

INS. CASE OWNER:

STANLEY

CC 4/AXA1800

8580, F2H63

LKK:

IDAC:

Surveyor:

KALVIN

DOI:

ASSIGNMENT

9/5/18

Date / Time:

9/5/18

Registered in Merimen:

11/5/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHL 513AR

Name of insured:

TRANS-LAB SERVICES PTE

Insured Tel No.:

HP:

Excess Sec II :SS

55000

D.O.A.:

6/5/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

NED SWEE KICK

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

10473558

Policy No.:

UPX / 11600000

Make / Model:

RENAULT

Place of Accident:

AIRPORT T2

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

Insured Liability:

%

Final ? Yes / No

SHL 569R



INSRS:

WSP:

Tel:

Liability:

RMKS:

CNSG  
VY

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

23/5/18

VIC

05/06/18

05/06/18

06/06/18

RECEIVED 07 JUN 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:

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:

11/5/18

Sent By:

Duo

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P/P

SS

530.00

(2 days)

Reduction:

79 %

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

05/06/18

Confirm with:

WILLIAM

Email ☐ Call ☐

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

(w/over)

SS

507.10

Loss of Rental (LOR):

SS

596.40

(5 days)

x 49.28

Loss of Use (LOU):

SS

100.00

(5 x 5 days)

Loss of Income (LOI):

SS

-

(5 x days)

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

[Tick only one]

GIA/LTA Search

SS

-

Medical:

SS

-

Disbursement:

SS

-

Legal Cost

SS

-

Total:

SS

1,363.50

Global Sum SS:

1,360.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

SS

1,360.00

Name 1:

COMFORTABLE ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4380.00

Surat Kelayan

REF:

CS/QW18008580/Klvb

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimate: \_\_\_\_\_  
 OD / TP / RES / OD RES / EVA / INV / MV  
 To Insp: \_\_\_\_\_  
 at Work: \_\_\_\_\_  
 of: \_\_\_\_\_  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims: \_\_\_\_\_  
 Sum Ins: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Vch: \_\_\_\_\_

(Policy Condition)

Remark: The veh 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: \_\_\_\_\_ days Res.: Yes or No  
 Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHC 569 R Yr Regt: 26 Nov 2015  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Hyundai Ixo c.c. 1685  
 Colour: Yellow A/C: Ins / Std / NI / NA  
 Sp. Reading: 328913 T/Radio: Ins / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: KMHCB414A44080712  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD / Rim or  
 Tyre Size: F: 205 / 60 R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Campen  
 Front: 7 mm Rear: 7 mm  
 R/Bal. + mm L/Bal. + mm  
 D.O.A. 6/5/8 D.O.I. 9/5/8  
 Survey held at LDGE (Layang)  
 Des. of Damages: Frt / Rear / O/S / NIS / U/C / Rooftop or  
Rear  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
11/5/18	SHC 569 R - CS / FCI 16021813 / Tgh3 m2 Claim PIP \$520 / 24p. (RTO: \$2,001.50 / 79%)

Date/Time, File Pass to?

☐ : Prel. Report  
☐ : Final Report

1)

Date/Time, File Return to?

2)

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

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

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)

☐ : Tech (\$ \_\_\_\_\_)

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

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

\$ + RS. \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_


Team: ARC Repair TP(CFSO)1		JOB CARD Sales Order:	JC NO: 305157227
CUSTOMER		REG NO. SHC 569R	MILEAGE
CITYCAB PTE LTD		MAKE HYUNDAI	FUEL
MS 7010070			E.....1/2.....F
CUSTOMER NO. 383 SIN MING DRIVE		MODEL T-40	DATE/TIME IN 06.05.2018 08:45
ADDRESS Singapore SINGAPORE 575717		YR OF MANU 26.11.2015	TARGET DATE
65551188 (R) (P) (O)		CHASSIS CODE RMHLB41UMGU080712	COMPLETION DATE/TIME
COUNT CARD NO.			

Accident Date: 06.05.2018  
NATURE: 3P 06.05.2018

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SHC 569R CHIANG		Vehicle No.: SHC 569R	
Signature/Date		Date	
Name of Service Advisor		Name of Service Advisor	
returned to Service Reception upon collection		To be kept by Security Guard	

CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 569R

MAKE :

MODEL : HYUNDAI i40

KBP  
48hrs ended

DATE 7/5/2018 9:53

LKK - Calvin  
Chuang PP

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>x repair</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>x "</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 <b>Nett</b>
	Rear Bumper Rubber Mat <i>x "</i>			\$ 50.00 <b>Nett</b>
	Rear Bumper Advertisement Logo <i>- sue</i>			\$ 50.00 <b>Nett</b>
	Rear Fender Advertisement Logo (LH/RH) <i>- sue</i>		\$ 100.00	\$ 200.00 <b>Nett</b>
				<b>\$ 435.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>280.00</del> <i>100</i>
	Spray Painting Charge			\$ <del>200.00</del> <i>180</i>
	Wiring Charge			\$ <del>50.00</del> <i>x "</i>
	R/Refix Reverse Sensor			\$ <del>120.00</del> <i>x "</i>
	<b>TOTAL LABOUR</b>			<b>\$ 650.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,611.58</b>

Kalvin LKK  
1405hrs 9/5/18  
2hrs  
P/P  
After Repair 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 resurveyed 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.

Our Job Ref No : 305157227  
Date : 10/05/18

## COMFORTDELGRO ENGINEERING

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

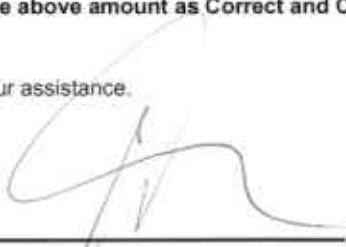

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHC 569R

Fax :

06/05/18

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

1. The repair job shall bill to: AXA SHC5139R
  2. The finalized amount shall be:
    - (a) Spare Parts after List discount
    - (b) Labour Charges \$530.00
    - Total for Part-By-Part Repair Cost** \$530.00
    - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_  
**Final Lumpsum Repair cost** \_\_\_\_\_
  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 : CHIANG  
Tel : 62148314  
Fax : 65468156
- Signature :   
Name : Kalvin  
Date : 11/5/18

### 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: (Independent AXA panel)

COMFORTDELGRO ENGINEERING PTE LTD

Date: 10.05.2018

REPAIR ESTIMATE

Time: 15:49:34

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010070  
ADDRESS : CITYCAB PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65551188

JOB NO : 305157227  
REGN NO : SHC 569R  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 26.11.2015  
DATE/TIME IN : 06.05.2018 08:45  
ACCIDENT DATE : 06.05.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 20-05	REAR BUMPER ADVERTISEMENT	50.00
0001 20-05	REAR FENDER ADVERTISEMENT	200.00
0002 L	PANEL BEATING	100.00
0003 23-502	SPRAYPAINT ON AFFECTED AREA	180.00

SUB-TOTAL : 530.00

TOTAL : 530.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :

CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 569R

MAKE :

MODEL : HYUNDAI i40

DATE 7/5/2018 9:53

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>x rep</i>			\$ 603.60	
	Rear Bumper Reinforcement ?			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH)?		\$ 180.00	\$ 360.00	
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	Rear Bumper Clips <i>x</i>			\$ 22.00	
	Rear Bumper Sponge ?			\$ 143.40	
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	<b>SUB TOTAL</b>			<b>\$ 1,907.35</b>	
	<b>LESS 20%</b>			<b>\$ 381.47</b>	
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	Rear Bumper Rubber Mat <i>x</i>			\$ 50.00	Nett
	Rear Bumper Advertisement Logo <i>/</i>			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) <i>/</i>		\$ 100.00	\$ 200.00	Nett
				<b>\$ 435.70</b>	
	<b>Labour Charge</b>				
	Panel Beating			\$ <del>280.00</del> <i>100</i>	
	Spray Painting Charge			\$ <del>200.00</del> <i>180</i>	
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	R/Refix Reverse Sensor			\$ <del>120.00</del> <i>x</i>	
	<b>TOTAL LABOUR</b>			<b>\$ 650.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,611.58</b>	
<i>Kalvin</i> <i>1405hr 9/5/18</i> <i>2018</i> <i>P/P</i> <i>After Repair</i>					
<div> <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> </div>					
<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>					

