

CL

CC 4 / ASM1800 6170

K1ja3

37818

Surveyor:

Amk

DOI:

ASSIGNMENT

31/4/18

Date / Time:

21/4/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJB 5608K

Name of Insured:

KEVIN BURE SOUTH PEAN

Insured Tel No.:

HP: 9029 2188

Excess Sec II :SS

D.O.A: 1-4-18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

58M00CLR

Policy No.:

6A302X37

Make / Model:

M4. LANCIA

Place of Accident:

PIE

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

Insured Liability:

%

Final ? Yes / No

SOP 7779J

SJB 5608K

SHC 8911H



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

10/4

Joy

CHC 8911H. CUMFUTDEL 6014133 / 7145372 / 01A: 2017/10

SJB 5608K - X

x Party v/s

17-4-18 @ 1:59

W/OI CONFIRMED ACC.

DETAILS. AGREED &

AWARE NCD ISSUE.

HE DON'T HAVE NCD.

RECEIVED 19 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:

JUT 17-4-18

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:

PRELIMINARY ADVICE

Date/Time:

6/4

Sent By:

Amk

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

17-4-18

Confirm with:

CATH

Email

Call

Final Liability:

%

100

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

28

If NO or B 28, Ass. Lia:

0

Repair Cost:

SS

1,019.58

Loss of Rental (LOR):

SS

363.84

(3 days) X

121.28

Loss of Use (LOU):

SS

-

(5 days)

Loss of Income (LOI):

SS

150

(53 days)

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

[Tick only one]

GIA/LTA Search

SS

7.49

Medical:

SS

-

Disbursement:

SS

-

Legal Cost

SS

-

Total:

SS

1,540.91

Global Sum SS: 1,540

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

1,540.00

Name 1:

CUMFUTDELGRU ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

COMPLIMENT 17/4/18

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8911H

DATE 2/4/2018 13:14

MAKE :

MODEL : HYUNDAI i40

AXIA

Jumani

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Reverse Sensor <i>X 500</i>			\$ 135.70	Nett
	Rear Bumper Rubber Mat <i>acc</i>			\$ 50.00	Nett
	<i>Rear Bumper - Refurb</i>		<i>\$603.60 - 20%</i>	\$ 185.70	
	Labour Charge			<i>200</i>	
	Panel Beating			\$ 250.00	
	Spray Painting Charge-Bumper			\$ 250.00	<i>200</i>
	Wiring Charge			\$ 50.00	<i>X 10</i>
	R/Refix Reverse Sensor			\$ 120.00	<i>20</i>
	TOTAL LABOUR			\$ 670.00	
	ESTIMATE TOTAL			\$ 855.70	
<i>Kabir / KKK</i> <i>3/4/18 1126</i> <i>2 By</i> <i>P/P</i> <i>Before paint pld</i>					
<div> LKK Auto Consultants hence notify the Repairer of the following: <ul style="list-style-type: none"> 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 claims must be resurveyed and is subject to final approval from Insurance Company </div> <div> Acknowledged by Repairer Signature: </div>					
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.					

AXIA

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

Jumani

VEHICLE NO : SHC 8911H

DATE 2/4/2018 13:14

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper Reverse Sensor X			\$ 135.70	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	<i>Rear Bumper</i>		<i>\$603.60</i>	\$ 185.70	
	Labour Charge				
	Panel Beating			\$ 250.00 ²⁰⁰	
	Spray Painting Charge-Bumper			\$ 250.00 ²⁰⁰	
	Wiring Charge			\$ 50.00 X	
	R/Refix Reverse Sensor			\$ 120.00 ²⁰	
	TOTAL LABOUR			\$ 670.00	
	ESTIMATE TOTAL			\$ 855.70	
<p><i>Kabir / KKK</i></p> <p><i>3/4/18 11:24</i></p> <p><i>2 Rys</i></p> <p><i>P/P</i></p> <p><i>Before point plz</i></p>					
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 modifications are allowed • Supplementary items must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p>					
<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>					

COMFORTDELGRO ENGINEERING PTE LTD

Date: 04.04.2018

REPAIR ESTIMATE

Time: 17:07:11

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 : 305137173
REGN NO : SHC8911H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 07.04.2016
DATE/TIME IN : 01.04.2018 11:55
ACCIDENT DATE : 01.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE 1 L 603.60 20.00 482.88

0002 04-01-0103-1150-A I40VC PROTECTOR MAT 1 N 50.00 2.00- 50.00

SUB-TOTAL : 532.88

JOB NATURE

0000 L PANEL BEATING- REAR 200.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

0002 L REMOVE/REFIX REVERSE SENSOR 20.00

SUB-TOTAL : 420.00

TOTAL : 952.88

MVA NAME & SIGNATURE
DATE:

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE:

[illegible]

Our Ref : T 0418/ SHC8911H /WT(st)

Your Ref :

Date : 11-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: 199200489

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 728791

Yishun
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 SHC8911H YOUR INSURED SJB5608K
AND OTHER SDP7779J ON 01.04.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHC8911H 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 SJB5608K we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,019.58
2	<u>4</u> days Loss of Rental @ \$ 121.28 per day	\$ 485.12
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 :		\$ 1,512.19

HIRER'S CLAIM

7	<u>4</u> days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims:		\$ 1,832.19

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

- a) Original repair bill and photocopies of photographs 7 pcs
- b) LTA search slip/s of : SJB5608K
- c) GIA / Police report/s of : SHC8911H
- d) 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



Joy Irene (LKKAUTO)

From: Joy Irene (LKKAUTO)
Sent: Tuesday, 17 April 2018 2:12 PM
To: kevin5232yyd@gmail.com
Subject: ACCIDENT INVOLVING SJB 5608K AND SHC 8911H ALONG PIE (CHANGI) ON 01.04.2018

KEVIN QUEK SOUH RENN

Policy Holder

Dear Sir,

OUR REF : CC4/ASM18006170/K1ja3
YOUR REF : SJB 5608K

ACCIDENT INVOLVING SJB 5608K AND SHC 8911H ALONG PIE (CHANGI) ON 01.04.2018

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 SHC 8911H against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle was involved in a 3 vehicle chain (your vehicle was second). We will therefore proceed to settle the third-party claim as a standard procedure for chain collision cases.

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 full co-operation in the handling of the claim is required and kindly submit the following to joyirene@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 the undersigned.

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

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

All contents of this email is intended strictly for the addressee(s) only. It may contain confidential and/or privileged information. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this email. Any unauthorized copying, disclosure or distribution of the material in this email is strictly forbidden.

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGI 40 SHC8911H , SJB5608K , SDP7779J ON 01-Apr-18 11:05
P I E TWDS CHANGI A/PORT B4 PAYA LEBAR EXIT

I / We

TAN CHOON KHENG

(Hirer) NRIC No.: S71256181

and/or

(Relief) NRIC No.:

Taxi Number

SHC8911H

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

01-Apr-2018

Name of Hirer

TAN CHOON KHENG

Hirer NRIC

S71256181

Signature :



Address

102 ALJUNIED CRESCENT #04-279
380102

Contact No.

98183335



redefining / insurance

CLAIM REF : S8M00CLR
INSURED : KEVIN QUEK SOUH RENN

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated **01 April 2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of ComfortDelgro Engineering Pte Ltd and the Hirer **TAN CHOON KHENG** of vehicle no. **SHC 8911H**

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 FORTY ONLY (S\$ 1,540.00)** 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. **(SJB 5608K)** arising out of an accident with **(SHC 8911H)** on **01.04.2018**.
- 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. **(SJB 5608K)** 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. **(SJB 5608K)**.

Dated this 17th day of April 2018

Signed by _____

(AUTHORISED SIGNATORY)

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD

Company Stamp _____

55 LOYANG DRIVE
SINGAPORE 508689

Witness : _____

Name : _____

I/C No : _____

Address : _____

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

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Customer Centre #B1-01
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

"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

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO
SHC8911H

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
07.04.2016

CHASSIS CODE
KMH1841UMGU086912

INV. NO/DATE
91366605 09.04.2018

JOB NO.
305137173

ODOMETER READING

DATE/TIME IN
01.04.2018 11:55

Description : 3P 01.04.18

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

0001	04-01-0103-0579	140VC COVER ASSY-RR BUMPR	1	603.60	20.00	482.88
0002	04-01-0103-1150	140VC PROTECTOR MAT	1	50.00	0.00	50.00
SUB-TOTAL			:			532.88

JOB NATURE

0001	I.	PANEL BEATING- REAR	200.00		200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	200.00		200.00
0003	I.	REMOVE/REPAIR REVERSE SENSOR	20.00		20.00
SUB-TOTAL			:		420.00

1. Whilst taking all reasonable precautions against fire, theft or accidental damage, the company accepts no responsibility for care of other properties belonging to customers and vehicles are driven with regard to owners' risk.

2. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGN WITHIN 7 DAYS OF DELIVERY WITH NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. 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 BALANCE DUE NOT PAID TO THE COMPANY BY THE CUSTOMER AND NOT END ON THE DATE DATE OF PAYMENT OR AFTER 30 DAYS FROM THE RECEIPT FOR THE PERIOD OF DEFAULT.

4. PLEASE EXAMINE THE 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.
8010010	91366605	1,019.58	

GST REG. NO. M2-8921817-3

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO
SHC8911H

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
07.04.2016

CHASSIS CODE
KMHL841UMGU086912

INV. NO/DATE
91366605 09.04.2018

JOB NO.
305137173

OILMETER READING

DATE/TIME IN
01.04.2018 11:55

Items total	952.88
Add GST @ 7.000 %	66.70
Invoice amount	1,019.58

Issued by : KATHERINETAN 09.04.2018 10:26:30
Repair type : CLSO/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 EITHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND PARKED AT OWNERS RISK.
2. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHHOLD PAYMENT FROM SUCH DELIVERY UNTIL NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS CONCERNING THE VEHICLE WILL BE RECEIVED TO MINIMUM ACCEPTED IN GOOD ORDER.
3. INTEREST OF 1% PER MONTH WILL BE CHARGED FOR A DAY (1 DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (1% AFTER 30 DAYS FROM THE INVOICE DATE THE PERIOD OF DEFAULT.
4. PLEASE EXAMINE THE INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DISCREPANCY 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.
8010010	91366605	1,019.58	

Our Ref: CT18040005

Date: 09 April 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	01/04/2018 @ 11:05 hrs
ALONG	P I E TWDS CHANGI A/PORT B4 PAYA LEBAR EXIT
INVOLVING	SJB5608K, SDP7779J

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 **SHC8911H** (the "Taxi"). The Taxi was hired to **TAN CHOON KHENG IC NO S7125618I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$121.28** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte Ltd** on a third party basis at the material time of the accident.

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

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

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

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJB5608K	01 Apr 2018 / 11:05:00	Successful	A12	AXA INSURANCE PTE LTD

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

SHC8911H

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SJB 5608K (Insd veh)	Model:	TPVD HYUNDAI
	SHC 8911H (TP veh)		I40
Date of Accident:	01/04/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	1,432.28
Final Repair Cost	:	\$	1,019.58
Loss of Token Sum	:	\$	150.00
Rental (if any)	:	\$	363.84
LTA / GIA Search Fee	:	\$	7.49

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

	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,540.00

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 (*): _____0_____(%)
 * 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	:	\$ 1,540.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

26/04/2018
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))