

INS. CASE OWNER:

Gahma

CC 3 / AIG1800

5264, R1 J63

LKK:

IDAC:

Surveyor:

Rasul

DOI:

ASSIGNMENT

20/2/18

Date / Time:

20/2/18

Registered in Merimen:

21/2/18

Pre-assign / CCU / FTE:



Insured Vehicle No.:

SGD 54R

Name of Insured:

Kwan Thim Fat

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

18/2/18

Is driver the owner?

( YES / NO )

Nature of Accident:

Claim No.:

86492058054

Policy No.:

180000066

Make / Model:

MERCEDES

Place of Accident:

SUP ED AT KANDUEN RD

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SHB 361AR



INSRS:

WSP:

Tel:

Liability:

RMKS:

CODE  
WY

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

23/2/18  
20/2/18

no OI GIA, SENT OUT 1ST LETTER

26-4-18 @ 250PM W/OI. HE CONFIRMED  
ACC. DETAILS. HE  
RECEIVED BI CLAIM.  
HE SAID VERT MINOR.  
AGREED & AWARE NCD  
ISSUE.

RECEIVED 27 APR 2018

STAGE:

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorization 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:

%

100

(Agreed/ Assessed)

BOLA S/N No.: 27

If NO or B 28, Ass. Lia:

Repair Cost:

SS

363.80

Loss of Rental (LOR):

SS

230.22

( 2 days)

X 115

Loss of Use (LOU):

SS

-

( 3 - x - days)

Loss of Income (LOI):

SS

100.25

( 50 x 2 days)

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

[Tick only one]

GIA/LTA Search

SS

7.44

Medical:

SS

-

Disbursement:

SS

-

Legal Cost:

SS

-

Total:

SS

701.29

Global Sum SS:

700

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

700

Name 1:

COMFORTWELGRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

X

Name 2:

X

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

CI HIT TP FROM REAR  
COMFORT





# 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/AIG18005264/R1jb3		
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120		Date : 21-03-2018		
		Code : AIG		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SGD 54R	Veh. Inspected	SHB 3619R	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	21/03/2018	
<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	18/03/2018	Inspection Date	20/03/2018	
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.				



## REPAIR ESTIMATE

VEHICLE NO : SHB 3619R

DATE 19/3/2013 16:54

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket			\$ 49.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge			\$ 143.40
	Rear Bumper Under Cover			\$ 225.00
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>
	<b>LESS 20%</b>			<b>\$ 381.47</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>250.00</del>
	Spray Painting Charge			\$ <del>250.00</del>
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ <del>120.00</del>
	<b>TOTAL LABOUR</b>			<b>\$ 670.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,381.58</b>

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 item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

*Handwritten notes:*

2nd day  
Hs #340  
20/03/18  
@ 1225  
Resurvey after repair

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.

TRANSMISSION VERIFICATION REPORT

TIME : 06/04/2018 03:13  
NAME :  
FAX : 67414108  
TEL :  
SER.# : E69899L3N245962

DATE, TIME	06/04 03:13
FAX NO./NAME	65468156
DURATION	00:00:37
PAGE(S)	04
RESULT	OK
MODE	STANDARD
	ECM

Team: ARC Repair TP(CFSO)1      **JOB CARD** Sales Order:      JC NO.305126428

CUSTOMER CITYCAB PTE LTD VMS 7010070 CUSTOMER NO. ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 L (R) (P) (O)	REGN NO.	SHB3619R	MILEAGE
	MAKE	HYUNDAI	FUEL
	MODEL	I-40	DATE/TIME IN
	YR OF MANUF	07.08.2014	TARGET DATE
	CHASSIS CODE	KMHLEB41UMEU059494	COMPLETION DATE/TIME

SCOUT CARD NO.

AIG

Accident Date: 18.03.2018  
NATURE: 3P 18.03.2018

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
-----------------	----------------------

Acknowledgement Slip		Exit Pass	
Vehicle No.: SHB3619R	LKE/MA	Vehicle No.: SHB3619R	
Signature/Date		Date	
To be returned to Service Reception upon collection		To be kept by Security Guard	

**REPAIR ESTIMATE\***

DATE 19/3/2018 16:54

Like

AIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket			\$ 49.00
	Rear Bumper Clips			\$ 22.00
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	Rear Bumper Under Cover			\$ 225.00
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>
	<b>LESS 20%</b>			<b>\$ 381.47</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Bumper Rubber Mat			\$ 50.00
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>250.00</del>
	Spray Painting Charge			\$ <del>250.00</del>
	Wiring Charge			\$ 50.00
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	<b>TOTAL LABOUR</b>			<b>\$ 670.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,381.58</b>

**LKK Auto Consultants** hence notify the Repairer of the following:

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- 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:

*Handwritten notes:*

248ul  
Hy 900/006K  
2 days  
4/3  
20/03/18  
@ 1225  
Resur  
after  
repair

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.



