

INSURANCE

INSURANCE CASE OWNER

CC AXA1802

LKK
IDAC

Surveyor:

DOI:

Date / Time:

Registered in Merit:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II : \$5

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 Itr (1st):

Non-Reporting Itr (2nd):

Non-Reporting Itr (Final):

Notification Itr (if non-pickup):

Call OI:

After call Itr to OI: 27/5/2019

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:

ITA / GIA:

Medical Bill:

PIR:

Update/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$5

days/Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Repair Cost:

\$5

(Agreed / Assessed)

BOLA S/N No.:

If NO or B 28. Ass. Lia:

Loss of Rental (LOR):

\$5

(5 days)

\$5

(5 days)

\$5

(5 days)

\$5

(5 days)

\$5

(5 days)

\$5

(5 days)

\$5

(5 days)

\$5

(5 days)

\$5

(5 days)

\$5

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\$5

(5 days)

\$5

(5 days)

\$5

Loss of Use (LOU):

\$5

(5 days)

\$5

(5 days)

\$5

(5 days)

\$5

(5 days)

\$5

(5 days)

\$5

(5 days)

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(5 days)

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(5 days)

\$5

(5 days)

\$5

Loss of Income (LOI):

\$5

(5 days)

\$5

(5 days)

\$5

(5 days)

\$5

(5 days)

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(5 days)

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(5 days)

\$5

LOR only

LOU only

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

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GIA/ITA Search

\$5

Medical:

\$5

Disbursement:

\$5

(e.g. Tow/Independent)

Legal Cost

\$5

Total:

\$5

Global Sum \$5:

1000.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5

Name 1:

Comfort Design Engineering Hevel

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

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: _____
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

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

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

Bal or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repair: 7 days Res.: Yes or No
 Lump Sum: 1102 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 8549X Yr Regn: 19 Nov 2015
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Ix cc: 1685
 Colour: Blue A/C: Insured / Std / Nil / NA
 Sp. Reading: 322000 T/Radio: Insured / Std / Nil / NA

Eng/No: _____
 C/No: KM4L841464080576

Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Went / No

| | |
|----------------------|-----------------------|
| Front | Rear |
| R/Bal. <u>7</u> mm | R/Bal. <u>7</u> mm |
| L/Bal. <u>7</u> mm | L/Bal. <u>7</u> mm |
| D.O.A. <u>8/11/8</u> | D.O.I. <u>12/11/8</u> |

Survey held at: CDGE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Roottop or
N/S Front

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

PP # 1140.96 (Red 547 92 32.44)

AXA
RIP

Plp 1,140.96 (Red 547 92 / 32.44)

Date/Time, File Pass to?

☐ : Prel. Report
☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

____ \$ + RS. ____ \$

Photos

Others

TOTAL

1)

Date/Time, File Return to?

2)

Report Format:

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

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

☐ : Tech. Invs (\$ _____)

☐ : Weekend (\$ _____)



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/ASM18020512/K1fb3 | |
| 8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 | | Date : 13-11-2018 |  |
| | | Code : ASM | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SHC 5377U | Veh. Inspected | SHC 8549X |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | | Excess (\$) | 0.00 |
| Assign From | | Assign Date | 13/11/2018 |
| 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 | 08/11/2018 | Inspection Date | 12/11/2018 |
| 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. | | | |

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305236972

STOMER

COMFORT TRANSPORTATION PTE LTD

7010045

STOMER NO.

DRESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

(R)

(P)

ACCOUNT CARD NO.

REGN NO.:

SHC8549X

MILEAGE

MAKE:

HYUNDAI

FUEL

E. 1/2 F

MODEL

I-40

DATE/TIME IN

09.11.2018 11:15

YR OF MANUF.

19.11.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMGU080576

COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 08.11.2018

NATURE: 3P 08.11.2018 (C)

S/NO

LABOR CODE

DESCRIPTION

FRONT

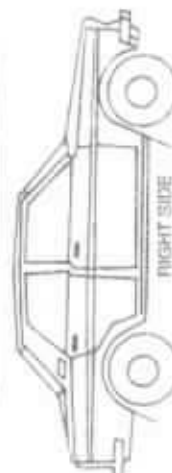
AXIA - Left Frnt damage



LEFT SIDE



REAR



RIGHT SIDE

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.:

Vehicle No.:

Vehicle No.:

SHC8549X

LARRY

Vehicle No.:

SHC8549X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SHC 8549X

DATE 12/11/2018 9:41

MAKE :

DOA: 08.11.2018

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|--|------|------------|----------------------|
| | Front Bumper Cover — <i>Rebrand</i> | | | \$ 544.50 |
| | Front Bumper Bracket Top (LH) <i>X</i> | | | \$ 22.40 |
| | Front Bumper Bracket (LH) — <i>cm</i> | | | \$ 24.60 |
| | Frt Wheel Hub Cap, LH — <i>bragel</i> | | | \$ 107.10 |
| | SUB TOTAL | | | \$ 698.60 |
| | LESS 20% | | | \$ 139.72 |
| | DISCOUNTED TOTAL | | | \$ 558.88 |
| | Labour Charge | | | 200 |
| | Panel Beating-Repair Fender | | | \$ 400.00 |
| | Spray Painting Charge | | <i>400</i> | \$ 600.00 |
| | Tuff Kote | | | \$ 50.00 |
| | Frt Wheel Alignment | | | \$ 80.00 |
| | TOTAL LABOUR | | | \$ 1,130.00 |
| | ESTIMATE TOTAL | | | \$ 1,688.88 |

Kah/wh 10/11/18

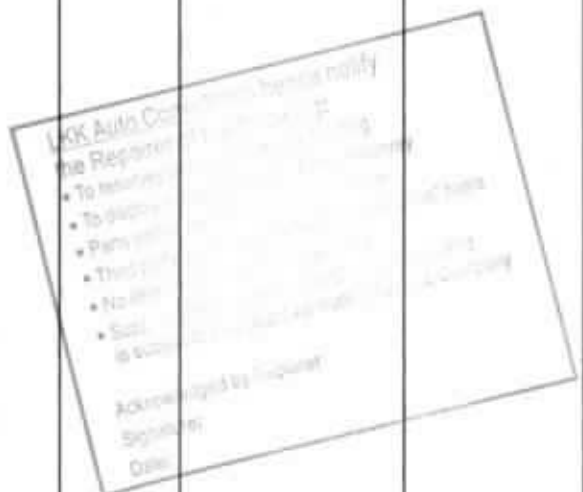
12/11/18 1505hr

2 days

P/P

Before Paint photo

Lorry Ng



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 : 305236972

Date : 14. Nov. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8549X

Date of Accident: 8. Nov. 2018

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

1. The repair job shall bill to: AXA SHC5377U (Transcab)

2. The finalized amount shall be:

(a) Spare Parts after List discount \$540.96

(b) Labour Charges \$600.00

Total for Part-By-Part Repair Cost \$1,140.96

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost _____

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kalvin

Date : 14/11/18

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

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 14.11.2018
Time: 17:00:24
Page: 1

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

JOB NO : 305236972
REGN NO : SHC8549X
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 19.11.2015
DATE/TIME IN : 09.11.2018 11:15
ACCIDENT DATE : 08.11.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | |
|------------------------|---------------------------|---|--------|-------|--------|
| 0001 04-01-0103-2322-A | I40V3 BUMPER COVER+ | 1 | 544.50 | 20.00 | 435.60 |
| 0002 04-01-0103-0658-G | I40VC CAP ASSY-WHEEL HUB | 1 | 107.10 | 20.00 | 85.68 |
| 0003 04-01-0103-0639-G | I40VC BRACKET-FR BUMPER S | 1 | 24.60 | 20.00 | 19.68 |

SUB-TOTAL : 540.96

JOB NATURE

| | | |
|-------------|-----------------------------|--------|
| 0000 L | PANEL BEATING | 200.00 |
| 0001 23-502 | SPRAYPAINT ON AFFECTED AREA | 400.00 |

SUB-TOTAL : 600.00

TOTAL : 1,140.96

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

REPAIR ESTIMATE*

DATE 12/11/2018 9:41

DOA: 08-11-2018

MODEL : HYUNDAI i40

| Qty | Parts Description/ Labour | Type | Unit Price | Amount |
|-----|---------------------------------|------|------------|----------------------|
| | Front Bumper Cover | | | \$ 544.50 |
| | Front Bumper Bracket Top (LH) ? | | | \$ 22.40 |
| | Front Bumper Bracket (LH) | | | \$ 24.60 |
| | Frt Wheel Hub Cap, LH | | | \$ 107.10 |
| | SUB TOTAL | | | \$ 698.60 |
| | LESS 20% | | | \$ 139.72 |
| | DISCOUNTED TOTAL | | | \$ 558.88 |
| | Labour Charge | | | 200 |
| | Panel Beating-Repair Fender | | | \$ 400.00 |
| | Spray Painting Charge | | 400 | \$ 600.00 |
| | Tuff Kote | | | \$ 50.00 |
| | Frt Wheel Alignment | | | \$ 80.00 |
| | TOTAL LABOUR | | | \$ 1,130.00 |
| | ESTIMATE TOTAL | | | \$ 1,688.88 |

Ka/nh 10/1/14

12/11/18 1505h

20yr.

P/P

Before Paint photo

LKK Auto Centre

the Repairer

- To ensure
- To depict
- Part of
- Test
- No
- Supp

is subject to insurance Company

Acknowledged by Repairer

Signature:

Date:

Lorry Ng

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.

Service Request Details

Claim

S8M012F9

Reference

None 

Loss Date

November 8, 2018

Request Date

November 12, 2018

Due Date

November 19, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Agree to perform service

Vehicle Information

Incident Vehicle Registration

SHC8549X

Make

TPVD HYUNDAI

Model

COMFORT

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

Additional Instructions

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



<S8M012F9> IA uploaded

Type

 Question

Message

Dear Richard, Liability: 50/50 conflict statement, both party mention each other changing lane. Both party have no evidence on this matter. We did clarify with PIC (Ms Wai Yin)(trans-cab), they confirmed have no evidence and they agree to settle matter at equal liability. Send letter to OI on 27/03/2019. IA uploaded in SC for your kind attention. and we will proceed negotiate settlement with CDGE. Thank you. Pohkin - 27th March 2019

Reply



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 27/03/2019

Survey Details:

| | |
|---------------------|-----------------------------------|
| Date of loss | 8-Nov-18 |
| Date of appointment | 12-Nov-18 |
| Date of survey | 12-Nov-18 |
| Location of survey | COMFORTDELGRO ENGINEERING PTE LTD |

Vehicle Details:

| | |
|----------------------|-------------|
| Claim Type: | Third party |
| Vehicle number | SHC 8549X |
| Make and Model | HYUNDAI I40 |
| Date of registration | 19/11/2015 |
| Excess | |
| Market Value | \$0 |
| Part Rebate | \$0 |
| Nett Loss | \$0 |

Repair details:

| | |
|------------------|-------------|
| Initial Estimate | \$ 1,688.88 |
|------------------|-------------|

Proposed/Revised repair cost:

| | |
|-------------------------|--------------------|
| Parts | \$ 540.96 |
| Check items (estimate) | \$ - |
| Labour | \$ 600.00 |
| Total | \$ 1,140.96 |
| Lump Sum(if applicable) | \$ - |

| | |
|---------------------------|---|
| Number of days for repair | 2 |
|---------------------------|---|

| | |
|---------------|-----|
| Liability(TP) | 50% |
|---------------|-----|

Hsiao Tong (LKKAUTO)

From: William Tan Thoo Seng <williamtan@cdge.com.sg>
Sent: Monday, 8 April 2019 11:22 AM
To: Poh Kin (LKKAUTO)
Cc: Aileen Tan Lee Noi; KKLau; Admin A
Subject: Re: / Yr ref : CC4/ASM18020512/K1fb3 (SHC 5377 U - Transcab) vs SHC 8549 X D.O.A. 08.11.18

Without Prejudice.

Dear Poh Kin

Morning, we spoke.

Below email refers.

As negotiated and agreed, we hereby confirm settlement at a global sum of **\$1,000.00.**

Kindly forward your D.V. .

Thank you.

Best Regards
William Tan
Claims Department | ComfortDelgro Engineering Pte Ltd
Off : 62148737 | Fax : 62141843

From: William Tan Thoo Seng
Sent: Tuesday, 2 April 2019 1:35 PM
To: Poh Kin (LKKAUTO)
Cc: Aileen Tan Lee Noi; KKLau; Admin A
Subject: Re: / Yr ref : CC4/ASM18020512/K1fb3 (SHC 5377 U - Transcab) vs SHC 8549 X D.O.A. 08.11.18

Without Prejudice.

Dear Poh Kin

We wish to know how you derived your global offer at \$940.00 ?

Thank you.

Best Regards
William Tan
Claims Department | ComfortDelgro Engineering Pte Ltd
Off : 62148737 | Fax : 62141843

From: Poh Kin (LKKAuto) <pohkin@lkkauto.com>
Sent: Tuesday, 2 April 2019 11:50 AM
To: William Tan Thoo Seng
Cc: Aileen Tan Lee Noi; KKLau; Admin A
Subject: RE: / Yr ref : CC4/ASM18020512/K1fb3 (SHC 5377 U - Transcab) vs SHC 8549 X D.O.A. 08.11.18

'WITHOUT PREJUDICE'
SAVE AS TO COSTS

Our Ref: CC4/ASM18020512/K1fb3
Your Ref: T1118/ SHC 8549X/WT(st)

Dear Sir,

We refer to above matter.

Towards an amicable settlement and without admission of liability to our Insured's part, we offer settlement at global sum of **\$940.00**(all in) on this matter.

kindly confirm acceptance on this matter.

Your prompt reply will be very much appreciated.

"Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement."

Best Regards,

Poh Kin, Chong (Mr) | Case Handler
LKK Auto Consultants Pte Ltd

Phone: 6841-2132 | email: pohkin@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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From: William Tan Thoo Seng [mailto:williamtan@cdge.com.sg]
Sent: Wednesday, 27 March 2019 8:24 AM
To: Poh Kin (LKKAuto) <pohkin@lkkauto.com>; KKLau <kklau@lkkauto.com>
Cc: Aileen Tan Lee Noi <aileentan@cdge.com.sg>
Subject: Re: / Yr ref : CC4/ASM18020512/K1fb3 (SHC 5377 U - Transcab) vs SHC 8549 X D.O.A. 08.11.18

Outstanding : 3 months

Without Prejudice.

Dear Poh Kin

Preceding emails refer.

Case has been long protracted at your end for the past 2.5 months with nothing heard from you.

Only when we sent you a reminder, then you simply informed us that liability is unclear and simply ask for video footage to assist you to determine the credibility of the case. You should interview your driver, instead.

Prior asking for the video footage, you should forward us the same, instead.

Anyway, this is a conflicting versions and under BOLA scenario, kindly settle this matter at 50% liability, as per BOLA scenario.

Without any further delay, if no settlement reached by **03.04.19**, we will then escalate matter to GIA.

Dear Mr Lau

Please assist to resolve this matter amicably and without having to protract further and to incur GIA arbitration cost.

Thank you.

Best Regards

William Tan

Claims Department | ComfortDelgro Engineering Pte Ltd

Off : 62148737 | Fax : 62141843

From: Poh Kin (LKKAUTO) <pohkin@lkkauto.com>

Sent: Tuesday, 26 March 2019 5:08 PM

To: William Tan Thoo Seng

Cc: KKLau; Catherine Koh Mui Gek

Subject: RE: / Yr ref : CC4/ASM18020512/K1fb3 (SHC 5377 U - Transcab) vs SHC 8549 X D.O.A. 08.11.18

'WITHOUT PREJUDICE'

SAVE AS TO COSTS

Our Ref: CC4/ASM18020512/K1fb3

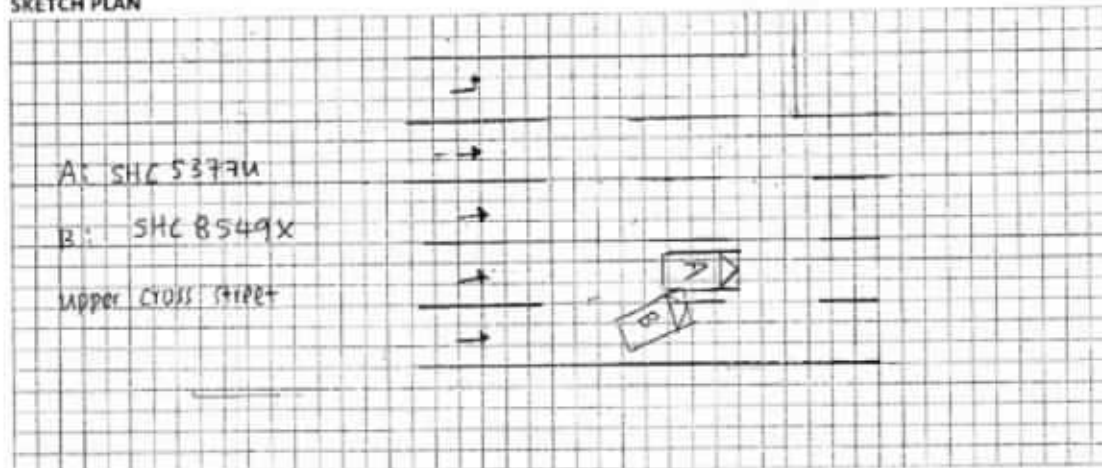
Your Ref: SHC 8549X

Dear Sir/Madam,

We refer to the above matter.

Please be informed that Liability unclear on this matter. There is no conclusive evidence yet to substantiate either party's version. Below is a copy of our insured's accident report statement for your perusal.

SKETCH PLAN



Circumstances of Accident

On 08.11.2018 at about 1620 hours, I was travelling straight on the second lane along Upper Cross Street. Suddenly I felt an impact. Vehicle B (SHC8549X) swerved into my lane without checking for oncoming vehicle and hit onto my taxi's right side portion.

In order to justify your client's claim smoothly and promptly, we appreciate if you could kindly furnish us a copy of CCTV footage / accident scene photos / evidence as per our principal instruction.

Your prompt action will be very much appreciated.

"Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement."

Best Regards,

Poh Kin, Chong (Mr) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2132 | email: pohkin@lkkauto.com | fax: 6741-4108

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



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From: William Tan Thoo Seng [<mailto:williamtan@cdge.com.sg>]

Sent: Tuesday, 26 March 2019 9:59 AM

To: Poh Kin (LKKAuto) <pohkin@lkkauto.com>

Cc: KKLau <kklau@lkkauto.com>

Subject: / Yr ref : CC4/ASM18020512/K1fb3 (SHC 5377 U - Transcab) vs SHC 85489 X D.O.A. 08.11.18

Gentle reminder
Outstanding : 3 months

Without Prejudice.

Dear Poh Kin

For the past 2.5 months, nothing heard from you.

Kindly settle this matter as per BOLA scenario

Thank you.

Best Regards

William Tan

Claims Department | ComfortDelgro Engineering Pte Ltd

Off : 62148737 | Fax : 62141843

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

Hsiao Tong (LKKAUTO)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Thursday, 3 October 2019 5:19 PM
To: Hsiao Tong (LKKAUTO)
Cc: jasminetan@transcab.com.sg; Admin A
Subject: RE: Your Ref: SHC5377U //DOA: 08/11/2018// LKK REF: CC4/ASM18020512/K1pb3 -- AAD1811-061
Attachments: Offer negotiation:our Ref: D18008066MFSH your Ref: AAD1811-061 of accident involving SHC8549X and SHC5377U on 08-11-2018; AAD1811-061 - DV.PDF

WITHOUT PREJUDICE

Dear Hsiao Tong

As per your requested.

Thank You
Best Regards,
Ng Wai Yin
Finance Department
TEL: 6603 1265 Ext.308

***** Please be reminded that all claims correspondence to be send to claims@transcab.com.sg**



TRANS-CAB SERVICES PTE LTD
No. 2 Ang Mo Kio Street 63, Singapore 569111
Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764
Website: www.transcab.com.sg

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From: Hsiao Tong (LKKAUTO) [mailto:chewht@lkkauto.com]
Sent: Thursday, 3 October, 2019 10:07 AM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Cc: 'jasminetan@transcab.com.sg' <jasminetan@transcab.com.sg>; Admin A <admin-a@lkkauto.com>
Subject: Your Ref: SHC5377U //DOA: 08/11/2018// LKK REF: CC4/ASM18020512/K1pb3

Dear Wai Yin,

We refer to the above matter.

We noted the your counter claim against third party insurer, M5 First Capital Insurance Ltd had been settled at 50% basis.

Appreciate if you could forward a copy of docs(ie: LOD/ DV/ etc) for our necessary action.

Thank you.

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108

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



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Hsiao Tong (LKKAUTO)

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Monday, 20 May 2019 6:51 PM
To: waiyin.ng@transcab.com.sg; claims@transcab.com.sg
Cc: Serene Ler; CWS Motor Claims
Subject: Offer negotiation:our Ref: D18008066MFSH your Ref: AAD1811-061 of accident involving SHC8549X and SHC5377U on 08-11-2018

**WITHOUT PREJUDICE
SAVE AS TO COSTS**

Dear Sirs,

Accident involving SHC8549X & SHC5377U ON 08-11-2018

We refer to the above accident and your letter of claim dated 08-04-2019.

Without any admission of liability, we offer settlement as follows:

| | |
|--|------------------|
| Cost of repairs | \$ 920.20 |
| LOR/LOE BASED ON NIMA BENCHMARK \$150 x 2 Days | \$ 300.00 |
| Total @ 50 % | \$ 610.10 |

Motor Claims DepartmentPlease confirm acceptance via return email only.

Thanks & Regards,

MS First Capital Insurance Ltd

cwsmotorclaims@msfirstcapital.com.sg

DISCHARGE RECEIPT

| | | |
|-------------------|---|------------------------------------|
| CLAIM REFERENCE | : | D18008066MFSH/1 |
| ACCIDENT DATE | : | 08-11-2018 |
| ACCIDENT LOCATION | : | UPP CROSS STREET (NEAR PARK CRES) |
| INSURED | : | COMFORT TRANSPORTATION PTE LTD |
| INSURED DRIVER | : | YIP KAM BOR |
| INSURED VEHICLE | : | SHC8549X |
| INVOLVED PARTY | : | SHC5377U |
| SETTLEMENT SUM | : | \$ 610.10 |

I/We, the undersigned CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said settlement Sum:

1. is paid without admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest,
2. is accepted by me/us to the intent that the said MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER be absolutely and finally discharged from all claims whatsoever which I/WE now or hereafter may have arising out of or connected with or traceable to the said accident.

I/WE acknowledge that this DISCHARGE RECEIPT is not to be construed as an admission of liability on the part of MS First Capital Insurance Limited and /or its INSURED DRIVER and it shall not be used as evidence in any claims of actions which may be made against them or any of them.

CLAIMANT: TRANS-CAB SERVICES PTE LTD

Signature and Date


 AUTO SERVICES PTE LTD
 TEL: 5282 6688

22 MAY 2019

WITNESS: NG WAI YIN

Signature and Date: 

354 29



RE: Re:<S8M012F9> IA uploaded

Type

🔔 Question

Message

Hi Jas, Both party have no evidence on this matter. OI counter claim had been settled at 50/50. We have uploaded a copy of docs from OI in SC for your perusal. In view of this, kindly advise if we may proceed to settle the matter at 50% with third party. Thank you. Hsiao Tong - 03 Oct 2019

Reply



Re:RE: Re:<S8M012F9> IA uploaded

Type

 Question

Message

please proceed to settle 50% liab since OI has recovered 50%. Thanks.

Reply

Our Ref : T 1118/ SHC8549X /WT(st)

Your Ref :

Date : 18-Dec-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.cdse.com.sg

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508069

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
Industrial Park A
Singapore 768732

Dear Sir

WITHOUT PREJUDICE

ACCIDENT INVOLVING OUR TAXI SHC8549X YOUR INSURED SHC5377U
AND OTHER ON 08.11.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : **SHC8549X** 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 : SHC5377U
we are submitting these claim for your consideration on behalf of the claimants

TAXI OWNER'S CLAIM

| | | |
|---|---|--------------------|
| 1 | Cost of Repair | \$ 1,220.83 |
| 2 | 6 days Loss of Rental @ \$ 115.00 per day | \$ 690.00 |
| 3 | Survey Report Fees (Surveyed by M/s LKK) | \$ - |
| 4 | GIA / LTA Search Fee | \$ - |
| 5 | GIA / Police Report Fees | \$ - |
| 6 | Towing Fees | \$ - |
| | Sub Total : | \$ 1,910.83 |

HIRER'S CLAIM

| | | | | | |
|----------------------|----------|-----------------------|-----------------|----------|--------------------|
| 7 | <u>6</u> | days Loss of Income @ | <u>\$ 80.00</u> | per days | <u>\$ 480.00</u> |
| Total Claims: | | | | | \$ 2,390.83 |

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

- a) Original repair bill and photocopies of photographs 7 pcs
b) LTA search slip/s of : _____
c) GIA / Police report/s of : SHC8549X
d) Letter of authority from owner / hirer / operator
(X) Photocopy/s of Accident Scene Photo/s () Towing/Medical bill/receipts
() 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.

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
SHC8549X

INV. NO/DATE
91410856 29.11.2018

MAKE
HYUNDAI

JOB NO.
305236972

MODEL
I-40

ODOMETER READING

DATE OF REG
19.11.2015

DATE/TIME IN
09.11.2018 11:15

CHASSIS CODE
KMHLB41UMGU080576

Description : 3P 08.11.2018

| S/No | Part No. | | Qty | Unit Price | %Disc | Net |
|------------------|-----------------|---------------------------|-----|------------|-------|--------|
| PART REQUISITION | | | | | | |
| 0001 | 04-01-0103-2322 | I40V3 BUMPER W LIP & FOG | 1 | 544.50 | 20.00 | 435.60 |
| 0002 | 04-01-0103-0658 | I40VC CAP ASSY-WHEEL HUB | 1 | 107.10 | 20.00 | 85.68 |
| 0003 | 04-01-0103-0639 | I40VC BRACKET-FR BUMPER S | 1 | 24.60 | 20.00 | 19.68 |
| SUB-TOTAL | | | : | | | 540.96 |

JOB NATURE

| | | | | |
|-----------|--------|-----------------------------|--------|--------|
| 0001 | L | PANEL BEATING | 200.00 | 200.00 |
| 0002 | 23-502 | SPRAYPAINT ON AFFECTED AREA | 400.00 | 400.00 |
| SUB-TOTAL | | | : | 600.00 |

- 1) WHILEST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARE OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE SHOWN AND KEPT IN OWNERS' RISK.
- 2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 3 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.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWED BY 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.
- 4) 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 THE INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHQ No. |
|-------------|-------------|----------|--------------|
| 8010010 | 91410856 | 1,220.83 | |
| | | | |
| | | | |

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010010

AXA INSURANCE PTE LTD

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

CONTACT NO: 63387288

VEHICLE NO
SHC8549X

INV. NO/DATE
91410856 29.11.2018

MAKE
HYUNDAI

JOB NO.
305236972

MODEL
I-40

ODOMETER READING

DATE OF REG
19.11.2015

DATE/TIME IN
09.11.2018 11:15

CHASSIS CODE
KMHLEB41UMGU080576

| | |
|-------------------|----------|
| Items total | 1,140.96 |
| Add GST @ 7.000 % | 79.87 |
| Invoice amount | 1,220.83 |

Issued by : CHEWSEELENG 29.11.2018 10:41:09
Repair type : CLSO/57/57
Payment Type/Term: /Credit 30 days

- 1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARE OR OTHER INCIDENTS BELONGING TO CUSTOMERS' AND VEHICLES ARE DRIVEN AND USED BY OWNERS' RISK.
- 2) 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.
- 3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY ACCOUNT DUE AND OWED TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICES DATE) PERIOD OF DEFAULT.
- 4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY ON ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

| ACCOUNT No. | INVOICE No. | AMOUNT | BANK/CHQ No. |
|-------------|-------------|----------|--------------|
| 8010010 | 91410856 | 1,220.83 | |
| | | | |
| | | | |

Poh Kin (LKKAUTO)

From: Poh Kin (LKKAUTO)
Sent: Wednesday, 27 March 2019 2:45 PM
To: 'claims@transcab.com.sg'
Cc: 'carrisaalee@ava-ins.com'; 'icewong@ava-ins.com'; 'ireneng@ava-ins.com';
'foonghon@ava-ins.com'
Subject: ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS. SHC 5377U AND SHC 8549X
ALONG UPPER CROSS STREET ON 08.11.2018

Importance: High

27/03/2019

**Trans-Cab Taxi
Singapore**

Our Ref: CC4/ASM18020512/K1fb3
Your Ref: SHC 5377U (D.O.A: 08/11/2018)

Dear Sir/Madam,

ROAD TRAFFIC ACCIDENT INVOLVING VEHICLE NOS. SHC 5377U AND SHC 8549X ALONG UPPER CROSS STREET ON 08.11.2018

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 Property Damage claim against your policy.

We have received a claim from M/s ComfortDelgro Engineering Pte Ltd, acting on behalf of the owner of **SHC 8549X** 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.

We also wish to advise that there is an excess of **S\$5,000.00** attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim.

AXA shall keep you informed of the third party claim settlement and thereafter kindly let AXA 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 AXA for the above subject matter, AXA expressly reserves all their 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.

AXA 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 AXA's reporting centre**. The list below is not all inclusive and further document may be required:

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

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without 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 / pohkin@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 6841 2132 or email us at pohkin@lkkauto.com. Please quote our claim reference when you contact us that we can assist you more effectively.

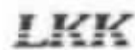
Best Regards,

Poh Kin, Chong (Mr) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2132 | email: pohkin@lkkauto.com | fax: 6741-4108

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



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LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGi 40 SHC8549X , SHC5377U
UPP. CROSS STREET
(NEAR PARK CRES)

ON 08-Nov-18 16:15

I / We

YIP KAM BOR

(Hirer) NRIC No.:

S2205275F

and/or

(Relief) NRIC No.:

Taxi Number

SHC8549X

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of "ComfortDelGro Engineering Pte Ltd".

Date

09-Nov-2018

Name of Hirer

YIP KAM BOR

Hirer NRIC

S2205275F

Signature :



Address

510 WOODLANDS DRIVE 14 #12-35
730510

Contact No.

98184839



HT

AXA THIRD PARTY DIRECT SETTLEMENT

| | | |
|-------------------------|----------------------|-----------------------------|
| Vehicle No: | SHC 5377U (Insd veh) | Model: Hyundai i40 (1685cc) |
| | SHC 8549X (TP veh) | |
| Date of Accident/ Time: | 08/11/2018 | |

| | | | |
|---|----------------------------------|----------|---|
| Repair Estimate | : \$ | 1,807.10 | |
| Final Repair Cost | : \$ | | |
| Loss of Use | : \$ | | days at \$ per day |
| Rental (if any) | : \$ | | days at \$ per day |
| LTA / GIA Search Fee | : \$ | | |
| Others: | : \$ | | |
| | : \$ | | |
| Final Settlement Sum (Global Sum) | : \$ | 1,000.00 | |
| Payee Name : ComfortDelGro Engineering Pte Ltd | | | |
| 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: <u>NIL</u> |
| | BOLA Liability: _____ (%) | | Assessed Liability (*): <u>50</u> (%) |
| * Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply. | | | |
| Remarks: | | | |

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

Signature of workshop representative / **Workshop stamp**
Name of Representative: **COMFORTDELGRO ENGINEERING PTE LTD**
Date: **4-10-19**



DWC

Signature of AXA's surveyor/representative:
Name of AXA's surveyor /Representative:
Date:

Signature of Witness / **Workshop stamp (if applicable)**
Name of Witness: **COMFORTDELGRO ENGINEERING PTE LTD**
Date:

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*

Our Ref: CT18110244

Date: 16 November 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 08/11/2018 @ 16:15 hrs
ALONG UPP CROSS STREET (NEAR PARK CRES)
INVOLVING SHC5377U

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 **SHC8549X** (the "Taxi"). The Taxi was hired to **YIP KAM BOR IC NO S2205275F** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

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

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

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

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

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

| HOURS OPERATED (TIME) | |
|-----------------------|-------|
| FROM | TO |
| 22.00 | 07.00 |
| 21.00 | 01.30 |
| 11.00 | 01.30 |
| 04.30 | 01.30 |
| 17.00 | 19.30 |
| 11.00 | 02.30 |
| 17.00 | 02.30 |
| 12.00 | 04.00 |
| 10.00 | 01.00 |
| 08.30 | 02.30 |
| 01.00 | 02.00 |

SAC 8549X

| DATE | NAME OF DRIVER | MILEAGE READING | | | | MILEAGE TRAVELLED (KM) | HOURS OPERATED (TIME) | |
|----------|----------------|-----------------|---|---|---|------------------------|-----------------------|-------|
| | | | | | | | FROM | TO |
| 31/10/18 | WIP | 3 | 2 | 1 | 2 | 64 | 13.00 | 02.00 |
| 01/11/18 | WIP | 3 | 2 | 1 | 4 | 99 | 19.00 | 02.00 |
| 02/11/18 | WIP | 3 | 2 | 1 | 5 | 90 | 23.30 | 00.30 |
| 03/11/18 | WIP | 3 | 2 | 1 | 8 | 49 | 08.00 | 24.00 |
| 06/11/18 | WIP | 3 | 2 | 2 | 1 | 33 | 00.30 | 09.30 |
| 05/11/18 | WIP | 3 | 2 | 2 | 3 | 93 | 05.00 | 13.30 |
| 06/11/18 | WIP | 3 | 2 | 2 | 5 | 21 | 12.00 | 13.30 |
| 07/11/18 | WIP | 3 | 2 | 2 | 6 | 97 | 08.30 | 14.00 |
| 08/11/18 | WIP | 3 | 2 | 2 | 8 | 59 | 11.00 | 17.00 |
| 09.11.18 | ACCIDENT | | | | | | 1115 | - |
| 14.11.18 | REPAIR | | | | | | - | 1715 |

Accident on 16.30 hrs 24/11/18




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/ASM18020512/K1pb3q2 | |
| 8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN: JAS TAN | | | Date : 29-10-2019 |  |
| | | | Code : ASM | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | SHC 5377U | Veh. Inspected | SHC 8549X | |
| Policy No. | VPX/P1680520 | Coverage (\$) | 0.00 | |
| Claim No. | S8M012F9 | Excess (\$) | 0.00 | |
| Assign From | | Assign Date | 13/11/2018 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | HYUNDAI I40 | c.c | 1685 | |
| Engine No. | HIDDEN | Year of Reg. | 2015 | |
| Chassis No. | KMHLB41UMGU080576 | Colour | BLUE | |
| Odometer | 322888 | 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 N/S FRONT PORTION. DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 08/11/2018 | Inspection Date | 12/11/2018 | |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969 | | | |
| 5a. Remarks | | | | |
| A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. | | | | |
| 5b. Estimate Days of Repair | | | | |
| ESTIMATED NORMAL PERIOD FOR REPAIR: | | 2 Working Days | | |



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 8549X

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|---|---------------|---------------------------|-------------------|
| REPLACEMENT OF PARTS | | | | |
| 1 | FRONT BUMPER COVER (CONSISTENT) | DEFORMED | 544.50 | 544.50 |
| 1 | FRONT BUMPER BRACKET TOP (LH)(CONSISTENT) | SERVICEABLE | 22.40 | - |
| 1 | FRONT BUMPER BRACKET (LH)(CONSISTENT) | CRACKED | 24.60 | 24.60 |
| 1 | FRT WHEEL HUB CAP ,LH (CONSISTENT) | GRAZED | 107.10 | 107.10 |
| | LESS 20% DISCOUNT | | -139.72 | -135.24 |
| | | | 558.88 | 540.96 |
| LABOUR | | | | |
| | PANEL BEATING -REPAIR FENDER. | | 400.00 | 200.00 |
| | SPRAY PAINTING CHARGE. | | 600.00 | 400.00 |
| | TUFF KOTE. | NOT NECESSARY | 50.00 | - |
| | FRT WHEEL ALIGNMENT. | NOT NECESSARY | 80.00 | - |
| | | | 1,130.00 | 600.00 |
| GRAND TOTAL | | | 1,688.88 | 1,140.96 |
| RECOMMENDED COST OF REPAIRS | | | | 1,140.96 |

Report Ref No. CC4/ASM18020512/K1pb3q2

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 | SRM013F9 | Vehicle Information | |
| Reference | CCA/ASM18020512/K1ab3u2  | Incident Vehicle Registration # | SHOS49X |
| Loss Date | 8 November 2018 | Make | TPWD HYUNDAI |
| Report Date | 9 Nov 2018 12:00:00 AM | Model | COMFORT |
| Request Date | 30 May 2019 | Service Address | ... |
| Due Date | | Primary Contact/Insured | TRANS-CAB SERVICES PTE LTD No.2 ANG MO KIO STREET 63, 569111, Singapore |
| Vendor Name | LKX AUTO CONSULTANTS PTE LTD (TP) | Claim Handler | TAN Jas 656804844 jas.tan@axa.com.sg |
| Type of Loss | Third Party Vehicle Damage | | |
| Services | Pending verification - Direct Settlement | | |

Actions















Next Step

Wait for Approve Invoice

Add Invoice

Additional Instructions

| | | | | | | |
|--|----------|----------|-----------|---------------------|----------|-------|
| Messages | Invoices | History | Documents | Assessment | Metrics | Notes |
| Document Type <input type="text"/> Document SubType <input type="text"/> | | | | | | |
| <div>Upload Documents</div> | | | | | | |
| NAME | TYPE | SUB-TYPE | AUTHOR | DATE UPLOADED | | |
| Accident Statement | | | | Reports & Statement | Mortgage | |

| NAME | TYPE | SUB-TYPE | AUTHOR | DATE UPLOADED |
|--|-------------------------------|-------------------------------------|--------------------------------------|--------------------|
|  LKInvoice1 (5).pdf | Invoice | Surveyor/ Assessor expense | LKK AUTO CONSULTANTS PTE LTD (TP) | 30 October 2019 |
|  RENTAL RECEIPT.pdf | Forms / Claim Documents | Others | LKK AUTO CONSULTANTS PTE LTD (TP) | 30 October 2019 |
|  RENTAL MILEAGE.pdf | Forms / Claim Documents | Others | LKK AUTO CONSULTANTS PTE LTD (TP) | 30 October 2019 |
|  LKInspection (5).pdf | Forms / Claim Documents | Others | LKK AUTO CONSULTANTS PTE LTD (TP) | 30 October 2019 |
|  LKAdjustment1a (6).pdf | Forms / Claim Documents | Others | LKK AUTO CONSULTANTS PTE LTD (TP) | 30 October 2019 |
|  PAYMENT BREAKDOWN EXPRESS SETTLEMENT FORM.pdf | Forms / Claim Documents | Satisfaction / Discharge Voucher | LKK AUTO CONSULTANTS PTE LTD (TP) | 30 October 2019 |
|  AUTHORIZATION TO ACT FORM.pdf | Forms / Claim Documents | POA / Authority Letter | LKK AUTO CONSULTANTS PTE LTD (TP) | 30 October 2019 |
|  AAD1811-061 - DV.PDF | Letters and Correspondence | Policy Holders / Insured | LKK AUTO CONSULTANTS PTE LTD (TP) | 3 October 2019 |
|  EMAIL FROM FCL.pdf | Letters and Correspondence | Policy Holders / Insured | LKK AUTO CONSULTANTS PTE LTD (TP) | 3 October 2019 |
|  Letter to OL.pdf | Letters and Correspondence | Policy Holders / Insured | LKK AUTO CONSULTANTS PTE LTD (TP) | 27 March 2019 |
|  Immediate Advice dated 27 03 .pdf | Reports & Statement | Others | LKK AUTO CONSULTANTS PTE LTD (TP) | 27 March 2019 |
|  TP CDGE- estimate- Marked.pdf | Reports & Statement | Others | LKK AUTO CONSULTANTS PTE LTD (TP) | 27 March 2019 |
|  LKK resurvey photo-before paint.pdf | Reports & Statement | Others | LKK AUTO CONSULTANTS PTE LTD (TP) | 27 March 2019 |
|  LKK Survey photo.pdf | Reports & Statement | Others | LKK AUTO CONSULTANTS PTE LTD (TP) | 27 March 2019 |

| NAME | TYPE | SUB-TYPE | AUTHOR | DATE UPLOADED |
|--|---------------------------|----------------------|-----------------|------------------------|
|  TP CDGE-EMAIL FROM WORKSHOP WITH TP GIA & ESTIMATE SHCB549X.png | Form / Claim Documents | Estimate / Quotation | KUMAR Shubendra | 12 November 2018 |