

14/6/2018

INS. CASE OWNER:

CC AXA1801

LKK:

IDAC:

Surveyor:

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

Name of Insured :

Insured Tel No. :

Excess Sec II :SS

Is driver the owner ?

(YES / NO)

Nature of Accident :

If NO. Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

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

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr 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:

PRELIMINARY ADVICE

Date/Time:

Sent By:

Confirm by:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

2,800.00

3

days) Reduction:

29

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Cal

Final Liability:

%

100

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

15

If NO or B 28, Ass. Lia :

Repair Cost:

SS

2,996.00

Loss of Rental (LOR):

SS

565.00

(5

days)

x \$115.00

Loss of Use (LOU):

SS

250.00

50

x 5

days)

Loss of Income (LOI):

SS

-

(S

x

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

-

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost

SS

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

3,811.00

Global Sum SS:

3,810.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

SS

3,810.00

Name 1:

COMPARTMENTAL ENGINEERING PTB LTD

Payee 2: (Strike if N.A.)

SS

-

Name 2:

-

Payee 3: (Strike if N.A.)

SS

-

Name 3:

-

Summit

Kalim

REF: ASM (AXA)

ASSIGNMENT

From: Date: 29.10.2018

Estimated Cost:

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

To Inspect Vehicle No: SHB 3597U

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: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SHB 3597U

Yr Regn:

254 / 2014

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

Truck / Trailer or

Make:

Hyundai I40

c.c 1685

Colour

Yellow

A/C: Insured / Std / NI / NA

Sp.Reading

340657

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM HL 8419ME 407871

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205 / 60 R16

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

26/10/18

D.O.I.

29/10/18

Survey held at

CPE (byang)

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

0/5 R/L

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

Date / Time Action / Instruction

q/r.

46 & 2,800.00

CRAB: 1,191.56 (29%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) S + RS. St

) Photos

) Others

Report Format :

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

TOTAL



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/ASM18019634/K1ub3

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 29-10-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 5753S	Veh. Inspected	SHB 3597U
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	29/10/2018

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--	--

5. General Information

Accident Date	26/10/2018	Inspection Date	29/10/2018
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.

Our Job Ref No : 305230987
Date : 31. Oct. 2018

COMFORTDELGRO ENGINEERING

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHB3597U

Date of Accident: 26. Oct. 2018

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

1. The repair job shall bill to: AXA SHC5753S (Transcab)

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: _____

Final Lumpsum Repair cost

\$2,800.00

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 : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 31/10/18

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				
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

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 3597U

DATE 29/10/2018 8:27

MAKE :

DOA: 26.10.18

MODEL : HYUNDAI i40

LS

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Door (RH) — <i>haz</i>			\$ 2,201.10	
	Rear Wheel Hup-Cap (RH) — <i>haz</i>			\$ 107.10	
	SUB TOTAL			\$ 2,308.20	
	LESS 20%			\$ 461.64	
	DISCOUNTED TOTAL			\$ 1,846.56	
	Rear Bumper Advertisement Logo — <i>me</i>			\$ 50.00	Nett
	Rear Bumper Rubber Mat X " "			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) — <i>me</i>		\$ 100.00	\$ 200.00	Nett
	Rear Door Advertisement Logo (RH) — <i>me</i>			\$ 100.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (RH) — <i>me</i>			\$ 80.00	Nett
	Front Door Coloured Comfort Logo (RH) — <i>me</i>			\$ 75.00	Nett
				\$ 555.00	
	Labour Charge				
	Panel Beating-Repair RR RH Fender/RR Bumper /FRT RH Door			\$ 400.00 ³⁰⁰	
	Spray Painting Charge			\$ 900.00 ⁸⁰⁰	
	Wiring Charge			\$ 30.00 ^{X 1}	
	Tuff Kote			\$ 100.00 ²⁰	
	Transfer of Door			\$ 80.00 ⁵⁰	
	Rear Wheel Alignment			\$ 80.00 ^{X 1}	
	TOTAL LABOUR			\$ 1,590.00	
	ESTIMATE TOTAL			\$ 3,991.56	

Larry Ng

1ca/hz/16ky

29/10/18 1250

3 Ry.

4,

After Repair photo

LKK Auto Consultants hence notify the Repairer of the following:

- To display "damaged" and "during survey"
- Parts prices are subject to "survey"
- Third party surveyor's "survey"
- No illegal modification to "survey"
- Supplement any items "surveyed and"
- subject to final approval from 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.

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO.: 305230987

MEMBER

CITYCAB PTE LTD
7010070
MEMBER NO. 383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

(R) (O)

(P)

UNIT CARD NO.

REGN NO.: SHB3597U

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 27.10.2018 08:35

YR OF MANU 02.07.2014

TARGET DATE

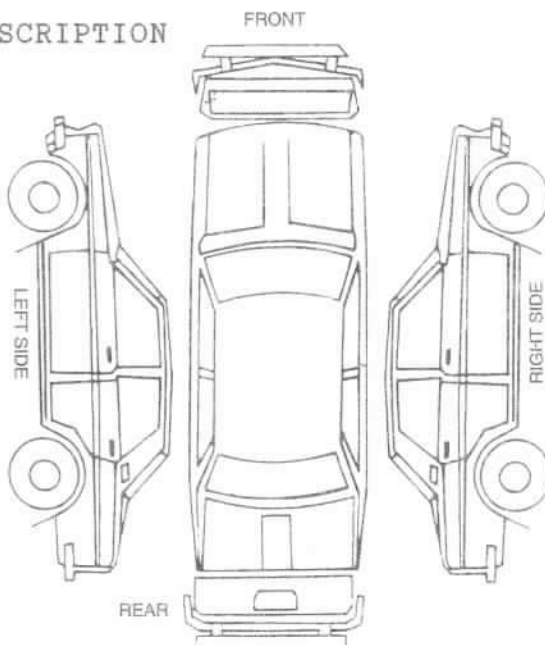
CHASSIS CODE KMHLB41UMEU057871

COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 26.10.2018
NATURE: 3P 26.10.2018

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vehicle No.: SHB3597U
Lorry No.

LARRY

Vehicle No.: SHB3597U

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

DATE 29/10/2018 8:27

DOA: 26.10.18

LS

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Door (RH) ✓			\$ 2,201.10 ✓
	Rear Wheel Hup-Cap (RH) ✓			\$ 107.10 ✓
	SUB TOTAL			\$ 2,308.20
	LESS 20%			\$ 461.64
	DISCOUNTED TOTAL			\$ 1,846.56
	Rear Bumper Advertisement Logo ✓			\$ 50.00 Nett ✓
	Rear Bumper Rubber Mat ✗			\$ 50.00 Nett
	Rear Fender Advertisement Logo (LH/RH) ✓		\$ 100.00	\$ 200.00 Nett ✓
	Rear Door Advertisement Logo (RH) ✓			\$ 100.00 Nett ✓
	Rear Door Comfortdelgro & Apps Sticker (RH) ✓			\$ 80.00 Nett ✓
	Front Door Coloured Comfort Logo (RH) ✓			\$ 75.00 Nett ✓
				\$ 555.00
	Labour Charge			
	Panel Beating-Repair RR RH Fender/RR Bumper /FRT RH Door			\$ 400.00 ³⁰⁰
	Spray Painting Charge			\$ 900.00 ⁸⁰⁰
	Wiring Charge			\$ 30.00 ✗
	Tuff Kote			\$ 100.00 ²⁰
	Transfer of Door			\$ 80.00 ⁵⁰
	Rear Wheel Alignment			\$ 80.00 ✗
	TOTAL LABOUR			\$ 1,590.00
	ESTIMATE TOTAL			\$ 3,991.56
	<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> <p>1ca/216ky</p> <p>29/10/18 1250h</p> <p>3 Ry.</p> <p>4,</p> <p>After Repet ph</p> </div>			



**Re:<MANDATE IA> S8M010VS ACCIDENT INVOLVING
VEHICLES SHC 5753S (OI) AND SHB 3597U (TP) ON
26/10/2018 TOTAL: \$3,811.00**

Type

🔗 Question

Message

Pls proceed as per mandate.TY

Reply

Our Ref : CC18100850/ SHB3597U /WT(st)

Your Ref :

Date : 12-Nov-18

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: 199506048W

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 SHB3597U YOUR INSURED SHC5753S
AND OTHER _____ ON 26.10.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHB3597U 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 : SHC5753S we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 2,996.00
2	<u>5</u> days Loss of Rental @ \$ 113.00 per day	\$ 565.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ -
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
Sub Total :		\$ 3,561.00

HIRER'S CLAIM

7	<u>5</u> days Loss of Income @ \$ 80.00 per days	\$ 400.00
Total Claims :		\$ 3,961.00

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

- Original repair bill and photocopies of photographs 9 pcs.
- LTA search slip/s of : SHC5753S
- GIA / Police report/s of : SHB3597U
- Letter of authority from owner / hirer / operator

(X) Photocopies of Accident Scene Photo/s () Hirer's 3 Years IRAS

() 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.

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

Vic (LKKAUTO)

From: Vic (LKKAUTO)
Sent: Wednesday, 5 December, 2018 4:33 PM
To: claims
Cc: Admin A; Vic (LKKAUTO); carrisalee@ava-ins.com; foonghon@ava-ins.com; icewong@ava-ins.com
Subject: YOUR REF : P1680520 (SHC5753S)_ACCIDENT INVOLVING SHC 5753S AND SHB 3597U AT/ALONG 21 ESPLANADE DRIVE ON 26/10/2018

05 DECEMBER 2018

TRANS-CAB SERVICES PTE LTD
SINGAPORE

Dear Sir/Madam,

OUR REF : CC4/ASM18019634/K1hb3

YOUR REF : P1680520 (SHC5753S)

ACCIDENT INVOLVING SHC 5753S AND SHB 3597U AT/ALONG 21 ESPLANADE DRIVE ON 26/10/2018

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 SHB 3597U against your motor insurance policy.

Pursuant to the above said accident wherein you and/or your authorized driver had amongst other information given us your version of how the accident had occurred, we as the appointed agent of your insurers shall proceed to negotiate for an amicable settlement with third party claimant. Unless proven otherwise.

Please be informed that your No-Claim Discount (NCD – if applicable) will be withheld for the time being. Pending for final allocation of liability in settlement by our principal.

We also wish to advise that there is an excess of S\$5,000/- is attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim. The applicability of the excess is as follows:

- 1) Any settlement equal to or above the excess, you shall be liable to make the payment of \$5000/-; or
- 2) Any settlement below the excess, you shall be liable for the amount settled.

We shall keep you informed of the third party claim settlement and thereafter kindly let us have the excess payment in your cheque payable to "AXA Insurance Pte Ltd". Please indicate your vehicle registration number and the date of accident on the back of the cheque.

Notwithstanding the excess being applied and/or received by us for the above subject matter, we expressly reserve all our rights under the policy to refund the excess payment in the event that there arises any known policy breach and or exclusion material to coverage.

As Insurers, we shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following if not provided at our reporting centre. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without 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 AXA immediately. You may email it to cst@axa.com.sg / vicalpeh@lkkauto.com or deliver it by hand to our Customer Care Centre.

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 6742 3197 or email us at 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 | fax: 6741-4108

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



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

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LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING **I 40 SHB3597U , SHC5753S**
ALONG **ESPLANADE DRIVE > RAFFLES QUAY****ON 26-Oct-18 21:00****I / We** **LEE CHEE KIAN** (Hirer) NRIC No.: **S1721250H**

and/or (Relief) NRIC No.:

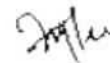
Taxi Number **SHB3597U**

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 **27-Oct-2018**Name of Hirer **LEE CHEE KIAN**
Hirer NRIC **S1721250H**

Signature :

Address **504D YISHUN ST.51 03-134**
764504Contact No. **97538895**



redefining / insurance

CLAIM REF : S8M010VS
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We, **COMFORTDELGRO ENGINEERING PTE LTD** confirm that by letter of authorisation dated **27/10/2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of **CITYCAB PTE LTD** and the Hirer, **LEE CHEE KIAN** of vehicle no. **SHB 3597U**.

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 **THREE THOUSAND EIGHT HUNDRED TEN** only (**\$S\$3,810.00**) 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 **SHC 5753S** arising out of an accident with **SHB 3597U** on **26/10/2018**.
- 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. **SHC 5753S** 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. **SHC 5753S**.

Dated this 7th day of December 2018

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp COMFORTDELGRO ENGINEERING PTE LTD
59 LOYANG DRIVE
SINGAPORE 508669

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

Witness : _____

Name : CLAIMS DEPARTMENT

I/C No : COMFORTDELGRO ENGINEERING PTE LTD

Address : 59 LOYANG DRIVE

SINGAPORE 508669

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

TAX INVOICE

8010010

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER #24-01
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO
SHB3597U

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
02.07.2014

CHASSIS CODE
KMHLB41UMEU057871

NO/DATE
91405022 31.10.2018

JOB NO.
305230987

ODOMETER READING

JOB TYPE

Description : 3P 26.10.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	2,800.00
Add GST @ 7.000 %	196.00
Total Invoice amount	2,996.00

Issued by : CHEWBEELENG 31.10.2018 16:29:59
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.
CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
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 DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.
PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

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

Our Ref: CC18100850



Date: 31 October 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 26/10/2018 @ 21:00 hrs
ALONG ESPLANE DRIVE > RAFFLES QUAY
INVOLVING SHC5753S

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 **SHB3597U** (the "Taxi"). The Taxi was hired to **LEE CHEE KIAN IC NO S1721250H** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$113.00** per day (inclusive of GST).

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

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

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

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

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

SHB 2597 H

DATE	NAME OF DRIVER	MILEAGE READING					MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		3	3	3	4	5		FROM	TO
21/10/18	lee	3	3	3	4	5	311	1517	0325
22/10/18	lee	3	3	3	9	6	96	1645	2130
23/10/18	lee	3	3	3	9	8	222	0801	0200
24/10/18	lee	3	4	0	1	2	256	1555	0120
25/10/18	lee	3	4	0	2	6	646	1825	0040
26/10/18	lee	3	4	0	6	3	367	1650	0622
27/10/18	lee	3	4	0	6	5	23	0720	0822
27/10/18	lee	4	4	0	6	5	Repair		
27.10.18	ACCIDENT				/		14	0835	
31.10.18	REPAIR						207	1500	

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SHC 5753S (Insd veh)	Model:	HYUNDAI I40
	SHB 3597U (TP veh)		
Date of Accident:	26/10/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No	
Repair Estimate	:	\$		4,270.97
Final Repair Cost	:	\$		2,996.00
Loss of Token Sum	:	\$		250.00
Rental (if any)	:	\$		565.00
LTA / GIA Search Fee	:	\$		
Others:	:	\$		0.00

Final Settlement Sum (Global Sum)	:	\$		3,810.00
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> 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 (*): _____ (%)				
* 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	:	\$ 3,810.00

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/ASM18019634/K1hb3q2		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN:RICHARD ANG		Date : 19-12-2018		
		Code : ASM		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 5753S	Veh. Inspected	SHB 3597U ✓	
Policy No.	VPX/P1680520	Coverage (\$)	0.00	
Claim No.	S8M010VS	Excess (\$)	0.00	
Assign From		Assign Date	29/10/2018 ✓	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMEU057871	Colour	YELLOW	
Odometer	340657	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	WEST LAKE	7 mm	
L/H Front Tyre	205/60 R16	WEST LAKE ✓	7 mm ✓	
R/H Rear Tyre	205/60 R16 ✓	WEST LAKE	7 mm	
L/H Rear Tyre	205/60 R16	WEST LAKE	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	26/10/2018	Inspection Date	29/10/2018	
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. SHB 3597U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR DOOR (RH) (CONSISTENT)	DENTED	2,201.10	2,201.10
1	REAR WHEEL HUP-CAP (RH) (CONSISTENT)	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-461.64	-461.64
			1,846.56	1,846.56
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER ADVERTISEMENT LOGO (SN) (CONSISTENT)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN) (CONSISTENT)	NOT NECESSARY	50.00	-
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN) (CONSISTENT)	NECESSARY	200.00	200.00
1	REAR DOOR ADVERTISEMENT LOGO () (RH) (SN) (CONSISTENT)	NECESSARY	100.00	100.00
1	REAR DOOR COMFORTDELGRO & APPS STICKER (RH) (SN) (CONSISTENT)	NECESSARY	80.00	80.00
1	FRONT DOOR COLOURED COMFORT LOGO (RH) (SN) (CONSISTENT)	NECESSARY	75.00	75.00
			555.00	505.00
<u>LABOUR</u>				
	PANEL BEATING-REPAIR RR RH FENDER /RR BUMPER /FRT RH DOOR.		400.00	300.00
	SPRAY PAINTING CHARGE.		900.00	800.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.		100.00	20.00
	TRANSFER OF DOOR .		80.00	50.00
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			-	-
			-	-
			-	-
			-	-
			-	-
			1,590.00	1,170.00
GRAND TOTAL			3,991.56	3,521.56

Report Ref No. CC4/ASM18019634/K1hb3q2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,800.00
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Report Ref No. CC4/ASM18019634/K1hb3q2

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

S8M010VS

Reference

CC4/ASM18019634/K1h3n2 

Loss Date

26 October 2018

Request Date

29 October 2018

Due Date

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Vehicle Information

Incident Vehicle Registration #

SHB3597U

Make

TPVD HYUNDAI

Model

I40

Service Address

...

Primary Contact/Insured

TRANS-CAB SERVICES PTE LTD
No.2 ANG MO KIO STREET 63, 569111, Singapore

Claim Handler

ANG Richard
richard.angbs@axa.com.sg


Actions















Next Step

Wait for: Approve Invoice

Add Invoice

Additional Instructions

Messages	Invoices	History	Documents	Assessment	Metrics	Notes
<div>Document Type<div>Document SubType</div></div> <div><div>+ Upload Documents</div></div>						
NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED		
 LKKInvoice1 (8).pdf	Invoice	Surveyor/ Assessor expense	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018		

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 RENTAL RECEIPT.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
 RENTAL MILEAGE.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
 payment breakdown.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
 LOD.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
 LKK Inspection (2).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
 LKKAdjustment1a (1).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 FORM.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 OI.pdf	Letters and Correspondence	Policy Holders / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
 MANDATE IA.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	5 December 2018
 LKK INSPECTION PHOTOS.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	5 December 2018
 TP LOD.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	5 December 2018
 LKK REINSPECTION PHOTOS.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	5 December 2018

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 Email to OI dd 051218.pdf	Letters and Correspondence	Policy Holders / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	5 December 2018
 TP ESTIMATE- MARKED.pdf	Reports & Statement	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	30 October 2018
 EMAIL FROM WORKSHOP.msg	Other	Other	DHIWAR Namrata	29 October 2018