

INFORM

INS. CASE OWNER:

Lynthia

CC 4 ASM
AXA1800

5293, R1h639

LKK:

IDAC:

Surveyor:

Rasm

DOI:

ASSIGNMENT

2/2/18

Date / Time:

2/2/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFL 5115K

Claim No.:

S8m00 B8y / 35705

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$5

D.O.A.:

19/2/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

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

SFLD 4836m



INSRS:

WSP:

Tel:

Liability:

RMKS:

WBE

WJ



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

Date/ Time		STAGE	DATE / PIC
19/2/18		Non-Reporting ltr (1st):	
19/2/18		Non-Reporting ltr (2nd):	
19/2/18		Non-Reporting ltr (Final):	
19/2/18		Notification ltr (if non-pickup):	
19/2/18		Call OI:	
19/2/18		After call ltr to OI:	2/10/18 - 2/10
19/2/18		Documentation Check List: Handler	Typist
19/2/18		Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
19/2/18		After call ltr to OI:	<input checked="" type="checkbox"/>
19/2/18		Authorisation To Act:	<input checked="" type="checkbox"/>
19/2/18		Release Voucher:	<input checked="" type="checkbox"/>
19/2/18		Final Repair Bill:	<input checked="" type="checkbox"/>
19/2/18		Car Rental Invoice:	<input checked="" type="checkbox"/>
19/2/18		Towing Invoice:	<input checked="" type="checkbox"/>
19/2/18		LTA/GIA:	<input checked="" type="checkbox"/>
19/2/18		Medical Bill:	<input checked="" type="checkbox"/>
19/2/18		PIR:	<input checked="" type="checkbox"/>
19/2/18		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
19/2/18		LOD	<input checked="" type="checkbox"/>
19/2/18		Payment Breakdown Form:	<input checked="" type="checkbox"/>
19/2/18		Post-Repair Photos:	<input checked="" type="checkbox"/>
19/2/18		Others:	<input checked="" type="checkbox"/>
19/2/18		Confirm by:	Email <input type="checkbox"/> Call <input type="checkbox"/>
19/2/18		Confirm with:	WJ
19/2/18		Final Liability:	\$ 100 (Agreed / Assessed) BOLA S/N No.:
19/2/18		Repair Cost:	\$5 1,010.51
19/2/18		Loss of Rental (LOR):	\$5 359.00 (3 days) x \$113.00
19/2/18		Loss of Use (LOU):	\$5 150.00 (5 days) x \$30.00
19/2/18		Loss of Income (LOI):	\$5 — (5 days) x —
19/2/18		LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> (Tick only one)	
19/2/18		GIA/LTA Search:	\$5 7.49
19/2/18		Medical:	\$5 —
19/2/18		Disbursement:	\$5 — (e.g. Tow/Independent)
19/2/18		Legal Cost:	\$5 —
19/2/18		Total:	\$5 1,507.00 Global Sum \$5: 1,500.00
19/2/18		Confirm with:	WJ
19/2/18		Confirm by:	Email <input type="checkbox"/> Call <input type="checkbox"/>
19/2/18		Payee 1:	\$5 1,500.00 Name 1: COMFORTABLE ENGINEERING PTE LTD
19/2/18		Payee 2: (Strike if N.A.)	\$5 — Name 2: —
19/2/18		Payee 3: (Strike if N.A.)	\$5 — Name 3: —

Surrender

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHD 4836M Yr Regn: 2014 / mnrType: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or _____

Make: Hyundai I40 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 665381 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLEB41um5046441Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16R: 1

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

TOYO / YOKO or WESTLAK

Front _____ Rear _____

R/Bal. 5 mm R/Bal. 5 mmL/Bal. 5 mm L/Bal. 5 mmD.O.A. 19/03/18 D.O.I. 22/03/18Survey held at: Comfy's 98440

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

O/S Frt

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

Date / Time Action / Instruction

P/P \$944.40

(RTP: \$220.00 / 19%)

Date/Time, File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:

☐

Site Insp (\$ _____)

☐

Interview (\$ _____)

☐

Tech. Invs (\$ _____)

☐

Weekend (\$ _____)

S + RS \$ _____

Photos

Others

TOTAL

Report Format: _____

Lump Sum / I.B.I: (\$ _____)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 20.03.2018

REPAIR ESTIMATE

Time: 11:29:25

Page: 1

AXA - CP/P)

