

15/0/00

INS. CASE OWNER:

*Spencer*

CC 4, AXA 1800 6582, K1ja3 9v

LKK:  
IDAC:

Surveyor:

*Awc*

DOI:

ASSIGNMENT

*10-4-18*

Date / Time:

*10-4-18*

*Member: 5/4/18*

Pre-assign / CCU / FTE



Insured Vehicle No.:

*SHD 93392*

Claim No.:

*CO472878*

Name of Insured:

*TAMS CAR SERVICES P/L*

Policy No.:

*PL680520*

Insured Tel No.:

HP:

Make / Model:

*C. EPICA*

Excess Sec II :SS

*0,000-00*

D.O.A.:

*4-4-18*

Place of Accident:

*Mandai Lake*

Is driver the owner? ( YES / NO )

( YES /  NO )

Nature of Accident:

If NO, Driver Name / Age:

*MOHD. NASIR BIN OSMAN*

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

Driver Tel No.:

*93862237*

(V/L: YES / NO)

Insured Liability: %

Final ? Yes / No

*SHC 8811 m*



INSRS:

WSP:

Tel:

Liability:

RMKS:

*CDHR LOYAN*



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time	STAGE	DATE / PIC
<i>11/4 Joy</i>	Non-Reporting ltr (1st) Non-Reporting ltr (2nd) Non-Reporting ltr (Final) Notification ltr (if non-pickup): Call OI: <i>3-5-18 JOY</i> After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LTA / GIA	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/> <input type="checkbox"/>
	Others:	<input type="checkbox"/> <input type="checkbox"/>

RECEIVED 12 JUN 2018

PRELIMINARY ADVICE Date/Time: Sent By: Confirm with: Confirm by:

FINALIZATION Date/Time: Confirm with: Confirm by: Email  Call

Repair Cost: S\$ days Reduction: % Email  Call

FINAL SETTLEMENT Date/Time: *18-5-18* Confirm with: *CAH* Email  Call

Final Liability: % *100* (Agreed / Assessed) BOLA S/N No.: *27*

Repair Cost: *957* S\$ *1,038.41* *5* days *119.28* OI HIT TP FROM REAR

Loss of Rental (LOR): S\$ *715.681* *5* days

Loss of Use (LOU): S\$ *-* *5* days

Loss of Income (LOI): S\$ *300* *5* days *50 x 6*

LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]

GIA/LTA Search: S\$ *-* Medical: S\$ *-* Disbursement: S\$ *-* (e.g. Tow/ Independent) Level Cost: S\$ *2,054.09* Global Sum S\$: *2,050.09* 1) Claim status: Normal/Reject/Private Settle 2) Report Format: 3) Survey fee: Email  Call

FINAL PAYMENT Date/Time: Confirm with: Email  Call

Payee 1: S\$ *2,050* Name 1: *COMFORT DELGRO ENGINEERING PTE LT.*

Payee 2: (Strike if N.A.) S\$ *X* Name 2: *X*

Payee 3: (Strike if N.A.) S\$ *X* Name 3: *X*

Signature Kaluh

REF: AXA

ASSIGNMENT

From: \_\_\_\_\_ Date: 10/04/18

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: SHC 8811M

at Workshop n/s: Comfort Delgro

of 59 huyang Drive

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

Veh No: SHC 8811M Yr Regn: 4 Mar 2016

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or \_\_\_\_\_

Make: Hyundai 240 cc 1685

Colour: Blk A/C: \_\_\_\_\_ Insu: Q / Std / NI / NA

Sp. Reading: 340267 T/Radio: Insu: Q / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLB41UM64085452

Gen. Cond: 6 / Good / Fair / Poor / Burnt

Steering: Ino: 6 / Jammed / Leaked / Burnt or \_\_\_\_\_

Brake: Ino: 6 / Jammed / Leaked / Burnt or \_\_\_\_\_

Modi: Nil / S/Rim / STD D Rim or \_\_\_\_\_

(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: 2 days Res: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS wp

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / QHTSU / PIR / SUMI / TOYO / YOKO or White

Front		Rear	
R/Bal. <u>7</u> mm		R/Bal. <u>7</u> mm	
L/Bal. <u>7</u> mm		L/Bal. <u>7</u> mm	
D.O.A. <u>4/4/8</u>		D.O.I. <u>10/4/8</u>	
Survey held at <u>COBE (7m)</u>			

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

131 \$970.48

AXA  
PIF

R (\$1,411.10/59%)

Date/Time. File Pass to?  : Preli. Report

1)  : Final Report

Date/Time. File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format : \_\_\_\_\_

Lump Sum / I.B.I. : \$ \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

1) \$ + RS \_\_\_\_\_

2) Phone \_\_\_\_\_

3) Smart \_\_\_\_\_

4) \_\_\_\_\_

TOTAL \_\_\_\_\_

Add Fee:  Site Insp \$ \_\_\_\_\_

Interview \$ \_\_\_\_\_

Tech. Invs \$ \_\_\_\_\_

Weekend \$ \_\_\_\_\_



## 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/AXA18006582/K1ja3	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 10-04-2018	
		Code : AXA2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 9339Z	Veh. Inspected	SHC 8811M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	10/04/2018
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	04/04/2018	Inspection Date	10/04/2018
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.			



# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305138644  
Date : 12.04.2018

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508968  
Fax: 6546 8156

## FINALIZATION FORM

To : LKK  
Attn : KALVIN

Fax: \_\_\_\_\_

Vehicle Reg No. : SHC8811M Date of Accident : 04.04.2018

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

1. The repair job shall bill to: AXA --- SHD9339Z
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	<u>\$550.48</u>
(b) Labour Charges	<u>\$420.00</u>
<b>Total for Part-By-Part Repair Cost</b>	<u>\$970.48</u>
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$0.00</u>
<b>Final Lumpsum Repair cost</b>	<u>\$0.00</u>

3. Estimated normal period for repairs: 2 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 : FAUZY BIN MOKHTAR  
Tel : 62148319  
Fax : 65468156

Signature :   
Name : Calvin  
Date : 13/4/18

### 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:

\_\_\_\_\_

COMFORTDELGRO ENGINEERING PTE LTD

Date: 12.04.2018

REPAIR ESTIMATE

Time: 18:18:54

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 : 305138644  
REGN NO : SHC8811M  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 04.03.2016  
DATE/TIME IN : 05.04.2018 08:30  
ACCIDENT DATE : 04.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003	04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	2.00-	50.00

SUB-TOTAL : 550.48

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 L	SPRAY PAINTING CHARGE	200.00
0002 L	REMOVE/REFIX REVERSE SENSOR	20.00

SUB-TOTAL : 420.00

TOTAL : 970.48

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE\*

VEHICLE NO : SHC 8811M

DATE 5/4/2018 10:28

AXA  
FZ

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Deformed X sue</i>			\$ 603.60
	Rear Bumper Reinforcement <i>X sue</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>X sue</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>X sue</i>			\$ 49.00
	Rear Bumper Clips <i>all</i>			\$ 22.00
	Rear Bumper Sponge <i>X sue</i>			\$ 143.40
	Rear Bumper Under Cover <i>X sue</i>			\$ 225.00
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>
	<b>LESS 20%</b>			<b>\$ 381.47</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>
	Rear Bumper Reverse Sensor <i>X sue</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>all</i>			\$ 50.00
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>250.00</del> <sup>200</sup>
	Spray Painting Charge			\$ <del>250.00</del> <sup>200</sup>
	Wiring Charge			\$ <del>50.00</del> <sup>X an</sup>
	R/Refix Reverse Sensor			\$ <del>120.00</del> <sup>20</sup>
	<b>TOTAL LABOUR</b>			<b>\$ 670.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,381.58</b>

*Kaha (K/K)*  
*10/4/18 12:30h*  
*2 Qty*  
*PIP*  
*Before Part 4*

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 surveyed and is subject to final approval from insurance Company

Acknowledged by Repairer  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

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.

**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHC 8811M

DATE 5/4/2018 10:28

MAKE :

MODEL : HYUNDAI i40

AXA  
FZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 603.60
	Rear Bumper Reinforcement ?			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) ?		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket ?			\$ 49.00
	Rear Bumper Clips			\$ 22.00
	Rear Bumper Sponge ?			\$ 143.40
	Rear Bumper Under Cover X			\$ 225.00
	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>
	<b>LESS 20%</b>			<b>\$ 381.47</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,525.88</b>
	Rear Bumper Reverse Sensor X			\$ 135.70 <b>Nett</b>
	Rear Bumper Rubber Mat			\$ 50.00 <b>Nett</b>
				<b>\$ 185.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>250.00</del> <sup>200</sup>
	Spray Painting Charge			\$ <del>250.00</del> <sup>200</sup>
	Wiring Charge			\$ <del>50.00</del> <sup>X</sup>
	R/Refix Reverse Sensor			\$ <del>120.00</del> <sup>20</sup>
	<b>TOTAL LABOUR</b>			<b>\$ 670.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,381.58</b>
<p>Kaha (K/K)</p> <p>10/4/18 12:06</p> <p>2 Qty</p> <p>PIP</p> <p>Before Part 4</p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before/after spray painting</li> <li>To display damaged part(s) during resurvey</li> <li>Parts prices are subject to confirmation</li> <li>Third party survey is on a "Without Prejudice" basis</li> <li>No illegal modification(s) is allowed</li> <li>Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</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>				

**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

To: AXA Insurance Pte Ltd  
8 Shenton Way #24-01  
AXA Tower  
Singapore 068811

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: Stacey Ng

Date: 10 Apr 2018

**Preliminary Advice**

Insured Vehicle No	: SHD9339Z	Accident Date	: 04/04/2018
TP Vehicle No	: SHC8811M	Assignment Date	: 09/04/2018
Make	: HYUNDAI I40	Est. Duration of Repair	: 2 days
Date of Inspection	: 10/04/2018		
Inspection At	: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969		

**Point of Impact / General Description of Damages**

The vehicle sustained impact / damages ...rear.... portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	2,381.58
Revised Amount	:S\$	970.48
Check Items (Estimated)	:S\$	845.40
Total	:S\$	1,815.88

Lump Sum Repair :S\$

**Total Loss Consideration**

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

**Remarks**

- ( ) The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- ( ) The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- ( X ) Other comments : We have not authorized repairs.



Our Ref : T 0418/ SHC8811M/WT(st)

Your Ref :

Date : 17-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: 199080428Y

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**  
 Sun 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 SHC8811M YOUR INSURED SHD9339Z**  
**AND OTHER \_\_\_\_\_ ON 04.04.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHC8811M 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 SHD9339Z we are submitting these claim for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair		\$	<u>1,038.41</u>
2	<u>7</u> days Loss of Rental @	\$	<u>119.28</u>	per day
			\$	<u>834.96</u>
3	Survey Report Fees	(Surveyed by M/s LKK)	\$	-
4	GIA / LTA Search Fee		\$	-
5	GIA / Police Report Fees		\$	-
6	Towing / Medical / Transportation Fees		\$	-
			<b>Sub Total :</b>	<b>\$ <u>1,873.37</u></b>

**HIRER'S CLAIM**

7	<u>7</u> days Loss of Income @	\$	<u>80.00</u>	per days
			\$	<u>560.00</u>
			<b>Total Claims:</b>	<b>\$ <u>2,433.37</u></b>

