

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

If NO, Driver Name / Age:

Driver Tel No.:

SLK 36Y

Leo Fine (Mrs Judy)

HP: 8/7/2018

D.O.A: 8/7/2018

(YES / NO) Nature of Accident:

(V/L: YES / NO)

SHA 4980U

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO

Insured Liability: %

Final ? Yes / No

58mwonst



INSRS:

WSP:

Tel:

Liability:

RMKS:

CDH
byas.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

DATE / PIC

12/7/18
Winn

SHA 4980U-23 ALG1300333 6/11/18 Winn

10/7 DINK. Sent out 1st letter.

4/9/18

Need to get video from TP.

4/9/18

Email workshop liability unclear

Receive CCU from TP.

5/9/18

Confirm accident details. Inform TP claim.
Inform org we receive CCU from TP.
1st letter sent out

STAGE

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:

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:

5/9/18
VIVIAN

PRELIMINARY ADVICE

Date/Time: 11/7/18

Sent By: Amk (View only)

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(

days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

11/10/18

Confirm with

William

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

NIC

If NO or B 28, Ass. Lin:

Repair Cost:

SS

744.00

(

3 days)

x

115.00

Loss of Rental (LOR):

SS

345.00

(

550

x

3 days)

Loss of Use (LOU):

SS

150.00

(

5

x

days)

Loss of Income (LOI):

SS

-

(

5

x

days)

LOR only

☐

LOU only

☐

LOR + LOU

☐

LOR + LOI

☐

[Tick only one]

GIA/LTA Search

SS

749.

Medical:

SS

-

Disbursement:

SS

-

Legal Cost

SS

-

Total:

SS

1251.49

Global Sum SS:

1250.00

FINAL SETTLEMENT

Date/Time:

12/5/18

Confirm with

William

Email

Call

Payee 1: (Strike if N.A.)

SS

1250.00

Name:

Comfort+delgro Engineering Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

Survivor: Kelvin

ASSIGNMENT

OD / TP / WS / TP RES / QD RES / EVA / INV / MV

(Client's Record)

(Policy Condition)

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

N/S	O/S

Lum Sum: 78.2 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

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

Truck / Trailer or

Mod: Nil / S/Rim / STB / R/im or

Tyre Size: F: 205/60 R16

R:

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

TOYO/YOKO or *Hon Kuo*

Front Rear

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

L/Bal. λ mm L/Bal. λ mm

D.O.A. 8/7/88 D.O.I. 10/2/88

Survey held at *DHE (Lynn)*

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

q/s front

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

Date / Time	Action / Instruction
26/9/18	Confirm 2.B.2 \$700.00 with 2 working days
	(Red) - \$1060-56 60-6)

DateTime, File Pass to?

☐: Prell. Report

11

☐ : Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

3)

Add Fee: : Site Insp (\$) \$ + RS \$

Report Format :

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

☐ Interview (S) Photos

	Tech. Invs (\$)	Others
--	----------------	---	--------

☐ Weekend (\$)

Survey Fee:

Transportation:

Photos

Others

TOTAL

Our Job Ref No : 305185257
Date : 12/07/18

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508989
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : KALVIN
: SHA4980U
Date of Accident : 08/07/18
Fax :

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

- The repair job shall bill to: AXA --- SLK36Y
###
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges ###
 - Total for Part-By-Part Repair Cost
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% P/P \$700.00
Final Lumpsum Repair cost

- Estimated normal period for repairs: 2 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature :
Name : Kalu
Date : 13/7/18

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:

CHECK ITEMS:

Final Amount Subject to Insurer Approval

REPAIR ESTIMATE*

VEHICLE NO : SHA 4980U

DATE 9/7/2018 13:39

MAKE :

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (RH) <i>X repair</i>			\$ 593.00
	Front Fender Shield (RH) <i>X su</i>			\$ 86.00
	Front Fender Retainer <i>X su</i>			\$ 9.20
	<i>Front Bumper X repair</i>			
	SUB TOTAL			\$ 688.20
	LESS 20%			\$ 137.64
	DISCOUNTED TOTAL			\$ 550.56
	Front Fender Advertisement Logo (RH) <i>/ su</i>			\$ 100.00 Nett
				\$ 100.00
	Labour Charge			200
	Panel Beating			\$ 560.00
	Spray Painting Charge-Fender/Bumper			\$ 500.00 <i>400</i>
	Tuff Kote			\$ 50.00 <i>X 11</i>
	TOTAL LABOUR			\$ 1,110.00
	ESTIMATE TOTAL			\$ 1,760.56
<p><i>Kelvin ICAN</i></p> <p><i>10/7/18 1020hrs</i></p> <p><i>2 Days.</i></p> <p><i>P/P</i></p> <p><i>After Repair photo</i></p> <div> <p>KKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey 14 days after spray painting To display damaged car(s) during resurvey Parts prices are subject to confirmation Third party survey is on a "without Prejudice" basis No illegal modification is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>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*

VEHICLE NO : SHA 4980U

DATE 9/7/2018 13:39

MAKE :

MODEL : HYUNDAI SONATA

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	Tuff Kote			\$ 50.00 X
	TOTAL LABOUR			\$ 1,110.00
	ESTIMATE TOTAL			\$ 1,760.56
<p><i>Kalin 10/11/18</i></p> <p><i>10/7/18 1020hrs</i></p> <p><i>2 Dgs.</i></p> <p><i>P/P</i></p> <p><i>A Her Repair photo</i></p> <div> <p>LKK Auto Consultants hereby notify the Repainer of the following:</p> <ul style="list-style-type: none"> • To remain responsible for the following • To display the vehicle for 14 days • Parts to be used must be of the same • Third party surveyor to be used - Principal basis • No legal action will be taken • Supplementary charges are accepted and is subject to final approval from Insurance Company <p>Acknowledged by Repainer</p> <p>Signature: _____</p> <p>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.				

Page : 1

JC NO.: 305185257

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
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HECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE _____

Acknowledgement Slip

Exit Pass

10

Id.: SHA4980U JU AXA
Se No.:

Vehicle No.: SHA4980U

e of Service Advisor

Signature/Date

Name of Service Advisor

Date _____

* returned to Service Reception upon collection


To be kept by Security Guard

◀ Service Request Details

Claim

S8M00NST

Reference

None 

Loss Date

July 8, 2018

Request Date

July 9, 2018

Due Date

July 16, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

08072018 @ 337pm
Jumaini veh in
Kahm.
arrange 10072018

Actions

Next Step

Agree to perform service

Vehicle Information

Incident Vehicle Registration #

SHA4980U

Make

TPVD HYUNDAI

Model

I40



Service Address

...

Primary Contact/Insured

NEO SWEE CHOO JUDY

461A UPPER EAST COAST ROAD, THE BAYCOURT #01-07, 466507, Singapore

ASPETRA.MOTOR@GMAIL.COM

Claim Handler

CHAN Kian Chuan

6568804269

kianchuan.chan@axa.com.sg

Additional Instructions

NON REPORT

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)



Auto
Consultants
Pte Ltd

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

10 July, 2018

NEO SWEE CHOO JUDY
461A UPPER EAST COAST ROAD
THE BAYCOURT
#01-07
SINGAPORE 466507

Dear Sir,

OUR REF : CC4/ASM18012544/K1wa3 / S8M00NST
YOUR REF : SLK 36Y
ACCIDENT INVOLVING SLK 36Y & SHA 4980U ON 08/07/2018 ALONG/AT
HOLIDAY INN EXPRESS LOBBY DRIVE WAY

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 vivianlau@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 8625 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
Motor Claim Department

Our Ref : T 0718/ SHA4980U /WT(st)

Your Ref :

Date : 17-Jul-18

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
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. 19800004000

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 608286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
201 Yishun Industrial Park A
Singapore 768732

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

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHA4980U YOUR INSURED SLK 36Y
AND OTHER _____ ON 08.07.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHA4980U 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 SLK 36Y we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 749.00
2	<u>3</u> 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 Fees	\$ -
Sub Total :		\$ 1,101.49

HIRER'S CLAIM

7	<u>3</u> days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims:		\$ 1,341.49

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

- Original repair bill and photocopies of photographs 4 pcs
- LTA search slip/s of : SLK 36Y
- GIA / Police report/s of : SHA4980U
- 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 L, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

07 September 2018

Judy Neo Swee Choo
461A Upper East Coast Road
#01-07
Singapore 466507

Dear Sir/ Mdm

OUR REF : CC4/ASM18012544/K1wa3
YOUR REF : SLK 36Y

**ACCIDENT INVOLVING SLK 36Y & SHA 4980U ALONG HOLIDY INN EXPRESS
LOBBY DRIVE WAY ON 08/07/2018**

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 4980U 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 SHA4980U , SLK36Y
HOLIDAY INN EXPRESS LOBBY DRIVE WAY.

ON 08-Jul-18 10:50

I / We

YEE SECK LIONG

(Hirer) NRIC No.: S1234302G

and/or

(Relief) NRIC No.:

Taxi Number

SHA4980U

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-Jul-2018

Name of Hirer

YEE SECK LIONG

Hirer NRIC

S1234302G

Signature :



Address

117B RIVERVALE DRIVE #11-68
542117

Contact No.

96369282



redefining / insurance

CLAIM REF : S8M00NST
INSURED : NEO SWEE CHOO JUDY

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 08 July 2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of ComfortDelgro Transportation Pte Ltd and the Hirer, Yee Seck Liong of vehicle no. SHA 4980U

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 Two Hundred Fifty only (S\$ 1,250.00) 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 SLK 36Y arising out of an accident with SHA 4980U on 08/07/2018
- 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. SLK 36Y 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. SLK 36Y

Dated this 11th day of October 2018

Signed by _____
(AUTHORISED SIGNATORY)

COMFORTDELGRO ENGINEERING PTE LTD
55 LOYANG DRIVE
SINGAPORE 508811

Company Stamp _____

Witness : _____

Name : Neel

I/C No : _____

Address : _____

CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
55 LOYANG DRIVE
SINGAPORE 508811

Please forward your cheque made payable to
COMFORTDELGRO ENGINEERING PTE LTD

GST REG. NO. M2-8921817-3

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

VEHICLE NO
SHA4980U

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
19.05.2016

CHASSIS CODE
KMHLB41UMGU089725

INV. NO/DATE
91383907 13.07.2018

JOB NO.
305185257

ODOMETER READING

DATE/TIME IN
09.07.2018 10:00

Description : 3P 08.07.18

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	L	PANEL BEATING- PRT.	200.00			200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	400.00			400.00
0003	20-05	RENEW ADVERTISEMENT STICKER-	100.00			100.00
SUB-TOTAL :						700.00

- WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE KEPT AT OWNERS' RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY, ADVISE 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 OWED TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT, I.E. AFTER 10 DAYS FROM THE BALANCE DUE BY PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR INADEQUACIES 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	91383907	749.00	

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
SHA4980U

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
19.05.2016

CHASSIS CODE
KMH1B41UMGU089725

INV. NO/DATE
91383907 13.07.2018

JOB NO.
305185257

CUSTOMER READING

DATE/TIME IN
09.07.2018 10:00

Items total	700.00
Add GST @ 7.000 %	49.00
Invoice amount	749.00

Issued by : KATHERINETAN 13.07.2018 16:56:14
Repair type : C180/57/57
Payment Type/Term: /Credit 30 days

- WHILST MAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT OR ACCIDENTS DURING THE COMPANY'S POSSESSION, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AT THE CUSTOMER'S RISK.
- CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 3 DAYS FROM SUCH DELIVERY, IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE THE VEHICLE SHALL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
- INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN PRESENCE OF ANY ARREARS DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE LAST DATE OF PAYMENT I.E. AFTER 30 DAYS FROM THE MONTH END OF PERIOD OF DEFAULT.
- PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR INADEQUACIES 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	91383907	749.00	

Our Ref: CT18070210

Date: 13 July 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	08/07/2018 @ 10:50 hrs
ALONG	HOLIDAY INN EXPRESS LOBBY DRIVE WAY
INVOLVING	SLK36Y

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 **SHA4980U** (the "Taxi"). The Taxi was hired to **YEE SECK LIONG IC NO S1234302G** 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.

TIME READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
			FROM	TO
5	19	335	0400	2226
5	20	18	1725	1854
5	52	318	0401	2215
5	87	353	0403	2116
6	23	356	0408	2218
6	58	352	0407	2150
6	94	361	0405	2231
7	34	401	0402	2333
7	44	94	0600	2114
7	75	315	0402	2325
7	98	228	0405	2211

[illegible]

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLK36Y	08 Jul 2018 / 10:50:00	Successful	A12	AXA INSURANCE PTE LTD

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

SN A 49804

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SLK 36Y (Insd veh)	Model:	HYUNDAI I40
	SHA 4980U (TP veh)		
Date of Accident:	08/07/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	1,883.80
Final Repair Cost	:	\$	749.00
Loss of Token Sum	:	\$	150.00
Rental (if any)	:	\$	345.00
LTA / GIA Search Fee	:	\$	7.49

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,250.00

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	\$ 1,250.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

25/10/2018
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/ASM18012544/K1wa3q2	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN:KIAN CHUAN			Date : 25-10-2018	
			Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLK 36Y	Veh. Inspected	SHA 4980U	
Policy No.	GA310095	Coverage (\$)	0.00	
Claim No.	S8M00NST	Excess (\$)	0.00	
Assign From		Assign Date	09/07/2018	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	KMHLB41UMGU089725	Colour	BLUE	
Odometer	229517	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
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 FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	08/07/2018	Inspection Date	10/07/2018	
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		

**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 4980U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT FENDER (RH) (CONSISTENT)	TO REPAIR SEE LABOUR	593.00	-
1	FRONT FENDER SHIELD (RH) (CONSISTENT)	SERVICEABLE	86.00	-
1	FRONT FENDER RETAINER (CONSISTENT)	SERVICEABLE	9.20	-
1	FRONT BUMPER (NPA) (CONSISTENT)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-137.64	-
			550.56	-
	<u>SPECIAL NETT ITEMS</u>			
1	FRONT FENDER ADVERTISEMENT LOGO (RH) (SN) (CONSISTENT)	NECESSARY	100.00	100.00
			100.00	100.00
	<u>LABOUR</u>			
	PANEL BEATING INCLUSIVE OF THE REPAIR OF FRONT BUMPER AND FRONT FENDER (RH).		560.00	200.00
	SPRAY PAINTING CHARGE-FENDER/BUMPER.		500.00	400.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
			1,110.00	600.00
	GRAND TOTAL		1,760.56	700.00
RECOMMENDED COST OF REPAIRS				700.00

Report Ref No. CC4/ASM18012544/K1wa3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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