

INSURANCE

INS. CASE OWNER:

Richard

CC 4 AXA1802

1548, K2P639

LKK:

IDAC:

Surveyor:

Kalvin

DOI:

ASSIGNMENT

27/11/18

Date / Time:

27/11/18

Registered in Merit:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLC 50665

Name of Insured:

TRANS-URG SERVICES PTE

Insured Tel No.:

HP:

Claim No.:

S8MONEK5 (84633)

Policy No.:

UPK/P1680GRO

Make / Model:

PERMUT

Place of Accident:

PUNJAB RD SUP RD TMS
PUNJAB RD

Excess Sec II :SS

D.O.A.:

27/11/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

TAN TEE TEE

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

Driver Tel No.:

90909583

(V/L: YES / NO)

Insured Liability:

% Final ? Yes / No

SHO 2454M



INSRS:

WSP:

Tel:

Liability:

RMKS:

LDUE
W



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

27/11/18

SLC 50665

STAGE

DATE / PIC

Non-Reporting 1st:

Non-Reporting 1st (2nd):

Non-Reporting 1st (Final):

Notification 1st (if non-pickup):

Call Of:

27/11/18

After call 1st to OI:

Documentation Check List: Handler / Typist

Notification 1st (if non-pickup):

After call 1st to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Medical/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:

SS

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Cal

Final Liability:

%

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

If NO on B 28, Ass. Lia:

Repair Cost:

SS

1273.30

Loss of Rental (LOR):

SS

357.28

3 days)

X \$ 119.28

Loss of Use (LOU):

SS

15

x 3 days)

Loss of Income (LOI):

SS

150.00

(50 x 3 days)

LOR only

LOU only

LOR + LOU

LOR + LOU

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

Total:

SS

1781.00

Global Sum SS:

1780.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

SS

1780.00

Name 1:

Comfoudelgro Engineering Pte Ltd

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

1) Claim status: Non/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$350.00

COPY SENT

Surrey: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

at _____

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	Q/S

Bel. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repair: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 3454M Yr Reg: 18 Aug 2016

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

Truck / Trailer or

Make: Hyundai cc 1600Colour: Blue A/C: Ins: 0 / Std / Nil / NASp. Reading: 264051 T/Radio: Ins: 6 / Std / Nil / NA

Eng/No: _____

C/No: KM HLB4RM 90092217Gen. Cond: Good / 6 / Poor / BurntSteering: In order / 6 / Jammed / Leaked / Burnt orBrake: In order / 6 / Jammed / Leaked / Burnt orModi: Nil / S/Rim / 6 / STD A/Rim orTyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Max/Max

Front: _____ Rear: _____

R/Bal: 7 mm R/Bal: 7 mmL/Bal: 7 mm L/Bal: 7 mmD.O.A. 27/1/16 D.O.I. 29/1/16Survey held at CDGE (Loyang)

Des. of Damages: Frl / Rear / Q/S / N/S / U/C / Rooltop or

Rear n/s

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

Date / Time	Action / Instruction
	PIP \$ 190 CRed # 619.36/340

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS: \$ _____

Photos

Others

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/ASM18021548/K1pb3

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 29-11-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 5066S	Veh. Inspected	SHD 3454M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	29/11/2018

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	27/11/2018	Inspection Date	29/11/2018
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.

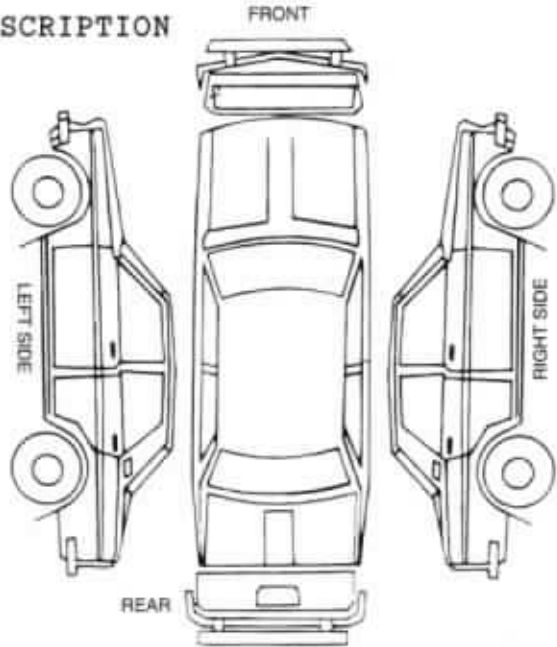
A member of COMFORTDELGRO

Date/Time: 27.11.2018 13:07 Page : 1

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order: 3877021	JC NO.: 305244049
CUSTOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.:	SHD3454M	MILEAGE
MS	7010045	MAKE :	HYUNDAI	FUEL
CUSTOMER NO.	383 SIN MING DRIVE	MODEL	I-40	DATE/TIME IN
ADDRESS	Singapore SINGAPORE 575717	YR OF MANU	18.08.2016	TARGET DATE
(R)	65508755	CHASSIS CODE	KMHLB41UMGU093317	COMPLETION DATE/TIME:
(P)				
COUNT CARD NO.				

Accident Date: 27.11.2018
NATURE: 3P 27.11.18/B

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION
		

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Acknowledgement Slip

Vehicle No.: SHD3454M FZ AXA

Exit Pass

Vehicle No.: SHD3454M

Signature/Date of Service Advisor

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD3454M

MAKE :

MODEL : HYUNDAI i40

DATE 26/11/2018 16:48

PD

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper ✓			\$ 553.00	
	Rear Bumper Clip 10 pcs ✓			\$ 22.00	
	Rear Bumper Bracket ✕		\$ 35.60	\$ 71.20	
	Rear Bumper Under Cover ✕			\$ 228.00	
	SUB TOTAL			\$ 874.20	
	LESS 20%			\$ 174.84	
	DISCOUNTED TOTAL			\$ 699.36	
	Rear Bumper Rubber Mat ✓			\$ 50.00	Nett
	Rear Bumper Advertisement Logo ✓			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH) ✓		\$ 100.00	\$ 200.00	Nett
				\$ 300.00	
	Labour Charge				
	Panel Beating			\$ 400.00 200	
	Spray Painting Charge			\$ 300.00 200	
	Wiring Charge			\$ 30.00 ✕	
	Remove/Refix Reverse Sensor			\$ 80.00 30	
	TOTAL LABOUR			\$ 810.00	
	ESTIMATE TOTAL			\$ 1,809.36	
<p>Ka Lin 10/11/18</p> <p>29/11/18 1330h</p> <p>2 Pys</p> <p>PIP</p> <p>Before Paint photo</p> <div data-bbox="815 1512 1348 1960"> <p>KKK Auto Centre Ltd. I warrant that the Repaired work shall:</p> <ul style="list-style-type: none"> • To remain in good condition for • To display no signs of rust or corrosion • Parts prices shall be in accordance with • Third party liability shall be covered • No illegal modifications shall be made • Suppliers used shall be approved by <p>is subject to the approval of the insurance company.</p> <p>Acknowledged by Reparer</p> <p>Signature: _____</p> <p>Date: _____</p> </div>					
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 PTE LTD

Date: 29.11.2018

REPAIR ESTIMATE

Time: 19:08:10

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 : 305244049
 REGN NO : SHD3454M
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 18.08.2016
 DATE/TIME IN : 27.11.2018 10:15
 ACCIDENT DATE : 27.11.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	20.00	17.60
0003 04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	2.00	50.00

SUB-TOTAL : 510.00

JOB NATURE

0000 20-05	REAR BUMPER ADVERTISEMENT LOGO				100.00 50
0001 20-05	REAR FENDER ADVERTISEMENT RH			100.00	
0002 20-05	REAR FENDER ADVERTISEMENT LH			100.00	
0003 L	PANEL BEATING		200.00		
0004 L	SPRAY PAINTING CHARGE		200.00		
0005 L	REMOVE/REFIX REVERSE SENSOR			30.00	

SUB-TOTAL : 730.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 29.11.2018

REPAIR ESTIMATE

Time: 19:08:10

Page: 2

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

JOB NO : 305244049
REGN NO : SHD3454M
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 18.08.2016
DATE/TIME IN : 27.11.2018 10:15
ACCIDENT DATE : 27.11.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,240.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

REPAIR ESTIMATE*

MAKE :

(AXA/ReAR)
DATE 26/11/2018 16:48

DATE 26/11/2018 16:48

PL

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>Deformed</i>			\$ 553.00
	Rear Bumper Clip 10 pcs <i>nee</i>			\$ 22.00
	Rear Bumper Bracket <i>X sue</i>		\$ 35.60	\$ 71.20
	Rear Bumper Under Cover <i>X sue</i>			\$ 228.00
	SUB TOTAL			\$ 874.20
	LESS 20%			\$ 174.84
	DISCOUNTED TOTAL			\$ 699.36
	Rear Bumper Rubber Mat <i>nee</i>			\$ 50.00
	Rear Bumper Advertisement Logo <i>nee</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) <i>nee</i>		\$ 100.00	\$ 200.00
				\$ 300.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 30.00 <i>X 10</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>30</i>
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,809.36

Ka Lin 10/11/16

29/11/18 13304

2 Days

PIP

Before Print photo

Auto Consultants hence notify the Repairer of the following:

- To reserve the cost of the painting
- To apply the repair parts to the insurance
- Parts price list
- Third party claim
- No insurance
- See the repairer's invoice
- Is a copy of the repairer's invoice

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.



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: 25/02/2019

Survey Details:

Date of loss	27.11.2018
Date of appointment	29.11.2018
Date of survey	29.11.2018
Location of survey	CDGE LOYANG

Vehicle Details:

Claim Type:	Third party
Vehicle number	SHD 3454M
Make and Model	Hyundai I40 (1685cc)
Date of registration	18.08.2016
Excess	NIL
Market Value/ Book Value	(est)
Parf/COE Rebate	(est)
Nett Value/ ERV	(est)

Repair details:

Initial Estimate	\$ 1,809.36
------------------	-------------

Proposed/Revised repair cost:

Parts	\$ 760.00
Check items (estimate)	NIL
Labour	\$ 430.00
Supplementary	NIL
Total	\$ 1,190.00
Lump Sum(if applicable)	

Number of days for repair	<u>2</u>
---------------------------	----------



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

Remarks:

The total quantum is < \$5,000.00. We will proceed to negotiate settlement with third party. Thank you.

Mandate:

Liability(TP)		100%
Proposed repair cost (w/GST)	\$	1,273.30
Loss of use		NIL
Loss of rental	\$	357.84 (3days x \$119.28)
Loss of income	\$	150.00 (3days x \$50.00)
LTA/GIA search fees		NIL
Others		NIL
Proposed Total	\$	1,781.14

Hsiao Tong (LKKAuto)

From: Hsiao Tong (LKKAuto)
Sent: Wednesday, 27 March 2019 5:09 PM
To: 'William Tan Thoo Seng'
Cc: KKLau; Aileen Tan Lee Noi
Subject: RE: Yr ref : CC4/ASM18021548/K1pb3 (SHC 5066 S- Transcab) vs SHD 3454 M D.O.A. 27.11.18

**Without Prejudice
(save as to costs)**

Dear Sirs/Mdm,

We refer to the above matter.

We have our principal instruction to offer at a global sum of \$1,780.00(all-in).

Please confirm acceptance.

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

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)

From: William Tan Thoo Seng <williamtan@cdge.com.sg>
Sent: Tuesday, 26 March 2019 4:35 PM
To: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>
Cc: KKLau <kklau@lkkauto.com>; Aileen Tan Lee Noi <aileentan@cdge.com.sg>
Subject: Yr ref : CC4/ASM18021548/K1pb3 (SHC 5066 S- Transcab) vs SHD 3454 M D.O.A. 27.11.18

Gentle reminder

BOLA : 100%

Head to rear

Without Prejudice.

Dear Ms Hsiao Tong

Hsiao Tong (LKKAUTO)

From: William Tan Thoo Seng <williamtan@cdge.com.sg>
Sent: Thursday, 28 March 2019 8:26 AM
To: Hsiao Tong (LKKAUTO)
Cc: KKLau; Aileen Tan Lee Noi
Subject: Re: Yr ref : CC4/ASM18021548/K1pb3 (SHC 5066 S- Transcab) vs SHD 3454 M D.O.A. 27.11.18

Without Prejudice.

Dear Ms Hsiao Tong

We are glad to accept your global offer.

Kindly forward your D.V. .

Thank you.

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

From: Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>
Sent: Wednesday, 27 March 2019 5:08:57 PM
To: William Tan Thoo Seng
Cc: KKLau; Aileen Tan Lee Noi
Subject: RE: Yr ref : CC4/ASM18021548/K1pb3 (SHC 5066 S- Transcab) vs SHD 3454 M D.O.A. 27.11.18

Without Prejudice
(save as to costs)

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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)

From: William Tan Thoo Seng <williamtan@cdge.com.sg>
Sent: Tuesday, 26 March 2019 4:35 PM

To: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>

Cc: KKLau <kklau@lkkauto.com>; Aileen Tan Lee Noi <aileentan@cdge.com.sg>

Subject: Yr ref : CC4/ASM18021548/K1pb3 (SHC 5066 S- Transcab) vs SHD 3454 M D.O.A. 27.11.18

Gentle reminder

BOLA : 100%

Head to rear

Without Prejudice.

Dear Ms Hsiao Tong

We refer to your acknowledgement of our LOD on **10.01.19**. Till today, nothing heard from you.

Since, liability is no issue and without delay, kindly forward your offer by **02.04.19**. If no offer received, we will then escalate matter to GIA.

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 - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

Our Ref : T 1118/ SHD3454M /WT(st)

Your Ref :

Date : 07-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.cdge.com.sg

Company Registration No: 198004480

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 609296

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 726791

Yishun
Yishun Industrial Park A
Singapore 768732

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHD3454M YOUR INSURED SHC5066S
AND OTHER _____ ON 27.11.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHD3454M 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 : SHC5066S we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,273.30
2	<u>4</u> days Loss of Rental @ \$ <u>119.28</u> per day	\$	477.12
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	GIA / LTA Search Fee	\$	-
5	GIA / Police Report Fees	\$	-
6	Towing Fees	\$	-
Sub Total :		\$	1,750.42

HIRER'S CLAIM

7	<u>4</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	320.00
Total Claims:		\$	2,070.42

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

- a) Original repair bill and photocopies of photographs 4 pcs
- b) LTA search slip/s of : SHC5066S
- c) GIA / Police report/s of : SHD3454M
- d) Letter of authority from owner / hirer / operator
 - (X) Photocopies 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.

- 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 / chewht@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 chewht@lkkauto.com.

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

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)

Hsiao Tong (LKKAUTO)

From: Hsiao Tong (LKKAUTO)
Sent: Monday, 25 February 2019 12:45 PM
To: claims@transcab.com.sg
Cc: 'carrisalee@ava-ins.com'; 'foonghon@ava-ins.com'
Subject: ACCIDENT INVOLVING SHD 5066S(AXA) AND SHD 3454M ALONG/AT PUNGGOL ROAD SLIP ROAD TWDS PUNGGOL FIELD ON 27/11/2018

25 FEB 2019

Transcab Taxi
Singapore

Dear Sir,

OUR REF : CC4/ASM18021548/K1pb3
YOUR REF : P1680520 (SHC 5066S)

ACCIDENT INVOLVING SHD 5066S(AXA) AND SHD 3454M ALONG/AT PUNGGOL ROAD SLIP ROAD TWDS PUNGGOL FIELD ON 27/11/2018

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 claim against your policy.

We have received a claim from COMFORTDELGRO ENGINEERING PTE LTD acting on behalf of the owner of SHD 3454M against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in your driver's favour as it is a head-to-rear collision. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

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)

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGI 40 SHD3454M , SHC5066S
PUNGGOL ROAD (SLIP RD) TWDS PUNGGOL FIELD.

ON 27-Nov-18 09:15

I / We

LOO LIANG HAI

(Hirer) NRIC No.: S1620823Z

and/or

(Relief) NRIC No.:

Taxi Number

SHD3454M

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-Nov-2018

Name of Hirer

LOO LIANG HAI

Hirer NRIC

S1620823Z

Signature :



Address

161 MEI LING STREET #06-315
140161

Contact No.

97631088



redefining / insurance

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC 5066S (Insd veh)	Model: Hyundai I40
	SHD 3454M (TP veh)	
Date of Accident/ Time:	27/11/2018	
Repair Estimate	: \$	1,736.01
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)	: \$	1,780.00
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 <input checked="" type="checkbox"/> BOLA Scenario No: 27	
BOLA Liability: 100 (%)	Assessed Liability (%):	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks:		

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/TORTEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVE THEIR RIGHTS OF RECOVERY IN THE EVENT OF FRAUD / MIS REPRESENTATION / MISTAKE / MATERIAL NON DISCLOSURE. AXA ALSO RESERVES THEIR RIGHTS TO WITHDRAW THEIR ACCEPTANCE IN THE EVENT OF ANY INCONSISTENCIES/FRAUD/SUSPECTED FRAUD/MIS REPRESENTATION AND/OR MATERIAL NON DISCLOSURE OF FACTS/MISTAKE(S).

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: Date:	Signature of Witness / Workshop stamp (if applicable) Name of Witness: Date:
---	--

Signature of AXA surveyor/representative:
Name of AXA's surveyor/Representative:
Date:
AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Customer Centre #B1-01
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

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

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

205 Braddell Road
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

8010010	91411240	1,273.30	

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
SHD3454M

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
18.08.2016

CHASSIS CODE
KMHLB41UMGU093317

INV. NO/DATE
91411240 30.11.2018

JOB NO.
305244049

ODOMETER READING

DATE/TIME IN
27.11.2018 10:15

S/No	Part No.	Qty	Unit Price	%Disc	Net
0006	I. REMOVE/REPAIR REVERSE SENSOR	30.00		30.00	
SUB-TOTAL:					680.00

Items total	1,190.00
Add GST @ 7.000 %	83.30
Invoice amount	1,273.30

Issued by : KATHERINETAN 30.11.2018 14:20:10
Repair type : CISO/57/57
Payment Type/Term: /Credit 30 days

WHICH TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR ANY OTHER PROPERTY BELONGING TO CUSTOMERS AND VEHICLES AND VARIOUS AND TESTS A DAMAGE FROM
CUSTOMERS SHALL REPAIR THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY AND 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 ANY TO PAY THERE IS INTEREST OF ANY AMOUNT DUE WITHIN 15 DAYS TO THE COMPANY BY THE CUSTOMER AND NOT PAY ON THE 15TH DAY OF PAYMENT OR AFTER 30 DAYS FROM THE INVOICE DATE THE PERIOD OF DEFECT
PLEASE RETURN THIS INVOICE IMMEDIATELY UPON RECEIVING AND ADVISE THE COMPANY OF ANY REPAIRS OR DISCREPANCY WITHIN 15 DAYS OF RECEIVING THE COMPANY DOES NOT CLAIM FROM THE CUSTOMER THE COMPANY WILL FROM THIS INVOICE A RECEIPT WILL BE ISSUED

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/CHO No.
8010010	91411240	1,273.30	

Our Ref: CT18110845

Date: 30 November 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	27/11/2018 @ 09:15 hrs
ALONG	PUNGGOL ROAD (SLIP RD) TWDS PUNGGOL FIELD.
INVOLVING	SHC5066S

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 **SHD3454M** (the "Taxi"). The Taxi was hired to **LOO LIANG HAI IC NO S1620823Z** 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 **India International Insurance Pte 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.

[illegible]

SHD3454M DOA: 27.11.18 TP CLAIMS WITH YOUR INSURED >
SHC5066S (AXA)

Fauzy Bin Mokhtar

Tue 27/11/2018 4:31 PM


To: motor.survey@axa.com.sg <motor.survey@axa.com.sg>;

1 attachments (3 MB)

shd3454m-Y27133631-0001.pdf;

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.

 was grounded at our workshop on 27.11.2018.

Best Regards,

Fauzy Mokhtar

Taxi Crash Repair

Off:62148319 / Fax:65468156

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SHC 5066S (Insd veh)	Model:	HYUNDAI I40
	SHD 3454M (TP veh)		
Date of Accident:	27/11/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	1,936.01
Final Repair Cost	:	\$	1,273.30
Loss of Token Sum	:	\$	150.00
Rental (if any)	:	\$	357.84
LTA / GIA Search Fee	:	\$	

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,780.00

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	\$ 1,780.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

10/05/2019
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/ASM18021548/K1pb3q2	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN:RICHARD ANG		Date : 10-05-2019	
		Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 5066S	Veh. Inspected	SHD 3454M
Policy No.	VPX/P1680520	Coverage (\$)	0.00
Claim No.	S8M014K5	Excess (\$)	0.00
Assign From		Assign Date	29/11/2018
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU093317	Colour	BLUE
Odometer	264051	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	27/11/2018	Inspection Date	29/11/2018
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	

**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. SHD 3454M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER (CONSISTENT)	DEFORMED	553.00	553.00
10	REAR BUMPER CLIP (CONSISTENT)	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60 (CONSISTENT)	SERVICEABLE	71.20	-
1	REAR BUMPER UNDER COVER (CONSISTENT)	SERVICEABLE	228.00	-
	LESS 20% DISCOUNT		-174.84	-115.00
			699.36	460.00
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN) (CONSISTENT)	NECESSARY	50.00	50.00
1	REAR BUMPER ADVERTISEMENT LOGO (SN) (CONSISTENT)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN) (CONSISTENT)	NECESSARY	200.00	200.00
			300.00	300.00
<u>LABOUR</u>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			810.00	430.00
GRAND TOTAL			1,809.36	1,190.00
RECOMMENDED COST OF REPAIRS				1,190.00

Report Ref No. CC4/ASM18021548/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	5884014K/S	Actions
Reference	CC4/ASM1B021548/K1zb3q2	Next Step Wait for Approve invoice
Loss Date	27 November 2018	ADD INVOICE
Report Date	28 Nov 2018 9:11:00 AM	

Vehicle Information	
Incident Vehicle Registration #	SHD3454M
Make	TPND HYUNDAI
Model	I40
Service Address	

Vendor Name:	LOK AUTO CONSULTANTS PTE LTD (TP)	Primary Contact/Insured	THANS-CAB SERVICES PTE LTD No.2 ANG MO KIO STREET 63, 569111, Singapore
Type of Loss	Third Party Vehicle Damage		

Claim Handler	ANG Richard	richard.ang@aia.com.sg
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Additional instructions

Messages		Invoices		History		Documents		Assessment		Metrics		Notes	
								Document Type		Document SubType			