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305126824
 REGN NO : SHD4836M
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 06.03.2014
 DATE/TIME IN : 20.03.2018 09:05
 ACCIDENT DATE : 19.03.2018

LKK -

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0594-G WING MIRROR RH 1 980.50 20.00 784.40

SUB-TOTAL : 784.40

JOB NATURE

0000 L PANEL BEATING

~~200.00~~ 80

0001 23-502 SPRAYPAINT ON AFFECTED AREA

~~180.00~~ 80

SUB-TOTAL : 380.00

TOTAL : 1,164.40

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Rasul
Hp 900100068

1 days

P/P ~~HP~~ 4/5

22/03/18 @ 1000

Remy by paint

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:

Job: ARC Repair TP(CLSO)1 JOB CARD Sales Order: JC NO: 305126824

OWNER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755	REGN NO SHD4836M MAKE HYUNDAI MODEL I-40 YR OF MANU 06.03.2014 CHASSIS CODE KMHLE41UMEU048441	MILEAGE FUEL E 1/2 F DATE/TIME IN 20.03.2018 09:05 TARGET DATE COMPLETION DATE/TIME
--	--	---

Job Description

cident Date: 19.03.2018
TURE: 3P 19.03.18

NO	LABOR CODE	DESCRIPTION
----	------------	-------------

RECEIVED & PASSED OUT BY:

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

Exit Pass

Vehicle No.: SHD4836M

Signature/Date

Date

To be kept by Security Guard

VIC
Rasul (LKKAUTO)

From: Lim Tien Siong <limts@cdge.com.sg>
Sent: Friday, 23 March, 2018 9:20 AM
To: Rasul (LKKAUTO)
Subject: SHD4836M - Finalize
Attachments: img-322174407-0001.pdf

Hi Rasul,

Finalize at PP \$ 944.40 and 01 repair day

For photos - see LKK's SD cards

Best Regards,
Lim Tien Siong
Taxi Crash Repair / ComfortDelGro Engineering Pte Ltd
Off:62148398 / Fax:65468156

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305126824
Date : 23/03/18

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

FINALIZATION FORM

To : LKK
Attn : RASUL

Fax :

Vehicle Reg No. : SHD4836M Date of Accident : 19-Mar-18

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

1. The repair job shall bill to: AXA -- SFL5115K
2. The finalized amount shall be:

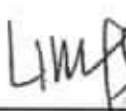
(a) Spare Parts after List discount	\$784.40
(b) Labour Charges	\$160.00
Total for Part-By-Part Repair Cost	\$944.40
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: 20%	
Final Lumpsum Repair cost	

3. Estimated normal period for repairs: 1 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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature :
Name : RASUL
Date :

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees	*****			
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 22.03.2018

Time: 17:35:01

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305126824
REGN NO : SHD4836M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 06.03.2014
DATE/TIME IN : 20.03.2018 09:05
ACCIDENT DATE : 19.03.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0594-G WING MIRROR RH 1 980.50 20.00 784.40

SUB-TOTAL : 784.40


JOB NATURE

0000 L PANEL BEATING 80.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 80.00

SUB-TOTAL : 160.00

TOTAL : 944.40


MVA NAME & SIGNATURE
DATE:

SURVEYOR NAME & SIGNATURE
DATE:

AUTHORISED : YES / NO

<< **Re:RE: <SEEK MANDATE> S8M00B8Y ACCIDENT INVOLVING VEHICLES SFL 5115K (OI) AND SHD 4836M (TP) ON 19/03/2018 - TOTAL: \$1507.00**

Type

🔍 Question

Message

MANDATE APPROVED

Reply

Our Ref : T 0318/ SHD4836M/WT(st)

Your Ref :

Date : 16-Apr-18

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6353 6280
Facsimile +65 6290 9755

www.cdge.com.sg

Company Registration No: 1997010009

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 SHD4836M YOUR INSURED SFL5115K
AND OTHER _____ ON 19.03.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHD4836M 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 SFL5115K we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,010.51
2	<u>3</u> days Loss of Rental @ \$ 113.00 per day	\$ 339.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fee	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation Fees	\$ -
Sub Total :		\$ 1,357.00

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims:		\$ 1,597.00

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

- Original repair bill and photocopies of photographs 6 pcs
- LTA search slip/s of : SFL5115K
- GIA / Police report/s of : SHD4836M
- Letter of authority from owner / hirer / operator
 - (X) Photocopies of Accident Scene Photo/s () Traffic Compound () PIR
 - () 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.

A member of

COMFORTDELGRO



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 408849

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
Yishun Industrial Park A
Singapore 768732



Auto
Consultants
Pte Ltd

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

31 OCTOBER 2018

**JASBER D/O KAUR D/O DALIP SINGH
75 LORONG TANGGAM
SINGAPORE 798761**

By Post and By Email

Dear Sir/Madam,

**OUR REF : CC4/ASM18005293/R1hb3
YOUR REF : SFL 5115K
ACCIDENT INVOLVING SFL 5115K AND SHD 4836M ALONG MACPHERSON ROAD
ON 19.03.2018**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third-party claim against your policy.

We have received a claim from M/s COMFORTDELGRO ENGINEERING PTE LTD, acting on behalf of the owner of SHD 4836M against your motor insurance policy.

Based on the accident report and accident scenario and pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant. Unless proven otherwise.

Please be informed that your No Claim Discount (NCD – if applicable) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)



Auto
Consultants
Pte Ltd

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

- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at vicalpeh@lkkauto.com.

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

Yours sincerely,

Vic Alpeh
Case Handler
DJP: 6841 2096
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA)
(Motor Claims Dept)

c.c. mines@singnet.com.sg
(Email)

Vic (LKKAUTO)

From: Vic (LKKAUTO)
Sent: Wednesday, 31 October, 2018 3:35 PM
To: mines@singnet.com.sg
Cc: Admin A; Vic (LKKAUTO)
Subject: YOUR REF: SFL 5115K_ACCIDENT INVOLVING SFL 5115K AND SHD 4836M ALONG MACPHERSON ROAD ON 19.03.2018



Auto
Consultants
Pte Ltd

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

31 OCTOBER 2018

**JASBER D/O KAUR D/O DALIP SINGH
75 LORONG TANGGAM
SINGAPORE 798761**

By Post and By Email

Dear Sir/Madam,

**OUR REF : CC4/ASM18005293/R1hb3
YOUR REF : SFL 5115K
ACCIDENT INVOLVING SFL 5115K AND SHD 4836M ALONG MACPHERSON ROAD ON 19.03.2018**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third-party claim against your policy.

We have received a claim from M/s COMFORTDELGRO ENGINEERING PTE LTD, acting on behalf of the owner of SHD 4836M against your motor insurance policy.

Based on the accident report and accident scenario and pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant. Unless proven otherwise.

Please be informed that your No Claim Discount (NCD – if applicable) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (if any)
- Video footage of accident (if any)

- Statement and/or police report from independent witness(es) (if any)
- 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 AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at vicalpeh@lkkauto.com.

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

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

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LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGI 40 SHD4836M , SFL5115K
MACPHERSON RD TWDS CITY

ON 19-Mar-18 20:15

I / We

NG BENG SOON

(Hirer) NRIC No.: S1204449F

and/or

CHAN KHONG SENG

(Relief) NRIC No.: S0071054G

Taxi Number

SHD4836M

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

20-Mar-2018

Name of Hirer

NG BENG SOON

Hirer NRIC

S1204449F

Signature :



Address

612 BEDOK RESERVOIR ROAD #06-...
470612

Contact No.

98665966

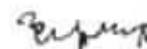
Name of Relief

CHAN KHONG SENG

Relief NRIC

S0071054G

Signature :



Address

627 BEDOK RESERVOIR RD #10-1614
470627

Contact No.

97375023



redefining / insurance

CLAIM REF : S8M00B8Y
INSURED : JASBER D/O KAUR D/O DALIP SINGH

DISCHARGE VOUCHER

We, **COMFORTDELGRO ENGINEERING PTE LTD** confirm that by letter of authorisation dated **20/03/2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of **COMFORT TRANSPORTATION PTE LTD** and the Hirer, **NG BENG SOON** of vehicle no. **SHD 4836M**.

Now we **COMFORTDELGRO ENGINEERING PTE LTD** for ourselves and the said Hirer and the driver jointly and severally:-

- agree to accept the sum of Singapore Dollars **ONE THOUSAND FIVE HUNDRED** only (**S\$1,500.00**) 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 **SFL 5115K** arising out of an accident with **SHD 4836M** on **19/03/2018**.
- 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. **SFL 5115K** arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- 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. **SFL 5115K**.

Dated this 14 day of November 2018

Signed by _____
(AUTHORISED SIGNATORY)

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

Company Stamp _____

Witness : _____

Name : _____

I/C No : _____

Address : _____

"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"

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 1

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO
SHD4836M

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
06.03.2014

CHASSIS CODE
KMHLE411MEU048441

INV. NO/DATE
91367191 11.04.2018

JOB NO.
305126824

ODOMETER READING

DATE/TIME IN
20.03.2018 09:05

Description : 3P 19.03.18

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0103-0594	WING MIRROR RH	1	980.50	20.00	784.40
SUB-TOTAL				:		784.40

JOB NATURE

0001	L	PANEL BEATING	80.00		80.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	80.00		80.00
SUB-TOTAL				:	160.00

CUSTOMER TAKES ALL REASONABLE PRECAUTIONS AGAINST THE THEFT OR ACCIDENTAL DAMAGE. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARE OR DAMAGE TO VEHICLES BELONGING TO CUSTOMERS WHO VEHICLES ARE DRIVEN AND TESTED AT WORKSHOP.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGN WITHIN 7 DAYS FROM SUCH DELIVERY ONE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINT. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

INTEREST ON ALL PAYMENTS SHALL BE CHARGED ON A DAY TO DAY BASIS BY REFERENCE TO THE AMOUNT DUE AND CHARGED TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OR PAYMENT D.D. AFTER 30 DAYS FROM THE NOTICE FOR THE PAYMENT OF DUE DATE.

PAYMENT FOR THIS INVOICE IMMEDIATELY UPON DELIVERY AND ADVISE THE COMPANY OF ANY DISCREPANCY OR UNEXPECTEDLY WITHIN 14 DAYS OF DELIVERY. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECTLY RECEIVED.

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.
8010010	91367191	1,010.51	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE SG 068811

CONTACT NO: 63387268

VEHICLE NO
SHD4836M

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
06.03.2014

CHASSIS CODE
KMHLB41UMEU048441

INV. NO/DATE
91367191 11.04.2018

JOB NO.
305126824

ODOMETER READING

DATE/TIME IN
20.03.2018 09:05

Items total	944.40
Add GST @ 7.000 %	66.11
Invoice amount	1,010.51

Issued by : CHEWBEELING 11.04.2018 14:13:06
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

WE HEREBY TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR DAMAGE TO ANY PROPERTY BELONGING TO CUSTOMERS AND VEHICLES, AND SHOWN AND DETECTED OWNERS SHIP.

CUSTOMERS SHALL REPORT ANY DAMAGE IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAILY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMERS AND NOT PAID ON THE DATE LAST OF PAYMENT, I.E. AFTER 30 DAYS FROM THE MONTH FOR THE PERIOD OF DEFECTS.

PLEASE RETURN THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ABUSE OR MISUSE OF THIS INVOICE WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS "DUPLICATE" AND VOID.

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.
8010010	91367191	1,010.51	

Our Ref: CT18030607

Date: 11 April 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	19/03/2018 @ 20:15 hrs
ALONG	MACPHERSON RD TWDS CITY
INVOLVING	SFL5115K

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 **SHD4836M** (the "Taxi"). The Taxi was hired to **NG BENG SOON IC NO S1204449F** 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 **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.

READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO							FROM	TO
391	316	1807	0517	180318	Tan Leng Koe	66	47	70	283	1812	0440
143	254	0636	1636	190318	Ng Bang Soon	66	06	4	294	0632	1632
461	316	1800	0519	190318	Chen K S	66	53	69	305	1745	0527
741	280	0636	1646	20/3	Accident repair					0905	1530
990	249	1814	0454	20/3			L	7			
260	270	0636	1646	22/3							
567	307	1800	0530								
839	272	0630	1800								
093	254	1825	0444								
243	150	1000	1658								
486	243	1812	0455								

6

Welcome, Goh Cheng Chuan Andrew Cornelius Session Date: 20 Mar 2018

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SFL5115K	19 Mar 2018 / 20:15:00	Successful	A12	AXA INSURANCE PTE LTD

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

SAD 4836M

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SFL 5115K (Insd veh)	Model:	HYUNDAI I40
	SHD 4836M (TP veh)		
Date of Accident:	19/03/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	1,245.91
Final Repair Cost	:	\$	1,010.51
Loss of Token Sum	:	\$	150.00
Rental (if any)	:	\$	339.00
LTA / GIA Search Fee	:	\$	7.49

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,500.00

Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)	
A) For Non GIA Registered Workshop: Agreed Liability _____ (%)	
B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: _____	
BOLA Liability: _____ 100 _____ (%) Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.	
Remarks _____	

Payment Instruction: Payee's Breakdown		
1)	COMFORTDELGRO ENGINEERING PTE LTD	\$ 1,500.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

28/11/2018
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**

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/ASM18005293/R1hb3q2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN: CYNTHIA LOH

Date : 28-11-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFL 5115K	Veh. Inspected	SHD 4836M
Policy No.	GA119996	Coverage (\$)	0.00
Claim No.	S8M00B8Y	Excess (\$)	0.00
Assign From		Assign Date	21/03/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU048441	Colour	BLUE
Odometer	665381	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	5 mm
L/H Front Tyre	205/60 R16	WEST LAKE	5 mm
R/H Rear Tyre	205/60 R16	WEST LAKE	5 mm
L/H Rear Tyre	205/60 R16	WEST LAKE	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	19/03/2018	Inspection Date	22/03/2018
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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	1 Working Days
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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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4836M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	DISTORTED		
	WING MIRROR RH (CONSISTENT)		980.50	980.50
	LESS 20% DISCOUNT		-196.10	-196.10
			784.40	784.40
	LABOUR			
	PANEL BEATING.		200.00	80.00
	SPRAYPAINT ON AFFECTED AREA.		180.00	80.00
			380.00	160.00
GRAND TOTAL			1,164.40	944.40
RECOMMENDED COST OF REPAIRS				944.40

Report Ref No. CC4/ASM18005293/R1hb3q2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

Service Request Details

Claim	SBIM008BY
Reference	CCA/ASM18005293/R1h342
Loss Date	19 March 2018
Request Date	20 March 2018
Due Date	
Vendor Name	LKX AUTO CONSULTANTS PTE LTD (TP)
Type of Loss	Third Party Vehicle Damage
Services	Pending verification - Direct Settlement

Actions

Next Step

Wait for Approve Invoice

Auto Insurance

Vehicle Information	
Incident Vehicle Registration #	SHD4834M4
Make	TPVO HYUDAI
Model	140
Service Address	
Primary Contact/Insured	
DALIP SINGH JASIEER KALUR D/O 75 LORONG TANGGAM, 798761, Singapore	
COMPANY@CROSBY.COM.SG	
Claim Handler	
LOH Cynthia 656804843 cynthia.loh@aaa.com.sg	















Additional Instructions











Document Type

Document SubType

Upload Documents

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
Accident Statement	Reports & Statement		Merimen	
LKXInvoice1 (1).pdf	Invoice	Surveyor/ Assessor expense	LKX AUTO CONSULTANTS PTE LTD (TP)	30 November 2018

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 RENTAL RECEIPT.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 RENTAL MILEAGE.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 payment breakdown.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 LTA SEARCH.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 LOD.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 LKKInspection.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 LKKAdjustment1a.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 DISCHARGE VOUCHER.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 AUTHORISATION TO ACT FORM4.pdf	Forms / Claim Documents	POA / Authority Letter	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 WORKSHOP INVOICE.pdf	Invoice	Repairer	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 AXA MANDATE REQUEST.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	31 October 2018
 TP VIDEO - SHD 4836M 190318.mp4	Evidence	Video	LKK AUTO CONSULTANTS PTE LTD (TP)	31 October 2018
 Email to Oi ad 311018.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	31 October 2018
 LETTER TO Oi.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	31 October 2018

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 TP LOO.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	31 October 2018
 LKK INSPECTION PHOTOS.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	31 October 2018
 LKK REINSPECTION PHOTOS.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	31 October 2018
 CID Status of Driving Licence.pdf	Forms / Claim Documents	Driver's License / IDP	LKK AUTO CONSULTANTS PTE LTD (TP)	31 October 2018
 TP GIA.PDF	Reports & Statement	GIA Report	LOH Cynthia	20 August 2018
 TP ESTIMATE- MARKED.pdf	Reports & Statement	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	23 March 2018
 TP ESTIMATE- MARKED.pdf	Reports & Statement	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	23 March 2018
 Preliminary Advice.pdf	Reports & Statement	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	23 March 2018
 Ltr to Insured -non reporting.doc	Letters and Correspondence	Policy Holders / Insured	KADRI Mabeen	20 March 2018
 EMAIL.mpg	Letters and Correspondence	Others	KADRI Mabeen	20 March 2018