

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS 1,100 (1 day) Reduction:	46 45	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 21-3-19	Confirm with: 14/11/19	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	SS 100 (Agreed / Assessed) BOLA S/N No.:	37	If NO or B 28, Ass. Lia:
Repair Cost:	SS 1,171.84	1) REPAIR EXPENSE TO:	COPY SENT 24/1/19
Loss of Rental (LOR):	SS 357.84 (3 days) x 789.38		
Loss of Use (LOU):	SS - (5 days)		
Loss of Income (LOI):	SS 150.00 (550 x 3 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOI <input type="checkbox"/> LOR + LO <input type="checkbox"/> (Tick only one)			
GI/ALTA Search	SS 1.49		
Medical:	SS -		1) Claim status: Notified/Reject/Private Settle
Disbursement:	SS - (e.g. Time/Independent)		2) Report Format: TP
Legal Cost:	SS -		3) Survey fee: +350
Total:	SS 1,642.33	Global Sum SS:	
FINAL PAYMENT	Date/Time: 21-3-19	Confirm with: 14/11/19	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS 1,642.33	Name 1:	COMFORTABLE ENGINEERING PTE LTD
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

ASSIGNMENT

From: Date: 11-12-2018

Estimated Cost:

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

To inspect Vehicle No: SHC 745Z

at Workshop no:

Comfort Delgro

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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 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

SHC 745Z

Vt Regn:

5 Feb 2015

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

Truck / Trailer or

Make:

Hyundai

C.C.

168r

Colour:

Yellow

A/C

Insured / Std / NI / NA

Sp. Reading

479170

T/Radio: Insured / Std / NI / NA

Eng/No:

C/Nr:

KMHCB414M4066030

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / Rim or

Tyre Size:

F:

205/60R16

R:

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

TOYO / YOKO or

Max/Kwik

Front

Rear

R/Bal.

7

mm

R/Bal.

7

mm

L/Bal.

7

mm

L/Bal.

7

mm

D.O.A.

10/12/18

D.O.I.

11/12/18

Survey held at

CPHS (by way)

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

Rear.

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

Date / Time: Action / Instruction

4: 7:100 (SSD: 932.30 46%)

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

1 S + RS 3R

1 Photos

1 Others

1

TOTAL

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/ASM18022264/K1eb3	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 11-12-2018	
		Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJK 1725J	Veh. Inspected	SHC 745Z
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	11/12/2018
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	10/12/2018	Inspection Date	10/12/2018
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.			

REPAIR ESTIMATE*

VEHICLE NO : SHC 745Z

DATE: 10. Dec. 2018

MAKE : HYUNDAI

MODEL : i40

DOA: 10. Dec. 2018

AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper <i>Defect</i>			\$553.00
10	Rear Bumper Clips <i>new</i>		\$2.20	\$22.00
1	Rear Bumper Sponge <i>new</i>			\$103.50
2	Rear Bumper Brackets – RH/LH <i>new</i>		\$80.30	\$160.60
1	Rear Bumper Undercover <i>new</i>			\$228.00
1	Rear Bumper Reflector – RH <i>new</i>			\$27.40
SUB TOTAL				\$1,094.50
LESS 20%				\$218.90
DISCOUNTED TOTAL				\$875.60
1	Reverse Sensor <i>X SRC</i>			\$135.70
1	Advertisement – Rear Bumper <i>new</i>			\$50.00
2	Advertisement – Rear Fender – RH/LH <i>new</i>		\$100.00	\$200.00
1	Rear Bumper Rubber Mat <i>new</i>			\$50.00
Labour Charge				\$435.70
1	Panel Beating			\$300.00 ²⁰⁰
1	Spray Painting Charge			\$300.00 ²⁰⁰
1	Remove/refix Reverse Sensor			\$120.00 ⁷⁰
TOTAL LABOUR				\$720.00
ESTIMATE TOTAL				\$2,031.30
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.				

LKK Auto Consultants hence notify the Repaired of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are submitted for information
- Third party claims to be submitted to the "Insured" bank
- No rental and towing charges
- Suppl. material must be submitted and is subject to approval from insurance company

TOTAL LABOUR

ESTIMATE TOTAL

Larry Ng

1/Calvin 11/12/18

11/12/18 11:00h

2 hrs

Ls

After Repair p/c

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305249186

Date : 12. Dec. 2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC 745Z

Date of Accident: 10. Dec. 2018

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

1. The repair job shall bill to: AXA SJK1725J

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

\$ 1100.00

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

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

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Kaka

Date : 12/12/18

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:

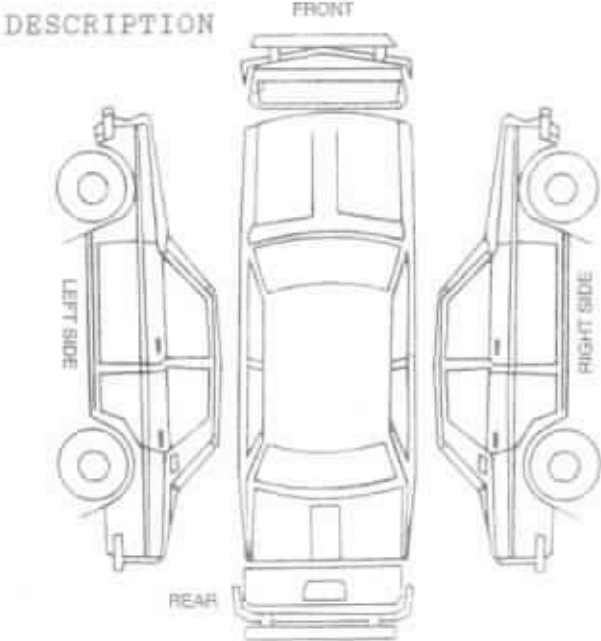
Final Amount Subject to Insurance Approval

Team:	ARC Repair TP(CFSO)1	JOB CARD	Sales Order:	JC NO.: 305249186
TOMER	CITYCAB PTE LTD 7010070 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (R) (Q) (P)	VARS (B)	REGN NO.: SHC 745Z	MILEAGE
AS			MAKE: HYUNDAI	FUEL
TOMER NO.			MODEL I-40	DATE/TIME IN 10.12.2018 09:25
RESS			YR OF MANU 05.02.2015	TARGET DATE
			CHASSIS CODE KMHLB41UMFU066030	COMPLETION DATE/TIME:
JOINT CARD NO.				

JOB DESCRIPTION

Accident Date: 10.12.2018
NATURE: 3P 10.12.2018

S/NO ✓ LABOR CODE
AXA - Rear damage



BOOKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Wedge ment Slip

Exit Pass

No.: SHC 745Z LARRY

Vehicle No.: SHC 745Z

Larry Ng

of Service Advisor

Signature/Date

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 : SHC 7452

DATE: 10. Dec. 2018

MAKE : HYUNDAI

MODEL : i40

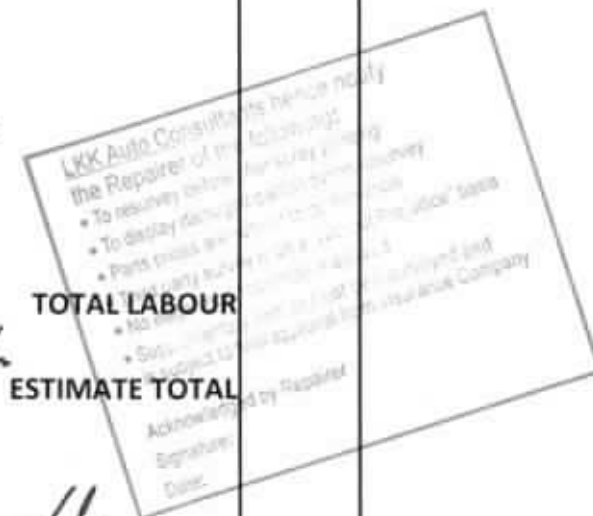
DOA: 10. Dec. 2018

AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	Rear Bumper ✓			\$553.00	
10	Rear Bumper Clips ✓		\$2.20	\$22.00	
1	Rear Bumper Sponge ?			\$103.50	
2	Rear Bumper Brackets – RH/LH ✓		\$80.30	\$160.60	
1	Rear Bumper Undercover ✓			\$228.00	
1	Rear Bumper Reflector – RH ✕			\$27.40	
SUB TOTAL				\$1,094.50	
LESS 20%				\$218.90	
DISCOUNTED TOTAL				\$875.60	
1	Reverse Sensor ✕			\$135.70	Nett
1	Advertisement – Rear Bumper ✓			\$50.00	Nett
2	Advertisement – Rear Fender – RH/LH ✓		\$100.00	\$200.00	Nett
1	Rear Bumper Rubber Mat ✓			\$50.00	
				\$435.70	
Labour Charge					
1	Panel Beating			\$300.00 200	
1	Spray Painting Charge			\$300.00 200	
1	Remove/refix Reverse Sensor			\$120.00 70	
TOTAL LABOUR				\$720.00	
ESTIMATE TOTAL				\$2,031.30	
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>					

Larry Ng

1/Calvin/11/12/18
 11/12/18 11:00h
 2 hrs
 L/S
 After Repair p/11





Service Request Details

Claim

S8M0164G

Reference

None 

Loss Date

December 10, 2018

Request Date

December 11, 2018

Kevin

Due Date

December 18, 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

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SHC745Z

Make

TPVD HYUNDAI

Model

I40

Service Address

Primary Contact/Insured

BAN SIONG (BERNARD HUANG WANXIONG) BERNARD HUANG
234 WESTWOOD AVENUE, #12-35 THE FLORAVALE, 648361, Singapore

Claim Handler

WANG Peter

peter.wang@axa.com.sg

Additional Instructions

NON-REPORTED

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



Auto
Consultants
Pte Ltd

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

14 December, 2018

**BAN SIONG (BERNARD HUANG WANXIONG)
234 WESTWOOD AVENUE #12-35
THE FLORAVALE,
Singapore 648361**

Dear Sir,

OUR REF : CC4/ASM18022264/K1eb3

YOUR REF : SJK 1725J

**ACCIDENT INVOLVING SJK 1725J & SHC 745Z ON 10/12/2018 ALONG/AT
CLEMENTI AVE 6 SLIP ROAD TOWARDS AYE**

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Pte Ltd to deal with the third party claim against your motor policy.

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

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

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list 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 us immediately. You may email it to ashersng@lkkauto.com or deliver it by hand to 51 Ubi Avenue 1, #01-25 Paya Ubi Ind. Park S(408933).

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition, your insurer shall have full discretion in the process and settlement of the said third party claim subject to the merits of the case and according to the rights afforded under the policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, your insurer reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact us at 6841 6051 if you have any further enquiries.

Yours sincerely,
Claim Department

This is a computer generated letter and no signature is required.

CC : AXA INSURANCE PTE LTD
Motor Claim Department

Our Ref : CC18120247/ SHC 745Z /WT(st)

Your Ref :

Date : 18-Dec-18

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6353 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 195089489

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

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 SHC 745Z YOUR INSURED SJK1725J
AND OTHER ON 10.12.18**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : **SHC 745Z** 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 **SJK1725J** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,177.00
2	3 days Loss of Rental @ \$ 119.28 per day	\$ 357.84
3	Survey Report Fees (Surveyed by M/s LKK)	\$ -
4	LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
Sub Total :		\$ 1,542.33

HIRER'S CLAIM

7	3 days Loss of Income @ \$ 80.00 per days	\$ 240.00
Total Claims :		\$ 1,782.33

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

- a) Original repair bill and photocopies of photographs 6 pcs.
- b) LTA search slip/s of : **SJK1725J**
- c) GIA / Police report/s of : **SHC 745Z**
- d) Letter of authority from owner / hirer / operator

(X) Photocopy/s 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.

Asher Sng (LKKAuto)

From: Asher Sng (LKKAuto)
Sent: Monday, 18 February 2019 11:06 AM
To: 'BERNHUANG@HOTMAIL.COM'
Subject: ACCIDENT INVOLVING SJK 1725J AND SHC 745Z ALONG CLEMENTI AVE 6 ON 10/12/2018

18 FEB 2019

BERNARD HUANG BAN SIONG

Dear Sir/ Mdm

OUR REF : CC4/ASM18022264/K1eb3

YOUR REF : SJK 1725J

ACCIDENT INVOLVING SJK 1725J AND SHC 745Z ALONG CLEMENTI AVE 6 ON 10/12/2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from M/s COMFORTDELGRO ENGINEERING PTE LTD acting on behalf of the owner of SHC 745Z against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had rear-ended the Third Party vehicle SHC 745Z. As such, liability is down against us.

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

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to ashersng@lkkauto.com within 7 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

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

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

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

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

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at ashersng@lkkauto.com.

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

Yours sincerely,

Asher

Case Handler

DID: 6841 6051

FAX: 6741 4108

Email: ashersng@lkkauto.com

c.c. *AXA Insurance Pte Ltd (AXA)*

(Motor Claims Dept)

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGI 40 SHC745Z , SJK1725J
CLEMENTI AVE 6 (SLIP ROAD) TWDS AYE.

ON 10-Dec-18 07:30

I / We

NG LAY CHUAN

(Hirer) NRIC No.:

S0803864C

and/or

NAH AH KOW

(Relief) NRIC No.:

S0141502F

Taxi Number

SHC745Z

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

10-Dec-2018

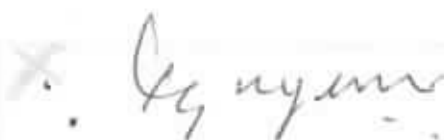
Name of Hirer

NG LAY CHUAN

Hirer NRIC

S0803864C

Signature :



Address

643 CHOA CHU KANG STREET 64 #02...
680643

Contact No.

82999400

Name of Relief

NAH AH KOW

Relief NRIC

S0141502F

Signature :



Address

642 CHOA CHU KANG ST 64 #03-65
680642

Contact No.

91470137



redefining / insurance

CLAIM REF : S8M0164G
INSURED : BERNARD HUANG BAN SIONG ✓

DISCHARGE VOUCHER

We, COMFORTDELGRO ENGINEERING PTE LTD confirm that by letter of authorisation dated 10/12/2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of CITYCAB PTE LTD and the Hirer, NG LAY CHUAN of vehicle no. SHC 745Z.

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 ONE THOUSAND SIX HUNDRED NINETY TWO AND CENTS THIRTY THREE ONLY. (S\$1,692.33) 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. SJK 1725J arising out of an accident with SHC 745Z on 10/12/2018.
- 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. SJK 1725J 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. SJK 1725J.

Dated this 08 day of April 2019

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp COMFORTDELGRO ENGINEERING PTE LTD
55 LOYANG DRIVE
SINGAPORE 63888

Witness : [Signature]
Name : [Signature]
I/C No : CLAIMS DEPARTMENT
Address : COMFORTDELGRO ENGINEERING PTE LTD
55 LOYANG DRIVE
SINGAPORE 63888

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

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

"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
SHC 745Z

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
05.02.2015

CHASSIS CODE
RMHLB41UMFU066030

NO/DATE
91414129 14.12.2018

JOB NO.
305249186

ODOMETER READING

JOB TYPE

Description : 3P 10.12.2018

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	1,100.00
Add GST @ 7.000 %	77.00
Total Invoice amount.	1,177.00

Issued by : KATHKRINETAN 14.12.2018 16:14:45
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

I/WE/IT TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR LOSS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE 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 SHALL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY RECEIPT DUE AND NOT PAID TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT I.E. AFTER 30 DAYS FROM THE DATE OF BILL THE PERIOD OF DEFAULT.
PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY IF ANY ERRORS ARE DISCOVERED WITHIN 30 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 379701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

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

Our Ref: CC18120247



Date: 14 December 2018

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 10/12/2018 @ 07:30 hrs
ALONG CLEMENTI AVE 6 (SLIP ROAD) TWDS AYE
INVOLVING SJK1725J

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 **SHC0745Z** (the "Taxi"). The Taxi was hired to **NG LAY CHUAN IC NO S0803864C** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$119.28** per day (inclusive of GST).

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

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

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

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

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

SHC 7452

OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
TO	TO					FROM	TO
20 2200		7.12.18	Ny	479565	178	1700	2330
20 2330		8.12.18	Ny			0900	2312
20 1503		9.12.18	Ny	479066	501	0830	2300
5 23.00		10.12.18	NDC	479130	Acc. cel. 2100 Crem. 2100	0655	0730
10 1605		10.12.18	ACCIDENT	/	1W	0925	-
10 1430		12.12.18	REPAIR	/	0W7	-	1530
10 1430							
10 23.30							
10 1640							

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJK1725J	10 Dec 2018 / 07:30:00	Successful	A12	AXA INSURANCE PTE LTD

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

SHC7458

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SJK 1725J (Insd veh)	Model:	HYUNDAI I40
	SHC 745Z (TP veh)		
Date of Accident:	10/12/2018		

Global Sum Settlement	: <input type="checkbox"/> Yes	: <input checked="" type="checkbox"/> No	
Repair Estimate	: \$		2,173.49
Final Repair Cost	: \$		1,177.00
Loss of Token Sum	: \$		150.00
			3days at \$50.00 per day
Rental (if any)	: \$		357.84
			3 days
LTA / GIA Search Fee	: \$		7.49

Others:	: \$	
		0.00

	: \$	
Final Settlement Sum	: \$	1,692.33

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: _____		
		27		
BOLA Liability: _____100____(%)		Assessed Liability (*): _____(%)		
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.				
Remarks _____				

Payment Instruction: Payee's Breakdown		
1)	COMFORTDELGRO ENGINEERING PTE LTD	: \$ 1,692.33

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

24/04/2019
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/ASM18022264/K1eb3q2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN:PETER

Date : 24-04-2019



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJK 1725J	Veh. Inspected	SHC 745Z
Policy No.	VPA/P1628874	Coverage (\$)	0.00
Claim No.	S8M0164G	Excess (\$)	0.00
Assign From		Assign Date	11/12/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU066030	Colour	YELLOW
Odometer	479130	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 PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	10/12/2018	Inspection Date	11/12/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 745Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER (CONSISTENT)	DEFORMED	553.00	553.00
10	REAR BUMPER CLIPS @\$2.20 (CONSISTENT)	NECESSARY	22.00	22.00
1	REAR BUMPER SPONGE (CONSISTENT)	SERVICEABLE	103.50	-
2	REAR BUMPER BRACKETS -RH/LH @\$80.30 (CONSISTENT)	SERVICEABLE	160.60	-
1	REAR BUMPER UNDERCOVER (CONSISTENT)	CUT	228.00	228.00
1	REAR BUMPER REFLECTOR -RH (CONSISTENT)	SERVICEABLE	27.40	-
	LESS 20% DISCOUNT		-218.90	-160.60
			875.60	642.40
SPECIAL NETT ITEMS				
1	REVERSE SENSOR (SN) (CONSISTENT)	SERVICEABLE	135.70	-
1	ADVERTISEMENT -REAR BUMPER (SN) (CONSISTENT)	NECESSARY	50.00	50.00
2	ADVERTISEMENT -REAR FENDER-RH/LH @\$100.00 (SN) (CONSISTENT)	NECESSARY	200.00	200.00
1	REAR BUMPER RUBBER MAT (SN) (CONSISTENT)	NECESSARY	50.00	50.00
			435.70	300.00
LABOUR				
	PANEL BEATING.		300.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
			720.00	430.00
GRAND TOTAL			2,031.30	1,372.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,100.00

Report Ref No. CC4/ASM18022264/K1eb3q2

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.

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 LKKInvoice 1 [4].pdf	Invoice	Surveyor/ Assessor expense	LKK AUTO CONSULTANTS PTE LTD (TP)	26 April 2019
 RENTAL RECEIPT.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	26 April 2019
 RENTAL MILEAGE.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	26 April 2019
 payment breakdown.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	26 April 2019
 LSA SEARCH.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	26 April 2019
 LOD.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	26 April 2019
 LKKinspection (1).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	26 April 2019
 LKKAdjustment 1a 01.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	26 April 2019
 DISCHARGE VOUCHER.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LKK AUTO CONSULTANTS PTE LTD (TP)	26 April 2019
 AUTHORISATION TO ACT FORM.pdf	Forms / Claim Documents	POA / Authority Letter	LKK AUTO CONSULTANTS PTE LTD (TP)	26 April 2019
 LETTER TO OI.pdf	Letters and Correspondence	Policy Holders / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	26 April 2019
 WORKSHOP INVOICE.pdf	Invoice	Repairer	LKK AUTO CONSULTANTS PTE LTD (TP)	26 April 2019
 LKK Survey Photo.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	18 February 2019
 LKK Resurvey Photos.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	18 February 2019

