

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

Insured Liability: % Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call Of:

After call ltr to Of:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to Of:

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:

SS

( days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

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

If NO or B 28, Ass. Lia:

Repair Cost:

SS

Loss of Rental (LOR):

SS

( days) 167.80

Loss of Use (LOU):

SS

( days)

Loss of Income (LOI):

SS

( days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

Total:

SS

Global Sum SS:

1,350

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

Name 1:

COMFORTDELTA ENGINEERING PTE LTD

Payee 2: (Strike if N.A.)

SS

Name 2:

X

Payee 3: (Strike if N.A.)

SS

Name 3:

X

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

OI ROLLED BACK.

9/4/19

3821A

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SHB6352P

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

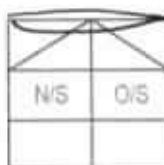
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

before 1245pm



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

|                       |   |             |                  |
|-----------------------|---|-------------|------------------|
| Bal. or Market Value: |   |             |                  |
| IDAC Accident Rpt:    |   | Consistent? | Yes or No        |
| GA / PR Seen:         |   | Consistent? | Yes or No        |
| Est. Repairs:         | 2 | days        | Res.: Yes or No  |
| Lum Sum:              |   | %           | 3 Val: Yes or No |

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT \_\_\_\_\_

Vch No: SHB 6352P      Yr Regn: 2013    04  
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or:

Make: MERCEDES Benz E220 CDI CC 2143  
Colour: WHITE A/C: Insured / Std / NI / NA  
Sp. Reading: 583480 Ti/Radio: Insured / Std / NI / NA  
Eng/No:  
Ch/No: 1N0N2120022A7595

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

Tyre Size: F: 205/60R16  
R: 17

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or WESTLAKE

| Front  |          | Rear   |          |
|--------|----------|--------|----------|
| R/Bal. | 6 mm     | R/Bal. | 6 mm     |
| L/Bal. | 6 mm     | L/Bal. | 6 mm     |
| D.O.A  | 27/12/18 | D.O.I  | 08/01/19 |

Survey held at COMFORT  
Des. of Damages ☒ Frt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or

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

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

| Date / Time | Action / Instruction |
|-------------|----------------------|
|-------------|----------------------|

07/01/2019 Tenthack check with comfortDelgro ppl, they say don't have this taxi

\$450

4-1-19 F

5 5  
6 5  
7 4

8-1-19 001 1  
9-1-19 OUT 2

Date/Time: File Path:

☐: Prel. Report

n

☐ : Final Report

Date/Time: File Return to?

25

### Report Format :

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

Days Of Repair:

Resurvey No. of Trip:

Add Fee:  : Site Insp (\$

Site Insp (\$

☐ Interview (15

Tech Invest 15

Blank and

Survey Form

Transportation

548

CITIZEN

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305257133  
Date : 18/01/19

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

## FINALIZATION FORM


To : LKK Fax :  
Attn : Mr RASUL  
Vehicle Reg No. SHB6352P CTPL 27.12.18


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

1. The repair job shall bill to: AXA — SHC5764K
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: 20% \_\_\_\_\_
  - Final Lumpsum Repair cost \$450.00

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 : LIM KWOK ENG  
Tel : 62148316  
Fax : 65468156

Signature :   
Name : RASUL  
Date : 21/01/19

## 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                               |        | NO                          |                        |         |
| 3. Survey Fees                                       |        |                             |                        |         |
| 4. LTA Search Fee                                    |        |                             |                        |         |
| 5. Medical Fees (on behalf of driver, if applicable) |        |                             |                        |         |
| 6. Overrun   |        |                             |                        |         |

Remarks:

