

INS. CASE OWNER:

RA

CC 4, Asm 180

22473, K1 Jazp

LKK:
IDAC:

87648

Surveyor:

Amk

DOI:

ASSIGNMENT

13/1/18

Date / Time:

13/1/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJS 8928 C

Name of Insured:

KAZUYOSHI Saito

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

11/12/2018

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Chai Yoke Fun

Driver Tel No.:

90482477

(V/L YES / NO)

Claim No.:

Spmo166k

Policy No.:

Make / Model:

Place of Accident:

Jury gateway.

OI GIA REPORT: YES / NO

YES

NO

TP GIA REPORT: YES / NO

YES

NO

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

com by gang.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

27/12
JoyCH054826 - MS/INCL 6001690/HIGHWAY - 100% 101/16
SJS 8928 C-X

After

letter sent out of letter

14-1-19

S26PM W/ OI MR. SATO
OLD HIL WIFE. A OF FOR
CONFIRMED S AGREED
WAKE NOT LINE

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Joy 14-1-19

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

☒☐

After call ltr to OI:

☒☐

Authorisation To Act:

☒☐

Release Voucher:

☒☐

Final Repair Bill:

☒☐

Car Rental Invoice:

☒☐

Towing Invoice:

☒☐

LTA / GIA:

☒☐

Medical Bill:

☒☐

PIR:

☒☐

Mandate/Reject Instruction:

☒☐

LOD

☒☐

Payment Breakdown Form:

☐☐

Post-Repair Photos:

☐☐

Others:

☐☐

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(days) Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Final Liability:

%

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

27

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

749

Loss of Rental (LOR):

S\$

234.56

(2

days)

117.28

Loss of Use (LOU):

S\$

-

(5

x

days)

Loss of Income (LOI):

S\$

100

(50

x 2

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

(Tick only one)

GIA/LTA Search

S\$

7.49

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

1,091.05

Global Sum S\$:

1,090

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$

1,090.x

Name 1:

COMFORTDELGRO ENGINEERING PTE LTD.

Payee 2: (Strike if N.A.)

S\$

Name 2:

X

Payee 3: (Strike if N.A.)

S\$

Name 3:

X

Barreva: Kelvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / HS / TP RES / OD RES / EVA / INV / MV

To Inspected Vehicle No: _____

si Workshop m/s _____

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vch: _____

(Policy Condition)

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

NIS	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ 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: SH034824 Yr Regn: 14 Aug 2018

Type: M. Car / M. Cycle / Bus / Van / Lorry / T6 / Prime Mover /

Truck / Trailer or

Make: Hyundai cc 1600

Colour: Blue A/C: Insured / Std / Nil / NA

Sp. Reading: 362786 T/Radio: Insured / Std / Nil / NA

Eng/No: _____

C/No: KMHLB411MEU05784

Gen. Cond: Good / F6 / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Wenda

Front: _____ Rear: _____

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A: 11/12/18 D.O.I: 13/12/18

Survey held at CPGE (Loyang)

Des. of Damages: Frl / Rear / O/S / NIS / UIC / Rooftop or

Rear

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

Rea

AXA

Date / Time Action / Instruction

Date/Time, File Pass to: ☐ : Prel. Report ☐ : Final Report

1) _____

Date/Time, File Return to: _____

2) _____

Report Format: _____

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Photos: _____

Other: _____

TOTAL: _____

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

R(\$620/4700)

L/S \$700

AXH
ZZ

DATE 13/12/2018 10:18

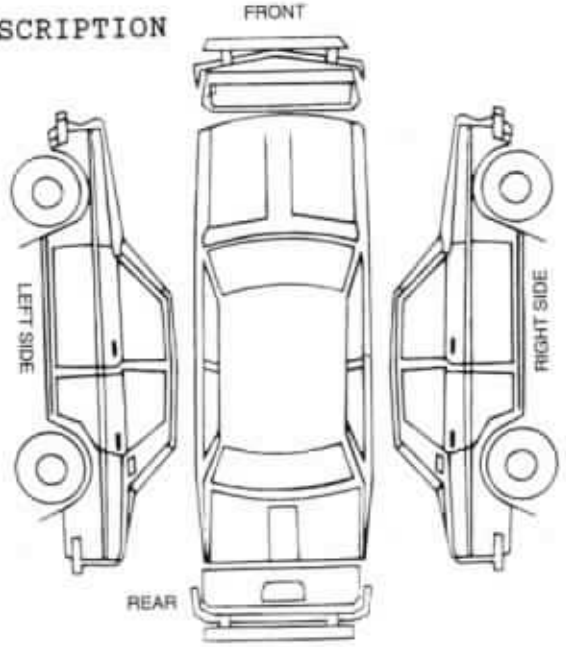
MODEL : HYUNDAI i40

[illegible]

Team: ARC Repair TP(CLSO)1	JOB CARD	Sales Order: 3881728	JC NO.: 305250515
OMER	REGN NO.: SHD3482G	MILEAGE	
IS COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL	
OMER NO. 7010045	MODEL I-40	DATE/TIME IN 12.12.2018 13:45	
IESS 383 SIN MING DRIVE	YR OF MANU 14.08.2014	TARGET DATE	
Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMEU057804	COMPLETION DATE/TIME:	
65508755 (O)			
(P)			
OUNT CARD NO.			

Accident Date: 11.12.2018
NATURE: 3P 11.12.18/B

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:		CUSTOMER'S SIGNATURE	
SERVICE ADVISOR			
Acknowledgement Slip		Exit Pass	
B:		Vehicle No.: SHD3482G	
Q.:			
File No.: SHD3482G FZ AXA			
Signature/Date		Name of Service Advisor	
To be returned to Service Reception upon collection		Date	
		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305250515
Date : 14.12.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHD3482G

Date of Accident : 11.12.2018

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

- The repair job shall bill to: AXA --- SJS8928C
- The finalized amount shall be:
 - Spare Parts after List discount \$0.00
 - Labour Charges \$0.00
 - Total for Part-By-Part Repair Cost \$0.00
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$700.00
Final Lumpsum Repair cost

- Estimated normal period for repairs: 2 working days.

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

- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : K912

Date : 14/12/18

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		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Final Amount subject to Insurance Approval

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHD 3482G

DATE 13/12/2018 10:18

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	SUB TOTAL			\$ 575.00
	LESS 20%			\$ 115.00
	DISCOUNTED TOTAL			\$ 460.00
	Rear Bumper Rubber Mat			\$ 50.00
				\$ 50.00
	Labour Charge			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 30.00
	Remove/Refix Reverse Sensor			\$ 80.00
	TOTAL LABOUR			\$ 810.00
	ESTIMATE TOTAL			\$ 1,320.00

Nett

200

200

X 200

200

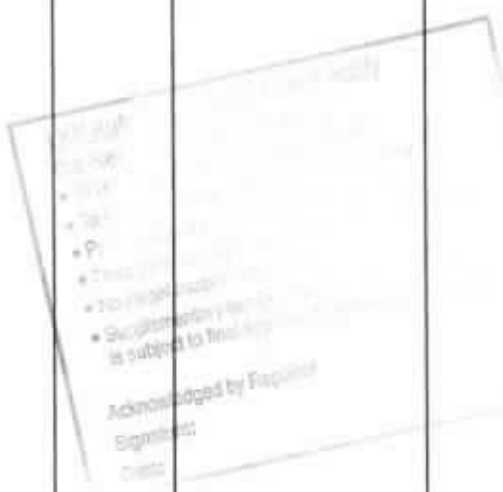
Kalin / 10/11/14

13/12/18 1320h

2 by,

4/3

At the Repair shop



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
S8M016GK

Reference
None

Loss Date
11 December 2018

Request Date
13 December 2018

Due Date
20 December 2018

Kalvin

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 #
SHD3482G

Make
TPVD HYUNDAI

Model
I40

Service Address

...

Primary Contact/Insured

KAZUYOSHI SAITO
BLK 625 JURONG WEST STREET 61, #11-157, 640625, Singapore

dogdragon84@singnet.com

Claim Handler

ANG Richard

richard.angbs@axa.com.sg

Additional Instructions
NON REPORTED

- Messages
- Invoices
- History
- Documents
- Assessment
- Metrics
- Notes

New Message

Catherine Chong (LKK Auto)

From: Juman Bin Masudin <jumanibm@cdge.com.sg>
Sent: Thursday, 13 December, 2018 10:53 AM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Cc: Fauzy Bin Mokhtar
Subject: DOA.11.12.18 SHD3482G with your insured SJS8928C - AXA
Attachments: img-Z13104938-0001.pdf

Categories: Pragati

TO

Officer in charge

Best Regards

Jumani Masudin

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Tel. 6214-8315 / Fax. 6546-8156

From: ApeosPort-IV C5570 <sbs-singnalling@sbstransit.com.sg>
Sent: Thursday, 13 December 2018 10:49 AM
To: Juman Bin Masudin
Subject: Scan Data from CDG_LO_AW_A5570

Number of Images: 8
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570
Device Location:

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

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.

SBS Transit Ltd [Registration No. 199206653M]

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

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]

Joy Irene (LKKAUTO)

From: 齋藤一義 <dogdragon84@gmail.com>
Sent: Monday, 14 January 2019 10:11 PM
To: Joy Irene (LKKAUTO)
Cc: Admin A; Florence Chui
Subject: Re: ACCIDENT INVOLVING SJS 8928C & SHD 3482G ON 11/12/2018

Dear Irene,

Thank you very much for calling and email that no action required by our side. As per call, pls use our insurance policy for claim from third party.

I fully understood NCD may be affected.

Thank you very much.

Best Regards,

Saito

2019年1月14日(月) 17:33 Joy Irene (LKKAUTO) <JoyIrene@lkkauto.com>:

SAITO KAZUYOSHI

Policy Holder

Dear Sir/Madam,

Your Ref : SJS 8928C

AXA Ref : S8M016GK

ACCIDENT INVOLVING SJS 8928C & SHD 3482G ON 11/12/2018

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 **SHD 3482G** against your motor insurance policy.

Based on the accident report, your vehicle had hit the Third Party vehicle from the rear. We are of the opinion that 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 full co-operation in the handling of the claim is required and kindly submit the following to joyirene@lkkauto.com within 7 days from the date of this letter 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 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 the undersigned.

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

Best Regards,

Joy Irene | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6841-2409 | email: jovirene@lkkauto.com | Fax: 6741-4108

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

All contents of this email is intended strictly for the addressee(s) only. It may contain confidential and/or privileged information. If you are not the intended recipient (or have received this email in error) please notify the sender immediately and destroy this email. Any unauthorized copying, disclosure or distribution of the material in this email is strictly forbidden.

Our Ref : T 1218/ SHD3482G /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.cdgs.com.sg

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 505969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609236

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 SHD3482G YOUR INSURED SJS8928C
AND OTHER ON 11.12.18

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : **SHD3482G** 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 : **SJS8928C**
we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 749.00
2	<u>3</u> days Loss of Rental @ <u>\$ 117.28</u> per day	\$ 351.84
3	Survey Report Fees <i>(Surveyed by M/s LKK)</i>	\$ -
4	GIA / LTA Search Fee	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing Fees	\$ -
	Sub Total :	\$ 1,108.33

HIRER'S CLAIM

7 3 days Loss of Income @ \$ 80.00 per days \$ 240.00

Total Claims: \$ 1,348.33

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 : SJS8928C
- c) GIA / Police report/s of : SHD3482G
- 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.



Auto
Consultants
Pte Ltd

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

13 December, 2018

KAZUYOSHI SAITO
BLK 625 JURONG WEST STREET 61
#11-157
SINGAPORE 640625

Dear Sir,

OUR REF : CC4/ASM18022473/K1ja3 // S8M016GK
YOUR REF : SJS 8928C
ACCIDENT INVOLVING SJS 8928C & SHD 3482G ON 11/12/2018 ALONG/AT
JURONG GATEWAY ROAD TOWARDS JURONG EAST CENTRAL

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)

LETTER OF AUTHORISATION

(NAF / PAF)

**ACCIDENT INVOLVING
ALONG****I 40 SHD3482G , SJS8928C****ON 11-Dec-18 19:45****JURONG GATEWAY RD TOWARDS JURONG EAST CENTRAL**

I / We

SIEW YIN KUM(Hirer) NRIC No.: **S1494182G**

and/or

(Relief) NRIC No.:

Taxi Number

SHD3482G

hereby authorise ComfortDelGro Engineering Pte Ltd (CDGE):

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

Date

12-Dec-2018

Name of Hirer

SIEW YIN KUM

Hirer NRIC

S1494182G

Signature :



Address

**624B PUNGGOL CENTRAL #14-316
822624**

Contact No.

98478828



redefining / insurance

CLAIM REF : S8M016GK
INSURED : SAITO KAZUYOSHI

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated **12 DEC 2018**, we are authorised to and do hereby give this discharge for ourselves and on behalf of **Comfort Transportation Pte Ltd** and the Hirer **SIEW YIN KUM** of vehicle no. **SHD 3482G**

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 NINETY ONLY (S\$1,090.00)** in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no **(SJS 8928C)** arising out of an accident with **(SHD 3482G)** on **11.12.2018**.
- 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. **(SJS 8928C)** 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. **(SJS 8928C)**.

Dated this 15 day of January 2019

Signed by [Signature]
(AUTHORISED SIGNATORY)

Company Stamp COMFORTDELGRO ENGINEERING PTE LTD
88 LOYANG DRIVE
SINGAPORE 639498

Witness : [Signature]

Name : [Signature]

I/C No : COMFORTDELGRO ENGINEERING PTE LTD

Address : 88 LOYANG DRIVE
SINGAPORE 639498

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
SHD3482G

MAKE
HYUNDAI

MODEL
I-40

DATE OF REG
14.08.2014

CHASSIS CODE
KMHLB41UMEU057804

NO/DATE
91414478 17.12.2018

JOB NO.
305250515

ODOMETER READING

JOB TYPE

Description : 3P 11.12.18

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt	700.00
Add GST @ 7.000 %	49.00
Total Invoice amount	749.00

Issued by : CHEWBERLENG 17.12.2018 15:12:11
Repair Type : CLSO/57/57
Payment Type/Term : /Credit 30 days

1. WITHOUT TAKING ALL REASONABLE PRECAUTIONS, THE USER IS ACCEPTING, IN ADVANCE, THE COMPANY'S LIABILITY IN RESPONSIBILITY FOR LOSS OR DAMAGE TO CUSTOMER'S VEHICLE AND PROPERTY BELONGING TO CUSTOMER. ANY VEHICLE AND PROPERTY ARE SUBJECT TO CUSTOMER'S RISK.

2. CUSTOMERS SHALL INSPECT THEIR VEHICLE IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM DELIVERY DATE, ADVISE THE COMPANY IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3. INTEREST OF 1% PER MONTH SHALL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY BALANCE DUE TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (i.e. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.

4. PLEASE EXAMINE THE INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 15 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.

Our Ref: CT18120349

Date: 17 December 2018



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 11/12/2018 @ 19:45 hrs
ALONG JURONG GATEWAY RD TOWARDS JURONG EAST
CENTRAL
INVOLVING SJS8928C

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 **SHD3482G** (the "Taxi"). The Taxi was hired to **SIEW YIN KUM IC NO S1494182G** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.28** 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.

MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
	FROM	TO
374.5	7.11	23.43
193.0	7.17	14.52
355.5	8.07	23.03
Loyang	2130	—
160.33	9.31	1230
194.8	9.03	30.06
201.3	6.58	1.36
172.5	8.58	3.18
304.2	4.34	21.39

DATE	NAME OF DRIVER	MILEAGE READING		MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
					FROM	TO
2.12.2018	Lancy	5	9792	205.8	7.55	9.51
5.12.2018	Lancy	3	60616	184.6	12.39	1.55
6.12.2018	Lancy	3	60912	296.4	7.05	00.53
7.12.2018	Lancy	3	61185	272.6	6.31	1.06
8.12.2018	Lancy	3	61628	443.	8.43	22.13
9.12.2018	Lancy	3	61750	121.8	8.21	20.35
10.12.2018	Lancy	3	61996	245.6	7.41	1.03
11.12.2018	Lancy	3	62278	278.8	7.58	00.38
12.12.2018	Lancy	3	62608	329.9	6.38	3.32
14-12-2018	Accident Repair	Lancy		1W	1345	—
				OUT	—	1000

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJ58928C	11 Dec 2018 / 19:45:00	Successful	A12	AXA INSURANCE PTE LTD

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

SND 34P2G

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SJS 8928C (Insd veh)	Model:	HYUNDAI I40
	SHD 3482G (TP veh)		
Date of Accident:	11/12/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	1,412.40
Final Repair Cost	:	\$	749.00
Loss of Token Sum	:	\$	100.00
Rental (if any)	:	\$	234.56
LTA / GIA Search Fee	:	\$	7.49

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

	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,090.00

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: _____
	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	\$ 1,090.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

28/01/2019
Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))




LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
AXA INSURANCE PTE LTD		Ref : CC4/ASM18022473/K1ja3q2		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN:RICHARD ANG		Date : 28-01-2019		
		Code : ASM		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJS 8928C	Veh. Inspected	SHD 3482G ✓	
Policy No.	P1251549	Coverage (\$)	0.00	
Claim No.	S8M016GK	Excess (\$)	0.00	
Assign From		Assign Date	13/12/2018 ✓	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	KMHLB41UMEU057804	Colour	BLUE	
Odometer	362786	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 REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	11/12/2018	Inspection Date	13/12/2018	
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.				
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 3482G

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 CLIP (CONSISTENT)	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-115.00	-115.00
			460.00	460.00
	SPECIAL NETT ITEMS			
1	REAR BUMPER RUBBER MAT (SN) (CONSISTENT)	NECESSARY	50.00	50.00
			50.00	50.00
	LABOUR			
	PANEL BEATING		400.00	200.00
	SPRAY PAINTING CHARGE		300.00	200.00
	WIRING CHARGE	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR	NOT NECESSARY	80.00	-
			810.00	400.00
	GRAND TOTAL		1,320.00	910.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			700.00

Report Ref No. CC4/ASM18022473/K1ja3q2

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	SRM0162K
Reference	EC4/A3M18022473/K1ja3a2 
Loss Date	11 December 2018
Request Date	13 December 2018
Due Date	
Vendor Name	LKK AUTO CONSULTANTS PTE LTD (TP)
Type of Loss	Third Party Vehicle Damage
Services	Pending verification - Direct Settlement

Vehicle Information	
Incident Vehicle Registration #	SHD3482G
Make	TMVD HYUNDAI
Model	I40
Service Address	...

Primary Contact/Insured	
KAZUYOSHI SAITO BLK 625 JURONG WEST STREET 61, #11-157, 640625, Singapore dogdragon04@singnet.com	

Claim Handler	
ANG Richard richard.ang@lka.com.sg	

Actions

Next Step

Wait for Approve Invoice

Add Invoice

Additional Instructions

NON REPORTED

Messages | Invoices | History | Documents | Assessment | Metrics | Notes

Document Type

Document SubType

+ Upload Documents

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 Accident Statement	Reports & Statement		Merimen	

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 Ltr to Insured -non reporting.pdf	Letters and Correspondence	Policy Holders / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	13 December 2018
 PII EMAIL RECEIVED FROM WORKSHOP WITH TP GIA REPORT.mpg	Letters and Correspondence	Workshop	RATAN BHOSALE Pragasli	13 December 2018