

INS. CASE OWNER:

CC 4, Asm 1900

LKK:
IDAC:

96302

Buyer

DOI:

ASSIGNMENT

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

13/2
SJA 20675
4/1/19 10:30 AM / 4/1/19 10:30 AM
4/1/19 10:30 AM / 4/1/19 10:30 AM
SJA 20675
4/1/19 10:30 AM / 4/1/19 10:30 AM

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:

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

Repair Cost:

S\$

1,391.00

Loss of Rental (LOR):

S\$

357.84

(3 days)

119.28

Loss of Use (LOU):

S\$

150

(5 x 3 days)

Loss of Income (LOI):

S\$

150

(5 x 3 days)

LOR only

LOU only

LOR + LOU

LOR + LOI

(Tick only one)

GIA/LTA Search

S\$

749

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

1,906.33

Global Sum S\$:

1,905

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

1,905.00

Name 1:

COMFORTDELTA ENGINEERING

Payee 2: (Strike if N.A.)

S\$

X

Name 2:

X

Payee 3: (Strike if N.A.)

S\$

X

Name 3:

X

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

TE

Surveyor:

Khal

REF:

AXA

C28396

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s

Comfort layout

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

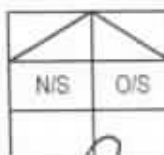
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No:

SHA8162M

Yr Reg:

23 Jun 2015

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

Truck / Trailer or

Make:

Hyundai i40 c.c 1685

Colour:

yellow

A/C: Insured / Std / NI / NA

Sp. Reading:

329507

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KMH LB41UMG 4075067

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:

205/60 R16

R:

11

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

TOYO / YOKO or

Triangle

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

D.O.I.

30-01-19

Survey held at

w/s

11:20

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

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

Date / Time Action / Instruction

1-3-19 \$1,300/-

28 645 M

29 T

30 001 W

31 001 T

R (\$1,102.10/467)

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:

S + RS BI

Photos:

Others:

TOTAL

Report Format:

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

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305264570

Date : 1. Feb, 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : GUO QIANG

Vehicle Reg No. : SHA8162M

Date of Accident: 28. Jan. 2019

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

1. The repair job shall bill to: AXA SJH2067J

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

\$1,300.00

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 : Larry Ng

Name : Larry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : Gmo Ong

Name : Gmo Ong

Date : 01/3/19

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

Remarks:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA8162M

DATE: 29. Jan. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 28. Jan. 2019

AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
1	Rear Bumper / <i>ll</i>			\$553.00	/
10	Rear Bumper Clips / <i>ll</i>		\$2.20	\$22.00	/
1	Rear Bumper Sponge <i>X</i>			\$103.50	
2	Rear Bumper Reinforcement Brackets - RH/LH <i>X</i>		\$80.30	\$160.60	
1	Rear Bumper Reinforcement <i>X</i>			\$428.40	
1	Rear Bumper Undercover / <i>cut</i>			\$228.00	/
<div> <p>LKK Auto Consultant's hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> To resurvey before/after spray painting To display damaged parts during resurvey Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company </div>					
SUB TOTAL				\$1,495.50	
LESS 20%				\$299.10	
DISCOUNTED TOTAL				\$1,196.40	
Acknowledged by Repairer					
Signed					
Date:					
1	Reverse Sensor / <i>DM</i>			\$135.70	Nett
1	Rear Bumper Chrome Plate / <i>ll</i>			\$100.00	Nett
1	Advertisement - Rear Bumper / <i>ll</i>			\$50.00	Nett
2	Advertisement - Rear Fenders - RH/LH / <i>ll</i>		\$100.00	\$200.00	Nett
				\$485.70	
Labour Charge					
1	Panel Beating		<i>200</i>	\$300.00	
1	Spray Painting Charge		<i>200</i>	\$300.00	
1	Remove/refix Reverse Sensor		<i>30</i>	\$120.00	
1	TOWING FEE		<i>1</i>	\$60.00	
TOTAL LABOUR				\$720.00	
ESTIMATE TOTAL				\$2,402.10	
<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

2 Days.

Impson Repair.

After repair photos.

Gmo Rep. 30/1/19 1130

8280282

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA8162M

DATE: 29. Jan. 2019

MAKE : HYUNDAI

MODEL : i40

DOA: 28. Jan. 2019

AXA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
1	Rear Bumper / <i>ll</i>			\$553.00
10	Rear Bumper Clips / <i>ll</i>		\$2.20	\$22.00
1	Rear Bumper Sponge ?			\$103.50
2	Rear Bumper Reinforcement Brackets – RH/LH ?		\$80.00	\$160.60
1	Rear Bumper Reinforcement ?			\$428.40
1	Rear Bumper Undercover / <i>cut</i>			\$228.00
<div> <p>LKK Auto Consultant's hereby notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before/after spray painting • To display damaged part(s) during resurvey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modification(s) is allowed • Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company <p>Acknowledged by Repairer:</p> <p>Signature: _____</p> <p>Date: _____</p> </div>				
SUB TOTAL				\$1,495.50
LESS 20%				\$299.10
DISCOUNTED TOTAL				\$1,196.40
1	Reverse Sensor / <i>DM</i>			\$135.70
1	Rear Bumper Chrome Plate / <i>ll</i>			\$100.00
1	Advertisement – Rear Bumper / <i>ll</i>			\$50.00
2	Advertisement – Rear Fenders – RH/LH / <i>ll</i>		\$100.00	\$200.00
				\$485.70
Labour Charge				
1	Panel Beating		<i>200</i>	\$300.00
1	Spray Painting Charge		<i>200</i>	\$300.00
1	Remove/refix Reverse Sensor		<i>30</i>	\$120.00
1	Towing Fee		<i>1</i>	\$60.00
TOTAL LABOUR				\$720.00
ESTIMATE TOTAL				\$2,402.10
<p>2 Days.</p> <p>Empson Repair.</p> <p>After rear photos.</p> <p>Emo Rep. 30/1/19 1130</p>				
<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>				

Nett

Nett

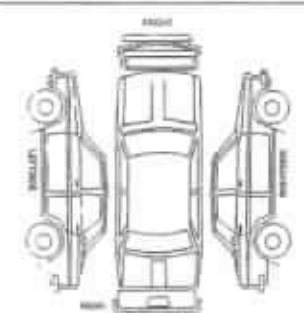
Nett

Nett

Larry Ng

8280282

JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition		
1. Date: <u>29/01/19</u> Time Received:		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>SIA KOK SENG</u> Contact No. <u>9683 0084</u> Vehicle No. <u>SHA 8162 M</u> Make / Model / Colour: Email:		4. Type of Towing: <input type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
5. Nature of Service: <input type="checkbox"/> Jumpstart <input checked="" type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery		6. Parts Replaced/Remarks:
7. Location: <u>376 Sumang Walk</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		
10. Odometer Reading : Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E		11. Radio / CD Player <input checked="" type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested
Job Attended		
12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>TUCKY LIO</u> Vehicle No. : <u>YN494K</u> Time Dispatch : <u>1847</u> Time of Arrival : <u>1855</u> Time Completed : <u>1920</u>		 #: Cracked X: Dented /: Scratched O: Missing Signature of Customer
Cash Invoice Details (if applicable)		
13. Cash Invoice No. :		
Customer Acknowledgement		
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.		
Date	Time	Signature of Customer
14. WORKSHOP		
Name of Attending Staff/Guard	Date & Time of Arrival	Signature of Attending Staff/Guard

Team: ARC Repair TP(CFS0)1

JOB CARD

Sales Order:

JC NO.: 305264570

STOMER

CITYCAB PTE LTD
7010070
383 SIN MING DRIVE
Singapore SINGAPORE 575717
65551188

VAR3

REGN NO.: SHA8162M

MILEAGE

MAKE: HYUNDAI

FUEL

MODEL: I-40

DATE/TIME IN: 28.01.2019 18:45

YR OF MANU: 23.07.2015

TARGET DATE

CHASSIS CODE: KMHLB41UMGU075067

COMPLETION DATE/TIME

ICQUINT CARD NO.

JOB DESCRIPTION

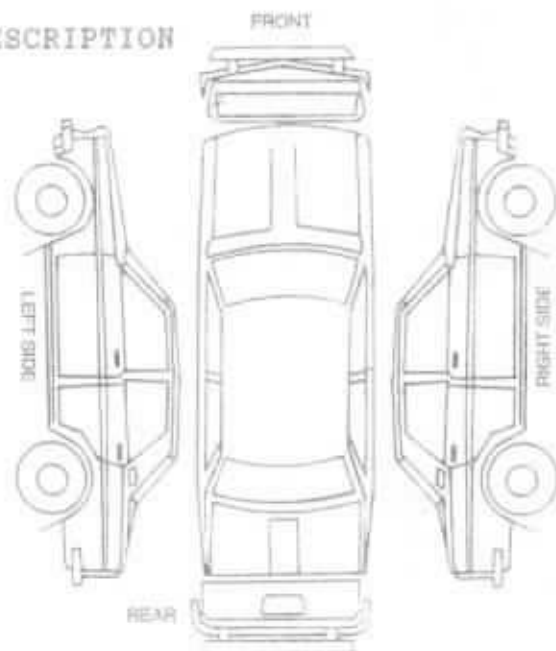
Accident Date: 28.01.2019

NATURE: 3P 28.01.2019

S/NO LABOR CODE

AXA - Rear damage

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Knowledge Silo

Exit Pass

Vehicle No.: SHA8162M

LARRY

Vehicle No.: SHA8162M

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2839G
Vehicle Details	
Vehicle No.:	SHA8162M
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Jan 2019
Vehicle Make:	HYUNDAI
Vehicle Model:	I40 1.7 CRDI F/L AT ABS AIRBAG 4DR
Primary Colour:	Yellow
Manufacturing Year:	2015
Engine No.:	D4FDFU528793
Chassis No.:	KMHLB41UMGU075067
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$20,123.00
Original Registration Date:	23 Jul 2015
First Registration Date:	23 Jul 2015
Transfer Count:	0
Actual ARF Paid:	\$20,173.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Jul 2023
PARF Rebate Amount:	\$15,129.00
Intended COE Rebate Details	
COE Expiry Date:	22 Jul 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$53,004.00
COE Rebate Amount:	\$29,654.00
Total Rebate Amount:	\$44,783.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 31 Jan 2019

OK

Our Ref : CC19010844/ SHA8162M/WT(st)

Your Ref :

Date : 05-Mar-19

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 578701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No. 198004999

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 SHA8162M YOUR INSURED SJH2067J
AND OTHER _____ ON 28.01.19**

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : **SHA8162M** 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 **SJH2067J** we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,391.00
2	3.5 days Loss of Rental @ \$ 119.28 per day	\$ 417.48
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 :		\$ 1,815.97

HIRER'S CLAIM

7	3.5 days Loss of Income @ \$ 80.00 per days	\$ 280.00
Total Claims :		\$ 2,095.97

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

- a) Original repair bill and photocopies of photographs 7 pcs.
 - b) LTA search slip/s of : SJH2067J
 - c) GIA / Police report/s of : SHA8162M
 - d) Letter of authority from owner / hirer / operator
- (X) Photocopies 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.

Workshops

Braddell
205 Braddell Road
Singapore 578701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
363 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

Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Tuesday, 2 April 2019 3:27 PM
To: 'jonjon_here@hotmail.com'
Cc: Admin A
Subject: ACCIDENT INVOLVING SJH 2067J AND SHA 8162M ALONG EDGEDALE PLAINS ON 28.01.2019

LEE PETER
Policy Holder

Dear Sir,

OUR REF : CC4/ASM19002014/Gja3
YOUR REF : SJH 2067J

ACCIDENT INVOLVING SJH 2067J AND SHA 8162M ALONG EDGEDALE PLAINS ON 28.01.2019

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 Singapore 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 SHA 8162M against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had hit Third Party vehicle from the rear. 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 10 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 joyirene@lkkauto.com within 10 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 joyirene@lkkauto.com.

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: 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
ALONG

I 40 SHA8162M , SJH2067J

ON 28-Jan-19 17:30

EDGEDALE PLAINS TOWARDS PUNGGOL CENTRAL

I / We

SIA KOK SENG

(Hirer) NRIC No.: S1578340J

and/or

(Relief) NRIC No.:

Taxi Number

SHA8162M

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

29-Jan-2019

Name of Hirer
Hirer NRICSIA KOK SENG
S1578340J

Signature :



Address

326A SUMANG WALK #05-992
821326

Contact No.

96830084

**DISCHARGE VOUCHER**

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated **29 JAN 2019**, we are authorised to and do hereby give this discharge for ourselves and on behalf of **Citycab Pte Ltd** and the Hirer **SIA KOK SENG** of vehicle no. **SHA 8162M**

Now we **ComfortDelgro Engineering Pte Ltd** for ourselves and the said Hirer and the driver jointly and severally:-

- a) agree to accept the sum of Singapore Dollars [ONE THOUSAND NINE HUNDRED FIVE ONLY] (\$S 1,905.00) 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 (SJH 2067J) arising out of an accident with (SHA 8162M) on 28.01.2019.
- b) 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. (SJH 2067J) arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- c) 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. **(SJH 20671)**

Dated this 4th day of April 2019

Claimant's Signature _____

NRIC no./ Company Stamp : CLAIMS DEPARTMENT

Occupation/ Business : ABLOY INC DRIVE

Address

Telephone No. : _____

Witness's Name _____ CLAIMS DEPARTMENT

Witness's Signature : 59 LYANG DRIVE

Witness's NRIC No. _____

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*

ComfortDelGro Engineering Pte Ltd
member of COMFORTDELGRO

lead Office:

ACCOUNT No. _____

INVOICE No.

AMOUNT

BANK/CHQ No.

Our Ref: CC19010844



Date: 01 March 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 28/01/2019 @ 17:30 hrs
ALONG EDGEDALE PLAINS TOWARDS PUNGGOL CENTRAL
INVOLVING SJH2067J

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 **SHA8162M** (the "Taxi"). The Taxi was hired to **SIA KOK SENG IC NO S1578340J** 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.

1/29/2019

Insurance Particulars Enquiry By Agents Detail

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJH2067J	28 Jan 2019 / 17:30:00	Successful	A12	AXA INSURANCE PTE LTD

[Previous](#)

[OK](#)

SHA8162M

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SJH 2067J (Insd veh)	Model:	HYUNDAI I40
	SHA 8162M (TP veh)		
Date of Accident:	28/01/2019		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	: \$	2,634.45	
Final Repair Cost	: \$	1,391.00	
Loss of Token Surp	: \$	150.00	3days at \$50.00 per day
Rental (if any)	: \$	357.84	3 days
LTA / GIA Search Fee	: \$	7.49	

Others:	: \$	0.00
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	: \$	
Final Settlement Sum (Global Sum)	: \$	1,905.00

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability _____ (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ No- BOLA Scenario No: _____

BOLA Liability: _____ 100 (%) Assessed Liability (*): _____ (%)

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks _____

Payment Instruction: Payee's Breakdown		
1)	COMFORTDELGRO ENGINEERING PTE LTD	: \$ 1,905.00

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/ASM19002014/Gja3q2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 16-04-2019



ATTN: STACEY NG

Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJH 2067J	Veh. Inspected	SHA 8162M
Policy No.	GA382540	Coverage (\$)	0.00
Claim No.	S9M01CB5	Excess (\$)	0.00
Assign From		Assign Date	30/01/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMGU075067	Colour	YELLOW
Odometer	379507	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	TRIANGLE	5 mm
L/H Front Tyre	205/60 R16	TRIANGLE	5 mm
R/H Rear Tyre	205/60 R16	TRIANGLE	5 mm
L/H Rear Tyre	205/60 R16	TRIANGLE	5 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	28/01/2019	Inspection Date	30/01/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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**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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 8162M

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)	NOT NECESSARY	103.50	-
2	REAR BUMPER REINFORCEMENT BRACKETS -RH/LH @\$80.30 (CONSISTENT)	NOT NECESSARY	160.60	-
1	REAR BUMPER REINFORCEMENT (CONSISTENT)	NOT NECESSARY	428.40	-
1	REAR BUMPER UNDERCOVER (CONSISTENT)	CUT	228.00	228.00
	LESS 20% DISCOUNT		-299.10	-160.60
			1,196.40	642.40
SPECIAL NETT ITEMS				
1	REVERSE SENSOR (SN) (CONSISTENT)	DAMAGED	135.70	135.70
1	REAR BUMPER CHROME PLATE (SN) (CONSISTENT)	DEFORMED	100.00	100.00
1	ADVERTISEMENT -REAR BUMPER (SN) (CONSISTENT)	NECESSARY	50.00	50.00
2	ADVERTISEMENT -REAR FENDERS -RH/LH @\$100.00 (SN) (CONSISTENT)	NECESSARY	200.00	200.00
			485.70	485.70
LABOUR				
	PANEL BEATING.		300.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	REMOVE/REFIX REVERSE SENSOR.		120.00	30.00
	TOWING FEE.		60.00	60.00
			780.00	490.00
GRAND TOTAL			2,462.10	1,618.10
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,300.00

Report Ref No. CC4/ASM19002014/Gja3q2

XING GUO QIANG

M.MATAI, AMSAE-A

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	59M01CB5
Reference	CC4/ASM19002014/Cja342
Lost Date	28 January 2019
Report Date	29 Jan 2019 12:00:00 AM
Request Date	30 January 2019
Due Date	
Vendor Name	LKK AUTO CONSULTANTS PTE LTD (TP)
Type of Loss	Third Party Vehicle Damage
Services	Pending verification - Direct Settlement

Actions

Next Step

Wait for Approve Invoice

Add Invoice

Vehicle Information	
Incident Vehicle Registration #	SH48142M
Make	TPVD
Model	HYUNDAI
Service Address	

...

Primary Contact/Insured
LEE PETER
BLK 140 LOHONG AH SOO, #11-215, S30140, Singapore
98216999
JONJON_HERE@HOTMAIL.COM

Claim Handler
NG Stacy
6568804351
stacy.ng@laxa.com.sg

Additional Instructions

Document Type Document SubType

Upload Documents

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
LKKInvoice1 (7).pdf	Invoice	Surveyor/ Assessor expense	LKK AUTO CONSULTANTS PTE LTD (TP)	18 April 2019

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 PDF FROM WORKSHOP WITH TP G/A SHA8142M & ESTIMATE.png	Forms / Claim Documents	Estimate / Quotation	KUMAR Shalendra	30 January 2019
 SJH2067 IHS PDF	Reports & Statement	G/A Report	KUMAR Shalendra	30 January 2019