

INS. CASE OWNER:

Stacy | CC 4/AXA1801

4245, H14639

LKK:

IDAC:

Surveyor:

Kellin

DOI:

ASSIGNMENT

1/8/18

Date / Time:

06/8/18

Registered in Merimen:

6/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHB 97NR

Name of Insured:

TRANS-LOG SERVICES P/L

Insured Tel No.:

HP:

Excess Sec II: \$5

5000

D.O.A.:

30/7/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: TAN KHEM HOE

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

W474160

Policy No.:

VPX/168052

Make / Model:

KEMARU

Place of Accident:

Tampines S774

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

Insured Liability:

Final? Yes / No

SH 91795



INSRS:

WSP:

Tel:

Liability:

RMKS:

CODE
W

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

6/8/18

Kellin

SH 91795-Y SHB 97NR-Y

BOLA IS, OJD changing lane, letter to OJ.
Mandate and Mandate uploaded

RECEIVED 12 SEP 2018

Head After repair photo

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: 7/8/2018

Documentation Check List: Handler Typist

Notification Itr (if non-pickup)

After call Itr 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:

7/8/2018

Sent By:

CPC

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$5

1255.02

(days)

Reduction:

58

%

Email

Call

FINAL SETTLEMENT

Date/Time:

25/8/2018

Confirm with:

William Tan

Email

Call

Final Liability:

%

100

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

15

If NO or B 28, Ass. Lia:

Repair Cost:

\$5

1,342.85

Loss of Renta' (LOR):

\$5

504.60

(4 days)

125.40

Loss of Use (LOU):

\$5

-

(5 x days)

Loss of Income (LOI):

\$5

200.00

(\$50.00 x 4 days)

LOR only

LOU only

LOR + LOU

LOR + LO

LOR + LO

(Tick only one)

GIA/LTA Search

\$5

-

Medical:

\$5

-

Disbursement:

\$5

-

(e.g. Towel Independent)

Legal Cost:

\$5

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

350.00

Total:

\$5

2,044.45

Global Sum \$5:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5

2,044.45

Name 1:

Lombard Dodge Engineering Pte Ltd

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

108/11/13

Surveyor: Kalvin

REF:

CG/QW18011000/K11b

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/INS/TP RES/OD RES/EVA/INV/MV

To Inspected 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 Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 12 days Res.: Yes or NoLum Sum: 1255 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SH 91795 Yr Regn: 75, 2012

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

Truck / Trailer or

Make: Hyundai c.c. 1700Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 74129 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 570KB 7F4 8035 6827Gen. Cond: Good / F / Poor / BurntSteering: In order / J / Jammed / Leaked / Burnt orBrake: In order / J / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD L / Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 2 mmL/Bal. 1 mmD.O.A. 70/7/8Survey held at CHE (Loyang)

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

o/s R/L

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

| Date / Time | Action / Instruction |
|---------------|--|
| | <u>SH 91795 - X</u> |
| <u>6/6/12</u> | <u>Checked P/R \$1255 / 2 hrs. (Rear 1790.10, 58%)</u> |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Date/Time, File Pass to?

☐ : Prell. ReportDays Of Repair: 2

1)

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

2) 6/8 - typistAdd Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

Others

TOTAL

Report Format: TPLump Sum / I.B.I.: (\$ 1255)



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/AXA18014245/K1fb3

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 06-08-2018



Code : AXA2

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|-----------|----------------|------------|
| Insured Veh. | SHB 9720R | Veh. Inspected | SH 9179S |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 06/08/2018 |

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 | 30/07/2018 | Inspection Date | 01/08/2018 |
| 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. |
|---|

member of COMFORTDELGRO

Date/Time: 30.07.2018 14:13

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO. 305193911

COMER
COMFORT TRANSPORTATION PTE LTD
S 7010045
COMER NO. 383 SIN MING DRIVE
ESS Singapore SINGAPORE 575717
65508755

REGN NO. SH 9179S

MILEAGE

MAKE: TOYOTA

FUEL

MODEL PRIUS HYBRID(G4)30/07/2018 11:00

07.09.2017

TARGET DATE

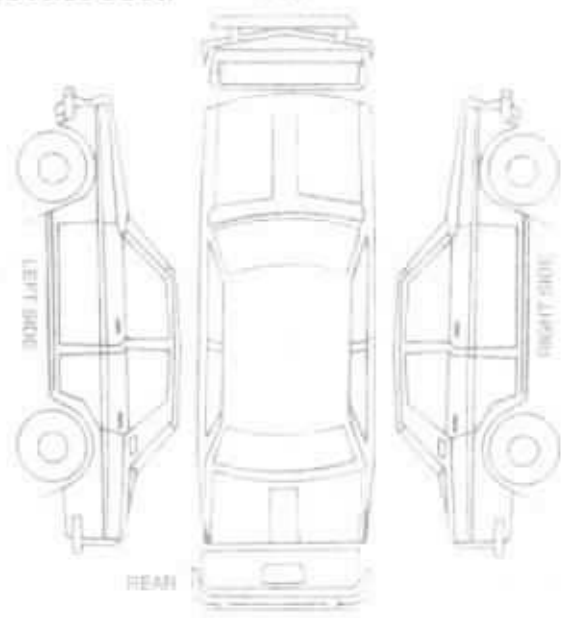
CHASSIS QTPKB3FU803563827 COMPLETION DATE/TIME

XINT CARD NO.

Accident Date: 30.07.2018
NATURE: 3P 30.07.18

JOB DESCRIPTION

| S/NO | LABOR CODE | DESCRIPTION |
|------|------------|-------------|
|------|------------|-------------|



KED & PASSED OUT BY

SERVICE ADVISOR

equipment: \$100

Exit Pass

SH 9179S

JU AXA

Verfügen Sie

SH 9179S

Service Animals

Signature/Date _____

Name of Service Activity:

Turned to Service Reception upon collection

To be kept by Security Guard

AXIA
ZM

30/7/2018 15:00

| MODEL | PARTS DESCRIPTION | QTY | UNIT PRICE | AMOUNT |
|-------|--|-----|------------|-------------------------------------|
| | PANEL SUB-ASSY, REAR DOOR, RH <i>X Repair</i> | | | \$ 1,227.00 |
| | REINFORCE SUB-ASSY, ROCKER, OUTER RH <i>X Repair</i> | | | \$ 519.80 |
| | <i>Front Door (RH) X Repair</i> | | | |
| | <i>Rear Fender (RH) X Repair</i> | | | |
| | SUB TOTAL | | | \$ 1,746.80 |
| | LESS 25% | | | \$ 436.70 |
| | DISCOUNTED TOTAL | | | \$ 1,310.10 |
| | REAR DOOR COMFORT & APPS STICKER <i>✓</i> | | | \$ 80.00 |
| | <i>Front Door</i> | | | |
| | LABOUR CHARGE | | | |
| | Panel Beating | | | \$ 350.00 ³⁰⁰ |
| | Spray Painting Charge | | | \$ 100.00 |
| | Wiring Charge | | | \$ 50.00 |
| | Towing Charge | | | \$ 60.00 |
| | Transfer of Door | | | \$ 120.00 |
| | TOTAL LABOUR | | | \$ 1,080.00 |
| | ESTIMATE TOTAL | | | \$ 2,470.10 |

LKK Auto Care Center is hereby
 the Repairer of this vehicle.

- To require delivery of the vehicle
- To deliver the vehicle to the customer
- To provide a written estimate of the work
- To provide a written estimate of the cost
- To provide a written estimate of the time
- To provide a written estimate of the location
- To provide a written estimate of the date
- To provide a written estimate of the time
- To provide a written estimate of the location
- To provide a written estimate of the date

Acknowledged by: *[Signature]*
 Signature: _____

Kah'icks
1/8/8 1600h.
200
PIC
Ash Rpi pLts

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.

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 Ian
Deputy Manager
CDGE Claims Department

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****TOYOTA PRIUS SH9179S , SHB9720R****ON 30-Jul-18 10:30****ALONG TAMPINES ST 34, BEFORE TAMPINES ST 33 JUNCTION**

I / We

LIM LAN TEE

(Hirer) NRIC No.:

S0164608G

and/or

(Relief) NRIC No.:

Taxi Number

SH9179S

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

30-Jul-2018

Name of Hirer

LIM LAN TEE

Hirer NRIC

S0164608G

Signature :



Address

**333 ANG MO KIO AVENUE 1 #04-19...
560333**

Contact No.

96622838



redefining / insurance

CLAIM REF : C0474160
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 30.07.2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of Comfort Transportation Pte Ltd and the Hirer, Lim Lan Tee of vehicle no. SH 9179S.

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 **Two Thousand Forty Four and Cents Forty-Five only (S\$2,044.45)** 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. (SHB 9720R) arising out of an accident with (SH 9179S) on 30.07.2018.
- 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. SHB 9720R 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. SHB 9720R.

Dated this 3rd day of September 2018

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
88 LOYANG DRIVE
SINGAPORE 508688

Witness : [Signature]
Name : [Signature]
I/C No : CLAIMS DEPARTMENT
Address : COMFORTDELGRO ENGINEERING PTE LTD
88 LOYANG DRIVE
SINGAPORE 508688

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

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

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

GST REG. NO. M2-8921817-3

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
SH 9179S

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4)

DATE OF REG
07.09.2017

CHASSIS (VIN)
JTDKR3PU803563827

INV. NO/DATE
91388445 07.08.2018

JOB NO.
305193911

DIGIMETER READING

DATE/TIME IN
30.07.2018 11:00

| | | |
|----------------|---------|----------|
| Items total | | 1,255.00 |
| Add GST @ | 7.000 % | 87.85 |
| Invoice amount | | 1,342.85 |

Issued by : KATHERINETAN 07.08.2018 11:58:50
Repair type : (180/57/57)
Payment Type/Term: /Credit 30 days

1. WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEEET OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND USED AT OWNERS RISK.
2. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SIGN WITHIN 7 DAYS FROM SIGNATURE ON 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 ON A DAY TO DAY BASIS WITHIN 10 DAYS OF ANY AMOUNT DUE AND REMAINING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OR MAXIMUM 1% AFTER 30 DAYS FROM THE MONTH FOR THE PERIOD OF DEFAULT.
4. PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd

A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHO No. |
|-------------|-------------|----------|--------------|
| 8010010 | 91388445 | 1,342.85 | |
| | | | |
| | | | |
| | | | |

Our Ref: CT18070867

Date: 07 August 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 30/07/2018 @ 10:30 hrs
ALONG ALONG TAMPINES ST 34, BEFORE TAMPINES ST 33
JUNCTION
INVOLVING SHB9720R

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 **SH9179S** (the "Taxi"). The Taxi was hired to **LIM LAN TEE IC NO S0164608G** a registered hirer-operator of **Comfort Transportation 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.

| READING | MILEAGE TRAVELLED (KM) | HOURS OPERATED (TIME) | |
|---------|------------------------|-----------------------|-------|
| | | FROM | TO |
| 297 | 302 | 06.46 | 19.26 |
| 247 | 250 | 06.44 | 18.20 |
| 272 | 224 | 08.05 | 19.12 |
| 281 | 108 | 07.58 | 19.37 |
| 335 | 254 | 06.47 | 19.41 |
| 597 | 261 | 06.47 | 19.48 |
| 865 | 267 | 06.45 | 19.58 |
| 105 | 239 | 06.44 | 19.10 |
| 349 | 244 | 06.40 | 20.15 |
| 231 | 82 | 08.17 | 19.20 |
| 588 | 156 | 07.57 | 20.21 |

| DATE | NAME OF DRIVER | MILEAGE READING | | | MILEAGE TRAVELLED (KM) | HOURS OPERATED (TIME) | |
|-----------|----------------|-----------------|---|---|------------------------|-----------------------|-------|
| | | 7 | 2 | 8 | | FROM | TO |
| 23.7.2018 | D. T. Nam | | | 4 | 256 | 06.47 | 19.27 |
| 24.7.2018 | D. T. Nam | | | 3 | 238 | 06.45 | 18.30 |
| 25.7.2018 | D. T. Nam | | | 4 | 241 | 06.40 | 20.07 |
| 26.7.2018 | D. T. Nam | | | 7 | 273 | 06.46 | 19.11 |
| 27.7.2018 | D. T. Nam | | | 5 | 217 | 06.46 | 20.44 |
| 28.7.2018 | D. T. Nam | | | 7 | 92 | 08.26 | 18.54 |
| 29.7.2018 | D. T. Nam | | | 4 | 196 | 08.22 | 19.40 |
| 30.7.2018 | D. T. Nam | | | | | 06.47 | |
| 30-7-2018 | Accident | N/A | | | IN | 1100 | — |
| 3-8-2018 | Repair | N/A | | | OUT | — | 1245 |

SH 9179S

...CLAIM SUBFOLDER...(Pending for Survey Report)

Direct Settlement

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'd | Status |
|------|-------------|---------------|--|--|--|------------|---|
| Main | 30 Jul 2018 | | 06 Aug 2018 10:13 Edit Adj Rpt | S\$1,255.00 Edit Estimates | S\$1,255.00 View Rpt | | Pending for Survey Report Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | |
|---|---|------------------------|--|----------|---------|-------------|--------------|------------|-------|
| CLAIM SUBFOLDER DETAILS [Created by Insurer] | | | | | | | | | |
| Insured: | TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K, Email: CLAIMS@TRANSCAB.COM.SG | | | | | | | | |
| Main Claimant: | COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R | | | | | | | | |
| Vehicle Reg. No.: | SH9179S | Date of Loss: | 30/07/2018 10:00 - :59 [10 Months and 23 Days From LTA Reg Date (Man Yr)] | | | | | | |
| Claim Type: | TP / C0474160 | Policy/Cover Note No.: | P1680520 (Third Party Only) | | | | | | |
| Vehicle Reg. No. (Insured): | SHB9720R | Policy No. (Claimant): | D-18088936MFSH | | | | | | |
| | | Excess: | S\$5,000.00 | | | | | | |
| Repairer: | ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300 | | | | | | | | |
| Handling Insurer: | AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Stacey Ng - 6880 4351] | | | | | | | | |
| Claimant's Insurer: | MS First Capital Insurance Ltd (HQ) - Tel: 62222311 | | | | | | | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 16/08/2018] | | | | | | | | |
| Driver/Custodian (Insured): | TAN CHENG HOE (), NRIC: S0467798F, Tel: +6582084230 | | | | | | | | |
| ASSOCIATED MAIL RECEIVED View All Compose Case Mail | | | | | | | | | |
| <ul style="list-style-type: none"> AXA_SG (15/08/2018): Alert - Adj Mandate Approved (S\$2070.34) - SH9179S - Claim Handler: Stacey Ng AXA_SG (06/08/2018): New TP Assignment - C0474160/P1680520 | | | | | | | | | |
| 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

***SH9179S (C0474160)**
[SHB9720R]
TP
COMFORT TRANSPORTATION PTE LTD
Jul 30 2018 10:00AM
[TRANS-CAB SERVICES PTE LTD]
ComfortDelGro Engineering Pte Ltd

Upload Documents

Upload Photos

Compose New Letter

Upload Video

Upload Audio

View

View in Browser

Letters/Correspondences

1 per page

☒

No

Finalized On

LKK Auto Consultants Pte Ltd (HQ)

Thumbnail

Print

1

(Draft)

Third Party Express Settlement – Payment Breakdown

1

Edit

Documentation

1 per page

☒

No

Finalized On

AXA Insurance Pte Ltd (HQ)

Thumbnail

Print

1

30/07/18 16:12

EMAIL FROM WORKSHOP

1

Load PDF

2

30/07/18 16:12

SH9179S TP GIA

1

Load PDF

3

30/07/18 16:12

SHB9720R INSD GIA

1

Load PDF

4

01/08/18 12:50

EMAIL FROM WORKSHOP

1

Load PDF

5

01/08/18 12:50

SH9179S TP GIA

1

Load PDF

No

Relabel/Reorder

LKK Auto Consultants Pte Ltd (HQ)

Thumbnail

Print

1

07/08/18 13:45

TP Estimate- Marked

1

Load PDF

2

07/08/18 14:05

Immediate Advice (with mandate) dated 07.08.2018

1

Load PDF

3

07/08/18 14:05

Letter to OI via E-mail

1

Load PDF

4

07/08/18 14:05

LKK SURVEY PHOTO

1

Load PDF

5

08/08/18 12:12

Immediate Advice (with mandate) dated 07.08.2018-revised

1

Load PDF

6

13/08/18 09:00

LKK RESURVEY PHOTO

1

Load PDF

7

19/09/18 08:38

WORKSHOP INVOICE

1

Load PDF

8

19/09/18 08:38

AUTHORISATION TO ACT FORM

1

Load PDF

9

19/09/18 08:38

DISCHARGE VOUCHER

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RENTAL RECEIPT

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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> | | | |

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

| | | | |
|-------------------|---------------------|--------|----------------------|
| Vehicle No: | SHB9720R (Insd veh) | Model: | TOYOTA PRIUS 1.5 (A) |
| | SH9179S (TP veh) | | |
| Date of Accident: | 30/07/2018 | | |

| | | | |
|-----------------------|---|------------------------------|--|
| Global Sum Settlement | : | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| Repair Estimate | : | \$ | 3,258.26 |
| Final Repair Cost | : | \$ | 1,342.85 |
| Loss of Token Sum | : | \$ | 200.00 |
| Rental (if any) | : | \$ | 501.60 |
| LTA / GIA Search Fee | : | \$ | 0.00 |
| Others: | : | \$ | 0.00 |
| | : | \$ | |
| Final Settlement Sum | : | \$ | 2,044.45 |

4.00 days at \$50.00 per day
4 days

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A) For **Non GIA Registered Workshop**: Agreed Liability _____(%)

B) For **GIA Registered Workshop**: BOLA Applicable: Yes/~~No~~—BOLA Scenario No: _____

BOLA Liability: _____100_____(%) Assessed Liability (*): _____(%)

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks _____

| Payment Instruction: Payee's Breakdown | | | |
|--|-----------------------------------|---|-------------|
| 1) | ComfortDelGro Engineering Pte Ltd | : | \$ 2,044.45 |
| 2) | | : | \$ |
| 3) | | : | \$ |

JOANNE LEE KHANG MIN

19 Sep
2018

LKK Auto Consultants Pte Ltd

Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC4/ASM18014245/K1FB3Q2
Date: 19/09/2018

REFERENCE

| | | | |
|-----------------------|-----------------------|----------------------|----------|
| Handling Insurer: | AXA Insurance Pte Ltd | Policy No: | P1680520 |
| Claimant Vehicle No : | SH9179S | Insured Vehicle No : | SHB9720R |
| Date of Loss: | 30/07/2018 | Nature of Claim: | TP |
| | | Claim No: | C0474160 |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|------------------------------|-------------|-------------------|
| Reg No: | SH9179S | Engine No: | 2ZRS062781 |
| Make & Model: | TOYOTA PRIUS, 1.5 (A) | Chassis No: | JTDKB3FU803563827 |
| Reg. Date: | 07/09/2017 (Man. Year: 2017) | Odometer: | 74189 km |
| Colour: | Blue | | |
| Engine Capacity: | 1798 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: | 195/65 R15 | Rear Tyre Size: | 195/65 R15 |
| Front Left Side: | Yokohama 7 mm | Rear Left Side: | Yokohama 7 mm |
| Front Right Side: | Yokohama 7 mm | Rear Right Side: | Yokohama 7 mm |

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|---|-----------------------------|-----------------|-----------------|--------------|
| Parts | 1,465.10 | 155.00 | 1,310.10 | 89.42 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 1,580.00 | 1,100.00 | 480.00 | 30.38 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Gross Total (S\$) | 3,045.10 | 1,255.00 | 1,790.10 | 58.79 |
| + GST 7.00/7.00% (S\$) | 213.16 | 87.85 | 125.31 | 58.79 |
| Nett Amount (S\$) | 3,258.26 | 1,342.85 | 1,915.41 | 58.79 |
| + Loss of Use (4.0 x S\$50.00/day) (S\$) | | 200.00 | | |
| + Car Rental (4.0 x S\$125.40/day) (S\$) | | 501.60 | | |
| | Nett Liability (S\$) | 2,044.45 | | |

INSPECTION

| | | |
|-----------------------------|--------------------------|--|
| Date of Assignment: | 06/08/2018 | |
| Date Inspected: | 01/08/2018 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:** Chong Poh Kin

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

Reference

| | |
|---|--|
| Part Source: MRM-SG | Version: 1.0 (Last Synchronised: 14 Sep 2018) |
| Parts: 144 | TOYOTA PRIUS 1.5 (A) (Catalogue:Merimen Singapore 1.0) |
| Labour: Repairer's | (Price-denominated Standard List) |
| Print Code: (Unsubmitted, no print-code for SH9179S) | |
| Validity: | These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page |
| Further Info: | Items/values not in reference catalogue are prefixed with an asterisk * |

Recommended Parts

| No. | Qty | Part No. Particulars | Condition | Repairer's | Amount |
|-----|-----|--|-----------|-------------|-----------|
| 1 | 1 | *PANEL SUB -ASSY ,REAR DOOR ,RH (CONSISTENT) | Repair | 1,227.00 FL | *- FL |
| 2 | 1 | *REINFORCE SUB-ASSY ,ROCKER ,OUTER RH (CONSISTENT) | Repair | 519.80 FL | *- FL |
| 3 | 1 | *FRONT DOOR (RH) (NPA) (CONSISTENT) | Repair | 0.00 FL | *- FL |
| 4 | 1 | *REAR FENDER (RH) (NPA) (CONSISTENT) | Repair | 0.00 FL | *- FL |
| 5 | 1 | *REAR DOOR COMFORT & APPS STICKER (CONSISTENT) | Necessary | 80.00 FS | *80.00 FS |
| 6 | 1 | *FRONT DOOR STICKER (CONSISTENT) | Necessary | 75.00 FS | *75.00 FS |

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

| | | |
|--|-----------------|---------------|
| Sub Total (\$\$) | 1,901.80 | 155.00 |
| - List Item Discount on L Items 25.00/25.00% (\$\$) | 436.70 | 0.00 |
| Total Parts (\$\$) | 1,465.10 | 155.00 |

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

| No | Particulars | Lab.Type | Repairer's | Amount |
|-------------------------|-----------------------|----------|-----------------|-----------------|
| <u>Labour Items</u> | | | | |
| 1 | PANEL BEATING | New | 350.00 | 300.00 |
| 2 | SPRAY PAINTING CHARGE | New | 1,000.00 | 800.00 |
| 3 | WIRING CHARGE | New | 50.00 | 0.00 |
| 4 | TOWING CHARGE | New | 60.00 | 0.00 |
| 5 | TRANSFER OF DOOR | New | 120.00 | 0.00 |
| Gross Labour Cost (S\$) | | | 1,580.00 | 1,100.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >