

100000

INS. CASE OWNER:

Sawthing | CCY ^{ACM} AXA1900 4850, KJ JB30

LKK

IDAC

Surveyor:

FAwin

DOI:

ASSIGNMENT

18/7/19

Date/Time:

18/7/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHU 5787M

Claim No.:

SA M01H9W / 104680

Name of Insured:

TRANS - UB

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

16/7/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SHU 5787M



INSRS:
WSP:
Tel:
Liability:
RMKS:

UB
W



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time

SHU 5787M - X

SHU 5787M - Y

STAGE

DATE / PIC

Non-Reporting Itr (1st):
Non-Reporting Itr (2nd):
Non-Reporting Itr (Final):
Notification Itr (if non-pickup):

Call OI:

3-6-19 204

After call Itr to OI:

Documentation Check List: Handler Typist

Notification Itr (if non-pickup)

After call Itr 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:

SS

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

28-5-19

Confirm with:

LATH

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No. : 27

If NO or B 28, Ass. Lia.

Repair Cost:

GST

SS

1,018.37

Loss of Rental (LOR):

SS

376.20

(3

days)

125.40

Loss of Use (LOU):

SS

(5

days)

Loss of Income (LOI):

SS

150

(50 x 3

days)

LOR only

LOU only

LOR + LOU

LOR + LOU

(Tick only one)

GIA/LTA Search

SS

-

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost:

SS

-

Total:

SS

1,544.57

Global Sum SS:

1,540

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

1,540.00

Name 1:

COMFORT DELGRO ENGINEERING (PRL)

Payee 2: (Strike if N.A.)

SS

X

Name 2:

X

Payee 3: (Strike if N.A.)

SS

X

Name 3:

X

COPIED
21/6/19
ENTERED 14 JUN 2019

REPAIR ESTIMATE

VEHICLE NO: SHA 2661D

18/3/2019 11:34

AXA-JM

MAKE :

MODEL : TOYOTA PRIUS

PIP

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR BUMPER <i>Refit</i>			\$ 458.60	
REAR BUMPER UNDER COVER <i>X sm</i>			\$ 552.60	
REAR BUMPER SIDE RETAINER <i>X sm</i>			\$ 112.70	
REAR BUMPER CLIPS <i>sm</i>			\$ 22.00	
<i>Rear Bumper Filler (RH) sm</i>		<i>\$ 148.40</i>		
SUB TOTAL			\$ 1,145.90	
LESS 25% DISCOUNTED TOTAL			\$ 859.43	
REAR BUMPER REVERSE SENSOR <i>X sm</i>			\$ 135.70	NETT
REAR BUMPER RUBBER MAT <i>sm</i>			\$ 50.00	NETT
			\$ 185.70	
LABOUR CHARGE				
Panel Beating			\$ 400.00 <i>200</i>	
Spray Painting Charge			\$ 300.00 <i>200</i>	
Wiring Charge			\$ 30.00 <i>X 11</i>	
Remove/Refix Reverse Sensor			\$ 80.00 <i>20</i>	
TOTAL LABOUR			\$ 810.00	
ESTIMATE TOTAL			\$ 1,855.13	

Kahin Ullas
18/3/19 1530h
2 hrs
PIP
Before paint photo

WGT Auto Consultants hence notify the motorist of the following:
 • To survey before any repair painting
 • To display damaged vehicle during survey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification(s) is allowed
 • Supplementary items must be inspected and is subject to final approval from insurance company

Acknowledged by Repairer
 Signature:
 Date:

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.

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305278139

COMER
COMFORT TRANSPORTATION PTE LTD
7010045
COMER NO
383 SIN MING DRIVE
ESS
Singapore SINGAPORE 575717
65508755

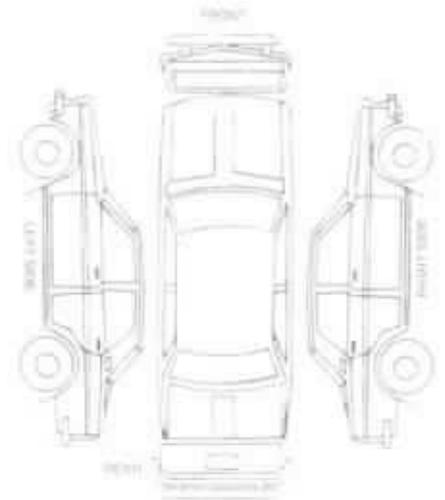
REGN NO	SHA2661D	MILEAGE
MAKE	TOYOTA	FUEL E 1.2 F
MODEL	PRIUS HYBRID(G4)	DATE/TIME IN 16.03.2019 21:55
YR OF MANU	30.05.2017	TARGET DATE
CHASSIS CODE	JTDKB3FU603557363	COMPLETION DATE/TIME

RUNT CARD NO:

JOB DESCRIPTION

Accident Date: 16.03.2019
NATURE: 3P 16.03.2019

S/NO LABOR CODE DESCRIPTION



RECEIVED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

Vehicle No: SHA2661D JU AXA

Vehicle No: SHA2661D

Service Advisor

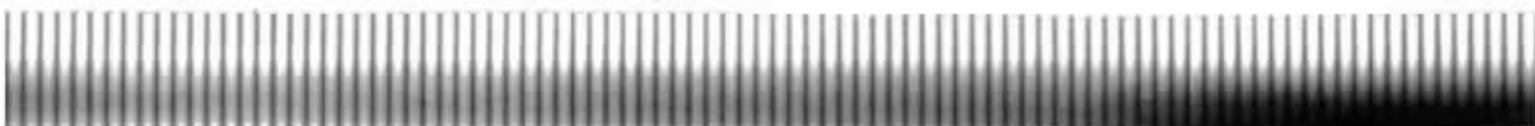
Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard



COMFORTDELGRO ENGINEERING

Our Job Ref No 305278139
Date : 19/03/2019

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

FINALIZATION FORM

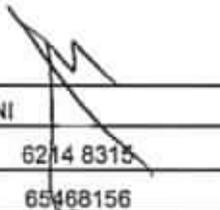
To : LKK Fax :
Attn : KALVIN
: SHA2661D Date of Accident : 16/03/2019

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

- The repair job shall bill to: AXA --- SHC5787U
###
- The finalized amount shall be:

(a)	Spare Parts after List discount		<u>\$521.75</u>
(b)	Labour Charges	###	<u>\$430.00</u>
	Total for Part-By-Part Repair Cost		<u>\$951.75</u>
~			
(c)	Lumpsum Repair (if applicable)		
	Total for Lumpsum repair cost after Less: <u>20%</u>		<u> </u>
	Final Lumpsum Repair cost		<u> </u>
- Estimated normal period for repairs: 2 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and finalized amount.

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : Kalvin
Date : 20/3/19

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:

Final Amount Subject to Invoice Approval

COMFORTDELGRO ENGINEERING PTE LTD

Date: 19.03.2019

REPAIR ESTIMATE

Time: 17:59:36

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305278139
REGN NO : SHA2661D
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 30.05.2017
DATE/TIME IN : 16.03.2019 21:55
ACCIDENT DATE : 16.03.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0002	04-01-0302-2282-G	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0003	04-01-0302-2965-G	PRIG4 FILLER-REAR BUMPER	1	148.40	25.00	111.30
0004	04-01-0302-1150-G	PRIG4 BUMPER PROTECTOR MA	1 N	50.00	2.50-	50.00

SUB-TOTAL : 521.75

JOB NATURE

0000	PB	PANEL BEATING				200.00
0001	SP	SPRAYPAINT CHARGE				200.00
0002	L	REMOVE/REFIX REVERSE SENSOR				30.00

SUB-TOTAL : 430.00

TOTAL : 951.75

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

AXH-JE1

REPAIR ESTIMATE

VEHICLE NO: SHA 2661D

18/3/2019 11:34

PIP

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT	
REAR BUMPER ✓			\$ 458.60	
REAR BUMPER UNDER COVER X			\$ 552.60	
REAR BUMPER SIDE RETAINER ? PRU			\$ 112.70	
REAR BUMPER CLIPS ✓			\$ 22.00	
SUB TOTAL			\$ 1,145.90	
LESS 25%			\$ 286.48	
DISCOUNTED TOTAL			\$ 859.43	
REAR BUMPER REVERSE SENSOR X			\$ 135.70	NETT
REAR BUMPER RUBBER MAT ✓			\$ 50.00	NETT
			\$ 185.70	
LABOUR CHARGE				
Panel Beating			\$ 400.00 ²⁰⁰	
Spray Painting Charge			\$ 300.00 ²⁰⁰	
Wiring Charge			\$ 30.00 ^X	
Remove/Refix Reverse Sensor			\$ 80.00 ²⁰	
TOTAL LABOUR			\$ 810.00	
ESTIMATE TOTAL			\$ 1,855.13	

Kahin Ullas
 18/3/19 132oh
 2 hrs
 PIP
 Before Paint photo



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.

come by

<< Service Request Details

Claim
S9M01H9W

Reference
None 

Loss Date
16 March 2019

Report Date
18 Mar 2019 12:40:25 PM

Request Date
18 March 2019

Due Date
18 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

Complete VMS	Merge
--------------	-------

Vehicle Information

Incident Vehicle Registration #
SHA2661D

Make
TPVD TOYOTA

Model
PRIUS HYBRID 4G



Primary Contact/Insured

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

Claim Handler

KHOR Saw Theng
6568804754
sawtheng.khor@axa.com.sg

Additional Instructions
NON-REPORTED

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

New Message

Shu Pei (LKKAuto)

From: Shu Pei (LKKAuto)
Sent: Wednesday, 3 April 2019 11:08 AM
To: claims@transcab.com.sg
Cc: Disk Yao; Alice Lim; IreneNg@ava-ins.com; Admin A
Subject: ACCIDENT INVOLVING SHC 5787U AND SHA 2661D ON 16/03/2019 ALONG/AT AIRPORT T2 TAXI QUEUE

'WITHOUT PREJUDICE'
SAVE AS TO COSTS

03 April 2019

Transcab Taxi
Singapore

Dear Sir,

OUR REF : CC4/ASM19004850/K1jb3 // S9M01H9W

YOUR REF : SHC 5787U

ACCIDENT INVOLVING SHC 5787U AND SHA 2661D ON 16/03/2019 ALONG/AT AIRPORT T2 TAXI QUEUE

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 (Loyang)** acting on behalf of the owner of **SHA 2661D** against your motor insurance policy.

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. We would appreciate it if you could urgently file a report at approved reporting centre.

We also wish to advise that there is an excess of S\$5000/- 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 us immediately. You may email it to cst@axa.com.sg / joyirene@lkkauto.com or deliver it by hand to AXA 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 **6841 2409** or email us at joyirene@lkkauto.com.

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

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

Joy

COMFORTDELGRO ENGINEERING

Our Ref : T 0319/ SHA2661D /WT(st)

Your Ref :

Date : 25-Mar-19

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6283 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 1995060499

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

Attn : Motor Claims Department

WITHOUT PREJUDICE

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 759156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
Yishun Industrial Park A
Singapore 768732

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHA2661D YOUR INSURED SHC5787U AND OTHER _____ ON 16.03.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHA2661D 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 : SHC5787U we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair		\$	1,018.37		
2	<u>3.5</u> days Loss of Rental @	\$	125.40	per day	\$	438.90
3	Survey Report Fees	(Surveyed by M/s LKK)	\$	-		
4	GIA / LTA Search Fee		\$	-		
5	GIA / Police Report Fees		\$	-		
6	Towing Fees		\$	-		
				Sub Total :	\$	1,457.27

HIRER'S CLAIM

7	<u>3.5</u> days Loss of Income @	\$	80.00	per days	\$	280.00
				Total Claims:	\$	1,737.27

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

- a) Original repair bill and photocopies of photographs 5 pcs
- b) LTA search slip/s of : SHC5787U
- c) GIA / Police report/s of : SHA2661D
- d) Letter of authority from owner / hirer / operator
 - (X) Photocopie/s of Accident Scene Photo/s () Towing 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.

A member of

COMFORTDELGRO



Joy Irene (LKKAuto)

From: Joy Irene (LKKAuto)
Sent: Monday, 3 June 2019 9:33 AM
To: claims@transcab.com.sg
Cc: transcab_avaclaims@ava-ins.com; Admin A
Subject: ACCIDENT INVOLVING SHC 5787U & SHA 2661D ALONG T2 TAXI CAR PARK ON 16/03/2019

Transcab Taxi
Singapore

Dear Sir/Madam,

OUR REF : CC4/ASM19004850/K1jb3
YOUR REF : P1680520 (SHC 5787U)

ACCIDENT INVOLVING SHC 5787U & SHA 2661D ALONG T2 TAXI CAR PARK ON 16/03/2019

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 **M/s COMFORTDELGRO ENGINEERING PTE LTD** acting on behalf of the owner of **SHA2661D** against your motor insurance policy.

Based on the accident reports, our taxi hit third-party vehicle from the rear. Liability is down against us, we will proceed to negotiate for an amicable settlement accordingly.

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 / 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 / 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 | 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 **TOYOTA PRIUS SHA2661D , SHC5787U** **ON 16-Mar-19 06:50**
ALONG **AIRPORT T2 TAXI QUEUE**I / We **KAMSANI BIN TARSEEL...** (Hirer) NRIC No.: **S80344891**

and/or (Relief) NRIC No.:

Taxi Number **SHA2661D**

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 **17-Mar-2019**Name of Hirer **KAMSANI BIN TARSEELIM**

Hirer NRIC

S80344891

Signature :

Address **609 BEDOK RESERVOIR ROAD #02-...
470609**Contact No. **83185792**



Jay

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SHC 5787 M	(Insd veh)	Model: TOYOTA PRIUS
	SHA 2661D	(TP veh)	
Date of Accident/ Time:	16/03/19		

Repair Estimate	: \$ 2,104.07		
Final Repair Cost	: \$ 1,018.37 GST INC.		
Loss of Use INCOME	: \$	days at \$	per day
Rental (if any)	: \$	days at \$	per day
LTA / GIA Search Fee	: \$		
Others	: \$		
Final Settlement Sum	: \$ 1,540.00 GLOBAL SUM		
Payee Name : COMFORTDELGRO ENGINEERING PTE LTD			
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: <u>27</u>	
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp
 Name of Representative: _____
 Date: _____
 CLAIMS DEPARTMENT
 COMFORTDELGRO ENGINEERING PTE LTD
 55 LORONG DRIVE
 SINGAPORE 504988

Signature of Witness / Workshop stamp (if applicable)
 Name of Witness: _____
 Date: _____
 CLAIMS DEPARTMENT
 COMFORTDELGRO ENGINEERING PTE LTD
 55 LORONG DRIVE
 SINGAPORE 504988
 27/5/19

Signature of AXA's surveyor/representative: _____
 Name of AXA's surveyor /Representative: _____
 Date: _____

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"

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
 Page: 1

8010010

AXA INSURANCE PTR LTD

8 SHENTON WAY AXA TOWER #24-01
 SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO
 SHA2661D

MAKE
 TOYOTA

MODEL
 PRIUS HYBRID(G4)

DATE OF REG
 30.05.2017

CHASSIS CODE
 JTDKRB3FU603557363

INV. NO/DATE
 91433538 22.03.2019

JOB NO.
 305278139

ODOMETER READING:

DATE/TIME IN
 16.03.2019 21:55

Description : 3P 16.03.2019

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0302-2267	PRIVC BUMPER PICK	10	2.20	25.00	16.50
0002	04-01-0302-2282	PRIG4 COVER REAR BUMPER	1	458.60	25.00	343.95
0003	04-01-0302-2965	PRIG4 FITTER-REAR BUMPER EXTENSION RH	1	148.40	25.00	111.30
0004	04-01-0302-1150	PRIG4 BUMPER PROTECTOR MAT	1	50.00	0.00	50.00
SUB-TOTAL						521.75

JOB NATURE

0001	PB	PANEL BEATING		200.00		200.00
0002	SP	SPRAYPAINT CHARGE		200.00		200.00
0003	L	REMOVE/REPAIR REVERSE SENSOR		30.00		30.00

WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR GEAR OR OTHER VANDALISM OR DAMAGE TO CUSTOMERS' VEHICLES WHICH ARE KEPT AT OUR WORKSHOPS AT OWNERS' RISK.
 CUSTOMERS SHALL PROTECT THEIR VEHICLES AGAINST VANDALISM AND OTHER DAMAGE TO THE VEHICLE AND TO THE WORKSHOP BY NOTIFYING IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN RECEIVED IN GOOD ORDER.
 INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN REFERENCE TO ANY AMOUNT DUE AND UNPAID TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DAY OF PAYMENT, I.E. AFTER 15 DAYS FROM THE DATE OF RECEIPT OF THE PERIOD OF DEFAULT.
 PLEASE EXAMINE THE INVOICE CAREFULLY UPON RECEIPT AND ADVISE THE COMPANY OF ANY DISCREPANCY OR INADEQUACY WITHIN 15 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL BE DEEMED TO HAVE RECEIVED THE INVOICE AND INVOICE.

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/CHO No.
8010010	91433538	1,018.37	

GST REG. NO. M2-8921817-3

TAX INVOICE

COMPANY REG. NO.: 199506048W
Page: 2

8010010

AXA INSURANCE PTE LTD

8 SHERTON WAY AXA TOWER #24-01
SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO
SHA2661D

MAKE
TOYOTA

MODEL
PRIUS HYBRID(G4)

DATE OF REG
30.05.2017

CHASSIS CODE
JTDKB3FU603557363

INV. NO/DATE
91433538 22.03.2019

JOB NO.
305278139

ODOMETER READING

DATE/TIME IN
16.03.2019 21:55

S/No	Part No.	Qty	Unit Price	%Disc	Net
SUB-TOTAL :					430.00

Items total	951.75
Add GST @ 7.000 %	66.62
Invoice amount	1,018.37

Issued by : KATHERINETAN 22.03.2019 09:41:43
Repair type : CSO/57/57
Payment type/Term: /Credit 30 days

WHILE TAKING ALL REASONABLE PRECAUTIONS CARE WILL BE TAKEN ON ACCEPTANCE OF THE VEHICLE BY THE COMPANY HOWEVER THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARE OR DRIVER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND PARKED AT OWNERS RISK
CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 24 HOURS FROM SUCH DELIVERY BY NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS OTHERWISE THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER
INTEREST OF 1% PER MONTH WILL BE CHARGEABLE A DAY IN ADVANCE UNLESS BY AGREEMENT OF ANY BANK LENT FROM THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT BUT AFTER 30 DAYS FROM THE DUE DATE WILL BE PERIOD OF DEFAULT
PLEASE EXAMINE THE INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY BY MAIL WITHIN 14 DAYS FROM THE DATE OF RECEIPT IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER THE COMPANY WILL TREAT THE INVOICE AS CORRECT AND SINCERE

ComfortDelGro Engineering Pte Ltd
A member of COMFORTDELGRO

Head Office:
205 Braddell Road
Singapore 579701

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHO No.
8010010	91433538	1,018.37	/

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

Our Ref: CT19030417

Date: 22 March 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 16/03/2019 @ 18:50 hrs
ALONG AIRPORT T2 TAXI QUEUE
INVOLVING SHC5787U

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 **SHA2661D** (the "Taxi"). The Taxi was hired to **KAMSANI BIN TARSEELIM IC NO S8034489I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$125.40** 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.

SJA 2661D

LEADING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		
		FROM	TO			2	3	8	3		6	5	FROM
615	456	1640	0605	13/03	Soh	2	3	8	3	6	5	0600	1625
760	145	0605	1640	13/03/19	Kamsani	2	3	8	8	0	3	1640	0550
176	44	1700	0550	14/03	Soh	2	3	8	9	7	6	0600	1640
330	154	0600	1640	14/03/19	Kamsani	2	3	9	2	1	9	1650	0040
747	416	1650	0600	15/03/19	Kamsani	2	3	9	3	9	7	2200	0230
216	269	0100	1730	16-03-19	Accident	14	-	-	-	-	-	2155	-
342	325	2300	0550	19-03-19	Repair	14	-	-	-	-	-	1730	-
499	157	0600	1625										
009	50	1640	0550										
40	131	0600	1620										
294	92	1640	0600										

LEADING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO
615	456	1640	0605
760	145	0605	1640
176	44	1700	0550
330	154	0600	1640
747	416	1650	0600
216	269	0100	1730
342	325	2300	0550
499	157	0600	1625
009	50	1640	0550
40	131	0600	1620
294	92	1640	0600



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/ASM19004850/K1jb3q2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN:KHOR SAW THENG

Date : 14-06-2019



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 5787U	Veh. Inspected	SHA 2661D
Policy No.	VPX/P1680520	Coverage (\$)	0.00
Claim No.	S9M01H9W	Excess (\$)	0.00
Assign From		Assign Date	18/03/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	JTDKB3FU603557363	Colour	BLUE
Odometer	239547	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	DAVANTI	6 mm
L/H Front Tyre	195/65 R15	DAVANTI	6 mm
R/H Rear Tyre	195/65 R15	DAVANTI	6 mm
L/H Rear Tyre	195/65 R15	DAVANTI	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION, DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	16/03/2019	Inspection Date	18/03/2019
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 2661D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER (CONSISTENT)	DEFORMED	458.60	458.60
1	REAR BUMPER UNDER COVER (CONSISTENT)	SERVICEABLE	552.60	-
1	REAR BUMPER SIDE RETAINER (CONSISTENT)	SERVICEABLE	112.70	-
1	REAR BUMPER CLIPS (CONSISTENT)	NECESSARY	22.00	22.00
1	REAR BUMPER FILLER (RH) (CONSISTENT)	CRACKED	148.40	148.40
	LESS 25% DISCOUNT		-323.58	-157.25
			970.72	471.75
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN) (CONSISTENT)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN) (CONSISTENT)	NECESSARY	50.00	50.00
			185.70	50.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR.		80.00	30.00
			810.00	430.00
GRAND TOTAL			1,966.42	951.75
RECOMMENDED COST OF REPAIRS				951.75

Report Ref No. CC4/ASM19004850/K1jb3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

Service Request Details

Claim S9K031FPW

Reference CC4/ASM19004850/K1/JL3Q2

Loss Date 16 March 2019

Report Date 18 Mar 2019 12:40:25 PM

Request Date 18 March 2019

Due Date

Vendor Name LKX AUTO CONSULTANTS PTE LTD (TP)

Type of Loss Third Party Vehicle Damage

Services Pending verification - Direct Settlement

Vehicle Information

Incident Vehicle Registration # 9HA2661D

Make TRWD TOYOTA

Model PRIUS HYBRID 4G

Service Address

...

Primary Contact/Insured

TRANS-CAB SERVICES PTE LTD
No.2 ANG MO KIO STREET #3, 569111, Singapore

Claim Handler

KHOR Saw Theng
656804754
sawtheng.khor@axa.com.sg

Actions

Next Step Wait for Approve Invoice

[Add Invoice](#)

Additional Instructions NON-REPORTED

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

Document Type

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

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
LKkInvoice 1 (3).pdf	Invoice	Surveyor/ Assessor expense	LKK AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
RENTAL RECEIPT.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
RENTAL MILEAGE.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
PAYMENT BREAKDOWN_LKK.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
LKKInspection (2).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
LKKAdjustment1a (1).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
PAYMENT BREAKDOWN_EXPRESS SETTLEMENT FORM.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LKK AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
AUTHORIZATION TO ACT FORM.pdf	Forms / Claim Documents	POA / Authority Letter	LKK AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
WORKSHOP INVOICE.pdf	Invoice	Repairer	LKK AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
LETTER TO OUI.pdf	Letters and Correspondence	Policy Holders / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
TP ESTIMATE - MARKED (50).pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	7 May 2019
SURVEY PHOTOS-.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	7 May 2019
MANDATE IA - SHA266ID.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	7 May 2019
EMAIL FROM WORKSHOP FOR TP REGIME	Letters and Correspondence	Others	NIKAM Santosh Pandurang	18 March 2019