

INSURANCE

INS CASE OWNER

PER

CC 4 AGM
AXA1900

8528, 12/10/14

LKE
IDAC

Surveyor:

Calvin

DOI:

ASSIGNMENT

12/10/14

Date / Time:

12/10/14

Registered in Merit:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 878T

Name of Insured:

TRANS - ARB

Insured Tel No.:

HP:

Excess Sec II : \$

D.O.A:

12/10/14

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

5200207N/11554

Policy No.:

Make / Model:

Place 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

SHD 4187M



INSRS:
WSP:
Tel:
Liability:
RMKS:

CD6E
W



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date / Time

SHD 4187M - R

SHD 4187M - R

STAGE

DATE / PIC

Non-Reporting Itr (1st):

Non-Reporting Itr (2nd):

Non-Reporting Itr (Final):

Notification Itr (if non-pickup):

Call OI:

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:

16/10/14

smartclaim

DIKE, SENT VTR 21 PM

mutual settle

File -> SHD 4187M to claim (by 1)

COPY SENT

1) Claim status: Normal/Reject/Private/Settle

2) Report Format:

3) Survey fee

Amo

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$

(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:

\$

Loss of Rental (LOR):

\$

(days)

Loss of Use (LOU):

\$

(\$ x days)

Loss of Income (LOI):

\$

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

(Tick only one)

GIA/LTA Search:

\$

Medical:

\$

Disbursement:

\$

(e.g. Tow/Independent)

Legal Cost:

\$

Total:

\$

Global Sum \$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$

Name 1:

Payee 2: (Strike if N.A.)

\$

Name 2:

Payee 3: (Strike if N.A.)

\$

Name 3:

COMFORT DELGRO

Date/Time: 13.05.2019 11:45

Page: 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO: 305295041

TER

COMFORT TRANSPORTATION PTE LTD

7010045

TER NO.

383 SIN MING DRIVE

S

Singapore SINGAPORE 575717

65508755

(0)

REGN NO.

SHD4183M

MILEAGE

MAKE:

HYUNDAI

FUEL

E 1/2 F

MODEL

SONATA

DATE/TIME IN

12.05.2019 09:05

YR OF MANU

10.05.2012

TARGET DATE

CHASSIS CODE

KMHET41VMCA824605

COMPLETION DATE/TIME

NT CARD NO.

AXA

JOB DESCRIPTION

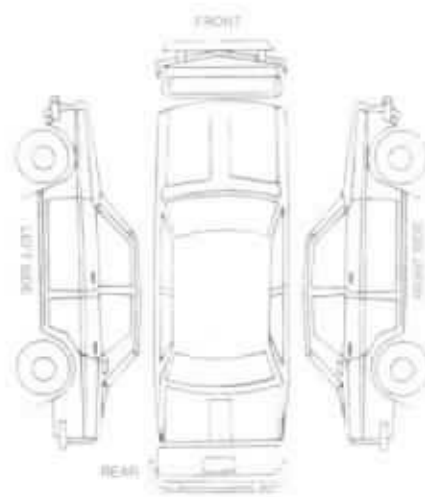
ccident Date: 12.05.2019

ATURE: 3P 12.05.2019

/NO

LABOR CODE

DESCRIPTION



ED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

gement Slip

Exit Pass

SHD4183M

LKE

Vehicle No.:

SHD4183M

Service Advisor

Signature/Date

Name of Service Advisor

Date

ried to Service Reception upon collection

To be kept by Security Guard

REPAIR ESTIMATE*

VEHICLE NO : SHD 4183M

DATE 13/5/2019 11:09

MAKE :

MODEL : HYUNDAI SONATA

H/Sum
AXA

Like

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Radiator Grille ✓			\$ 282.10	
	Radiator Grille U Moulding ✕			\$ 108.90	
	Front Bumper Cover ✓			\$ 538.80	
	Front Bumper Bracket Top (LH) ✕			\$ 22.40	
	Front Bumper Bracket (LH) ✕			\$ 20.10	
	SUB TOTAL			\$ 972.30	
	LESS 20%			\$ 194.46	
	DISCOUNTED TOTAL			\$ 777.84	
	Front Number Plate ✓			\$ 25.00	Nett
	Front No Plate Trim Cover ✕			\$ 30.00	Nett
				\$ 55.00	
	Labour Charge				
	Panel Beating			\$ 400.00	
	Spray Painting Charge			\$ 300.00 400	
	TOTAL LABOUR			\$ 700.00	
	ESTIMATE TOTAL			\$ 1,532.84	
1/Calvin 16/11/19 13/5/19 14/5/19 2/6/19 4/5 Alta Regi ght					
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.					



Service Request Details

Claim

S9M01N7N

Reference

None 

Loss Date

12 May 2019

Report Date

13 May 2019 1:40:19 PM

Request Date

13 May 2019

Due Date

21 May 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

P. Lim

T: 2.02 p.m

V: In

E. ✓

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration

SHD4183M

(Y104001)
SONATA

Service Address

...

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

INSD GIA NOT REPORTED

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

Catherine Chong (LKK Auto)

From: Lim Kwok Eng <limke@cdge.com.sg>
Sent: Monday, 13 May, 2019 12:10 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Cc: Ng Nyuk Phin; Roger How Keen Meng
Subject: SHD4183M with your insured SHD878T
Attachments: img-513120335-0001.pdf

Categories: Raghav

To Officer In Charge

Pls refer attachment

Best Regards

Lim Kwok Eng

Taxi Crash Repairs / ComfortDelgro Engineering Pte Ltd

Tel. 6214-8355 / 6214-8156

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

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

ComfortDelGro Engineering Pte Ltd (Registration No. 199506048W)

Shu Pei (LKKAUTO)

From: Shu Pei (LKKAUTO)
Sent: Wednesday, 15 May 2019 10:32 AM
To: claims@transcab.com.sg
Cc: transcab_avaclaims@ava-ins.com; Admin A
Subject: ACCIDENT INVOLVING SHD 878T AND SHD 4183M ON 12/05/2019 ALONG/AT RIVER VALLEY ROAD

'WITHOUT PREJUDICE'
SAVE AS TO COSTS

15 May 2019

Transcab Taxi
Singapore

Dear Sir,

OUR REF : CC4/ASM19008528/K1pb3 // S9M01N7N

YOUR REF : SHD 878T

ACCIDENT INVOLVING SHD 878T AND SHD 4183M ON 12/05/2019 ALONG/AT RIVER VALLEY ROAD

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 **SHD 4183M** 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 \$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 / chewht@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 **6742 3197** or email us at chewht@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)

63

COMFORTDELGRO ENGINEERING

Our Job Ref No 305295041
Date 14.05.19

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHD4183M CTPL

Fax :


12.05.19


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

- The repair job shall bill to: **AXA** --- **SHD878T**
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges
 - Total for Part-By-Part Repair Cost**
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$850.00
Final Lumpsum Repair cost \$850.00

- 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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kavin
Date : 14/5/19

For Official Use Only

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

Remarks:

Final Amount subject to Insurance Approval

MUTUAL SETTLEMENT FOR MOTOR ACCIDENT

1. We the undersigned hereby agree to mutually settle among ourselves a motor accident as follows:

Date/Time : 12/5/19 05:05
Along : River valley Rd after Lornie Hill Rd
Involving : SHD 4183M, SHD 878T

2. Neither party will report the accident to the relevant authorities as there are no personal injuries involved.

3. Both parties have agreed to settle this matter amicably as follows:

*Delete (a) or (b) as applicable

*(a) Neither party shall be liable to compensate the other party for any loss or damages (direct or indirect) incurred as a result of the accident. Each party shall bear their own repair cost.

*(b) Without admission of liability, SHD 878T
(party paying compensation) has paid a sum of \$ 1,394.62 which
SHD 4183M (owner of vehicle receiving compensation)
hereby acknowledges receipt in full and final settlement of all damages and costs incurred and/or to be incurred as a result of this accident.

Signature : Chan Meng Huay Signature : Lee Chong Hwee

Name : Chan Meng Huay Name : Lee Chong Hwee

I/C No : S16099185 I/C No : S68377911

Address : Blk 689 #07-213 Address : Jurong West Ctl 1

Sengkang 6406801

Vehicle no : SHD 878T

Vehicle no : SHD 4183M

Contact no : 98626272

Contact no : 96699202

Date : 15-5-2019

Date : 15/5/2019

"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"

Pls get TP (CDGE Taxi) company to give consent on private settlement

Type

🔗 Question

Message

Hi Shu Pei, as spoken please get written consent (company stamp on the settlement form, or a separate letter from CDGE Taxi).

Reply

MUTUAL SETTLEMENT FOR MOTOR ACCIDENT

1. We the undersigned hereby agree to mutually settle among ourselves a motor accident as follows:

Date/Time : 12/5/19 05:05
Along : River valley Rd after Lornie Hill Rd
Involving : SHD 4183M, SHD 878T

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(party paying compensation) has paid a sum of \$ 1,394.62 which
SHD 4183M (owner of vehicle receiving compensation)
hereby acknowledges receipt in full and final settlement of all damages and costs incurred and/or to be incurred as a result of this accident.

Signature : Chan Meng Huay

Name : Chan Meng Huay

IC No : S16544614

Address : Blk 689 #07-213

Jurong West Ch 1

Spore 6406801

Signature : Lee Chong Hwee

Name : Lee Chong Hwee

IC No : S68377911

Address : _____

Vehicle no : SHD 878T

Contact no : 98626272

Date : 15-5-2019


Vehicle no : SHD 4183M

Contact no : 96699202

Date : 15/5/2019

"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"

COMFORTDELGRD ENGINEERING PTE LTD



TAN PEI WEI
Manager
Crash Repair

**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/ASM19008528/K1pb3q2

8 SHENTON WAY #24-01

AXA TOWERSINGAPORE 068811

Date : 23-05-2019



ATTN:PETER

Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHD 878T	Veh. Inspected	SHD 4183M
Policy No.		Coverage (\$)	0.00
Claim No.	S9M01N7N	Excess (\$)	0.00
Assign From		Assign Date	13/05/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI SONATA	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KMHET41VMCA824605	Colour	BLUE
Odometer	275350	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	HANKOOK	7 mm
L/H Front Tyre	215/60 R16	HANKOOK	7 mm
R/H Rear Tyre	215/60 R16	HANKOOK	7 mm
L/H Rear Tyre	215/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	12/05/2019	Inspection Date	13/05/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
-------------------------------------	----------------

**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. SHD 4183M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	RADIATOR GRILLE (CONSISTENT)	CRACKED	282.10	282.10
1	RADIATOR GRILLE U MOULDING (CONSISTENT)	SERVICEABLE	108.90	-
1	FRONT BUMPER COVER (CONSISTENT)	DEFORMED	538.80	538.80
1	FRONT BUMPER BRACKET TOP(LH) (CONSISTENT)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH) (CONSISTENT)	SERVICEABLE	20.10	-
	LESS 20% DISCOUNT		-194.46	-164.18
			777.84	656.72
SPECIAL NETT ITEMS				
1	FRONT NUMBER PLATE (SN) (CONSISTENT)	CRACKED	25.00	25.00
1	FRONT NO.PLATE TRIM COVER (SN) (CONSISTENT)	SERVICEABLE	30.00	-
			55.00	25.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
			700.00	400.00
GRAND TOTAL			1,532.84	1,081.72
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				850.00

Report Ref No. CC4/ASM19008528/K1pb3q2

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

SYM01K7N

Reference

CCA/AM19008528/K1pb3a2

Loss Date

12 May 2019

Report Date

13 May 2019 1:40:19 PM

Request Date

13 May 2019

Due Date

Vendor Name

LKX AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Wait for Approve Invoice

Add Invoice

Vehicle Information

Incident Vehicle Registration #

SHD4183M

Make

TPVO HYUNDAI

Model

SONATA

Service Address

...

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

INSD GIA NOT REPORTED

Messages

Invoices

History

Documents

Assessment

Metrics









Notes

Document Type

Document SubType

Upload Documents

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
LKXInvoice1 (9).pdf	Invoice	Supplier/ Assessor expense	LKX AUTO CONSULTANTS PTE LTD (TP)	6 June 2019

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 LUK Inspection.pdf	Form / Claim Documents	Others	LUK AUTO CONSULTANTS PTE LTD (TP)	6 June 2019
 LUK Adjustment 1a f11.pdf	Form / Claim Documents	Others	LUK AUTO CONSULTANTS PTE LTD (TP)	6 June 2019
 LUK INSPECTION PHOTOS.pdf	Reports & Statement	Others	LUK AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 LUK RE-INSPECTION PHOTOS.pdf	Reports & Statement	Others	LUK AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 MUTUAL SETTLEMENT.pdf	Reports & Statement	Others	LUK AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 MUTUAL SETTLE-SIGNED.pdf	Reports & Statement	Others	LUK AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 M-4183.pdf	Reports & Statement	Others	LUK AUTO CONSULTANTS PTE LTD (TP)	14 May 2019
 TP PRI FROM WORKSHOP WITH GUA AND ESTIMATE.mig	Letters and Correspondence	Workshop	DHAKAL Raghav	13 May 2019