

INSURANCE OWNER:

cc 3, ALG1800 4757, Cma39

LKK:  
IDAC:

Surveyor

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

15/3

Benam

SIB 66147 - 15/3/18 16:11:29/164 10:20/16

SLP 7335L - x

15/3/18

called oia confirm accident details. oia  
coming out from minor road. indom  
oia TP claim oia name NED will  
be affected little sent to oia

RECEIVED 16 MAY 2018

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

( days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

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

If NO or B 28, Ass. Lia:

Repair Cost:

SS

Loss of Rental (LOR):

SS

(2 1/2 days) 113.00

Loss of Use (LOU):

SS

(5 x days)

Loss of Income (LOI):

SS

(S 50 x 2 1/2 days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

Total:

SS

Global Sum SS: 1210.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

Name 1:

Comfortalga Engineering Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

320 + 20

15/4/18

106/11/13  
Quire **Kalvin**

REF:

# ASSIGNMENT

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

Estimate ~~at~~ cost: \_\_\_\_\_

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To Insp ~~at~~ Vehicle No: \_\_\_\_\_

at Work ~~stop~~ mis: \_\_\_\_\_

of \_\_\_\_\_

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

Policy No: \_\_\_\_\_

Claims ~~N~~: \_\_\_\_\_

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 Rpt: \_\_\_\_\_ Consistent? : Yes or No

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

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

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

Veh No: SHB 6614 J

Yr Regn: 5 Dec 2013

Type: M.Gar / M.Cycle / Bus / Van / Lorry / ~~Taxi~~ / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Hyundai I40

C.C. 1685

Colour: Blue

A/C: Ins Std / NI / NA

Sp. Reading: 746940

T/Radio: Ins Std / NI / NA

Eng. No: \_\_\_\_\_

C.No: KMHLB 416AP 9092872

Gen. Cond: Good / ~~Fair~~ / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

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

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

TOYO / YOKO or Wst/ku

Front

Rear

R/Bal. 2

mm

R/Bal. 2

mm

L/Bal. +

mm

L/Bal. +

mm

D.O.A. 10/3/8

D.O.A. 12/3/8

Survey held at: CDGE (Loyang)

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

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

Date / Time	Action / Instruction
13/3/8	Wht up \$750 / 20/1. <span style="float: right;">ATA 4/2</span>
	(red 765.56 / 50.51%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

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

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

Add Fee:

☐

: Site Insp (\$ \_\_\_\_\_)

☐

: Interview (\$ \_\_\_\_\_)

☐

: Tech Insp (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

\$ + RS, \$ \_\_\_\_\_

Photos: \_\_\_\_\_

Other: \_\_\_\_\_

number of COMFORTDELGRO

Date/Time: 12.03.2018 09:47 Page : 1

Job: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO. 305123979

MER	REGN NO.	MILEAGE
COMFORT TRANSPORTATION PTE LTD	SHB6614J	
7010045	MAKE	FUEL
383 SIN MING DRIVE	HYUNDAI	E.....1/2.....F
Singapore SINGAPORE 575717	MODEL	DATE/TIME IN
65508755	I-40	11.03.2018 08:55
R) (O)	YR OF MANU	TARGET DATE
P)	05.12.2013	
JNT CARD NO.	CHASSIS CODE	COMPLETION DATE/TIME
	KMHLB41UMDU042872	

cident Date: 10.03.2018  
TURE: 3P 10.03.2018

JOB DESCRIPTION

NO LABOR CODE DESCRIPTION

ED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Idgement Slip

Exit Pass

SHB6614J CHIANG @

Vehicle No.: SHB6614J

Service Advisor Signature/Date Name of Service Advisor Date

urned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE\*

VEHICLE NO : SHB 6614J

DATE 12/3/2018 10:11

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Front Wheel Hub Cap (RH) ✓			\$ 150.70	
	Front Bumper X repair			\$ 150.70	
	Front RH Door X repair			\$ 30.14	
	SUB TOTAL			\$ 120.56	
	LESS 20%				
	DISCOUNTED TOTAL				
	Front Fender Advertisement Logo (RH) ✓			\$ 100.00	Nett
	Front Door Comfort Logo (RH) ✓			\$ 75.00	Nett
	Front Door Advertisement Logo (RH) ✓			\$ 100.00	Nett
				\$ 275.00	
	Labour Charge				
	Panel Beating			\$ 350.00	
	Spray Painting Charge			\$ 600.00	360
	Tuff Kote			\$ 50.00	X
	FRT Wheel Alignment			\$ 120.00	X
	TOTAL LABOUR			\$ 1,120.00	
	ESTIMATE TOTAL			\$ 1,515.56	
	K.O.L. 1/1/18				
	12/3/18 11:10 AM				
	2 Days				
	U/S				
	After Repair photo				
	KK Auto Consultants hence notify the Repairer of the following:				
	• To resurvey before/after spray painting				
	• To display damaged part(s) during resurvey				
	• Parts prices are subject to confirmation				
	• Third party survey is on a "Without Prejudice" basis				
	• No illegal modification(s) is allowed				
	• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company				
	Acknowledged by Repairer				
	Signature:				
	Date:				
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

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

Date : 12/03/18

## Fax:

Vehicle Reg No. : SHB6614J

10/03/18

2. The finalized amount shall be:

- |   |        |        |
|---|--------|--------|
| <b>Total for Part-By-Part Repair Cost</b> | 24,000 | 24,000 |
|---|--------|--------|

- |      |   |          |  |
|------|---|----------|--|
| (c.) | Lumpsum Repair (if applicable)            |          |  |
|      | Total for Lumpsum repair cost after Less: |          |  |
|      | <b>Final Lumpsum Repair cost</b>          | \$750.00 |  |

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: \_\_\_\_\_

Name : Kalin

Date : 13/1/8

Fax : 65468156

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:

REPAIR ESTIMATE\*

VEHICLE NO: SHB 6614J

DATE 12/3/2018 10:11

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Wheel Hub Cap (RH) <i>hazel</i>			\$ 150.70
	<i>Front Bumper X repair</i>			
	<i>Front RH door X repair</i>			
	SUB TOTAL			\$ 150.70
	LESS 20%			\$ 30.14
	DISCOUNTED TOTAL			\$ 120.56
	Front Fender Advertisement Logo (RH) <i>me</i>			\$ 100.00
	Front Door Comfort Logo (RH) <i>me</i>			\$ 75.00
	Front Door Advertisement Logo (RH) <i>me</i>			\$ 100.00
				\$ 275.00
	<b>Labour Charge</b>			<i>200</i>
	Panel Beating			\$ <del>350.00</del>
	Spray Painting Charge			\$ <del>600.00</del>
	Tuff Kote			\$ <del>50.00</del>
	FRT Wheel Alignment			\$ <del>120.00</del>
	TOTAL LABOUR			\$ 1,120.00
	ESTIMATE TOTAL			\$ 1,515.56
	<i>Kol's 1/1/16</i>			
	<i>11/12/3/18 11:00h</i>			
	<i>2 Days</i>			
	<i>4/5</i>			
	<i>After Repair pht</i>			
		</		

## Bevan Lim (LKK Auto)

---

**From:** Bevan Lim (LKK Auto)  
**Sent:** Friday, 16 March 2018 11:35 AM  
**To:** 'shannonsimwj@gmail.com'  
**Cc:** Vic (LKKAuto); Mei Kwan (LKKAuto)  
**Subject:** Your Ref: SLP 7335L ,Our Ref: CC3/AIG18004757/K1ma3 Accident involving SLP 7335L and SHB 6614J on 10/03/2018 along/at Bishan Street 11 outside CP gantry of BLK 150 & BLK 149  
**Attachments:** AIG - Interview Form.pdf; AIG - Undertaking Letter.pdf

Your Ref: SLP 7335L  
Our Ref: CC3/AIG18004757/K1ma3

Hi Shannon,

**Accident involving SLP 7335L and SHB 6614J on 10/03/2018 along/at Bishan Street 11 outside CP gantry of BLK 150 & BLK 149**

We refer to the above matter.

As per our tele-conversation Earlier.

The accident happened during midnight therefore, AIG requirement to fill up the following forms attached to this email.

1. Interview form
2. Undertaking letter

Kindly assist to completed the following form and revert back to us for our necessary action.

Thank you.

Best Regards,

Bevan Lim | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6749-4274 | email: [BevanLim@lkkauto.com](mailto:BevanLim@lkkauto.com) | fax: 6741-4108

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



*Save the Earth. Print only when necessary.*



AIG Asia Pacific Insurance Pte. Ltd.  
AIG Building  
78 Shenton Way  
#07-16

**MOTOR ACCIDENT INTERVIEW FORM**

NAME (DRIVER) : Sim Wen Jie, Shannon  
VEHICLE NUMBER : SLP7335L  
DATE/TIME OF ACCIDENT : 10/03/2018; 0120  
PLACE OF ACCIDENT : Bishan St. 11  
THIRD PARTY VEHICLE (IF ANY) : SHB6614J

\*\*\*\*\*

WHERE DID YOU START YOUR JOURNEY AND WHERE WAS THE INTENDED DESTINATION BEFORE THE ACCIDENT?

I started my journey from Bishan St. 11, in the carpark of Blk 149/150.

My intended journey was 52 Corporation Rise

DID YOU DRINK ANY ALCOHOLIC DRINKS BEFORE YOU DRIVE ON THE DAY OF THE ACCIDENT? IF YES, DID THE TRAFFIC POLICE CONDUCT ANY BREATHE-ANALYSER TEST ON YOU? IF YES, WHAT IS THE RESULT?

No

WHAT IS THE TYPE OF COLLISION AND THE EXTENSIVENESS OF THE DAMAGES TO ALL VEHICLES INVOLVED?

A slight collision, causing minor scratches on both cars

WERE YOU OR YOUR PASSENGER/S INJURED? IF INJURED, WHICH HOSPITAL? WERE YOU TAKEN TO THE TRAFFIC POLICE FOR INVESTIGATION?

No passengers were involved. Both drivers were fine. No traffic police was involved

Name: Sim Wen Jie, Shannon

I Affirmed The Above Information Is Given To My Best Knowledge.




## UNDERTAKING

I, Sim Wen Jie, Shannon, (NRIC No. S9335674H), hereby confirm that the Singapore Accident Statement lodged by me on 10/03/2018 at 0120 hours pertaining to the accident involving motor car Reg. No: SLP7335L, in which I was the driver are true and accurate to the best of my knowledge, information and belief.

I acknowledge that my insurers are not liable under the contract of insurance if there is a breach of policy terms and conditions.

In the event that an unrelated/unreported third party property or injury claim arises or there is evidence emerges that there is a breach of policy terms and conditions, I irrevocably undertake to absolve my insurer from all liability under the contract of insurance and I undertake to re-pay any sums paid by my insurers pursuant to the contract of insurance upon receipt of written demand by my insurers.

---

Signature : 

Name of Insured / Driver : \_\_\_\_\_

Nric No. : Sim Wen Jie, Shannon

: S9335674H

Date : 16/03/2018

Signature : 

Name of Policyholder : \_\_\_\_\_

Nric No. : Lim Yen Geok

: S1219096D

Date : 16/03/2018

Our Ref : T 0318 / SHB6614J /CL(st)  
Your Ref:  
Date : 16-Mar-18

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

**Attn : Motor Claims Department WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB6614J YOUR INSURED SLP7335L**  
**AND OTHER ON 10.03.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHB6614J** 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 **SLP7335L** we are submitting these claim for your consideration on behalf of the claimants.

#### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 802.50
2	3 days Loss of Rental @ \$ 113.00 per day	\$ 339.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation	\$ -
<b>Sub Total :</b>		<b>\$ 1,148.99</b>

#### HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
<b>Total Claims :</b>		<b>\$ 1,388.99</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 : SLP7335L  
c) GIA / Police report/s of : SHB6614J  
d) Letter of authority from owner / hirer / operator  
( ) Photograph/s of Accident Scene ( ) Certificate of Insurance  
( ) Witness statement/s ( 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 : cecilialee@sparkcarcare.com

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

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

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No. 196900489

#### Workshops

**Braddell**  
205 Braddell Road  
Singapore 579701

**Loyang**  
59 Loyang Drive  
Singapore 508969

**Sin Ming**  
363 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

## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONG

I 40 SHB6614J , SLP7335L

ON 10-Mar-18 01:20

BISHAN ST 11(TWDS BRADDELL RD) X BLK 150A CAR PARK EXIT

I / We

TAN CHWEE SENG

(Hirer) NRIC No.: S1186625E

and/or

WANG LI MENG

(Relief) NRIC No.: S0169950D

Taxi Number

SHB6614J

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

11-Mar-2018

Name of Hirer

TAN CHWEE SENG

Hirer NRIC

S1186625E

Signature :



Address

524 JELAPANG ROAD #03-323  
670524

Contact No.

97314812

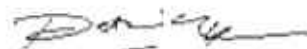
Name of Relief

WANG LI MENG

Relief NRIC

S0169950D

Signature :



Address

532 JELAPANG RD 14-43  
670532

Contact No.

91141533

Our Ref: CT18030302

Date: 14 March 2018



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                      10/03/2018    @   01:20 hrs  
ALONG                              BISHAN ST 11(TWDS BRADDELL RD) X BLK 150A C/P  
INVOLVING                      SLP7335L

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHB6614J** (the "Taxi"). The Taxi was hired to **TAN CHWEE SENG IC NO S1186625E** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$113.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte 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.

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE
				FROM	TO			
7.3.18	Tan	744	980	0620	1640	12.3.18		
7.3.18	WANG	745	292	1720	0150	12.3.18		
8.3.18	Tan	745	534	0620	1610	13.3.18		
8.3.18	WANG	745	852	1715	0155	13.3.18		
9.3.18	Tan MDT 1450	746	120	0620	1615	14.3.18		
9.3.18	WANG	746	386	1720	0235	14.3.18		
10.3.18	Tan	746	697	0620	1640	15.3.18		
10.3.18	WANG	746	940	1730	0900	15.3.18		
11.3.18	11/03/18		2186-6167	0855		16.3.18		
11.3.18	13/03/18		Accident Repair		0145	16.3.18		

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLP7335L	10 Mar 2018 / 01:20:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

SUBJECT J

## ...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>		12 Mar 2018 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$750.00</b> <a href="#">Edit Estimates</a>	<b>S\$750.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>



Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by adjuster]</span>									
Insured: <b>LIM YEN GEOK</b> , ID: S1219096D, Tel: +6599999999									
Main Claimant: <b>COMFORT TRANSPORTATION PTE LTD</b> , Co. Reg. No.: 199303821R									
Vehicle Reg. No.: <b>SHB6614J</b>		Date of Loss: 10/03/2018 01:00 - :59 [51 Months and 5 Days From LTA Reg Date (Man Yr)]							
Claim Type: <b>TP / 1625734817SG</b>		Policy/Cover Note No.: 1700022547 (Comprehensive)							
Vehicle Reg. No. (Insured): <b>SLP7335L</b>		Policy No. (Claimant): MCOM0015							
		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>Wui, Shawn-KJ</b> ] Shawnkaijye.Wui@aig.com									
Claimant's Insurer: <b>India International Insurance Pte Ltd (HQ)</b> - Tel: 63476100									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>KALVIN ANG WEI KUN</b> ] ... [Final Rpt due 22/03/2018]									
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SHB6614J (1625734817SG)  
[SLP7335L]  
TP  
COMFORT TRANSPORTATION PTE LTD  
Mar 10 2018 1:00AM  
[LIM YEN GEOK]  
ComfortDelGro Engineering Pte Ltd

<a href="#">Upload Documents</a>   <a href="#">Upload Photos</a>   <a href="#">Compose New Letter</a>   <a href="#">Upload Video</a>   <a href="#">Upload Audio</a>			<b>View</b> <a href="#">View in Browser</a>	
<b>Letters/Correspondences</b>			1 per page <input type="checkbox"/>	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	(Draft)	Third Party Express Settlement - Payment Breakdown	 Edit	
<b>Assessment Reports</b>			1 per page <input type="checkbox"/>	
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
1	14/03/18 15:17	<b>Accident Statement</b> <small>From: SC - Reg. No: SLP7335L, Claimant: LIM YEN GEOK</small>	 Load HTM	
2	15/03/18 15:29	<b>Accident Statement</b> <small>From: SC - Reg. No: SLP7335L, Claimant: LIM YEN GEOK</small>	 Load HTM	
<b>Photos/Images</b>			3 per page <input type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
2	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
3	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
4	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
5	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
6	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
7	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
8	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
9	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
10	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
11	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
12	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
13	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
14	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
15	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
16	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
17	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
18	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
19	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
20	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
21	13/03/18 16:46	<b>General View</b>	 Load JPG	<input checked="" type="checkbox"/>
22	14/03/18 08:23	<b>Reinspection Photo</b>	 Load JPG	<input checked="" type="checkbox"/>
23	14/03/18 08:23	<b>Reinspection Photo</b>	 Load JPG	<input checked="" type="checkbox"/>
24	14/03/18 08:23	<b>Reinspection Photo</b>	 Load JPG	<input checked="" type="checkbox"/>
25	14/03/18 08:23	<b>Reinspection Photo</b>	 Load JPG	<input checked="" type="checkbox"/>
26	14/03/18 08:23	<b>Reinspection Photo</b>	 Load JPG	<input checked="" type="checkbox"/>
<b>Documentation</b>			1 per page <input type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print



Letters/Correspondences			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	14/03/18 10:44	TP ESTIMATE - MARKED	 Load PDF	
2	14/03/18 10:44	TP GIA REPORT	 Load PDF	
3	16/03/18 08:34	LETTER TO OI	 Load PDF	
4	19/03/18 08:21	INTERVIEW FORM	 Load PDF	
5	19/03/18 08:21	UNDERTAKING LETTER	 Load PDF	
6	19/04/18 13:52	Lawyer Letter received by OID	 Load JPG	<input checked="" type="checkbox"/>
7	19/04/18 13:52	Lawyer letter received by OID	 Load JPG	<input checked="" type="checkbox"/>
8	23/05/18 08:58	WORKSHOP INVOICE	 Load PDF	
9	23/05/18 08:58	AUTHORISATION TO ACT FORM	 Load PDF	
10	23/05/18 08:58	Release Voucher	 Load PDF	
11	23/05/18 08:58	RENTAL RECEIPT	 Load PDF	
12	23/05/18 08:58	LTA SEARCH	 Load PDF	
13	23/05/18 08:58	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.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SLP7335L (Insd veh)	Model:	HYUNDAI I40 1.7 L CRDI AT
	SHB6614J (TP veh)		ABS AIRBAG 4DR (A)
Date of Accident:	10/03/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	1,621.65
Final Repair Cost	:	\$	1,210.00
Loss of Use	:	\$	2.50 days at \$50.00 per day
Rental (if any)	:	\$	2.50 days
LTA / GIA Search Fee	:	\$	
Others:	:	\$	
	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,210.00

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: 1

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	:	\$ 1,210.00
2)		:	\$
3)		:	\$
4)		:	\$
5)		:	\$

JOANNE LEE KHANG MIN

LKK Auto Consultants Pte Ltd

23 May  
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))

# 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/AIG18004757/K1MA3Q2

Date: 23/05/2018

### REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No:

1700022547

Claimant Vehicle No : SHB6614J

Insured Vehicle No : SLP7335L

Date of Loss: 10/03/2018

Nature of Claim:

TP

Claim No: 1625734817SG

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHB6614J

Make &amp; Model: HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)

Engine No: D4FDCU263159

Reg. Date: 05/12/2013 (Man. Year: 2013)

Chassis No: KMHLB41UMDU042872

Colour: Blue

Odometer: 746940 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: West Lake 7 mm

Rear Left Side: West Lake 7 mm

Front Right Side: West Lake 7 mm

Rear Right Side: West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	395.56	395.56	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,120.00	560.00	560.00	50.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>1,515.56</b>	<b>955.56</b>	<b>560.00</b>	<b>36.95</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>750.00</b>		
(S\$)	1,515.56	750.00	765.56	50.51
<b>+ GST 7.00/7.00% (S\$)</b>	106.09	52.50	53.59	50.51
<b>Nett Amount (S\$)</b>	<b>1,621.65</b>	<b>802.50</b>	<b>819.15</b>	<b>50.51</b>
<b>+ Loss of Use (2.5 x S\$50.00/day) (S\$)</b>		125.00		
<b>+ Car Rental (2.5 x S\$113.00/day) (S\$)</b>		282.50		
<b>+ Doc/Search Fee (S\$)</b>		7.49		
<b>Nett Liability (S\$)</b>		<b>1,217.49</b>		
<b>Global Sum Settlement (S\$)</b>		<b>1,210.00</b>		

### INSPECTION

Date of Assignment: 12/03/2018  
Date Inspected: 12/03/2018 Inspected At: ComfortDelGro Engineering Pte Ltd  
(Loyang)  
59 Loyang Drive  
Singapore 508969  
Estimated Period of Repair: 2.0 days

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**Adjuster:** KALVIN ANG WEI KUN

**Manager:** Lim Chin Siong Bevan

*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 WHEEL HUB CAP (RH)	Grazed	150.70 FL	*150.70 FL
2	1		*FRONT BUMPER (NPA)	Repair	0.00 FL	*- FL
3	1		*FRONT RH DOOR (NPA)	Repair	0.00 FL	*- FL
4	1		*FRONT FENDER ADVERTISEMENT LOGO (RH)	Necessary	100.00 FS	*100.00 FS
5	1		*FRONT DOOR COMFORT LOGO (RH)	Necessary	75.00 FS	*75.00 FS
6	1		*FRONT DOOR ADVERTISEMENT LOGO (RH)	Necessary	100.00 FS	*100.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>425.70</b>	<b>425.70</b>
- List Item Discount on L Items 20.00/20.00% (\$\$)	30.14	30.14
<b>Total Parts (\$\$)</b>	<b>395.56</b>	<b>395.56</b>

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
<b>Labour Items</b>				
1	PANEL BEATING	New	350.00	200.00
2	SPRAY PAINTING CHARGE	New	600.00	360.00
3	TUFF KOTE	New	50.00	0.00
4	FRT WHEEL ALIGNMENT	New	120.00	0.00
<b>Gross Labour Cost (S\$)</b>			<b>1,120.00</b>	<b>560.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >