

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :S\$

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

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



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

STAGE

DATE / PIC

Non-Reporting ltr (1st)

Non-Reporting ltr (2nd)

Non-Reporting ltr (Final)

Notification ltr (if non-pickup)

Call Of:

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:

Sent By:

## FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

( days) Reduction:

%

Email

Call

## FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

( 2 days) x 115

Loss of Use (LOU):

S\$

(\$ x 2 days)

Loss of Income (LOI):

S\$

(\$ 50 x 2 days)

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

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$: 1,510

## FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

COMFORTBELGRO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

X

Payee 3: (Strike if N.A.)

S\$

Name 3:

X

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 Vehl: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ 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: **SHB4046L** Yr Regn: **10 Sep 2015**  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Trailer / Prime Mover /  
 Truck / Trailer or  
 Make: **Hyundai** C.C. **1685**  
 Colour: **Blue** A/C: **Insured** / Std / NI / NA  
 Sp. Reading: **266240** T/Radio: **Insured** / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: **KMHCB414MH4077486**  
 Gen. Cond: **Good** / Fair / Poor / Burnt  
 Steering: **Inorder** / Jammed / Leaked / Burnt or  
 Brake: **Inorder** / Jammed / Leaked / Burnt or  
 Modi: **Nil** / S/Rim / STD / Rim or  
 Tyre Size: F: **205/60R16**  
 R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or **Wipac**

Front		Rear	
R/Bal.	<b>7</b> mm	R/Bal.	<b>7</b> mm
L/Bal.	<b>7</b> mm	L/Bal.	<b>7</b> mm
D.O.A.	<b>7/6/8</b>	D.O.I.	<b>8/6/8</b>

Survey held at **CDHE (Loyang)**

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

**O/S Pen**

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

Date/Time

Action / Instruction

**12/6/8** **Control US \$1100 / 2 hrs.**

**BA AZH**  
**11P**

**R ( \$1,477.92 / 57%)**

Date/Time. File Pass to?

☐ : Preli. Report  
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Date/Time. File Return to?

1)

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

☐ : Tech Invs (\$

1) S + RS \$

1) Photos

1) 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: 19607198R GST Reg. No. 19-0607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AIG ASIA PACIFIC INSURANCE PTE LTD

Ref : CC38/CR18010593/K1ja3

78 SHENTON WAY #08-16  
CHARTIS BUILDINGS SINGAPORE 079120

Date : 11-06-2018



Code : LCR

1. Policy Particulars		DATE OF CLAIM	
Insured Veh.	SLJ 1408G	Make & Model	SLJ 1408G
Policy No.		Engine No.	
Claim No.		Chassis No.	
Assign From		Odometer	
		Brakes	
		General	
2. Vehicle Particulars & Condition		Color	
Make & Model		Color	
Engine No.		Year of Reg.	
Chassis No.		Body	
Odometer		Paint	
Brakes		Interior	
General			
3. Tyres		Condition	
R/H Front Tyre		Condition	
L/H Front Tyre		Condition	
R/H Rear Tyre		Condition	
L/H Rear Tyre		Condition	
4. Damage		Location	
Damage		Location	
5. Accident Details		Date	
Accident Date	07/05/2018	Time	
Survey held at	53 LOYANG DRIVE SINGAPORE 5393	Surveyor	
5a. Inspection		Remarks	
A) THE INSPECTION WAS CONDUCTED ON A...		Remarks	

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305171217  
Date : 09.06.2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No : SHB4046L

Date of Accident : 07.06.2018

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

1. The repair job shall bill to: AIG -- SLJ1408G

2. The finalized amount shall be:

(a) Spare Parts after List discount \$0.00

(b) Labour Charges \$0.00

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

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20% \$1,100.00

**Final Lumpsum Repair cost** \$1,100.00

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 : 12/6/8

## 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:

number of COMFORTDELGRO

Date/Time: 08.06.2018 10:50 Page : 1

um: ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3830427 JC NO: 305171217

MEMBER	COMFORT TRANSPORTATION PTE LTD	REG NO	SHB4046L	MILEAGE
	7010045	MAKE	HYUNDAI	FUEL
MEMBER NO	383 SIN MING DRIVE	MODEL	I-40	E.....1/2.....F
SS	Singapore SINGAPORE 575717	DATE/TIME IN	08.06.2018 08:55	
	65508755	YR OF MANU	10.09.2015	TARGET DATE
R)	(O)	CHASSIS CODE	SHB41UMGU077486	COMPLETION DATE/TIME
P)				

Ident Date: 07.06.2018  
TURE: 3P 07.06.18/B

JOB DESCRIPTION  
*Right Leak*  
DESCRIPTION  
*ALG*

NO LABOR CODE

ID & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

gement Slip	Exit Pass
SHB4046L FZ EQ LKK	Vehicle No.: SHB4046L
Service Advisor	Name of Service Advisor
Signature/Date	Date
ed to Service Reception upon collection	To be kept by Security Guard

$$F_2$$

~~A1G~~ ~~EQ~~  
A24

DATE 8/6/2018 13:56

A24

A24

Nett  
nett

$$T_2$$

~~A16~~ ~~EQ~~  
A24

DATE 8/6/2018 13:56

MAKE :

**MÔDEL : HYUNDAI i40**

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 claim(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:

Our Ref : T 0618 / SHB4046L /CL(st)  
Your Ref :  
Date : 14-Jun-18

**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 SHB4046L YOUR INSURED SLJ1408G**  
**AND OTHER ON 07.06.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : **SHB4046L** 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 **SLJ1408G** we are submitting these claim for your consideration on behalf of the claimants.

#### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,177.00
2	2 days Loss of Rental @ \$ 115.00 per day	\$ 230.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation	\$ -
<b>Sub Total :</b>		<b>\$ 1,414.49</b>

#### HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$ 160.00
<b>Total Claims :</b>		<b>\$ 1,574.49</b>

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

- a) Original repair bill and photocopies of photographs : 4 pcs.  
b) LTA search slip/s of : SLJ1408G  
c) GIA / Police report/s of : SHB4046L  
d) Letter of authority from owner / hirer / operator  
( X ) Photograph/s of Accident Scene ( ) Certificate of Insurance  
( ) Witness statement/s ( x ) Downtime/Mileage record

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

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

Yours faithfully

Cecilia Lee

Executive

CDGE Claims Department

Tel : 6214 8354 Fax: 6214 1843 Email : cecilialee@sparkcarcare.com

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

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

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199502049R

#### 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 726791

**Yishun**  
501 Yishun Industrial Park A  
Singapore 768732



**Joy Irene (LKKAuto)**

---

**From:** Joy Irene (LKKAuto)  
**Sent:** Saturday, 16 June 2018 2:29 PM  
**To:** 'Eileen, May Hwee Yap'  
**Cc:** 'Insurance LCR SG'; Admin A  
**Subject:** ACCIDENT INVOLVING SLJ 1408G (LCR) & SHB 4046L ON 07/06/2018 (21:50) SIMS WAY TOWARDS PIE

16 June 2018

**LION CITY RENTALS PTE LTD**

Policy Holder

Your Ref: SLJ 1408G  
Our Ref: CC3/LCR18010593/K1ja3

Dear Sir/Madam,

**ACCIDENT INVOLVING SLJ 1408G (LCR) & SHB 4046L ON 07/06/2018 (21:50) SIMS WAY TOWARDS PIE**

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

We have received a claim from **SHB 4046L** against your insurance policy.

Based on the information on hand, we are of the opinion that we cannot be absolved from liability. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

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

Please call us if you have further queries.

Best Regards,  
Joy Irene | Case Handler  
LKK Auto Consultants Pte Ltd  
DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONG

I 40 SHB4046L , SLJ 1408G

ON 07-Jun-18 21:35

SIMS WAY TWDS PIE B4 SLIP RD TO KALLANG AIRPORT WAY.

I / We

TAY CHOON BOON CHRI...

(Hirer) NRIC No.:

S1744988E

and/or

(Relief) NRIC No.:

Taxi Number

SHB4046L

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:

08-Jun-2018

Name of Hirer

TAY CHOON BOON CHRISTOPHER

Hirer NRIC

S1744988E

Signature :



Address

329 SERANGOON AVENUE 3 #04-348  
550329

Contact No.

84999388

**RELEASE VOUCHER**  
**(AIG Asia Pacific - Express Third Party Claim)**

"We/I, COMFORTDELGRO ENGINEERING PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd LKK AUTO CONSULTANTS PTE LTD (name of surveyor) with respect to the amount claimed for S\$1,510.00 (Global Sum) for vehicle no. SHB 4046L that was damaged pursuant to the accident which occurred on 07/06/2018 (date) along SIMS WAY (location) involving vehicle no/s SLJ 1408G. This is pursuant to the inspection conducted on 08/06/2018 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner COMFORT TRANSPORTATION PTE LTD ("the third party claimant") of vehicle no SHB 4046L 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 SHB 4046L (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 25 (day) of 06 (month) 2018 (year)



Signed by appointed surveyor

CLAIMS DEPARTMENT  
COMFORTDELGRO ENGINEERING PTE LTD  
205 BRADDELL ROAD  
SINGAPORE 579701

Signed by "the workshop" (with chop)

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

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

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

CONTACT NO: 64193000 3225094

VEHICLE NO  
SHB40461

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
10.09.2015

CHASSIS CODE  
KMHL841UMGU077486

INV. NO/DATE  
91377644 12.06.2018

JOB NO.  
305171217

ODOMETER READING

JOB TYPE

Description : 3P 07.06.18

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,100.00
Add GST @ 7.000 %	77.00
<b>Total Invoice amount</b>	<b>1,177.00</b>

Issued by : KATHERINETAN 12.06.2018 16:54:25  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

- 1) WHILEST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY 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.

Our Ref: CT18060226

Date: 12 June 2018



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 07/06/2018 @ 21:35 hrs  
ALONG SIMS WAY TWDS PIE B4 SLIP RD TO KALLANG  
AIRPORT WAY.  
INVOLVING SLJ 1408G

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 **SHB4046L** (the "Taxi"). The Taxi was hired to **TAY CHOON BOON CHRISTOPHER IC NO S1744988E** 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.

OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)		HOURS OPERATED (TIME)	
FM	TO									FROM	TO
Mon	1145A	Mon 4th Jun 2018	Chris Stephen	265	270			274		815 am	940 pm
Tues	1230 am	Tues 5th Jun 2018	Chris Stephen	265	605			535		820 am	1115 pm
Wed	955 pm	Wed 6th Jun 2018	Chris Stephen	265	881			276		830 am	1010 pm
Thurs	1020 pm	Thurs 7th Jun 2018	Chris Stephen	266	224			343		645 am	1045 pm
Fri	1020 pm	8/6/18	Accident	mp				1W		0855	—
Sat	745 pm	9/6/18	Repair	LY				out		—	1230
Sun	1145 pm										
Mon	950 pm										
Tues	100 am										
Wed	1120 pm										
Thurs	1100 pm										

SHB 40461-

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLJ1408G	07 Jun 2018 / 21:35:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

SUB 4046L

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

Express




























CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	14 Jun 2018 <a href="#">Edit Reg</a>		08 Jun 2018 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$1,100.00</b> <a href="#">Edit Estimates</a>	<b>S\$1,100.00</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 adjuster]</span>									
Insured:	LCRF Pte Ltd, Co. Reg. No.: 201624597K								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHB4046L	Date of Loss:	07/06/2018 21:00 - :59 [32 Months and 28 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 8929286109SG	Policy/Cover Note No.:	0999994819						
Vehicle Reg. No. (Insured):	SLJ1408G	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 Khoo, Kay-Eng - 6419 1026] Kay-Eng.Khoo@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 21/06/2018]								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<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

**\*SHB4046L (8929286109SG)**  
**[SLJ1408G]**  
**TP**  
**COMFORT TRANSPORTATION PTE LTD**  
**Jun 7 2018 9:00PM**  
**[LCRF Pte Ltd]**  
**ComfortDelGro Engineering Pte Ltd**

<a href="#">Upload Documents</a>   <a href="#">Upload Photos</a>   <a href="#">Compose New Letter</a>   <a href="#">Upload Video</a>   <a href="#">Upload Audio</a>			<b>View</b> <a href="#">View in Browser</a>	
<b>Letters/Correspondences</b>				
			1 per page <input type="checkbox"/>	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	(Draft)	Third Party Express Settlement - Payment Breakdown	 Edit	<input type="checkbox"/>
<b>Photos/Images</b>				
			3 per page <input type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
2	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
3	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
4	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
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10	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
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14	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
15	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
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19	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
20	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
21	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
22	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
23	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
24	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
25	11/06/18 17:53	General View	 Load JPG	<input checked="" type="checkbox"/>
26	12/06/18 08:34	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
27	12/06/18 08:34	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
28	12/06/18 08:34	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
<b>Documentation</b>				
			1 per page <input type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	11/06/18 16:14	TP ESTIMATE - MARKED	 Load PDF	<input type="checkbox"/>
2	11/06/18 16:14	TP GIA REPORT	 Load PDF	<input type="checkbox"/>
3	27/06/18 10:57	WORKSHOP INVOICE	 Load PDF	<input type="checkbox"/>
4	27/06/18 10:57	AUTHORISATION TO ACT FORM	 Load PDF	<input type="checkbox"/>

Letters/Correspondences			1 per page	<input type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
5	27/06/18 10:57	Release Voucher		Load PDF
6	27/06/18 10:57	RENTAL RECEIPT		Load PDF
7	27/06/18 10:57	LTA SEARCH		Load PDF
8	27/06/18 10:57	LETTER TO OI		Load PDF
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)		Thumbnail Print
1	12/06/18 10:17	OI GIA REPORT		Load PDF

## Documents Checklist

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

<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

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

Vehicle No:	SLJ1408G (Insd veh)	Model:	HYUNDAI I40 1.7 D CRDI (A)
	SHB4046L (TP veh)		
Date of Accident:	07/06/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	3,378.97
Final Repair Cost	:	\$	1,510.00
Loss of Use	:	\$	2.00 days at \$50.00 per day
Rental (if any)	:	\$	2 days
LTA / GIA Search Fee	:	\$	
Others:	:	\$	
	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,510.00

**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: \_\_\_\_\_

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	:	\$ 1,510.00
2)		:	\$
3)		:	\$
4)		:	\$
5)		:	\$

JOANNE LEE KHANG MIN

27 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: CC3/LCR18010593/K1JA3Q2

Date: 27/06/2018

### REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 0999994819  
**Claimant Vehicle No :** SHB4046L **Insured Vehicle No :** SLJ1408G  
 Date of Loss: 07/06/2018 Nature of Claim: TP Claim No: 8929286109SG

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SHB4046L**  
 Make & Model: HYUNDAI I40, 1.7 D CRDi (A) Engine No: D4DFU541689  
 Reg. Date: 10/09/2015 (Man. Year: 2015) Chassis No: KMHLB41UMGU077486  
 Colour: Blue Odometer: 266240 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: 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	1,137.92	200.56	937.36	82.37
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,020.00	1,200.00	820.00	40.59
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>3,157.92</b>	<b>1,400.56</b>	<b>1,757.36</b>	<b>55.65</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,100.00</b>		
(S\$)	3,157.92	1,100.00	2,057.92	65.17
<b>+ GST 7.00/7.00% (S\$)</b>	221.05	77.00	144.05	65.17
<b>Nett Amount (S\$)</b>	<b>3,378.97</b>	<b>1,177.00</b>	<b>2,201.97</b>	<b>65.17</b>
<b>+ Loss of Use (2.0 x S\$50.00/day) (S\$)</b>		100.00		
<b>+ Car Rental (2.0 x S\$115.00/day) (S\$)</b>		230.00		
<b>+ Doc/Search Fee (S\$)</b>		7.49		
<b>Nett Liability (S\$)</b>		<b>1,514.49</b>		
<b>Global Sum Settlement (S\$)</b>		<b>1,510.00</b>		

### INSPECTION

Date of Assignment: 08/06/2018

Date Inspected: 08/06/2018 Inspected At: ComfortDelGro Engineering Pte Ltd  
(Loyang)  
59 Loyang Drive  
Singapore 508969

Estimated Period of Repair: 2.0 days

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**Adjuster:** KALVIN ANG WEI KUN

**Manager:** Joy Irene Bascao

*NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.*

## REPAIR DETAILS

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Repair	603.60 FL	*- FL
2	10		*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
3	1		*ROCKER PANEL OUTER GARNISH (RH)	Repair	483.60 FL	*- FL
4	1		*REAR WHEEL HUP-CAP (RH)	Grazed	150.70 FL	*150.70 FL
5	1		*REAR RH FENDER (NPA)	Repair	0.00 FL	*- FL
6	1		*REAR BUMPER RUBBER MAT	Not Necessary	50.00 FS	*- FS
7	1		*APP REAR DOOR	Necessary	80.00 FS	*80.00 FS

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

<b>Sub Total (\$\$)</b>	<b>1,389.90</b>	<b>230.70</b>
<b>- List Item Discount on L Items 20.00/20.00% (\$\$)</b>	<b>251.98</b>	<b>30.14</b>
<b>Total Parts (\$\$)</b>	<b>1,137.92</b>	<b>200.56</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 -REPAIR FENDER	New	850.00	400.00
2	SPRAY PAINTING CHARGE	New	1,000.00	800.00
3	TUFF KOTE	New	50.00	0.00
4	REAR WHEEL ALIGNMENT	New	120.00	0.00
Gross Labour Cost (\$\$)			2,020.00	1,200.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >