

INS. CASE OWNER

CC 3, UR 1800

LKK:
IDAC:

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: MUHAMMAD MUHSIN BIN JIMARI

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: %

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OE:

After call ltr to OE:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup):

After call ltr to OE:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / CIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

(Agreed)

Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

SS

Loss of Rental (LOR):

SS

Loss of Use (LOU):

SS

Loss of Income (LOI):

SS

LOR only

LOU only

LOR + LOU

LOR + LOI

(Tick only one)

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

Legal Cost

SS

Total:

SS

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

Name 1:

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

RECEIVED 10 MAY 2018

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COMFORTDELGRO ENGINEERING PTE LTD

Driver: Mr. Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimate Code

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

To Insp: _____

at Work: _____

of _____

Insured:

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repair: 2 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Vch No:

SHA 1158Y

Yr Regn:

5 Jan 2017

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

Truck / Trailer or

Make:

Hyundai

C.C.

165

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

170614

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLD 814MF40 97251

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / R/Rim or

Tyre Size:

F:

205/6.116

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

2

mm

R/Bal.

2

mm

L/Bal.

2

mm

L/Bal.

2

mm

D.O.A.

20/4/0

D.O.I.

23/4/0

Survey held at

CDGE (Layang)

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

Rear N/S

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

Date / Time	Action / Instruction
26/4/0	Insured LPS 1050 / 2017. AZH P/P

R (\$ 2,124.54/66%)

Deadline, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Deadline, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech (\$

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Other

Our Job Ref No : 305144670
Date : 25.04.2018

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA1158Y

Date of Accident : 20.04.2018

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

1. The repair job shall bill to: AIG SLN6877Z

2. The finalized amount shall be:

(a) Spare Parts after List discount \$0.00

(b) Labour Charges \$0.00

Total for Part-By-Part Repair Cost \$0.00

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$1,050.00

Final Lumpsum Repair cost \$1,050.00

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 : Kq/22

Date : 26/4/18

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

REPAIR ESTIMATE*

VEHICLE NO : SHA 1158Y

DATE 23/4/2018 9:59

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Boot Lid 'H' Emblem X 1			\$ 27.20
	Boot Lid CRDI Plate X 1			\$ 41.00
	Bootlid Moulding — <i>angel</i>			\$ 85.00
	Bootlid i40 Emblem X 1			\$ 41.00
	Bootlid Lower Garnish X 5			\$ 398.00
	Rear Bumper — <i>Return</i>			\$ 603.60
	Rear Bumper Reinforcement X 1			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) X 1	\$	180.00	\$ 360.00
	Rear Bumper Side Bracket X 1	\$	49.00	\$ 98.00
	Rear Bumper Clips — <i>new</i>			\$ 22.00
	Rear Bumper Sponge X 1			\$ 143.40
	Rear Bumper Under Cover — <i>1</i>			\$ 225.00

Job Name: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 3819374 JC NO: 305144670

OWNER IS COMFORT TRANSPORTATION PTE LTD 7010045 OWNER NO 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (R) (P)	REGN NO SHA1158Y MAKE HYUNDAI MODEL I-40 YR OF MANU 05.01.2017 CHASSIS CODE RMHLB41UMHU097751	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 21.04.2018 11:55 TARGET DATE COMPLETION DATE/TIME:
--	--	--

Accident Date: 20.04.2018
NATURE: 3P 20.04.18/B

JOB DESCRIPTION

AIG

/NO LABOR CODE DESCRIPTION

CKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip		Exit Pass	
No.: SHA1158Y	FZ	Vehicle No.: SHA1158Y	
Signature/Date	Signature/Date	Name of Service Advisor	Date
Returned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHA 1158Y

DATE 23/4/2018 9:59

MAKE :

MODEL : HYUNDAI i40

AIG/LKK

F2

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Boot Lid 'H' Emblem ✕			\$ 27.20	
	Boot Lid CRDI Plate ✕			\$ 41.00	
	Bootlid Moulding ✓			\$ 85.00	
	Bootlid i40 Emblem ✕			\$ 41.00	
	Bootlid Lower Garnish ✕			\$ 398.00	
	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	\$ 98.00	
	Rear Bumper Clips ✓			\$ 22.00	
	Rear Bumper Sponge ?			\$ 143.40	
	Rear Bumper Under Cover ✓			\$ 225.00	
	SUB TOTAL			\$ 2,548.55	
	LESS 20%			\$ 509.71	
	DISCOUNTED TOTAL			\$ 2,038.84	
	Boot Lid Comfort Logo & Tel No. Sticker ✕			\$ 30.00	Nett
	Rear Bumper Reverse Sensor ✓			\$ 135.70	Nett
				\$ 165.70	
	Labour Charge				
	Panel Beating			\$ 250.00	200
	Spray Painting Charge			\$ 500.00	200
	Wiring Charge			\$ 50.00	✕
	Tuff Kote			\$ 50.00	✕
	Remove/Refix Reverse Sensor			\$ 120.00	20
	TOTAL LABOUR			\$ 970.00	
	ESTIMATE TOTAL			\$ 3,174.54	
<p><i>Kahin LKK</i> <i>23/4/18 1230</i> <i>2 Rys</i> <i>PSP</i> <i>Refine Paint</i></p> <p><small>We hereby acknowledge the repairer's estimate and hereby notify the Repairer of the following:</small></p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged parts during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer Signature: _____ Date: _____</p> <p><small>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.</small></p>					

Our Ref : T 0418 / SHA1158Y /CL(st)
Your Ref:
Date : 2-May-18

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

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA1158Y YOUR INSURED SLN6897Z
AND OTHER UNKNOWN VEHICLE ON 20.04.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHA1158Y 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 SLN6897Z we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,123.50
2	4 days Loss of Rental @ \$ 117.00 per day	\$ 468.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation	\$ -
Sub Total :		\$ 1,598.99

HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per days	\$ 320.00
Total Claims :		\$ 1,918.99

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

- a) Original repair bill and photocopies of photographs : 7 pcs.
b) LTA search slip/s of : SLN6897Z
c) GIA / Police report/s of : SHA1158Y
d) Letter of authority from owner / hirer / operator
(X) Photograph/s of Accident Scene () Certificate of Insurance
() Witness statement/s (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
59 Loyang Drive 4th Floor
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Marline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 19050044W

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
43 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408549

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Defu
6 Defu Avenue 1
Singapore 539537

Yishun
501 Yishun Industrial Park A
Singapore 768732

[illegible]

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Friday, 27 April 2018 12:07 PM
To: 'Eileen, May Hwee Yap'
Cc: Admin A; Vivian Lau (LKKAuto); Hsiao Tong (LKKAuto)
Subject: ACCIDENT INVOLVING SLN 6897Z (LCR) & SHA 1158Y & OTHERS ON 20/04/2018 (22:20) ALONG AIRPORT BOULEVARD

20 April 2018

LION CITY RENTALS PTE LTD

Policy Holder

Your Ref: SLN 6897Z
Our Ref: CC3/LCR18007524/K1jb3

Dear Sir/Madam,

ACCIDENT INVOLVING SLN 6897Z (LCR) & SHA 1158Y & OTHERS ON 20/04/2018 (22:20) ALONG AIRPORT BOULEVARD

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.

We have received a claim from **SHA 1158Y** against your insurance policy.

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

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

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)

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LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGi 40 SHA1158Y , SLN6897Z , UNKNOWN
AIRPORT BLD TWDS TERMINAL 2

ON 20-Apr-18 22:20

I / We

QUAH SIONG WEE

(Hirer) NRIC No.:

S0010112E

and/or

(Relief) NRIC No.:

Taxi Number

SHA1158Y

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 directiy to CDGE in accordance with CDGE's instruction and made in favour of "ComfortDelGro Engineering Pte Ltd".

Date

23-Apr-2018

Name of Hirer

QUAH SIONG WEE

Hirer NRIC

S0010112E

Signature :



Address

487C TAMPINES STREET 45 #06-105
522487

Contact No.

97579695

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\$1,715.00** (Global Sum) for vehicle no. **SHA 1158Y** that was damaged pursuant to the accident which occurred on **20/04/2018** (date) along **AIRPORT BOULEVARD** (location) involving vehicle no/s **SLN 6897Z**. This is pursuant to the inspection conducted on **23/04/2018** (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 **SHA 1158Y** 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 **SHA 1158Y** (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 **10** (day) of **05** (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)

"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."

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

TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE NO
SHA1158Y

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
05.01.2017

CHASSIS CODE
KMHLB41UMHU097751

INV. NO/DATE
91369787 27.04.2018

JOB NO.
305144670

ODOMETER READING

JOB TYPE

Description : 3P 20.04.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,050.00
Add GST @ 7.00 %	73.50
Total Invoice amount	1,123.50

Issued by : KATHERINE TAN 27.04.2018 14:07:45
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE THEFT OR ACCIDENT, DAMAGE TO OR IMPAIRMENT ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND KEPT AT OWNERS' RISK.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 3 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 REMAINING DUE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE DEDUCTED DATE OF THE PERIOD OF DEFAULT).

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY IN ANY WRITING 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
Member of COMFORTDELGRO

Office:
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: CT18040587

Date: 27 April 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	20/04/2018 @ 22:20 hrs
ALONG	AIRPORT BLD TWDS TERMINAL 2
INVOLVING	SLN6897Z, UNKNOWN

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 **SHA1158Y** (the "Taxi"). The Taxi was hired to **QUAH SIONG WEE IC NO S0010112E** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.00** 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
SLN6897Z	20 Apr 2018 / 22:20:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

SHANUSBY

...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	24 Apr 2018 Edit Reg		23 Apr 2018 00:00 Edit Adj Rpt	S\$1,050.00 Edit Estimates	S\$1,050.00 View Rpt		Pending for Survey Report Cancel Case

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

CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:	LCRF PTE LTD, Co. Reg. No.: 201604597K		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHA1158Y	Date of Loss:	20/04/2018 21:00 - :59 [15 Months and 15 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 8563825350SG	Policy/Cover Note No.:	0999994773
Vehicle Reg. No. (Insured):	SLN6897Z	Policy No. (Claimant):	D-18088936MFSH
		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 Olea, Maricel] Maricel.Olea@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 04/05/2018]		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

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

*SHA1158Y (8563825350SG)
[SLN6897Z]
TP
COMFORT TRANSPORTATION PTE LTD
Apr 20 2018 9:00PM
[LCRF PTE LTD]
ComfortDelGro Engineering Pte Ltd

Upload Documents		Upload Photos		Compose New Letter		Upload Video		Upload Audio		View View in Browser	
Letters/Correspondences										1 per page 1 <input checked="" type="checkbox"/>	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail		Print	
1	(Draft)	Third Party Express Settlement – Payment Breakdown						1		Edit	
Assessment Reports										1 per page 1 <input checked="" type="checkbox"/>	
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)						Thumbnail		Print	
1	25/04/18 12:26	Accident Statement <small>From: SC - Reg. No: SLN6897Z, Claimant: LCRF PTE LTD</small>						1		Load HTM	
Photos/Images										1 per page 1 <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail		Print	
1	24/04/18 17:43	General View						1		Load JPG	
2	24/04/18 17:43	General View						1		Load JPG	
3	24/04/18 17:43	General View						1		Load JPG	
4	24/04/18 17:43	General View						1		Load JPG	
5	24/04/18 17:43	General View						1		Load JPG	
6	24/04/18 17:43	General View						1		Load JPG	
7	24/04/18 17:43	General View						1		Load JPG	
8	24/04/18 17:43	General View						1		Load JPG	
9	24/04/18 17:43	General View						1		Load JPG	
10	24/04/18 17:43	General View						1		Load JPG	
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12	24/04/18 17:43	General View						1		Load JPG	
13	24/04/18 17:43	General View						1		Load JPG	
14	24/04/18 17:43	General View						1		Load JPG	
15	24/04/18 17:43	General View						1		Load JPG	
16	24/04/18 17:43	General View						1		Load JPG	
17	24/04/18 17:43	General View						1		Load JPG	
18	24/04/18 17:43	General View						1		Load JPG	
19	24/04/18 17:43	General View						1		Load JPG	
20	24/04/18 17:43	General View						1		Load JPG	
21	24/04/18 17:43	General View						1		Load JPG	
22	25/04/18 08:40	Reinspection Photo						1		Load JPG	
23	25/04/18 08:40	Reinspection Photo						1		Load JPG	
24	25/04/18 08:40	Reinspection Photo						1		Load JPG	
25	25/04/18 08:41	Reinspection Photo						1		Load JPG	
26	25/04/18 08:41	Reinspection Photo						1		Load JPG	
27	25/04/18 08:41	Reinspection Photo						1		Load JPG	
Documentation										1 per page 1 <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)						Thumbnail		Print	
1	24/04/18 18:25	TP ESTIMATE- MARKED						1		Load PDF	
2	24/04/18 18:25	TP GIA REPORT						1		Load PDF	
3	27/04/18 12:07	LETTER TO LCRF						1		Load PDF	
4	15/05/18 10:44	WORKSHOP INVOICE						1		Load PDF	
5	15/05/18 10:44	AUTHORISATION TO ACT FORM						1		Load PDF	
6	15/05/18 10:44	Release Voucher						1		Load PDF	
7	15/05/18 10:44	RENTAL RECEIPT						1		Load PDF	
8	15/05/18 10:44	LTA SEARCH						1		Load PDF	

Letters/Correspondences			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
				

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
<div></div>	
Show Remarks To: <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)

Vehicle No:	SLN6897Z (Insd veh)	Model:	HYUNDAI I40 1.7 D (A)
	SHA1158Y (TP veh)		
Date of Accident:	20/04/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> [X] Yes	<input type="checkbox"/> [] No
Repair Estimate	:	\$	3,396.76
Final Repair Cost	:	\$	1,715.00
Loss of Use	:	\$	3.50 days at \$50.00 per day
Rental (if any)	:	\$	3.50 days
LTA / GIA Search Fee	:	\$	
Others:	:	\$	
	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,715.00

Is Third Party Workshop GIA Registered? ☒ [X] 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	:	\$ 1,715.00
2)		:	\$
3)		:	\$
4)		:	\$
5)		:	\$

JOANNE LEE KHANG MIN

15 May
2018

LKK Auto Consultants Pte Ltd

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/LCR18007524/K1JB3Q2

Date: 15/05/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 0999994773
 Claimant Vehicle No: SHA1158Y Insured Vehicle No: SLN6897Z
 Date of Loss: 20/04/2018 Nature of Claim: TP Claim No: 8563825350SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHA1158Y
 Make & Model: HYUNDAI I40, 1.7 D (A) Engine No: D4FDGU700726
 Reg. Date: 05/01/2017 (Man. Year: 2016) Chassis No: KMHLB41UMHU097751
 Colour: Blue Odometer: 170614 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: Bridgestone 7 mm Rear Left Side: Bridgestone 7 mm
 Front Right Side: Bridgestone 7 mm Rear Right Side: Bridgestone 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,204.54	884.18	1,320.36	59.89
Miscellaneous Items	0.00	0.00	0.00	
Labour	970.00	420.00	550.00	56.70
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,174.54	1,304.18	1,870.36	58.92
Approved Total (Overridden) (S\$)		1,050.00		
(S\$)	3,174.54	1,050.00	2,124.54	66.92
+ GST 7.00/7.00% (S\$)	222.22	73.50	148.72	66.92
Nett Amount (S\$)	3,396.76	1,123.50	2,273.26	66.92
+ Loss of Use (3.5 x S\$50.00/day) (S\$)		175.00		
+ Car Rental (3.5 x S\$117.00/day) (S\$)		409.50		
+ Doc/Search Fee (S\$)		7.49		
Nett Liability (S\$)		1,715.49		
Global Sum Settlement (S\$)		1,715.00		

INSPECTION

Date of Assignment: 23/04/2018

Date Inspected: 23/04/2018 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

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*BOOT LID HEMBLEM	Not Necessary	27.20 FL	*- FL
2	1		*BOOT LID CRDI PLATE	Not Necessary	41.00 FL	*- FL
3	1		*BOOTLID MOULDING	Grazed	85.00 FL	*85.00 FL
4	1		*BOOTLID I40 EMBLEM	Not Necessary	41.00 FL	*- FL
5	1		*BOOTLID LOWER GARNISH	Serviceable	398.00 FL	*- FL
6	1		*REAR BUMPER	Deformed	603.60 FL	*603.60 FL
7	1		*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
8	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Serviceable	360.00 FL	*- FL
9	2		*REAR BUMPER SIDE BRACKET	Serviceable	98.00 FL	*- FL
10	1		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
11	1		*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
12	1		*REAR BUMPER UNDER COVER	Cut	225.00 FL	*225.00 FL
13	1		*BOOT LID COMFORT LOGO & TEL NO.STICKER	Not Necessary	30.00 FS	*- FS
14	1		*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FS	*135.70 FS

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

Sub Total (\$\$)	2,714.25	1,071.30
- List Item Discount on L Items 20.00/20.00% (\$\$)	509.71	187.12

Total Parts (\$\$)	2,204.54	884.18
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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	250.00	200.00
2	SPRAY PAINTING CHARGE	New	500.00	200.00
3	WIRING CHARGE	New	50.00	0.00
4	TUFF KOTE	New	50.00	0.00
5	REMOVE /REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (\$\$)			970.00	420.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >