

INS. CASE OWNER:

CC

4, ASM 1900

6144, K1 2034

IDAC:

109102

Survivor:

Ave

DOI:

ASSIGNMENT

8/4/19

Date / Time:

8/4/2019

Registered in Merimen:

Pre-assign / CCU / FTE

PA 7478P

"VIRTUAL"

59m01J61



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability: % Final ? Yes / No

SHE 360 A



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call 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:

FINALIZATION

Date/Time:

Repair Cost:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

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

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

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

(Tick only one)

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

reject

\$350.00

Reject Case

Sent By: Winder

Approved by: Wang

2/9/2019

COPY SE 8/4/19

Surveyor: Kalvin

REF: \_\_\_\_\_

## ASSIGNMENT

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

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

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

To Inspect Vehicle No: \_\_\_\_\_

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

of \_\_\_\_\_

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

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

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

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

(Client's Record)

Make of Vch: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Bal or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 3 days Res.: Yes or NoLum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHC 360 A Yr Regn: 20 Sep 2013

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

Truck / Trailer or

Make: Hyundai 240 cc 1685Colour: Yellow A/C: Insured / Std / Nil / NASp. Reading: 8 r 6739 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: KMHLB414M D404088

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 Air Rim or

Tyre Size: F: 205/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Pavanti

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 4/4/19D.O.I. 8/4/19

Survey held at

CDHE (Loyang)

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

O/S Rear

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

Date / Time Action / Instruction

22/8/19 Confirm LIS \$1500.00 with 3 working days.

Axx

(Red = \$88) .40  
37.1)

Date/Time, File Pass to?

☐ : Prel. Report

1) \_\_\_\_\_

☐ : Final Report

Date/Time, File Return to?

2) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

S + RS \$ \_\_\_\_\_

Phone

Other

TOTAL

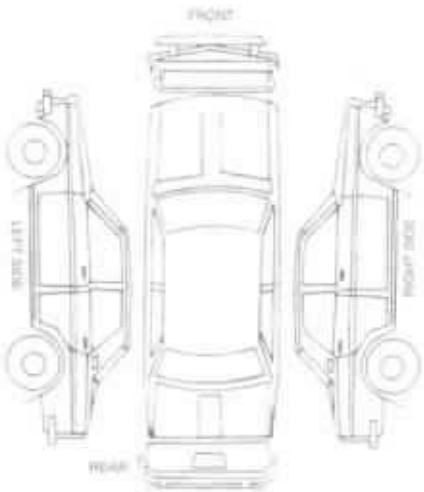
Team: ARC Repair TP(CFSO)1 JOB CARD Sales Order: JC NO.: 305284828

REGN NO.	SHC 360A	MILEAGE
MAKE	HYUNDAI	FUEL
MODEL	I-40	DATE/TIME IN
YR OF MANU	30.09.2013	TARGET DATE
CHASSIS CODE	KMHLB41UMDU040883	COMPLETION DATE/TIME

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

Accident Date: 04.04.2019  
NATURE: 3P 04.04.19/C

S/NO LABOR CODE DESCRIPTION



ISSUED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

SHC 360A LIMTS

Exit Pass

Vehicle No.: SHC 360A

Signature/Date

Name of Service Advisor

Date

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE

Date: 05.04.2019

Time: 16:17:33

Page: 1

AXA-45

(Fri) 12 IS

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010070  
 ADDRESS : CITYCAB PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65551188

JOB NO : 305284828  
 REGN NO : SHC 360A  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 30.09.2013  
 DATE/TIME IN : 05.04.2019 12:40  
 ACCIDENT DATE : 04.04.2019

1630

## JOB / PARTS DESCRIPTION

## QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT
0001	04-01-0103-0579-G	REAR BUMPER	1	553.00 20.00 442.40
0002	04-01-0103-0783-G	REAR BUMPER SIDE BRKT RH	1	35.60 20.00 28.48
0003	04-01-0103-0585-A	TAILLAMP RH	1	697.80 20.00 558.24
0004	04-01-0103-0658-G	REAR WHEEL CAP RH	1	107.10 20.00 85.68
0005	04-01-0103-1150-A	REAR BUMPER MAT	1	50.00 50.00
0006	04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00 20.00 17.60

SUB-TOTAL : 1,182.40

## JOB NATURE

0000 PB	PANEL BEATING-Rear Fender RH	500.00	400
0001 SP	SPRAYPAINT CHARGE	500.00	800
0002 17-01	CHECK ALL LIGHTING	40.00	20
0003 20-00	TUFF COAT ON AFFECTED PARTS.	40.00	X
0004 L	R/I REVERSE SENSOR	120.00	30

COMFORTDELGRO ENGINEERING PTE LTD

Date: 05.04.2019

Time: 16:17:33

REPAIR ESTIMATE

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

AXA (L/S) (Fri) 12 TS

JOB NO	:	305284828
REGN NO	:	SHC 360A
MILEAGE	:	0000000000
MAKE	:	HYUNDAI
MODEL	:	I-40
DATE OF REGN	:	30.09.2013
DATE/TIME IN	:	05.04.2019 12:40
ACCIDENT DATE	:	04.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,200.00

TOTAL : 2,382.40

Lump  
MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Kalvin Goh

8/4/19 10.20L

3 Pys

L/S

Attn Repn pLL



# COMFORTDELGRO ENGINEERING

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


Our Job Ref No : 305284828  
Date : 10/04/19

## FINALIZATION FORM

To : LKK Fax :  
Attn : KALVIN ANG  
Vehicle Reg No. : SHC 360A Date of Accident : 04-Apr-19

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

1. The repair job shall bill to: AXA --- PA7478P
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% \$1,550.00  
**Final Lumpsum Repair cost \$1,550.00**
3. Estimated normal period for repairs: 3 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance. We confirm the estimates and finalized amount

Signature :   
Name : LIM T S  
Tel : 62148398  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 11/4/19

## For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks: Final Amount Subject to Insurance Approval

AXA-45

(Fri)

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
 CUSTOMER: 7010070  
 ADDRESS : CITYCAB PTE LTD  
 383 SIN MING DRIVE  
 SINGAPORE SINGAPORE 575717  
 65551188

JOB NO : 305284828  
 REGN NO : SHC 360A  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 30.09.2013  
 DATE/TIME IN : 05.04.2019 12:40  
 ACCIDENT DATE : 04.04.2019

1630

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40	—	at
0002 04-01-0103-0783-G	REAR BUMPER SIDE BRKT RH	1	35.60	20.00	28.48	Xm	
0003 04-01-0103-0585-A	TAILLAMP RH	1	697.80	20.00	558.24	—	hass
0004 04-01-0103-0658-G	REAR WHEEL CAP RH	1	107.10	20.00	85.68	X su	
0005 04-01-0103-1150-A	REAR BUMPER MAT	1	50.00		50.00	✓	see
0006 04-01-0101-0111-G	REAR BUMPER CLIPS	10	22.00	20.00	17.60	—	see

SUB-TOTAL : 1,182.40

## JOB NATURE

0000 PB	PANEL BEATING-Rear Fender RH	<del>500.00</del>	400
0001 SP	SPRAYPAINT CHARGE	<del>500.00</del>	400
0002 17-01	CHECK ALL LIGHTING	<del>40.00</del>	30
0003 20-00	TUFF COAT ON AFFECTED PARTS.	<del>40.00</del>	X 2
0004 L	R/I REVERSE SENSOR	<del>120.00</del>	30

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305284828  
 REGN NO : SHC 360A  
 MILEAGE : 0000000000  
 MAKE : HYUNDAI  
 MODEL : I-40  
 DATE OF REGN : 30.09.2013  
 DATE/TIME IN : 05.04.2019 12:40  
 ACCIDENT DATE : 04.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 1,200.00

TOTAL : 2,382.40

MVA NAME & SIGNATURE  
 DATE :

AUTHORIZED : YES / NO  
 SURVEYOR NAME & SIGNATURE  
 DATE :

Notify  
 Signature:  
 Date:

Kali Ucky

8/4/19 10.20  
 3 Py,

L/s

Attn Rep PH

LKK Auto Consultants hence notify  
 the Repairer of the following:  
 • 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

Acknowledged by Repairer

Signature:

Date:



**Vivian Lau (LKKAUTO)**

---

**From:** Vivian Lau (LKKAUTO)  
**Sent:** Thursday, 22 August, 2019 10:58 AM  
**To:** William Tan Thoo Seng  
**Cc:** Catherine Koh Mui Gek  
**Subject:** RE: Your Ref: CC19040117/SHC360A/WT(st), ACCIDENT INVOLVING SHC 360A & PA 7478P ON 04/04/2019  
**Attachments:** Sketch Plan.pdf

**'WITHOUT PREJUDICE'**  
**SAVE AS TO COSTS**

Your Ref: CC19040117/SHC360A/WT(st)  
Our Ref: CC4/ASM19006144/K1wa3

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC 360A & PA 7478P ON 04/04/2019**

We refer to the above matter

Our insured driver has reiterated that the accident was caused due to the entire negligence of your client. Base on your client video, your client encroaching into our insured's lane that caused the accident.

We attached herewith our insured's accident report for your perusal.

Under such circumstances, we have our principal's instruction to deny liability of your client's claim.

*Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.*

*In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement.*

Thank you

Best Regards,

**Vivian Lau** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-8625 | email: [Vivianlau@lkkauto.com](mailto:Vivianlau@lkkauto.com) | fax: 6741-4108

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

---

**From:** Asher Sng (LKKAUTO)  
**Sent:** Tuesday, 20 August, 2019 4:17 PM

**To:** William Tan Thoo Seng <williamtan@cdge.com.sg>; Vivian Lau (LKKAUTO) <vivianlau@lkkauto.com>

**Cc:** Catherine Koh Mui Gek <catherinekoh@cdge.com.sg>

**Subject:** RE: Your Ref: CC19040117/SHC360A/WT(st), ACCIDENT INVOLVING SHC 360A & PA 7478P ON 04/04/2019

**'WITHOUT PREJUDICE'**  
**SAVE AS TO COSTS**

Dear Sir / Madam,

Thank you for your email.

Our respective case handler will look into the matter and get back to you in due course.

***Hi Vivian,***

***Kindly assist.***

Thank You.

Best Regards,

**Asher Sng** | Case Handler

**LKK Auto Consultants Pte Ltd**

phone: 6841-6051 | email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) | fax: 6741-4108

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

---

**From:** William Tan Thoo Seng <williamtan@cdge.com.sg>

**Sent:** Tuesday, 20 August 2019 4:15 PM

**To:** Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>

**Subject:** Re: Your Ref: CC19040117/SHC360A/WT(st), ACCIDENT INVOLVING SHC 360A & PA 7478P ON 04/04/2019

**Gentle reminder**

**Without Prejudice.**

Dear Asher

Below email refers.

The video footage was forwarded to you on 23.05.19.

Kindly forward your offer.

Thank you.

Best Regards

William Tan

Claims Department | ComfortDelgro Engineering Pte Ltd

Off : 62148737 | Fax : 62141843

---

**From:** Catherine Koh Mui Gek <catherinekoh@cdge.com.sg>

**Sent:** Thursday, 23 May 2019 11:45 AM

**To:** Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>

**Cc:** William Tan Thoo Seng <williamtan@cdge.com.sg>

**Subject:** Re: Your Ref: CC19040117/SHC360A/WT(st), ACCIDENT INVOLVING SHC 360A & PA 7478P ON 04/04/2019

Dear Asher

Attached as requested. Taxi did not cut in and hit bus F/L side as alleged. Taxi was travelling straight and was hit by bus.

Strictly without prejudice, we are prepared to apply BOLA S20.

Hope to hear from you soon.

Thank you.

Best Regards

Catherine Koh

Claims Department | ComfortDelgro Engineering Pte Ltd

Off : 62148733 | Fax : 62141843

From: Asher Sng (LKKAuto) <AsherSng@lkkauto.com>

Sent: Wednesday, 22 May 2019 12:39 PM

To: William Tan Thoo Seng

Cc: Catherine Koh Mui Gek

Subject: Your Ref: CC19040117/SHC360A/WT(st), ACCIDENT INVOLVING SHC 360A & PA 7478P ON 04/04/2019

**'WITHOUT PREJUDICE'**

**SAVE AS TO COSTS**

Your Ref: CC19040117/SHC360A/WT(st)

Our Ref: CC4/ASM19006144/K1ea3

Dear Sirs,

ACCIDENT INVOLVING SHC 360A & PA 7478P ON 04/04/2019

We refer to the above matter.

Please be informed that liability is unclear for this matter. Enclosed herewith in this email is a copy of our insured's accident report for your perusal.

Our principal would like to request a copy of video footage/witness statement/scene photos(if any) in order to look into the matter.

We shall revert upon hearing from you.

Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO
DETAILS OF OTHER VEHICLE PROPERTY 1	
Vehicle Registration Number	SHC360A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (including Driver)	

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) | fax: 6741-4108

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

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

ComfortDelGro - a Green Office certified by the Singapore Environment Council - is committed to preserving the environment. We encourage you to print this only if necessary.

ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

---

**<< Re:TP MANDATE IA-S9M01JEI**

Type

🔔 Question

Message

please reject TP claim. Taxi encroaching into our insured's lane that caused the accident.

[Reply](#)

COMFORTDELGRO  
ENGINEERING

Our Ref : CC19040117/ SHC 360A /WT(st)

Your Ref :

Date : 14-May-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. 198904000

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 606236

Ubi

320 Ubi Road 2  
Singapore 408649

Senoko

24 Senoko Loop  
Singapore 758156

Sungei Kadut

7 Sungei Kadut Way  
Singapore 726791

Yishun

501 Yishun Industrial Park A  
Singapore 768732AXA Insurance Pte Ltd  
8 Shenton Way  
#24-01, AXA Tower  
Singapore 068811

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC 360A YOUR INSURED PA 7478P  
AND OTHER \_\_\_\_\_ ON 04.04.19We are the authorised repair workshop for Citycab Pte Ltd, the owner of motor Vehicle No :  
SHC 360A 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 PA 7478P  
we are submitting these claim for your consideration on behalf of the claimants.

## TAXI OWNER'S CLAIM

1	Cost of Repair	\$	1,658.50
2	5 days Loss of Rental @ \$ 110.67 per day	\$	553.35
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 :		\$	2,219.34

## HIRER'S CLAIM

7	5 days Loss of Income @ \$ 80.00 per days	\$	400.00
Total Claims :		\$	2,619.34

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 : PA 7478P
- c) GIA / Police report/s of : SHC 360A
- d) Letter of authority from owner / hirer / operator
- ( X ) Photocopy/s of Accident Scene Photo/s ( X ) PIR
- ( ) 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.

Our Ref: CC19040117



Date: 11 April 2019

## TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	04/04/2019 @ 19:30 hrs
ALONG	ALONG BUKIT TIMAH RD AFTER THE JUNCTION OF CAVENAGH RD
INVOLVING	PA7478P

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 **SHC0360A** (the "Taxi"). The Taxi was hired to **TAN KIM TEO IC NO S2005366F** a registered hirer-operator of **CityCab Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$110.67** 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.



Colh

ADING	MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIM)		DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)	
		FROM	TO			857	13	3	3		FROM	TO
52	2720	400am	330pm	4.2019	K.T. TAL	857	13	3	3	266.4	4.15am	100pm
66	213.8	345pm	230am	01/04	Ony SP	857	7	3	7	236.9	1327	2156
06	2400	405am	320pm	02/04	K.T. TAN	857	7	6	26	255.8	537	1621
79	1720	325	130	09/04/2019	Deq.	857	7	7	8	157.0	430pm	150am
52	1525	450am	130pm	3.4.2019	K.T. TAL	857	7	9	6	185.6	4350am	140pm
04	3515	1357	0207	2/4	Ony SP	858	2	2	8	259.5	1354	2261
08	304.8	420am	330pm	4.4.2019	K.T. TAL	858	4	0	8	179.5	410am	300pm
38	227.0	1540	2210	4.4.2019	Ken	858	6	4	1	232.8	315pm	210am
67	431.1	0840	2230	5.4.2019	K.T. TAL	858	7	3	9	98.3	438am	658pm
				5/4	Accident repair					In	1240	
				9/4		44				Out		1415

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****I 40 SHC360A , PA7478P****ON 04-Apr-19 19:30****ALONG BUKIT TIMAH RD AFTER THE JUNCTION OF CAVENAGH RD**

I / We

**TAN KIM TEO**(Hirer) NRIC No.: **S2005366F**

and/or

**KOH YEW KEE**(Relief) NRIC No.: **S0209062G**

Taxi Number

**SHC360A**

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

**05-Apr-2019**

Name of Hirer

**TAN KIM TEO**

Hirer NRIC

**S2005366F**

Signature :



Address

**173 LORONG 1 TOA PAYOH #09-1276  
310173**

Contact No.

**96167176**

Name of Relief

**KOH YEW KEE**

Relief NRIC

**S0209062G**

Signature :



Address

**141 LORONG 2 TOA PAYOH 14-154  
311141**

Contact No.

**91013604**

## Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
PA7478P	04 Apr 2019 / 19:30:00	Successful	A12	AXA INSURANCE PTE LTD

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

SHC360A




# 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/ASM19006144/K1wa3q2	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN:JAS TAN			Date : 09-09-2019	
			Code : ASM	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	PA 7478P	Veh. Inspected	SHC 360A	
Policy No.	GA237619	Coverage (\$)	0.00	
Claim No.	S9M01JEI	Excess (\$)	0.00	
Assign From		Assign Date	08/04/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	KMHLB41UMDU040883	Colour	YELLOW	
Odometer	858739	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	DAVANTI	6 mm	
L/H Front Tyre	205/60 R16	DAVANTI	6 mm	
R/H Rear Tyre	205/60 R16	DAVANTI	6 mm	
L/H Rear Tyre	205/60 R16	DAVANTI	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	04/04/2019	Inspection Date	08/04/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.: 1 of 1

**ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 360A**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER (CONSISTENT)	CUT	553.00	553.00
1	REAR BUMPER SIDE BRKT RH (CONSISTENT)	SERVICEABLE	35.60	-
1	TAILLAMP RH (CONSISTENT)	GRAZED	697.80	697.80
1	REAR WHEEL CAP RH (CONSISTENT)	SERVICEABLE	107.10	-
10	REAR BUMPER CLIPS (CONSISTENT)	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-283.10	-254.56
			1,132.40	1,018.24
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER MAT (SN) (CONSISTENT)	NECESSARY	50.00	50.00
			50.00	50.00
<b><u>LABOUR</u></b>				
	PANEL BEATING -REAR FENDER RH .		500.00	400.00
	SPRAYPAINT CHARGE.		500.00	400.00
	CHECK ALL LIGHTING.		40.00	30.00
	TUFF COAT ON AFFECTED PARTS.	NOT NECESSARY	40.00	-
	R// REVERSE SENSOR .		120.00	30.00
			1,200.00	860.00
<b>GRAND TOTAL</b>			<b>2,382.40</b>	<b>1,928.24</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>1,500.00</b>

Report Ref No. CC4/ASM19006144/K1wa3q2

**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	S9H01JEE
Reference	CCA/ASM19006144/K1wa3a2
Loss Date	4 April 2019
Report Date	8 Apr 2019 9:17:14 AM
Request Date	8 April 2019
Due Date	

Vendor Name	LKK AUTO CONSULTANTS PTE LTD (TPH)
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 #	5HC360A
Make	TPWD HYUNDAI
Model	TAXI
Service Address	

Primary Contact/Insured	
AVIVA COACH SERVICES	
162 WOODLANDS STREET 13, #04-615, 730162, Singapore	
63380083	
GRACE@VIRTUALINVEST.BIZ	

Claim Handler	
TAN Jia	
6568004844	
jia.tan@axa.com.sg	

Additional Instructions      GIA NOT REPORTED

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

Document Type

Document SubType

Upload Documents

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

Invoice NAME	Invoice TYPE	STATUS	ATTACH	DATE UPLOADED
LKK Invoice 1 (5).pdf				
LKK Inspection (3).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	13 September 2019
LKK Adjustment 1a (3).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	13 September 2019
Email to workshop reject claim - SHC 360A.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	22 August 2019
LKK Inspection Photos.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	12 July 2019
TP MANDATE IA- SHC 360A.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	12 July 2019
TP ESTIMATE - MARKED.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	12 July 2019
LKK reinspection Photos.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	12 July 2019
SHC360A doa 4.4.mp4	Evidence	Videos	LKK AUTO CONSULTANTS PTE LTD (TP)	12 July 2019
TP ESTIMATE - MARKED.pdf	Reports & Statement	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	13 April 2019
TP CDGE EMAIL TP PRJ.mie	Letters and Correspondence	Workshop	VISHNU BATHAM Shekhar	8 April 2019