## Vic (LKKAUTO)

---

**From:** Vic (LKKAUTO)  
**Sent:** Tuesday, 5 June, 2018 2:10 PM  
**To:** William Tan Thoo Seng  
**Cc:** Catherine Koh Mui Gek; Admin A; Vic (LKKAUTO)  
**Subject:** Your Ref: CC18050108/SHC569R/WT(ck)\_ACCIDENT INVOLVING VEHICLES SHC 5139R AND SHC 569R ON 06/05/2018  
**Attachments:** DV.pdf

Your Ref: CC18050108/SHC569R/WT(ck)  
Our Ref: CC4/AXA18008580/K1hb3

Without Prejudice

Dear William,

ACCIDENT INVOLVING VEHICLES SHC 5139R AND SHC 569R ON 06/05/2018

We refer to the above matter and we confirmed in receipt of your LOD dated 22/05/2018.

On a without prejudice basis and purely for an amicable settlement and without admission of any liability to our Insured's part, we offer a global sum of **\$1,360.00** (all in) to settle your client's claim.

If agreeable, kindly sign the attached DV and forward back a copy to us for payment processing.

Thank you.

*"Please note that our above offer and any settlement arising from the above offer are made on a without prejudice basis, and should not be construed as an admission of liability on our part or on the part of our Insured Driver. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. Our offer made in respect of this present matter is made solely to resolve this matter only. No reference shall be made to this offer or any settlement arising from this offer in any other related matters."*

Best Regards,

**Vic Alpeh** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-2096 | email: [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com) | fax: 6741-4108

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



Auto  
Consultants  
Pte Ltd

*Save the Earth. Print only when necessary.*

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Our Ref : CC18050108/SHC569R/WT(ck)  
Date : 22.5.18

Axa Insurance Pte Ltd  
8 Shenton Way  
#24-01 Axa Tower  
Singapore 068811  
c/o LKK Auto Consultants

**CDGE Taxi Claims**  
59 Loyang Drive  
4th Floor  
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: 196600049W

**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**  
501 Yishun Industrial Park A  
Singapore 768732

## Without Prejudice

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC569R YOUR INSURED SHC5139R**  
**OTHERS ON 6.5.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd and CityCab Pte Ltd, the owner of motor taxi SHC569R which was involved in the captioned accident with your insured's vehicle. The taxi owner and 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 taxi.

As the accident was caused by the negligent act of your insured driving SHC5139R we are submitting these claims for your consideration on behalf of the claimants.

### TAXI OWNER'S CLAIM

1) Cost of Repair	\$ 567.10
2) 5.0 days Loss of Rental @ \$ 119.28 per day	\$ 596.40
3) Surveyor Report fees	
4) LTA search fees	\$ 7.49
5) Accident Search/Report fees	
6) Towing/Medical/Transportation/Misc Fees	
<b>Sub-Total</b>	<b>\$ 1,170.99</b>

### HIRER'S CLAIM

1) 5.0 days Loss of Income @ \$ 80.00 per day	\$ 400.00
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**TOTAL CLAIM \$ 1,570.99**

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

- Original repair/survey bill/report/photographs \_\_\_\_\_ pcs
- LTA search slip/s of SHC5139R \_\_\_\_\_
- Accident/Police report/s of SHC569R \_\_\_\_\_
- Letter of authority from owner/ hirer/operator
- Rental rate letter/Mileage record
- Scene Photographs 3 pcs

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

Motor Claims Specialist

CDGE Claims Department

Tel: 62148737 Fax: 62141843 Email: williamtan@cdge.com.sg

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

A member of

COMFORTDELGRO



## Vic (LKKAUTO)

---

**From:** Vic (LKKAUTO)  
**Sent:** Tuesday, 5 June, 2018 1:58 PM  
**To:** claims@transcab.com.sg  
**Cc:** Admin A; Vic (LKKAUTO); icewong@ava-ins.com; ireneng@ava-ins.com; foonghon@ava-ins.com; carrisalee@ava-ins.com  
**Subject:** YOUR REF : P1680520 (SHC 5139R)\_ACCIDENT INVOLVING SHC 5139R AND SHC 569R ALONG AIRPORT T2 BOULEVARD ON 06/05/2018



Auto  
Consultants  
Pte Ltd

---

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

05 June 2018

Transcab Taxi  
Singapore

Dear Sir/Madam,

**OUR REF : CC4/AXA18008580/K1hb3**

**YOUR REF : P1680520 (SHC 5139R)**

**ACCIDENT INVOLVING SHC 5139R AND SHC 569R ALONG AIRPORT T2 BOULEVARD ON 06/05/2018**

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 569R 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 **\$55,000.00** 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) / [vicalpeh@lkkauto.com](mailto:vicalpeh@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) / [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com). Please quote our claim reference when you contact us that we can assist you more effectively.

Thank you.

Best Regards,

**Vic Alpeh** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-2096 | email: [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com) | fax: 6741-4108

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



Auto  
Consultants  
Pte Ltd

*Save the Earth. Print only when necessary.*

This e-mail contain confidential and privileged material, and are for the sole use of the intended recipient. Use or distribution by an unintended recipient is prohibited, and may be a violation of law. If you believe that you received this e-mail in error, please do not read this e-mail or any attached items. Please delete the e-mail and all attachments, including any copies thereof, and inform the sender that you have deleted the e-mail, all attachments and any copies thereof. Thank you.

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****i 40 SHC569R , SHC5139R  
ALONG AIRPORT TWDS TERMINAL 2****ON 06-May-18 07:05**

I / We

**LEOW YANG KHOON**(Hirer) NRIC No.: **S0179549Z**

and/or

(Relief) NRIC No.:

Taxi Number

**SHC569R**

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

**06-May-2018**

Name of Hirer

**LEOW YANG KHOON**

Hirer NRIC

**S0179549Z**

Signature :



Address

**328 SERANGOON AVENUE 3 #13-336  
550328**

Contact No.

**97317025**



redefining / insurance

CLAIM REF : C0473558  
INSURED : TRANS-CAB SERVICES PTE LTD

### DISCHARGE VOUCHER

We, **COMFORTDELGRO ENGINEERING PTE LTD** confirm that by letter of authorisation dated **06/05/2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of ComfortDelgro Engineering Pte Ltd and the Hirer, **LEOW YANG KHOON** of vehicle no. **SHC 569R**.

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 THREE HUNDRED SIXTY** only (**S\$1,360.00**) 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 **SHC 5139R** arising out of an accident with **SHC 569R** on **06/05/2018**.
- 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. **SHC 5139R** 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. **SHC 5139R**.

Dated this 05 day of June 2018

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

Company Stamp \_\_\_\_\_  
COMFORTDELGRO ENGINEERING PTE LTD  
59 LUTANG DRIVE  
SINGAPORE 509958

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

Name : \_\_\_\_\_  
CLAIMS DEPARTMENT

I/C No : \_\_\_\_\_  
COMFORTDELGRO ENGINEERING PTE LTD

Address : \_\_\_\_\_  
59 LUTANG DRIVE  
SINGAPORE 509958

Please forward your cheque made payable to  
COMFORTDELGRO ENGINEERING PTE LTD

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

## TAX INVOICE

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  
SHC 569R

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
26.11.2015

CHASSIS CODE  
KMHLB41UMGU080712

INV. NO/DATE  
91372333 14.05.2018

JOB NO.  
305157227

ODOMETER READING

DATE/TIME IN  
06.05.2018 08:45

Description : 3P 06.05.2018

S/No Part No.

Qty Unit Price %Disc Net

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0001	20-05	RRAR BUMPER ADVERTISEMENT	50.00	50.00
0002	20-05	RRAR FENDER ADVERTISEMENT	200.00	200.00
0003	L	PANEL BEATING	100.00	100.00
0004	23-502	SPRAYPAINT ON AFFECTED AREA	180.00	180.00

SUB-TOTAL : 530.00

1. 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.

2. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM DATE OF DELIVERY GIVE 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 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 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	91372333	567.10	

## TAX INVOICE

COMPANY REG. NO.: 199506048W

Page: 2

8010010

AXA INSURANCE PTR LTD

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

CONTACT NO: 63387288

VEHICLE NO  
SHC 569R

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
26.11.2015

CHASSIS CODE  
KMHLB41UMGU080712

INV. NO/DATE  
91372333 14.05.2018

JOB NO.  
305157227

ODOMETER READING

DATE/TIME IN  
06.05.2018 08:45

Items total	530.00
Add GST @ 7.000 %	37.10
Invoice amount	567.10

Issued by : KATHERINE TAN 14.05.2018 11:18:51  
Repair type : CPSO/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 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 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 NOTICE 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	91372333	567.10	



Our Ref: CC18050108



Date: 14 May 2018

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	06/05/2018 @ 07:05 hrs
ALONG	ALONG AIRPORT TWDS TERMINAL 2
INVOLVING	SHC5139R

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC0569R** (the "Taxi"). The Taxi was hired to **LEOW YANG KHOON IC NO S0179549Z** a registered hirer-operator of **CityCab 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 **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.





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

Direct Settlement

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 May 2018		11 May 2018 11:47 <a href="#">Edit Adj Rpt</a>	<b>S\$530.00</b> <a href="#">Edit Estimates</a>	<b>S\$530.00</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> <span style="float: right;">[Created by Insurer]</span>									
Insured: <b>TRANS-CAB SERVICES PTE LTD</b> , ID: -									
Main Claimant: <b>CITYCAB PTE LTD</b> , Co. Reg. No.: 199502839G									
Vehicle Reg. No.: <b>SHC569R</b>		Date of Loss: 06/05/2018 07:00 - :59 [29 Months and 10 Days From LTA Reg Date (Man Yr)]							
Claim Type: <b>TP / C0473558</b>		Policy/Cover Note No.: P1680520 (Third Party Only)							
Vehicle Reg. No. (Insured): <b>SHC5139R</b>		Policy No. (Claimant): D-18088937MFSH							
		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>MS First Capital Insurance Ltd (HQ)</b> - Tel: 62222311									
Adjuster: <b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>KALVIN ANG WEI KUN</b> ] ... [Final Rpt due 22/05/2018]									
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
• AXA_SG (11/05/2018): New TP Assignment - C0473558/P1680520									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SHC569R (C0473558)  
[SHC5139R]  
TP  
CITYCAB PTE LTD  
May 6 2018 7:00AM  
[TRANS-CAB SERVICES PTE LTD]  
ComfortDelGro Engineering Pte Ltd

[Upload Documents](#)
[Upload Photos](#)
[Compose New Letter](#)

**View** View in Browser

Letters/Correspondences				1 per page	<input checked="" type="checkbox"/>
No	Finalized On			Thumbnail	Print
1	(Draft)	LKK Auto Consultants Pte Ltd (HQ)			
		Third Party Express Settlement - Payment Breakdown		Edit	

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On			Thumbnail	Print
1	11/05/18 10:01	AXA Insurance Pte Ltd (HQ)			
		<b>Accident Statement</b>		Load HTM	
<small>From: SC - Reg. No: SHC5139R, Claimant: TRANS-CAB SERVICES PTE LTD</small>					

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder			Thumbnail	Print
1	11/05/18 17:52	LKK Auto Consultants Pte Ltd (HQ)			
		<b>Reinspection Photo</b>		Load JPG	<input checked="" type="checkbox"/>
2	11/05/18 17:52	<b>Reinspection Photo</b>		Load JPG	<input checked="" type="checkbox"/>
3	11/05/18 17:52	<b>Reinspection Photo</b>		Load JPG	<input checked="" type="checkbox"/>

Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On			Thumbnail	Print
1	07/05/18 11:30	AXA Insurance Pte Ltd (HQ)			
		<b>EMAIL_ABS</b>		Load PDF	
2	07/05/18 11:30	<b>SHC569R ESTIAMTE &amp; TP GIA_ABS</b>		Load PDF	
3	09/05/18 08:59	<b>EMAIL</b>		Load PDF	
4	09/05/18 08:59	<b>CO-CLAIMANT TP</b>		Load PDF	
5	09/05/18 12:43	<b>EMAIL RECEIVED FROM WORKSHOP.msg</b>		Load PDF	
6	09/05/18 12:44	<b>ESTIMATE</b>		Load PDF	
No	Relabel/Reorder			Thumbnail	Print
1	11/05/18 14:28	LKK Auto Consultants Pte Ltd (HQ)			
		<b>Immediate Advice</b>		Load PDF	
2	11/05/18 14:45	<b>TP ESTIMATE- MARKED</b>		Load PDF	
3	05/06/18 13:53	<b>LKK INSPECTION PHOTOS</b>		Load PDF	
4	05/06/18 13:53	<b>LKK REINSPECTION PHOTOS</b>		Load PDF	
5	05/06/18 13:59	<b>EMAIL TO OI</b>		Load PDF	
6	11/06/18 08:57	<b>WORKSHOP INVOICE</b>		Load PDF	
7	11/06/18 08:57	<b>AUTHORISATION TO ACT FORM</b>		Load PDF	
8	11/06/18 08:57	<b>DISCHARGE VOUCHER</b>		Load PDF	
9	11/06/18 08:57	<b>RENTAL RECEIPT</b>		Load PDF	
10	11/06/18 08:57	<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>			

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SHC5139R (Insd veh)	Model:	HYUNDAI I40 1.7 D (A)
	SHC569R (TP veh)		
Date of Accident:	06/05/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	2,794.39
Final Repair Cost	:	\$	567.10
Loss of Token Sum	:	\$	200.00
Rental (if any)	:	\$	596.40
LTA / GIA Search Fee	:	\$	0.00
Others:	:	\$	0.00
	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,360.00

5.00 days at \$40.00 per day  
5 days

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: 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	:	\$ 1,360.00
2)		:	\$
3)		:	\$

JOANNE LEE KHANG MIN

11 Jun  
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: CC4/AXA18008580/K1HB3Q2  
Date: 11/06/2018REFERENCE

Handling Insurer: AXA Insurance Pte Ltd

Policy No: P1680520

Claimant Vehicle No : SHC569R

Insured Vehicle No : SHC5139R

Date of Loss: 06/05/2018

Nature of Claim: TP

Claim No: C0473558

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC569R

Make &amp; Model: HYUNDAI I40, 1.7 D (A)

Engine No: D4FDFU564929

Reg. Date: 26/11/2015 (Man. Year: 2015)

Chassis No: KMHLB41UMGU080712

Colour: Yellow

Odometer: 328913 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: Campeon 7 mm

Rear Left Side:

Campeon 7 mm

Front Right Side: Campeon 7 mm

Rear Right Side:

Campeon 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,961.58	250.00	1,711.58	87.26
Miscellaneous Items	0.00	0.00	0.00	
Labour	650.00	280.00	370.00	56.92
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>2,611.58</b>	<b>530.00</b>	<b>2,081.58</b>	<b>79.71</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>182.81</b>	<b>37.10</b>	<b>145.71</b>	<b>79.71</b>
<b>Nett Amount (S\$)</b>	<b>2,794.39</b>	<b>567.10</b>	<b>2,227.29</b>	<b>79.71</b>
<b>+ Loss of Use (5.0 x S\$40.00/day) (S\$)</b>		200.00		
<b>+ Car Rental (5.0 x S\$119.28/day) (S\$)</b>		596.40		
<b>Nett Liability (S\$)</b>		<b>1,363.50</b>		
<b>Global Sum Settlement (S\$)</b>		<b>1,360.00</b>		

INSPECTION

Date of Assignment: 11/05/2018

Date Inspected: 09/05/2018 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:** VIC ALPEH

*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

<b>Reference</b>		
<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 11 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 SHC569R)	
<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)	Repair	603.60 FL	*- 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)	Not Necessary	22.00 FL	*- 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)	Not Necessary	50.00 FS	*- FS
10	1		*REAR BUMPER ADVERTISEMENT LOGO (CONSISTENT)	Necessary	50.00 FS	*50.00 FS
11	2		*REAR FENDER ADVERTISEMENT LOGO (LH/RH) (CONSISTENT)	Necessary	200.00 FS	*200.00 FS

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

<b>Sub Total (S\$)</b>	<b>2,343.05</b>	<b>250.00</b>
<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>381.47</b>	<b>0.00</b>
<b>Total Parts (S\$)</b>	<b>1,961.58</b>	<b>250.00</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
<u>Labour Items</u>				
1	PANEL BEATING	New	280.00	100.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
3	WIRING CHARGE	New	50.00	0.00
4	R/REFIX REVERSE SENSOR	New	120.00	0.00
Gross Labour Cost (S\$)			650.00	280.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >