

INS. CASE OWNER:

RA

CC 4, ASM 180 16543, K1ha3

LKK  
IDAC

68553

AWK

ASSIGNMENT

DOI:

10/9/2018

Date / Time:

10/9/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

STN 1648H

Claim No.:

S8m00uY7

Name of Insured:

SAUM B. JASMAN

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II:SS

D.O.A.:

8/9/2018

Place of Accident:

P16 201y

Is driver the owner?

(YES / NO)

Nature of Accident:

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

STN 1648H

SHE 7036R

SIX 8682J

SHE 7036R



INSRS:

WSP:

Tel:

Liability:

RMKS:

01



INSRS:

WSP:

Tel:

Liability:

RMKS:

016 14113

71



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

SHE 7036R - NM/INC 18016434/104 ; DOA: 8/9/2018  
- NM/INC 18017663/1119 ; DOA: 13/4/18

STN 1648H - X

11/9 JINR - sent out let letter  
- can do b1g.

- PROCEEDED.

15/09/18 @ 10:43AM

CALL OI. NO RESPONSE. PUE RETURNED.

OI INVOLVED IS VEH. C.C. ; OI NOT CATE.

@ 10:46AM

OI CALLED IN. CONTRIBUTED ACCIDENT

DOWNS TO ROAD. INFORMED TP CLAIM,

AGREED TO SETTLE IN AWARD NO. 100000.

SEND LETTER IN EMAIL TO OI.

- ORIGINAL TP LOD IN.

- TO OI. W/INSTR TO AXI BY OC

11/12/18

- UPLOADED W/INSTR IN IN OC.

14/12/18

- AXI APPROVED W/INSTR.

08/01/19

- SEND 1st OFFER TO TP.

20/02/19

- BY IA. TP ACCEPTED OFFER. ALL IN ORDER.

PRELIMINARY ADVICE

Date/Time:

11/9

Sent By:

bm

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

P16

SS 5,887.94

(2 days)

Reduction:

52

%

Email

Call

FINAL SETTLEMENT

Date/Time:

11/02/19

Confirm with:

william

Email

Call

Final Liability:

%

100

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

28

If NO or B 28, Ass. Lis:

100%

Repair Cost (w/acc)

SS 5,889.10

CS VEH. C.C. ; OI NOT

Loss of Rental (LOR):

SS 172.50

(1.5 days)

X \$ 115.00

Loss of Use (LOU):

SS 75.00

(\$ 50 x 1.5 days)

Loss of Income (LOI):

SS -

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

(Tick only one)

GIA/LIA Search

SS 7.49

Medical:

SS -

Disbursement:

SS -

(e.g. Tow/ Independent)

Legal Cost:

SS -

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

Total:

SS 4,090.00

Global Sum SS:

4,090.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS 4,090.00

Name 1:

COMPTON ENGINEERING PTE LTD

Payee 2: (Strike if N/A)

SS -

Name 2:

Payee 3: (Strike if N/A)

SS -

Name 3:

(05/11/13)

Bureau: Kalvin

REF:

## ASSIGNMENT

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

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

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

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

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or NoLump Sum: — % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHC 7036R Yr Regt: 17 Mar, 2016

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

Truck / Trailer or

Make: Hyundai 240 cc 1685Colour: White A/C: Ins / Std / NI / NASp. Reading: 269152 T/Radio: Ins / Std / NI / NA

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

C/No: KM HLD814MAY 08558xGen. Cond: Good / FL / Poor / BurntSteering: Inord / J / Jammed / Leaked / Burnt orBrake: Inord / J / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / J / Rim orTyre Size: F: 205 / 60R-6

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

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

TOYO / YOKO or Haruki

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

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 8/9/8 D.O.L. 10/9/8Survey held at CHE (Loyang)

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

Front d/s / Rear

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

Date / Time	Action / Instruction
	<u>P/P d 3,887.94</u>
	<u>CEB: P1,713.20 (32%)</u>

Date/Time, File Pass to?

☐ : Prell. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

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

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

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

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

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305210505

CUSTOMER CITYCAB PTE LTD 7010070 CUSTOMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (P)	REGN NO.: SHC7036R MAKE: HYUNDAI MODEL: I-40 YR OF MANU: 17.03.2016 CHASSIS CODE: KMHLB41UMGU085584	MILEAGE FUEL DATE/TIME IN: 10.09.2018 09:40 TARGET DATE COMPLETION DATE/TIME:
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JOB DESCRIPTION

Accident Date: 08.09.2018

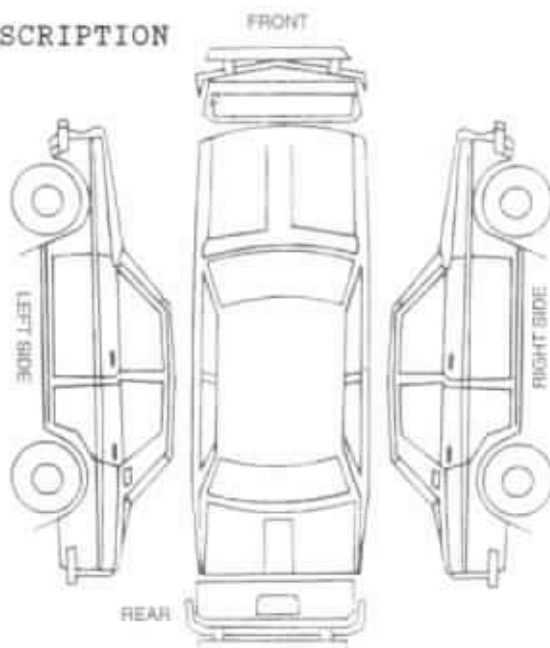
NATURE: 3P 08.09.2018

S/NO

LABOR CODE

DESCRIPTION

AXA - Front and  
Rear damage



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

1.

2.

3. e No.:

SHC7036R

LARRY

Vehicle No.:

SHC7036R

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

DATE 10/9/2018 11:20

**MODEL : HYUNDAI i40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille ✓			\$ 1,110.10
	Radiator Grille H Emblem ✓			\$ 39.50
	Front Bumper Cover ✓			\$ 1,052.20
	Front Bumper Sponge ?			\$ 99.20
	Front Bumper Reinforcement ?			\$ 402.10
	Front Bumper Bracket Top (LH/RH) ?		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH) ?		\$ 24.60	\$ 49.20
	<b>SUB TOTAL</b>			<b>\$ 2,797.10</b>
	<b>LESS 20%</b>			<b>\$ 559.42</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,237.68</b>
	Front Number Plate ✕			\$ 25.00
	Front No Plate Trim Cover ✕			\$ 30.00
				<b>\$ 55.00</b>
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ <del>350.00</del>
	Spray Painting Charge			\$ <del>250.00</del>
				<b>200</b>
	<b>TOTAL LABOUR</b>			<b>\$ 600.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,892.68</b>

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.

## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 7036R

MAKE :

MODEL : HYUNDAI i40

DATE 10/9/2018 11:22

AKA

DUA: 08-09-18

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper ✓			\$ 553.00	
	Rear Bumper Reinforcement ?			\$ 428.40	
	Rear Bumper Reinforcement Bracket (LH/RH)-?		\$ 80.30	\$ 160.60	
	Rear Bumper Clip 10 pcs ✓			\$ 22.00	
	Rear Bumper Bracket ?		\$ 35.60	\$ 71.20	
	Rear Bumper Sponge ?			\$ 103.50	
	Rear Bumper Under Cover ✓			\$ 228.00	

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305210505

Date : 11. Sep. 2018

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC7036R

Date of Accident: 8. Sep. 2018

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

1. The repair job shall bill to: AXA SJN1648H

2. The finalized amount shall be:

- (a) Spare Parts after List discount \$2,757.94
- (b) Labour Charges \$ 830.00
- Total for Part-By-Part Repair Cost \$3587.94**
- (c.) Lumpsum Repair (if applicable)
- Total for Lumpsum repair cost after Less: \_\_\_\_\_
- 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 : 

Signature : 

Name : LKK

Name : KALVIN

Tel : 6214 8316

Date : 11/9/18

Fax : 6546 8156

## 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				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Final Amount Subject to Insurance Approval

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

JOB NO : 305210505  
 REGN NO : SHC7036R  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 17.03.2016  
 DATE/TIME IN : 10.09.2018 09:40  
 ACCIDENT DATE : 08.09.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40
0002 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40
0003 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	22.00	20.00	17.60
0004 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70		135.70
0005 04-01-0103-2322-A	I40V3 BUMPER W LIP & FOG	1	1,052.20	20.00	841.76
0006 04-01-0103-2164-G	I40V3 GRILLE ASSY-RADIATO	1	1,110.10	20.00	888.08

SUB-TOTAL : 2,507.94

## JOB NATURE

0000 L	ADVERTISEMENT - REAR BUMPER	50.00
0001 L	ADVERTISEMENT - REAR FENDER RH/LH	200.00
0002 L	PANEL BEATING	200.00
0003 23-502	SPRAYPAINT ON AFFECTED AREA	200.00

SUB-TOTAL : 650.00

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

JOB NO : 305210505  
REGN NO : SHC7036R  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 17.03.2016  
DATE/TIME IN : 10.09.2018 09:40  
ACCIDENT DATE : 08.09.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 3,157.94

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & SIGNATURE  
DATE :



## CITY CAB PTE LTD

## REPAIR ESTIMATE\*

\* VEHICLE NO : SHC 7036R

DATE 10/9/2018 11:20

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Radiator Grille — <i>lna</i>			\$ 1,110.10	✓
	Radiator Grille H Emblem <i>+ 2</i>			\$ 39.50	
	Front Bumper Cover — <i>Revised</i>			\$ 1,052.20	✓
	Front Bumper Sponge <i>X su</i>			\$ 99.20	
	Front Bumper Reinforcement <i>X su</i>			\$ 402.10	
	Front Bumper Bracket Top (LH/RH) <i>X su</i>		\$ 22.40	\$ 44.80	
	Front Bumper Bracket (LH/RH) <i>X su</i>		\$ 24.60	\$ 49.20	
	<b>SUB TOTAL</b>			<b>\$ 2,797.10</b>	
	<b>LESS 20%</b>			<b>\$ 559.42</b>	
	<b>DISCOUNTED TOTAL</b>			<b>\$ 2,237.68</b>	
	Front Number Plate <i>X su</i>			\$ 25.00	Nett
	Front No Plate Trim Cover <i>X su</i>			\$ 30.00	Nett
				<b>\$ 55.00</b>	
	<b>Labour Charge</b>			<i>200</i>	
	Panel Beating			\$ <del>350.00</del>	
	Spray Painting Charge			\$ <del>250.00</del>	
				<i>200</i>	
	<b>TOTAL LABOUR</b>			<b>\$ 600.00</b>	
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,892.68</b>	
				<b>5,301.74</b>	
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.					

Larry Ng

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Rebuilt</i>			\$ 553.00 ✓
	Rear Bumper Reinforcement <i>Rebuilt</i>			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH) <i>Rebuilt</i>	\$	80.30	\$ 160.60
	Rear Bumper Clip 10 pcs <i>Rebuilt</i>			\$ 22.00 ✓
	Rear Bumper Bracket <i>Rebuilt</i>	\$	35.60	\$ 71.20
	Rear Bumper Sponge <i>Rebuilt</i>			\$ 103.50
	Rear Bumper Under Cover <i>Rebuilt</i>			\$ 228.00 ✓
	<b>SUB TOTAL</b>			<b>\$ 1,566.70</b>
	<b>LESS 20%</b>			<b>\$ 313.34</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,253.36</b>
	Rear Bumper Advertisement Logo <i>Rebuilt</i>			\$ 50.00 <b>Nett</b> ✓
	Rear Fender Advertisement Logo (LH/RH) <i>Rebuilt</i>	\$	100.00	\$ 200.00 <b>Nett</b> ✓
	Rear Bumper Reverse Sensor <i>Rebuilt</i>			\$ 135.70 <b>Nett</b> ✓
				<b>\$ 385.70</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>350.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>250.00</del> <i>200</i>
	Wiring Charge			\$ <del>50.00</del> <i>30</i>
	Remove/Refix Reverse Sensor			\$ <del>120.00</del> <i>30</i>
	<b>TOTAL LABOUR</b>			<b>\$ 770.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,409.06</b>
<div style="display: flex; justify-content: space-between;"> <div> <p><i>Kahri (Clerk)</i></p> <p><i>10/9/18 1505 hrs.</i></p> <p><i>2 Rys</i></p> <p><i>P/P</i></p> <p><i>Before Part p Lto</i></p> </div> <div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repaired of the following:</p> <ul style="list-style-type: none"> <li>• To survey by LKK and/or survey pointing</li> <li>• To display damaged parts during survey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey &amp; for 'No Fault' or 'Proportion' basis</li> <li>• No illegal modification to vehicle</li> <li>• Supplemental charges for removal and disposal is subject to approval from insurance company</li> </ul> <p>Acknowledged by Repaired</p> <p>Signature: _____</p> <p>Date: _____</p> </div> </div>				
<p>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.</p>				

Larry Ng




## Service Request Details

Claim

S8M00UY7

Reference

None 

Loss Date

September 8, 2018

Request Date

September 10, 2018

Due Date

September 17, 2018

*Kalvin*

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #

SHC7036R

Make

TPVD HYUNDAI

Model

140

Service Address

...

Primary Contact/Insured

JASMAN SALLIM BIN

31 EASTWOOD WALK, 486410, Singapore

67351544

ASPETRA.MOTOR@GMAIL.COM

Claim Handler

ANG Richard

richard.angbs@axa.com.sg

Additional Instructions

INSD GIA NOT REPORTED

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)



Auto  
Consultants  
Pte Ltd

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

11 September, 2018

**SALLIM BIN JASMAN**  
31 EASTWOOD WALK  
SINGAPORE 486410

Dear Sir,

**OUR REF : CC4/ASM18016543/K1ha3 // S8M00UY7**  
**YOUR REF : SJN 1648H**  
**ACCIDENT INVOLVING SJN 1648H & SHC 7036R ON 08/09/2018 ALONG/AT PIE**  
**TOWARDS CITY AFTER ENG NEO EXIT**

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 [vicalpeh@lkkauto.com](mailto:vicalpeh@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 2096 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  
Motor Claim Department



**Re:<MANDATE IA> S8M00UY7 ACCIDENT INVOLVING  
VEHICLES SJN 1648H (OI) / SHC 7036R (TP) / OTHERS  
ON 08/09/2018 TOTAL: \$4,094.09**

Type

 Question

Message

Hi LKK, pls proceed as per mandate. TY.

Reply

Our Ref : CC18090191/ SHC7036R /WT(st)

Your Ref :

Date : 25-Sep-18

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

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mandline +65 6353 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 198002229

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 608286

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

**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 SHC7036R YOUR INSURED SJN1648H  
AND OTHEF 4 VEHICLES ON 08.09.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHC7036R 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 SJN1648H we are submitting these claim for your consideration on behalf of the claimants.

**TAXI OWNER'S CLAIM**

1	Cost of Repair	\$	3,839.10
2	<u>2</u> days Loss of Rental @ \$ <u>115.00</u> per day	\$	230.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing Fees	\$	-
<b>Sub Total :</b>		\$	<b>4,076.59</b>

**HIRER'S CLAIM**

7	<u>2</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	160.00
<b>Total Claims :</b>		\$	<b>4,236.59</b>

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

- a) Original repair bill and photocopies of photographs 6 pcs.
- b) LTA search slip/s of : SJN1648H
- c) GIA / Police report/s of : SHC7036R
- d) Letter of authority from owner / hirer / operator
  - ( X ) Photocopie/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

13 SEPTEMBER 2018

**SALLIM BIN JASMAN  
31 EASTWOOD WALK  
SINGAPORE 486410**

**By Post & By Email**

Dear Sir/Madam,

**OUR REF : CC4/ASM18016543/K1ha3**

**YOUR REF : SJN 1648H**

**ACCIDENT INVOLVING SJN 1648H / SHC 7036R / OTHERS ALONG PIE TOWARDS  
CITY ON 08.09.2018**

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 Pte Ltd to deal with the third-party claim against your policy.

We have received a claim from M/s COMFORTDELGRO ENGINEERING PTE LTD, acting on behalf of the owner of SHC 7036R against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle was involved in a 5 vehicle chain collision and was the last vehicle and had collided to the Third-Party vehicle SHC 7036R (4<sup>th</sup> vehicle). As such, liability may not be on your favour.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com) within 7 days from the date of this letter **if not provided at AXA's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (if any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)



Auto  
Consultants  
Pte Ltd

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

- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com).

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

Yours sincerely,

Vic Alpeh  
Case Handler  
DID: 6841 2096  
FAX: 6741 4108  
Email: [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com)

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

[wansallimjasman@gmail.com](mailto:wansallimjasman@gmail.com)  
(Email)

## Vic (LKKAUTO)

---

**From:** Vic (LKKAUTO)  
**Sent:** Thursday, 13 September, 2018 10:56 AM  
**To:** wansallimjasman@gmail.com  
**Cc:** Admin A; Vic (LKKAUTO)  
**Subject:** YOUR REF: SJN 1648H\_ACCIDENT INVOLVING SJN 1648H / SHC 7036R / OTHERS ALONG PIE TOWARDS CITY ON 08.09.2018



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

13 SEPTEMBER 2018

**SALLIM BIN JASMAN**  
**31 EASTWOOD WALK**  
**SINGAPORE 486410**

**By Post & By Email**

Dear Sir/Madam,

**OUR REF : CC4/ASM18016543/K1ha3**  
**YOUR REF : SJN 1648H**  
**ACCIDENT INVOLVING SJN 1648H / SHC 7036R / OTHERS ALONG PIE TOWARDS CITY ON 08.09.2018**

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 Pte Ltd to deal with the third-party claim against your policy.

We have received a claim from M/s COMFORTDELGRO ENGINEERING PTE LTD, acting on behalf of the owner of SHC 7036R against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle was involved in a 5 vehicle chain collision and was the last vehicle and had collided to the Third-Party vehicle SHC 7036R (4<sup>th</sup> vehicle). As such, liability may not be on your favour.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com) within 7 days from the date of this letter **if not provided at AXA's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)

- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com).

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

Best Regards,

**Vic Alpeh** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-2096 | email: [vicalpeh@lkkauto.com](mailto:vicalpeh@lkkauto.com) | fax: 6741-4108

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



*Save the Earth. Print only when necessary.*

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

## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONGi 40 SHC7036R , SJN1648H , SJX8682J  
PIE TOWARDS CITY AFTER ENG NEO EXIT

ON 08-Sep-18 12:45

I / We

TAN KIM HUA

(Hirer) NRIC No.: S1172306C

and/or

(Relief) NRIC No.:

Taxi Number

SHC7036R

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

09-Sep-2018

Name of Hirer  
Hirer NRICTAN KIM HUA  
S1172306C

Signature :



Address

304B ANCHORVALE LINK #03-10  
542304

Contact No.

96669815



redefining / insurance

CLAIM REF : S8M00UY7  
INSURED : SALLIM BIN JASMAN

### DISCHARGE VOUCHER

We, **COMFORTDELGRO ENGINEERING PTE LTD** confirm that by letter of authorisation dated 09/09/2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of **CITYCAB PTE LTD** and the Hirer, **TAN KIM HUA** of vehicle no. **SHC 7036R**.

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 **FOUR THOUSAND NINETY** only (**S\$4,090.00**) 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 **SJN 1648H** arising out of an accident with **SHC 7036R** on **08/09/2018**.
- 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. **SJN 1648H** 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. **SJN 1648H**.

Dated this 11 day of February 2019.

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"

GST REG. NO. M2-8921817-3

## 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  
SHC7036R

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
17.03.2016

CHASSIS CODE  
KMHLB41UMGU085584

INV. NO/DATE  
91396538 20.09.2018

JOB NO.  
305210505

OJOMETER READING

DATE/TIME IN  
10.09.2018 09:40

Description : 3P 08.09.2018

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0103-0579	140VC COVER ASSY-RR BUMPER	1	553.00	20.00	442.40
0002	04-01-0103-0738	140VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40
0003	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP	10	2.20	20.00	17.60
0004	09-01-9999-0068	HYUNDAI REVERSE SENSOR AS	1	135.70	0.00	135.70
0005	04-01-0103-2322	140V3 BUMPER W LIP & FOX	1	1,052.20	20.00	841.76
0006	04-01-0103-2164	140V3 GRILLE ASSY-RADIATO	1	1,110.10	20.00	888.08
SUB-TOTAL			:			2,507.94

### JOB NATURE

0001	L	ADVERTISEMENT - REAR BUMPER	50.00	50.00
0002	L	ADVERTISEMENT - REAR FENDER RH/LH	200.00	200.00

1. WITHIN 30 DAYS, ALL REPAIRABLE DEFECTS/FAULTS ARISING FROM THE FIRST OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS A RESPONSIBILITY FOR THE REPAIR WORK AND REPAIRS/REPAIRS BELONGING TO CUSTOMER AND VEHICLE ARE DRIVEN AND TREATED A "NORMAL" TYPE.

2. CUSTOMERS SHALL REPORT REPAIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 3 DAYS FROM SUCH DELIVERY, ADVISE THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3. DEFECTS OR FAULTS REPORTED WITHIN 30 DAYS OF DELIVERY OR 30 DAYS OF REPAIR, THE COMPANY SHALL REPAIR THE DEFECTS AND VEHICLE TO THE COMPANY BY THE CUSTOMER AND WILL HOLD ON THE WORK (S) OF REPAIRS. IF THE CUSTOMER DOES NOT PERFORM THE REPAIRS WITHIN THE PERIOD OF 30 DAYS.

4. PLEASE EXAMINE THE VEHICLE IMMEDIATELY UPON DELIVERY AND ADVISE THE COMPANY OF ANY DEFECTS OR FAULTS IMMEDIATELY UPON DELIVERY TO THE COMPANY. IF THE COMPANY DOES NOT PERFORM THE REPAIRS, THE CUSTOMER WILL BE RESPONSIBLE FOR THE REPAIRS AND REPAIRS.

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	91396538	3,839.10	

## 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  
SHC7036R

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
17.03.2016

CHASSIS CODE  
KMHLB41UMGU085584

INV. NO/DATE  
91396538 20.09.2018

JOB NO.  
305210505

ODOMETER READING

DATE/TIME IN  
10.09.2018 09:40

S/No	Part No.		Qty	Unit Price	%Disc	Net
0003	I	PANEL BEATING (Front)	200.00		200.00	
0004	23-502	SPRAYPAINT ON AFFECTED AREA	200.00		200.00	
0005	I	PANEL BEATING (Rear)	200.00		200.00	
0006	23-502	SPRAYPAINT ON AFFECTED AREA	200.00		200.00	
0007	I	REMOVE/REFIX REVERSE SENSOR	30.00		30.00	
SUB-TOTAL:				:		1,080.00

Items total	3,587.94
Add GST @ 7.000 %	251.16
Invoice amount	3,839.10

Issued by : KATHKRINETAN 20.09.2018 09:09:00  
Repair type : CFSO/57/57  
Payment type/Term: /Credit 30 days

WE HEREBY WARRANT ALL REPAIRABLES AND CAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR DAMAGE TO OR LOSS OF PROPERTY BELONGING TO CUSTOMERS AND VEHICLES AND DRIVERS AND TESTED A TOWNSHIP OVER.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY, OR WITHIN 14 DAYS TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

INTEREST ON THE VEHICLES WILL BE CHARGED ON A DAILY BASIS IN RESPECT OF ANY DELAYED PAYMENT CONTINUED TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DATE OF PAYMENT. IT IS AGREED TO HAVE FROM THE DELIVERED PART OF THE VEHICLE UPON DELIVERY.

PLEASE EXAMINE THE VEHICLE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DEFECTS IMMEDIATELY. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THE VEHICLE AS CORRECT AND PROCEED.

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	91396538	3,839.10	



Our Ref: CC18090191



Date: 19 September 2018

**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON	08/09/2018 @ 12:45 hrs
ALONG	PIE TOWARDS CITY AFTER ENG NEO EXIT
INVOLVING	SJN1648H, SJX8682J, UNKNOWN, UNKNOWN, UNKNOWN

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 **SHC7036R** (the "Taxi"). The Taxi was hired to **TAN KIM HUA IC NO S1172306C** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** 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.

SHC 7036R

DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO
10/9/18	TAN			0715	0940
10/9/18	ACCIDENT	/	12	0940	-
11/9/18	REPAIR		007	-	1100
13/9/18					
14/9/18					
15/9/18					
16/9/18					

## Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJN1648H	08 Sep 2018 / 12:45:00	Successful	A12	AXA INSURANCE PTE LTD

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

SHC 7036 R

### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SJN 1648H (Insd veh)	Model:	HYUNDAI I40
	SHC 7036R (TP veh)		
Date of Accident:	08/09/2018		

Global Sum Settlement	: <input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	: \$	5,672.86
Final Repair Cost	: \$	3,839.10
Loss of Token Supr	: \$	75.00
Rental (if any)	: \$	172.50
LTA / GIA Search Fee	: \$	7.49

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

	: \$	
Final Settlement Sum (Global Sum)	: \$	4,090.00

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 (\*): \_\_\_\_\_ 100 \_\_\_\_\_ (%)  
 \* 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	: \$ 4,090.00

JOANNE LEE KHANG MIN  
LKK Auto Consultants Pte Ltd

22/02/2019  
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/ASM18016543/K1ha3q2

8 SHENTON WAY #24-01  
AXA TOWERSINGAPORE 068811

Date : 22-02-2019



ATTN: RICHARD ANG

Code : ASM

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJN 1648H	Veh. Inspected	SHC 7036R
Policy No.	GA014271/1	Coverage (\$)	0.00
Claim No.	S8M00UY7	Excess (\$)	0.00
Assign From		Assign Date	10/09/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU085584	Colour	YELLOW
Odometer	289152	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

## 4. Description of Damages

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

## 5. General Information

Accident Date	08/09/2018	Inspection Date	10/09/2018
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 3581 FAX: 6256 4315

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

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 7036R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	RADIATOR GRILLE (CONSISTENT)	CRACKED	1,110.10	1,110.10
1	RADIATOR GRILLE H EMBLEM (CONSISTENT)	NOT NECESSARY	39.50	-
1	FRONT BUMPER COVER (CONSISTENT)	DEFORMED	1,052.20	1,052.20
1	FRONT BUMPER SPONGE (CONSISTENT)	SERVICEABLE	99.20	-
1	FRONT BUMPER REINFORCEMENT (CONSISTENT)	SERVICEABLE	402.10	-
2	FRONT BUMPER BRACKET TOP (LH/RH) @\$22.40 (CONSISTENT)	SERVICEABLE	44.80	-
2	FRONT BUMPER BRACKET (LH/RH) @\$24.60 (CONSISTENT)	SERVICEABLE	49.20	-
1	REAR BUMPER (CONSISTENT)	DEFORMED	553.00	553.00
1	REAR BUMPER REINFORCEMENT (CONSISTENT)	SERVICEABLE	428.40	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$80.30 (CONSISTENT)	SERVICEABLE	160.60	-
10	REAR BUMPER CLIP (CONSISTENT)	NECESSARY	22.00	22.00
✓ 2	REAR BUMPER BRACKET @\$35.60 (CONSISTENT)	SERVICEABLE	71.20	-
✓ 1	REAR BUMPER SPONGE (CONSISTENT)	SERVICEABLE	103.50	-
1	REAR BUMPER UNDER COVER (CONSISTENT)	CUT	228.00	228.00
	LESS 20% DISCOUNT		-872.76	-593.06
			3,491.04	2,372.24
<b>SPECIAL NETT ITEMS</b>				
1	FRONT NUMBER PLATE (SN) (CONSISTENT)	SERVICEABLE	25.00	-
1	FRONT NO PLATE TRIM COVER (SN) (CONSISTENT)	SERVICEABLE	30.00	-
1	REAR BUMPER ADVERTISEMENT LOGO (SN) (CONSISTENT)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN) (CONSISTENT)	NECESSARY	200.00	200.00
1	REAR BUMPER REVERSE SENSOR (SN) (CONSISTENT)	SHORTED	135.70	135.70
			440.70	385.70
<b>LABOUR</b>				
	PANEL BEATING.		700.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-

Report Ref No. CC4/ASM18016543/K1ha3q2



## LKK Auto Consultants Pte Ltd

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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REMOVE/REFIX REVERSE SENSOR		120.00	30.00
			1,370.00	830.00
GRAND TOTAL			5,301.74	3,587.94
RECOMMENDED COST OF REPAIRS				3,587.94

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KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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