

INSURANCE

INS. CASE OWNER:

Stacy

CCV

ASM

4766

K2J627

LKK

IDAC

CCV AXA1801

ASSIGNMENT

14/8/18

Surveyor:

kalin

DOI:

14/8/18

Date / Time:

14/8/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No.:

YP 3675H

Claim No.:

58M00KX1 69171

Name of Insured:

SM IMPORT & EXPORT PTE

Policy No.:

Insured Tel No.:

IP:

Make / Model:

Excess Sec II :SS

D.O.A.:

14/8/18

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

OIGIA REPORT:

YES NO

TP GIA REPORT:

YES NO

Driver Tel No.:

(V/L YES NO)

Insured Liability:

%

Final ? Yes / No

SHB 3671P

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

18/9/18

gdy

SHB 3671P

YP 3675H

at ground claim

ONE SENT OUT 2ST LETTER

5-10-18@1157 CALLED OL CO. 6567 4755

NO ANSWER.

5-10-18@1205 PM

6425 6147 eileen

w/ agent eileen. she

will ask ol to repair.

pang@allink.com.sg

STAGE

DATE / PIC

Non-Reporting ltr (1st)

Non-Reporting ltr (2nd)

Non-Reporting ltr (Final)

Notification ltr (if non-pickup)

Call OL

After call ltr to OL

Documentation Check List:

Handler

Typist

Notification ltr (if non-pickup)

After call ltr to OL

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

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

days Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

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

15

Repair Cost:

SS

749.50

Loss of Rental (LOR):

SS

282.50

(2.5 days) 113

Loss of Use (LOU):

SS

125

(5.50 x 2.5 days)

Loss of Income (LOI):

SS

125

(5.50 x 2.5 days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

749

Medical:

SS

Disbursement:

SS

Legal Cost

SS

Total:

SS

1,163.99

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

1,163.99

Name 1:

COMFORTDELORO ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

X

Name 2:

X

Payee 3: (Strike if N.A.)

SS

X

Name 3:

X

F/1143

Insured: Kalvin

REF:

CS/0W18014766/KH652

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / WS / 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 Report: _____ Consistent? : Yes or No

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

Est. Repair: _____ 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: SHB 3431P Yr Regn: 1724, 214Type: M.Car / M.Cycle / Bus / Van / Lorry / TO / Prime Mover /

Truck / Trailer or _____

Make: Hyundai 240 cc 1600Colour: Y/L6 A/C: Ins 0 / Std / NI / NASp. Reading: 59947 T/Radio: Ins 0 / Std / NI / NA

Eng/No: _____

C/No: KMH LB 442 E405795Gen. Cond: Good / 6 / Poor / BurntSteering: Ins 6 / Jammed / Leaked / Burnt or _____Brake: Ins 6 / Jammed / Leaked / Burnt or _____Mod: NI / S/Rim / 6 / R/Wrim or _____Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Wot He

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 12/8/8 D.O.I. 15/8/8Survey held at CHE (Loyang)

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

N/S body minor

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

| Date / Time | Action / Instruction |
|-------------|--|
| 15/8/8 | SHB 3431P - CS/FCU405445/KH652 Insured L/S \$700 / 1 Pay. (Red: 534.40 : 43%) TAX 170314 Indemnity 42 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED 15 AUG 2018

Date/Time, File Pass to?

☐ : Prel. Report

11/15/8 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 1Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Report Format:

Lump Sum / I.B.I. (\$) 700



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/ASM18014766/K1jb3 | | |
| 8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811 | | Date : 06-09-2018 | | |
| | | Code : ASM | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | YP 3575H | Veh. Inspected | SHB 3431P | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | | Excess (\$) | 0.00 | |
| Assign From | | Assign Date | 14/08/2018 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | HYUNDAI I40 | c.c | 1685 | |
| Engine No. | HIDDEN | Year of Reg. | 2014 | |
| Chassis No. | KMHLB41UMEU057995 | Colour | YELLOW | |
| Odometer | 599217 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM | |
| General | FAIR | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 205/60R16 | WEST LAKE | 7 mm | |
| L/H Front Tyre | 205/60R16 | WEST LAKE | 7 mm | |
| R/H Rear Tyre | 205/60R16 | WEST LAKE | 7 mm | |
| L/H Rear Tyre | 205/60R16 | WEST LAKE | 7 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S WING MIRROR. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 12/08/2018 | Inspection Date | 14/08/2018 | |
| 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. | | | | |
| 5b. Estimate Days of Repair | | | | |
| ESTIMATED NORMAL PERIOD FOR REPAIR: | | 1 Working Days | | |

New | Delete | Archive | Junk | Sweep | Move to | Categories | ...

SHB3431P - DOA:12.08.18 TP CLAIMS WITH YOUR INSURED YP3575H (AXA)

KS

KUMAR Shailendra <shailendra.kumar@axa.com.sg>

Today 9:11 AM

Fauzy Bin Mokhtar, CHAN Kian Chuan <kianchuan.chan@axa.com.sg>

Dear Sir

We regret that we are unable to arrange a survey for your client's vehicle as we need more time to confirm the vehicle no. **YP3575H**. In order to proceed to arrange your own surveyor as deemed fit.

Regards
Shailendra

From: Fauzy Bin Mokhtar (mailto:fauzy@sparkcarcare.com)

Sent: Monday, August 13, 2018 5:49 PM

To: SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>

Subject: SHB3431P - DOA:12.08.18 TP CLAIMS WITH YOUR INSURED YP 3575H (AXA)

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.

The taxi was grounded at our workshop on 12.08.18.

Best Regards,

Fauzy Mokhtar

Taxi Crash Repair / ComfortDeigro Engineering Pte Ltd

Off:62148319 / Fax:65468156

-----Disclaimer-----

This message may contain confidential information intended solely for the use of the named addressee. If you are not the intended recipient, please do not use, disclose or reproduce the content of this message. If you have received this message by mistake, please notify the sender immediately. The views and opinions presented in this message are solely those of the author and do not necessarily represent those of AXA Singapore - External Communications Group, unless otherwise stated by the sender and duly authorized by the said companies.

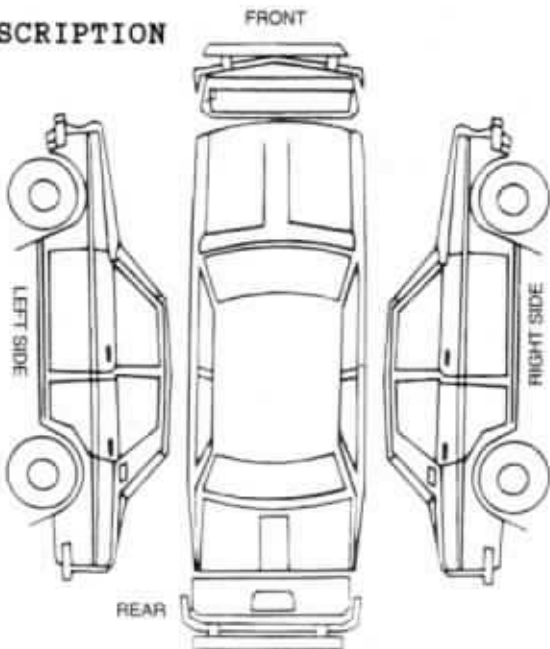
| | | | | |
|----------------|----------------------------|--------------------|-----------------------|-------------------|
| Team: | ARC Repair TP(CFSO)1 | JOB CARD | Sales Order: 3847459 | JC NO.: 305199175 |
| ITOMER | | REGN NO.: SHB3431P | MILEAGE | |
| MS | CITYCAB PTE LTD | MAKE : HYUNDAI | FUEL | |
| ITOMER NO. | 7010070 | MODEL | DATE/TIME IN | |
| RESS | 383 SIN MING DRIVE | I-40 | 12.08.2018 13:40 | |
| | Singapore SINGAPORE 575717 | YR OF MANU. | TARGET DATE | |
| (R) | 65551188 | 17.07.2014 | | |
| (P) | | CHASSIS CODE | COMPLETION DATE/TIME: | |
| | | KMHLB41UMEU057995 | | |
| COUNT CARD NO. | | | | |

JOB DESCRIPTION

Accident Date: 12.08.2018
NATURE: 3P 12.08.18/B-

S/NO LABOR CODE

DESCRIPTION



CKED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Wedge ment Slip

Exit Pass

No.: SHB3431P FZ AXA

Vehicle No.: SHB3431P

of Service Advisor _____ Signature/Date _____

Name of Service Advisor _____ Date _____

eturned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 3431P

DATE 13/8/2018 11:33

MAKE :

MODEL : HYUNDAI i40

AXIA
LEFT FRONT

FZ

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|---|---------------------------|------|------------|-------------|
| | Front Door Mirror (LH) ✓ | | | \$ 980.50 |
| | SUB TOTAL | | | \$ 980.50 |
| | LESS 20% | | | \$ 196.10 |
| | DISCOUNTED TOTAL | | | \$ 784.40 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 250.00 |
| | Spray Painting Charge | | | \$ 150.00 |
| | Wiring Charge | | | \$ 50.00 |
| | TOTAL LABOUR | | | \$ 450.00 |
| | ESTIMATE TOTAL | | | \$ 1,234.40 |
| <p>Kali (Kali)</p> <p>14/8/18 1100h</p> <p>1071</p> <p>4/5</p> <p>After Repair photo</p> | | | | |
| <div> <p>KK Auto Consultants hereby 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 insured 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. | | | | |

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305199175
Date : 14.08.2018

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

FINALIZATION FORM

To : LKK Fax :
Attn : KALVIN
Vehicle Reg No : SHB3431P Date of Accident : 12.08.2018


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


1. The repair job shall bill to: AXA — YP 3575H
2. The finalized amount shall be:

| | |
|---|------------------|
| (a) Spare Parts after List discount | \$0.00 |
| (b) Labour Charges | \$0.00 |
| Total for Part-By-Part Repair Cost | \$0.00 |
| | |
| (c) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: 20% | \$ 700.00 |
| Final Lumpsum Repair cost | \$ 700.00 |

3. Estimated normal period for repairs: 1 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 : FAUZY BIN MOKHTAR
Tel : 82148319
Fax : 65468156

Signature : 
Name : Kalvin
Date : 15/8/18

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:

Final Amount Subject to Insurance Approval

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|--|--------------------------------------|------|------------|------------------------------------|
| | Front Door Mirror (LH) <i>Broken</i> | | | \$ 980.50 |
| | SUB TOTAL | | | \$ 980.50 |
| | LESS 20% | | | \$ 196.10 |
| | DISCOUNTED TOTAL | | | \$ 784.40 |
| | Labour Charge | | | |
| | Panel Beating | | | \$ 250.00 ⁵⁰ |
| | Spray Painting Charge | | | \$ 150.00 ⁵⁰ |
| | Wiring Charge | | | \$ 50.00 ⁵⁰ |
| | TOTAL LABOUR | | | \$ 450.00 |
| | ESTIMATE TOTAL | | | \$ 1,234.40 |
| <p><i>Kali (Kali)</i></p> <p><i>14/8/18 1100h</i></p> <p><i>1071</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p> | | | | |
| <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 is allowed • Subsequently damaged 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. | | | | |



Auto
Consultants
Pte Ltd

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

18 Sep 2018

**SM IMPORT & EXPORT PTE LTD
15 YISHUN INDUSTRIAL STREET 1, #07-14,
Singapore 768091**

Dear Sir,

**OUR REF : CC4/ASM18014766/K1jb3
YOUR REF : YP 3575H**

**ACCIDENT INVOLVING YP 3575H & SHB 3431P ALONG BALESTIER ROAD
TOWARDS THOMSON ROAD ON 12/08/2018**

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 Joylrene@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 2409 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

Our Ref : CC18080340/ SHB3431P /WT(st)

Your Ref :

Date : 24-Aug-18

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

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: 199006040W

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

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB3431P YOUR INSURED YP 3575H
AND OTHER ON 12.08.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : **SHB3431P** 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 : **YP 3575H** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

| | | | |
|--------------------|---|-----------|-----------------|
| 1 | Cost of Repair | \$ | 749.00 |
| 2 | 3 days Loss of Rental @ \$ 113.00 per day | \$ | 339.00 |
| 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 : | | \$ | 1,095.49 |

HIRER'S CLAIM

| | | | |
|-----------------------|---|-----------|-----------------|
| 7 | 3 days Loss of Income @ \$ 80.00 per days | \$ | 240.00 |
| Total Claims : | | \$ | 1,335.49 |

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 : **YP 3575H**
- c) GIA / Police report/s of : **SHB3431P**
- d) Letter of authority from owner / hirer / operator

(X) Photocopies 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



LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGI 40 SHB3431P , YP3575H
BALESTIER ROAD TWDS THOMSON RD.

ON 12-Aug-18 12:30

I / We

NG AH HONG

(Hirer) NRIC No.:

S7222609G

and/or

(Relief) NRIC No.:

Taxi Number

SHB3431P

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

13-Aug-2018

Name of Hirer

NG AH HONG

Hirer NRIC

S7222609G

Signature :

Address

5 SIREH PLACE
534186

Contact No.

97811693

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

8 SHERTON WAY AXA TOWER #24-01
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO
SHR3431P

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
17.07.2014

CHASSIS CODE
KMHTB411UMKU057995

NO/DATE
91391529 24.08.201

JOB NO.
305199175

ODOMETER READING

JOB TYPE

Description : 3P 12.08.18

Invoice for lump sum repair

| | |
|-----------------------------|---------------|
| Total lump sum repair amt | 700.00 |
| Add GST @ 7.000 % | 49.00 |
| Total invoice amount | 749.00 |

Issued by : KATHIRINKIAN 24.08.2018 09:48:55
Repair Type : CRASH/51/57
Payment Type/Term : /Credit 30 days

ComfortDelGro Engineering Pte Ltd
member of COMFORTDELGRO

Head Office:
5 Braddell Road
Singapore 570701

Please note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHQ No. |
|-------------|-------------|--------|--------------|
| | | | |

Our Ref: CC18080340



Date: 15 August 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 12/08/2018 @ 12:30 hrs
ALONG BALESTIER ROAD TWDS THOMSON RD
INVOLVING YP3575H

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 **SHB3431P** (the "Taxi"). The Taxi was hired to **NG AH HONG IC NO S7222609G** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$113.00** 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.

[illegible]

Enquire Vehicle Insurer

| Vehicle No. | Incident Date/Time | Search Status | Insurance Company Code | Insurance Company Name |
|-------------|------------------------|---------------|------------------------|------------------------|
| YP3575H | 12 Aug 2018 / 12:30:00 | Successful | A12 | AXA INSURANCE PTE LTD |

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

SHB3431P




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 | | | | |
|---|--|----------------------------|---|--|
| COMFORTDELGRO ENGINEERING PTE LTD | | Ref : CS/QW18014766/K11bs2 | | |
| 59 LOYANG DRIVESINGAPORE 508969 | | Date : 06-09-2018 |  | |
| | | Code : QW007 | | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | Veh. Inspected | | SHB 3431P | |
| Policy No. | Coverage (\$) | | 0.00 | |
| Claim No. | Excess (\$) | | 0.00 | |
| Assign From | Assign Date | | 14/08/2018 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | HYUNDAI I40 | c.c | 1685 | |
| Engine No. | HIDDEN | Year of Reg. | 2014 | |
| Chassis No. | KMHLB41UMEU057995 | Colour | YELLOW | |
| Odometer | 599217 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM | |
| General | FAIR | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 205/60R16 | WEST LAKE | 7 mm | |
| L/H Front Tyre | 205/60R16 | WEST LAKE | 7 mm | |
| R/H Rear Tyre | 205/60R16 | WEST LAKE | 7 mm | |
| L/H Rear Tyre | 205/60R16 | WEST LAKE | 7 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S WING MIRROR. | | | | |
| DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 12/08/2018 | Inspection Date | 14/08/2018 | |
| 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. | | | | |
| 5b. Estimate Days of Repair | | | | |
| ESTIMATED NORMAL PERIOD FOR REPAIR: | | 1 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. SHB 3431P

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|-----------------------------|-----------------|---------------------------|-------------------|
| 1 | REPLACEMENT OF PARTS | CRACKED ✓ | | |
| | FRONT DOOR MIRROR (LH) | | 980.50 | 980.50 |
| | LESS 20% DISCOUNT | | -196.10 | -196.10 |
| | | | 784.40 | 784.40 |
| | LABOUR | NOT NECESSARY ✓ | | |
| | PANEL BEATING | | 250.00 | 50.00 |
| | SPRAY PAINTING CHARGE | | 150.00 | 50.00 |
| | WIRING CHARGE | | 50.00 | - |
| | | | 450.00 | 100.00 |
| GRAND TOTAL | | | 1,234.40 | 884.40 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) ✓ | | | | 700.00 |

Report Ref No. CS/QW18014766/K1tbs2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.



Req doc

Type

🔗 Question

Message

Hi Insured GIA report shared. Please request the following: 1. driving license of driver 2. letter of authorisation.
Thank you

Reply



Auto
Consultants
Pte Ltd

Company Registration No. 199607186R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 17/09/2018

Survey Details:

| | |
|---------------------|-----------------------------------|
| Date of loss | 12-Aug-18 |
| Date of appointment | 14-Aug-18 |
| Date of survey | 14-Aug-18 |
| Location of survey | COMFORTDELGRO ENGINEERING PTE LTD |

Vehicle Details:

| | |
|----------------------|--------------|
| Claim Type: | Third party |
| Vehicle number | SHB 3431P |
| Make and Model | HYUNDAI I-40 |
| Date of registration | 17/7/2014 |
| Excess | |
| Market Value | \$0 |
| Part Rebate | \$0 |
| Nett Loss | \$0 |

Repair details:

| | |
|------------------|-------------|
| Initial Estimate | \$ 1,234.40 |
|------------------|-------------|

Proposed/Revised repair cost:

| | |
|--------------------------------|------------------|
| Parts | \$ 784.40 |
| Check items (estimate) | \$ - |
| Labour | \$ 100.00 |
| Total | \$ 884.40 |
| Lump Sum(if applicable) | \$ 700.00 |

| | |
|---------------------------|---|
| Number of days for repair | 1 |
|---------------------------|---|



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Remarks:

We have not authorized repairs. * DRIVER IS COMPANY OWNER'S
FRIEND - TO CHECK POLICY ISSUE *CHANGING LANE

Mandate:

| Liability(TP) | | % |
|-----------------------|-----------|-----------------|
| Proposed repair cost | \$ | 749.00 |
| Loss of rental | \$ | 282.50 |
| Loss of income | \$ | 125.00 |
| LTA search fees | \$ | 7.49 |
| Proposed Total | \$ | 1,163.99 |



proceed DS

Type

🔗 Question

Message

/

Reply

Our Ref : CC18080340/ SHB3431P /WT(st)

Your Ref :

Date : 24-Aug-18

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Martine +65 6353 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 198906000

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
363 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758158

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

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 SHB3431P YOUR INSURED YP 3575H
AND OTHER ON 12.08.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : **SHB3431P** 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 **YP 3575H** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

| | | | |
|--------------------|---|----|-----------------|
| 1 | Cost of Repair | \$ | 749.00 |
| 2 | 3 days Loss of Rental @ \$ 113.00 per day | \$ | 339.00 |
| 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 : | | \$ | 1,095.49 |

HIRER'S CLAIM

| | | | |
|-----------------------|---|----|-----------------|
| 7 | 3 days Loss of Income @ \$ 80.00 per days | \$ | 240.00 |
| Total Claims : | | \$ | 1,335.49 |

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 : **YP 3575H**
- c) GIA / Police report/s of : **SHB3431P**
- d) Letter of authority from owner / hirer / operator
- (X) 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

04 APRIL 2019

SM IMPORT & EXPORT PTE LTD
15 YISHUN INDUSTRIAL STREET 1
#07-14, 768091, Singapore

Dear Sir,

Your Ref: YP 3575H

Our Ref: CC4/ASM18014766/K1jb3

**ACCIDENT INVOLVING YP 3575H & SHB 3431P ALONG BALESTIER ROAD TOWARDS THOMSON
ON 12.08.2018**

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 Singapore 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 SHB 3431P against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had hit Third Party vehicle whilst changing lane. As such, liability is down against us.

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 10 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 joyirene@lkkauto.com within 10 days from the date of this letter **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)



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 joyirene@lkkauto.com.

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

Yours sincerely,

Joy Irene
Case Handler
DID: 6841 2409
FAX: 6741 4108
Email: joyirene@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGI 40 SHB3431P , YP3575H
BALESTIER ROAD TWDS THOMSON RD.

ON 12-Aug-18 12:30

I / We

NG AH HONG

(Hirer) NRIC No.:

S7222609G

and/or

(Relief) NRIC No.:

Taxi Number

SHB3431P

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

13-Aug-2018

Name of Hirer
Hirer NRICNG AH HONG
S7222609G

Signature :

Address

5 SIREH PLACE
534186

Contact No.

97811693



Joy

AXA THIRD PARTY DIRECT SETTLEMENT

| | | | |
|-------------------------|------------|------------|--------------------|
| Vehicle No: | YP 3575H | (Insd veh) | Model: HYUNDAI 140 |
| | SHB 3431P | (TP veh) | |
| Date of Accident/ Time: | 12/08/2018 | | |

| | | | |
|----------------------|------|----------|------------------------------|
| Repair Estimate | : \$ | 1,310.81 | |
| Final Repair Cost | : \$ | 749.00 | |
| Loss of Use INCOME | : \$ | 125.00 | 2.5 days at \$ 50 per day |
| Rental (if any) | : \$ | 282.50 | 2.5 days at \$113.00 per day |
| LTA / GIA Search Fee | : \$ | 7.49 | |
| Others | : \$ | | |
| | : \$ | | |
| Final Settlement Sum | : \$ | 1,163.99 | |

Payee Name : COMFORTDELGRO ENGINEERING PTE LTD

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: <u>15</u> |
| | BOLA Liability: <u>100</u> (%) | Assessed Liability (*): _____ (%) |
| * Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply. | | |
| Remarks: | | |

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

| | |
|---|--|
| <p><u>17.6.19</u></p> <p>Signature of workshop representative / Workshop stamp</p> <p>Name of Representative: COMFORTDELGRO ENGINEERING PTE LTD</p> <p>Date: 17.6.19</p> <p></p> <p>Signature of AXA's surveyor/representative:</p> <p>Name of AXA's surveyor /Representative:</p> <p>Date:</p> | <p>Signature of Witness / Workshop stamp (if applicable)</p> <p>Name of Witness: COMFORTDELGRO ENGINEERING PTE LTD</p> <p>Date:</p> <p></p> <p>Signature of AXA's surveyor/representative:</p> <p>Name of AXA's surveyor /Representative:</p> <p>Date:</p> |
|---|--|

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

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER #24-01
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO
SHR3431P

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
17.07.2014

CHASSIS CODE
KMHLB41UMRU057995

NO/DATE
91391529 24.08.2018

JOB NO.
305199175

ODOMETER READING

JOB TYPE

Description : 3P 12.08.18

Invoice for Lump Sum Repair

| | |
|-----------------------------|---------------|
| Total Lump Sum Repair Amt | 700.00 |
| Add GST @ 7.000 % | 49.00 |
| Total Invoice amount | 749.00 |

Issued by : KATHKRINTAN 24.08.2018 09:48:55
Repair Type : CPSO/57/57
Payment type/term : /Credit 30 days

1. WHILST TAKING ALL REASONABLE PRECAUTIONS, COMPANY TAKES NO RESPONSIBILITY FOR DAMAGE TO THE COMPANY'S PROPERTY OR RESPONSIBILITY FOR CARE OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.

2. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL, WITHIN 7 DAYS FROM SUCH DELIVERY, GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3. INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY ACCOUNT DUE AND REMAINING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT, I.E. AFTER 30 DAYS FROM THE INVOICE FOR 24 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: CC18080340



Date: 15 August 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

| | |
|-------------|--------------------------------|
| ACCIDENT ON | 12/08/2018 @ 12:30 hrs |
| ALONG | BALESTIER ROAD TWDS THOMSON RD |
| INVOLVING | YP3575H |

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 **SHB3431P** (the "Taxi"). The Taxi was hired to **NG AH HONG IC NO S7222609G** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$113.00** 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.

SHB3431P

| OPERATED (TIME) | | DATE | NAME OF DRIVER | MILEAGE READING | | | MILEAGE TRAVELLED (KM) | HOURS OPERATED (TIME) | |
|-----------------|------|----------|----------------|-----------------|----|---|------------------------|-----------------------|------|
| FM | TO | | | | | | | FROM | TO |
| | 0000 | 10/08/18 | AK Ue | 598 | 66 | 3 | 242 | 1300 | 1300 |
| 01 | 1950 | 11/08/18 | NH at HANU | 598 | 96 | 3 | 300 | 0430 | 2000 |
| 02 | 1700 | 12/08/18 | NH at HANU | 598 | 21 | 7 | 254 | 0400 | 1810 |
| 03 | 1240 | 12/08/18 | Accident | 598 | | | 1N | 1340 | — |
| 04 | 2300 | 14/08/18 | Repair | | | | out | — | 1615 |
| 05 | 1250 | | | | | | | | |
| 06 | 2325 | | | | | | | | |
| 07 | 1305 | | | | | | | | |
| 08 | 0020 | | | | | | | | |
| 09 | 1900 | | | | | | | | |
| 10 | 1200 | | | | | | | | |

Enquire Vehicle Insurer

| Vehicle No. | Incident Date/Time | Search Status | Insurance Company Code | Insurance Company Name |
|-------------|------------------------|---------------|------------------------|------------------------|
| YP3575H | 12 Aug 2018 / 12:30:00 | Successful | A12 | AXA INSURANCE PTE LTD |

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

SHB3431P

**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/ASM18014766/K1jb3q2 | |
| 8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN:STACEY | | | Date : 09-07-2019 |  |
| | | | Code : ASM | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | YP 3575H | Veh. Inspected | SHB 3431P | |
| Policy No. | P1970898 | Coverage (\$) | 0.00 | |
| Claim No. | S8M00RX9 | Excess (\$) | 0.00 | |
| Assign From | | Assign Date | 14/08/2018 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | HYUNDAI I40 | c.c | 1685 | |
| Engine No. | HIDDEN | Year of Reg. | 2014 | |
| Chassis No. | KMHLB41UMEU057995 | Colour | YELLOW | |
| Odometer | 599217 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM | |
| General | FAIR | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 205/60R16 | WEST LAKE | 7 mm | |
| L/H Front Tyre | 205/60R16 | WEST LAKE | 7 mm | |
| R/H Rear Tyre | 205/60R16 | WEST LAKE | 7 mm | |
| L/H Rear Tyre | 205/60R16 | WEST LAKE | 7 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S WING MIRROR. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 12/08/2018 | Inspection Date | 14/08/2018 | |
| 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. | | | | |
| 5b. Estimate Days of Repair | | | | |
| ESTIMATED NORMAL PERIOD FOR REPAIR: | | 1 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. SHB 3431P

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|-------------------------------------|---------------|---------------------------|-------------------|
| 1 | REPLACEMENT OF PARTS | CRACKED | | |
| | FRONT DOOR MIRROR (LH) (CONSISTENT) | | 980.50 | 980.50 |
| | LESS 20% DISCOUNT | | -196.10 | -196.10 |
| | | | 784.40 | 784.40 |
| | LABOUR | NOT NECESSARY | | |
| | PANEL BEATING. | | 250.00 | 50.00 |
| | SPRAY PAINTING CHARGE. | | 150.00 | 50.00 |
| | WIRING CHARGE. | | 50.00 | - |
| | | 450.00 | 100.00 | |
| GRAND TOTAL | | | 1,234.40 | 884.40 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 700.00 |

Report Ref No. CC4/ASM18014766/K1jb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

| NAME | TYPE | SUB TYPE | AUTHOR | DATE UPLOADED |
|--|-------------------------------|---|--------------------------------------|-------------------------|
|  DRIVERS DL.pdf | Reports & Statement | Others | LKK AUTO CONSULTANTS PTE LTD (TP) | 7 May 2019 |
|  LOA.jpg | Reports & Statement | Others | LKK AUTO CONSULTANTS PTE LTD (TP) | 7 May 2019 |
|  Non reporting letter.pdf | Letters and Correspondence | Policy Holders / Insured | LKK AUTO CONSULTANTS PTE LTD (TP) | 18 September 2018 |
|  P1970898_SH_00002_1.pdf | Forms / Claim Documents | Policy Schedule / Covernote / Certificate of Insurance | NG Stacey | 12 September 2018 |
|  P1970898_CI_00002_1.pdf | Forms / Claim Documents | Policy Schedule / Covernote / Certificate of Insurance | NG Stacey | 12 September 2018 |
|  PRI EMAIL FROM WORKSHOP WITH TP SHB3431P GA.png | Forms / Claim Documents | Others | KUMAR Shalendra | 14 August 2018 |