

INSURANCE

INSURANCE OWNER

KL
EAST

CC 6, AXA1801 0444, F1463

LRK
IDAC

Surveyor:

Falvin

DOI:

ASSIGNMENT

2/6/18

Date / Time:

2/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJR 1170Y

Name of Insured:

PHAN B SOON KONG

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

6/6/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

S8MOUJXN / 50420

Policy No.:

44109094

Make / Model:

Tanaka

Place of Accident:

mp ko into LTB from yu km
Early

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SHA 7449E



INSRS:
WSP:
Tel:
Liability:
RMKS:

WSP:
WSP:
WSP:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

4/6/18
pol kien

SHARULAC-7

SJ1170Y-4

smart claim

OINR, SENT OUT 1ST LETTER. ✓

14/6/18, spoke to 02, advice him lodge report ASAP

TP video footage uploaded in SMART CLAIM

After repair photo ✓

to and number uploaded, approve

19/6/18 spoke to 02 Mr. Phang, Mr. Phang agree to settle on PD claim and advise HAD leave

RECEIVED 02 JUL 2018

STAGE

DATE / PIC

Non-Reporting 1st (1st)

Non-Reporting 1st (2nd)

Non-Reporting 1st (Final)

Notification 1st (if non-pickup)

Call OI:

After call 1st to OI: 4/6/18

Documentation Check List: Handler Typist

Notification 1st (if non-pickup)

After call 1st to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTG / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

4/6/18

Sent By:

Thu

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

950.00

(2

days) Reduction:

60

%

Email

Call

FINAL SETTLEMENT

Date/Time:

27/6/18

Confirm with:

William Tan

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

15

Repair Cost: (w/ GST)

SS

1,016.50

Loss of Rental (LOR):

SS

230.00

(2

days) x \$115.00

Loss of Use (LOU):

SS

-

(15

x days)

Loss of Income (LOI):

SS

100.00

(15

x 2 days)

LOR only ☐ LOU only ☐

LOR + LOU ☐

LOR + LOU ☒

(Tick only one)

GIA/LTA Search

SS

744

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/Independent)

Legal Cost:

SS

-

Total:

SS

1,253.94

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

1,553.94

Name 1:

Contest Delays 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:

TP

3) Survey fee:

\$550.00

COPY SENT

Photo

at

Kalin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect 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. Repairs: 2 days Res.: Yes or No

Lum Sum: 70 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 7419 E Yr Regn: 5 Feb 2015

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

Truck / Trailer or

Make: Hyundai Z40 C.C. 1685

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

Sp. Reading: 514211 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLEB414MF4064491

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 60 R16

R: -

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

TOYO / YOKO or Hankook

Front

Rear

R/Bal. 7 mm

R/Bal. 7 mm

L/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 6/6/8

D.O.I. 7/6/8

Survey held at

CPAE (Loyang)

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

s/s Rn

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

Date / Time

Action / Instruction

11/6/8

Lum Sum 45,950 / 2 Rys

AXA
L/s

L/s: 4950.00 (Red: 1,427.44) 60%)

Date/Time: File Pass to?

☐

Prel. Report

Days Of Repair:

Resurvey No. of Trip:

1)

☐

Final Report

Date/Time: File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Insp (\$

Survey Fee:

Transportation

) S + RE. SI

) Photos

) Others

Report Format :



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

AXA INSURANCE PTE LTD

Ref : CC4/ASM18010494/K1fb3

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 08-06-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 1170Y	Veh. Inspected	SHA 7419E
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	08/06/2018

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

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5. General Information

Accident Date	06/06/2018	Inspection Date	07/06/2018
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.

A member of **COMFORTDELGRO**

eam: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3830082

JC NO 305170732

TOMER

REGN NO.:
SHA7419E

MILEAGE

MS COMFORT TRANSPORTATION PTE LTD

MAKE: **HYUNDAI**

FUEL

7010045

E.....1/2.....F

383 SIN MING DRIVE
Singapore SINGAPORE 575717

MODEL	DATE/TIME IN
I-40	06.06.2018 14:05

(B) 65508755

YR OF MANU. 05.02.2015

TARGET DATE

(P)

CHASSIS CODE
KMHLB41UMFU064491

COMPLETION DATE/TIME:

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 06.06.2018
NATURE: 3P 06.06.18/B

RIGHT REAR

AXA
SJR1170Y.

LABOR CODE

DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

w/wedgement Slip

Exit Pass

e No.: SHA7419E

FZ AXA

Vehicle No.: **SHA7419E**

of Service Advisor

Signature/Date

Name of Service Advisor

Date _____

returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE 6/7/2018 12:06

MAKE :

MODEL : HYUNDAI i40

Fauzy

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rocker Panel Outer Garnish (RH) <i>X repair</i>			\$ 483.60
	Rear Wheel Hup-Cap (RH) <i>—</i>			\$ 150.70
	<i>Rear Bumper X repair</i>			
	<i>Rear RH Fender X repair</i>			
	<i>Rear RH Door X repair</i>			
	SUB TOTAL			\$ 634.30
	LESS 20%			\$ 126.86
	DISCOUNTED TOTAL			\$ 507.44
	Rear Bumper Rubber Mat <i>X</i>			\$ 50.00
	Rear Door Comfortdelgro & Apps Sticker (LH/RH) <i>—</i>			\$ 80.00
				\$ 130.00
	Labour Charge			
	Panel Beating (Repair Rear RH Fender / Door)			\$ 500.00 <i>200</i>
	Spray Painting Charge			\$ 1,000.00 <i>800</i>
	Remove/Refix Reverse Sensor			\$ 120.00 <i>X</i>
	Rear Wheel Alignment			\$ 120.00 <i>X</i>
	TOTAL LABOUR			\$ 1,740.00
	ESTIMATE TOTAL			\$ 2,377.44

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: _____

Kohin Ullari
7/1/18 1502 hrs.
2 Rys
4/5
After Repair photo

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305170732
Date : 08.06.2018

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6548 8156

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHA7419E Date of Accident : 06.06.2018


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


1. The repair job shall bill to: AXA — SJR1170Y
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%	\$950.00
Final Lumpsum Repair cost	\$0.00

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 : Kalvin
Date : 11/6/18

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Final Amount subject to Insurance Approval

REPAIR ESTIMATE*

DATE 6/7/2018 12:06

MAKE :

Fauzy

MODEL : HYUNDAI i40

MODEL					
Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rocker Panel Outer Garnish (RH) X repair			\$ 483.60	
	Rear Wheel Hup-Cap (RH) — hinged			\$ 150.70	
	Rear Bumper X repair				
	Rear RH Fender X repair				
	Rear LH Door X repair				
	SUB TOTAL			\$ 634.30	
	LESS 20%			\$ 126.86	
	DISCOUNTED TOTAL			\$ 507.44	
	Rear Bumper Rubber Mat	X m		\$ 50.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (LH/RH)			\$ 80.00	Nett
				\$ 130.00	
	Labour Charge				
	Panel Beating (Repair Rear RH Fender / Door)			\$ 500.00	
	Spray Painting Charge			\$ 1,000.00	800
	Remove/Refix Reverse Sensor			\$ 120.00	X
	Rear Wheel Alignment			\$ 120.00	X
	TOTAL LABOUR			\$ 1,740.00	
	ESTIMATE TOTAL			\$ 2,377.44	
	Kehin IUKKer // 7/6/15 1502 hrs. 2 Days U/S After Repair photo				
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.					



Auto
Consultants
Pte Ltd

51 UBI AVENUE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564313

11 JUNE 2018

**PHANG SOONG KONG
40 MIMOSA ROAD
Singapore 808002**

Dear Sir,

**OUR REF : CC4/ASM18010494/K1fb3
YOUR REF : SJR 1170Y**

**ACCIDENT INVOLVING SJR 1170Y & SHA 7419E ALONG YIO CHU KANG
ROAD TOWARDS AMK TO CTE ON 06/06/2018**

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Pte Ltd to deal with the third party claim against your motor policy.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list 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 pohkin@lkkauto.com or deliver it by hand to 51 Ubi Avenue 1, #01-25 Paya Ubi Ind. Park S(408933).

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition, your Insurer shall have full discretion in the process and settlement of the said third party claim subject to the merits of the case and according to the rights afforded under the policy.

Your NCD (No Claim Discount) will be reduced by 30% (20% for motorcycle/ commercial vehicles) if a claim is made under your policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, your insurer reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact us at 6841 2132 if you have any further enquiries.

Yours sincerely,
Claim department

This is a computer generated letter and no signature is required.

CC: AXA INSURANCE PTE LTD

Poh Kin (LKKAuto)

From: William Tan Thoo Seng <williamtan@cdge.com.sg>
Sent: Thursday, 27 September 2018 4:27 PM
To: Poh Kin (LKKAuto)
Subject: Re: offer; Our Ref: CC3/ASM18010494/K1fb3; Your Ref: T 0618/ SHA 7419E/ WT(st)

Without Prejudice.

Dear Poh Kin

Strictly and purely for this case and for the purpose of an amicable settlement, we accept your offer.

Kindly forward your D.V.

Thank you.

Best Regards
William Tan
Claims Department | ComfortDelgro Engineering Pte Ltd
Off : 62148737 | Fax : 62141843

From: Poh Kin (LKKAuto) <pohkin@lkkauto.com>
Sent: Thursday, 27 September 2018 3:59:00 PM
To: William Tan Thoo Seng; Catherine Koh Mui Gek
Cc: Hsiao Tong (LKKAuto)
Subject: offer; Our Ref: CC3/ASM18010494/K1fb3; Your Ref: T 0618/ SHA 7419E/ WT(st)

WITHOUT PREJUDICE

Our Ref: CC3/ASM18010494/K1fb3
Your Ref: T 0618/ SHA 7419E/ WT(st)

Dear Sir/Madam,

ROAD TRAFFIC ACCIDENT INVOLVING SJR 1170Y AND SHA 7419E ON 06.06.2018

We refer to the above matter.

Towards an amicable settlement and without admission of liability to our Insured's part, we offer settlement as below:

1. Cost of Repair (w/GST)	S\$ 1,016.50
2. Loss of Rental (\$115.00 x 2 days)	S\$ 230.00
3. Loss of Income (\$50.00 x 2 days)	S\$ 100.00
4. LTA search	<u>S\$ 7.49</u>
	<u>S\$ 1,353.99</u>

Poh Kin (LKKAUTO)

From: Poh Kin (LKKAUTO)
Sent: Thursday, 27 September 2018 3:59 PM
To: 'William Tan Thoo Seng'; 'Catherine Koh Mui Gek'
Cc: Hsiao Tong (LKKAUTO)
Subject: offer; Our Ref: CC3/ASM18010494/K1fb3; Your Ref: T 0618/ SHA 7419E/ WT(st)

Importance: High

WITHOUT PREJUDICE

Our Ref: CC3/ASM18010494/K1fb3
Your Ref: T 0618/ SHA 7419E/ WT(st)

Dear Sir/Madam,

ROAD TRAFFIC ACCIDENT INVOLVING SJR 1170Y AND SHA 7419E ON 06.06.2018

We refer to the above matter.

Towards an amicable settlement and without admission of liability to our Insured's part, we offer settlement as below:

1. Cost of Repair (w/GST)	S\$ 1,016.50
2. Loss of Rental (\$115.00 x 2 days)	S\$ 230.00
3. Loss of Income (\$50.00 x 2 days)	S\$ 100.00
4. LTA search	<u>S\$ 7.49</u>
	<u>S\$ 1,353.99</u>

Kindly confirm acceptance.

Your prompt reply will be very much appreciated.

"Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement."

Best Regards,

Poh Kin, Chong (Mr) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2132 | email: pohkin@lkkauto.com | fax: 6741-4108



Re:< S8M00JX3 > IA with mandate uploaded

Type

🔍 Question

Message

PLS PROCEED FOR DS QUANTUM AS PROPOSED.

Reply

◀ < S8M00JX3 > IA with mandate uploaded

Type
🔍 Question

Message
Liability: Insured driver collided into third party vehicle while changing lane. Liability is down against our insured. We did clarify with insured the nature of the accident and agreed to settle and aware NCD (if any) is affected. Immediate Advice (with mandate) have been uploaded in SMART CLAIM. Propose settlement amount is around \$1,518.99. All the relevant documents had been uploaded in SMART CLAIM. For your kind attention and instruction. Thank you- Pohkin 19/09/2018

Reply



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 19/09/2018

Survey Details:

Date of loss	6-Jun-18
Date of appointment	7-Jun-18
Date of survey	7-Jun-18
Location of survey	COMFORTDELGRO ENGINEERING PTE LTD

Vehicle Details:

Claim Type:	Third party
Vehicle number	SHA 7419E
Make and Model	HYUNDAI I-40- 1685cc
Date of registration	31/8/2013
Excess	
Market Value	\$0
Part Rebate	\$0
Nett Loss	\$0

Repair details:

Initial Estimate	\$ 2,377.44
------------------	-------------

Proposed/Revised repair cost:

Parts	\$ 200.56
Check items (estimate)	\$ -
Labour	\$ 1,000.00
Total	\$ 960.45
Lump Sum(if applicable)	\$ 950.00

Number of days for repair	2
---------------------------	---



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Remarks:

We have not authorized repairs.

Mandate:

Liability(TP)	100%	
Proposed repair cost	\$ 1,016.50	(\$950.00 x 7% GST)
Loss of use	\$ -	no. of days
Loss of rental	\$ 345.00	(\$115.00 x 3 days)
Loss of income	\$ 150.00	(\$50.00 x 3 days)
LTA search fees	\$ 7.49	
Others	\$ -	
Proposed Total	\$ 1,518.99	

Poh Kin (LKKAUTO)

From: Poh Kin (LKKAUTO)
Sent: Tuesday, 26 June 2018 11:38 AM
To: 'ernest.tay@axa.com.sg'
Cc: Hsiao Tong (LKKAUTO); Admin A
Subject: Our Ref: CC4/ASM18010494/K1fb3; Your Ref: S8M00JX3

Importance: High

Your Ref: S8M00JX3
Our Ref: CC4/ASM18010494/K1fb3

Dear Ernest,

ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE SJR 1170Y (OI) AND SHA 7419E ON 06/06/2018

We refer to the above matter.

Please be informed that we managed to speak to Insured and advise him to lodge report asap.

TP video footage uploaded in SMART.

Kindly let us have OI GIA report as third party chasing on the matter.

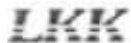
Best Regards,

Poh Kin, Chong (Mr) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2132 | email: pohkin@lkkauto.com | fax: 6741-4108

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



LKK
Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

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Our Ref : T 0618/ SHA7419E /WT(st)

Your Ref :

Date : 12-Jun-18

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

Attn : Motor Claims Department

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

ComfortDelGro Engineering Pte Ltd
235 Braddell Road Singapore 579701

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508569

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Senoko
24 Senoko Loop
Singapore 758158

Sungei Kadut
7, Sungei Kadut Way
Singapore 728791

Yishun
Industrial Park A
Singapore 768732

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA7419E YOUR INSURED SJR1170Y
AND OTHER ON 06.06.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : **SHA7419E** 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 **SJR1170Y** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,016.50
2	3 days Loss of Rental @ \$ 115.00 per day	\$	345.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	GIA / LTA Search Fee	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transporation Fees	\$	-
	Sub Total :	\$	1,368.99

HIRER'S CLAIM

7	<u>1</u>	days Loss of Income @	<u>\$ 80.00</u>	per days	<u>\$ 80.00</u>
Total Claims:					\$ 1,448.99

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 : SJR1170Y
- c) GIA / Police report/s of : SHA7419E
- d) Letter of authority from owner / hirer / operator
- (X) Photocopy/s of Accident Scene Photo/s () Traffic Compound () PIR
- () Witness statement/s (x) Rental Rate letter (x) Downtime/Mileage record

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully

William Tan

Deputy Manager

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email: williamtan@cdge.com.sg

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

A member of

COMFORTDELGRO





Auto
Consultants
Pte Ltd

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

19th September 2018

PHANG SOONG KONG

40 Mimosa Road,
Singapore 808002.

Dear Sir/Madam,

OUR REF : CC4/ASM18010494/K1fb3

YOUR REF : SJR 1170Y

**ROAD TRAFFIC ACCIDENT INVOLVING SJR 1170Y AND SHA 7419E ALONG SLIP
ROAD OF YIO CHU KANG ROAD ON 06.06.2018**

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 Property Damage claim against your policy.

We have received a claim from M/s COMFORTDELGRO ENGINEERING PTE LTD, acting on behalf of the owner of SHA 7419E against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had collided into the Third Party vehicle SHA 7419E while changing lane. As such, liability is down against us.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to pohkin@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (if any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)



Auto
Consultants
Pte Ltd

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

- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6841 2132 or email us at pohkin@lkkauto.com.

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

Yours sincerely,

Poh Kin, Chong
Case Handler
DID: 6841 2132
FAX: 6741 4108
Email: pohkin@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA)
(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****I 40 SHA7419E , SJR1170Y
YIO CHU KANG RD TWDS AMK TO CTE****ON 06-Jun-18 08:55**

I / We

NEOH TIAM SENG(Hirer) NRIC No.: **S1627354F**

and/or

(Relief) NRIC No.:

Taxi Number

SHA7419E

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-Jun-2018

Name of Hirer

NEOH TIAM SENG

Hirer NRIC

S1627354F

Signature :



Address

**283 TAMPINES STREET 22 #05-119
520283**

Contact No.

93663936



redefining / insurance

CLAIM REF : S8M00JX3
INSURED : PHANG SOONG KONG

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 06.06.2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of Comfort Transportation Pte Ltd and the Hirer, Neoh Tiam Seng of vehicle no. SHA 7419E.

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 Fifty-Three and Cents Ninety-Nine** only (**S\$1,353.99**) 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 (**SJR 1170Y**) arising out of an accident with (**SHA 7419E**) on **06.06.2018**.
- 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. **SJR 1170Y** 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. **SJR 1170Y**.

Dated this 01 day of October 2018

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp _____

Witness : _____

Name : _____

I/C No : _____

Address : _____

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

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO
SHA7419K

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
05.02.2015

CHASSIS CODE
KMHLR41UMFU064491

INV. NO/DATE
91377540 12.06.2018

JOB NO.
305170732

(METER READING)

JOB TYPE

Description : 3P 06.06.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	950.00
Add GST @ 7.000 %	66.50
Total Invoice amount	1,016.50

Issued by : KATHKRINETAN 12.06.2018 10:28:07
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

WHEREAS TAKING ALL PERSONS, THIRDA PARTIES AGAINST THE THEFT OR ACCIDENTAL DAMAGE THE COMPANY ACCEPTS A RESPONSIBILITY FOR CARE OF OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE GIVEN BACK UNDER A OWNERS RISK
1. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHOULD WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
2. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY ACCOUNT DUE AND CHARGED TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE DATE WHEN THE PERIOD OF DEFUALT.
3. PLEASE EXAMINE THE INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERROR OR DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER THE COMPANY WILL TREAT THE 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: CT18060186

Date: 12 June 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 06/06/2018 @ 08:55 hrs
ALONG YIO CHU KANG RD TWDS AMK TO CTE
INVOLVING SJR1170Y

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 **SHA7419E** (the "Taxi"). The Taxi was hired to **NEOH TIAM SENG IC NO S1627354F** 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.

[illegible]

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJR1170Y	06 Jun 2018 / 08:55:00	Successful	A12	AXA INSURANCE PTE LTD

Previous OK

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SJR 1170Y (Insd veh)	Model:	HYUNDAI I40
	SHA 7419E (TP veh)		
Date of Accident:	06/06/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Repair Estimate	:	\$	2,543.86
Final Repair Cost	:	\$	1,016.50
Loss of Token Sum	:	\$	100.00
Rental (if any)	:	\$	230.00
LTA / GIA Search Fee	:	\$	7.49

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum	:	\$	1,353.99

Is Third Party Workshop GIA Registered?		<input checked="" type="checkbox"/> YES	<input type="checkbox"/> 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 (*): _____ (%)		
* 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	:	\$ 1,353.99

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

09/10/2018
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

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

AXA INSURANCE PTE LTD

Ref : CC4/ASM18010494/K1fb3q2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN:KIAN CHUAN

Date : 09-10-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 1170Y	Veh. Inspected	SHA 7419E
Policy No.	GA107474	Coverage (\$)	0.00
Claim No.	S8M00JX3	Excess (\$)	0.00
Assign From		Assign Date	07/06/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU064491	Colour	BLUE
Odometer	514811	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	06/06/2018	Inspection Date	07/06/2018
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.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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**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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7419E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	ROCKER PANEL OUTER GARNISH (RH) (CONSISTENT)	TO REPAIR SEE LABOUR	483.60	-
1	REAR WHEEL HUP-CAP (RH) (CONSISTENT)	GRAZED	150.70	150.70
1	REAR BUMPER (NPA) (CONSISTENT)	TO REPAIR SEE LABOUR	-	-
1	REAR RH FENDER (NPA) (CONSISTENT)	TO REPAIR SEE LABOUR	-	-
1	REAR RH DOOR (NPA) (CONSISTENT)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-126.86	-30.14
			507.44	120.56
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER RUBBER MAT (SN) (CONSISTENT)	NOT NECESSARY	50.00	-
2	REAR DOOR COMFORTDELGRO & APPS STICKER (LH/RH) (SN) (CONSISTENT)	NECESSARY	80.00	80.00
			130.00	80.00
	<u>LABOUR</u>			
	PANEL BEATING (REPAIR REAR RH FENDER /DOOR).INCLUSIVE OF THE REPAIR OF ROCKER PANEL OUTER GARNISH (RH),REAR BUMPER,REAR RH FENDER AND REAR RH DOOR.		500.00	200.00
	SPRAY PAINTING CHARGE.		1,000.00	800.00
	REMOVE/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	120.00	-
			1,740.00	1,000.00
	GRAND TOTAL		2,377.44	1,200.56
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			950.00

Report Ref No. CC4/ASM18010494/K1fb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.