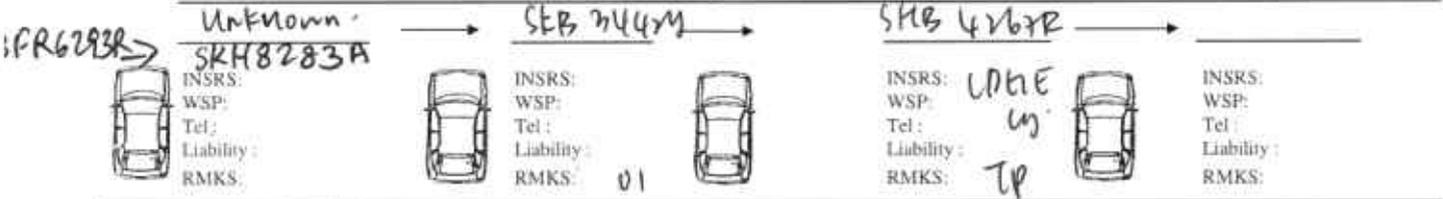


INS. CASE OWNER: CC 3/AIG1801 0177, KLUBBY LKK: IDAC:

Surveyor: Kevin DOI: 4/6/18 Date/Time: 4/6/18
 Registered in Merimen: 5/6/18

Pre-assign / CCU / FTE: STB 34424
 Insured Vehicle No.: STB 34424 Claim No.: 582068495054
 Name of Insured: FERNANDEZ LORDEVA ANDREY Policy No.: 2101 411794-03
 Insured Tel No.: _____ HP: 97469190 Make / Model: KLUNDA7
 Excess Sec II :SS _____ D.O.A: 1/6/18 Place of Accident: PIT INOS CHANGE AIRPORT
 Is driver the owner? (YES / NO) Nature of Accident: _____
 If NO, Driver Name / Age: _____ OI GIA REPORT: YES NO : TP GIA REPORT: YES / NO
 Driver Tel No.: _____ (V/L YES / NO) Insured Liability: % Final ? Yes / No



| Date/Time | STAGE | DATE / PIC |
|----------------------------|---|-------------------------------------|
| <u>4/6/18</u> <u>TH</u> | Non-Reporting Itr (1st): Non-Reporting Itr (2nd): Non-Reporting Itr (Final): Notification Itr (if non-pickup): Call OI After call Itr to OI: <u>2018</u> | |
| | Documentation Check List: Handler Typist | |
| | Notification Itr (if non-pickup) | <input type="checkbox"/> |
| | After call Itr to OI: | <input checked="" type="checkbox"/> |
| | Authorisation To Act: | <input checked="" type="checkbox"/> |
| | Release Voucher: | <input checked="" type="checkbox"/> |
| | Final Repair Bill: | <input checked="" type="checkbox"/> |
| | Car Rental Invoice: | <input checked="" type="checkbox"/> |
| | Towing Invoice: | <input type="checkbox"/> |
| | LTA / GIA: | <input checked="" type="checkbox"/> |
| | Medical Bill: | <input type="checkbox"/> |
| | PIR: | <input type="checkbox"/> |
| | Mandate/Reject Instruction: | <input type="checkbox"/> |
| | LOD: | <input type="checkbox"/> |
| | Payment Breakdown Form: | <input type="checkbox"/> |
| | Post-Repair Photos: | <input type="checkbox"/> |
| | Others: | <input type="checkbox"/> |

4 vehicles chain collision, OI 2nd vehicle send letter to OI via email.

| | | | | | |
|---|---------------------------|---|-----------------------|---|-------------------------------|
| PRELIMINARY ADVICE | Date/Time: | Sent By: | Post-Repair Photos: | <input type="checkbox"/> | <input type="checkbox"/> |
| FINALIZATION | Date/Time: | Confirm with: | Others: | <input type="checkbox"/> | <input type="checkbox"/> |
| Repair Cost: | SS | (days) Reduction: % | | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| FINAL SETTLEMENT | Date/Time: <u>24/8/18</u> | Confirm with: <u>Cecilia</u> | | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| Final Liability: | % | (Agreed / Assessed) BOLA S/N No.: <u>28</u> | | If NO or B 28, Ass. Lia: <u>0%</u> | |
| Repair Cost: | SS | <u>535.00</u> | | COMFORT <u>26/8/18</u> | |
| Loss of Rental (LOR): | SS | <u>460.00</u> (<u>4</u> days) x <u>115</u> | | | |
| Loss of Use (LOU): | SS | <u>200.00</u> (<u>50</u> x <u>4</u> days) | | | |
| Loss of Income (LOI): | SS | (\$ x days) | | | |
| LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> | | [Tick only one] | | | |
| GIA/LTA Search: | SS | <u>7.49</u> | | 1) Claim status: Normal/Reject/Private Settle | |
| Medical: | SS | | | 2) Report Format: | |
| Disbursement: | SS | (e.g. Tow/ Independent) | | 3) Survey fee: | |
| Legal Cost: | SS | | | | |
| Total: | SS | <u>1202.99</u> | Global Sum SS: | <u>1200.00</u> | |
| FINAL PAYMENT | Date/Time: | Confirm with: | | Email <input type="checkbox"/> | Call <input type="checkbox"/> |
| Payee 1: | SS | <u>1200.00</u> | Name 1: | <u>COMFORT DELGRO ENGINEERING PTE LTD.</u> | |
| Payee 2: (Strike if N.A.) | SS | | Name 2: | | |
| Payee 3: (Strike if N.A.) | SS | | Name 3: | | |

INSURER: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

ITP / RES / OD RES / EVA / INV / MV

To Insured Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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: 2 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHB 4267R Yr Regn: 2 Apr 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ Prime Mover /

Truck / Trailer or

Make: Hyundai iX c.c. 1685

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

Sp. Reading: 511327 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLD414MF40 67877

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SIRim / STDVRim or

Tyre Size; F: 205/60R16

R: _____

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

TOYO / YOKO or Wanlike

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

D.O.A. 2/1/6/8 D.O.I. 4/6/8

Survey held at (DGE (Loyang))

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

Rear

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

| Date / Time | Action / Instruction |
|-------------|--|
| | |
| | <u>A24</u> |
| | <u>4S - \$500+ (Red: \$ 2177.38/81%) 4/3</u> |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to? : Prell. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

| | |
|-----------------|--|
| Survey Fee: | |
| Transportation: | |
| Photos | |
| Others | |
| TOTAL | |

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Formal: _____

Lump Sum / I.B.I: (\$ _____)



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CC3/AIG18010177/K1ub3

78 SHENTON WAY #08-16
CHARTIS BUILDING
SINGAPORE 079120

Date : 05-06-2018



Code : AIG

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|-----------|----------------|------------|
| Insured Veh. | SKB 3442Y | Veh. Inspected | SHB 4267R |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 05/06/2018 |

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 | 01/06/2018 | Inspection Date | 04/06/2018 |
| 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. |
|--|

member of COMFORTDELGRO

Date/Time: 04.06.2018 09:57 Page : 1

Job: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC N0305168940

CUSTOMER
 NAME: COMFORT TRANSPORTATION PTE LTD
 CUSTOMER NO: 7010045
 ADDRESS: 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 (R) 65508755 (O)
 (P)
 IDENTIFICATION CARD NO.

| | |
|-----------------------------------|----------------------------------|
| REGN NO: SHB4267R | MILEAGE |
| MAKE: HYUNDAI | FUEL E. 1/2 F. |
| MODEL I-40 | DATE/TIME IN 02.06.2018 09:25 |
| YR OF MANU. 02.04.2015 | TARGET DATE |
| CHASSIS CODE KMHLB41UMFU067877 | COMPLETION DATE/TIME: |

AIG

JOB DESCRIPTION

Accident Date: 01.06.2018
 NATURE: 3P 01.06.2018

/NO LABOR CODE DESCRIPTION

WORKED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Receipt Slip

Exit Pass

No.: SHB4267R LKE

Vehicle No.: SHB4267R

 Signature/Date

 Name of Service Advisor Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING

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

Our Job Ref No 305168940
Date : 13/06/18

FINALIZATION FORM

To : LKK Fax : _____
Attn : Mr KALVIN ANG
Vehicle Reg No. SHB4267R CTPL 01.06.18

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

1. The repair job shall bill to: AIG --- SKB3442Y
2. The finalized amount shall be:

| | | |
|---|------------|-----------------|
| (a) Spare Parts after List discount | | |
| (b) Labour Charges | | |
| Total for Part-By-Part Repair Cost | | |
| (c) Lumpsum Repair (if applicable) | | |
| Total for Lumpsum repair cost after Less: | <u>20%</u> | <u>\$500.00</u> |
| Final Lumpsum Repair cost | | <u>\$500.00</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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Calvin
Date : 14/6/18

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 | | | | |
| 3. Survey Fees | | | | |
| 4. LTA Search Fee | | | | |
| 5. Medical Fees (on behalf of driver, if applicable) | | | | |
| 6. Overrun | | | | |

Remarks: _____

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4267R

DATE 2/6/2018 10:28

MAKE :

MODEL : HYUNDAI i40

LKK/Kalvin

L/Sun

Like

AIG

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|--|------|------------|-----------------------------------|
| | Licence Lamp Cover <i>— 1pc</i> | | | \$ 100.00 |
| | Rear Bumper <i>x 1pc</i> | | | \$ 603.60 |
| | Rear Bumper Reinforcement <i>x 1pc</i> | | | \$ 504.35 |
| | Rear Bumper Reinforcement Bracket (LH/RH) <i>x 1pc</i> | | \$ 180.00 | \$ 360.00 |
| | Rear Bumper Clips 10 pcs <i>x 1pc</i> | | | \$ 22.00 |
| | Rear Bumper Sponge <i>x 1pc</i> | | | \$ 143.40 |
| | Rear Bumper Under Cover <i>x 1pc</i> | | | \$ 225.00 |
| | SUB TOTAL | | | \$ 1,958.35 |
| | LESS 20% | | | \$ (391.67) |
| | DISCOUNTED TOTAL | | | \$ 1,566.68 |
| | Rear No.Plates <i>— 1pc</i> | | | \$ 25.00 Nett |
| | Rear Bumper Reverse Sensor <i>x 1pc</i> | | | \$ 135.70 Nett |
| | Rear Fender Advertisement Logo (LH/RH) <i>— 1pc</i> | | \$ 100.00 | \$ 200.00 Nett |
| | | | | \$ 360.70 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 350.00 <i>100</i> |
| | Spray Painting Charge | | | \$ 250.00 <i>200</i> |
| | Wiring Charge | | | \$ 30.00 <i>x 1pc</i> |
| | Remove/Refix Reverse Sensor | | | \$ 120.00 <i>x 1pc</i> |
| | TOTAL LABOUR | | | \$ 750.00 |
| | ESTIMATE TOTAL | | | \$ 2,677.38 |

Kalvin 11/11/18
4/6/18 1050h
2 Rps
4/5
After Repair

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
- Supplemental cost(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 Ref : T 0618 / SHB4267R /CL(st)
 Your Ref: _____
 Date : 22-Jun-18

ComfortDelGro Engineering Pte Ltd
 205 Braddell Road Singapore 579701

CDGE Taxi Claims Dept
 59 Loyang Drive 4th Floor
 Singapore 508969

Mainline +65 6383 6280
 Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 118506048W

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 769732

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

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB4267R YOUR INSURED SKB3442Y
 AND OTHER _____ ON 01.06.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHB4267R 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 SKB3442Y we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

| | | |
|--------------------|---|--------------------|
| 1 | Cost of Repair | \$ 535.00 |
| 2 | <u>4</u> days Loss of Rental @ \$ 115.00 per day | \$ 460.00 |
| 3 | Survey Report Fees (<i>Surveyed by M/s LKK</i>) | \$ - |
| 4 | GIA / LTA Search Fees | \$ 7.49 |
| 5 | GIA / Police Report Fees | \$ - |
| 6 | Towing / Medical / Transporation | \$ - |
| Sub Total : | | \$ 1,002.49 |

HIRER'S CLAIM

| | | |
|-----------------------|--|--------------------|
| 7 | <u>4</u> days Loss of Income @ \$ 80.00 per days | \$ 320.00 |
| Total Claims : | | \$ 1,322.49 |

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

- a) Original repair bill and photocopies of photographs : 5 pcs.
- b) LTA search slip/s of : SKB3442Y
- c) GIA / Police report/s of : SHB4267R
- 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.

A member of

COMFORTDELGRO



Thin Thin (LKKAuto)

From: Thin Thin (LKKAuto)
Sent: Monday, 20 August 2018 3:46 PM
To: CORDELIA.FERNANDEZ@GMAIL.COM
Cc: Vivian Lau (LKKAuto)
Subject: ACCIDENT INVOLVING SKB 3442Y / SHB 2467R AND OTHERS ON 01/06/2018



Auto
Consultants
Pte Ltd

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

Our Ref: CC3/AIG18010177/K1ub3

20 AUGUST 2018

FERNANDEZ CORDELIA AUDREY MRS CORDELIA FERNANDEZ L

BLK 135 SIMEI STREET 1
#04-52
SINGAPORE 520135

Dear Sir/Madam,

ACCIDENT INVOLVING SKB 3442Y / SHB 4267R AND OTHERS ON 01/06/2018

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

We have tried to call you but you were not available. 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.

You are aware that your No-Claim Discount (NCD – if applicable) will be with held for the time being. Pending for final allocation of liability in settlement by our principal AIG Asia Pacific Insurance Pte Ltd.

Please call us if you have further queries.

Yours faithfully,

THIN THIN HLAING
Case Handler
DID: 6841 2360
Fax: 6741 4108
Email: thinthin@lkkauto.com

c.c. *AIG Asia Pacific Insurance Pte Ltd*

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING i 40 SHB4267R , SKB3442Y , UNKNOWN ON 01-Jun-18 17:10
ALONG LANE 1 ALONG PIE TWDS AIRPORT BEFORE KIM KEAT EXIT

I / We **NG WAH CHYE** (Hirer) NRIC No.: **S0202256G**

and/or (Relief) NRIC No.:

Taxi Number **SHB4267R**

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 **02-Jun-2018**

Name of Hirer **NG WAH CHYE**
 Hirer NRIC **S0202256G**

Signature :



Address **102 ANG MO KIO AVENUE 3 #09-14...
 560102**

Contact No. **96381387**

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\$ 1200.00** (Global Sum) for vehicle no. **SMB 4267R**, that was damaged pursuant to the accident which occurred on **11/6/18** (date) along **PIE Twde Changi Airport** (location) involving vehicle no/s **SEB 3442T**.

This is pursuant to the inspection conducted on **4/6/18** (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. **SMB 4267R**, 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 **SMB 4267R** (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 **24** (day) of **8** (month) **20 18** (year)



Awk

Signed by appointed surveyor

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 1579701

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

Workshops

TAX INVOICE

6010004
 AIG ASIA PACIFIC INSURANCE PTE LTD
 #08-16 78 SHENTON WAY CHARTIS BUILD
 SINGAPORE 079120
 CONTACT NO: 64193000 3225094

VEHICLE NO
 SHE4267R
 MAKE
 HYUNDAI
 MODEL
 I-40
 DATE OF REG
 02.04.2015
 CHASSIS CODE
 KMHLE41UMFU067877

INV. NO/DATE
 91378133 14.06.2018
 JOB NO.
 305168940
 ODOMETER READING

 JOB TYPE

Description : 3P 01.06.2018

Invoice for Lump Sum Repair

| | |
|-----------------------------|---------------|
| Total Lump Sum Repair Amt | 500.00 |
| Add GST @ 7.000 % | 35.00 |
| Total Invoice amount | 535.00 |

Issued by : CHEWSEELENG 14.06.2018 17:14:31
 Repair Type : CLSO/57/57
 Payment Type/Term : /Credit 30 days

WE HEREBY TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE. THE COMPANY ACCEPTS RESPONSIBILITY FOR DAMAGE TO OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED ON OWNERS' PARK.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY OR NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED BY 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. |
|-------------|-------------|--------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

Our Ref: CT18060041

Date: 14 June 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 01/06/2018 @ 17:10 hrs
ALONG LANE 1 ALONG PIE TWDS AIRPORT BEFORE KIM
 KEAT EXIT
INVOLVING SKB3442Y, 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 **SHB4267R** (the "Taxi"). The Taxi was hired to **NG WAH CHYE IC NO S0202256G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

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

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

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

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

| MILEAGE TRAVELLED (KM) | HOURS OPERATED (TIME) | | DATE | NAME OF DRIVER | MILEAGE READING | | | | MILEAGE TRAVELLED (KM) | HOURS OPERATED (TIME) | |
|------------------------|-----------------------|------|---------|----------------|-----------------|----|-----|----------|------------------------|-----------------------|----|
| | FROM | TO | | | 1 | 2 | 3 | 4 | | FROM | TO |
| 178 | 0600 | 1530 | 5/1 | RY | 51 | 09 | 60 | 205 | 3/4 | 1240 | |
| 17 | 0600 | 1450 | | | 51 | 1 | 306 | 302 | 2300 | 1240 | |
| 178 | | 1200 | 02/6/18 | Accident | | | | Loyang | 0925 | | |
| 18 | 0800 | | 05/6/18 | Repair | | | | W ACHAYE | | 1700 | |
| 304 | 170 | 1220 | | | | | | | | | |
| 305 | 134 | 1000 | | | | | | | | | |
| 265 | 430 | 110 | | | | | | | | | |
| 283 | 59 | 1200 | | | | | | | | | |
| 300 | 374 | 1100 | | | | | | | | | |
| 273 | 40 | 1200 | | | | | | | | | |
| 280 | 5/4 | 1200 | | | | | | | | | |

SHB4267R

Enquire Vehicle Insurer

| Vehicle No. | Incident Date/Time | Search Status | Insurance Company Code | Insurance Company Name |
|-------------|------------------------|---------------|------------------------|--------------------------------------|
| SKB3442Y | 01 Jun 2018 / 17:10:00 | Successful | A04 | AIG ASIA PACIFIC INSURANCE PTE. LTD. |

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

...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 | 06 Jun 2018 Edit Reg | | 04 Jun 2018 00:00 Edit Adj Rpt | S\$500.00 Edit Estimates | S\$500.00 View Rpt | | Pending for Survey Report Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | |
|---|---|------------------------|--|----------------|----------------|--------------------|---------------------|-------------------|--------------|
| CLAIM SUBFOLDER DETAILS [Created by adjuster] | | | | | | | | | |
| Insured: | FERNANDEZ CORDELIA AUDREY MRS CORDELIA FERNANDEZ L , ID: S6911021E | | | | | | | | |
| Main Claimant: | COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R | | | | | | | | |
| Vehicle Reg. No.: | SHB4267R | Date of Loss: | 01/06/2018 17:00 - :59 [37 Months and 30 Days From LTA Reg Date (Man Yr)] | | | | | | |
| Claim Type: | TP / 5820684950SG | Policy/Cover Note No.: | 2100411334 (Comprehensive) | | | | | | |
| Vehicle Reg. No. (Insured): | SKB3442Y | 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 Loh, Chee-Heng] Chee-Heng.Loh@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 14/06/2018] | | | | | | | | |
| 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

***SHB4267R (5820684950SG)**

[SKB3442Y]

TP

COMFORT TRANSPORTATION PTE LTD

Jun 1 2018 5:00PM

[FERNANDEZ CORDELIA AUDREY MRS CORDELIA FERNANDEZ L]

ComfortDelGro Engineering Pte Ltd

| Upload Documents | | | Upload Photos | | | Compose New Letter | | | Upload Video | | | Upload Audio | | | View | | View in Browser | |
|--------------------------------|-----------------|---|---------------|--|--|--------------------|--|--|--------------|--|--|--------------|--|----------|------------|--|-------------------------------------|--|
| Letters/Correspondences | | | | | | | | | | | | | | | 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 | | | | | | | | | | 1 | | Edit | | | | |
| Photos/Images | | | | | | | | | | | | | | | 3 per page | | <input checked="" type="checkbox"/> | |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | | | | | | | | | | Thumbnail | | Print | | | | |
| 1 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 2 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 3 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 4 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 5 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 6 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 7 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 8 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 9 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 10 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 11 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 12 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 13 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 14 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 15 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 16 | 05/06/18 16:41 | General View | | | | | | | | | | 1 | | Load JPG | | | | |
| 17 | 05/06/18 16:54 | Reinspection Photo | | | | | | | | | | 1 | | Load JPG | | | | |
| 18 | 05/06/18 16:54 | Reinspection Photo | | | | | | | | | | 1 | | Load JPG | | | | |
| 19 | 05/06/18 16:54 | Reinspection Photo | | | | | | | | | | 1 | | Load JPG | | | | |
| Documentation | | | | | | | | | | | | | | | 1 per page | | <input checked="" type="checkbox"/> | |
| No | Relabel/Reorder | LKK Auto Consultants Pte Ltd (HQ) | | | | | | | | | | Thumbnail | | Print | | | | |
| 1 | 05/06/18 18:19 | TP GIA REPORT | | | | | | | | | | 1 | | Load PDF | | | | |
| 2 | 03/09/18 09:44 | WORKSHOP INVOICE | | | | | | | | | | 1 | | Load PDF | | | | |
| 3 | 03/09/18 09:44 | AUTHORISATION TO ACT FORM | | | | | | | | | | 1 | | Load PDF | | | | |
| 4 | 03/09/18 09:44 | Release Voucher | | | | | | | | | | 1 | | Load PDF | | | | |
| 5 | 03/09/18 09:44 | RENTAL RECEIPT | | | | | | | | | | 1 | | Load PDF | | | | |
| 6 | 03/09/18 09:44 | LTA SEARCH | | | | | | | | | | 1 | | Load PDF | | | | |
| 7 | 03/09/18 09:44 | LETTER TO OI | | | | | | | | | | 1 | | Load PDF | | | | |
| No | Finalized On | AIG Asia Pacific Insurance Pte. Ltd. (SG) | | | | | | | | | | Thumbnail | | Print | | | | |
| 1 | 06/06/18 12:29 | OI GIA REPORT | | | | | | | | | | 1 | | Load PDF | | | | |
| 2 | 12/06/18 16:09 | TP GIA | | | | | | | | | | 1 | | Load PDF | | | | |

Documents Checklist

DOCUMENTS CHECKLIST

Reset Save Print

There are no document checklists configured.

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

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: | SKB3442Y (Insd veh) | Model: | HYUNDAI I40 1.7 D (A) |
| | SHB4267R (TP veh) | | |
| Date of Accident: | 01/06/2018 | | |

| | | |
|-----------------------------------|-------------|------------------------------|
| Global Sum Settlement | : [X] Yes | [] No |
| Repair Estimate | : \$ | 2,864.80 |
| Final Repair Cost | : \$ | 1,200.00 |
| Loss of Use | : \$ | 4.00 days at \$50.00 per day |
| Rental (if any) | : \$ | 4 days |
| LTA / GIA Search Fee | : \$ | |
| Others: | : \$ | |
| | : \$ | |
| Final Settlement Sum (Global Sum) | : \$ | 1,200.00 |

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: 28

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 | 1,200.00 |
| 2) | | |
| 3) | | |
| 4) | | |
| 5) | | |

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

03 Sep
2018

Date

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

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

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/AIG18010177/K1UB3Q2
Date: 03/09/2018

REFERENCE

| | | |
|--|-----------------------------|------------------------|
| Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. | Policy No: | 2100411334 |
| Claimant Vehicle No : SHB4267R | Insured Vehicle No : | SKB3442Y |
| Date of Loss: 01/06/2018 | Nature of Claim: TP | Claim No: 5820684950SG |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|-----------------------------------|-------------|-------------------|
| Reg No: | SHB4267R | Engine No: | D4FDDU361193 |
| Make & Model: | HYUNDAI I40, 1.7 D (A) | Chassis No: | KMHLB41UMFU067877 |
| Reg. Date: | 02/04/2015 (Man. Year: 2015) | Odometer: | 511327 km |
| Colour: | Blue | | |
| 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: | West Lake 7 mm | Rear Left Side: | West Lake 7 mm |
| Front Right Side: | West Lake 7 mm | Rear Right Side: | West Lake 7 mm |

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|---|-----------------|-----------------|-----------------|--------------|
| Parts | 1,927.38 | 305.00 | 1,622.38 | 84.18 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 750.00 | 300.00 | 450.00 | 60.00 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Calculated Gross Total (S\$) | 2,677.38 | 605.00 | 2,072.38 | 77.40 |
| Approved Total (Overridden) (S\$) | | 500.00 | | |
| | (S\$) 2,677.38 | 500.00 | 2,177.38 | 81.33 |
| + GST 7.00/7.00% (S\$) | 187.42 | 35.00 | 152.42 | 81.33 |
| Nett Amount (S\$) | 2,864.80 | 535.00 | 2,329.80 | 81.33 |
| + Loss of Use (4.0 x S\$50.00/day) (S\$) | | 200.00 | | |
| + Car Rental (4.0 x S\$115.00/day) (S\$) | | 460.00 | | |
| + Doc/Search Fee (S\$) | | 7.49 | | |
| | | 1,202.49 | | |
| Nett Liability (S\$) | | 1,202.49 | | |
| Global Sum Settlement (S\$) | | 1,200.00 | | |

INSPECTION

Date of Assignment: 04/06/2018

Date Inspected: 04/06/2018 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: THIN THIN HLAING

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 | | *LICENCE LAMP COVER | Cracked | 100.00 FL | *100.00 FL |
| 2 | 1 | | *REAR BUMPER | Repair | 603.60 FL | *- FL |
| 3 | 1 | | *REAR BUMPER REINFORCEMENT | Serviceable | 504.35 FL | *- FL |
| 4 | 2 | | *REAR BUMPER REINFORCEMENT BRACKET (LH/RH) | Serviceable | 360.00 FL | *- FL |
| 5 | 10 | | *REAR BUMPER CLIPS | Not Necessary | 22.00 FL | *- FL |
| 6 | 1 | | *REAR BUMPER SPONGE | Serviceable | 143.40 FL | *- FL |
| 7 | 1 | | *REAR BUMPER UNDER COVER | Serviceable | 225.00 FL | *- FL |
| 8 | 1 | | *REAR NO.PLATE | Cracked | 25.00 FS | *25.00 FS |
| 9 | 1 | | *REAR BUMPER REVERSE SENSOR | Not Necessary | 135.70 FS | *- FS |
| 10 | 2 | | *REAR FENDER ADVERTISEMENT LOGO (LH/RH) | Necessary | 200.00 FS | *200.00 FS |

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

| | | |
|---|-----------------|---------------|
| Sub Total (\$\$) | 2,319.05 | 325.00 |
| - List Item Discount on L Items 20.00/20.00% (\$\$) | 391.67 | 20.00 |
| Total Parts (\$\$) | 1,927.38 | 305.00 |

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 | 350.00 | 100.00 |
| 2 | SPRAY PAINTING CHARGE | New | 250.00 | 200.00 |
| 3 | WIRING CHARGE | New | 30.00 | 0.00 |
| 4 | REMOVE/REFIX BREVERSE SENSOR | New | 120.00 | 0.00 |
| Gross Labour Cost (S\$) | | | 750.00 | 300.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >