

INS. CASE OWNER:

CC 3, LOR 180

13139, K1J39/2

LKK:

IDAC:

Surveyor:

AWR

DOI:

ASSIGNMENT

18/8/18

Date / Time:

18/8/18

Registered in Merines:

19/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLE 7405B

Name of Insured:

LEAF PLC

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A: 17/7/18

Is driver the owner?

(YES / ☒)

Nature of Accident:

Claim No.:

063077565856

Policy No.:

0999994764

Make / Model:

T-AXIO

Place of Accident:

K6. BATHEN RD CSUP RD

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

S110 4752X



INSRS:

WSP:

Tel:

Liability:

RMKS:

WSP: 10/10/18



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

23/8
JnyS110 4752X - 063/1161000 10/10/18, 10/10/18
- 063/1161000 10/10/18, 10/10/18
SLE 7405B - 063/1161000 10/10/18, 10/10/18

TP mentioned in statement. STD was swapped w passenger after collision.

- LOR. DMR. to follow up in first event.

RECEIVED 12 SEP 2018

STAGE

DATE / PIC

Non-Reporting ltr (1st):

- 30/7-7-18

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:

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\$

1,498

Loss of Rental (LOR):

S\$

175.92

(days)

117.28

Loss of Use (LOU):

S\$

75

(days)

117.28

Loss of Income (LOI):

S\$

75

(days)

117.28

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

(Tick only one)

GIA/LTA Search:

S\$

7.49

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost:

S\$

Total:

S\$

1,756.41

Global Sum S\$:

1,756.41

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,755.41

Name 1:

COMFORTDELGO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insured Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

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

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD4752X Yr Regnt: 3/14 2013

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

Truck / Trailer or

Make: Hyundai 240 cc 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 662636 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB8X14MD4038649Gen. Cond: Good / F6 / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Haraka

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 12/7/18 D.O.I. 18/7/18Survey held at CHE (Loyang)

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

O/S Front

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

Date / Time Action / Instruction

R (\$1,149.36 / 45%)AZH
424/5 \$1,400

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

____ \$ + RS ____ \$

Photos

Others

TOTAL

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech. Invs (\$☐ : Weekend (\$

Report Format: _____

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

REPAIR ESTIMATE*

VEHICLE NO : SHD 4752X

DATE 18/7/2018 14:32

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover ✓			\$ 562.30
	Front Bumper Bracket Top (LH/RH) ✗		\$ 22.40	\$ 44.80
	Front Bumper Retainer Mounting ✓		\$ 9.20	\$ 18.40
	Front Fender (LH) ✓			\$ 619.00
	Front Fender Shield (LH) ✗			\$ 169.80
	Front Fender Retainer ✗			\$ 9.20
	Frt Wheel Hub Cap, LH ✗			\$ 150.70
	SUB TOTAL			\$ 1,574.20
	LESS 20%			\$ 314.84
	DISCOUNTED TOTAL			\$ 1,259.36
	 Frt Fender Advertisement Logo (LH) ✓			 \$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ 560.00 300
	Spray Painting Charge			\$ 500.00 400
	Tuff Kote			\$ 50.00 20
	Frt Wheel Alignment			\$ 80.00 ✗
	TOTAL LABOUR			\$ 1,190.00
	ESTIMATE TOTAL			\$ 2,549.36
<div> <div> <p>Kake U/KK</p> <p>18/7/18 1510h</p> <p>2 Days.</p> <p>4/5</p> <p>After Repair p/ths</p> </div> <div> <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 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 <p>Acknowledged by Repairer:</p> <p>Signature:</p> <p>Date:</p> </div> </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.				

1816

20

Ver. of COMFORTDELGRO

Date/Time: 18.07.2018 14:07

Page : 1

ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305189352

COMFORT TRANSPORTATION PTE LTD

7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(C)

REGN NO.:

SHD4752X

MILEAGE

MAKE:

HYUNDAI

FUEL

E 1/2 F

MODEL

I-40

DATE/TIME IN

18.07.2018 12:30

YR OF MANU

31.07.2013

TARGET DATE

CHASSIS CODE

KMHLB41UMDU038649

COMPLETION DATE/TIME

ARD NO

JOB DESCRIPTION

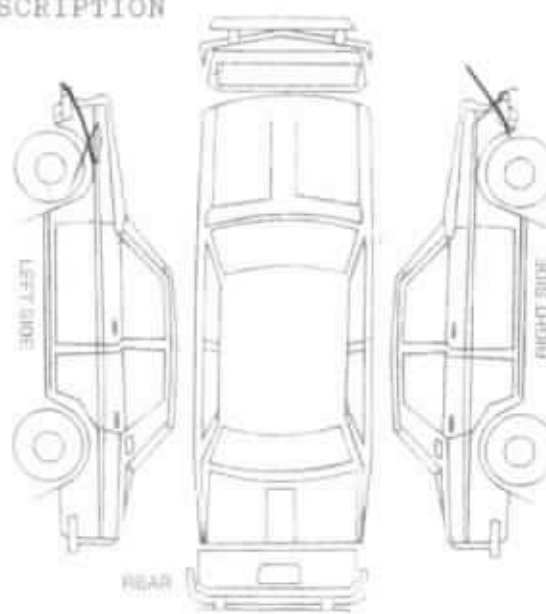
dent Date: 17.07.2018

RE: 3P 17.07.18

LABOR CODE

DESCRIPTION

FRONT



PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

nt Slip

Exit Pass

SHD4752X

JU AIG LKK

Vehicle No.

SHD4752X

Advisor

Signature/Date

Name of Service Advisor

Date

Service Reception upon collection

To be kept by Security Guard

Our Ref : T 0718 / SHD4752X /CL(st)
Your Ref:
Date : 25-Jul-18

AIG ASIA PACIFIC INSURANCE PTE LTD
CHARTIS Building
78 Shenton Way
#07-16
Singapore 079120

Attn : Motor Claims Department WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHD4752X YOUR INSURED SLE7405B
AND OTHER ON 17.07.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No : SHD4752X 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 SLE7405B we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,498.00
2	<u>2</u> days Loss of Rental @ \$ 117.28 per day	\$ 234.56
3	Survey Report Fees (<i>Surveyed by M/s LKK</i>)	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transporation	\$ -
Sub Total :		\$ 1,740.05

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims :		\$ 1,900.05

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

- a) Original repair bill and photocopies of photographs : 9 pcs.
b) LTA search slip/s of : SLE7405B
c) GIA / Police report/s of : SHD4752X
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: 190004280

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 728791

Yishun

501 Yishun Industrial Park A
Singapore 768732

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Friday, 7 September 2018 5:36 PM
To: Eileen Yap
Cc: Admin A; Vivian Lau (LKKAuto); Hsiao Tong (LKKAuto); Tan, Wilson-KL
Subject: 0630275658SG / ACCIDENT INVOLVING SLE 7405B& SHD 4752X ON 17/07/2018
Attachments: SHD4752X VC (TS)1 .mp4

07 September 2018

LCRF PTE LTD

Policy Holder

Your Ref: SLE 7405B
Our Ref: CC3/LCR18013139/K1ja3

Dear Sir/Madam,

ACCIDENT INVOLVING SLE 7405B& SHD 4752X ON 17/07/2018 (15:25) ALONG KAMPONG BAHRU ROAD

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 **SHD 4752X** 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 | 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 SHD4752X , SLE7405B****ON 17-Jul-18 15:30****KAMPONG BAHRU ROAD (SLIP RD) LOWER DELTA ROAD.**

I / We

PNG HUAT SENG

(Hirer) NRIC No.:

S1582396H

and/or

(Relief) NRIC No.:

Taxi Number

SHD4752X

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

18-Jul-2018

Name of Hirer

PNG HUAT SENG

Hirer NRIC

S1582396H

Signature :



Address

**732 TAMPINES STREET 71 #08-111
520732**

Contact No.

90059397

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\$1,755.00 (Global Sum) for vehicle no. SHD 4752X that was damaged pursuant to the accident which occurred on 17/07/2018 (date) along KAMPONG BAHRU ROAD (location) involving vehicle no/s SLE 7405B. This is pursuant to the inspection conducted on 18/07/2018 (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. SHD 4752X 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 SHD 4752X (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 12 (day) of 09 (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
SHD4752X
MAKE
HYUNDAI
MODEL
I-40
DATE OF REG
31.07.2013
CHASSIS CODE
KMHL841UMDU038649
INV. NO/DATE
91385409 23.07.2018
JOB NO.
305189352
ODOMETER READING
JOB TYPE

Description : 3P 17.07.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	1,400.00
Add GST @ 7.000 %	98.00
Total Invoice amount	1,498.00

Issued by : KATHIRINETAN 23.07.2018 16:38:22
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

1. WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARE OF OTHERS' PROPERTIES BELONGING TO CUSTOMERS' AND VEHICLES ARE DRIVEN AND REPAIRED AT OWNERS' RISK.
2. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL RETURN IT WITHIN 14 DAYS FROM DELIVERY OR NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
3. INTEREST OF 1% PER MONTH WILL BE CHARGED PER DAY (14 DAY SHOULD BE PRESENT) ON ANY AMOUNT DUE AND OUTSTANDING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 14 DAYS FROM THE INVOICE DATE) 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: CT18070519

Date: 23 July 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 17/07/2018 @ 15:30 hrs
ALONG KAMPONG BAHRU ROAD (SLIP RD) LOWER DELTA
 ROAD
INVOLVING SLE7405B

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 **SHD4752X** (the "Taxi"). The Taxi was hired to **PNG HUAT SENG IC NO S1582396H** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.28** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte 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.

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLE7405B	17 Jul 2018 / 15:30:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

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

SHD4752X

...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	19 Jul 2018 Edit Reg		18 Jul 2018 00:00 Edit Adj Rpt	S\$1,400.00 Edit Estimates	S\$1,400.00 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:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHD4752X	Date of Loss:	17/07/2018 15:00 - :59 [59 Months and 17 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 0630275658SG	Policy/Cover Note No.:	0999994764						
Vehicle Reg. No. (Insured):	SLE7405B	Policy No. (Claimant):	MCOM0015						
		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 Tan, Wilson-KL]								
Claimant's Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 30/07/2018]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> AIG_SG (20/07/2018): No OI GIA Report 									
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

***SHD4752X (0630275658SG)**
[SLE7405B]
TP
COMFORT TRANSPORTATION PTE LTD
Jul 17 2018 3:00PM
[LCRF PTE LTD]
ComfortDelGro Engineering Pte Ltd

Upload Documents Upload Photos Compose New Letter Upload Video Upload Audio			View View in Browser	
Video			1 per page 1 <input checked="" type="checkbox"/>	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	07/09/18 17:30	Video - Accident VIDEO FROM TP - DIV CUT LANE		Load MP4
Letters/Correspondences			1 per page 1 <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 3 <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
2	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
3	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
4	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
5	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
6	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
7	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
8	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
9	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
10	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
11	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
12	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
13	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
14	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
15	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
16	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
17	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
18	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
19	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
20	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
21	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
22	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
23	19/07/18 17:12	General View		Load JPG <input checked="" type="checkbox"/>
24	19/07/18 17:18	Reinspection Photo		Load JPG <input checked="" type="checkbox"/>
25	19/07/18 17:18	Reinspection Photo		Load JPG <input checked="" type="checkbox"/>
26	19/07/18 17:18	Reinspection Photo		Load JPG <input checked="" type="checkbox"/>
Documentation			1 per page 1 <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	20/07/18 09:04	TP ESTIMATE - MARKED		Load PDF
2	20/07/18 09:04	TP GIA REPORT		Load PDF

Video			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
3	29/08/18 16:32	OI GIA	Load PDF	
4	12/09/18 14:23	LETTER TO LCRF	Load PDF	
5	19/09/18 08:18	WORKSHOP INVOICE	Load PDF	
6	19/09/18 08:18	AUTHORISATION TO ACT FORM	Load PDF	
7	19/09/18 08:18	Release Voucher	Load PDF	
8	19/09/18 08:18	RENTAL RECEIPT	Load PDF	
9	19/09/18 08:18	LTA SEARCH	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 style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

TEAM _____

Vehicle No:	SLE7405B (Insd veh)	Model:	HYUNDAI I40 1.7 D CRDI (A)
	SHD4752X (TP veh)		
Date of Accident:	17/07/2018		

Global Sum Settlement	:	[X]	Yes	[]	No
Repair Estimate	:	\$	2,727.82		
Final Repair Cost	:	\$	1,755.00		
Loss of Use	:	\$		1.50 days at \$50.00 per day	
Rental (if any)	:	\$		1.50 days	
LTA / GIA Search Fee	:	\$			
Others:	:	\$			
	:	\$			
Final Settlement Sum (Global Sum)	:	\$	1,755.00		
Is Third Party Workshop GIA Registered? [X] YES [] NO (Kindly indicate below)					
A) For <u>Non GIA Registered Workshop</u>:			Agreed Liability _____(%)		
B) For <u>GIA Registered Workshop</u>:			BOLA Applicable: Yes/ No —BOLA Scenario No: _____ _15_		
BOLA Liability: _____100_____(%)			Assessed Liability (*): _____(%)		
<i>* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.</i>					
Remarks _____ _____					

Payment Instruction: Payee's Breakdown			
1)	ComfortDelGro Engineering Pte Ltd	:	\$ 1,755.00
2)		:	\$
3)		:	\$
4)		:	\$
5)		:	\$

Date _____

https://singapore.merimen.com/claims/index.cfm?fusebox=SVCdoc&fuseaction=dsp_doclt... 19/9/2018

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/LCR18013139/K1JA3Q2

Date: 19/09/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 0999994764
Claimant Vehicle No : SHD4752X **Insured Vehicle No :** SLE7405B
 Date of Loss: 17/07/2018 Nature of Claim: TP Claim No: 0630275658SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **SHD4752X**
 Make & Model: HYUNDAI I40, 1.7 D CRDi (A) Engine No: D4DFDU568865
 Reg. Date: 31/07/2013 (Man. Year: 2013) Chassis No: KMHLB41UMDU038649
 Colour: Blue Odometer: 662636 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: 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	1,359.36	1,045.04	314.32	23.12
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,190.00	720.00	470.00	39.50
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,549.36	1,765.04	784.32	30.77
Approved Total (Overridden) (S\$)		1,400.00		
(S\$)	2,549.36	1,400.00	1,149.36	45.08
+ GST 7.00/7.00% (S\$)	178.46	98.00	80.46	45.09
Nett Amount (S\$)	2,727.82	1,498.00	1,229.82	45.08
+ Loss of Use (1.5 x S\$50.00/day) (S\$)		75.00		
+ Car Rental (1.5 x S\$117.28/day) (S\$)		175.92		
+ Doc/Search Fee (S\$)		7.49		
Nett Liability (S\$)		1,756.41		
Global Sum Settlement (S\$)		1,755.00		

INSPECTION

Date of Assignment: 18/07/2018

Date Inspected: 18/07/2018 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: 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		*FRONT BUMPER COVER	Deformed	562.30 FL	*562.30 FL
2	2		*FRONT BUMPER BRACKET TOP (LH/RH)	Serviceable	44.80 FL	*- FL
3	2		*FRONT BUMPER RETAINER MOUNTING	Serviceable	18.40 FL	*- FL
4	1		*FRONT FENDER	Dented	619.00 FL	*619.00 FL
5	1		*FRONT FENDER SHIELD(LH)	Serviceable	169.80 FL	*- FL
6	1		*FRONT FENDER RETAINER	Serviceable	9.20 FL	*- FL
7	1		*FRT WHEEL HUB CAP ,LH	Serviceable	150.70 FL	*- FL
8	1		*FRT FENDER ADVERTISEMENT LOGO (LH)	Necessary	100.00 FS	*100.00 FS

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

Sub Total (\$\$)	1,674.20	1,281.30
- List Item Discount on L Items 20.00/20.00% (\$\$)	314.84	236.26
Total Parts (\$\$)	1,359.36	1,045.04

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	560.00	300.00
2	SPRAY PAINTING CHARGE	New	500.00	400.00
3	TUFF KOTE	New	50.00	20.00
4	FRT WHEEL ALIGNMENT	New	80.00	0.00
Gross Labour Cost (S\$)			1,190.00	720.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >