

acc 4, Asm 180 10717, K/wa3/1 LKJ: 51291
IDAC:

Surveyor: Ank DOI: 17/6/18 Date / Time: 17/6/18
Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.: EW 368 Claim No.: 58mooker
Name of Insured: Tan hwaik Im Policy No.:
Insured Tel No.: HP: Make / Model: Ank
Excess Sec II :\$5 D.O.A.: 10-6-18 Place of Accident: Ank
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

SHA 34886



INSRS: 0966 10465
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time		STAGE	DATE / PIC
<u>2/6</u>	<u>SHA 34886 - 09/06/18 15:13:47 / Hwaik Im; 09/06/18</u>	Non-Reporting ltr (1st)	
<u>2/6</u>	<u>EW 368 - x</u>	Non-Reporting ltr (2nd)	
<u>2/6</u>	<u>gump. to find out first letter.</u>	Non-Reporting ltr (Final)	
<u>2/6/18</u>	<u>Good called in. mention there is a contra</u>	Notification ltr (if non-pickup)	
	<u>due to iss. will do the B/LR ASAP. as</u>	Call Of: <u>22/6/18</u>	<u>U</u>
	<u>agree to settle</u>	After call ltr to OI: <u>union</u>	
		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:	

RECEIVED 13 JUL 2018

PRELIMINARY ADVICE Date/Time: 13/6 Sent By: Ank

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$5 (days) Reduction: % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 11/7/18 Confirm with: 18/11/18 Email ☐ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27

Repair Cost: \$5 321.00

Loss of Rental (LOR): \$5 387.50 (2-5 days) x 115

Loss of Use (LOU): \$5 125.00 (5-10 x 2-5 days)

Loss of Income (LOI): \$5 (x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search: \$5 7.49

Medical: \$5 -

Disbursement: \$5 - (e.g. Tow/Independent)

Legal Cost: \$5 -

Total: \$5 740.99 Global Sum \$5: 740.00

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payer 1: \$5 740.00 Name 1: Conforadelgro Engineering Pte Ltd.

Payee 2: (Strike if N.A.) \$5 Name 2:

Payee 3: (Strike if N.A.) \$5 Name 3:

COPY SENT 13/7/18 alc 16/7/18

Insurance

Kalin

REF:

1077 / 11W 90

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop n/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 Rpt: _____ Consistent? : Yes or No

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

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

Lum Sum: 1.8% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SHA 34886** Yr Regn: **21 May 2015**
 Type: **M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /**
 Truck / Trailer or _____
 Make: **Hyundai Z40** C.C. **1685**
 Colour: **Blue** A/C: **Insured** / Std / Nil / NA
 Sp. Reading: **479392** T/Radio: **Insured** / Std / Nil / NA
 Eng/No: _____
 C/No: **KM HLB414MF40 69107**
 Gen. Cond: **Good** / Fair / Poor / Burnt
 Steering: **In order** / Jammed / Leaked / Burnt or
 Brake: **In order** / Jammed / Leaked / Burnt or
 Modi: **Nil** / S/Rim / STD / Rim or

Tyre Size: F: **205/60R16**
 R: _____

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

Front		Rear	
R/Bal.	2 mm	R/Bal.	2 mm
L/Bal.	2 mm	L/Bal.	2 mm
D.O.A.	10/6/08	D.O.I.	12/6/08

Survey held at **CDHE (Loyang)**

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

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

Date / Time: **18/6/08** Action / Instruction: **Label P/P \$300 / 24p.**

AXA
4s

(Red = \$2181.58 88%)

Date/Time, File Pass to?

1) _____
 Date/Time, File Return In?

2) _____

Report Format :

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Invs (\$)

Survey Fee:

Transportation
 \$ + RS. \$
 Photos
 Other

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 3488U

MAKE :

MODEL : HYUNDAI i40

AXIA

DATE 11/6/2018 15:46

DOA: 10.06.18

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper X Repair			\$ 603.60	
	Rear Bumper Reinforcement X			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) X		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket X			\$ 49.00	
	Rear Bumper Clips X			\$ 22.00	
	Rear Bumper Sponge X			\$ 143.40	
	Rear Bumper Under Cover X			\$ 225.00	
	SUB TOTAL			\$ 1,907.35	
	LESS 20%			\$ 381.47	
	DISCOUNTED TOTAL			\$ 1,525.88	
	Rear Bumper Reverse Sensor X			\$ 135.70	Nett
	Rear Bumper Rubber Mat X			\$ 50.00	Nett
				\$ 185.70	
	Labour Charge				
	Panel Beating			\$ 350.00 100	
	Spray Painting Charge			\$ 250.00 200	
	Wiring Charge			\$ 50.00 X	
	R/Refix Reverse Sensor			\$ 120.00 X	
	TOTAL LABOUR			\$ 770.00	
	ESTIMATE TOTAL			\$ 2,481.58	
<p>Kaluh 16/11/18</p> <p>12/6/18 11:00h.</p> <p>2 Pgs</p> <p>4/5</p> <p>After Repair photo</p>					
<p>Larry Ng</p>					
<p>LKK Auto Consultants hence notify the Reparer of the following:</p> <ul style="list-style-type: none"> 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 "best of interest" basis No illegal modification allowed Supplementary work must be approved and is subject to insurance company's front insurance Company <p>Acknowledged by Reparer</p> <p>Signature:</p> <p>Date:</p>					
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 3488U

MAKE :

MODEL : HYUNDAI i40

AXIA

DATE 11/6/2018 15:46

DOA: 10.06.18

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper X <i>Repair</i>			\$ 603.60	
	Rear Bumper Reinforcement :			\$ 504.35	
	Rear Bumper Reinforcement Bracket (LH/RH) ?		\$ 180.00	\$ 360.00	
	Rear Bumper Side Bracket ,'			\$ 49.00	
	Rear Bumper Clips X			\$ 22.00	
	Rear Bumper Sponge X			\$ 143.40	
	Rear Bumper Under Cover X			\$ 225.00	

LKK Auto Consultants hence no 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:

Larry Ng

A member of COMFORTDELGRO

Date/Time: 12.06.2018 09:35 Page : 1

Team:	ARC Repair TP(CLSO)1	JOB CARD Sales Order:	JC NO305174078
STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO:	SHA3488G
STOMER NO.	7010045	MAKE:	HYUNDAI
DRESS	383 SIN MING DRIVE	MODEL	1-40
	Singapore SINGAPORE 575717	DATE/TIME IN	11.06.2018 13:15
(R)	65508755	YR OF MANU.	21.05.2015
(P)		CHASSIS CODE	KMHLB41UMFU069107
		COMPLETION DATE/TIME:	
ICOUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 10.06.2018
NATURE: 3P 10.06.2018

LABOR CODE	DESCRIPTION
AXA - taxi	Rear damage

CHECKED & PASSED OUT BY:

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No.: SHA3488G	Vehicle No.: SHA3488G
Signature/Date	Name of Service Advisor
Signature/Date	Date
Signature/Date	To be kept by Security Guard



CREST
CREDIT RATING
SERVICES



Auto
Consultants
Pte Ltd

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

27 June 2018

Tan Gwek Im
2 Lentor Green
Singapore 789251

Dear Sir/ Mdm

OUR REF : CC4/ASM18010717/K1wa3
YOUR REF : EW 36S

ACCIDENT INVOLVING EW 36S & SHA 3488G ALONG AMK ON 10/06/2018

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 claim against your policy.

We have received a claim from **ComfortDelGro Engineering Pte Ltd** acting on behalf of the owner of SHA 3488G against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

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 intent must be formally expressed to us and acknowledged by us.

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

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim



Auto
Consultants
Pte Ltd

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

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.

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 6841 8625 or email us at Vivianlau@lkkauto.com

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

Yours sincerely,

Vivian Lau
Case Handler
DID: 6841 8625
FAX: 6741 4108
EMAIL: Vivianlau@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGI 40 SHA3488G , EW 36 S
ANG MIO KIO AVE 3 X JUNCTION OF A M K AVE 6

ON 10-Jun-18 15:35

I / We

NG KIN SOON

(Hirer) NRIC No.: S1194423Z

and/or

(Relief) NRIC No.:

Taxi Number

SHA3488G

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

11-Jun-2018

Name of Hirer

NG KIN SOON

Hirer NRIC

S1194423Z

Signature :



Address

147 BEDOK RESERVOIR ROAD #13-1...
470147

Contact No.

92722888



redefining / insurance

CLAIM REF : S8M00KEV
INSURED : TAN GWEK IM

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 11 June 2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of ComfortDelgro Transportation Pte Ltd and the Hirer, NG KIN SOON of vehicle no. SHA 3488G

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 Seven Hundred Forty only (S\$ 740.00) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no EW 36S arising out of an accident with SHA 3488G on 10/06/2018
- 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. EW 36S 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. EW 36S

Dated this 11th day of July 2018

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp [Stamp]
COMFORTDELGRO ENGINEERING PTE LTD
25 LORONG DRIVE
SINGAPORE 538888

Witness : [Signature]

Name : [Signature]

I/C No : [Signature]

Address : [Signature]

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Customer Centre #B1-01
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

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

All personal injuries and damages arising therefrom are excluded from the ambit and application of this document

TAX INVOICE

COMPANY REG. NO.: 199506048W

Page: 1

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

Description : 3P 10.06.2018

VEHICLE NO
SHA3488G

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
21.05.2015

CHASSIS CODE
KMHLB41UMFU069107

INV. NO/DATE
91378585 18.06.2018

JOB NO.
305174078

ODOMETER READING

DATE/TIME IN
11.06.2018 13:15

S/No Part No.

Qty Unit Price \$Disc Net

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

S/No	Part No.	Description	Qty	Unit Price	\$Disc	Net
0001	I.	PANEL BEATING	100.00		100.00	
0002	23-502	SPRAYPAINT ON AFFECTED AREA	200.00		200.00	
			SUB-TOTAL :			300.00

Items total	300.00
Add GST @ 7.000 %	21.00
Invoice amount	321.00

1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DEEMED AND TESTED BY OWNERS' RISK.

2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 3 DAYS FROM SUCH DELIVERY OR NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.

4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91378585	321.00	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO
SHA3488G

MAKE
HYUNDAI

MODEL
i-40

DATE OF REG
21.05.2015

CHASSIS CODE
KMHLR41UMFU069107

INV. NO/DATE
91378585/18.06.2018

JOB NO.
305174078

ODOMETER READING

DATE/TIME IN
11.06.2018 13:15

Issued by : KATHERINETAN 18.06.2018 15:06:23
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

- WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY OF NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT I.E. AFTER 30 DAYS FROM THE INVOICE FOR THE PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCY WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91378585	321.00	

Our Ref: CT18060322

Date: 18 June 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	10/06/2018 @ 15:35 hrs
ALONG	ANG MIO KIO AVE 3 X JUNCTION OF A M K AVE 6
INVOLVING	EW 36 S

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 **SHA3488G** (the "Taxi"). The Taxi was hired to **NG KIN SOON IC NO S1194423Z** 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.

DATE	NAME OF DRIVER	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	
			4	7	8	7		4	1			FROM
07-06-18	NG K S	NG K S	4	7	8	7	4	1	708	1838		
08-06-18	NG K S	NG K S	4	7	9	0	6	6	701	185		
09-06-18												
10-06-18	NG K S	NG K S	4	7	9	3	2	1	741	1647		
11-06-18	NG K C	NG K C							751			
11/6/18	Accident	Accident							1315	—		
13/6/18	Repair	Repair							—	1230		

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
EW36S	10 Jun 2018 / 15:35:00	Successful	A12	AXA INSURANCE PTE LTD

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

SIA 34889

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	EW 36S (Insd veh)	Model:	TPVD HYUNDAI 140
	SHA 3488G (TP veh)		
Date of Accident:	10/06/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Repair Estimate	:	\$	2,655.29	
Final Repair Cost	:	\$	321.00	
Loss of Token Sum	:	\$	125.00	2.5days at \$50.00 per day
Rental (if any)	:	\$	287.50	2.5 days
LTA / GIA Search Fee	:	\$	7.49	

Others:	:	\$	0.00
---------	---	----	------

	:	\$	
Final Settlement Sum (Global Sum)	:	\$	740.00

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	:	\$ 740.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

17/07/2018
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))