

LKK0000

INS. CASE OWNER:

CC 4/AIG1901

1082, 1101

LKK:

IDAC:

Surveyor:

Kahin

DOI:

ASSIGNMENT

21/6/19

Date / Time:

21/6/19

Registered in Merit:

21/6/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLX 7625H

Name of Insured:

BS CAR RENTAL P/L

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

20/6/19

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

A71490567364

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

SHL 86039

INSRS:
WSP:
Tel:
Liability:
RMKS:COGE
byINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time		STAGE	DATE / PIC
	SHL 86039 - X	Non-Reporting Itr (1st):	11/07/2019
	SLX 7625H - X	Non-Reporting Itr (2nd):	
	- no OI GIA, sent out 21/6/19.	Non-Reporting Itr (Final):	08/06/2019
		Notification Itr (if non-pickup):	
		Call OI:	
		After call Itr to OI:	
20.09.19	Seek AIG ADVICE ON OI NON REPORTING.	Documentation Check List:	Handler
15.01.20	AIG INFORM TO REQUISITIONED ALL LIABILITY.	Notification Itr (if non-pickup):	Typist
30.02.20	Email WSP AIG REQUISITIONED ALL LIABILITY.	After call Itr to OI:	
		Authorisation To Act:	
		Release Voucher:	
		Final Repair Bill:	
		Car Rental Invoice:	
		Towing Invoice:	
		ITA / GIA:	
		Medical Bill:	
		PIR:	
		Mandate/Reject Instruction:	
		LOD:	
		Payment Breakdown Form:	
		Post-Repair Photos:	
		Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost:	SS	(days) Reduction:	%	Email	Call
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FINAL SETTLEMENT	Date/Time:	Confirm with	Email	Call
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Final Liability:	%	(Agreed / Assessed) BOLA S/N No.:	If NO or B 28, Ass. Lia:
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Repair Cost:	SS		
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Loss of Rental (LOR):	SS	(days)	
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Loss of Use (LOU):	SS	(S x days)	
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Loss of Income (LOI):	SS	(S x days)	
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LOR only	LOU only	LOR + LOU	LOR + LO	[Tick only one]
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GIA/ITA Search	SS		
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Medical:	SS		
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Disbursement:	SS	(e.g. Tow/ Independent)	
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Legal Cost	SS		
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Total:	SS	Global Sum SS:	
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FINAL PAYMENT	Date/Time:	Confirm with:	Email	Call
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Payee 1:	SS	Name 1:	
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Payee 2: (Strike if N.A.)	SS	Name 2:	
---------------------------	----	---------	--

Payee 3: (Strike if N.A.)	SS	Name 3:	
---------------------------	----	---------	--

COPY SENT
22/7/2020

1) Claim status: Normal/Reject/Private Settle

2) Report Format: 78/20.

3) Survey fee: +250

4) AB fee: 22.54 X 2

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	21/06/2019 10:45
Date Of Accident	20/06/2019 21:20
Exact Location Of Accident	CTE TWDS WOODLANDS NEAR TO LAMPPOST 427
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8603Y
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	CHIN KAR BOON
NRIC No	S2553465D
Date Of Birth	02/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	29/04/1986
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-83396936
Fax Number	
Contact Number	
Email Address	CHINPS23@HOTMAIL.COM

Address	BLK 109 SERANGOON NORTH AVENUE 1 #10-651
Postcode	550109
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	DRIZZLING
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLX7625H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DARYL ROY PEREIRA @ MUHAMMAD DANNIE
NRIC/Passport Number	S8936235J
Contact Number	
Address	
Postcode	
Insurance Company Name	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

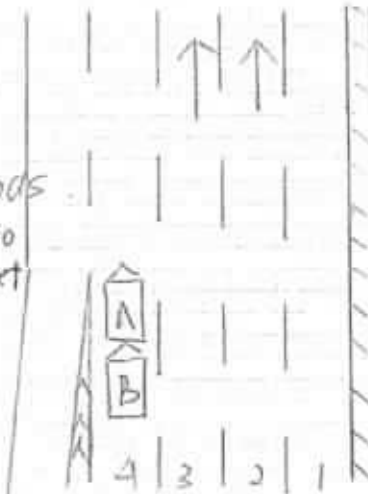
Loke Wei Yieng

SKETCH PLAN

A: SHC 8603 Y

B: SLX 7625 H

CIE
towards
Woodlands
Near to
Lampport
457



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 20/6/19 at about 21:20 hrs, I was driving at above said location with a male pax onboard. Shortly veh in front brake to stop and I doing so. Suddenly I felt an impact from behind followed by a jerk. Veh B in front portion collided onto the rear portion of my taxi. No injury reported in this accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

20/6/19
Loke Wei Yiang

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8603Y

DATE 21/6/2019 9:36

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Reinforcement			\$ 428.40
	Rear Bumper Reinforcement Bracket (LH/RH)		\$ 80.30	\$ 160.60
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket		\$ 35.60	\$ 71.20
	Rear Bumper Sponge			\$ 103.50
	Rear Bumper Under Cover			\$ 228.00
	SUB TOTAL			\$ 1,566.70
	LESS 20%			\$ 313.34
	DISCOUNTED TOTAL			\$ 1,253.36
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Bumper Reverse Sensor			\$ 135.70
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
				\$ 435.70
	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			\$ 2,499.06

LKX Auto Consultants hereby notify
 the Customer of the following:
 • To remedy unforeseen spray painting
 • Any damage caused during recovery
 • Any price are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No legal modification is allowed
 • Supplemental items must be surveyed and
 is subject to final approval from Insurance Company
 Acknowledged by Repairer
 Signature:
 Date:

K, h, 1/10/19
 21/6/19 15:55h
 2 hrs
 4/5
 After Repair

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.

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 8603Y

DATE 21/6/2019 9:36

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 553.00	
	Rear Bumper Reinforcement X			\$ 428.40	
	Rear Bumper Reinforcement Bracket (LH/RH) X		\$ 80.30	\$ 160.60	
	Rear Bumper Clip 10 pcs			\$ 22.00	
	Rear Bumper Bracket X		\$ 35.60	\$ 71.20	
	Rear Bumper Sponge X			\$ 103.50	
	Rear Bumper Under Cover X			\$ 228.00	

I hereby acknowledge that I have read and understood the terms and conditions of the repair estimate and I agree to the estimated cost of the repair work.

Signature: _____ Date: _____

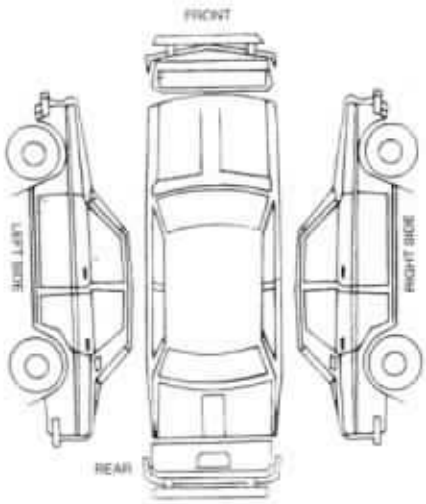
Acknowledged by Repairer

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order: 3931968	JC NO.: 305305331
STOMER		REGN NO.: SHC8603Y	MILEAGE	
/MS	COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL E.....1/2.....F	
STOMER NO.	7010045	MODEL I-40	DATE/TIME IN 21.06.2019 09:20	
DRESS	383 SIN MING DRIVE	YR OF MANU. 10.12.2015	TARGET DATE	
	Singapore SINGAPORE 575717	CHASSIS CODE KMHLB41UMGU082921	COMPLETION DATE/TIME:	
(R)	65508755			
(P)				
COUNT CARD NO.				

JOB DESCRIPTION


Accident Date: 20.06.2019
NATURE: 3P 20.06.19/B

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____		CUSTOMER'S SIGNATURE _____	
SERVICE ADVISOR _____			
Knowledge Slip	Ext Pass		
No.:	Vehicle No.:		
Vehicle No.: SHC8603Y	FZ AIG	SHC8603Y	
Signature/Date	Name of Service Advisor	Date	
To be returned to Service Reception upon collection		To be kept by Security Guard	

SHC8603Y - 3P CLAIMS WITH YOUR INSURED > SLX7625H (AIG)

From: Chin, Lee-Ying
To: 'assignments@lkkauto.com', Admin A (admin-a@lkkauto.com)
Cc: Fong, Andy-SY
Sent: 6/21/2019 1:43:38 PM
Attachments:  SHC8603Y-621122450-0001.pdf

Hi LKK,

Kindly assist to survey.

Thanks.

Best Regards
Lee Ying, Chin
AIG
Claims | AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1947
Lee-Ying.Chin@aig.com | www.aig.sg

2.27pm @ 21/6/19
vehicle h
person @ Fauzy
sur @ kalvin

From: Fauzy Bin Mokhtar [mailto:fauzy@sparkcarcare.com]
Sent: Friday, June 21, 2019 12:31 PM
To: AIG SGP, Claims-Survey; Wong, Ken-FK
Cc: Roger How Keen Meng; Tan Pei Wei
Subject: [EXTERNAL] SHC8603Y - 3P CLAIMS WITH YOUR INSURED > SLX7625H (AIG)

This message is from an external sender; be cautious with links and attachments.

Hi Motor Claims,

Please refer attached GIA report and estimate to arrange survey.
Taxi was grounded at our workshop on 21.06.19.

Best Regards,
Fauzy Mokhtar
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148319 / Fax:65468156

IMPORTANT NOTICE:

The information in this email (and any attachments) is confidential. If you are not the intended recipient, you must not use or disseminate the information. If you have received this email in error, please immediately notify me by "Reply" command and permanently delete the original and any copies or printouts thereof. Although this email and any attachments are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by American International Group, Inc. or its subsidiaries or affiliates either jointly or severally, for any loss or damage arising in any way from its use.

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969

Our Ref

305305331

Date

21-6-19

Time of Fax:

1225H

Via Fax

Enceel

Your Insured:

SLX 7625H

Date of Acc:

20-06-19

Attn: Motor Claims Department
Dear Sirs

SURVEY OF CLIENT'S DAMAGED VEHICLE REG NO. SH

C 8603Y

Our client has engaged us to repair the above vehicle and submit claims against the other party/parties-involved in the accident

In accordance to the motor claims framework, we hereby request your presence at 59 Loyang Drive, Singapore 508969 to survey our client's damaged vehicle.

Enclosed, please find:

- i) Our initial estimate of repairs of the damaged vehicle;
- ii) Accident report made by our client.

I would appreciate it if you could call us to arrange for the survey of the vehicle:-

- | | |
|----------------------|---------------------------------|
| • Lim Kwok Eng | Tel: 6214 8316 or HP: 9824 0811 |
| • Larry Ng Nyuk Phin | Tel: 6214 8315 or HP: 9230 2824 |
| • Lim Tien Siong | Tel: 6214 8398 or HP: 9635 8546 |
| • Chiang Liat Choon | Tel: 6214 8314 or HP: 9296 6006 |
| • Jumani Bin Masudin | Tel: 6214 8315 or HP: 9635 5305 |
| • Fauzy Bin Mokhtar | Tel: 6214 8319 or HP: 8125 9176 |

Fax no. 6546 8156

Fauzy

If we do not hear from you within the next 48 hours, we shall deem that you have waived your rights to survey our client's vehicle and we shall proceed to engage independent surveyor without further reference to you. We henceforth reserve our rights to claim for Loss of Use and Loss of Rental during any delayed period of this survey arrangement.

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.

Thank you.

Yours faithfully

for Vice President
Crash Repairs & Claims Recovery

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305305331
Date : 24.06.2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8603Y

Date of Accident : 20.06.2019

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

1. The repair job shall bill to: AIG --- SLX7625H
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges \$0.00
 - Total for Part-By-Part Repair Cost** \$0.00
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20% \$950.00
Final Lumpsum Repair cost \$950.00

3. Estimated normal period for repairs: 2 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Name : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Kalvin

Date : 24/6/19

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:

View Received Message

This mail is associated with :

*SHC8603Y (9314905673SG)
[SLX7625H]

TP

COMFORT TRANSPORTATION PTE LTD

Jun 20 2019 9:00PM

[BS Car Rental Pte Ltd]

ComfortDelGro Engineering Pte Ltd

[Reply](#) [Reply All](#) [Mark as Unread](#) [Print Message](#) [Delete Message](#) [Forward](#)

From AIG Asia Pacific Insurance Pte. Ltd. (AIG_SG), sent on 25/06/2019 10:14 AM.
To LKK_HQ
Subject No OI GIA Report

Hi,

Please be informed that no OI GIA report received till date.
Please find OI details below for your further action.

OI name: BS Car Rental Pte Ltd

Address:
87 Defu Lane 10
#03-13
Singapore 539219

Regards,
Wah Xin

DOCUMENTS SUMMARY

There are no documents.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC4/AIG19011082/K1eb3

26 June, 2019

BS Car Rental Pte Ltd

87 Defu Lane 10 #03-13

Singapore 539219

Dear Sirs,

**ACCIDENT INVOLVING SLX 7625H AND SHC 8603Y ON 20.06.2019 ALONG /
AT CTE TOWARDS WOODLAND NEAR TO LAMPPOST 427**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Asher Sng

Claims

Tel : 6841 6051

Fax: 6741 4108

Email : AsherSng@lkkauto.com

c.c. *Claims Manager*
AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC4/AIG19011082/K1eb3

11 JULY 2019

By Registered Mail
First Reminder

BS Car Rental Pte Ltd
87 Defu Lane 10
#03-13
Singapore 539219

Dear Sir,

**ACCIDENT INVOLVING SLX 7625H AND SHC 8603Y ON 20.06.2019 ALONG /
AT CTE TOWARDS WOODLAND NEAR TO LAMPOST 427**

We refer to the above subject matter. Your insurer AIG Asia Pacific Insurance Pte Ltd (AIG) has received a third party claim(s) against your motor insurance policy, and has appointed LKK Auto Consultants Pte Ltd to act on their behalf to handle this matter.

We highlight that this accident has not been reported to AIG.

Please note that you had been notified by our via mail by post from our office on 26/06/2019

Kindly proceed to lodge your accident report immediately, giving the version of the accident amongst other things related to the accident. The accident report can be lodged at any of AIG reporting centres. For the listing of AIG reporting centres, you may refer to your Certificate of Insurance or visit AIG Singapore's website.

To enable us to look into the matter immediately, please let us hear from you within fourteen (14) days from date of this letter (by 27/07/2019).

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s AIG Asia Pacific Insurance Pte Ltd reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,

Asher Sng
Case Handler
Tel : 6841 6051
Fax: 6741 4108
Email : AsherSng@lkkauto.com

c.c *Claims Manager*
 AIG Asia Pacific Insurance Pte. Ltd
 (Motor Claims Dept)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC4/AIG19011082/K1eb3

08 AUGUST 2019

By Registered Mail
(FINAL REMINDER)

BS CAR RENTAL PTE LTD
87 Defu Lane 10
#03-13
Singapore 539219

Dear Sir,

**ACCIDENT INVOLVING SLX 7625H AND SHC 8603Y ON 20.06.2019
ALONG /AT CTE TOWARDS WOODLAND NEAR TO LAMPPOST 427**

We refer to the above subject matter. Your insurer AIG Asia Pacific Insurance Pte Ltd (AIG) has received a third party claim(s) against your motor insurance policy, and has appointed LKK Auto Consultants Pte Ltd to act on their behalf to handle this matter.

We highlight that this accident has not been reported to AIG.

Please note that you had been notified by our via mail by post from our office on 26/06/2019 & 11/07/2019

Kindly proceed to lodge your accident report immediately, giving the version of the accident amongst other things related to the accident. The accident report can be lodged at any of AIG reporting centers. For the listing of AIG reporting centers, you may refer to your Certificate of Insurance or visit AIG Singapore's website.

To enable us to look into the matter immediately, please let us hear from you within fourteen (14) days from date of this letter (by **24 AUGUST 2019**).

Please be reminded that in accordance with the terms and conditions under your policy, failure of compliance, our principal M/s AIG Asia Pacific Insurance Pte Ltd reserves the right to repudiate liability.

If you need further assistance or clarifications, please contact the undersigned.

Yours faithfully,

Asher Sng
Case Handler
Tel : 6841 6051
Fax: 6741 4108
Email : AsherSng@lkkauto.com

c.c *Claims Manager
AIG Asia Pacific Insurance Pte. Ltd
(Motor Claims Dept)*

To : Traffic Police – Deputy Head, Investigations Department
Fax : 65474885

ONLY FOR ACCIDENTS IN SINGAPORE

NON-INJURY MOTOR ACCIDENT REPORT SCHEME
FORM ON NON-REPORTING BY INSURED

Please be informed that we have yet to receive a motor accident report from our insured with regard to a non-injury motor accident as follows: -

Date of accident : 20/06/2019
Time of accident : 21:20
Place of accident : CTE TOWARDS WOODLANDS NEAR TO
LAMPPOST 427
Third Party's name : CONFORT TRANSPORTATION PTE LTD
Third Party's vehicle number : SHC 8603Y
Our insured's name : BS CAR RENTAL PTE LTD
Our insured's vehicle number : SLX 7625H
Our insured's NRIC number : NIL
Our insured's address : 87 DEFU LANDE 10 #03-13 SINGAPORE
539219

Our Insured's telephone number : NIL

A letter dated **(11/07/2019)** was sent to remind our insured to report the non-injury motor accident to us. No report has yet been made.

Please do not hesitate to contact the following for any clarification on the matter.
(Please cite our reference number: **(CC4/AIG19011082/K1eb3)**)

Name and address of insurance company : AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#08-16
Singapore 079120

Name of contact person : Asher Sng
Contact Number : 6841 6051 Fax: 6741 4108
Date : 07/08/2019

Asher Sng (LKKAUTO)

From: Ler, Bernard-JQ <Bernard-JQ.Ler@aig.com>
Sent: Wednesday, 15 January 2020 3:15 PM
To: Asher Sng (LKKAUTO)
Subject: RE: [NON RERPORTING] Your Ref: 9314905673SG, ACCIDENT INVOLVING SLX 7625H AND SHC 8603Y ON 20/06/2019

Follow Up Flag: Follow up
Flag Status: Completed

Hi Asher,

Please be informed that we have repudiated all liabilities in regards to the above accident under non reporting.

You may inform TP accordingly.

Thanks.

Best Regards,

Bernard Ler
AIG
Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd
78 Shenton Way #08-16 Singapore(079120)
Tel +(65) 6419 1946
Bernard-JQ.Ler@aig.com | www.aig.com.sg

From: Ler, Bernard-JQ
Sent: 07 January 2020 15:59
To: Asher Sng (LKKAUTO) <AsherSng@lkkauto.com>
Subject: RE: [NON RERPORTING] Your Ref: 9314905673SG, ACCIDENT INVOLVING SLX 7625H AND SHC 8603Y ON 20/06/2019

Hi Asher,

I am currently seeking mandate to repudiate the matter under non-reporting.

Please inform TP accordingly to hold hands.

Thanks.

Best Regards,

Bernard Ler
AIG

Complex Claims Examiner
Claims | AIG Asia Pacific Insurance Pte. Ltd.

78 Shenton Way #08-16 Singapore(079120)

Tel +(65) 6419 1946

Bernard-JQ.Ler@aig.com | www.aig.com.sg

From: Asher Sng (LKKAUTO) [<mailto:AsherSng@lkkauto.com>]

Sent: 07 January 2020 15:25

To: Ler, Bernard-JQ <Bernard-JQ.Ler@aig.com>

Subject: [EXTERNAL] RE: [NON RERPORTING] Your Ref: 9314905673SG, ACCIDENT INVOLVING SLX 7625H AND SHC 8603Y ON 20/06/2019

This message is from an external sender; be cautious with links and attachments.

Hi Bernard,

We refer to the email dated on 20/09/2019.

Third party request for an update by 10/01/20 if not they will refer the case to the lawyer.

Kindly let us have your advise / instruction if any.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: asher.sng@lkkauto.com | fax: 6741-4108

81k S1, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



From: Asher Sng (LKKAUTO)

Sent: Tuesday, 17 December 2019 9:49 AM

To: Ler, Bernard-JQ <Bernard-JQ.Ler@aig.com>

Subject: RE: [NON RERPORTING] Your Ref: 9314905673SG, ACCIDENT INVOLVING SLX 7625H AND SHC 8603Y ON 20/06/2019

Hi Bernard,

We refer to the email dated 20/09/2019.

Please let us have the advise / instruction if any.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: asher.sng@lkkauto.com | fax: 6741-4108

Blk S1, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



From: Asher Sng (LKKAuto)

Sent: Friday, 20 September 2019 12:26 PM

To: Ler, Bernard-JQ <Bernard-JQ.Ler@aig.com>

Subject: [NON RERPORTING] Your Ref: 9314905673SG, ACCIDENT INVOLVING SLX 7625H AND SHC 8603Y ON 20/06/2019

Your Ref: 9314905673SG

Our Ref: CC4/AIG19011082/K1eb3

Hi Benard,

We refer to the above matter.

ACCIDENT INVOLVING SLX 7625H AND SHC 8603Y ON 20/06/2019

We have send out final non-reporting letter however insured yet to report till date.

Tried to contact insured however they mention they not aware about the accident and the hirer went missing after the accident.

Kindly advice / instruction if any as third party is chasing for settlement.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: asher.sng@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | 3(408933)

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Wednesday, 26 February 2020 10:56 AM
To: Kazali Haji Selahudin; Aileen Tan Lee Noi
Subject: Your Ref: T0619/SHC8603Y/KS(st) // ACCIDENT INVOLVING SHC 8603Y AND SLX 7625H ON 20/06/2019

'WITHOUT PREJUDICE'
SAVE AS TO COSTS

Your Ref: T0619/SHC8603Y/KS(st)
Our Ref: CC4/AIG19011082/K1eb3

Dear Sir/Mdm,

We refer to the above matter.

ACCIDENT INVOLVING SHC 8603Y AND SLX 7625H ON 20/06/2019

Please be informed that our Principal had repudiated the claim due to our insured breach of policy terms and conditions.

Therefore, we will close the matter at our end.

Kindly redirect your client's claim to the owner of SLX 7625H.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: ashersng@lkkauto.com | fax: 6741-4108

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

Our Ref : T 0619 / SHC8603Y /KS(st)
Your Ref: _____
Date : 27-Jun-19

AIG ASIA PACIFIC INSURANCE PTE LTD
AIG Building

78 Shenton Way
#07-16
Singapore 079120

Attn : Motor Claims Department

Dear Sir

ACCIDENT INVOLVING OUR TAXI SHC8603Y YOUR INSURED SLX7625H
AND OTHER _____ ON 20.06.19

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor Vehicle No SHC8603Y 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 SLX7625H we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$ 1,016.50
2	<u>2</u> days Loss of Rental @ \$ 116.95 per day	\$ 233.90
3	Survey Report Fees (<i>Surveyed by M/s LKK</i>)	\$ -
4	GIA / LTA Search Fees	\$ 7.49
5	GIA / Police Report Fees	\$ -
6	Towing / Medical / Transportation	\$ -
Sub Total :		\$ 1,257.89

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ 80.00 per days	\$ 160.00
Total Claims :		\$ 1,417.89

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

- a) Original repair bill and photocopies of photographs : 7 pcs.
b) LTA search slip/s of : SLX7625H
c) GIA / Police report/s of : SHC8603Y
d) Letter of authority from owner / hirer / operator
(X) Photograph/s of Accident Scene () Certificate of Insurance
() Witness statement/s (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

Kazali Hj Selahudin

CDGE Taxi Claims Department

Tel : 6214 8736 Fax : 6214 Email : kazali@cdge.com.sg

This is a computer generated letter. No signature is required.

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

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 8280 9755

www.cdge.com.sg

Company Registration No: 198900049W

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 408548

Senoko
24 Senoko Loop
Singapore 758156

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
501 Yishun Industrial Park A
Singapore 768732

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONG

I 40 SHC8603Y , SLX7625H

ON 20-Jun-19 21:20

CTE TWDS WOODLANDS NEAR TO LAMPPOST 427

I / We

CHIN KAR BOON

(Hirer) NRIC No.: SXXXX465D

and/or

(Relief) NRIC No.: SXXXX465D

Taxi Number

SHC8603Y

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

21-Jun-2019

Name of Hirer

CHIN KAR BOON

Hirer NRIC

SXXXX465D

Signature :



Address

109 SERANGOON NORTH AVENUE 1 ...
550109

Contact No.

83396936

Our Ref: CT19060529

Date: 25 June 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON	20/06/2019 @ 21:20 hrs
ALONG	CTE TWDS WOODLANDS NEAR TO LAMPPOST 427
INVOLVING	SLX7625H

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 **SHC8603Y** (the "Taxi"). The Taxi was hired to **CHIN KAR BOON IC NO S2553465D** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$116.95** 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.

[illegible]

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SLX7625H	20 Jun 2019 / 21:20:00	Successful	A04	AIG ASIA PACIFIC INSURANCE PTE. LTD.

[Previous](#)

[OK](#)

SHCP603 Y



MPR-03119193000919



MacPherson Road
Singapore Post Limited
10 Eunos Road #
Singapore Post Centre
Singapore 488600
GST Reg. No.: M2-0105651-9
Customer Service Hotline: 1605

Date/Time 12/7/2019 09:58

No. Description Amount(S\$)

1 Accept Registered Article Item 0.00

1. Ref: RC2825126055G Ctry: SG
Transaction No.: 8024191930066
2. Ref: RC2825126195G Ctry: SG
Transaction No.: 8024191930067
3. Ref: RC2825126225G Ctry: SG
Transaction No.: 8024191930068
4. Ref: RC2825126365G Ctry: SG
Transaction No.: 8024191930069
5. Ref: RC2825126405G Ctry: SG
Transaction No.: 8024191930070

2 Sale of Postage Label 2.54

- (Domestic)
Quantity: 1
Unit price: 2.54
Total GST: 0.17
Ref.: (1) RC2825126055G
Insurance: 0.00
Postage paid: 2.54
Transaction No.: 8024191930071

3 Sale of Postage Label 2.54

- (Domestic)
Quantity: 1
Unit price: 2.54
Total GST: 0.17
Ref.: (1) RC2825126195G
Insurance: 0.00
Postage paid: 2.54
Transaction No.: 8024191930071

4 Sale of Postage Label 2.54

- (Domestic)
Quantity: 1
Unit price: 2.54
Total GST: 0.17
Ref.: (1) RC2825126225G
Insurance: 0.00
Postage paid: 2.54
Transaction No.: 8024191930071

5 Sale of Postage Label 2.54

- (Domestic)
Quantity: 1
Unit price: 2.54
Total GST: 0.17
Ref.: (1) RC2825126365G
Insurance: 0.00
Postage paid: 2.54
Transaction No.: 8024191930071

6 Sale of Postage Label 2.54

- (Domestic)
Quantity: 1
Unit price: 2.54
Total GST: 0.17
Ref.: (1) RC2825126405G
Insurance: 0.00
Postage paid: 2.54
Transaction No.: 8024191930071

Total GST 0.85
Total Amount 12.70

Cash 12.70

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POSTING RECEIPT FOR REGISTERED ARTICLE(S)

NOTES:

- Separate forms are to be used for Insured and Non-Insured Registered Article.
- Please provide all information required and produce this receipt for all enquiries.
- Please tick where applicable. It shall be assumed no Advice of Receipt (AOR) is required or delivery by air is requested if relevant * is left blank.
- Please indicate the return address on the item(s) to ensure prompt return in event of non-delivery to the addressee(s).
- Please post item(s) at the post office counter according to the sequence stated below.

1. Name & Address of Addressee
BS Car Rental Pte Ltd
87 Defu Lane 10
#03-13
Singapore 539219
(SLX 7425H)

2. Name & Address of Postmaster

AIR: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N	By: <input type="checkbox"/> AIR <input type="checkbox"/> SUR
Insurance: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	() N
Contents:	
AIR: <input type="checkbox"/> Y <input type="checkbox"/> N	By: <input type="checkbox"/> AIR <input type="checkbox"/> SUR
Insurance: <input type="checkbox"/> Y <input checked="" type="checkbox"/> N	() N
Contents:	

For Official Use Only
(Item numbers are printed in order of posting at counter)

Sender's Agreement

I have read, understood and agreed to the terms and conditions of posting overseas. I accept the maximum liability payable for Registered Mail Service and certify that all information provided by me is true and the item(s) does not contain any hazardous or prohibited item(s).

Name & Signature

Date

P110

09/2014

Singapore Post Limited
(Reg. No. 198201623M)
10 Eunos Road #
#06-20 Singapore Post Centre
Singapore 488600

Tel: 1605
Fax: 6842 5114
To check delivery status or to raise an enquiry
on your registered article(s), please visit
www.singpost.com

(JHWN)



POSTING RECEIPT FOR REGISTERED ARTICLE(S)

Singapore Post Limited
(Reg. No. 199201623M)
10 Eunos Road 8
#06-20 Singapore Post Centre
Singapore 408600

Tel: 1605
Fax: 642 5114
To check delivery status or to raise an enquiry
on your registered article(s), please visit
www.singpost.com

NOTES:

- Separate forms are to be used for Insured and Non-Insured Registered Articles.
- Please provide all information required and produce this receipt for all enquiries.
- Please tick where applicable. It shall be assumed no Advice of Receipt (A/R) is required or delivery by air is requested if relevant * is left blank.
- Please indicate the return address on the item(s) to ensure prompt return in event of non-delivery to the addressee(s).
- Please post item(s) at the post office counter according to the sequence stated below.

1. Name & Address of Addressee BS CAR RENTAL PTE LTD 87 Defu Lane 10 #03-13 Singapore 539219 (SLX 7K25H)		A/R: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		By: <input type="checkbox"/> AIR <input type="checkbox"/> SUR	
		Insurance: <input type="checkbox"/> Y <input checked="" type="checkbox"/> SS <input type="checkbox"/> I <input type="checkbox"/> N			
		Contents:			
2. Name & Address of Addressee Spirax Sarco Pte. Ltd. 21 Channi South Ave 2 #01-01 Sim Sing Choo Building Singapore 486130 (CABE 7666)		A/R: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N		By: <input type="checkbox"/> AIR <input type="checkbox"/> SUR	
		Insurance: <input type="checkbox"/> Y <input checked="" type="checkbox"/> SS <input type="checkbox"/> I <input type="checkbox"/> N			
		Contents:			

For Official Use Only
(Item numbers are printed in order of posting at counter)
RA TSN Ref: 1328/225/C0029
Date: 13 Aug 2019
RA Ho:
RC11001516696
RC11001517096

Sender's Agreement

I have read, understood and agreed to the terms and conditions of posting overseas. I accept the maximum liability payable for Registered Mail Service and certify that all information provided by me is true and the item(s) does not contain any hazardous or prohibited item(s).

Name & Signature

Date

09/2014

SINGAPORE POST
BUKIT PANJANG
GST Reg. Add: SINGAPORE POST CENTRE
10 EUNOS ROAD 8
SINGAPORE 408600
GST Reg. No: M2-0105651-9
Date: 13 Aug 2019 Time: 10:15:29

Description	Amount(S\$)	GST@7%
-------------	-------------	--------

Ref. No: SSL02/1328/225/C0029		
MF 2ND LOCAL		
4 X 0.37	1.48	0.10
# PS STP \$1.30		
2 X 1.30	2.60	0.00
# POST STP 50C		
2 X 0.50	1.00	0.00

SUB TOTAL	5.08	0.10
-----------	------	------

TOTAL AMOUNT	5.08	
GST COLLECTED BY SINGPOST		0.10

MOP:CASH : \$5.08

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Pay any bills on SAM and earn LinkPoints now! Terms & conditions apply

Thank you for visiting Singapore Post

#Zero-rated for GST

*Exempt

*Out of Scope

**Supplier Item

Price inclusive of 7% GST where applicable

I have checked & confirmed the product is visually good, functional & performed within expectation.

...CLAIM SUBFOLDER...(Pending for Survey Report)

Revoked / No settlement

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	25 Jun 2019 Edit Reg		21 Jun 2019 00:00 Edit Adj Rpt	S\$1,190.00 Edit Estimates	S\$1,190.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured: BS Car Rental Pte Ltd , Co. Reg. No.: NA									
Main Claimant: COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R									
Vehicle Reg. No.: SHC8603Y		Date of Loss: 20/06/2019 21:00 - :59 [42 Months and 10 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / 9314905673SG		Policy/Cover Note No.: 0999994153							
Vehicle Reg. No. (Insured): SLX7625H		Policy No. (Claimant): MCOM0015							
		Excess:							
Repairer: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300									
Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Ler, Bernard-JQ] BernardJlQian.Ler@aig.com									
Claimant's Insurer: India International Insurance Pte Ltd (HQ) - Tel: 63476100									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 03/07/2019]									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> AIG_SG (05/08/2019): Re: Request For OI GIA Report AIG_SG (08/07/2019): Re: No OI GIA Report AIG_SG (25/06/2019): No OI GIA Report 									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*SHC8603Y (9314905673SG)
[SLX7625H]
TP
COMFORT TRANSPORTATION PTE LTD
Jun 20 2019 9:00PM
[BS Car Rental Pte Ltd]
ComfortDelGro Engineering Pte Ltd

Upload Documents			Upload Photos			Compose New Letter			Upload Video			Upload Audio			View View in Browser	
Photos/Images														3 per page		<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)												Thumbnail	Print	
1	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
2	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
3	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
4	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
5	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
6	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
7	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
8	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
9	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
10	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
11	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
12	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
13	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
14	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
15	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
16	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
17	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
18	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
19	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
20	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
21	24/06/19 17:40	General View											1	Load JPG	<input checked="" type="checkbox"/>	
22	25/06/19 07:56	Reinspection Photo											1	Load JPG	<input checked="" type="checkbox"/>	
23	25/06/19 07:56	Reinspection Photo											1	Load JPG	<input checked="" type="checkbox"/>	
24	25/06/19 07:56	Reinspection Photo											1	Load JPG	<input checked="" type="checkbox"/>	
Documentation														1 per page		<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)												Thumbnail	Print	
1	24/06/19 16:05	EMAIL FROM AIG DD 21062019											1	Load PDF		
2	24/06/19 16:05	TP EST & GIA REPORT											1	Load PDF		
3	24/06/19 18:33	TP ESTIMATE- MARKED											1	Load PDF		
4	05/09/19 10:33	Traffic Police (Non-Reporting)											1	Load PDF		
5	05/09/19 10:33	2ND NON REPORTING LETTER											1	Load PDF		
6	05/09/19 10:33	1ST NON REPORTING LETTER											1	Load PDF		
7	05/09/19 10:33	NON-REPORTING LETTER											1	Load PDF		
8	26/02/20 10:53	REPUDIATION MSG											1	Load PDF		
9	26/02/20 10:57	EMAIL WSP TO REPUDIATED CLAIM											1	Load PDF		
10	02/03/20 08:25	Registered Mail Fee											1	Load PDF		

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling InsurerNote: Remarks are private unless you show it to other parties.

LKK Auto Consultants Pte Ltd (Co. Reg. No. 199607198R)

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

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com; assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC4/AIG19011082/K1ES3Q2

Date: 02/03/2020

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. Policy No: 0999994153
 Claimant SHC8603Y Insured Vehicle No: SLX7625H
 Vehicle No: SHC8603Y
 Date of Loss: 20/06/2019 Nature of Claim: TP Claim No: 9314905673SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC8603Y
 Make & Model: HYUNDAI I40, 1.7 D (A) Engine No: D4DFU579587
 Reg. Date: 10/12/2015 (Man. Year: 2015) Chassis No: KMHLE41UMGU082921
 Colour: Blue Odometer: 307850 km
 Engine Capacity: 1685 cc
 Market Value/New Car Price: N/A
 Sum Insured (S\$): Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition: Steering (Serviceable): Yes Footbrake (Serviceable): Yes
 Handbrake (Serviceable): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 205/60 R16 Rear Tyre Size: 205/60 R16
 Front Left Side: West Lake 7 mm Rear Left Side: West Lake 7 mm
 Front Right Side: West Lake 7 mm Rear Right Side: West Lake 7 mm

The above values represent the remaining tyre tread depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,689.06	760.00	929.06	55.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	810.00	430.00	380.00	46.91
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,499.06	1,190.00	1,309.06	52.38
+ GST 7.00/7.00% (S\$)	174.93	83.30	91.63	52.38
Nett Amount (S\$)	2,673.99	1,273.30	1,400.69	52.38
Global Sum Settlement (S\$)		0.00		

INSPECTION

Date of Assignment: 21/06/2019
 Date Inspected: 21/06/2019 Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang)
 59 Loyang Drive
 Singapore 508969
 Estimated Period of Repair: 2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: Asher Sng Rong Yi

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	553.00 FL	*553.00 FL
2	1		*REAR BUMPER REINFORCEMENT	Serviceable	428.40 FL	*- FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Serviceable	160.60 FL	*- FL
4	10		*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
5	2		*REAR BUMPER BRACKET	Serviceable	71.20 FL	*- FL
6	1		*REAR BUMPER SPONGE	Serviceable	103.50 FL	*- FL
7	1		*REAR BUMPER UNDER COVER	Serviceable	228.00 FL	*- FL
8	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
9	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 FS	*50.00 FS
10	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 FS	*- FS
11	2		*REAR FENDER ADVERTISEMENT LOGO (LH/RH)	Necessary	200.00 FS	*200.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	2,002.40	875.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	313.34	115.00
Total Parts (\$\$)	1,689.06	760.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	300.00	200.00
3	WIRING CHARGE	New	30.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (S\$)			810.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >