

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :S\$

Is driver the owner?

56E7947m
WSSHAGE ENH

HP:

D.O.A.:

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

S8mouvp2

Bmw 216

Duis Rd

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

SAC 1820H



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

STAGE

DATE / PIC

27/9
2018

SAC 1820H. 02/10/18 020300/1mpolp: 09 27/11/18
56E7947m X

Non-Reporting Itr (1st):
Non-Reporting Itr (2nd):
Non-Reporting Itr (Final):
Notification Itr (if non-pickup):
Call OI:
After call Itr to OI:

1/10/18

Confirm accident details. inform TP claim.
letter send out

Documentation Check List: Handler Typist

15/10/18

seek mandate via SMART
mandate approve via SMART \$6100.00

Notification Itr (if non-pickup)		
After call Itr 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		
LTA / GIA :	<input checked="" type="checkbox"/>	
Medical Bill:		
PIR:		
Mandate/Reject Instruction:	<input checked="" type="checkbox"/>	
LOD	<input checked="" type="checkbox"/>	
Payment Breakdown Form:		
Post-Repair Photos:		
Others:		

PRELIMINARY ADVICE

Date/Time: 19/9

Sent By: [Signature]

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost: S\$

(days) Reduction: %

Email Call

FINAL SETTLEMENT

Date/Time: 28/11/18

Confirm with: William.

Email Call

Final Liability: %

100 (Agreed / Assessed) BOLA S/N No.: 27.

If NO or B 28, Ass. Lia:

Repair Cost: S\$

5994.5

Loss of Rental (LOR): S\$

564.30 (415 days) X 12540

Loss of Use (LOU): S\$

225.00 (\$50 x 4.5 days)

Loss of Income (LOI): S\$

(\$ x days)

LOR only LOU only

LOR + LOU LOR + LOI [Tick only one]

GIA/LTA Search: S\$

7.49

Medical: S\$

1) Claim status: Normal/Reject/Private Settle

Disbursement: S\$

(e.g. Tow/ independent)

2) Report Format:

Legal Cost: S\$

3) Survey fee:

Total:

S\$ 6791.31

Global Sum S\$: 6750.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email Call

Payee 1:

S\$ 6750.00

Name 1:

Comfortdelgro Engineering Pte Ltd.

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

[Signature]

08/11/23

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insured Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent?: Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: 2.0% % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHC1820H Yr Regn: 6 Oct 2017

Type: M.Car / M.Cycle / Bus / Van / Lorry / T~~o~~ Prime Mover /

Truck / Trailer or

Make: Toyota Prius c.c. 1798

Colour: Blue A/C: Insu G / Std / NI / NA

Sp. Reading: 17766 T/Radio: Insu G / Std / NI / NA

Eng/No: _____

C/No: JTDKB3F460356903

Gen. Cond: Good / P Poor / Burnt

Steering: Inor G / Jammed / Leaked / Burnt or

Brake: Inor G / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD G Rim or

Tyre Size: F: 195/65 R15

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / CHTSU / RIR / SUMI /

TOYO / YOKO or Westlla

Front 7 mm Rear 7 mm

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 15/9/2 D.O.I. 17/9/2

Survey held at CDHE (Layang)

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

Rear o/s

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

Date / Time	Action / Instruction
	<u>AxA</u> <u>PO</u>
<u>20/11/18</u>	<u>Confirm I.B. to #5602-35 with 3 working days.</u>
	<u>(Tel: 63338-15)</u> <u>3X-1)</u>

Date/Time, File Pass to? : Prel. Report

1) : Final Report

Date/Time, File Return to?

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Survey Fee:

Transportation: _____ \$ + RS. _____ \$

Photos

Others

TOTAL

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
LABOUR CHARGE			
Panel Beating			\$ 850.00 ^{6_{no}}
Spray Painting Charge			\$ 750.00 ⁷⁰⁰
Wiring Charge			\$ 50.00 ²⁰
Tuff Kote			\$ 50.00 ^{X₁}
Remove/Refix Cushion & Upholstery Rear			\$ 150.00 ⁵⁰
Remove/Refix Rear Windscreen Glass			\$ 120.00 ^{X₁}
Remove/Refix Reverse Sensor			\$ 120.00 ³⁰
Remove/Refix Exhaust Pipe			\$ 150.00 ⁶⁰
<i>Leaky Fuel</i>			\$ 110
TOTAL LABOUR			\$ 2,240.00
ESTIMATE TOTAL			\$ 8,940.50

Kelme 10/11/14
M 17/9/8 1435hr
3 Dgs.
P/P
Before Paint p/h

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before further spray painting
- To display the vehicle before leaving resurvey
- Part of the cost of the resurvey
- The parts which are to be replaced on a no prejudice basis
- No third party claims to be covered
- Surveyor's fee to be covered and is supplied by the insurance Company

Acknowledged by Repairer
 Signature:
 Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.



CASH SALES/INVOICE

No: 0002399

James Towing Services

Blk 288 Yishun Ave 6 #07-50 Singapore 760288
James Low HP: 9015 7488 • 9811 9966

24 Hrs
Towing Services
拖车服务

日期 Date: 15/9/18

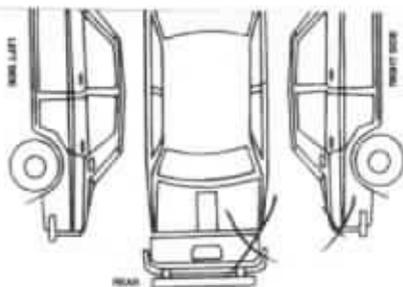
寶號 Messre: 德士公司
車號 Vehicle No: SHC 1820 H 型號 Model No: HONDA TAXI
由 From: 102 DOVER Rd 到 To: Loyang
時間 (日夜) Time (day/night): 8:00 am - 8:55 am
其他 Other: King Bee Accident
現金 CASHS: 110.00 支票 CHEQUE:

注意: 本公司對所拖之車輛, 在進行中如有任何損失或破壞, 一概由車主自行負責。

NOTES: Vehicle is towed at owner's ask. The company accepts no responsibility for damage or other misdemeanor to your vehicle whilst being towed.

收貨人 Received by: [Signature] 81257667

經手人 Issued by:



Cracked or Scratched

: Missing

Comms Mode : HP / SMS / Email :

Date	Time	Call Made By	Remarks

4. Activity Chart

Activity	Date (D/M)	Time (Hrs)	Activity	Date (D/M)	Time (Hrs)	Loss of Use / Rental
Accident Date / Time			Vehicle Surveyed			(a) Authorised Repair-days : _____
Vehicle Towed / Driven in			Repair Commenced & Parts Ordered			(b) Sun/Sat/PH : _____
Accident Reported			All Parts Received			(c) Arrange Survey : _____
Estimates Prepared			Repair Completed			(d) Loss of Use (days) : _____
Requisition Submitted to SCM For Part Prices			Quality Checked			(e) Overrun : _____
Part Prices Received			Customer Informed			(f) Payment By : _____
Estimates Faxed To Insurer			Vehicle Collected			Signature of MVA : _____
Surveyor's Recommendation : _____ Workdays						Target Date of Completion : _____
Authorised Date : _____						Actual Date of Completion : _____
						Manager/Executive: _____

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JO NO.: 305213167
TOMER	REGN NO.: SHC1820H	MILEAGE	
VB COMFORT TRANSPORTATION PTE LTD	MAKE: TOYOTA	FUEL	
TOMER NO 7010045	MODEL PRIUS HYBRID(G4)	E.....1/2.....F	
RESS 383 SIN MING DRIVE	YR OF MANU 06.10.2017	DATE/TIME IN 15.09.2018 06:10	
Singapore SINGAPORE 575717	CHASSIS CODE JTDKB3FU603569013	TARGET DATE	
65508755 (R) (Q)		COMPLETION DATE/TIME:	
(P)			
OUNT CARD NO.			

JOB DESCRIPTION

Accident Date: 15.09.2018
 NATURE: 3P 15.09.2018

S/NO	LABOR CODE	DESCRIPTION	
			FRONT
			REAR
			LEFT SIDE
			RIGHT SIDE

BOOKED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

acknowledgement Slip

Vehicle No.: SHC1820H CHIANG

Signature/Date _____

returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHC1820H

Name of Service Advisor _____ Date _____

To be kept by Security Guard

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
LABOUR CHARGE			
Panel Beating			\$ 850.00 ⁶⁰⁰
Spray Painting Charge			\$ 750.00 ⁷⁰⁰
Wiring Charge			\$ 50.00 ²⁰
Tuff Kote			\$ 50.00 ^X
Remove/Refix Cushion & Upholstery Rear			\$ 150.00 ⁵⁰
Remove/Refix Rear Windscreen Glass			\$ 120.00 ^X
Remove/Refix Reverse Sensor			\$ 120.00 ³⁰
Remove/Refix Exhaust Pipe			\$ 150.00 ⁵⁰
TOTAL LABOUR			\$ 2,240.00
ESTIMATE TOTAL			\$ 8,940.50

Kelvin 10/11/14
M 17/9/18 1435hrs
3 Days
PIP
Before Paint p/h

LKK Auto Consultants hence notify the Receiver of the following:

- To resolve before the start of painting
- To display damaged parts during recovery
- Parts prices are to be agreed in advance
- Third party claims to be made in favour of Insurer
- No illegal or unsafe work to be done
- See members of the public in involved and is subject to the appropriate Motor Insurance Company

Acknowledged by Receiver
 Signature:
 Date:

Our Job Ref No : 305213167

Date : 19/09/18

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC1820H

15/09/2018

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

1. The repair job shall bill to: AXA SGE7947M

2. The finalized amount shall be:

(a) Spare Parts after List discount \$4,032.35

(b) Labour Charges \$1570.00

Total for Part-By-Part Repair Cost \$5602.35

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost _____

3. Estimated normal period for repairs: 3 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 : CHIANG

Name : Kalvin

Tel : 62148314

Date : 19/9/18

Fax : 65468156

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

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

JOB NO : 305213167
 REGN NO : SHC1820H
 MILEAGE : 000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 06.10.2017
 DATE/TIME IN : 15.09.2018 06:10
 ACCIDENT DATE : 15.09.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2269-G	PRIG4 ORNAMENT SUB-ASSY B	1	52.90	25.00	39.67
0002	04-01-0302-2270-G	PRIG4 PLATE-BACK DOOR NAM	1	52.40	25.00	39.30
0003	04-01-0302-2271-G	PRIG4 PLATE-BACK DOOR NAM	1	60.80	25.00	45.60
0004	28-01-0302-2013-A	PRIVC REAR BONNET APP TAX	1	40.00	2.50-	40.00
0005	28-01-0302-2015-A	PRIVC REAR BONNET COMFORT	1	30.00	0.25	30.00
0006	28-01-0302-0006-A	PRIVC REAR BOOT 65521111	1	30.00	0.03-	30.00
0007	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0008	04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0009	04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	14.70	25.00	11.02
0010	04-01-0302-2965-G	PRIG4 FILLER-REAR BUMPER	1	148.40	25.00	111.30
0011	04-01-0302-0795-G	PRIG4 LENS AND BODY REAR	1	548.40	25.00	411.30
0012	04-01-0302-0585-G	PRIG4 LENS & BODY RR COMB	1	557.90	25.00	418.42
0013	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50

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

JOB NO : 305213167
 REGN NO : SHC1820H
 MILEAGE : 000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(C
 DATE OF REGN : 06.10.2017
 DATE/TIME IN : 15.09.2018 06:10
 ACCIDENT DATE : 15.09.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0014 04-01-0302-2383-G PRIG4 PANEL SUBASSY BODY	1		548.40	25.00	411.30
0015 09-01-0302-2005-A PRIG4 REVERSE SENSOR ASSY	1		135.70	2.50-	135.70
0016 04-01-0302-2346-G PRIG4 GARNISH SUB ASSY BA	1		881.70	25.00	661.27
0017 04-01-0302-2404-G PRIG4 PIPE ASSY EXHAUST T	1		1,163.40	25.00	872.55
SUB-TOTAL :					4,032.33

JOB NATURE

0000 L	PANEL BEATING	600.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	700.00
0002 17-01	CHECK ALL LIGHTING	20.00
0003 20-204	REMOVE/REFIX UPHOLSTERY ASST REPAIR	50.00
0004 20-22	REMOVE/REFIX REVERSE SENSOR	30.00

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

JOB NO : 305213167
 REGN NO : SHC1820H
 MILEAGE : 000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(C
 DATE OF REGN : 06.10.2017
 DATE/TIME IN : 15.09.2018 06:10
 ACCIDENT DATE : 15.09.2018

JOB / PARTS DESCRIPTION	QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0005 20-06 REMOVE/REFIX EXHAUST PIPE TO ASST REP			60.00		
0006 23-01 TOWING FEE			150.00		
			100		
			SUB-TOTAL		: 1,610.00
			TOTAL		: 5,642.33

MVA NAME & SIGNATURE
 DATE :

AUTHORISED : YES / NO
 SURVEYOR NAME & SIGNATURE
 DATE :

◀ S8M00VP2-mandate approval

Type

🗨 Question

Message

Hi Viviau, pls proceed.

Reply

W

Our Ref : T 0918/ SHC1820H /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

Mainline +65 6353 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 192226242K

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 SHC1820H YOUR INSURED SGE7947M
AND OTHER _____ ON 15.09.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHC1820H 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 : SGE7947M we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair		\$	5,994.52
2	<u>5</u> days Loss of Rental @	\$	125.40	per day
3	Survey Report Fees	(Surveyed by M/s LKK)	\$	-
4	GIA / LTA Search Fee		\$	7.49
5	GIA / Police Report Fees		\$	-
6	Towing Fees		\$	-
			Sub Total :	\$ 6,629.01

HIRER'S CLAIM

7	<u>5</u> days Loss of Income @	\$	80.00	per days	\$	400.00
						Total Claims: \$ 7,029.01

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 : SGE7947M
- c) GIA / Police report/s of : SHC1820H
- d) Letter of authority from owner / hirer / operator
 - (X) Photocopie/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 'Ian

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
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
Yishun Industrial Park A
Singapore 768732



Auto
Consultants
Pte Ltd

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

02 October 2018

Vosshage Erich
15 Nathan Road
#03-304
Singapore 248741

Dear Sir/ Mdm

OUR REF : CC4/ASM18016914/K1wa3
YOUR REF : SGE 7947M

**ACCIDENT INVOLVING SGE 7947M & SHC 1820H ALONG DOVER RD ON
15/09/2018**

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 **ComfortDelGro Engineering Pte Ltd** acting on behalf of the owner of SHC 1820H against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

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 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 Vivianlau@lkkauto.com within 7 days 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



Auto
Consultants
Pte Ltd

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

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.

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 6841 8625 or email us at Vivianlau@lkkauto.com

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

Yours sincerely,

Vivian Lau
Case Handler
DID: 6841 8625
FAX: 6741 4108
EMAIL: Vivianlau@lkkauto.com

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

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **TOYOTA PRIUS SHC1820H , SGE7947M** **ON 15-Sep-18 06:10**
ALONG **T JUNCTION OF DOVER RD AND UNITED WORLD COLLEGE**

I / We **YONG HOI TUCK** (Hirer) NRIC No.: **S1291014B**

and/or (Relief) NRIC No.:

Taxi Number **SHC1820H**

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 **15-Sep-2018**

Name of Hirer **YONG HOI TUCK**
 Hirer NRIC **S1291014B**

Signature :



Address **213B COMPASSVALE LANE #03-262**
542213

Contact No. **81257667**



redefining / insurance

CLAIM REF : S8M00VP2
INSURED : ERICH VOSSHAGE

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 15 Sep 2018 ,we are authorised to and do hereby give this discharge for ourselves and on behalf of ComfortDelgro Transportation Pte Ltd and the Hirer, YONG HOI TUCK of vehicle no. SHC 1820H.

Now we **ComfortDelgro Engineering Pte Ltd** for ourselves and the said Hirer and the driver jointly and severally:-

- a) agree to accept the sum of Singapore Dollars Six Thousand Seven Hundred Fifty only (S\$6,750.00) 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 SGE 7947M arising out of an accident with SHC 1820H on 15/09/2018
- b) 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. SGE 7947M arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- c) 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. SGE 7947M.

Dated this 23 day of November 2018

Signed by _____
(AUTHORISED SIGNATORY)

COMFORTDELGRO ENGINEERING PTE LTD
55 LEONG DRIVE
SINGAPORE 118088

Company Stamp _____

Witness : _____

Name : _____

I/C No : _____

Address : _____

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

*The contents of this document apply to vehicle damages only
All personal injuries and damages arising therefrom are excluded
from the ambit and application of this document*

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
 SHC1820H

INV. NO/DATE
 91396726 20.09.2018

MAKE
 TOYOTA

JOB NO.
 305213167

MODEL
 PRIUS HYBRID(G4)

DIAGNOSTIC READING

DATE OF REG
 06.10.2017

DATE/TIME IN
 15.09.2018 06:10

CHASSIS CODE
 JTKKB3FU603569013

Description : 3P 15.09.2018

S/No	Part No.	Qty	Unit Price	%Disc	Net
PART REQUISITION					
0001	04-01-0302-2269	1	52.90	25.00	39.67
0002	04-01-0302-2270	1	52.40	25.00	39.30
0003	04-01-0302-2271	1	60.80	25.00	45.60
0004	28-01-0302-2013	1	40.00	0.00	40.00
0005	28-01-0302-2015	1	30.00	0.00	30.00
0006	28-01-0302-0006	1	30.00	0.00	30.00
0007	04-01-0302-2282	1	458.60	25.00	343.95
0008	04-01-0302-2287	1	552.60	25.00	414.45
0009	04-01-0302-2286	1	14.72	25.00	11.04
0010	04-01-0302-2965	1	148.40	25.00	111.30
0011	04-01-0302-0795	1	548.40	25.00	411.30

WE warrant against ALL MANUFACTURER'S DEFECTS AND AGAINST THE ACCIDENTAL DAMAGE TO THE EQUIPMENT SUPPLIED TO THE CUSTOMER FOR THE LIFE OF THE EQUIPMENT. WE DO NOT ACCEPT LIABILITY FOR LOSS OF OR DAMAGE TO THE EQUIPMENT BELONGING TO CUSTOMERS AND VEHICLES AND OBJECTS AND PERSONS AND PROPERTY AND DAMAGE THEREON.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND REPORT WITHIN 7 DAYS FROM SUCH DELIVERY ANY DEFECTS OR DAMAGE TO THE COMPANY OR ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED BY THE CUSTOMER.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DATE OF PAYMENT BUT NOT TO EXCEED 30 DAYS FROM THE ENDING OF THE MONTH OF DEFAULT.

PLEASE RETURN THE EQUIPMENT IMMEDIATELY UPON RECEIVING AND ADVISE THE COMPANY OF ANY WITHIN 7 DAYS FROM DELIVERY. WITHIN 14 DAYS OF RECEIVING THE EQUIPMENT DOES NOT PROTECT FROM THE DEFECTOR. THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND VALID.

ComfortDelGro Engineering Pte Ltd
 A member of COMFORTDELGRO

Head Office:
 205 Braddell Road
 Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHO No.
8010010	91396726	5,994.52	

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010010

AXA INSURANCE PTR LTD

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

CONTACT NO: 63387288

VEHICLE NO
SHC1820H

INV. NO/DATE
91396726 20.09.2018

MAKE
TOYOTA

JOB NO.
305213167

MODEL
PRIUS HYBRID(G4)

(ODOMETER READING)

DATE OF REG
06.10.2017

DATE/TIME IN
15.09.2018 06:10

CHASSIS CODE
JTDKB3FU603569013

S/No	Part No.		Qty	Unit Price	%Disc	Net
0012	04-01-0302-0585	PRIG4 LENS & BODY RR COMB	1	557.90	25.00	418.42
0013	04-01-0302-2383	PRIG4 PANEL SUBASSY BODY	1	548.40	25.00	411.30
0014	09-01-0302-2005	PRIG4 REVERSE SENSOR ASSY	1	135.70	0.00	135.70
0015	04-01-0302-2346	PRIG4 GARNISH SUB ASSY RA	1	881.70	25.00	661.27
0016	04-01-0302-2404	PRIG4 PIPE ASSY EXHAUST T	1	1,163.40	25.00	872.55
SUB-TOTAL:						4,015.85

JOB NATURE

0001	20-05	HUMPER CLIP	16.50			16.50
0002	L	PANEL BEATING	600.00			600.00
0003	23-502	SPRAYPAINT ON AFFECTED AREA	700.00			700.00
0004	17-01	CHECK ALL LIGHTING	20.00			20.00
0005	20-204	REMOVE/REPAIR UPHOLSTERY ASST REPAIR	50.00			50.00

WE SHALL BURN ALL REASONABLE SPECIAL INSURANCE POLICY TERMS OR ACCIDENTAL DAMAGE. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CLAIM OR OTHER PROBLEMS BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED IN CONNECTED AREA.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 3 DAYS FROM SUCH DELIVERY ADVISE BY NOTIFYING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED AS SUCH.

INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY PAYMENT DUE AND OBLIGED TO THE COMPANY BY THE CUSTOMER AND NOT FREE ON THE DATE OF PAYMENT FOR WITHIN 3 DAYS FROM THE ABOVE DATE THE PENALTY OF 2% PER DAY.

PLEASE EXAMINE YOUR INSURANCE POLICY BEFOREhand AND NOTIFY THE COMPANY OF ANY ERRORS. IN DISREGARDING WITHIN 3 DAYS OF RECEIPT IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THE WORK AS COMPLETELY AND FINISHED.

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	91396726	5,994.52	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
 Page: 3

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO
 SHC1820H

INV. NO/DATE
 91396726 20.09.2018

MAKE
 TOYOTA

JOB NO.
 305213167

MODEL
 PRIUS HYBRID(G4)

OILMETER READING

DATE OF REG
 06.10.2017

DATE/TIME IN
 15.09.2018 06:10

CHASSIS CODE
 JTDKB3FU603569013

S/No	Part No.		Qty	Unit Price	%Disc	Net
0006	20-22	REMOVE/REPAIR REVERSE SENSOR	30.00			30.00
0007	20-06	REMOVE/REPAIR EXHAUST PIPE TO ASST RKP	60.00			60.00
0008	23-01	TOWING PKG	110.00			110.00
SUB-TOTAL :						1,586.50

Items total	5,602.35
Add GST @ 7.000 %	392.17
Invoice amount	5,994.52

Issued by : KATHKRINETAN 20.09.2018 16:20:58
 Repair type : CLSO/57/57
 Payment type/Term: /Credit 30 days

I HEREBY TAKE ALL REASONABLE PRECAUTIONS AGAINST THE THEFT OR ACCIDENTAL DAMAGE. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CASES OF THEFT OR ACCIDENTAL DAMAGE TO CUSTOMERS AND VEHICLES ARE DRIVEN AND SYSTEMS A DAMAGE RISK.
 CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM WHEN THE WORK IS NOTICED IN WRITING TO THE COMPANY OF ANY COMPLAINTS OTHERWISE THE INDICES WILL BE DEEMED TO HAVE BEEN ACCEPTED BY YOU TO ORDER.
 INTEREST OF 1% PER MONTH SHALL BE CHARGED ON A DAILY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DATE OF PAYMENT OR AFTER 30 DAYS FROM THE INVOICE DATE THE PERIOD OF DEFERRED.
 ALL WORKS SHALL BE COMPLETED IMMEDIATELY UPON RECEIPT AND ADVISE YOU TO CONTACT US OR APPROVE THE WORKS WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THE WORKS AS COMPLETELY SAVED WORKING.

ComfortDelGro Engineering Pte Ltd
 A member of COMFORTDELGRO

Head Office:
 205 Braddell Road
 Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91396726	5,994.52	

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CT18090401

Date: 20 September 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 15/09/2018 @ 06:10 hrs
ALONG T JUNCTION OF DOVER RD AND UNITED WORLD
 COLLEGE
INVOLVING SGE7947M

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 **SHC1820H** (the "Taxi"). The Taxi was hired to **YONG HOI TUCK IC NO S1291014B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

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

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

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

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

Handwritten signature

SAC 1820H

G	DATE	NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
			FROM	TO		FROM	TO
2	11/09	gan.	176	114	186	7.40	1.20
4	12/09	Audias	176	437	323	4.40	6.00 pm
4	13/09	Audias	176	805	368	4.40	6 pm
1	13/09	Alex	177	665	260	6.00	6.00
8	14/09	Audias	177	112	247	4.40	6.00 pm
5	14/09	zann	177	555	243	7.40 pm	4.00 pm
5	15/9						
2	15/9	Accident repair			In	0610	1315
2	19/9		177	555	Out		
1							
8							

G	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO
2	299	4.30	5.55
4	162	6.00	12.50
4	280	4.30	6.00 pm
1	187	8.00 pm	4.15 am
8	317	4.30	4.50
5	246	5.30	2.15
5	220	5.30	2.15 pm
2	337	2.30	1.45
2	280	4.30	5.00 pm
1	198	6.30	1.15
8	287	4.30	7.30

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SGE7947M	15 Sep 2018 / 06:10:00	Successful	A12	AXA INSURANCE PTE LTD

Previous

OK

SUC IP 20 H

**THIRD PARTY EXPRESS SETTLEMENT
(PAYMENT BREAKDOWN)**

Vehicle No:	SGE 7947M (Insd veh)	Model:	TOYOTA PRIUS
	SHC 1820H (TP veh)		
Date of Accident:	15/09/2018		

Global Sum Settlement	: [X] Yes	[] No	
Repair Estimate	: \$	10,403.40	
Final Repair Cost	: \$	5,994.52	
Loss of Token Sum	: \$	225.00	4.5days at \$50.00 per day
Rental (if any)	: \$	564.30	4.5 days
LTA / GIA Search Fee	: \$	7.49	
Others:	: \$	0.00	

	: \$	
Final Settlement Sum (Global Sum)	: \$	6,750.00

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:		
	_____27_____		
BOLA Liability: _____100_____ (%)	Assessed Liability (*): _____ (%)		
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks _____			

Payment Instruction: Payee's Breakdown		
1)	COMFORTDELGRO ENGINEERING PTE LTD	: \$ 6,750.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

19/12/2018
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/ASM18016914/K1wa3q2	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN:WINNIE HO		Date : 19-12-2018	
		Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGE 7947M	Veh. Inspected	SHC 1820H
Policy No.	CN862355	Coverage (\$)	0.00
Claim No.	S8M00VP2	Excess (\$)	0.00
Assign From		Assign Date	17/09/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU603569013	Colour	BLUE
Odometer	177616	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 O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/09/2018	Inspection Date	17/09/2018
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:		3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 1820H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR TRUNK LID COVER (CONSISTENT)	TO REPAIR SEE LABOUR	1,126.60	-
1	REAR TRUNK LID LOCK (CONSISTENT)	SERVICEABLE	457.90	-
1	REAR TRUNK LID GLASS (BLACK COLOR) (CONSISTENT)	SERVICEABLE	733.50	-
1	REAR TRUNK LID LOGO (PRIUS) (CONSISTENT)	NECESSARY	60.80	60.80
1	REAR TRUNK LID LOGO (HYBRID) (CONSISTENT)	NECESSARY	52.40	52.40
1	REAR TRUNK LID LOGO (TOYOTA STAR) (CONSISTENT)	NECESSARY	52.90	52.90
1	REAR BUMPER (CONSISTENT)	DEFORMED	458.60	458.60
1	REAR BUMPER REINFORCEMENT (CONSISTENT)	TO REPAIR SEE LABOUR	322.30	-
1	REAR BUMPER UNDER COVER (CONSISTENT)	CRACKED	552.60	552.60
1	REAR BUMPER SIDE RETAINER (CONSISTENT)	SERVICEABLE	112.70	-
1	REAR BUMPER SPONGE (CONSISTENT)	NOT NECESSARY	143.40	-
1	REAR BUMPER CLIPS (CONSISTENT)	NECESSARY	22.00	22.00
1	RETAINER ,REAR BUMPER ,SIDE RH (CONSISTENT)	SERVICEABLE	94.80	-
1	SEAL ,REAR BUMPER SIDE, RH (CONSISTENT)	CRACKED	148.40	148.40
1	TAIL LAMP ASSY (UPPER) (RH) (CONSISTENT)	CRACKED	557.90	557.90
1	TAIL LAMP ASSY (LOWER) (RH)(CONSISTENT)	CRACKED	548.40	548.40
1	REAR END PANEL (CONSISTENT)	DENTED	602.10	548.40
1	REAR END PANEL GARNISH (CONSISTENT)	SERVICEABLE	121.60	-
1	REAR EXHAUST PIPE (CONSISTENT)	BENT	1,163.40	1,163.40
1	REAR FENDER ,RH (CONSISTENT)	TO REPAIR SEE LABOUR	817.50	-
1	REAR WINDSCREEN GLASS MOULDING (CONSISTENT)	NOT NECESSARY	208.60	-
1	TOW COVER (ADDITIONAL) (CONSISTENT)	CRACKED	14.70	14.70
1	TRUNK LID GARNISH (ADDITIONAL) (CONSISTENT)	CRACKED	881.70	881.70
	LESS 25% DISCOUNT		-2,313.70	-1,265.55
			6,941.10	3,796.65
SPECIAL NETT ITEMS				
1	REAR NO.Plate WITH TRIM COVER (SN) (CONSISTENT)	SERVICEABLE	100.00	-
1	REAR TRUNK LID APPS STICKER (SN) (CONSISTENT)	NECESSARY	40.00	40.00

Report Ref No. CC4/ASM18016914/K1wa3q2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR TRUNK LID COMFORT & TEL NO. STICKER (SN) (CONSISTENT)	NECESSARY	60.00	60.00
1	REAR BUMPER REVERSE SENSOR (SN) (CONSISTENT)	SHORTED	135.70	135.70
1	REAR BUMPER RUBBAT MAT (SN) (CONSISTENT)	NOT NECESSARY	50.00	-
1	REAR WINDSCREEN SEALANT (SN) (CONSISTENT)	NOT NECESSARY	46.00	-
			431.70	235.70
	LABOUR			
	PANEL BEATING INCLUSIVE OF THE REPAIR OF REAR TRUNK LID COVER, REAR BUMPER REINFORCEMENT AND REAR FENDER, RH.		850.00	600.00
	SPRAY PAINTING CHARGE.		750.00	700.00
	WIRING CHARGE.		50.00	20.00
	TUFF KOTE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE/REFIX REAR WINDSCREEN GLASS.	NOT NECESSARY	120.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
	REMOVE/REFIX EXHAUST PIPE.		150.00	60.00
	TOWING FEE.		110.00	110.00
			2,350.00	1,570.00
	GRAND TOTAL		9,722.80	5,602.35
	RECOMMENDED COST OF REPAIRS			5,602.35

Report Ref No. CC4/ASM18016914/K1wa3q2

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	SR000072
Reference	CC4/ASM18016914/K3/wa3p2
Loss Date	15 September 2018
Request Date	17 September 2018
Due Date	
Vendor Name	LK AUTO CONSULTANTS PTE LTD (TP)
Type of Loss	Third Party Vehicle Damage
Services	Pending verification - Direct Settlement

Actions

Next Step: Wait for Approve invoice

View Invoice

Vehicle Information	
Incident Vehicle Registration #	SHC1800H
Make	TMIO TOYOTA
Model	
Service Address	
...	
Primary Contact/Insured	
ERICH VOSSHAGE 15 NATHAN ROAD REGENCY PARK, #04-03, 248741, Singapore	
edits@singnet.com.sg	
Claim Handler	
HO Winnie 656804833 winnie.ho@lka.com.sg	

Additional Instructions

Messages Invoices History Documents Assessment Metrics Notes

Document Type Document SubType

+ Upload Documents

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
LK0Invoice1 [10].pdf	Invoice	Surveyor/ Assessor expense	LK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
payment breakdown.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
LDD.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
LKKInspection (1).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
LKKAdjustment1a.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
DISCHARGE VOUCHER.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
AUTHORISATION TO ACT FOIM.pdf	Forms / Claim Documents	POA / Authority Letter	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
WORKSHOP INVOICE.pdf	Invoice	Repairer	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
LETTER TO O.pdf	Letters and Correspondence	Policy Holders / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
LKK Retrospection Photos.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	19 November 2018
MARKED ESTIMATE.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	19 November 2018
LTA SEARCH.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	19 November 2018
RENTAL.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	19 November 2018
LKK Inspection Photos.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	19 November 2018
Immediate Advice-SHC 10204.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	19 November 2018

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
TP MARKED ESTIMATE - TOWING.pdf	Reports & Statement	Estimate / Quotation	LAK AUTO CONSULTANTS PTE LTD (TP)	21 September 2018
SHC18204 - TP-GIA REPORT.PDF	Reports & Statement	Accident statement	HO Winnie	17 September 2018
SGE7947M INS GIA.PDF	Reports & Statement	GIA Report	KUMAR Shalindra	17 September 2018
PHI EMAIL FROM WORKSHOP WITH TP GIA SHC18204S ESTIMATE.png	Forms / Claim Documents	Others	KUMAR Shalindra	17 September 2018