@lkkauto.com) | fax: 6741-4108

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

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG**

**SONATA SHC7548E , SLH9883A  
AIRPORT BOULEVARD TWDS ECP**

**ON 09-Mar-18 22:40**

I / We

**WHANG SOON HUAT**

(Hirer) NRIC No.:

**S1401905G**

and/or

(Relief) NRIC No.:

Taxi Number

**SHC7548E**

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

**10-Mar-2018**

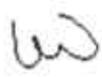
Name of Hirer

**WHANG SOON HUAT**

Hirer NRIC

**S1401905G**

Signature :



Address

**108 SIMEI STREET 1 #11-746  
520108**

Contact No.

**97330121**



redefining / insurance

CLAIM REF : S8M00A14  
INSURED : YES CONSTRUCTION PTE LTD

**DISCHARGE VOUCHER**

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 10 Mar 2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of CityCab Pte Ltd and the Hirer, WHANG SOON HUAT of vehicle no. SHC 7548E.

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 Three Thousand only (S\$ 3,000.00) 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 (SLH 9883A) arising out of an accident with (SHC 7548E) on 09/03/2018
- b) declare that **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. SLH 9883A 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. SLH 9883A

Dated this 15<sup>th</sup> day of August 2018

Signed by \_\_\_\_\_  
(AUTHORISED SIGNATORY)

Company Stamp \_\_\_\_\_  
CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
88 LOYANG DRIVE  
SINGAPORE 608988

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

Witness : \_\_\_\_\_  
Name : \_\_\_\_\_  
I/C No : \_\_\_\_\_  
Address : \_\_\_\_\_  
CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
88 LOYANG DRIVE  
SINGAPORE 608988

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\*

## TAX INVOICE

8010010  
AXA INSURANCE PTE LTD  
#24-01 8 SHENTON WAY AXA TOWER  
SINGAPORE 068811  
CONTACT NO: 63387288

VEHICLE NO  
SHC7548K  
INV. NO/DATE  
91362320 15.03.2018  
MAKE  
HYUNDAI  
JOB NO.  
305123842  
MODEL  
SONATA  
ODOMETRER READING  
DATE OF REG  
28.10.2010  
CHASSIS CODE  
KMHEP41VMAA796025  
JOB TYPE

Description : 3P 09.03.2018

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		2,200.00
Add GST @ 7.000 %		154.00
<b>Total Invoice amount</b>		<b>2,354.00</b>

Issued by : KATHIRINETAN 15.03.2018 15:20:32  
Repair Type : CPSO/57/57  
Payment Type/Term : /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, 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 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 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.  
PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 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/CHO No.

Our Ref: CC18030300



Date: 15 March 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON            09/03/2018 @ 22:40 hrs  
ALONG                    AIRPORT BOULEVARD TWDS ECP  
INVOLVING              SLH9883A

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 **SHC7548E** (the "Taxi"). The Taxi was hired to **WHANG SOON HUAT IC NO S1401905G** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$98.25** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay  
Assistant Manager, Fleet Safety

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



**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLH9883A	09 Mar 2018 / 22:40:00	Successful	A12	AXA INSURANCE PTE LTD

Previous

OK

SUC 7048 E

**THIRD PARTY EXPRESS SETTLEMENT  
(PAYMENT BREAKDOWN)**

Vehicle No:	SLH 9883A (Insd veh)	Model:	TPVD HYUNDAI
	SHC 7548E (TP veh)		SONATA
Date of Accident:	09/03/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Repair Estimate	:	\$	5,915.28	
Final Repair Cost	:	\$	2,354.00	
Loss of Token Sum	:	\$	225.00	4.5days at \$50.00 per day
Rental (if any)	:	\$	442.13	4.5 days
LTA / GIA Search Fee	:	\$	7.49	

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum (Global Sum)	:	\$	3,000.00

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 \_\_\_\_\_

<b>Payment Instruction: Payee's Breakdown</b>		
1)	COMFORTDELGRO ENGINEERING PTE LTD	\$ 3,000.00

\_\_\_\_\_  
 JOANNE LEE KHANG MIN  
 LKK Auto Consultants Pte Ltd

\_\_\_\_\_  
 30/08/2018  
 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))

⏪
⏩
**Service Request Details**

Claim	SBH100AIA	
Reference	CC4/ASB418004637/K1wb347 	
Loss Date	9 March 2018	
Request Date	12 March 2018	
Due Date		
Vendor Name	LKK AUTO CONSULTANTS PTE LTD (TP)	
Type of Loss	Third Party Vehicle Damage	
Services	Pending verification - Direct Settlement	

**Actions**

Next Step: Wait for Approve Invoice

Final Invoice

**Vehicle Information**

Incident Vehicle Registration #	5HC7548E
Make	TPVD HYUNDAI
Model	SONATA

**Service Address**

...

**Primary Contact/Insured**

YES CONSTRUCTION PTE LTD  
 18 BOON LAY WAY, #03-147 TRADEHUB 21,  
 609966, Singapore  
 67480506

**Claim Handler**

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

Additional Instructions

- Messages
- Invoices
- History
- Documents
- Assessment
- Metrics
- Notes

Document Type

+ Upload Documents

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 Accident Statement	Reports & Statement		Merimen	

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 LKK Invoice 1 (1).pdf	Invoice	Surveyor/ Assessor expense	LKK AUTO CONSULTANTS PTE LTD (TP)	30 August 2018
 Payment Breakdown -SHC 7548E.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 August 2018
 RENTAL RECEIPT.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 August 2018
 LTA SEARCH.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 August 2018
 LOD.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 August 2018
 DISCHARGE VOUCHER.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LKK AUTO CONSULTANTS PTE LTD (TP)	30 August 2018
 AUTHORISATION TO ACT FORM.pdf	Forms / Claim Documents	POA / Authority Letter	LKK AUTO CONSULTANTS PTE LTD (TP)	30 August 2018
 LETTER TO OI.pdf	Letters and Correspondence	Policy Holders / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	30 August 2018
 WORKSHOP INVOICE.pdf	Invoice	Repairer	LKK AUTO CONSULTANTS PTE LTD (TP)	30 August 2018
 TP ESTIMATE- MARKED.pdf	Reports & Statement	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	13 March 2018
 Preliminary Advice.pdf	Reports & Statement	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	13 March 2018
 EMAIL FROM WORKSHOP INCLUDING ESTIMATE & SHC7548E TP GA.mpeg	Letters and Correspondence	Workshop	NIKAM Santosh Pandurang	13 March 2018

# Assessment Details

EDIT	SR NO	QUAN TTY	MATERIAL	SIDE	PART NAME	PART NUMBER	REPAIR/REPLACE (PARTS)	CONDITION	LIST PRICE	DEPR./ BTRN%	DISC QUNT%	SALV AGE%	PART PRICE(MET)	ACTION (PARTS)	REMOVE
	1	1			BOOT LID			Repair	0	0	0	0	0	Deny	
	2	1			BOOT LID RUBBER			Serviceable	0	0	0	0	0	Deny	
	3	1			BOOT LID LOCK UPPER			Serviceable	0	0	0	0	0	Deny	
	4	1			BOOT LID LOCK LOWER			Serviceable	0	0	0	0	0	Deny	
	5	1			BOOT LID SONATA PLATE			Necessary	43.6		20		34.88	Approve	
	6	1			BOOT LID HYUNDAI PLATE			Necessary	24.2		20		19.36	Approve	
	7	1			BOOT LID 'H' EMBLEM			Necessary	26.1		20		20.68	Approve	
	8	1			BOOT LID CRDI PLATE			Necessary	22.7		20		18.16	Approve	
	9	1			BOOT LID LAMP (LH)			Cracked	230.2		20		184.16	Approve	
	10	1			BOOT LID TRIMBOARD			Serviceable	0	0	0	0	0	Deny	
	11	10			BOOT LID TRIMBOARD CLIPS			Serviceable	0	0	0	0	0	Deny	
	12	1			REAR BUMPER			Deformed	578.4		20		462.72	Approve	
	13	1			REAR BUMPER REINFORCEMENT			Cracked	483.3		20		396.64	Approve	
	14	1			REAR BUMPER CLIP			Necessary	22		20		17.6	Approve	
	15	1			REAR BUMPER SPONGE			Damaged	137.4		20		106.92	Approve	

EDIT	SR NO	QUAN TITY	MATERIAL	SIDE	PART NAME	PART NUMBER	REPAIR/REPLACE (PARTS)	CONDITION	LIBT PRICE	DEPL: BTRN	DISC QURTY	SALY AGE%	PART PRICE(NET)	ACTION (PARTS)	REMOVE
	16	1			REAR BUMPER UNDER COVER		Cracked	185.8			20		148.64	Approve	
	17	2			REAR BUMPER PROTECTOR (L/HRH)		Repair	0			0		0	Deny	
	18	1			TAIL LAMP (LH)		Serviceable	0			0		0	Deny	
	19	1			REAR PANEL		Repair	0			0		0	Deny	
	20	1			REAR PANEL GARNISH		Serviceable	0			0		0	Deny	

#### Labour

EDIT	SR NO	REPAIR/REPLACE (LABOUR)	PART NAME	LABOUR PER	LABOUR REPAIR	PAINT	ACTION (LABOUR)	COMMENT	REMOVE
	1		PANEL BEATING	400	0	0	Approve		
	2		SPRAY PAINTING CHARGE	540	0	0	Approve		
	3		WIRING CHARGE	20	0	0	Approve		
	4		TUFF KOTE	0	0	0	Deny		
	5		REMOVE /REFIX REVERSE SENSOR	20	0	0	Approve		

## Assessment Details

General & Workshop Details   Vehicle & Driver Details   Vehicle Condition   Taxes & Ratio   Parts & Labour   Miscellaneous   Summary

EDIT	SR NO	NAME	ACTION	AMOUNT	COMMENT	REMOVE
	1	DAYS OF REPAIR 3 DAYS	Approve			
	2	BOOT LID CITY CAB LOGO & TEL NO. STICKER	Approve	30	NECESSARY	
	3	REAR NO. PLATE	Deny	0	SERVICEABLE	
	4	REAR FENDER ADVERTISEMENT LOGO (L/R/H)	Approve	200	NECESSARY	
	5	REVERSE SENSOR	Approve	135.7	SHORTED	

### Assessment Details

General & Workshop Details    Vehicle & Driver Details    Vehicle Condition    Taxes & Ratio    Parts & Labour    Miscellaneous    Summary    Claim Amount

\$2,748.66

Claim Amount    \$2,748.66

CATEGORY	ESTIMATE	REVISED AMOUNT
Labour	\$980.00	\$980.00
Miscellaneous	\$365.70	\$365.70
Spare Parts	\$1,402.96	\$1,402.96

## Assessment Details

General & Workshop Details   Vehicle & Driver Details   Vehicle Condition   Taxes & Ratio   Parts & Labour   Miscellaneous   Summary   Claim Amount   \$2,200.00

Claim Amount   \$2,200.00

CATEGORY	ESTIMATE	REVISED AMOUNT
Miscellaneous	\$2,200.00	\$2,200.00