\_\_\_\_\_

## REPAIR ESTIMATE\*

DATE 5/1/2019 12:23

5/1/2019 12:23  
Like

L/Sum  
AXA

| Qty | Parts Description/ Labour  | Type | Unit Price   | Amount                             |
|-----|--|------|--|------------------------------------|
|     | Bumper Assy, Frt <i>7. repair</i>  |      |  | \$ 1,890.50                        |
|     | Bumper Grille, Frt/Centre <i>7. xsm</i>  |      |  | \$ 290.50                          |
|     | <b>SUB TOTAL</b>   |      |  | <b>\$ 2,181.00</b>                 |
|     | <b>LESS 20%</b>  |      |  | <b>\$ 436.20</b>                   |
|     | <b>DISCOUNTED TOTAL</b>  |      |  | <b>\$ 1,744.80</b>                 |
|     | Number Plate, Frt (Merc Taxi) <i>scr /</i>   |      | <i>50</i>  | <b>\$ 50.00</b> <i>Nett</i>        |
|     | <b>Labour Charge</b>   |      |  |                                    |
|     | Panel Beating  |      | <i>400</i>   | <i>200</i><br><del>\$ 300.00</del> |
|     | Spray Painting Charge  |      | <i>450</i>   | <del>\$ 200</del> <i>300.00</i>    |
|     | <b>TOTAL LABOUR</b>  |      |  | <b>\$ 600.00</b>                   |
|     | <b>ESTIMATE TOTAL</b>  |      |  | <b>\$ 2,394.80</b>                 |
|     | <div style="border: 1px solid black; padding: 5px;"> <p><u>UKK Auto Consultants</u> hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer<br/>Signature:<br/>Date:</p> </div> |      | <i>Resue</i><br><i>Hp 90010068</i><br><i>2 days</i><br><i>L/S \$450</i><br><i>08/01/19 @ 1500</i><br><i>Reg after repair</i> |                                    |

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

## REPAIR ESTIMATE\*

VEHICLE NO : SHB 6352P

DATE 5/1/2019 12:23

MAKE :

MODEL : MERCEDES

H/Sum  
AXA

| Qty  | Parts Description/ Labour                | Type | Unit Price | Amount                     |
|--|--|------|------------|----------------------------|
|  | Bumper Assy, Frt ?                       |      |            | \$ 1,890.50                |
|  | Bumper Grille, Frt/Centre ?              |      |            | \$ 290.50                  |
|  | <b>SUB TOTAL</b>                         |      |            | <b>\$ 2,181.00</b>         |
|  | <b>LESS 20%</b>                          |      |            | <b>\$ 436.20</b>           |
|  | <b>DISCOUNTED TOTAL</b>                  |      |            | <b>\$ 1,744.80</b>         |
|  | Number Plate, Frt (Merc Taxi) <i>scr</i> |      |            | <b>\$ 50.00</b> <i>Net</i> |
|  | <b>Labour Charge</b>                     |      |            |                            |
|  | Panel Beating                            |      |            | <i>200</i><br>\$ 300.00    |
|  | Spray Painting Charge                    |      |            | <i>200</i><br>\$ 300.00    |
|  | <b>TOTAL LABOUR</b>                      |      |            | <b>\$ 600.00</b>           |
|  | <b>ESTIMATE TOTAL</b>                    |      |            | <b>\$ 2,394.80</b>         |
| <div style="border: 1px solid black; padding: 5px; margin: 10px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To resurvey before/after spray painting</li> <li>• To display damaged part(s) during resurvey</li> <li>• Parts prices are subject to confirmation</li> <li>• Third party survey is on a "Without Prejudice" basis</li> <li>• No illegal modification(s) is allowed</li> <li>• Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company</li> </ul> <p>Acknowledged by Repairer:<br/>Signature:<br/>Date:</p> </div> <div style="margin-top: 20px;"> <p><i>Resue</i><br/><i>Hp 90010068</i><br/><i>2 days</i><br/><i>4/5</i><br/><i>08/01/19 @ 1500</i><br/><i>Reg after repair</i></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.   |  |      |            |                            |

Member of COMFORTDELGRO

Date/Time: 05.01.2019 12:13

Page : 1

Team: APC Repair TP(CLSO)1

### JOB CARD

Sales Order:

JC NO.: 305257133

OWNER: COMFORT TRANSPORTATION PTE LTD  
7010045  
OWNER NO.: 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
65508755 (R) (P)

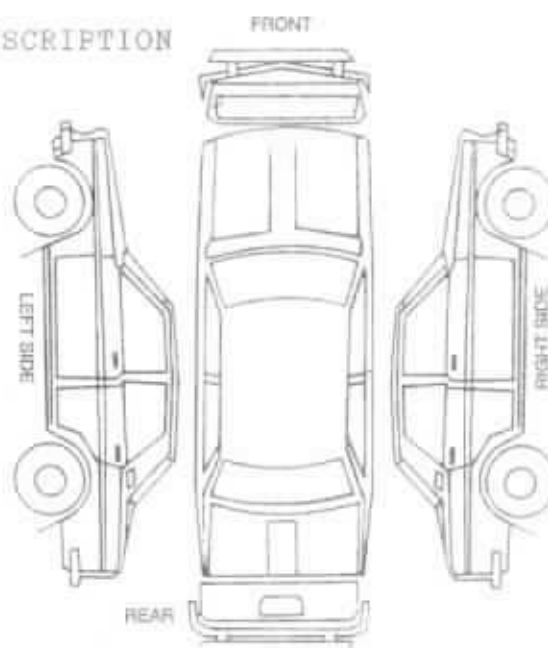
|                                 |                                |
|---------------------------------|--------------------------------|
| REGN NO.: SHB6352P              | MILEAGE                        |
| MAKE: MERCEDES BENZ             | FUEL E 1/2 F                   |
| MODEL: E220CDI (E5)             | DATE/TIME IN: 04.01.2019 16:00 |
| YR OF MANU: 25.10.2013          | TARGET DATE                    |
| CHASSIS CODE: WDD2120022A759575 | COMPLETION DATE/TIME           |

JOINT CARD NO.

### JOB DESCRIPTION

Accident Date: 27.12.2018  
NATURE: 3P 27.12.2018

S/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Identification Slip:

Exit Pass

Vehicle No.: SHB6352P LKE

Vehicle No.: SHB6352P

Signature/Date

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

## ◀ Service Request Details

Claim

58M0184P

Reference

None 

Taufik.

Loss Date

27 December 2018

Request Date

7 January 2019

Due Date

14 January 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

### Actions

Next Step

Agree to perform service

### Vehicle Information

Incident Vehicle Registration #

SHB6352P

Make

TPVD MERCEES-BENZ

## Service Address

\*\*\*

## Primary Contact/Insured

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

## Claim Handler

CHAN Kian Chuan  
6568804269  
kianchuan.chan@axa.com.sg

Additional Instructions

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



**Catherine Chong (LKK Auto)**

---

**From:** Lim Kwok Eng <limke@cdge.com.sg>  
**Sent:** Saturday, 5 January, 2019 12:45 PM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey  
**Cc:** Ng Nyuk Phin; Roger How Keen Meng; Tan Pei Wei  
**Subject:** SHB6352P with your insured SHC5764K  
**Attachments:** img-105122551-0001.pdf

**Categories:** Santosh

To Officer In Charge

Pls arrange surveyor, refer attached

Best Regards

Lim Kwok Eng

Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd

Tel. 6214-8355 / 6214-8156

---

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]

---

Our Ref : T 1218/ SHB6352P /WT(st)

Your Ref :

Date : 22-Jan-19

**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

**WITHOUT PREJUDICE**

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No. 198000020

**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 726791

**Yishun**  
Yishun Industrial Park A  
Singapore 768732

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB6352P YOUR INSURED SHC5764K  
AND OTHER \_\_\_\_\_ ON 27.12.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHB6352P 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 : SHC5764K we are submitting these claim for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

|                    |  |                    |
|--------------------|--|--------------------|
| 1                  | Cost of Repair                                   | \$ 481.50          |
| 2                  | <u>6</u> days Loss of Rental @ \$ 167.80 per day | \$ 1,006.80        |
| 3                  | Survey Report Fees (Surveyed by M/s LKK)         | \$ -               |
| 4                  | GIA / LTA Search Fee                             | \$ -               |
| 5                  | GIA / Police Report Fees                         | \$ -               |
| 6                  | Towing Fees                                      | \$ -               |
| <b>Sub Total :</b> |  | <b>\$ 1,488.30</b> |

## HIRER'S CLAIM

|                      |  |                    |
|----------------------|--|--------------------|
| 7                    | <u>6</u> days Loss of Income @ \$ 80.00 per days | \$ 480.00          |
| <b>Total Claims:</b> |  | <b>\$ 1,968.30</b> |

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

- Original repair bill and photocopies of photographs 7 pcs
- LTA search slip/s of :
- GIA / Police report/s of : SHB6352P
- 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.

**Joy Irene (LKKAuto)**

---

**From:** Joy Irene (LKKAuto)  
**Sent:** Tuesday, 2 April 2019 2:55 PM  
**To:** 'claims@transcab.com.sg'  
**Cc:** 'Disk Yao'; 'Alice Lim'; 'ireneng@ava-ins.com'; Admin A  
**Subject:** ACCIDENT INVOLVING SHC 5764K & SHB 6352P ALONG PAN PACIFIC HOTEL LOBBY ON 27/12/2018  
**Attachments:** SHB6352P.MP4

**Transcab Taxi**  
Singapore

Dear Sir/Madam,

OUR REF : CC4/ASM19000320/R1ja3  
YOUR REF : P1680520 (SHC 5764K)

**ACCIDENT INVOLVING SHC 5764K & SHB 6352P ALONG PAN PACIFIC HOTEL LOBBY ON 27/12/2018**

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 **SHB 6352P** against your motor insurance policy.

Based on the accident reports, your taxi had rolled back hitting Third Party vehicle. 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\$5,000.00** attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim.

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

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

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 us and acknowledged by AXA.

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

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

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to [cst@axa.com.sg](mailto:cst@axa.com.sg) / [joyirene@lkkauto.com](mailto:joyirene@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 authorized driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we 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 our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm (press 1 for GI and option 3 for claims) or [cst@axa.com.sg](mailto:cst@axa.com.sg) / [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com). Please quote our claim reference when you contact us that we can assist you more effectively.

Thank you.

Best Regards,

Joy Irene | Case Handler

LKK Auto Consultants Pte Ltd

DID: 6841-2409 | email: [joyirene@lkkauto.com](mailto:joyirene@lkkauto.com) | Fax: 6741-4108

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

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## LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING  
ALONGMERCEDES E220 SHB6352P , SHC5764K  
LOBBY DRIVE WAY TAXI STAND

ON 27-Dec-18 09:15

I / We

ZULKIFLI BIN LATIB

(Hirer) NRIC No.:

S7631116A

and/or

LIM FANG FUN

(Relief) NRIC No.:

S2115203Z

Taxi Number

SHB6352P

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

04-Jan-2019

Name of Hirer

ZULKIFLI BIN LATIB

Hirer NRIC

S7631116A

Signature :



Address

289B PUNGGOL PLACE #04-875  
822289

Contact No.

91783453

Name of Relief

LIM FANG FUN

Relief NRIC

S2115203Z

Signature :



Address

122E RIVERVALE DRIVE 05-466  
545122

Contact No.

97834709



redefining / insurance

CLAIM REF : S8M0184P  
INSURED : TRANS-CAB SERVICES PTE LTD

**DISCHARGE VOUCHER**

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated **04 JAN 2019** we are authorised to and do hereby give this discharge for ourselves and on behalf of **Comfort Transportation Pte Ltd** and the Hirer **ZULKIFLI BIN LATIB** of vehicle no. **SHB 6352P**

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 THREE HUNDRED FIFTY ONLY** ] (**S\$ 1,350.00**) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. (**SHC 5764K**) arising out of an accident with (**SHB 6352P**) on **27.12.2018**.
- 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. (**SHC 5764K**) arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of **ComfortDelgro Engineering Pte Ltd** is made without any admission of liability whatsoever on the part of **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. (**SHC 5764K**)

Dated this 4<sup>th</sup> day of April 2019

Claimant's Signature : [Signature]  
NRIC no./ Company Stamp : CLAIMS DEPARTMENT  
Occupation/ Business : COMFORTDELGRO ENGINEERING PTE LTD  
Address : 59 LOYANG DRIVE  
Telephone No. : SINGAPORE 508889  
Witness's Name : CLAIMS DEPARTMENT  
Witness's Signature : COMFORTDELGRO ENGINEERING PTE LTD  
Witness's NRIC No. : 59 LOYANG DRIVE  
SINGAPORE 508889

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\*

|                       |        |
|-----------------------|--------|
| Amount                | 450.00 |
| Add GST @ 7.000 %     | 31.50  |
| Total Invoice amount: | 481.50 |

Issued by : KATHIRINTAN 21.01.2019 16:36:01  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

Our Ref: CT18120758

Date: 21 January 2019



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

|             |                            |
|-------------|----------------------------|
| ACCIDENT ON | 27/12/2018 @ 09:15 hrs     |
| ALONG       | LOBBY DRIVE WAY TAXI STAND |
| INVOLVING   | SHC5764K                   |

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 **SHB6352P** (the "Taxi"). The Taxi was hired to **ZULKIFLI BIN LATIB IC NO S7631116A** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$167.80** 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]



### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

|                   |                      |        |                     |
|-------------------|----------------------|--------|---------------------|
| Vehicle No:       | SHC 5764K (Insd veh) | Model: | MERCEDES BENZ E 220 |
|                   | SHB 6352P (TP veh)   |        | CDI                 |
| Date of Accident: | 27/12/2018           |        |                     |

|                       |   |   |                             |
|-----------------------|---|---|-----------------------------|
| Global Sum Settlement | : | <input checked="" type="checkbox"/> Yes | <input type="checkbox"/> No |
| Repair Estimate       | : | \$                                      | 2,562.44                    |
| Final Repair Cost     | : | \$                                      | 481.50                      |
| Loss of Token Sum     | : | \$                                      | 200.00                      |
| Rental (if any)       | : | \$                                      | 671.20                      |
| LTA / GIA Search Fee  | : | \$                                      | 0.00                        |

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

|                                   |   |    |          |
|-----------------------------------|---|----|----------|
|                                   | : | \$ |          |
| Final Settlement Sum (Global Sum) | : | \$ | 1,350.00 |

|  |  |   |                             |                         |
|--|--|---|-----------------------------|-------------------------|
| 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: _____ |                             |                         |
|  |  | NIL   |                             |                         |
| BOLA Liability: _____ 100 _____ (%)  |  | Assessed Liability (*): _____ (%)                   |                             |                         |
| * Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply. |  |   |                             |                         |
| Remarks<br>_____<br>_____  |  |   |                             |                         |

| Payment Instruction: Payee's Breakdown |                                   |   |             |
|--|-----------------------------------|---|-------------|
| 1)                                     | COMFORTDELGRO ENGINEERING PTE LTD | : | \$ 1,350.00 |

JOANNE LEE KHANG MIN  
LKK Auto Consultants Pte Ltd

16/04/2019  
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/ASM19000320/R1ja3q2 |   |
| 8 SHENTON WAY #24-01   |  | Date : 16-04-2019             |  |
| AXA TOWERSINGAPORE 068811  |  |                               |   |
| ATTN:KIAN CHUAN  |  | Code : ASM                    |   |
| <b>1. Policy Particulars :- THIRD PARTY CLAIM</b>  |  |                               |   |
| Insured Veh.   | SHC 5764K  | Veh. Inspected                | SHB 6352P   |
| Policy No.   | VPX/P1680520   | Coverage (\$)                 | 0.00  |
| Claim No.  | S8M0184P   | Excess (\$)                   | 0.00  |
| Assign From  |  | Assign Date                   | 07/01/2019  |
| <b>2. Vehicle Particulars &amp; Condition</b>  |  |                               |   |
| Make & Model   | MERCEDES BENZ E 220 CDI  | c.c                           | 2143  |
| Engine No.   | HIDDEN   | Year of Reg.                  | 2013  |
| Chassis No.  | WDD2120022A759575  | Colour                        | WHITE   |
| Odometer   | 583480   | Steering                      | IN ORDER  |
| Brakes   | IN ORDER   | Modification                  | SPORTS RIM  |
| General  | FAIR   |                               |   |
| <b>3. Conditions of Tyres</b>  |  |                               |   |
|  | Size   | Make                          | Balance   |
| R/H Front Tyre   | 205/60 R16   | WEST LAKE                     | 6 mm  |
| L/H Front Tyre   | 205/60 R16   | WEST LAKE                     | 6 mm  |
| R/H Rear Tyre  | 205/60 R16   | WEST LAKE                     | 6 mm  |
| L/H Rear Tyre  | 205/60 R16   | WEST LAKE                     | 6 mm  |
| <b>4. Description of Damages</b>   |  |                               |   |
| THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.<br>DAMAGES SEE DETAILS.  |  |                               |   |
| <b>5. General Information</b>  |  |                               |   |
| Accident Date  | 27/12/2018   | Inspection Date               | 08/01/2019  |
| Survey held at   | COMFORTDELGRO ENGINEERING PTE LTD<br>59 LOYANG DRIVE<br>SINGAPORE 508969 |                               |   |
| <b>5a. Remarks</b>   |  |                               |   |
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.<br>B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |  |                               |   |
| <b>5b. Estimate Days of Repair</b>   |  |                               |   |
| ESTIMATED NORMAL PERIOD FOR REPAIR:  |  | <b>2 Working Days</b>         |   |



# 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. SHB 6352P

| Qty                                | Description of Parts                                       | Condition            | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|--|----------------------|---------------------------|-------------------|
|                                    | <b>REPLACEMENT OF PARTS</b>                                |                      |                           |                   |
| 1                                  | BUMPER ASSY ,FRT (CONSISTENT)                              | TO REPAIR SEE LABOUR | 1,890.50                  | -                 |
| 1                                  | BUMPER GRILLE ,FRT/CENTRE (CONSISTENT)                     | SERVICEABLE          | 290.50                    | -                 |
|                                    | LESS 20% DISCOUNT  |                      | -436.20                   | -                 |
|                                    |  |                      | 1,744.80                  | -                 |
|                                    | <b>SPECIAL NETT ITEMS</b>                                  |                      |                           |                   |
| 1                                  | NUMBER PLATE ,FRT (MERC TAXI) (CONSISTENT) (SN)            | SCRATCHED            | 50.00                     | 50.00             |
|                                    |  |                      | 50.00                     | 50.00             |
|                                    | <b>LABOUR</b>  |                      |                           |                   |
|                                    | PANEL BEATING.INCLUSIVE OF THE REPAIR OF BUMPER ASSY ,FRT. |                      | 300.00                    | 200.00            |
|                                    | SPRAY PAINTING CHARGE.                                     |                      | 300.00                    | 200.00            |
|                                    |  |                      | 600.00                    | 400.00            |
|                                    | <b>GRAND TOTAL</b>   |                      | <b>2,394.80</b>           | <b>450.00</b>     |
| <b>RECOMMENDED COST OF REPAIRS</b> |  |                      |                           | <b>450.00</b>     |

Report Ref No. CC4/ASM19000320/R1ja3q2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

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

SAR40184P

Reference

CCA/ASM19000320/R1ja3u2

Loss Date

27 December 2018

Report Date

7 Jan 2019 9:10:00 AM

Request Date

7 January 2019

Due Date

Vendor Name

LK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Vehicle Information

Incident Vehicle Registration #

S94B6352P

Make

TPVD MERCEDES-BENZ

Model

MERC

Service Address

Primary Contact/Insured

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

Claim Handler

CHAN Kian Chuan  
6568804269  
kianchuan.chan@aia.com.sg

Actions

Next Step

Wait for Approve Invoice

Add Remarks

Document Type

Document SubType

Upload Document

Additional Instructions

Messages Invoices History Documents Assessment Metrics Notes

| NAME               | TYPE    | SUB-TYPE                   | AUTHOR                           | DATE UPLOADED |
|--------------------|---------|----------------------------|----------------------------------|---------------|
| KKInvoice1 (0).pdf | Invoice | Surveyor/ Assessor expense | LK AUTO CONSULTANTS PTE LTD (TP) | 18 April 2019 |



