

USE OWNER: Ernest | CC 4 / AXA 1800 5296, R2Wb34 / LKK IDAC

Surveyor: Rasmil | ASSIGNMENT: 21/3/18 | Date / Time: 21/3/18 | Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.: SKH 20854  
Name of Insured: YEO ZHU QUAN, JOSEPH  
Insured Tel No.: HP: 97709087  
Excess Sec II :SS: D.O.A.: 18/3/18  
Is driver the owner? (YES / NO) Nature of Accident:

Claim No.: 58MOVBZE / 35687  
Policy No.: VPAT P1316147  
Make / Model: VOLKSWAGEN  
Place of Accident: PATERSON HILL

If NO, Driver Name / Age: OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO  
Driver Tel No.: (V/L: YES / NO) Insured Liability: Final ? Yes / No

SKH 8004



INSRS: WSP: LIKE W.  
Tel: Liability: RMKS:



INSRS: WSP:  
Tel: Liability: RMKS:



INSRS: WSP:  
Tel: Liability: RMKS:



INSRS: WSP:  
Tel: Liability: RMKS:

Date / Time	STAGE	DATE / PIC
26/7/18	Non-Reporting ltr (1st):	
	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
21/10/18	Call OI:	21/10/18
	After call ltr to OI:	21/10/18
	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:	

RECEIVED 10 MAY 2018

PRELIMINARY ADVICE	Date/Time: 21/3/18	Sent By: Rasmil
FINALIZATION	Date/Time:	Confirm with:
Repair Cost:	SS	days) Reduction: %
FINAL SETTLEMENT	Date/Time: 30/4/18	Confirm with: William
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.: 27.
Repair Cost:	SS 1926.00	
Loss of Rental (LOR):	SS 539.40	(5 days) x 107.88
Loss of Use (LOU):	SS 250.00	(50 x 5 days)
Loss of Income (LOI):	SS -	(S x days)
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]
GIA/LTA Search	SS 7.49	
Medical:	SS -	
Disbursement:	SS -	(e.g. Tow/ Independent)
Legal Cost:	SS -	
Total:	SS 2722.49	Global Sum SS: 2700.00
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1:	SS 2700.00	Name 1: Comfortdelgro Engineering Pte Ltd.
Payee 2: (Strike if N.A.)	SS	Name 2:
Payee 3: (Strike if N.A.)	SS	Name 3:

COPIED 10/5/18

11/5/18





# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
AXA INSURANCE PTE LTD		Ref : CC4/ASM18005296/R1wb3		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 21-03-2018		
		Code : ASM		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SKH 2085U	Veh. Inspected	SHC 800Y	
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	22/03/2018	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508989			
<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\*

MAKE :

**MODEL : HYUNDAI SONATA**

DATE 19/3/2018 15:02

Page 1 of 1

**Rasul (LKKAuto)**

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**From:** Chiang Liat Choon <chianglc@cdge.com.sg>  
**Sent:** Friday, 23 March, 2018 5:15 PM  
**To:** Rasul (LKKAuto)  
**Subject:** Fw: SHC800Y FINALIZE  
**Attachments:** IMG\_0001.JPG; IMG\_0002.JPG; IMG\_0004.JPG; IMG\_0005.JPG;  
img-323154516-0001.pdf

Best Regards  
Chiang Liat Choon  
Taxi Crash Repair ComfortDelGro Engineering Pte Ltd  
Off: 62148314 Fax: 65468156

— Forwarded by Chiang Liat Choon/cdge/delgnotes on 23/03/2018 05:14 PM —

Date: 23/03/2018 03:51 PM  
Subject: Fw: SHC800Y FINALIZE

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Hi Rasul,

Best Regards  
Chiang Liat Choon  
Taxi Crash Repair ComfortDelGro Engineering Pte Ltd  
Off: 62148314 Fax: 65468156

— Forwarded by Chiang Liat Choon/cdge/delgnotes on 23/03/2018 03:50 PM —

From: "ApeosPort-IV C5570" <sbs-signalising@sbsstransit.com.sg>  
To: [chianglc@cdge.com.sg](mailto:chianglc@cdge.com.sg)  
Date: 23/03/2018 03:46 PM  
Subject: Scan Data from CDG\_LO\_AW\_A5570

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Number of Images: 1  
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570  
Device Location:

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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.

SBS Transit Ltd [Registration No. 199206653M]

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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]

Date : 22/03/18

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508966  
Fax: 6548 8156

To : LKK

Fax :

Attn : RASUL

Vehicle Reg No. : SHC 800Y

18/03/2018

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

1. The repair job shall bill to: AXA SKH2085U

2. The finalized amount shall be:

- (a) Spare Parts after List discount

- (b) Labour Charges

**Total for Part-By-Part Repair Cost**

- (c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:

**Final Lumpsum Repair cost**

~~\$ 1809-60~~

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

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature :

Name : CHIANG

Name :

Tel : 62148314

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

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:

Our Ref : CC18030568/ SHC 800Y /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 6383 6280

Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 1988064009

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 408549

Senoko

24 Senoko Loop  
Singapore 759158

Sungei Kadut

7 Sungei Kadut Way  
Singapore 726791

Yishun

501 Yishun Industrial Park A  
Singapore 768732

**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 SHC 800Y YOUR INSURED SKH2085U  
AND OTHER ON 18.03.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : **SHC 800Y** 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 **SKH2085U** we are submitting these claim for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	1,926.00
2	<u>5</u> days Loss of Rental @ <u>\$ 107.88</u> per day	\$	539.40
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
<b>Sub Total :</b>		\$	<b>2,472.89</b>

**HIRER'S CLAIM**

7	<u>5</u> days Loss of Income @ <u>\$ 80.00</u> per days	\$	400.00
<b>Total Claims :</b>		\$	<b>2,872.89</b>

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

- a) Original repair bill and photostat photographs 7 pcs.  
b) LTA search slip/s of : SKH2085U  
c) GIA / Police report/s of : SHC 800Y  
d) Letter of authority from owner / hirer / operator  
( X ) Photocopy/s of Accident Scene Photo/s ( ) Certificate of Insurance  
( ) Witness statement/s ( x ) Rental Rate letter ( x ) Downtime/Mileage record

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

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

Yours faithfully

*William Tan*

Deputy Manager

CDGE Claims Department

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

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

A member of

**COMFORTDELGRO**







Auto  
Consultants  
Pte Ltd

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

03 April 2018

**Yeo Zhuquan, Joseph**  
45 Jervois road  
#02-16  
Singapore 249096

Dear Sir/ Mdm

OUR REF : CC4/ASM18005296/R1wb3  
YOUR REF : SKH 2085U

**ACCIDENT INVOLVING SKH 2085U & SHC 800Y ALONG PATERSON HILL ON  
14/03/2018**

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 SMRT Automotive Services Pte Ltd acting on behalf of the owner of SHC 800Y against your motor insurance policy.

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

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

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

Your full co-operation in the handling of the claim is required and kindly submit the following to [Vivianlau@lkkauto.com](mailto:Vivianlau@lkkauto.com) within 7 days **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim



Auto  
Consultants  
Pte Ltd

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

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

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

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

If you need any clarification, please do not hesitate to contact us 6841 8625 or email us at Vivianlau@lkkauto.com

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

Yours sincerely,

Vivian Lau  
Case Handler  
DID: 6841 8625  
FAX: 6741 4108  
EMAIL: Vivianlau@lkkauto.com

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

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****SONATA SHC800Y , SKH2085U****ON 18-Mar-18 11:20****PATERSON HILL(TWDS IRWELL BANK RD) X GRANGE RD**

I / We

**ROLAND TAN (ROLAND ... (Hirer) NRIC No.: S7877400B**

and/or

(Relief) NRIC No.:

Taxi Number

**SHC800Y**

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

**ROLAND TAN (ROLAND CHEN)**

Hirer NRIC

**S7877400B**

Signature :



Address

**45 CIRCUIT ROAD #02-637  
370045**

Contact No.

**90906264**



redefining / insurance

CLAIM REF : S8M00B2E  
INSURED : YEO ZHUQUAN JOSEPH

### DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 19 March 2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of **CITYCAB Pte Ltd** and the Hirer, **ROLAND TAN** of vehicle no. **SHC 800Y**

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 Two Thousand Seven Hundred only (S\$2,700.00) 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 **SKH 2085U** arising out of an accident with **SHC 800Y** on 18/03/2018.
- 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. **SKH 2085U** 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 **SKH 2085U**

Dated this 30 day of April 2018

Signed by [Signature]

(AUTHORISED SIGNATORY)

CLAIMS DEPARTMENT

COMFORTDELGRO ENGINEERING PTE LTD

59 LLOYANG DRIVE

SINGAPORE 109888

Company Stamp

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

Witness : \_\_\_\_\_

Name : \_\_\_\_\_

I/C No : \_\_\_\_\_

Address : \_\_\_\_\_

CLAIMS DEPARTMENT

COMFORTDELGRO ENGINEERING PTE LTD

59 LLOYANG DRIVE

SINGAPORE 109888

## TAX INVOICE

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER  
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO  
SHC 800Y

MAKE  
HYUNDAI

MODEL  
SONATA

DATE OF REG  
30.01.2013

CHASSIS CODE  
KMHKT41VMCA831431

INV. NO/DATE  
91365660 31.03.2018

JOB NO.  
305126425

ODOMETER READING

JOB TYPE

Description : 3P 18.03.2018

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,800.00
Add GST @ 7.000 %	126.00
<b>Total Invoice amount</b>	<b>1,926.00</b>

Issued by : KATHERINE TAN 02.04.2018 16:41:26  
Repair type : CFSO/57/57  
Payment type/Term : /Credit 30 days

1. WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OF OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.

2. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGNIFY ANY DEFECTS WITHIN 24 HOURS OF DELIVERY BY NOTICE IN WRITING TO THE COMPANY. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND REMAINING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT I.E. AFTER 30 DAYS FROM THE INVOICE DATE FOR THE PERIOD OF DEFAULT.

4. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd  
A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Our Ref: CC18030568



Date: 03 April 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                      18/03/2018    @   11:20 hrs  
ALONG                              PATERSON HILL(TWDS IRWELL BANK RD) X  
   GRANGE RD  
INVOLVING                        SKH2085U

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 **SHC0800Y** (the "Taxi"). The Taxi was hired to **ROLAND TAN (ROLAND CHEN) IC NO S7877400B** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$107.88** 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.

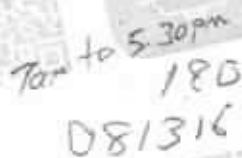
We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

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.



DATE	NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TH)	
		08	13	16		FROM	TO
12/3/18	VICTOR	08	13	16	180	0700	1730
12/3/18	ROLAND	08	18	99	583	1730	0221
14-15 MAR	UNICIS	08	28	84	985	0400	0300
15/3/18	ROLAND	08	41	52		0630	1030
19/3/18	2 Accident Rep				SHC 8004	1030	
23/3/18	1 Accident Rep						1545

## Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SKH2085U	18 Mar 2018 / 11:20:00	Successful	A12	AXA INSURANCE PTE LTD

[Previous](#)

[OK](#)

SHC800Y



### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SKH 2085U (Insd veh)	Model:	TPVD HYUNDAI SONATA
	SHC 800Y (TP veh)		
Date of Accident:	18/03/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	5,759.36
Final Repair Cost	:	\$	1,926.00
Loss of Token Sum	:	\$	250.00
Rental (if any)	:	\$	539.40
LTA / GIA Search Fee	:	\$	7.49

Others:	:	\$	0.00
---------	---	----	------

	:	\$	
Final Settlement Sum (Global Sum)	:	\$	2,700.00

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

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

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

BOLA Liability: \_\_\_\_\_ 100 \_\_\_\_\_ (%) Assessed Liability (\*): \_\_\_\_\_ (%)

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

Remarks \_\_\_\_\_

Payment Instruction: Payee's Breakdown		
1)	COMFORTDELGRO ENGINEERING PTE LTD	\$ 2,700.00

JOANNE LEE KHANG MIN  
LKK Auto Consultants Pte Ltd

15/05/2018  
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))