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

- a) Original repair bill and photocopies of photographs 6 pcs
- b) LTA search slip/s of : SHD9339Z
- c) GIA / Police report/s of : SHC8811M
- d) Letter of authority from owner / hirer / operator
  - ( X ) Photocopy/s 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:** Thursday, 3 May 2018 4:09 PM  
**To:** claims@transcab.com.sg  
**Cc:** 'carrisalee@ava-ins.com'; 'icewong@ava-ins.com'; 'ireneng@ava-ins.com'; 'foonghon@ava-ins.com'; Admin A  
**Subject:** ACCIDENT INVOLVING SHD 9339Z & SHC 8811M ALONG MANDAI LAKE SLIP ROAD ON 04/04/2018

### Transcab Taxi

Singapore

Dear Sir/Madam,

OUR REF : CC4/AXA18006582/Kja3

YOUR REF : P1680520 (SHD 9339Z)

### **ACCIDENT INVOLVING SHD 9339Z & SHC 8811M ALONG MANDAI LAKE SLIP ROAD ON 04/04/2018**

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 **COMFORTDELGRO ENGINEERING PTE LTD** acting on behalf of the owner of SHC 8811M against your motor insurance policy.

Based on the accident report and accident scenario, we are of the opinion that liability is not to our favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

We also wish to advise that there is an excess of **\$5,000.00** attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim.

AXA shall keep you informed of the third party claim settlement and thereafter kindly let AXA have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by AXA for the above subject matter, AXA expressly reserves all their rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

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 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following **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.

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. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to [cst@axa.com.sg](mailto:cst@axa.com.sg) / [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) or deliver it by hand to our Customer Care Centre.

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 authorized driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we 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 our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm (press 1 for GI and option 3 for claims) or [cst@axa.com.sg](mailto:cst@axa.com.sg) / [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com). Please quote our claim reference when you contact us that we can assist you more effectively.

Thank you.

Best Regards,

Joy Irene | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108

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

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  
ALONG****I 40 SHC8811M , SHD9339Z****ON 04-Apr-18 21:30****ALONG SLIP RD FROM MANDAI LAKE RD TO MANDAI RD**

I / We

**MOHD AMIN B SULAIMAN** (Hirer) NRIC No.: **S1249671J**

and/or

(Relief) NRIC No.:

Taxi Number

**SHC8811M**

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

**05-Apr-2018**

Name of Hirer

**MOHD AMIN B SULAIMAN**

Hirer NRIC

**S1249671J**

Signature :



Address

**230B TAMPINES STREET 24 #10-33  
525230**

Contact No.

**97743240**



redefining / insurance

CLAIM REF : C0472878  
INSURED : TRANS-CAB SERVICES PTE LTD

**DISCHARGE VOUCHER**

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated **05 April 2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of **ComfortDelgro Transportation Pte Ltd** and the Hirer **MOHD AMIN B SULAIMAN** of vehicle no. **SHC 8811M**

Now we **ComfortDelgro Engineering Pte Ltd** for ourselves and the said Hirer and the driver jointly and severally:-

- a) agree to accept the sum of Singapore Dollars **TWO THOUSAND FIFTY ONLY (S\$ 2,050.00)** 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 **(SHD 9339Z)** arising out of an accident with **(SHC 8811M)** on **04.04.2018**.
- b) 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. **(SHD 9339Z)** arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- c) 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. **(SHD 9339Z)**.

Dated this 5th day of June 2018.

Signed by \_\_\_\_\_  
(AUTHORISED SIGNATORY)

COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 508989

Company Stamp \_\_\_\_\_

Witness : \_\_\_\_\_  
 Name : \_\_\_\_\_  
 I/C No : \_\_\_\_\_  
 Address : \_\_\_\_\_  
 CLAIMS DEPARTMENT  
 COMFORTDELGRO ENGINEERING PTE LTD  
 59 LOYANG DRIVE  
 SINGAPORE 508989

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\*

**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  
 SHC8811M

MAKE  
 HYUNDAI

MODEL  
 I-40

DATE OF REG  
 04.03.2016

CHASSIS CODE  
 KMHL841UMGU085452

INV. NO/DATE  
 91367613 13.04.2018

JOB NO.  
 305138644

OJOMETER READING

DATE/TIME IN  
 05.04.2018 08:30

Description : 3P 04.04.18

S/No	Part No.	Qty	Unit Price	Disc	Net
<b>PART REQUISITION</b>					
0001	04-01-0103-0579	1	603.60	20.00	482.88
0002	04-01-0101-0111	10	2.20	20.00	17.60
0003	04-01-0103-1150	1	50.00	0.00	50.00
<b>SUB-TOTAL :</b>					<b>550.48</b>

**JOB NATURE**

0001	I.	PANEL BEATING	200.00	200.00	
0002	I.	SPRAY PAINTING CHARGE	200.00	200.00	
0003	I.	REMOVE/REFIX REVERSE SENSOR	20.00	20.00	
<b>SUB-TOTAL :</b>					<b>420.00</b>

- 1) WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL, WITHIN 7 DAYS FROM SUCH DELIVERY (M) NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE THE VEHICLES WILL BE DEEMED TO HAVE BEEN RECEIVED 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 OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT I.E. AFTER 30 DAYS FROM THE INVOICE FOR THE PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY IF 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

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHO No.
8010010	91367613	1,038.41	

Kindly note that no receipt shall be issued unless requested.

**CUSTOMER'S COPY**

## TAX INVOICE

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO  
SHC8811M

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
04.03.2016

CHASSIS CODE  
KMHGB41UMGU085452

INV. NO/DATE  
91367613 13.04.2018

JOB NO.  
305138644

ODOMETER READING

DATE/TIME IN  
05.04.2018 08:30

Items total		970.48
Add GST @	7.000 %	67.93
Invoice amount		1,038.41

Issued by : KATHERINE TAN 13.04.2018 16:34:56  
Repair type : CLSC/57/57  
Payment Type/Term: /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.  
CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE 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 AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.  
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.
8010010	91367613	1,038.41	

Our Ref: CT18040093

Date: 13 April 2018



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON                    04/04/2018 @ 21:30 hrs  
ALONG                            ALONG SLIP RD FROM MANDAI LAKE RD TO MANDAI  
   RD  
INVOLVING                    SHD9339Z

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 **SHC8811M** (the "Taxi"). The Taxi was hired to **MOHD AMIN B SULAIMAN IC NO S1249671J** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$119.28** 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.



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

B1 Direct Settlement

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	05 Apr 2018		09 Apr 2018 23:15 <a href="#">Edit Adj Rpt</a>	<b>S\$970.48</b> <a href="#">Edit Estimates</a>	<b>S\$970.48</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b>		<b>[Created by insurer]</b>							
Insured:	<b>TRANS-CAB SERVICES PTE LTD</b> , Co. Reg. No.: 200303878K								
Main Claimant:	<b>COMFORT TRANSPORTATION PTE LTD</b> , Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	<b>SHC8811M</b>	Date of Loss:	04/04/2018 00:00 - :59 [25 Months From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / C0472878</b>	Policy/Cover Note No.:	P1680520 (Third Party Only)						
Vehicle Reg. No. (Insured):	<b>SHD9339Z</b>	Policy No. (Claimant):	MCOM0015						
		Excess:	S\$5,000.00						
Repairer:	<b>ComfortDelGro Engineering Pte Ltd (Loyang)</b> 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	<b>AXA Insurance Pte Ltd (HQ)</b> - Tel: 6338 7288 ... [Handled by <b>Stacey Ng</b> - 6880 4351]								
Claimant's Insurer:	<b>India International Insurance Pte Ltd (HQ)</b> - Tel: 63476100								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>KALVIN ANG WEI KUN</b> ] ... <b>[Final Rpt due 18/04/2018]</b>								
<b>ASSOCIATED MAIL RECEIVED</b>		<a href="#">View All</a> <a href="#">Compose Case Mail</a>							
• AXA_SG (09/04/2018): <b>New TP Assignment - C0472878/P1680520</b>									
<b>ALL ASSOCIATED TASKS</b>		<a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a>							
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SHC8811M (C0472878)  
[SHD9339Z]  
TP  
COMFORT TRANSPORTATION PTE LTD  
Apr 4 2018 12:00AM  
[TRANS-CAB SERVICES PTE LTD]  
ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			View	View in Browser	
<b>Letters/Correspondences</b>										1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print						
1	(Draft)	Third Party Express Settlement - Payment Breakdown		Edit							
<b>Assessment Reports</b>										1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print						
1	10/04/18 18:37	Adjuster Immediate Advice		Load HTM							
<b>Photos/Images</b>										3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print						
1	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
2	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
3	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
4	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
5	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
6	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
7	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
8	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
9	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
10	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
11	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
12	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
13	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
14	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
15	10/04/18 17:44	General View		Load JPG	<input checked="" type="checkbox"/>						
16	12/04/18 16:39	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>						
17	12/04/18 16:39	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>						
18	12/04/18 16:39	Reinspection Photo		Load JPG	<input checked="" type="checkbox"/>						
<b>Documentation</b>										1 per page	<input checked="" type="checkbox"/>
No	Finalized On	AXA Insurance Pte Ltd (HQ)		Thumbnail	Print						
1	05/04/18 11:47	EMAIL		Load PDF							
2	06/04/18 20:10	OI GIA		Load PDF							
3	06/04/18 20:10	TP GIA		Load PDF							
4	06/04/18 20:11	EMAIL ABS TO UPLOAD DOC		Load MSG							
5	06/04/18 20:17	1ST EMAIL TO TRANS-CAB NOTIFIED TP CLAIM WITH TP EXCESS		Load MSG							
6	09/04/18 09:05	EMAIL_ABS		Load PDF							
7	09/04/18 09:05	SHC8811M ESTIAMTE & TP GIA_ABS		Load PDF							
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print						
1	17/04/18 23:55	TP ESTIMATE - MARKED		Load PDF							
2	07/06/18 15:17	LETTER TO INSURED		Load PDF							
3	13/06/18 10:23	WORKSHOP INVOICE		Load PDF							
4	13/06/18 10:23	AUTHORISATION TO ACT FORM		Load PDF							

Letters/Correspondences			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
5	13/06/18 10:23	<b>DISCHARGE VOUCHER</b>		Load PDF
6	13/06/18 10:23	<b>RENTAL RECEIPT</b>		Load PDF
7	13/06/18 10:23	<b>LOD</b>		Load PDF

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>			
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>			
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

**THIRD PARTY EXPRESS SETTLEMENT  
(PAYMENT BREAKDOWN)**

<b>Vehicle No:</b>	SHD9339Z (Insd veh)	<b>Model:</b>	HYUNDAI I40 1.7 D (A)
	SHC8811M (TP veh)		
<b>Date of Accident:</b>	04/04/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Repair Estimate	:	\$	2,548.29	
Final Repair Cost	:	\$	1,038.41	
Loss of Token Sum	:	\$	300.00	6.00 days at \$50.00 per day
Rental (if any)	:	\$	715.68	6 days
LTA / GIA Search Fee	:	\$	0.00	
Others:	:	\$	0.00	
	:	\$		
Final Settlement Sum (Global Sum)	:	\$	2,050.00	
<b>Is Third Party Workshop GIA Registered?</b> <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)				
<b>A) For Non GIA Registered Workshop:</b>		Agreed Liability _____(%)		
<b>B) For GIA Registered Workshop:</b>		BOLA Applicable: Yes/ No BOLA Scenario No: _27_		
BOLA Liability: _____100_____(%)		Assessed Liability (*): _____(%)		
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.				
Remarks _____				

Payment Instruction: Payee's Breakdown			
1)	ComfortDelGro Engineering Pte Ltd	:	\$ 2,050.00
2)		:	\$
3)		:	\$

JOANNE LEE KHANG MIN

LKK Auto Consultants Pte Ltd

13 Jun  
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:** CC4/AXA18006582/K1JA3Q2  
**Date:** 13/06/2018

#### REFERENCE

Handling Insurer: AXA Insurance Pte Ltd	Policy No:	P1680520
<b>Claimant Vehicle No :</b> SHC8811M	<b>Insured Vehicle No :</b>	SHD9339Z
Date of Loss: 04/04/2018	Nature of Claim:	TP
	Claim No:	C0472878

#### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	<b>SHC8811M</b>	Engine No:	D4DFDU595650
Make & Model:	HYUNDAI I40, 1.7 D (A)	Chassis No:	KMHLB41UMGU085452
Reg. Date:	04/03/2016 (Man. Year: 2015)	Odometer:	340267 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	<b>Market Value/New Car Price</b>		

#### 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	1,711.58	550.48	1,161.10	67.84
Miscellaneous Items	0.00	0.00	0.00	
Labour	670.00	420.00	250.00	37.31
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>2,381.58</b>	<b>970.48</b>	<b>1,411.10</b>	<b>59.25</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>166.71</b>	<b>67.93</b>	<b>98.78</b>	<b>59.25</b>
<b>Nett Amount (S\$)</b>	<b>2,548.29</b>	<b>1,038.41</b>	<b>1,509.88</b>	<b>59.25</b>
<b>+ Loss of Use (6.0 x S\$50.00/day) (S\$)</b>		300.00		
<b>+ Car Rental (6.0 x S\$119.28/day) (S\$)</b>		715.68		
		<b>Nett Liability (S\$)</b>		<b>2,054.09</b>
		<b>Global Sum Settlement (S\$)</b>		<b>2,050.00</b>

#### INSPECTION

Date of Assignment:	09/04/2018	
Date Inspected:	10/04/2018 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969

Estimated Period of Repair: 2.0 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

### Reference

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 13 Jun 2018)
<b>Parts:</b> 143	HYUNDAI I40 1.7 D (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SHC8811M)	
<b>Validity:</b>	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER (CONSISTENT)	Deformed	603.60 FL	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT (CONSISTENT)	Serviceable	504.35 FL	*- FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH) (CONSISTENT)	Serviceable	360.00 FL	*- FL
4	1		*REAR BUMPER SIDE BRACKET (CONSISTENT)	Serviceable	49.00 FL	*- FL
5	1		*REAR BUMPER CLIPS (CONSISTENT)	Necessary	22.00 FL	*22.00 FL
6	1		*REAR BUMPER SPONGE (CONSISTENT)	Serviceable	143.40 FL	*- FL
7	1		*REAR BUMPER UNDER COVER (CONSISTENT)	Serviceable	225.00 FL	*- FL
8	1		*REAR BUMPER REVERSE SENSOR (CONSISTENT)	Serviceable	135.70 FS	*- FS
9	1		*REAR BUMPER RUBBER MAT (CONSISTENT)	Necessary	50.00 FS	*50.00 FS

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

<b>Sub Total (S\$)</b>	<b>2,093.05</b>	<b>675.60</b>
- List Item Discount on L Items 20.00/20.00% (S\$)	381.47	125.12
<b>Total Parts (S\$)</b>	<b>1,711.58</b>	<b>550.48</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING	New	250.00	200.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
3	WIRING CHARGE	New	50.00	0.00
4	R/REFIX REVERSE SENSOR	New	120.00	20.00
<b>Gross Labour Cost (\$\$)</b>			<b>670.00</b>	<b>420.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >