

region

INS CASE OWNER

Kranichmann

CC 4 Hgm
AXA1801

2878, #2163

LKK:

IDAC:

Surveyor:

Awk

DOE:

ASSIGNMENT

20/3/18

Date / Time:

20/3/18

Registered in Meritum:

Pre-assign / CCU / FTE



Insured Vehicle No:

SDE 69087

Name of Insured:

Ulm Hock wamy.

Insured Tel No:

HP: 4709692

Excess Sec II:SS

D.O.A:

20/3/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

TAMM DANCINE

Driver Tel No:

(V/L: YES / NO)

Claim No.:

S8M00024 / 60253

Policy No.:

4A090204

Make / Model:

MITSUBISHI

Place of Accident:

STEVEN KU TMS DEHNEN RD

OI GIA REPORT: YES / NO

YES / NO

Insured Liability:

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

CODE
in

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

1/8/18
vic06/08/18
4:25PM20/08/18
08/10/18

09.45AM

08/10/18

SHE 69087 - 4

Smartclaim

spoke to OI. OI was her husband
she confirmed accident details &
kate ended tp. informed tp claim.
agreed to settle & aware NCB issues.
send letter & email to OI.

ORIGINAL TP LOG IN
UPLOADED IN/WHATSAPP IN SMARTCLAIMS.
SEND 1st OFFER TO TP.
AXA APPROVED WHATEVER & LOUIS B DING.
TP CALLED IN. PROPOSED 1.5 DAYS &
G/S. SEND 2ND OFFER.
RECEIVED PV. ALL DONE IN OFFER.
TO CLOSE.

STAGE

DATE / PIC

Non-Reporting Itr (1st):

Non-Reporting Itr (2nd):

Non-Reporting Itr (Final):

Notification Itr (if non-pickup):

Call OI:

After call Itr to OI:

Documentation Check List: Handler Typist

Notification Itr (if non-pickup)

After call Itr to OI:

Authorization 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:

Confirm by:

Email ☐ Call ☐

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

P/P

SS

815.15

1

days

Reduction:

59

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

08/10/18

Confirm with:

WILLIAM

Email ☐Call ☐

Final Liability:

\$

100

(Agreed / Assessed)

BOLA S/N No.:

27

Repair Cost:

(w/acc)

SS

883.26

Loss of Rental (LOR):

SS

564.80

1

4.5 days

X \$ 126.40

Loss of Use (LOU):

SS

215.00

50

4.5 days

Loss of Income (LOI):

SS

-

15

days

LOR only ☐LOU only ☐

SS

LOR + LOU ☐LOR + LOU ☒

[Tick only one]

GIA/LTA Search:

SS

7.49

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/Independent)

Legal Cost:

SS

-

Total:

SS

1,680.05

Global Sum SS:

1,680.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

SS

1,680.00

Name 1:

COMFORTMARGO ENGINEERING PTG LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

COPY SENT
8/10/18



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/ASM18013838/K1hb3		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date : 30-07-2018		
		Code : ASM		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SDE 6908T	Veh. Inspected	SHC 364P	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	30/07/2018	
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	26/07/2018	Inspection Date	30/07/2018	
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.				

CITY CAB PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SHC 364P

MAKE :

MODEL : TOYOTA PRIUS

AXA-CP/P

27/7/2018

(Fri)

1410

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR BUMPER <i>X Again</i>			\$ 458.60	
REAR BUMPER RE-INFORCEMENT <i>X</i>			\$ 322.30	
REAR BUMPER UNDER COVER <i>—</i>			\$ 552.60	
REAR BUMPER SIDE RETAINER <i>X</i>			\$ 112.70	
REAR BUMPER SPONGE <i>X</i>			\$ 143.40	
REAR BUMPER CLIPS <i>X</i>			\$ 22.00	
<i>Wiring Charge —</i>				
			\$ 14.70	
SUB TOTAL			\$ 1,611.60	
LESS 25%			\$ 402.90	
DISCOUNTED TOTAL			\$ 1,208.70	
REAR BUMPER REVERSE SENSOR <i>X</i>			\$ 135.70	NETT
REAR BUMPER RUBBER MAT <i>X</i>			\$ 50.00	NETT
			\$ 185.70	
LABOUR CHARGE				
Panel Beating			\$ 350.00	
Spray Painting Charge			\$ 250.00	
Wiring Charge			\$ 50.00	
TOTAL LABOUR			\$ 650.00	
ESTIMATE TOTAL			\$ 2,044.40	

Kalin RMA

30/7/18 1x40L

200

P/P

After Repair p/L

LIK Auto Consultants hereby notify the Repairer of the following:

- To receive claims after survey
- To display the original survey
- Parts prices to be approved
- Third party vehicle to be on "quote" basis
- No direct payment to be made
- Supplementary work must be surveyed and approved by the insurance company

Acknowledged by Repairer

Signature:

Date:

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

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

Our Job Ref No : 305192965

Date : 31/07/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHC 364P

Date of Accident : 26-Jul-18

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

1. The repair job shall bill to: AXA --- SDE6908T

2. The finalized amount shall be:

(a) Spare Parts after List discount \$425.48

(b) Labour Charges \$400.00

Total for Part-By-Part Repair Cost \$825.48

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 31/7/18

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		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Final Amount Subject to Insurance Approval

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

JOB NO : 305192965
REGN NO : SHC 364P
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 17.08.2017
DATE/TIME IN : 27.07.2018 11:10
ACCIDENT DATE : 26.07.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-2287-G	REAR BUMPER UNDER COVER	1	552.60	25.00	414.45
0002 04-01-0302-2286-G	REAR BUMPER TOW COVER*	1	14.70	25.00	11.02

SUB-TOTAL : 425.47

JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	200.00

SUB-TOTAL : 400.00

TOTAL : 825.47


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

Team: ARC Repair TP(CFS0)1	JOB CARD	Sales Order:	JC NO: 305192965
OWNER: CITYCAB PTE LTD OWNER NO: 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188	REGN NO: SHC 364P MAKE: TOYOTA MODEL: PRIUS HYBRID(G4) YR OF MANU: 17.08.2017 CHASSIS CODE: JTDKB3FU603562692	MILEAGE: FUEL: E 1/2 F DATE/TIME IN: 27.07.2018 11:10 TARGET DATE: COMPLETION DATE/TIME:	
JUNT CARD NO:			

JOB DESCRIPTION

Accident Date: 26.07.2018
NATURE: 3P 26.07.18

S/NO	LABOR CODE	DESCRIPTION

KEYED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Signature/Date	Signature/Date
Vehicle No.: SHC 364P	Vehicle No.: SHC 364P
To be kept by Security Guard	To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE

VEHICLE NO : SHC 364P

MAKE :

MODEL : TOYOTA PRIUS

AXA-CP/P

27/7/2018

(Fri)

TS
1410

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
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REAR BUMPER SIDE RETAINER?			\$ 112.70	
REAR BUMPER SPONGE <i>X</i>			\$ 143.40	
REAR BUMPER CLIPS <i>X</i>			\$ 22.00	
<i>Rem.ing Cost</i>				
SUB TOTAL			\$ 1,611.60	
LESS 25%			\$ 402.90	
DISCOUNTED TOTAL			\$ 1,208.70	
REAR BUMPER REVERSE SENSOR <i>X</i>			\$ 135.70	NETT
REAR BUMPER RUBBER MAT <i>X</i>			\$ 50.00	NETT
			\$ 185.70	
LABOUR CHARGE				
Panel Beating			\$ 350.00 ²⁰⁰	
Spray Painting Charge			\$ 250.00 ²⁰⁰	
Wiring Charge			\$ 50.00 ^X	
TOTAL LABOUR			\$ 650.00	
ESTIMATE TOTAL			\$ 2,044.40	

1 call to RMA
30/7/18 1x40L
2 by
P/P
After Repair p/h

AXA Auto Consulting hence notify the Repaired of the following:

- To resurvey before spray painting
- To display damaged parts during resurvey
- Parts prices are subject to resurvey
- Third party survey is the "Valid Prescribed" to be
- No illegal modification allowed
- Supplemental items must be reviewed and is subject to final approval from insurance company

Acknowledged by Repaired
 Signature:
 Date:

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.



Re:IA MANDATE S8M00Q3Y

Type

❗ Information

Message

LIAB CLEAR, PLS PROCEED FOR DS QUANTUM AS PROPOSED.

Reply

Our Ref : CC18070785/ SHC364P /WT(ck)

Your Ref :

Date : 25-Jul-18

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6363 6280
Facsimile +65 6260 9755

www.cdge.com.sg

Company Registration No: 199701000

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 SHC364P YOUR INSURED SDE6908T
AND OTHER ON 26.07.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : **SHC364P** 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 **SDE6908T** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 883.26
2	5 days Loss of Rental @ \$ 125.40 per day	\$ 627.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
Sub Total :		\$ 1,517.75

HIRER'S CLAIM

7	5 days Loss of Income @ \$ 80.00 per days	\$ 400.00
Total Claims :		\$ 1,917.75

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 : **SDE6908T**
- c) GIA / Police report/s of : **SHC364P**
- d) Letter of authority from owner / hirer / operator
 - () Photocopy/s of Accident Scene Photo/s () Certificate of Insurance
 - () 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 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

06 AUGUST 2018

LIM HOCK WANG
BLOCK 539 HOUGANG STREET 52
#08-50
SINGAPORE 530539

By Post and By Email

Dear Sir/Madam,

OUR REF : CC4/ASM18013838/K1hb3
YOUR REF : SDE 6908T
ACCIDENT INVOLVING SDE 6908T AND SHC 364P ALONG STEVEN ROAD ON
26.07.18

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 M/s COMFORTDELGRO ENGINEERING PTE LTD, acting on behalf of the owner of SHC 364P against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had collided to the Third-Party vehicle SHC 364P. As such, liability may not be on your favour unless proven otherwise.

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 full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's 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)



Auto
Consultants
Pte Ltd

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

- 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 AXA's 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 at 6256 3561 or email us at vicalpeh@lkkauto.com.

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

Yours sincerely,

Vic Alpeh
Case Handler
DID: 6841 2096
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

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

mrslimpauline@yahoo.com.sg / Edward.lim@swts.com
(Email)

Vic (LKKAUTO)

From: Vic (LKKAUTO)
Sent: Monday, 6 August, 2018 4:55 PM
To: Edward.lim@swts.com
Cc: mrslimpauline@yahoo.com.sg; Admin A; Vic (LKKAUTO)
Subject: YOUR REF: SDE 6908T_ACCIDENT INVOLVING SDE 6908T AND SHC 364P ALONG STEVEN ROAD ON 26.07.18



Auto
Consultants
Pte Ltd

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

06 AUGUST 2018

LIM HOCK WANG
BLOCK 539 HOUGANG STREET 52
#08-50
SINGAPORE 530539

By Post and By Email

Dear Sir/Madam,

OUR REF : CC4/ASM18013838/K1hb3
YOUR REF : SDE 6908T
ACCIDENT INVOLVING SDE 6908T AND SHC 364P ALONG STEVEN ROAD ON 26.07.18

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 M/s COMFORTDELGRO ENGINEERING PTE LTD, acting on behalf of the owner of SHC 364P against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had collided to the Third-Party vehicle SHC 364P. As such, liability may not be on your favour unless proven otherwise.

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 full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's 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

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 AXA's 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 at 6256 3561 or email us at vicalpeh@lkkauto.com.

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

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

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



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

This e-mail contain confidential and privileged material, and are for the sole use of the intended recipient. Use or distribution by an unintended recipient is prohibited, and may be a violation of law. If you believe that you received this e-mail in error, please do not read this e-mail or any attached items. Please delete the e-mail and all attachments, including any copies thereof, and inform the sender that you have deleted the e-mail, all attachments and any copies thereof. Thank you.

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****TOYOTA PRIUS SHC364P , SDE6908T
WHITLEY ROAD TWDS STEVEN ROAD.****ON 26-Jul-18 13:30**

I / We

ONG KIM BOON

(Hirer) NRIC No.:

S1318729J

and/or

(Relief) NRIC No.:

Taxi Number

SHC364P

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

27-Jul-2018

Name of Hirer

ONG KIM BOON

Hirer NRIC

S1318729J

Signature :



Address

**101 HOUGANG AVENUE 1 #05-1161
530101**

Contact No.

91705517



redefining / insurance

CLAIM REF : S8M00Q3Y
INSURED : LIM HOCK WANG

DISCHARGE VOUCHER

We, **COMFORTDELGRO ENGINEERING PTE LTD** confirm that by letter of authorisation dated **27/07/2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of **CITYCAB PTE LTD** and the Hirer, **ONG KIM BOON** of vehicle no. **SHC 364P**.

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 SIX HUNDRED EIGHTY** only (**\$S1,680.00**) 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 **SDE 6908T** arising out of an accident with **SHC 364P** on **26/07/2018**.
- 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. **SDE 6908T** 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. **SDE 6908T**.

Dated this 03 day of October 2018

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508663

Witness : _____
Name : _____
I/C No : _____
Address : CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508663

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"

A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

ComfortDelGro Engineering Pte Ltd

201 Orchard Road Singapore 237091

Mainline + 66 6280 6280, Faxsimile + 66 6280 9723.

^aValues are the means \pm SD.

861 Lombard Drive, Berkeley, CA 94708

283 Sin Ming Drive Singapore 575713

45 Pandan Road Singapore 110099

2011, 10th Road 2 Singapore 400441

24 *Journal of Latin American Research* 25(1)

7 Bureau World War II, Singapore ZENTUS

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TAX INVOICE

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO
SHC 364P

MAKE
TOYOTA

MODEL
PRIUS HYBRID (G41)

DATE OF REG
17.08.2017

CHASSIS CODE
JTDYB3FU603562692

INV. NO/DATE

91387273 31.07.2018

JOB NO.
305192965

ODMETER READING

DATE/TIME IN
27.07.2018 11:10

S/No	Part No.
------	----------

JOB NATURE

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/CHO No.
8010010	91387273	883.26	

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO
SHC 364P

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4)

DATE OF REG
17.08.2017

CHASSIS CODE
JTDKE3FU603562692

INV. NO/DATE
91387273 31.07.2018

JOB NO.
305192965

ODOMETER READING

DATE/TIME IN
27.07.2018 11:10

Items total	825.48
Add GST @ 7.000 %	57.78
Invoice amount	883.26

Issued by : CHEWSELENG 01.08.2018 11:12:02
Repair type : CFSO/57/57
Payment Type/Term: /Credit 30 days

1) WHILEST MAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT THERE OF ACCIDENTAL DAMAGE THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CAR OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE SUPPLIED AND RETURNED AS OWNERS' RISK.
2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM DELIVERY SIGN NOTICE BY 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 DAY DATE OF PAYMENT I.E. AFTER 30 DAYS FROM THE INVOICE FOR THE PAYMENT ON DEFAULT.
4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERROR OR DISCREPANCY WITHIN 72 HOURS 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	91387273	883.26	

Our Ref: CC18070785



Date: 01 August 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	26/07/2018 @ 13:30 hrs
ALONG	WHITLEY ROAD TWDS STEVEN ROAD.
INVOLVING	SDE6908T

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 **SHC0364P** (the "Taxi"). The Taxi was hired to **ONG KIM BOON IC NO S1318729J** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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.

QPL

SHC 364P

	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING					HOURS OPERATED (TIME)	TO
		FROM	TO			1	2	3	4	5	FROM	TO
3	226	0700	1700	22/7/18	ONG	1	1	7	8	4	1800	2100
3	179	1730	0210	23/7	ONG	1	1	8	2	4	0700	2200
6	183	0630	1700	24/7	ONG	1	1	8	4	8	0640	1700
8	182	1750	0230	24/7	ENG	1	1	8	6	7	1730	0158
78	270	0700	1700	25/7	ONG	1	1	8	9	5	0700	1700
70	211	1720	0150	25/7	ENG	1	1	9	1	6	1720	0205
94	204	0700	1720	26/7	ONG	1	1	9	3	6	0700	1745
84	190	1735	0210	26/7	ENG	1	1	9	5	4	1758	0140
91	207	0700	1700			1	1	9	6	6	1110	—
56	165	1715	0230	27/7	Accident						—	1630
78	222	0620	1720	31/7	repair				W		—	1630

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SDE6908T	26 Jul 2018 / 13:30:00	Successful	A12	AXA INSURANCE PTE LTD

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

SNC 364P

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SDE 6908T (Insd veh)	Model:	TOYOTA PRIUS
	SHC 364P (TP veh)		
Date of Accident:	26/07/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	2,199.30
Final Repair Cost	:	\$	883.26
Loss of Token Sum	:	\$	225.00
Rental (if any)	:	\$	564.30
LTA / GIA Search Fee	:	\$	7.49

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,680.00

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	\$ 1,680.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

09/10/2018
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/ASM18013838/K1hb3q2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN:KIAN CHUAN

Date : 09-10-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SDE 6908T	Veh. Inspected	SHC 364P
Policy No.	GA090304	Coverage (\$)	0.00
Claim No.	S8M00Q3Y	Excess (\$)	0.00
Assign From		Assign Date	30/07/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU603562692	Colour	YELLOW
Odometer	119669	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	WEST LAKE	7 mm
L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	26/07/2018	Inspection Date	30/07/2018
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
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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. SHC 364P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER (CONSISTENT)	TO REPAIR SEE LABOUR	458.60	-
1	REAR BUMPER REINFORCEMENT (CONSISTENT)	SERVICEABLE	322.30	-
1	REAR BUMPER UNDER COVER (CONSISTENT)	CRACKED	552.60	552.60
1	REAR BUMPER SIDE RETAINER (CONSISTENT)	SERVICEABLE	112.70	-
1	REAR BUMPER SPONGE (CONSISTENT)	NOT NECESSARY	143.40	-
1	REAR BUMPER CLIPS (CONSISTENT)	NOT NECESSARY	22.00	-
1	TOWING COVER (CONSISTENT)	CRACKED	14.70	14.70
	LESS 25% DISCOUNT		-406.58	-141.82
			1,219.72	425.48
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN) (CONSISTENT)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN) (CONSISTENT)	NOT NECESSARY	50.00	-
			185.70	-
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		350.00	200.00
	SPRAY PAINTING CHARGE		250.00	200.00
	WIRING CHARGE	NOT NECESSARY	50.00	-
GRAND TOTAL			650.00	400.00
			2,055.42	825.48
RECOMMENDED COST OF REPAIRS				825.48

Report Ref No. CC4/ASM18013838/K1hb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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