

INS. CASE OWNER:

Rachada

CC 3, AIG 1800 5789, Kija 3/4

LKK:

IDAC:

Surveyor:

Dink

DOI:

ASSIGNMENT

27/3/18

Date / Time:

27/3/18

Registered in Merimen:

28/2/18

Pre-assign / CCU / FTE

SDS 3 U



Insured Vehicle No.:

Lee Thiom Hnat

Name of Insured:

Lee Thiom Hnat

Insured Tel No.:

HP:

27/3/18

Excess Sec II :SS

D.O.A.:

27/3/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

2129 46 98654

Policy No.:

210035 9873

Make / Model:

Bentley

Place of Accident:

PIE 7 CHAMU

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

SHC 741J



INSRS:

WSP:

Tel:

Liability:

RMKS:

COWE
WVWY

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

4/4
3/4
4/4SHC 741J - X;
SDS 3 U - 27/3/18 16:17:42 / 714032: 11/10/16
OINP - sent out first letter

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:

204 10-4-18

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:

10-4-18

0510 SPOKEN TO OI-DIC, SHE
CONFIRMED ACC. AGREED
& AWARE NLD ISSUE.
GAVE HER LIT TO DO
OFFICIAL REPORT.

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:

Post-Repair Photos:

Others:

Confirm by:

Email

Call

If NO or B 28, Ass. Lia:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

01 CHANGED LANE

- TP SCENE PHOTOS

[Tick only one]

GIA/LTA Search

Medical:

Disbursement:

Legal Cost

Total:

S\$

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Payee 2: (Strike if N.A.)

S\$

Payee 3: (Strike if N.A.)

S\$

Name 1:

Name 2:

Name 3:

COMFORTIDELGRO ENGINEERING PTE LTD

X

X

COPY SENT

18/4/18

REF:

REF:

Done by Kalvin

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / IS / TP RES / OD RES / EVA / INV / MY
 To: Imp of Vehicle No: _____
 at Workshop no: _____
 at _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Claim Record)
 Make of Vtg: _____

(Policy Condition)

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

W/S	OR

Est. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repair: 3 days Res: Yes or No

Lum Sum: % 3 Vol: Yes or No

CA / - REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 741J At Regn: 5 Feb 2015

Type: M. Car / M. Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Hyundai 2.0 1600

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 288675 T/Radio: Insured / Std / NI / NA

Eng No:

C/Vo: KMHL0414MF4066020

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: III / S/Rin / STD / R/Rin or

Tyre Size: F: 205 / 60 R16

R:

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

TOYO / YOKO or

Front

R/Bal: 7 mm

L/Bal: 7 mm

D.O.A: 24/3/8

Survey held at

Des. of Damages: Fit / Rear / ORS / W/S / U/C / Rooftop or

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

Rear

R/Bal: 7 mm

L/Bal: 7 mm

D.O.I: 27/3/8

(DGE (Loyang))

o/s Rear

Date / Time Action / Instruction

4/5 \$1,000.xx

AD4 42

R (\$3,372.64 / 77%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

Survey Fee:

Transportation:

S + RS \$

Phone

Other

Total



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/AIG18005789/K1ja3	
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120			Date : 28-03-2018	
			Code : AIG	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SDS 3U	Veh. Inspected	SHC 741J	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	28/03/2018	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	24/03/2018	Inspection Date	27/03/2018	
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.				

am: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO: 305128854

OWNER CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO SHC 741J MAKE HYUNDAI MODEL I-40 YR OF MANU 05.02.2015 CHASSIS CODE KMHLB41UMFU066020	MILEAGE FUEL E 1/2 F DATE/TIME IN 26.03.2018 11:45 TARGET DATE COMPLETION DATE/TIME:
---	--	--

Accident Date: 24.03.2018
NATURE: 3P 24.03.18

JOB DESCRIPTION

NO LABOR CODE DESCRIPTION

RECEIVED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Checklist Vehicle No.: SHC 741J Signature/Date Returned to Service Reception upon collection	Exit Pass Vehicle No.: SHC 741J Name of Service Advisor To be kept by Security Guard
---	---

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305128854

Date : 28/03/2018

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC 741J

Date of Accident : 24/03/2018

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

1. The repair job shall bill to: AIG --- SDS3U
###
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: 20% \$1,000.00
Final Lumpsum Repair cost

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 : 

Name : JUMANI

Tel : 6214 8315

Fax : 6546 8156

Signature : 

Name : Kohn

Date : 28/3/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 741J

DATE 26/3/2018 15:46

Jumani

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X</i>			\$ 603.60
	Rear Bumper Clips 10 pcs <i>X</i>			\$ 22.00
	Rear Fender (RH) <i>X</i>			\$ 2,020.10
	Rear Fender Inner Lining (RH) <i>X</i>			\$ 164.40
	Rear Windscreen Moulding <i>X</i>			\$ 60.00
	Rear Wheel Hup-Cap (RH) <i>h-3d</i>			\$ 150.70
	SUB TOTAL			\$ 3,020.80
	LESS 20%			\$ 604.16
	DISCOUNTED TOTAL			\$ 2,416.64
	Rear Bumper Advertisement Logo <i>me</i>			\$ 50.00 Nett
	Rear Bumper Rubber Mat <i>me</i>			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) <i>me</i>	\$	100.00	\$ 200.00 Nett
	Rear Windscreen Sealant <i>X</i>			\$ 46.00 Nett
				\$ 346.00
	Labour Charge			
	Panel Beating			\$ 500.00 <i>500</i>
	Spray Painting Charge			\$ 500.00 <i>500</i>
	Wiring Charge			\$ 50.00 <i>X 27</i>
	Tuff Kote			\$ 50.00 <i>X 27</i>
	Remove/Refix Cushion & Upholstery Rear the Repaired <i>10.55</i>			\$ 150.00 <i>50</i>
	Remove/Refix Rear Windscreen Glass			\$ 120.00 <i>X 27</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X 27</i>
	Rear Wheel Alignment			\$ 120.00 <i>X 27</i>
	TOTAL LABOUR			\$ 1,610.00
	ESTIMATE TOTAL			\$ 4,372.64
<p>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.</p>				

LKK Auto Care stands to notice notify the Repaired LKK Auto Care

- To resurvey the vehicle after repair
- To discontinue the repair work
- Parts used must be of the same quality
- Third party survey is on a "No Fault" basis
- No illegal repair methods allowed
- Supplies of parts must be resurveyed and approved by the insurance company

Acknowledged:

Date:

Kala 11/11/18

27/3/18 10.55

3/27

4/5 After Repair plh

Our Ref : CC18030807/ SHC 741J /CL(st)

Date : 3-Apr-18

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

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC 741J YOUR INSURED
SDS 3U AND OTHER ON 24.03.18

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no:

SHC 741J 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 **SDS 3U** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,070.00
2	<u>3</u> days Loss of Rental @ <u>\$ 115.00</u> per day	\$	345.00
3	Survey Report Fees <i>(Surveyed by M/s LKK)</i>	\$	-
4	LTA Search Fees	\$	-
5	GIA / Police Report Fees	\$	7.49
6	Towing / Medical / Transportation Fees	\$	-
Sub Total :		\$	1,422.49

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ <u>\$ 80.00</u> per day	\$	240.00
Total Claims :		\$	1,662.49

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

- a) Original repair bill and photocopies of photographs : 9 pcs.
- b) LTA search slip/s of : SDS 3U
- c) GIA / Police report/s of : SHC 741J
- d) Letter of authority from owner / hirer / operator
 - () Witness statement/s
 - () Certificate of Insur. (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.

CDGE Taxi Claims Dept ComfortDelGro Engineering Pte Ltd
59 Loyang Drive 4th Floor 205 Braddell Road Singapore 579701
Singapore 508969

Maintline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 198000049W

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 726791

Yishun
501 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) 67414108

Our ref: CC4/AIG18005789/K1ja3

10 APRIL 2018

LEE THIAM HUAT

114 LAVANDER STREET CT HUB
#09-72
SINGAPORE 338729

Dear Sir/Madam,

ACCIDENT INVOLVING SDS 3U AND SHC 741J ON 24/03/2018

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver 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.

Yours faithfully,



Joy Irene
Case Handler

DID: 6749 5792

FAX: 6841 2409

Email: joyirene@lkkauto.com

c.c. AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****I 40 SHC741J , SDS3U****ON 24-Mar-18 17:45****ALONG PIE TWDS CHANGI BEFORE THOMSON RD EXIT**

I / We

GOH CHWEE SENG(Hirer) NRIC No.: **S1396132H**

and/or

(Relief) NRIC No.:

Taxi Number

SHC741J

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

26-Mar-2018

Name of Hirer

GOH CHWEE SENG

Hirer NRIC

S1396132H

Signature :



Address

**881 TAMPINES STREET 84 #02-100
520881**

Contact No.

97533172

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\$1,570.00 (Global Sum) for vehicle no. SHC 741J that was damaged pursuant to the accident which occurred on 24/03/2018 (date) along PIE (CHANGI) (location) involving vehicle no/s SDS 3U. This is pursuant to the inspection conducted on 27/03/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner COMFORT TRANSPORTATION PTE LTD ("the third party claimant") of vehicle no SHC 741J 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 SHC 741J (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 _____ (day) of 17 APR 2018 (month) 2018 (year)



AWK

Signed by appointed surveyor

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701

Signed by "the workshop" (with chop)

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

"The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document."

TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE NO
SHC 741J

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
05.02.2015

CHASSIS CODE
KMHLB41UMFU066020

INV. NO/DATE
91365001 29.03.2018

JOB NO.
305128854

ODOMETER READING

JOB TYPE

Description : 3P 24.03.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,000.00
Add GST @ 7.00 %	70.00
Total Invoice amount	1,070.00

Issued by : KATHERINETAN 29.03.2018 11:59:36
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

WHILE TAKING ALL REASONABLE PRECAUTIONS, WE ARE NOT RESPONSIBLE FOR DAMAGE TO THE VEHICLE OR ITS CONTENTS. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARE OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN WITH EXCESSIVE OWNERS' RISK.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGN WITHIN 14 DAYS FROM SUCH DELIVERY AND NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY ARREARS OF PAYMENT AND DURING THE PERIOD OF DEFAULT.

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DISCREPANCY OR DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER 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: CC18030807



Date: 29 March 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	24/03/2018 @ 17:45 hrs
ALONG	ALONG PIE TWDS CHANGI BEFORE THOMSON RD EXIT
INVOLVING	SDS3U

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 **SHC0741J** (the "Taxi"). The Taxi was hired to **GOH CHWEE SENG IC NO S1396132H** 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
SD53U	24 Mar 2018 / 17:45:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

SHC 741-J

...CLAIM SUBFOLDER...(Pending for Survey Report)

Express

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	28 Mar 2018 Edit Reg		27 Mar 2018 00:00 Edit Adj Rpt	S\$1,000.00 Edit Estimates	S\$1,000.00 View Rpt		Pending for Survey Report Cancel Case

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

CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:

Lee Thiam Huat, ID: 56837632G

Main Claimant:

CITYCAB PTE LTD, Co. Reg. No.: 199502839G

Vehicle Reg. No.:

SHC741J

Date of Loss:

24/03/2018 17:00 - :59
[37 Months and 19 Days From LTA Reg Date (Man Yr)]

Claim Type:

TP / 2212946986SG

Policy/Cover Note No.:

2100359873

Vehicle Reg. No. (Insured):

SDS3U

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 Mohd-Rasheed, Rashidah - 64191767]
Rashidah.Mohamedrasheed@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 KALVIN ANG WEI KUN] ... [Final Rpt due 09/04/2018]

ASSOCIATED MAIL RECEIVED

View All

Compose Case Mail

• AIG_SG (02/04/2018): 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

*SHC741J (2212946986SG)
[SDS3U]
TP
CITYCAB PTE LTD
Mar 24 2018 5:00PM
[Lee Thiam Huat]
ComfortDelGro Engineering Pte Ltd

Upload Documents

Upload Photos

Compose New Letter

Upload Video

Upload Audio

View

View in Browser

Letters/Correspondences

1 per page

No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	{Draft}	Third Party Express Settlement – Payment Breakdown	<div>1</div> Edit	

Photos/Images

3 per page

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
2	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
3	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
4	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
5	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
6	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
7	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
8	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
9	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
10	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
11	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
12	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
13	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
14	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
15	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
16	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
17	28/03/18 17:55	General View	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
18	29/03/18 07:55	Reinspection Photo	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
19	29/03/18 07:55	Reinspection Photo	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
20	29/03/18 07:55	Reinspection Photo	<div>1</div> Load JPG	<input checked="" type="checkbox"/>
21	29/03/18 07:55	Reinspection Photo	<div>1</div> Load JPG	<input checked="" type="checkbox"/>

Documentation

1 per page

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	04/04/18 08:37	Non reporting letter	<div>1</div> Load PDF	
2	19/04/18 11:03	WORKSHOP INVOICE	<div>1</div> Load PDF	
3	19/04/18 11:03	AUTHORISATION TO ACT FORM	<div>1</div> Load PDF	
4	19/04/18 11:03	Release Voucher	<div>1</div> Load PDF	
5	19/04/18 11:03	RENTAL RECEIPT	<div>1</div> Load PDF	
6	19/04/18 11:03	LTA SEARCH	<div>1</div> Load PDF	
7	19/04/18 11:03	LETTER TO OI	<div>1</div> Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST

Reset

Save

Print

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

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v

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:	SDS3U (Insd veh)	Model:	HYUNDAI I40 1.7 L CRDI AT
	SHC741J (TP veh)		ABS AIRBAG 4DR (A)
Date of Accident:	24/03/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> [X] Yes	<input type="checkbox"/> [] No
Repair Estimate	:	\$	4,678.72
Final Repair Cost	:	\$	1,570.00
Loss of Use	:	\$	3.00 days at \$50.00 per day
Rental (if any)	:	\$	3 days
LTA / GIA Search Fee	:	\$	
Others:	:	\$	
	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,570.00
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> [X] YES <input type="checkbox"/> [] NO (Kindly indicate below)			
A) For <u>Non GIA Registered Workshop</u> :		Agreed Liability _____ (%)	
B) For <u>GIA Registered Workshop</u> :		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	:	\$ 1,570.00
2)		:	\$
3)		:	\$
4)		:	\$
5)		:	\$

JOANNE LEE KHANG MIN

LKK Auto Consultants Pte Ltd

19 Apr
2018

Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

LKK Auto Consultants Pte Ltd (Co. Reg No: 199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/AIG18005789/K1JA3Q2

Date: 19/04/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 2100359873
 Claimant Vehicle No: SHC741J Insured Vehicle No: SDS3U
 Date of Loss: 24/03/2018 Nature of Claim: TP Claim No: 2212946986SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC741J
 Make & Model: HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A) Engine No: D4FDEU480807
 Reg. Date: 05/02/2015 (Man. Year: 2014) Chassis No: KMHLB41UMFU066020
 Colour: Yellow Odometer: 288675 km
 Engine Capacity: 1685 cc
 Market Value/New Car Price: N/A
 Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 205/60 R16 Rear Tyre Size: 205/60 R16
 Front Left Side: Hankook 7 mm Rear Left Side: Hankook 7 mm
 Front Right Side: Hankook 7 mm Rear Right Side: Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,762.64	420.56	2,342.08	84.78
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,610.00	850.00	760.00	47.20
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,372.64	1,270.56	3,102.08	70.94
Approved Total (Overridden) (S\$)		1,000.00		
(S\$)	4,372.64	1,000.00	3,372.64	77.13
+ GST 7.00/7.00% (S\$)	306.08	70.00	236.08	77.13
Nett Amount (S\$)	4,678.72	1,070.00	3,608.72	77.13
+ Loss of Use (3.0 x S\$50.00/day) (S\$)		150.00		
+ Car Rental (3.0 x S\$115.00/day) (S\$)		345.00		
+ Doc/Search Fee (S\$)		7.49		
Nett Liability (S\$)		1,572.49		
Global Sum Settlement (S\$)		1,570.00		

INSPECTION

Date of Assignment: 27/03/2018

Date Inspected: 27/03/2018 Inspected At: ComfortDelGro Engineering Pte Ltd
(Loyang)
59 Loyang Drive
Singapore 508969

Estimated Period of Repair: 3.0 days

Adjuster: KALVIN ANG WEI KUN

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	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
3	1		*REAR FENDER (RH)	Repair	2,020.10 FL	*- FL
4	1		*REAR FENDER INNER LINING (RH)	Serviceable	164.40 FL	*- FL
5	1		*REAR WINDSCREEN MOULDING	Not Necessary	60.00 FL	*- FL
6	1		*REAR WHEEL HUB -CAP (RH)	Grazed	150.70 FL	*150.70 FL
7	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 FS	*50.00 FS
8	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
9	2		*REAR FENDER ADVERTISEMENT LOGO (LH/RH)	Necessary	200.00 FS	*200.00 FS
10	1		*REAR WINDSCREEN SEALANT	Not Necessary	46.00 FS	*- FS

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

Sub Total (S\$)	3,366.80	450.70
- List Item Discount on L Items 20.00/20.00% (S\$)	604.16	30.14
Total Parts (S\$)	2,762.64	420.56

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
Labour Items				
1	PANEL BEATING	New	500.00	400.00
2	SPRAY PAINTING CHARGE	New	500.00	400.00
3	WIRING CHARGE	New	50.00	0.00
4	TUFF KOTE	New	50.00	0.00
5	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	50.00
6	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00	0.00
7	REMOVE/REFIX REVERSE SENSOR	New	120.00	0.00
8	REAR WHEEL ALIGNMENT	New	120.00	0.00
Gross Labour Cost (\$\$)			1,610.00	850.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >