

10/02/2010

INS. CASE OWNER:

Petaf

CC 4 NSM
AXA1900 4025, N⁹ 23/6

LKK:

IDAC:

Surveyor:

NAZ

DOI:

ASSIGNMENT

5/2/11

Date / Time:

5/2/11

Registered in Menmen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHO 642G

Name of Insured:

TRANS - WBS SPARKLES P/L

Insured Tel No.:

HP:

Excess Sec II :\$5

5000

D.O.A.:

✓ 7/11

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO. Driver Name / Age: SIM Kuanq WHITE

Driver Tel No.:

(V/L YES / NO)

Claim No.:

SAM01EP4/11238

Policy No.:

LOX/P1680570

Make / Model:

RENNET

Place of Accident:

W200BURNO RT 5

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

Insured Liability:

Final ? Yes / No

SHA 90236



INSRS:

WSP:

Tel:

Liability:

RMKS:

COKE

W



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

23/4/11 15:00

23/4/11 15:00

STAGE

DATE / PIC

Non-Reporting in (1st)

Non-Reporting in (2nd)

Non-Reporting in (Final)

Notification in (if non-pickup)

Call Of:

After call in to OI:

Documentation Check List: Handler Typist

Notification in (if non-pickup)

After call in 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:

21/4/11

23/4

24/4

26/4

28/4

29/4

Email LOI

offer global \$1400.00 - Pending acceptance

offer \$1400 global and DV - Pending DV return

DV in - file pass to CH to check

file pass to Admin to close

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$5

days Reduction:

%

Email

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Final Liability:

%

(Agreed / Assessed)

BOLA S/N No.:

27

If NO or B 28, Ass. / Ja.

Repair Cost:

\$5

409.50

Priv. Ended

Loss of Rental (LOR):

\$5

344.85

1

3

days x \$114.95 (W/49)

Loss of Use (LOU):

\$5

-

15

x

days

Loss of Income (LOI):

\$5

150

18

50

x 3

days

LOR only

LOU only

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

LOR + LOU

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GIA/LTA Search

\$5

Medical:

\$5

Disbursement:

\$5

(e.g. Tow/ Independent)

Legal Cost:

\$5

Total:

\$5

1404.35

Global Sum \$5:

1400.00

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Payee 1:

\$5

1400.00

Name 1:

Comfort Design Engineering Pte Ltd.

Name 2:

Payee 2: (Strike if N.A.)

\$5

Name 3:

Payee 3: (Strike if N.A.)

\$5

Name 3:

Name 3:

Name 3:

Name 3:

Name 3:

Name 3:

Name 3:

Name 3:

Name 3:

Name 3:

Name 3:

Name 3:

Name 3:

COPY SENT
21/4/11

NA2

REF:

ASM

JU

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD (TP) / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: SHA 9073E
 at Workshop no: CDGE
 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 NoLump Sum: 90 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHA 9073E Yr Regd: 9 OCT 2014
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Truck / Prime Mover /
 Truck / Trailer or _____
 Make: HYUNDAI 140 cc 1685
 Colour: YELLOW AC Insured / Std / NI / NA
 Sp Reading: YS 1353 T/Cable: Insured / Std / NI / NA
 Eng/No: _____
 C/No: CM 42842 LIME 061611
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / 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 WESTLAKE
 Front: _____ Rear: _____
 R/Bal: 6 mm R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm
 D.O.A: 2/3/19 D.O.I: 5/3/19
 Survey held at: CDGE LOYANGU
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
REAR
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time:

Action / Instruction

1/5 \$850 with 02 repair days

ASM C/S

Red - \$745 46 / 47%

Date/Time, File Path for?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Path for?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

Report Format:

Lump Sum / L.B. / C.

Add Fee: ☐ Site Insp 15☐ Interview 15☐ Tech. Insp 15☐ Workshop 15

1) 1/2 PM 15

2) 1/2 PM

3) 1/2 PM

4) 1/2 PM

Total

Team: ARC Repair TP(CFSO)1

JOB CARD

Sales Order:

JC NO: 305274103

OWNER: CITYCAB PTE LTD
OWNER NO: 7010070
ISS: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65551188 (O)

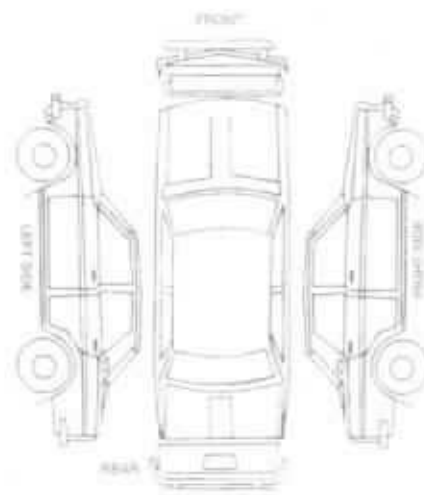
REGN NO:	SHA9073E	MILEAGE
MAKE	HYUNDAI	FUEL E 1/2 F
MODEL	I-40	DATE/TIME IN 04.03.2019 10:40
YR OF MANU	09.10.2014	TARGET DATE
CHASSIS CODE	KMHLB41UMEU061611	COMPLETION DATE/TIME

UNIT CARD NO:

JOB DESCRIPTION

Accident Date: 02.03.2019
NATURE: 3P 02.03.19 -

S/NO LABOR CODE DESCRIPTION



KEY & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

No: SHA9073E JU AXA

Vehicle No: SHA9073E

Service Advisor

Signature/Date

Name of Service Advisor

Date

Turned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 9073E

DATE 4/3/2019 15:47

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket		\$ 35.60	\$ 71.20
	Rear Bumper Sponge			\$ 103.50
	SUB TOTAL			\$ 749.70
	LESS 20%			\$ 149.94
	DISCOUNTED TOTAL			\$ 599.76
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Reverse Sensor			\$ 135.70
				\$ 185.70
	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			\$ 1,595.46
<p>NAZ LK11</p> <p>5/3/19 1550</p> <p>L13</p> <p>2 DAY</p> <p>CHECK ITEMS PHOTOS</p> <p>AFTER REPAIR PHOTOS</p>				
<p>LIK Auto Consultants hence 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>				
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.				

AXA-JU

48um

CRK

OWN

?

?

Nett / ACC

Nett /

18/04/19

200

200

OWN

30

HT

Finalized

NAZ

COMFORTDELGRO ENGINEERING

Our Job Ref No 305274103
Date : 07/03/19

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508999
Fax: 6546 8156


FINALIZATION FORM


To : LKK Fax :
Attn : NAZ
: SHA9073E Date of Accident : 02/03/19

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

1. The repair job shall bill to: AXA — SHD642G
###
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% \$850.00
 - Final Lumpsum Repair cost** _____

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 : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : NAZ LKK
Date : 8/3/19

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

Remarks:

AXA-Ju
48mm

DATE 4/3/2019 15:47

MAKE :

MODEL : HYUNDAI i40

✓ C&K
K&N
? XSVL
? XSVL

Nett / nice
Nett /
N / working

300
200
K&N
/ 30



Service Request Details

COBE

Claim

S9M01FP4

Reference

None

Loss Date

2 March 2019

Report Date

5 Mar 2019 9:15:00 AM

Request Date

5 March 2019

Due Date

5 March 2020

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Finish the work

Continuing Work

Action

Vehicle Information

Incident Vehicle Registration #

SHA9073E

Make

TPVD HYUNDAI

Model

I40

Primary Contact/Insured

TRANS-CAB SERVICES PTE LTD

No.2 ANG MO KIO STREET 63, 569111, Singapore

Claim Handler

WANG Peter

peter.wang@axa.com.sg

Additional Instructions

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

Send Message



<IA> - S9M01FP4 [ACCIDENT INVOLVING SHD 642G(OI) & SHA 9073E(TP) ON 02/03/2019]

Type

🔗 Question

Message

TOTAL QUANTUM LESS THAN 5K, SO WILL PROCEED TO SETTLE AND NEGOTIATE WITH TP.

Reply



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

31 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 09/04/2019

Survey Details:

Date of loss	2-Mar-19
Date of appointment	5-Mar-19
Date of survey	5-Mar-19
Location of survey	COMFORTDELGRO ENGINEERING PTE LTD

Vehicle Details:

Claim Type:	Third party
Vehicle number	SHA 9073E
Make and Model	HYUNDAI I40
Date of registration	9/10/2014
Excess	
Market Value	\$0
Part Rebate	\$0
Nett Loss	\$0

Repair details:

Initial Estimate	\$ 1,595.46
------------------	-------------

Proposed/Revised repair cost:

Parts	\$ 628.10
Check items (estimate)	-
Labour	\$ 430.00
Total	\$ 1,058.10
Lump Sum(if applicable)	\$ 850.00

Number of days for repair	2
---------------------------	----------

Our Ref : CC19030092/ SHA9073E /WT(st)

Your Ref :

Date : 14-Mar-19

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 196606464V

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 608286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

AXA Insurance Pte Ltd
8 Shenton Way
#24-01, AXA Tower
Singapore 068811

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA9073E YOUR INSURED SHD 642G
AND OTHER ON 02.03.19

We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No : SHA9073E 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 SHD 642G we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	909.50
2	4 days Loss of Rental @ \$ 114.95 per day	\$	459.80
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	LTA Search Fees	\$	-
5	GIA / Police Report Fees	\$	-
6	Towing Fees	\$	-
Sub Total :		\$	1,369.30

HIRER'S CLAIM

7	4 days Loss of Income @ \$ 80.00 per days	\$	320.00
Total Claims :		\$	1,689.30

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 : SHD 642G
c) GIA / Police report/s of : SHA9073E
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.

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Monday, 8 April 2019 4:06 PM
To: claims@transcab.com.sg
Cc: Hsiao Tong (LKKAuto); Vic (LKKAuto); Admin A ; DILE MAO ; WENLE NG
Subject: <Notification Letter to Insured> Our Ref: CC4/ASM19004035/Npb3 *** ACCIDENT INVOLVING SHD 642G & SHA 9073E ON 02/03/2019 ***

Transcab Taxi
Singapore

Dear Sir,

OUR REF : CC4/ASM19004035/Npb3

YOUR REF : SHA 9073E

ACCIDENT INVOLVING SHD 642G(AXA) AND SHA 9073E ALONG/AT WOODLANDS AVENUE 5 ON 02/03/2019

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 Pte Ltd to deal with the third party claim against your policy.

We have received a claim from COMFORTDELGRO ENGINEERING PTE LTD acting on behalf of the owner of SHA 9073E against your motor insurance policy.

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

We also wish to advise that there is an excess of S\$5,000/- is attached with Third Party Claims. Please be informed that you shall be liable for the excess following any settlement of the third party claim. The applicability of the excess is as follows:

- 1) Any settlement equal to or above the excess, you shall be liable to make the payment of \$5000/-; or
- 2) Any settlement below the excess, you shall be liable for the amount settled.

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

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

As Insurers, we shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

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

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

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to AXA immediately. You may email it to cst@axa.com.sg / ceciliachong@lkkauto.com or deliver it by hand to our Customer Care Centre.

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

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

If you need any clarification, please do not hesitate to contact us at 6742 3197 or email us at ceciliachong@lkkauto.com.

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

Cc: AXA Insurance Pte Ltd
(Motor Claims Dept)

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

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108

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

LKK

Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGI 40 SHA9073E , SHD642G
WOODLANDS AVE 5 TWDS W'LAND CENTRE.

ON 02-Mar-19 18:15

I / We

TAN CHEE KEONG

(Hirer) NRIC No.:

S1495387F

and/or

(Relief) NRIC No.:

Taxi Number

SHA9073E ✓

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-Mar-2019

Name of Hirer

TAN CHEE KEONG

Hirer NRIC

S1495387F

Signature :



Address

913 HOUGANG STREET 91 #06-38
530913

Contact No.

93854779



redefining / insurance

CLAIM REF : S9M01FP4
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We, **ComfortDelgro Engineering Pte Ltd** confirm that by letter of authorisation dated 04/03/2019, we are authorised to and do hereby give this discharge for ourselves and on behalf of Comfort Transportation Pte Ltd and the Hirer, Tan Chee Keong of vehicle no. SHA 9073E.

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 Four Hundred** only (**S\$1,400.00**) 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. (**SHD 642G**) arising out of an accident with (**SHA 9073E**) on 02/03/2019.
- 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. **SHD 642G** 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. **SHD 642G**.

Dated this 24th day of April 2019

Signed by _____
(AUTHORISED SIGNATORY)

Company Stamp _____
CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
88 LOYANG DRIVE
SINGAPORE 638981

Witness : _____
Name : _____
I/C No : _____
Address : _____
CLAIMS DEPARTMENT
COMFORTDELGRO ENGINEERING PTE LTD
88 LOYANG DRIVE
SINGAPORE 638981

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

"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

Repeat printout

8010010

AXA INSURANCE PTE LTD

8 SHENTON WAY AXA TOWER #24-01
SINGAPORE 068811

CONTACT NO: 63387288

VEHICLE NO
SHA9073R

NO/DATE
91431420 12.03.2019

MAKE
HYUNDAI

JOH NO.
305274103

MODEL
I-40

ODOMETER READING

DATE OF REG
09.10.2014

CHASSIS CODE
KMHLB41UMEU061611

JOB TYPE

Description : 3P 02.03.19

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	850.00
Add GST @ 7.000 %	59.50
Total Invoice amount	909.50

Issued by : KATHERINETAN 12.03.2019 14:11:43
Repair Type : CFSO/57/57
Payment Type/Term : /Credit 30 days

1. WE/WEI/WE/WEI SHALL BE RESPONSIBLE FOR THE CONDITION OF THE VEHICLE ON DELIVERY. THE COMPANY WILL NOT BE RESPONSIBLE FOR CLAIM OR OTHER PROPERTIES NOT COVERED BY OUR INSURANCE AND POLICY. THE COMPANY WILL NOT BE RESPONSIBLE FOR CLAIM OR OTHER PROPERTIES NOT COVERED BY OUR INSURANCE AND POLICY.

2. CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL NOTIFY THE COMPANY WITHIN 24 HOURS OF THE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE WORKER WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.

3. INTEREST ON 1% PER MONTH SHALL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT NOT PAID TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DATE OF PAYMENT OR AFTER 30 DAYS FROM THE DATE OF DELIVERY OF THE VEHICLE.

4. PLEASE EXAMINE THE INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 24 HOURS 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: CC19030092



Date: 11 March 2019

TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 02/03/2019 @ 18:15 hrs
ALONG WOODLANDS AVE 5 TWDS W'LAND CENTRE.
INVOLVING SHD642G

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 **SHA9073E** (the "Taxi"). The Taxi was hired to **TAN CHEE KEONG IC NO S1495387F** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$114.95** 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.

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SHD 642G (Insd veh)	Model:	HYUNDAI I40
	SHA 9073E (TP veh)		
Date of Accident:	02/03/2019		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	1,707.14
Final Repair Cost	:	\$	909.50
Loss of Token Sum	:	\$	150.00
Rental (if any)	:	\$	344.85
LTA / GIA Search Fee	:	\$	0.00

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum (Global Sum)	:	\$	1,400.00

Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)	
A) For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B) For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____
BOLA Liability: _____ 100 _____ (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.	
Remarks _____	

Payment Instruction: Payee's Breakdown		
1)	COMFORTDELGRO ENGINEERING PTE LTD	\$ 1,400.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

03/05/2019
Date

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

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

AXA INSURANCE PTE LTD

Ref : CC4/ASM19004035/Ngb3q2

8 SHENTON WAY #24-01

AXA TOWERSINGAPORE 068811

Date : 03-05-2019



ATTN:PETER

Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 642G	Veh. Inspected	SHA 9073E
Policy No.	VPX/P1680520	Coverage (\$)	0.00
Claim No.	S9M01FP4	Excess (\$)	0.00
Assign From		Assign Date	05/03/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU061611	Colour	YELLOW
Odometer	451353	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	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

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	02/03/2019	Inspection Date	05/03/2019
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.
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5b. Estimate Days of Repair

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

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 9073E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER (CONSISTENT)	CRACKED	553.00	553.00
10	REAR BUMPER CLIP (CONSISTENT)	NOT NECESSARY	22.00	-
2	REAR BUMPER BRACKET @\$35.60 (CONSISTENT)	SERVICEABLE	71.20	-
1	REAR BUMPER SPONGE (CONSISTENT)	SERVICEABLE	103.50	-
	LESS 20% DISCOUNT		-149.94	-110.60
			599.76	442.40
<u>SPECIAL NETT ITEMS</u>				
1	REAR BUMPER RUBBER MAT (SN)(CONSISTENT)	NECESSARY	50.00	50.00
1	REAR BUMPER REVERSE SENSOR (SN) (CONSISTENT)	NOT WORKING	135.70	135.70
			185.70	185.70
<u>LABOUR</u>				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR .		80.00	30.00
			810.00	430.00
GRAND TOTAL			1,595.46	1,058.10
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				850.00

Report Ref No. CC4/ASM19004035/Ngb3q2

MUHAMMAD NAZRIL BIN ABDULLAH

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	S94M01/F4	Vehicle Information
Reference	CC6/ASM19004035/Ngb3a2	Incident Vehicle Registration #
Loss Date	2 March 2019	Make
Report Date	5 Mar 2019 9:15:00 AM	Model
Request Date	5 March 2019	Service Address
Due Date		...
Vendor Name	LKK AUTO CONSULTANTS PTE LTD (TPN)	Primary Contact/Insured
Type of Loss	Third Party Vehicle Damage	TRANS-CAB SERVICES PTE LTD No.2 ANG MO KIO STREET 63, 569111, Singapore
Services	Pending verification - Direct Settlement	Claim Handler
		WANG Peter peter.wang@axa.com.sg

Actions















Next Step

Wait for Approve Invoice

Approve Invoice

Additional Instructions

Messages	Invoices	History	Documents	Assessment	Metrics	Notes
Document Type	Document SubType					
<div> <div>+</div> <div>Upload Documents</div> </div>						
NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED		
LKKInvoice1 (6).pdf	Invoice	Surveyor/ Assessor expense	LKK AUTO CONSULTANTS PTE LTD (TPN)	10 May 2019		

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 RENTAL RECEIPT.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 RENTAL MILEAGE.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 payment breakdown.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 LCD.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 LKKInspection (3).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 LKKAAdjustment1a (2).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 LKK PHOTO-2.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 LKK PHOTO.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 DISCHARGE VOUCHER.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LKK AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 AUTHORISATION TO ACT FORM.pdf	Forms / Claim Documents	POA / Authority Letter	LKK AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 WORKSHOP INVOICE.pdf	Invoice	Repairer	LKK AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 LETTER TO OI.pdf	Letters and Correspondence	Policy Holder / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 IA.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	9 April 2019
 SHDIA42C IHSD GIA.PDF	Reports & Statement	GIA Report	NIKAM Santosh Pandurang	5 March 2019

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPDATED
 EMAIL FROM WORKSHOP FOR TP BEG.mig	Letters and Correspondence	Others	NIKAM Santosh Pandurang	5 March 2019