

Yvonne

cc 4, Asm 180 18726, C144459

LKK:  
IDAC:

75032

Sarkar:

Amk

DOI:

ASSIGNMENT

15/10/18

Date / Time:

15/10/2018

Registered in Meriton:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SCA/9022C

Claim No.:

58m00250

Name of Insured:

MyPri Ave

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II : \$5

D.O.A.:

12/10/2018

Place of Accident:

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

SAIC 8568R



INSRS:

WSP:

Tel:

Liability:

RMKS:

CO hi  
loyalty



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

30/10

SAIC 8568R - 16/10/2018 7967 / MyPri Ave - 1006.4/417

STAGE

DATE / PIC

Non-Reporting Itr (1st):

Non-Reporting Itr (2nd):

Non-Reporting Itr (Final):

Notification Itr (if non-pickup):

Call OI: / ASME 26.12.18

After call Itr to OI:

Documentation Check List: Handler Typist

Notification Itr (if non-pickup)

After call Itr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

ORDER OF CONFIRMED ACCIDENT. OI REVERSED AND IN TP VEH. INFROM TP CLAIM AGREED TO SETTLE AND AWAIR ABOUT NEW ISSUE.

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by: Amk

Repair Cost:

4%

\$5,480

( 2 days) Reduction:

23 %

Email

Call

FINAL SETTLEMENT

Date/Time:

14.1.19

Confirm with: WUW

Email

Call

Final Liability:

4%

\$5

(Agreed / Assessed)

BOLA S/N No.: m

If NO or B 28, Ass. Lis:

Repair Cost:

4%

\$5,203.00

OI REVERSED AND IN TP

Loss of Rental (LOR):

\$5

471.12

( 4 days) x

119.28

Loss of Use (LOU):

\$5

-

(3 x days)

Loss of Income (LOI):

\$5

200.00

(5.50 x 4 days)

LOR only

LOU only

LOR + LOU

LOR + LOI

(Tick only one)

GIA/LTA Search

\$5

7.44

Medical:

\$5

-

Disbursement:

\$5

-

(e.g. Tow/Independent)

Legal Cost

\$5

-

Total:

\$5

2,717.61

Global Sum \$5:

FINAL PAYMENT

Date/Time:

14.1.19

Confirm with: WUW

Email

Call

Payee 1:

\$5

2,717.61

Name 1:

COMFORTABLE ENGINEERING PTE LTD

Payee 2: (Strike if N/A.)

\$5

Payee 3: (Strike if N/A.)

\$5

Name 2:

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

7500

CONFIDENTIAL



REPAIR ESTIMATE\*

VEHICLE NO : SHC 8568R

DATE 12/10/2018 16:48

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover			\$ 1052.20
	Front Bumper Bracket Top (LH)			\$ 22.40
	Front Bumper Bracket (LH)			\$ 24.60
	Headlamp (LH)			\$ 1,388.00
	<b>SUB TOTAL</b>			<b>\$ 1,979.50</b>
	<b>LESS 20%</b>			<b>\$ 395.90</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,583.60</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 220.00
	Spray Painting Charge			\$ 220.00
	Wiring			\$ 30.00
	<b>TOTAL LABOUR</b>			<b>\$ 470.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,053.60</b>

10/12/18

15/10/18 1110h

2011

4/5

After Repair photo

KK Auto Consultants hence notify the Repairer of the following:

- To survey before/after spray painting
- To display damaged parts during survey
- Parts prices are subject to confirmation
- Third party survey is on a "Without prejudice" basis
- No illegal modification is allowed
- Supplementary work must be approved and is subject to prior approval from Insurance Company

Acknowledged by Repairer:

Signature:

Date:

(R13)

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

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305225231

Date : 16/10/2018

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508989  
Fax: 6546 8156

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC8568R

Date of Accident : 12/10/18

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

1. The repair job shall bill to: AXA — SCQ9022C  
###

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges ###

Total for Part-By-Part Repair Cost

(c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: 20%

Final Lumpsum Repair cost

\$1900.00

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : Kabe

Date : 17/10/18

## For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Final Amount Subject to Insurance Approval

Member of COMFORTDELGRO

Date/Time: 12.10.2018 16:39 Page : 1

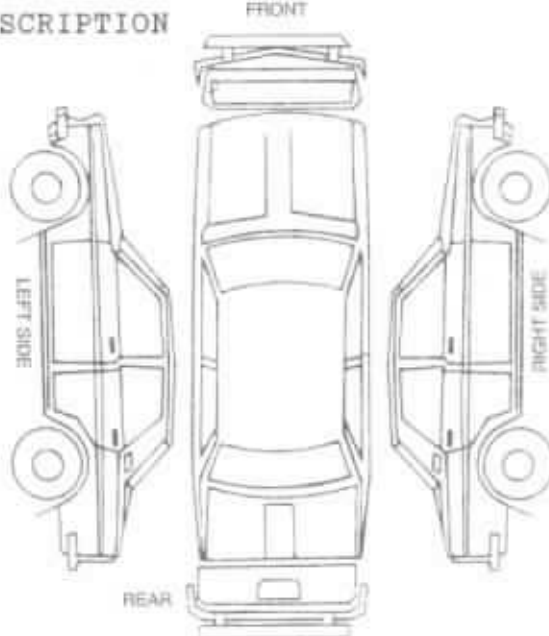
Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: JC NO.: 305225231

VEHICLE NO.:	SHC8568R	MILEAGE
MAKE:	HYUNDAI	FUEL
MODEL:	I-40	E. 1/2 F.
YR OF MANU.	16.07.2015	DATE/TIME IN
CHASSIS CODE	KMHLB41UMGU075475	12.10.2018 13:00
COMPLETION DATE/TIME:		

COMFORT TRANSPORTATION PTE LTD  
7010045  
383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755

Accident Date: 12.10.2018  
NATURE: 3P 12.10.18

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

WORKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR \_\_\_\_\_ CUSTOMER'S SIGNATURE \_\_\_\_\_

Identification Slip	Exit Pass
No.: SHC8568R JU AXA	Vehicle No.: SHC8568R
Signature/Date	Name of Service Advisor
Signature/Date	Date
Signature/Date	To be kept by Security Guard

Signature/Date



REPAIR ESTIMATE\*

VEHICLE NO : SHC 8568R

DATE 12/10/2018 16:48

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <del>XXXX</del> ✓			\$ 544.50
	Front Bumper Bracket Top (LH) x			\$ 22.40
	Front Bumper Bracket (LH) x			\$ 24.60
	Headlamp (LH) ✓			\$ 1,388.00
	<b>SUB TOTAL</b>			<b>\$ 1,979.50</b>
	<b>LESS 20%</b>			<b>\$ 395.90</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,583.60</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>220.00</del> <sup>200</sup>
	Spray Painting Charge			\$ <del>220.00</del> <sup>200</sup>
	Wiring			\$ <del>30.00</del> <sup>20</sup>
	<b>TOTAL LABOUR</b>			<b>\$ 470.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,053.60</b>
<p>10/10/18 11/10/18</p> <p>15/10/18 11/10/18</p> <p>20/10/18</p> <p>4/11/18</p> <p>After Repair photo</p> <div style="border: 1px solid black; padding: 5px; margin: 10px auto; width: 80%;"> <p>KK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be surveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p> </div> <p style="text-align: center; margin-top: 20px;">(R13)</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.				

Our Ref : T 1018/ SHC8568R /WT(st)

Your Ref :

Date : 22-Oct-18

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

**Attn : Motor Claims Department**

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

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 1980004099

## 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**  
Yishun Industrial Park A  
Singapore 758732

**WITHOUT PREJUDICE**

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC8568R YOUR INSURED SCQ9022C  
AND OTHER ON 12.10.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : **SHC8568R** 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 : **SCQ9022C** we are submitting these claim for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,033.00
2	5 days Loss of Rental @ \$ 119.28 per day	\$ 596.40
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>\$ 2,636.89</b>

## HIRER'S CLAIM

7	5 days Loss of Income @ \$ 80.00 per days	\$ 400.00
<b>Total Claims:</b>		<b>\$ 3,036.89</b>

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

- Original repair bill and photocopies of photographs 8 pcs
- LTA search slip/s of : SCQ9022C
- GIA / Police report/s of : SHC8568R
- 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*

CDGE Claims Department

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

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



Auto  
Consultants  
Pte Ltd

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

28 DEC 2018

**ONG POI HWA**  
9A GALISTAN AVENUE  
SINGAPORE 669695

Dear Sir/ Mdm

**OUR REF : CC4/ASM18018726/K1ea3**  
**YOUR REF : SCQ 9022C**  
**ACCIDENT INVOLVING SCQ 9022C AND SHC 8568R ALONG ALIWAL STREET**  
**OPEN AIT CARPARK ON 12/10/2018**

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 8568R against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had reversed and collided Third Party vehicle SHC 8568R. As such, liability is down against us.

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

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 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 [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) within 7 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

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





Auto  
Consultants  
Pte Ltd

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

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

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

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

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

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

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

Yours sincerely,

Asher  
Case Handler  
DID: 6841 6051  
FAX: 6741 4108  
Email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com)

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

## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONGi 40 SHC8568R , SCQ9022C  
ALIWAL STREET OPEN AIR CARPARK.

ON 12-Oct-18 12:15

I / We

MOHAMAD NIZAM BIN A... (Hirer) NRIC No.: S6917529E

and/or

(Relief) NRIC No.:

Taxi Number

SHC8568R

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

12-Oct-2018

Name of Hirer

MOHAMAD NIZAM BIN ABD RAHMAN

Hirer NRIC

S6917529E

Signature :



Address

740 PASIR RIS STREET 71 #02-57  
510740

Contact No.

96440915



**redefining / insurance**

**CLAIM REF : S8M00Z5D**  
**INSURED : ONG POI HWA**

**DISCHARGE VOUCHER**

We, COMFORTDELGRO ENGINEERING PTE LTD confirm that by letter of authorisation dated 12/10/2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of COMFORT TRANSPORTATION PTE LTD and the Hirer, MOHAMAD NIZAM BIN ABD RAHMAN of vehicle no. SHC 8568R.

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 TWO THOUSAND SEVEN HUNDRED SEVENTEEN AND SIXTY ONE ONLY. (S\$2,717.61) 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. SCQ 9022C arising out of an accident with SHC 8568R on 12/10/2018.
- 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. SCQ 9022C 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. SCQ 9022C.

Dated this 14 day of January 2019

Signed by [Signature]  
 (AUTHORISED SIGNATORY)

Company Stamp COMFORTDELGRO ENGINEERING PTE LTD  
89 LOMANG DRIVE  
SINGAPORE 068811

Witness : [Signature]  
 Name : [Signature]  
 I/C No : COMFORTDELGRO ENGINEERING PTE LTD  
 Address : 89 LOMANG DRIVE  
SINGAPORE 068811

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

BANK/CHO No.

Our Ref: CT18100372

Date: 19 October 2018



## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	12/10/2018 @ 12:15 hrs
ALONG	ALI WAL STREET OPEN AIR CARPARK
INVOLVING	SCQ9022C

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 **SHC8568R** (the "Taxi"). The Taxi was hired to **MOHAMAD NIZAM BIN ABD RAHMAN IC NO S6917529E** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$119.28** 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.

SH 8508R

LEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (H)		NAME OF DRIVER	MILEAGE READING			MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
				FROM	TO						FROM	TO
580	74		150	1800	2200	10.2018		47	0435	290	1845	0556
583	67		293	0615	1815	10.1011		47	0603	167	0180	1300
686	34		270	0730	1700	121018		47	<del>0603</del>	167	1300	-
599	44		<del>508</del>	<del>1825</del>	<del>054</del>	161018		47	<del>0603</del>	047	1015	-
593	78		233	1815	1815							
688	91		254	1815	0515							
691	45		254	0700	1800							
593	78		233	1816	0350							
695	96		248	0730	1715							
698	85		289	1815	0615							
701	45		260	0730	1645							

Gsh  
Motor Nigra  
Accident  
Repair

## Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SCQ9022C	12 Oct 2018 / 12:15:00	Successful	A12	AXA INSURANCE PTE LTD

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

SHC8568R

### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SCQ 9022C (Insd veh)	Model:	HYUNDAI I40
	SHC 8568R (TP veh)		
Date of Accident:	12/10/2018		

Global Sum Settlement	:	[ ] Yes	[ X ] No
Repair Estimate	:	\$	< 2,631.94
Final Repair Cost	:	\$	2,033.00
Loss of Token Sum	:	\$	200.00
Rental (if any)	:	\$	< 477.12
LTA / GIA Search Fee	:	\$	7.49

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

	:	\$	
Final Settlement Sum	:	\$	2,717.61

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: _____		
		___NIL___		
BOLA Liability: _____ 100 _____ (%)		Assessed Liability (*): _____ (%)		
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.				
Remarks _____				

Payment Instruction: Payee's Breakdown			
1)	COMFORTDELGRO ENGINEERING PTE LTD	:	\$ 2,717.61

JOANNE LEE KHANG MIN  
 LKK Auto Consultants Pte Ltd

28/01/2019  
 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/ASM18018726/K1ea3q2	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN:YVONNE		Date : 28-01-2019	
		Code : ASM	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SCQ 9022C	Veh. Inspected	SHC 8568R
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00Z5D	Excess (\$)	0.00
Assign From		Assign Date	15/10/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075475	Colour	BLUE
Odometer	470603	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	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
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	12/10/2018	Inspection Date	15/10/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
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. SHC 8568R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	FRONT BUMPER COVER (CONSISTENT)	CUT	1,052.20	1,052.20
1	FRONT BUMPER BRACKET TOP (LH) (CONSISTENT)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH) (CONSISTENT)	SERVICEABLE	24.60	-
1	HEADLAMP (LH) (CONSISTENT)	GRAZED	1,388.00	1,388.00
	LESS 20% DISCOUNT		-497.44	-488.04
			1,989.76	1,952.16
	<b>LABOUR</b>			
	PANEL BEATING		220.00	200.00
	SPRAY PAINTING CHARGE		220.00	200.00
	WIRING		30.00	20.00
			470.00	420.00
	<b>GRAND TOTAL</b>		<b>2,459.76</b>	<b>2,372.16</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>1,900.00</b>

Report Ref No. CC4/ASM18018726/K1ea3q2

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	SAR0023D	Actions		Vehicle Information
Reference	CC4/ASM18018726/K1ja3a2 	Next Step	Wait for Approve Invoice	Incident Vehicle Registration #
Loss Date	12 October 2018	<div>Add Invoice</div>		Make
Request Date	15 October 2018			Model
Due Date				Service Address
Vendor Name	L&K AUTO CONSULTANTS PTE LTD (TP)			...
Type of Loss	Third Party Vehicle Damage			Primary Contact/Insured
Services	Pending verification - Direct Settlement			ONG POI HWA 9A Calisan Avenue, 659695, Singapore ongpoi@thetrustant.com.sg
				Claim Handler
				ANG Yvonne 656804461 yvonne_ang@aaa.co.sg

### Additional Instructions

<div>MessagesInvoicesHistoryDocumentsAssessmentMetricsNotes</div>						
<div>Document Type</div> <div><div>Document SubType</div><div><div><div>+ Add New Document</div></div></div></div>		<div>TYPE</div>		<div>SUB TYPE</div>		<div>DATE UPLOADED</div>
				<div>AUTHOR</div>		
<div>■ Accident Statement</div>		<div>Reports &amp; Statement</div>		<div>Merlinen</div>		



NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 Lit to Insured -non reporting.pdf	Letters and Correspondence	Policy Holders / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	30 October 2018
 TP ESTIMATE-MARKED.pdf	Reports & Statement	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	27 October 2018
 EMAIL RECEIVED FROM WORKSHOP WITH TP GIA REPORT.msg	Other	Other	DHINWA Namrata	15 October 2018