

INSURANCE

INS. CASE OWNER:

Jas

CC 4 Hsm  
AXA1801

5513, F2, 639

LKK:  
IDAC

Surveyor:

Kalvin

DOI:

ASSIGNMENT

24/8/18

Date / Time:

24/8/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SUB 68944

Name of Insured:

Tan Han Heng

Insured Tel No.:

HP: 8128411

Excess Sec II :SS

D.O.A: 24/8/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

SSMOOTEC / 68944

Policy No.:

GA7U248711

Make / Model:

BMW

Place of Accident:

PIE - 2nd Floor

If NO, Driver Name / Age:

Driver Tel No.:

(V/L YES / NO)

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability:

Final ? Yes / No

SUA 2747

SUB 68944

SH 83114



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS: 01



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS: TP



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date / Time

24/8/18  
724

SH 83114 - 24/8/18 10:00 AM / 24/8/18 10:00 AM  
SUB 68944 - 24/8/18 10:00 AM  
2nd Floor - 24/8/18 10:00 AM

01NR

22-10-18

10AM W/OZ. CONFIRMED  
ABANDON. AVAIL. NO  
ISSUE.

RECEIVED 22 NOV 2018  
2 DAYS DOWNTIME  
2 DAYS SUR RECO.

STAGE	DATE / PIC
Non-Reporting 1st	
Non-Reporting 1st (2nd)	
Non-Reporting 1st (Final)	
Notification 1st (if non-pickup)	
Call OI	
After call 1st to OI	20/10-10-18
Documentation Check List: Handler	Typist
Notification 1st (if non-pickup)	<input checked="" type="checkbox"/>
After call 1st to OI	<input checked="" type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/>
Final Repair Bill:	<input checked="" type="checkbox"/>
Car Rental Invoice:	<input checked="" type="checkbox"/>
Towing Invoice	<input checked="" type="checkbox"/>
LTA / GIA:	<input checked="" type="checkbox"/>
Medical Bill:	<input checked="" type="checkbox"/>
PIR:	<input checked="" type="checkbox"/>
Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
LOD	<input checked="" type="checkbox"/>
Payment Breakdown Form:	<input checked="" type="checkbox"/>
Post-Repair Photos:	<input checked="" type="checkbox"/>
Others:	<input checked="" type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	SS	days Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 20-11-18	Confirm with: WT	Confirm by:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% 100	(Agree / Assessed) BOLA S/N No.:	28	If NO or B 28. Ass. Lia: 0
Repair Cost:	SS 1,667.76			
Loss of Rental (LOR):	SS 501.69	4 days	125.40	
Loss of Use (LOU):	SS 200	(5 x 4 days)		
Loss of Income (LOI):	SS 200	(5 x 4 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search:	SS 7.49			
Medical:	SS -			
Disbursement:	SS -	(e.g. Tow/Independent)		
Legal Cost:	SS -			
Total:	SS 2,376.85	Global Sum SS:	2,375.XX	
FINAL PAYMENT	Date/Time:	Confirm with:	Confirm by:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS 2,375	Name 1:	COMFORTDELGRO 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	

08/11/13

Surveyor: Kelvin

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: \_\_\_\_\_

at Workshop no: \_\_\_\_\_

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: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SH 8311H Yr Regn: 28 Sep 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~O~~ / Prime Mover /

Truck / Trailer or

Make: Hyundai cc 1700Colour: Blue A/C: Ins / Std / NI / NASp. Reading: 162746 T/Radio: Ins / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTPK83F40035 64356Gen. Cond: Good / F / Poor / BurntSteering: Inord~~e~~ / Jammed / Leaked / Burnt orBrake: Inord~~e~~ / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: Ft: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or Verlake

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 23/8/18 D.O.L. 27/8/18Survey held at (DHE (Loyang))

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

Rear

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

Date / Time Action / Instruction

29-8-18 P/P \$1,558.65

AxA

P/P

DCA-23-8-18

24-8-18

25-8-18 (3)

26-8-18 (2)

DCA-27-8-18 2 days (1)

DCA-28-8-18 1130 (2)

29-8-18

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:

Transportation:

S + RS: \$

Police

Others

TOTAL

Add Fee:

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

Report Format: \_\_\_\_\_

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

## REPAIR ESTIMATE

VEHICLE NO : SH 8311H

MAKE :

MODEL : TOYOTA PRIUS

AXA - cp/p)

23/8/2018

TS<sup>VR</sup>  
1710

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER <i>Return</i>			\$ 458.60
REAR BUMPER RE-INFORCEMENT <i>2</i>			\$ 322.30
REAR BUMPER UNDER COVER <i>1</i>			\$ 552.60
REAR BUMPER SIDE RETAINER <i>X 2</i>			\$ 112.70
REAR BUMPER SPONGE <i>X 1</i>			\$ 143.40
REAR BUMPER UNDER SIDE COVER (RH) <i>X 1</i>			\$ 167.60
REAR BUMPER TOWING COVER <i>1</i>			\$ 82.70
REAR BUMPER CLIPS <i>1</i>			\$ 22.00
SUB TOTAL			\$ 1,861.90
LESS 25%			\$ 465.48
DISCOUNTED TOTAL			\$ 1,396.43
REAR BUMPER REVERSE SENSOR <i>X 1</i>			\$ 135.70
REAR BUMPER RUBBER MAT <i>1</i>			\$ 50.00
			\$ 185.70
LABOUR CHARGE			
Panel Beating			\$ 350.00
Spray Painting Charge			\$ 250.00
Wiring Charge			\$ 50.00
Remove/Refix Reverse Sensor			\$ 120.00
TOTAL LABOUR			\$ 770.00
ESTIMATE TOTAL			\$ 2,352.13

NETT  
NETT

LKK Auto Consultants hence notify the Reparer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to motor insurance
- Third party survey is to be carried out by "Prejudice" basis
- No illegal modification is allowed
- Supplementary work done, surveyed and is subject to final approval from insurance Company

Acknowledged by Reparer  
Signature:

Ka hui 10/11/18  
13/3/18  
2 days  
Before Part photo

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.

Our Job Ref No : 305203570  
Date : 29/08/18

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN ANG

Fax :

Vehicle Reg No : SH 8311H Date of Accident : 23-Aug-18

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

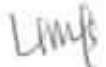
1. The repair job shall bill to: AXA --- SLB6899G
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$1,128.65
  - (b) Labour Charges \$430.00
  - Total for Part-By-Part Repair Cost \$1,558.65**
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 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 : 29/8/18

### 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		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: 7010045  
 ADDRESS : COMFORT TRANSPORTATION PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65508755

JOB NO : 305203570  
 REGN NO : SH 8311H  
 MILEAGE : 0000000000  
 MAKE : TOYOTA  
 MODEL : PRIUS HYBRID(G4)  
 DATE OF REGN : 28.09.2017  
 DATE/TIME IN : 23.08.2018 12:05  
 ACCIDENT DATE : 23.08.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001	04-01-0302-2282-G	REAR BUMPER	1	458.60	25.00	343.95
0002	04-01-0302-2287-G	REAR BUMPER UNDER COVER	1	552.60	25.00	414.45
0003	04-01-0302-2267-G	REAR BUMPER CLIPS	10	22.00	25.00	16.50
0004	04-01-0302-2286-G	REAR BUMPER TOW COVER	1	82.70	25.00	62.02
0005	04-01-0103-1150-A	REAR BUMPER MAT	1	50.00		50.00
0006	04-01-0302-2288-G	REAR BUMPER REINFORCEMENT	1	322.30	25.00	241.72

SUB-TOTAL : 1,128.64

## JOB NATURE

0000	L	PANEL BEATING		200.00		
0001	23-502	SPRAYPAINT ON AFFECTED AREA		200.00		
0002	L	R/I REVERSE SENSOR		30.00		

SUB-TOTAL : 430.00

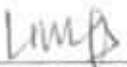
COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305203570  
REGN NO : SH 8311H  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(C  
DATE OF REGN : 28.09.2017  
DATE/TIME IN : 23.08.2018 12:05  
ACCIDENT DATE : 23.08.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,558.64

  
MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :

Date/Time: 23.08.2018 15:30

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305203570

OMER

S COMFORT TRANSPORTATION PTE LTD  
OMER NO. 7010045  
ESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
(R) 65508755 (O)

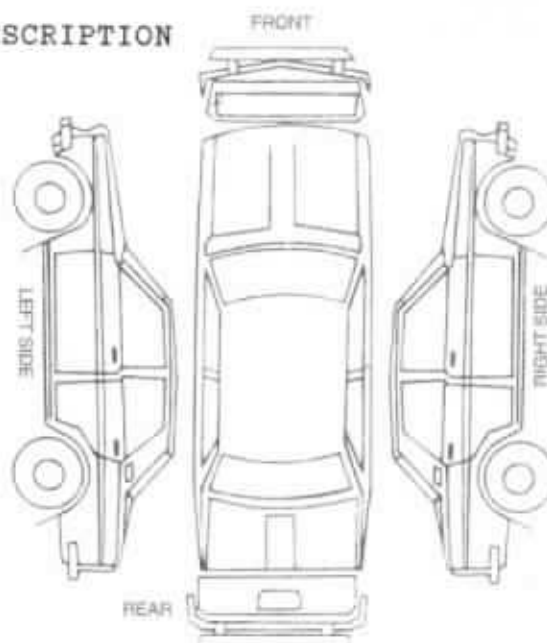
JUNT CARD NO.

REGN NO.	SH 8311H	MILEAGE
MAKE:	TOYOTA	FUEL E 1/2 F
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 23.08.2018 12:05
YR OF MANU	28.09.2017	TARGET DATE
CHASSIS CODE	JTDKB3FU003564356	COMPLETION DATE/TIME

### JOB DESCRIPTION

Accident Date: 23.08.2018  
NATURE: 3P 23.08.18

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No.: SH 8311H LIMITS

Vehicle No.: SH 8311H

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

MODEL : TOYOTA PRIUS

$$AXA - cp/p)$$

23/8/2018

$$\frac{TS^{\sqrt{R}}}{1710}$$

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
REAR BUMPER			\$ 458.60
REAR BUMPER RE-INFORCEMENT ?			\$ 322.30
REAR BUMPER UNDER COVER /			\$ 552.60
REAR BUMPER SIDE RETAINER ?			\$ 112.70
REAR BUMPER SPONGE X			\$ 143.40
REAR BUMPER UNDER SIDE COVER (RH) X			\$ 167.60
REAR BUMPER TOWING COVER -			\$ 82.70
REAR BUMPER CLIPS /			\$ 22.00
SUB TOTAL			\$ 1,861.90
LESS 25%			\$ 465.48
DISCOUNTED TOTAL			\$ 1,396.43
REAR BUMPER REVERSE SENSOR X			\$ 135.70
REAR BUMPER RUBBER MAT /			\$ 50.00
			\$ 185.70
LABOUR CHARGE			
Panel Beating			\$ 350.00
Spray Painting Charge			\$ 250.00
Wiring Charge			\$ 50.00
Remove/Refix Reverse Sensor			\$ 120.00
TOTAL LABOUR			\$ 770.00
ESTIMATE TOTAL			\$ 2,352.13

NETT  
NETT

LKK Auto Consultants hereby notify the Reparer of the following:

- To resurvey before repair spray painting.
- To display damaged parts during survey.
- Parts prices are subject to change.
- Third party survey is also "Quoted" by LKK.
- No illegal modification.

**TOTAL LABOUR** is subject to approval by Insurance Company

Ka hui 10/11/13  
13/3.4  
2 days  
Before part photo

27/8/13  
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.





# MANDATE

Type

🔗 Question

Message

hi, please offer 2 days for downtime. thanks.

Reply

Our Ref : T 0818/ SH 8311H /WT(st)

Your Ref :

Date : 03-Sep-18

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

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Marline +65 6353 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

**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 SH 8311H YOUR INSURED SLB6899G  
AND OTHER SLA2175T ON 23.08.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SH 8311H 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 : SLB6899G we are submitting these claim for your consideration on behalf of the claimants.

#### TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,667.76
2	<u>6</u> days Loss of Rental @ \$ <u>125.40</u> per day	\$ 752.40
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	GIA / LTA Search Fee	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
<b>Sub Total :</b>		<b>\$ 2,427.65</b>

#### HIRER'S CLAIM

7	<u>6</u> days Loss of Income @ \$ <u>80.00</u> per days	\$ 480.00
<b>Total Claims:</b>		<b>\$ 2,907.65</b>

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 : SLB6899G
- c) GIA / Police report/s of : SH 8311H
- d) Letter of authority from owner / hirer / operator
  - ( X ) Photocopy/s of Accident Scene Photo/s ( ) Traffic Compound ( ) PIR
  - ( ) Witness statement/s ( x ) Rental Rate letter ( x ) Downtime/Mileage record

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully

*William Tan*

Deputy Manager

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email: williamtan@cdge.com.sg

This is a computer generated letter. No signature is required.

#### 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 608286

**Ubi**  
320 Ubi Road 3  
Singapore 408649

**Senoko**  
24 Senoko Loop  
Singapore 758158

**Sungei Kadut**  
7 Sungei Kadut Way  
Singapore 728791

**Yishun**  
Yishun Industrial Park A  
Singapore 768732

**Joy Irene (LKKAuto)**

---

**From:** Joy Irene (LKKAuto)  
**Sent:** Friday, 19 October 2018 4:40 PM  
**To:** 'danann8411@gmail.com'  
**Cc:** Admin A  
**Subject:** ACCIDENT INVOLVING SLB 6899G / SH 8311H / OTHERS ALONG OIE TOWARDS CHANGI ON 23.08.2015

**TAN HAN CHONG (CHEN HANZHONG)**

Policy Holder

Dear Sir,

Dear Sir/Madam,

**OUR REF : CC4/ASM18015513/K1jb3**  
**YOUR REF : SLB 6899G**

**ACCIDENT INVOLVING SLB 6899G / SH 8311H / OTHERS ALONG OIE TOWARDS CHANGI ON 23.08.2015**

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 SH 8311H against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties, your vehicle was involved in a three (3) vehicle chain collision and was the 2nd vehicle in line.

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](mailto: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)

- 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](mailto:joyirene@lkkauto.com).

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

Best Regards,

Joy Irene | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108

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

All contents of this email is intended strictly for the addressee(s) only. It may contain confidential and/or privileged information. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this email. Any unauthorized copying, disclosure or distribution of the material in this email is strictly forbidden.

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****TOYOTA PRIUS SH8311H , SLB6899G , SLA... ON 23-Aug-18 10:35  
PIE TWDS CHANGI AIRPORT  
( NEAR TOA PAYOH )**

I / We

**TAN CHEE SENG**

(Hirer) NRIC No.:

**S0030819F**

and/or

(Relief) NRIC No.:

Taxi Number

**SH8311H**

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

**23-Aug-2018**

Name of Hirer

**TAN CHEE SENG**

Hirer NRIC

**S0030819F**

Signature :



Address

**649 WOODLANDS RING ROAD #02-438  
730649**

Contact No.

**97978324**



redefining / insurance

CLAIM REF : S8M00T4C  
INSURED : TAN HAN CHONG (CHEN HANZHONG)

**DISCHARGE VOUCHER**

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated **23 AUG 2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of **Comfort Transportation Pte Ltd** and the Hirer **TAN CHEE SENG** of vehicle no. **SH 8311H**.

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 THREE HUNDRED SEVENTY FIVE ONLY (\$2,375.00)** 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. **(SLB 6899G)** arising out of an accident with **(SH 8311H)** on **23.08.2018**.
- 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. **(SLB 6899G)** 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. **(SLB 6899G)**.

Dated this 20 day of November 2018

Signed by \_\_\_\_\_

(AUTHORISED SIGNATORY)

Company Stamp \_\_\_\_\_

Witness : \_\_\_\_\_

Name : \_\_\_\_\_

I/C No : \_\_\_\_\_

Address : \_\_\_\_\_

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

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 1

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO  
SH 8311H

MAKE  
TOYOTA

MODEL  
PRIUS HYBRID(G4)

DATE OF REG  
28.09.2017

CHASSIS CODE  
JTDKB3FU003564356

INV. NO/DATE  
91392750 30.08.2018

JOB NO.  
305203570

ODOMETER READING

DATE/TIME IN  
23.08.2018 12:05

Description : 3P 23.08.18

S/No	Part No.	Qty	Unit Price	%Disc	Net
<b>PART REQUISITION</b>					
0001	04-01-0302-2282 PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0002	04-01-0302-2287 PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0003	04-01-0302-2267 PRIVC BUMPER PIECE	10	2.20	25.00	16.50
0004	04-01-0302-2286 PRIG4 COVER REAR BUMPER-T	1	82.70	25.00	62.02
0005	04-01-0302-2288 PRIG4 REINFORCEMENT SUB-A	1	322.31	25.00	241.73
SUB-TOTAL			:		1,078.65

### JOB NATURE

0001	L	PANEL BEATING	200.00	200.00
0002	23-502	SPRAYPAINT ON AFFECTED AREA	200.00	200.00
0003	L	R/I REVERSE SENSOR	30.00	30.00

WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR DAMAGE TO THE VEHICLE OR BELONGINGS BELONGING TO CUSTOMERS AND REPAIRS ARE DONE AT CUSTOMER'S RISK.

CUSTOMERS SHALL INSPECT THEIR VEHICLE IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM DATE OF DELIVERY ADVISE THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

INTERVALS OF 15,000 KILOMETERS WILL BE CHECKED BY A DEXA (EXAM) MACHINE TO INSURE THE VEHICLE IS IN GOOD ORDER. THE COMPANY OF THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (i.e. 10 DAYS FROM THE INVOICE DATE) SHALL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

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.
8010010	91392750	1,667.76	

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 8311H

MAKE  
TOYOTA

MODEL  
PRIUS HYBRID(G4)

DATE OF REG  
28.09.2017

CHASSIS CODE  
JTDKB3FU003564356

INV. NO/DATE  
91392750 30.08.2018

JOB NO.  
305203570

ODOMETER READING

DATE/TIME IN  
23.08.2018 12:05

S/No	Part No.	Qty	Unit Price	%Disc	Net
0004	20-05	REAR BUMPER MAT	50.00		50.00
SUB-TOTAL			:		480.00

Items total	1,558.65
Add GST @ 7.000 %	109.11
Invoice amount	1,667.76

Issued by : CHEWBEELING 30.08.2018 14:33:37  
Repair type : CLSO/57/57  
Payment Type/Term: /Credit 30 days

I/WE HEREBY TAKE ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OF OR DAMAGE TO ANY PROPERTY BELONGING TO CUSTOMERS AND VEHICLES NOT INSURED AND TESTED BY CHRYSLER FINANCIAL GROUP.

CUSTOMERS SHALL INSPECT VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHHOLD PAYMENT FROM SUCH DELIVERY UNTIL NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS OTHERWISE THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED "AS IS" BY CUSTOMER.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OUTSTANDING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DATE OF PAYMENT OR AFTER 30 DAYS FROM THE DATE OF THE LAST PERIOD OF PAYMENT.

PLEASE REMARK THE INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DISCREPANCY OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THE INVOICE AS CORRECT AND UNDISPUTED.

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	91392750	1,667.76	



Our Ref: CT18080671

Date: 30 August 2018



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      23/08/2018    @ 10:35 hrs  
ALONG                                PIE TWDS CHANGI AIRPORT  
INVOLVING                        SLB6899G, SLA2175T

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 **SH8311H** (the "Taxi"). The Taxi was hired to **TAN CHEE SENG IC NO S0030819F** 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 **India International Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay  
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.



### Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
5LB6899G	23 Aug 2018 / 10:35:00	Successful	A12	AXA INSURANCE PTE LTD

Previous

OK

SYL 8311 H

### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SLB 6899G (Insd veh)	Model:	TOYOTA PRIUS
	SH 8311H (TP veh)		
Date of Accident:	23/08/2018		

Global Sum Settlement	: [ X ] Yes	[ ] No	
Repair Estimate	: \$	2,516.77	
Final Repair Cost	: \$	1,667.76	
Loss of Token Sum	: \$	200.00	4days at \$50.00 per day
Rental (if any)	: \$	501.60	4 days
LTA / GIA Search Fee	: \$	7.49	

Others:	: \$	0.00
---------	------	------

	: \$	
Final Settlement Sum (Global Sum)	: \$	2,375.00

Is Third Party Workshop GIA Registered? [ X ] 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: _____
	28
BOLA Liability: _____ 100 _____ (%)	Assessed Liability (*): _____ 0 _____ (%)
* 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	: \$ 2,375.00

JOANNE LEE KHANG MIN  
LKK Auto Consultants Pte Ltd

28/11/2018  
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/ASM18015513/K1jb3q2

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

Date : 28-11-2018



Code : ASM

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLB 6899G	Veh. Inspected	SH 8311H
Policy No.	GA342487/1	Coverage (\$)	0.00
Claim No.	S8M00T4C	Excess (\$)	0.00
Assign From		Assign Date	27/08/2018

## 2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU003564356	Colour	BLUE
Odometer	162746	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

## 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 PORTION. DAMAGES SEE DETAILS.
--

## 5. General Information

Accident Date	23/08/2018	Inspection Date	27/08/2018
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:	2 Working Days
-------------------------------------	----------------

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SH 8311H**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER (CONSISTENT)	DEFORMED	458.60	458.60
1	REAR BUMPER REINFORCEMENT (CONSISTENT)	BENT	322.30	322.30
1	REAR BUMPER UNDER COVER (CONSISTENT)	CUT	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 UNDER SIDE COVER (RH) (CONSISTENT)	SERVICEABLE	167.60	-
1	REAR BUMPER TOWING COVER (CONSISTENT)	CUT	82.70	82.70
1	REAR BUMPER CLIPS (CONSISTENT)	NECESSARY	22.00	22.00
	LESS 25% DISCOUNT		-465.48	-359.55
			1,396.42	1,078.65
<b>SPECIAL NETT ITEMS</b>				
1	REAR BUMPER REVERSE SENSOR (SN) (CONSISTENT)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN) (CONSISTENT)	NECESSARY	50.00	50.00
			185.70	50.00
<b>LABOUR</b>				
	PANEL BEATING .		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			770.00	430.00
<b>GRAND TOTAL</b>			<b>2,352.12</b>	<b>1,558.65</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>1,558.65</b>

Report Ref No. CC4/ASM18015513/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.

Service Request Details

Claim

50M00T4C

Reference

CC4/ASM18015513/K1J0342

Loss Date

23 August 2018

Request Date

24 August 2018

Due Date

Vendor Name

LKX AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Vehicle Information

Incident Vehicle Registration #

548311H

Make

TMVD TOYOTA

Model

PRUIS

Service Address

Primary Contact/Insured

TAN HAN CHONG (CHEN HANZHONG)

63 #04-68, SIMEI RISE, 528795, Singapore

60000000

danannb411@gmail.com

Claim Handler

TAN Jia

6568804844

jia.tan@axa.com.sg

Actions

Next Step

Wait for Approve Invoice

Final Payment

Additional InstructionsINSO GIA NOT REPORTED

Messages

Invoices

History

Documents

Assessment

Metrics















Notes

Document Type

Document SubType

Upload Documents

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
Accident Statement	Reports & Statement		Meimien	
LKX Invoice 1 (2).pdf	Invoice	Surveyor / Assessor expense	LKX AUTO CONSULTANTS PTE LTD (TP)	30 November 2018

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 RENTAL RECEIPT.pdf	Forms / Claim Documents	Others	LAK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 RENTAL MILLAGE.pdf	Forms / Claim Documents	Others	LAK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 payment breakdown.pdf	Forms / Claim Documents	Others	LAK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 LTA SEARCH.pdf	Forms / Claim Documents	Others	LAK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 LOD.pdf	Forms / Claim Documents	Others	LAK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 LK Inspection [1].pdf	Forms / Claim Documents	Others	LAK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 LK Adjustment 1a 12.pdf	Forms / Claim Documents	Others	LAK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 DISCHARGE VOUCHER.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LAK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 AUTHORISATION TO ACT FORM.pdf	Forms / Claim Documents	PCA / Authority Letter	LAK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 WORKSHOP INVOICE.pdf	Invoice	Repairer	LAK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 LETTER TO OI.pdf	Letters and Correspondence	Policy Holder / Insured	LAK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 IA -CDGE-5483114.pdf	Reports & Statement	Others	LAK AUTO CONSULTANTS PTE LTD (TP)	19 October 2018
 RE-SURVEY PHOTOS.pdf	Reports & Statement	Others	LAK AUTO CONSULTANTS PTE LTD (TP)	19 October 2018
 SURVEY PHOTOS.pdf	Reports & Statement	Others	LAK AUTO CONSULTANTS PTE LTD (TP)	19 October 2018



NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 TP ESTIMATE- MARKED.pdf	Reports & Statement	Estimate / Quotation	LUK AUTO CONSULTANTS PTE LTD (TP)	26 August 2018
 TP CDGE-CO CLAIMANT TP - REMINDER.msg	Firms / Claim Documents	Others	KUMAR Shalendra	27 August 2018
 TP CDGE-PRI FROM WORKSHOP WITH GIA AND ESTIMATE.msg	Letters and Correspondence	Workshop	DHAKAL Raghu	24 August 2018