Our Ref : CC18030579/ SHB3619R /CL(st)

Date : 16-Apr-18

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

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. 199700041V

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 408849

**Senoko**  
24 Senoko Loop  
Singapore 758156

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 726791

**Yishun**  
501 Yishun Industrial Park A  
Singapore 768732

**Attn : Motor Claims Department WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB3619R YOUR INSURED**  
**SGD 54R AND OTHER ON 18.03.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no: SHB3619R 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 SGD 54R we are submitting these claim for your consideration on behalf of the claimants.

#### TAXI OWNER'S CLAIM

1	Cost of Repair	\$	363.80
2	3 days Loss of Rental @ \$ 115.00 per day	\$	345.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	-
5	GIA / Police Report Fees	\$	7.49
6	Towing / Medical / Transportation Fees	\$	-
<b>Sub Total :</b>		<b>\$</b>	<b>716.29</b>

#### HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per day	\$	240.00
<b>Total Claims :</b>		<b>\$</b>	<b>956.29</b>

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

- a) Original repair bill and photocopies of photographs : 8 pcs.
- b) LTA search slip/s of : SGD 54R
- c) GIA / Police report/s of : SHB3619R
- d) Letter of authority from owner / hirer / operator
  - ( ) Witness statement/s
  - ( ) Certificate of Insun ( 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 : cecilialee@sparkcarcare.com

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

A member of

**COMFORTDELGRO**



8107

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
19/3	LEE KWANG HING	451470			
19/3/18	Accident	451470	Lo yang	1350	—
21/3/18	Repair	LEE KWANG HING	—	—	1330
22/3					
23/3					
24/3					
25/3					
26/3					
27/3					
28/3					
29/3					

[illegible]

**Joy Irene (LKKAuto)**

---

**From:** Joy Irene (LKKAuto)  
**Sent:** Thursday, 26 April 2018 3:03 PM  
**To:** 'joshua.aiden@gmail.com'  
**Subject:** ACCIDENT INVOLVING SGD 54R AND SHB 3619R ON 18/03/2018

Our ref: CC3/AIG18005264/R1jb3

**KWAN THIM FATT**

Policy Holder

Dear Sir,

**ACCIDENT INVOLVING SGD 54R AND SHB 3619R ON 18/03/2018**

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you 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 7 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.

Best Regards,  
Joy Irene | Case Handler  
LKK Auto Consultants Pte Ltd  
DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****I 40 SHB3619R , SGD54R  
SLIP RD TO BRADELL RD AFTER CTE EXIT****ON 18-Mar-18 13:45**

I / We

**LEE KWANG PHENG**(Hirer) NRIC No.: **S1432572G**

and/or

(Relief) NRIC No.:

Taxi Number

**SHB3619R**

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

**19-Mar-2018**

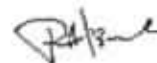
Name of Hirer

**LEE KWANG PHENG**

Hirer NRIC

**S1432572G**

Signature :



Address

**684 HOUGANG AVENUE 8 #03-985  
530684**

Contact No.

**96737568**

**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\$700.00** (Global Sum) for vehicle no. **SHB 3619R** that was damaged pursuant to the accident which occurred on **18/03/2018** (date) along **SLIP RD TO BRADELL ROAD** (location) involving vehicle no/s **SGD 54R**. This is pursuant to the inspection conducted on **20/03/2018** (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 **SHB 3619R** 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 **SHB 3619R** (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.

Dated this 26 (day) of APR (month) **2018** (year)



Signed by appointed surveyor

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
205 BRADELL ROAD  
SINGAPORE 579701

Signed by "the workshop" (with chop)

"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."

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

## TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE No  
SHB36191

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
07.08.2014

CHASSIS CODE  
KMHLE411MEU059494

INV. NO/DATE  
91367027 10.04.2018

JOB NO.  
305126428

ODOMETER READING

JOB TYPE

Description : 3P 18.03.2018

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	340.00
Add GST @ 7.000 %	23.80
<b>Total Invoice amount</b>	<b>363.80</b>

Issued by : CHEWBEELING 10.04.2018 15:09:51  
Repair Type : CFSO/57/57  
Payment Type/Term : /Credit 30 days

1. CUSTOMER TAKES ALL RESPONSIBILITY FOR THE VEHICLE AND THE DRIVER'S ACTIONS. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR DAMAGE TO CUSTOMER'S VEHICLE AND DRIVER'S ACTIONS. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR DAMAGE TO CUSTOMER'S VEHICLE AND DRIVER'S ACTIONS.

2. CUSTOMER SHALL INSURE THE VEHICLE IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM DATE DELIVERY ADVISE THE COMPANY OF ANY LOSS OR DAMAGE TO THE VEHICLE. THE VEHICLE WILL BE REPAIRED AT THE COMPANY'S EXPENSE PROVIDED THE LOSS OR DAMAGE IS COVERED BY THE CUSTOMER'S INSURANCE.

3. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND PAYABLE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (IE. WITHIN 30 DAYS FROM THE INVOICE DATE). THE INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND PAYABLE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (IE. WITHIN 30 DAYS FROM THE INVOICE DATE). THE INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND PAYABLE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (IE. WITHIN 30 DAYS FROM THE INVOICE DATE).

4. PLEASE EXAMINE THE VEHICLE IMMEDIATELY UPON DELIVERY AND ADVISE THE COMPANY OF ANY DAMAGE OR DEFECT WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER WITHIN 14 DAYS, THE VEHICLE WILL BE ASSUMED TO BE IN GOOD ORDER AND NO CLAIMS WILL BE ACCEPTED.

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.

Our Ref: CC18030579



Date: 10 April 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	18/03/2018 @ 13:45 hrs
ALONG	SLIP RD TO BRADELL RD AFTER CTE EXIT
INVOLVING	SGD54R

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 **SHB3619R** (the "Taxi"). The Taxi was hired to **LEE KWANG PHENG IC NO S1432572G** 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.

## Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SGD54R	18 Mar 2018 / 13:45:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Previous](#)

[OK](#)

SHB3619K



## ...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	21 Mar 2018 <a href="#">Edit Reg</a>		20 Mar 2018 00:00 <a href="#">Edit Adj Rpt</a>	<b>\$5340.00</b> <a href="#">Edit Estimates</a>	<b>\$5340.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

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

Insured:	KWAN THIM FATT, ID: S0051973A		
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHB3619R	Date of Loss:	18/03/2018 13:00 - :59 [43 Months and 11 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 8649230580SG	Policy/Cover Note No.:	1800011268 (Comprehensive)
Vehicle Reg. No. (Insured):	SGD54R	Policy No. (Claimant):	D-18088937MFSH
		Excess:	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Syed-Yusoff, Saliha] Saliha-Syed-Yusoff@aig.com		
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 02/04/2018]		

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

- AIG\_SG (22/03/2018): NO OI GIA REPORT

**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

\*SHB3619R (8649230580SG)  
[SGD54R]  
TP  
CITYCAB PTE LTD  
Mar 18 2018 1:40PM  
[KWAN THIM FATT]  
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> <span style="border: 1px solid black; padding: 2px;">View in Browser</span>	
<b>Letters/Correspondences</b>			1 per page <span style="border: 1px solid black; padding: 2px;">1</span> <input checked="" type="checkbox"/>	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	<b>Thumbnail</b> <b>Print</b>	
1	(Draft)	Third Party Express Settlement – Payment Breakdown	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Edit</a>	
<b>Assessment Reports</b>			1 per page <span style="border: 1px solid black; padding: 2px;">1</span> <input checked="" type="checkbox"/>	
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	<b>Thumbnail</b> <b>Print</b>	
1	02/04/18 17:05	<b>Accident Statement</b> <small>From: SC - Reg. No: SGD54R, Claimant: KWAN THIM FATT</small>	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load HTM</a>	
<b>Photos/Images</b>			3 per page <span style="border: 1px solid black; padding: 2px;">3</span> <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	<b>Thumbnail</b> <b>Print</b>	
1	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
2	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
3	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
4	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
5	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
6	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
7	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
8	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
9	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
10	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
11	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
12	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
13	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
14	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
15	26/04/18 14:43	General View	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load JPG</a> <input checked="" type="checkbox"/>	
<b>Documentation</b>			1 per page <span style="border: 1px solid black; padding: 2px;">1</span> <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	<b>Thumbnail</b> <b>Print</b>	
1	21/03/18 17:42	TP ESTIMATE- MARKED	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load PDF</a>	
2	21/03/18 17:42	TP GIA REPORT	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load PDF</a>	
3	23/03/18 10:34	Non reporting letter	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load PDF</a>	
4	02/05/18 11:57	WORKSHOP INVOICE	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load PDF</a>	
5	02/05/18 11:57	AUTHORISATION TO ACT FORM	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load PDF</a>	
6	02/05/18 11:57	Release Voucher	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load PDF</a>	
7	02/05/18 11:57	RENTAL RECEIPT	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load PDF</a>	
8	02/05/18 11:57	LTA SEARCH	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load PDF</a>	
9	02/05/18 11:57	LETTER TO OI	<span style="border: 1px solid black; padding: 2px;">1</span> <a href="#">Load PDF</a>	

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	<a href="#">Reset</a>	<a href="#">Save</a>	<a href="#">Print</a>
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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:	SGD54R (Insd veh)	Model:	HYUNDAI I40 1.7 D (A)
	SHB3619R (TP veh)		
Date of Accident:	18/03/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> [ X ] Yes	<input type="checkbox"/> [ ] No	
Repair Estimate	:	\$		2,548.29
Final Repair Cost	:	\$		700.00
Loss of Use	:	\$		2.00 days at \$50.00 per day
Rental (if any)	:	\$		2 days
LTA / GIA Search Fee	:	\$		
Others:	:	\$		
	:	\$		
Final Settlement Sum (Global Sum)	:	\$		700.00

**Is Third Party Workshop GIA Registered?**    ☒ [ X ] 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: 27

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	:	700.00
2)		:	\$
3)		:	\$
4)		:	\$
5)		:	\$

JOANNE LEE KHANG MIN

02 May  
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/AIG18005264/R1JB3Q2

Date: 02/05/2018

## REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 1800011268  
**Claimant Vehicle No :** SHB3619R **Insured Vehicle No :** SGD54R  
 Date of Loss: 18/03/2018 Nature of Claim: TP Claim No: 8649230580SG

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: **SHB3619R**  
 Make & Model: HYUNDAI I40, 1.7 D (A) Engine No: D4FDEU463476  
 Reg. Date: 07/08/2014 (Man. Year: 2014) Chassis No: KMHLB41UMEU059494  
 Colour: Yellow Odometer: 451533 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: Yes

## CONDITION OF TYRES

Front Tyre Size: 205/60 R16 Rear Tyre Size: 205/60 R16  
 Front Left Side: Bridgestone 5 mm Rear Left Side: Bridgestone 5 mm  
 Front Right Side: Bridgestone 5 mm Rear Right Side: Bridgestone 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,711.58	0.00	1,711.58	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	670.00	340.00	330.00	49.25
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>2,381.58</b>	<b>340.00</b>	<b>2,041.58</b>	<b>85.72</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>166.71</b>	<b>23.80</b>	<b>142.91</b>	<b>85.72</b>
<b>Nett Amount (S\$)</b>	<b>2,548.29</b>	<b>363.80</b>	<b>2,184.49</b>	<b>85.72</b>
<b>+ Loss of Use (2.0 x S\$50.00/day) (S\$)</b>		100.00		
<b>+ Car Rental (2.0 x S\$115.00/day) (S\$)</b>		230.00		
<b>+ Doc/Search Fee (S\$)</b>		7.49		
<b>Nett Liability (S\$)</b>		<b>701.29</b>		
<b>Global Sum Settlement (S\$)</b>		<b>700.00</b>		

## INSPECTION

Date of Assignment: 20/03/2018  
 Date Inspected: 20/03/2018 Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang)

59 Loyang Drive  
Singapore 508969

Estimated Period of Repair: 2.0 days

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**Adjuster:** MOHD RASUL

**Manager:** Joy Irene Bascao

*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		*REAR BUMPER	Repair	603.60 FL	*- FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Serviceable	360.00 FL	*- FL
4	1		*REAR BUMPER SIDE BRACKET	Serviceable	49.00 FL	*- FL
5	1		*REAR BUMPER CLIPS	Serviceable	22.00 FL	*- FL
6	1		*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
7	1		*REAR BUMPER UNDER COVER	Serviceable	225.00 FL	*- FL
8	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS
9	1	Q	*REAR BUMPER RUBBER MAT	Serviceable	50.00 FS	*- FS

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

<b>Sub Total (\$\$)</b>	<b>2,093.05</b>	<b>0.00</b>
- List Item Discount on L Items 20.00/20.00% (\$\$)	381.47	0.00
<b>Total Parts (\$\$)</b>	<b>1,711.58</b>	<b>0.00</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
<u>Labour Items</u>				
1	PANEL BEATING	New	250.00	100.00
2	SPRAY PAINTING CHARGE	New	250.00	180.00
3	WIRING CHARGE	New	50.00	0.00
4	R/REFIX REVERSE SENSOR	New	120.00	60.00
Gross Labour Cost (S\$)			<b>670.00</b>	<b>340.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >