

INSTR

INS. CASE OWNER:

CC 3 ^{WR} / AIG1801 0808, F1 8639

LKK:

IDAC:

* Surveyor:

Kalin

DOI:

ASSIGNMENT

18/6/18

Date / Time:

18/6/18

Registered in Merimen:

18/6/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLH 5273L

Name of Insured:

WR

Insured Tel No.:

HP:

18/6/18

Excess Sec II :SS

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

MASMUT BIN TUKADI

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

9A4691671256

Policy No.:

9A4691671256

Make / Model:

TUGOTA

Place of Accident:

PEPPER MOUNT TO TOLU
BURN) RM

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

Insured Liability:

%

Final ? Yes / No

GDB 5013X

SLH 5273L

SLH 501K



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

18/6/18
Kalin

19/6/18

SLH 501K - claimant to be paid (LKK out-25/6/18)
claimant to be X

Email letter to CL.

RECEIVED 16 JUL 2018

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

SS

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

13/7/18

Confirm with:

Cecilia

Email

Call

Final Liability:

%

100

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

28

Repair Cost:

SS

321.00

Loss of Rental (LOR):

SS

196.50

(

2

days) x 98.25

Loss of Use (LOU):

SS

100.00

(

50

x 2

days)

Loss of Income (LOI):

SS

(

5

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

7.69

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost:

SS

Total:

SS

624.99

Global Sum SS:

600.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

600.00

Name 1:

Com Fortdelgro Engineering Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

Kalin

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
QD / TP / WS / TP RES / CD 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

Sal. 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
 Turn Sum: 1.8.2 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 501K Yr Regn: 27 Jan 2011
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Sonata C.C. 1991
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 7 64431 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KM HET41VMB80 3877
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD / Rim or

Tyre Size: F: 215/60R16
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Han Kue

Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 12/6/12 D.O.I. 12/6/12

Survey held at CDHE (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
 18/6/12 Lhd PIP \$300 / 2hrs

AZH
41(Red. \$ 1772.02
86.1.)

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return to?

Transportation:

2)

) \$ + RS. \$

Report Format :

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

) Photos

) Others




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/LCR18010808/K1wb3	
78 SHENTON WAY #08-16 CHARTIS BUILDINGSINGAPORE 079120			Date : 13-06-2018	
			Code : LCR	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLH 5273L	Veh. Inspected	SHC 501K	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	13/06/2018	
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	12/06/2018	Inspection Date	12/06/2018	
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.				

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO305174486

CUSTOMER

MS CITYCAB PTE LTD
CUSTOMER NO. 7010070
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)

AKG

COUNT CARD NO.

REGN NO: SHC 501K	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL SONATA	DATE/TIME IN 12.06.2018 10:20
YR OF MANU. 27.01.2011	TARGET DATE
CHASSIS CODE KMHE141VMBA803877	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 12.06.2018
NATURE: 3P 12.06.2018

/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHC 501K CHIANG

Exit Pass

Vehicle No.: SHC 501K

Signature of Service Advisor

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 : 305174486
Date : 14/06/18

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHC501K 12/06/18

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

1. The repair job shall bill to: AIG SLH5273L
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges \$300.00
 - Total for Part-By-Part Repair Cost** \$300.00
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less:
Final Lumpsum Repair cost
3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :
Name : CHIANG
Tel : 62148314
Fax : 65468156

Signature :
Name : KALVIN
Date : 18/6/18

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:

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

JOB NO : 305174486
REGN NO : SHC 501K
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : SONATA
DATE OF REGN : 27.01.2011
DATE/TIME IN : 12.06.2018 10:20
ACCIDENT DATE : 12.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 300.00

TOTAL : 300.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

REPAIR ESTIMATE⁴⁵

DATE 12/6/2018 14:37

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X Rep ⁱ			\$ 578.40
	Rear Bumper Reinforcement Xsu			\$ 483.30
	Rear Bumper Clip x 2			\$ 22.00
	Rear Bumper Sponge Xsu			\$ 137.40
	Rear Bumper Under Cover x su			\$ 185.80
	Rear Bumper Protector (LH/RH) X su		\$ 38.00	\$ 76.00
	SUB TOTAL			\$ 1,482.90
	LESS 20%			\$ 296.58
	DISCOUNTED TOTAL			\$ 1,186.32
	Rear Bumper Reverse Sensor X "			\$ 135.70
				\$ 135.70
	Labour Charge			
	Panel Beating			\$ 350.00 100
	Spray Painting Charge			\$ 250.00 200
	R/Refix Reverse Sensor			\$ 150.00 X 2
	TOTAL LABOUR			\$ 750.00
	ESTIMATE TOTAL			\$ 2,072.02
<p>Kaluh (UCC)</p> <p>12/6/18 1520 hrs</p> <p>2 hrs</p> <p>L/S</p> <p>After Repair photo</p> <div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting. To display damaged damage during resurvey. Parts prices are subject to confirmation. Third party survey remains "Company's Privilege" basis. No illegal import & export is allowed. Supplementary report must be reviewed and is subject to final approval from Insurance Company. <p>Acknowledged by Repairer Signature: Date:</p> </div>				
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.				

REPAIR ESTIMATE*

DATE 12/6/2018 14:37

MODEL : HYUNDAI SONATA

Page 1 of 1

Our Ref : CC18060353/ SHC 501K /CL(st)

Date : 22-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 SHC 501K YOUR INSURED
SLH5273L AND OTHER GBB5013X ON 12.06.18

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor vehicle no:

SHC 501K 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 **SLH5273L** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	321.00
2	2 days Loss of Rental @ \$ 98.25 per day	\$	196.50
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	-
5	GIA / Police Report Fees	\$	7.49
6	Towing / Medical / Transporation Fees	\$	-
Sub Total :		\$	524.99

HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per day	\$	160.00
Total Claims :		\$	684.99

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 : **SLH5273L**
- c) GIA / Police report/s of : **SHC 501K**
- d) Letter of authority from owner / hirer / operator
 - () Witness statement/s
 - () Certificate of Insur. (x) Rental Rate letter
 - (X) Photograph/s of Accident Scene
 - (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 ComfortDelGro Engineering Pte Ltd
59 Loyang Drive 4th Floor 205 Braddell Road Singapore 579701

Singapore 508969

Mainline +65 8383 6280
Facsimile +65 8280 9755

www.cdge.com.sg

Company Registration No: 198504048V

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 758158

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

Vivian Lau (LKKAUTO)

From: Vivian Lau (LKKAUTO)
Sent: Tuesday, 19 June, 2018 3:23 PM
To: 'eyap@lioncityrentals.com.sg'; 'insurance@lioncityrentals.com.sg'
Cc: Hsiao Tong (LKKAUTO); Joy Irene (LKKAUTO)
Subject: ACCIDENT INVOLVING SLH 5273L AND SHC 501K ON 12/06/2018

Our Ref: CC3/LCR18010808/K1wb3

19 June 2018

LION CITY RENTALS PTE LTD

Dear Sir/Madam,

ACCIDENT INVOLVING SLH 5273L AND SHC 501K ON 12/06/2018

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.

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.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 7 days from the date of this letter.

Please call us if you have further queries.

Thank you

Best Regards,

Vivian Lau | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-8625 | email: Vivianlau@lkkauto.com | fax: 6741-4108

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **SONATA SHC501K , SLH5273L , GBB5013X** **ON 12-Jun-18 08:40**
ALONG **ECP TWDS AYE BEFORE WEST COAST HIGHWAY/TELOK BLANGAH RD EXIT**

I / We **LIM BOON HUAT SAMUEL** (Hirer) NRIC No.: **S1559078E**

and/or (Relief) NRIC No.:

Taxi Number **SHC501K**

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 **12-Jun-2018**

Name of Hirer **LIM BOON HUAT SAMUEL**

Hirer NRIC **S1559078E**

Signature :



Address **10 EUNOS CRESCENT #08-2713**
 400010

Contact No. **97508189**

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 \$ 600.00 (Global Sum) for vehicle no. SHC 501K that was damaged pursuant to the accident which occurred on 12/06/2018 (date) along KEPPEL VIADUCT TWDS AYE (location) involving vehicle no/s SLH 5273L.

This is pursuant to the inspection conducted on 12/06/2018 (date) at "the workshop".



We/I confirm that we/I are/am authorized by the owner CITYCAB PTE LTD ("the third party claimant") of vehicle no. SHC 501K 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".

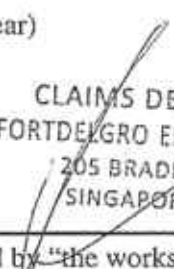
We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to SHC 501K (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 _____ (day) of 13 JUL 2018 (month) 20____ (year)



Signed by appointed surveyor


CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
205 BRADDELL ROAD
SINGAPORE 579701
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

TAX INVOICE

8010004

AIG ASIA PACIFIC INSURANCE PTE LTD

#08-16 78 SHERATON WAY, CHARTERIS BUILDING
SINGAPORE 079120

CONTACT NO: 64193000 3225094

VEHICLE NO
SHC 501K

MAKE
HYUNDAI

MODEL
SONATA

DATE OF REG
27.01.2011

CHASSIS CODE
KMHET41VMBA803877

INV. NO/DATE
91378819 19.06.2018

JOB NO.
305174486

OILMETER READING

JOB TYPE

Description : 3P 12.06.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	300.00
Add GST @ 7.000 %	21.00
Total Invoice amount	321.00

Issued by : KATHIRINETAN 19.06.2018 16:08:59
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

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 INSURED 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: CC18060353



Date: 19 June 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	12/06/2018 @ 08:40 hrs
ALONG	KEPPEL VIADUCT TWDS AYE BEFORE WEST COAST HIGHWAY
INVOLVING	SLH5273L, GBB5013X

We refer to the above-mentioned accident and wish to inform that **CityCab Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC0501K** (the "Taxi"). The Taxi was hired to **LIM BOON HUAT SAMUEL IC NO S1559078E** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$98.25** 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
SLH5273L	12 Jun 2018 / 08:40:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

SHC 501K

...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 Edit Reg		12 Jun 2018 00:00 Edit Adj Rpt	S\$300.00 Edit Estimates	S\$300.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
-------------	------------------	----------------------	------------------	--------------------------

CLAIM SUBFOLDER DETAILS [Created by adjuster]

Insured: **LCRF PTE LTD,** Co. Reg. No.: 201624597K

Main Claimant: **CITYCAB PTE LTD,** Co. Reg. No.: 199502839G

Vehicle Reg. No.: SHC501K	Date of Loss: 12/06/2018 08:00 - :59 [88 Months and 16 Days From LTA Reg Date (Man Yr)]
Claim Type: TP / 9946916712SG	Policy/Cover Note No.: 0999994765 (Comprehensive)
Vehicle Reg. No. (Insured): SLH5273L	Policy No. (Claimant): D-18088937MFSH
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 **Ng, Hal-Chuan**] Hal-Chuan.Ng@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 25/06/2018]**

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

***SHC501K (9946916712SG)**
[SLH5273L]
TP
CITYCAB PTE LTD
Jun 12 2018 8:00AM
[LCRF PTE LTD]
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 type="checkbox"/> <input checked="" type="checkbox"/>	
No.	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	(Draft)	Third Party Express Settlement – Payment Breakdown		Edit
Photos/Images			3 per page <input type="checkbox"/> <input checked="" type="checkbox"/>	
No.	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
2	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
3	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
4	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
5	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
6	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
7	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
8	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
9	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
10	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
11	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
12	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
13	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
14	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
15	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
16	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
17	13/06/18 17:37	General View		Load JPG <input checked="" type="checkbox"/>
18	13/06/18 17:57	Reinspection Photo		Load JPG <input checked="" type="checkbox"/>
19	13/06/18 17:57	Reinspection Photo		Load JPG <input checked="" type="checkbox"/>
20	13/06/18 17:57	Reinspection Photo		Load JPG <input checked="" type="checkbox"/>
Documentation			1 per page <input type="checkbox"/> <input checked="" type="checkbox"/>	
No.	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	14/06/18 08:44	TP ESTIMATE- MARKED		Load PDF
2	14/06/18 08:44	TP GIA REPORT		Load PDF
3	19/06/18 15:23	Email letter to OI ACCIDENT INVOLVING SLH 5273L AND SHC 501K ON 12.06.2018		Load PDF
4	17/07/18 09:04	WORKSHOP INVOICE		Load PDF
5	17/07/18 09:04	AUTHORISATION TO ACT FORM		Load PDF
6	17/07/18 09:04	Release Voucher		Load PDF
7	17/07/18 09:04	RENTAL RECEIPT		Load PDF
8	17/07/18 09:04	LTA SEARCH		Load PDF
No.	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
1	14/06/18 12:16	OI GIA REPORT		Load PDF

Documents Checklist

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

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)
<div></div>
Show Remarks To: <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:	SLH5273L (Insd veh)	Model:	HYUNDAI SONATA 2.0 (A)
	SHC501K (TP veh)		
Date of Accident:	12/06/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> [X] Yes	<input type="checkbox"/> [] No
Repair Estimate	:	\$	2,217.06
Final Repair Cost	:	\$	600.00
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)	:	\$	600.00
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> [X] 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 (*): _____ 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	:	\$ 600.00
2)		:	\$
3)		:	\$
4)		:	\$
5)		:	\$

JOANNE LEE KHANG MIN

17 Jul
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/LCR18010808/K1WB3Q2

Date: 17/07/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 0999994765
Claimant Vehicle No : SHC501K **Insured Vehicle No :** SLH5273L
 Date of Loss: 12/06/2018 Nature of Claim: TP Claim No: 9946916712SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SHC501K**
 Make & Model: HYUNDAI SONATA, 2.0 (A) Engine No: HIDDEN
 Reg. Date: 27/01/2011 (Man. Year: 2011) Chassis No: KMHET41VMB803877
 Colour: Yellow Odometer: 764431 km
 Engine Capacity: 1991 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: 215/60 R16 Rear Tyre Size: 215/60 R16
 Front Left Side: Hankook 7 mm Rear Left Side: Hankook 7 mm
 Front Right Side: Hankook 7 mm Rear Right Side: Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,322.02	0.00	1,322.02	100.00
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	
Gross Total (S\$)	2,072.02	300.00	1,772.02	85.52
+ GST 7.00/7.00% (S\$)	145.04	21.00	124.04	85.52
Nett Amount (S\$)	2,217.06	321.00	1,896.06	85.52
+ Loss of Use (2.0 x S\$50.00/day) (S\$)		100.00		
+ Car Rental (2.0 x S\$98.25/day) (S\$)		196.50		
+ Doc/Search Fee (S\$)		7.49		
Nett Liability (S\$)		624.99		
Global Sum Settlement (S\$)		600.00		

INSPECTION

Date of Assignment: 12/06/2018
 Date Inspected: 12/06/2018 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: VIVIAN LAU PEI FENG

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	578.40 FL	*- FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	483.30 FL	*- FL
3	1		*REAR BUMPER CLIP	Not Necessary	22.00 FL	*- FL
4	1		*REAR BUMPER SPONGE	Serviceable	137.40 FL	*- FL
5	1		*REAR BUMPER UNDER COVER	Serviceable	185.80 FL	*- FL
6	2		*REAR BUMPER PROTECTOR (LH/RH)	Serviceable	76.00 FL	*- FL
7	1		*REAR BUMPER REVERSE SENSOR	Not Necessary	135.70 FS	*- FS

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

Sub Total (\$\$)	1,618.60	0.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	296.58	0.00
Total Parts (\$\$)	1,322.02	0.00

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	R/REFIX REVERSE SENSOR	New	150.00	0.00
Gross Labour Cost (\$\$)			750.00	300.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >