

22/03/2002

ASS. REC. BY:

REF:

CS/AXA17013306/Gruber

Special Instructions:

Surveyor

Munir

GR

ASSIGNMENT (Office)

From (Person):

Lynn Khong

of

AXA

Date/Time:

10072017 435pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

S6B 1717 R

Insured:

at Workshop m/s

Auto Best motor

Tel:

6745 6132

of

Blk 3006 Ubi Road 1 #01-362

Policy No:

GA082095

Claim No:

C0442413

Sum Insured:

Excess:

#0

Make of Veh:

(Client's Record)

D.O.A.

04072017

CA / REV / REP. / REV 24 HRS

13.07.2017 @ 2.30pm
after.

H.O.D. Endorsement:

Date/Time:

10072017 446pm

Person Contacted:

Mr. Lee

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	S6B 1717 R - OVI/VAL15015798/0V
	DIA 180815
	RECEIVED 18 JUL 2018



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 : CS/AXA17013306/Grb		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 10-07-2017		
		Code : AXA2		
1. Policy Particulars :- OWN DAMAGE				
Insured Veh.	Veh. Inspected		SGB 1717R	
Policy No. GA082095	Coverage (\$)		0.00	
Claim No. C0442413	Excess (\$)		0.00	
Assign From MERIMEN (LYNN KHONG)	Assign Date		10/07/2017	
2. Vehicle Particulars & Condition				
Make & Model	c.c		0	
Engine No. HIDDEN	Year of Reg.			
Chassis No.	Colour			
Odometer -	Steering			
Brakes	Modification			
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date 04/07/2017	Inspection Date			
Survey held at	AUTO BEST MOTOR SERVICES BLK 3006 UBI ROAD 1 #01-362 SINGAPORE 408700			
5a. Remarks				
A)THE MARKET VALUE IS S\$------(EST. AVERAGE) B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.				

...CLAIM SUBFOLDER...(New Assignment)

AA (AXA Assistance) BI

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	10 Jul 2017 16:09		10 Jul 2017 16:35 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	SIM HENG LEONG, ID: S1587281J, Tel: +6596354781, Email: TWINSTEP@SINGNET.COM.SG		
Vehicle Reg. No.:	SGB1717R	Date of Loss:	04/07/2017 15:00 - :59
Claim Type:	OD / C0442413	Policy/Cover Note No.:	GA082095 (Comprehensive)
		Excess:	S\$0.00
Repairer:	Auto Best Motor Services (HQ) BLK 3006 UBI ROAD 1, #01-362, 408700 Ubi - Tel:		
Handling Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Lynn Khong - 6880 4892]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 19/07/2017]		
Driver/Custodian:	SIM HENG LEONG (54 / Male), NRIC: S1587281J, Tel: +6596354781		

ASSOCIATED MAIL RECEIVED View All Compose Case Mail

There are no mail for this case.

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.									

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

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

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Lynn Khong

Date: 13 Jul 2017

Preliminary Advice

Vehicle No	: SGB1717R	Accident Date	: 04/07/2017
Make	: MERCEDES-BENZ C180	Policy No.	: GA082095
Assignment Date	: 10/07/2017	Excess	: S\$0.00
Date of Inspection	: 13/07/2017	Est. Duration of Repair	: 4.00
Inspection At	: AUTO BEST MOTOR SERVICES (HQ) BLK 3006 UBI ROAD 1, #01-362 SINGAPORE 408700		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	5,478.80
Revised Amount	:S\$	4,888.80
Check Items (Estimated)	:S\$	0.00
Total	:S\$	4,888.80
Lump Sum Repair	:S\$	

Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	153,000.00
COE / PARF Rebate	:S\$	75,562.00
Salvage Value	:S\$	
Margin for Repair	:S\$	77,438.00

Remarks

- (X) The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (X) Other comments : The survey date and time : 13/07/2017 and 2.30pm. We have authorised repair.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 7281J

Vehicle Details

Vehicle No.: SGB1717R

Vehicle to be Exported: No

Intended De-registration Date: 13 Jul 2017

Vehicle Make: MERCEDES BENZ

Vehicle Model: C180 AVANTGARDE (R17 LED)

Primary Colour: White

Manufacturing Year: 2015

Engine No.: 27491030503379

Chassis No.: WDD2050402R130083

Maximum Power Output: 115.0 kW (154 bhp)

Open Market Value: \$34,471.00

Original Registration Date: 23 Dec 2015

First Registration Date: 23 Dec 2015

Transfer Count: 0

Actual ARF Paid: \$35,260.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 22 Dec 2025

PARF Rebate Amount: \$26,445.00

Intended COE Rebate Details

COE Expiry Date: 22 Dec 2025

COE Category: B - Car above 1600cc or 97kW (130bhp)

COE Period(Years): 10

QP Paid: \$58,190.00

COE Rebate Amount: \$49,117.00

Total Rebate Amount: \$75,562.00

The information contained herein is correct as at 13 Jul 2017

OK



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Last updated on 01 Jul 2017 at 12:50 AM

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 ability.
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 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	05/07/2017 14:54
Date Of Accident	04/07/2017 15:30
Exact Location Of Accident	GEYLANG ROAD TOWARDS KALLANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGB1717R
Insured/Policyholder	
Name Of Registered Owner	SIM HENG LEONG
NRIC No	S1587281J
Email Address	TWINSTEP@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96354781
Alternative Phone No	OTHERS-96354781

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180-1.6 AVANT GARDE (A)

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
------------------	-------------

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA082095/1
Cover Note Number	

Driver

Name of Driver	SIM HENG LEONG
NRIC No	S1587281J
Date Of Birth	20/06/1963
Occupation	INDOOR
Date Of Driving Pass	10/02/1984
Driving Experience	33 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96354781
Fax Number	
Contact Number	OTHERS-96354781
Email Address	TWINSTEP@SINGNET.COM.SG

Address	BLK 5A UPPER BOON KENG ROAD #10-728 SINGAPORE
Postcode	381005
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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)	1

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

REFER TO THE ATTACH STATEMENT RECORDED BY PEI WEN - PROGRESSIVE AUTOMOTIVE PTE LTD TEL 6741 5336

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	FS4540K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan

SKETCH PLAN

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 willful 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. 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 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.
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.

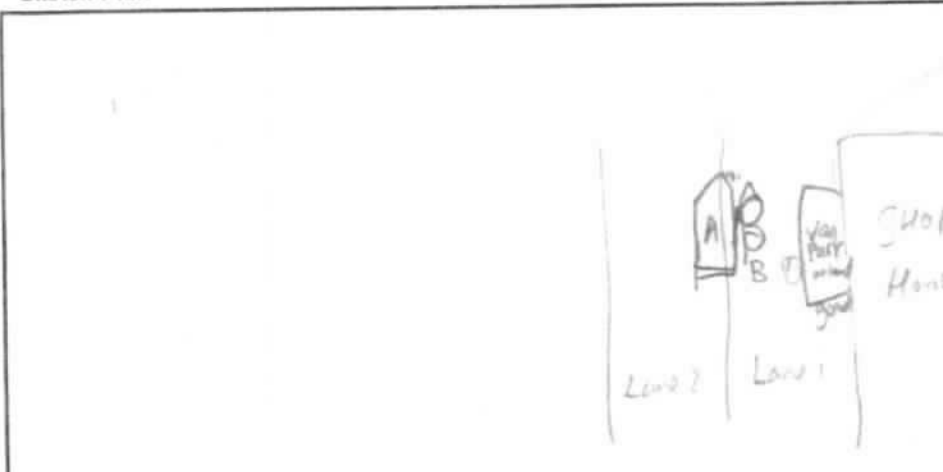

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Sketch Plan

	Number Plate A - 8GBLHR B - FS4540K
	Legend  Vehicle Bike

Sketch Plan #2

Describe Circumstances of the Accident

Date of Accident: _____

Time of Accident:

while travelling along Gaylang Rd towards
Kallang Rd near the turning point
to Lorong 3 Gaylang Suddenly A motor
bike hit my right side front part

Declaration

We declare the foregoing particulars are true in every respect.

PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIMEFRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. KINDLY CHECK YOUR POLICY FOR MORE DETAILS.

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

Progressive Automotive Pte Ltd
Blk 3022A Ubi Road 1 #01-45/46
Singapore 408716

Common Statement

ACCIDENT STATEMENT (Part I) Reporting Centre Progressive Automotive Pte Ltd

This is NOT an admission of blame / liability, but a summary of circumstances and facts which will speed up the settlement of claims.

1 Date of accident Time 4/7/17 1530		2 Exact location of accident Geylang Road - towards Rong.		3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> To objects other than vehicles: No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if possible) Is passenger in vehicle A or vehicle B: <input type="checkbox"/>		Vehicle Notes - Current Available To <input checked="" type="checkbox"/> Not <input type="checkbox"/>	

Registration No. (VEHICLE A) **26BHT7R**

6 Transport / policyholder (see insurance cert.)
 Name: **Sim Heng Leong**
 Address: _____
 NRIC / Passport no: **S1687381J**
 Tel no. (from 9am till 5pm): **96354781**
 HP: _____

7 Vehicle
 Make, type: **Mercedes Benz C180**
Insurance company **AXA** ☐ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle A? No ☐ Yes ☒
 Policy No: **AA0829511**

8 Driver ☒ Same as Owner
 Name: _____
 Capital letters: _____
 NRIC / Passport no: _____
 Class of licence: **3**
 HP: _____
 Gender: Male ☒ Female ☐

12 CIRCUMSTANCES
 If a cross (X) in each of the following boxes applicable to your vehicle.

1	parked / stopped (at the roadside)
2	leaving a parking space / opening the door (at the roadside)
3	entering a parking space (at the roadside)
4	emerging from a car park, from private grounds, from a minor road
5	entering a car park, private grounds, a minor road
6	entering a roundabout or similar traffic system
7	circulating in a roundabout or similar traffic system
8	striking the rear of the other vehicle while going in the same direction and in the same lane
9	going in the same direction but different lane
10	changing lanes
11	overtaking
12	turning to the right, making a U-turn (official U-turn)
13	turning to the left
14	reversing
15	encroaching in the opposite traffic lane
16	coming from the right (at road junctions)
17	not observing a right-of-way sign (e.g. red traffic light, stop sign, etc.)

State TOTAL number of boxes marked with a cross: _____

Registration No. (VEHICLE B) **FS4540K**

6 Insured / policyholder (see insurance cert.)
 Name: _____
 Address: _____
 NRIC / Passport no: _____
 Tel no. (from 9am till 5pm): _____
 HP: _____

7 Vehicle
 Make, type: _____

8 Insurance company **NTUC** ☐ C ☐ TPFT ☐ TPO
 Does the policy cover damage to vehicle B? No ☐ Yes ☐
 Policy No. (if available): **008034350-12**

9 Driver (See driving licence) (if different from insured B above)
 Name: _____
 Capital letters: _____
 NRIC / Passport no: _____
 Class of licence: _____
 HP: _____
 Gender: Male ☐ Female ☐

10 Indicate the point of initial impact with an arrow (→)

11 Sketch of accident when impact occurred
 (Use the grid below to sketch the layout of the road - 2 the direction of vehicles A and B with arrows - 3 their positions at the time of impact - 4 the road signs - 5 names of the streets or roads)

REFER TO ATTACHED

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

11 Visible damage to vehicle B

13 My remarks

14 Signatures of drivers

A *[Signature]*

B *[Signature]*

13 My remarks

* In the event of dispute or in the event of damage to property other than to vehicles A and B, give information overleaf

Do not alter anything in this statement after signing. Subsequently, each driver should take own costs.

For insured's Individual Statement (Part II) see overleaf →

Individual Statement

Reporting Centre Progressive Automotive Pte Ltd

INDIVIDUAL STATEMENT (Part II)		Driver's Name (Print Name) (If not, state all)													
To be completed and submitted within 24 hours to your insurer or Idac or appointed workshop (Use a separate sheet of paper where necessary).															
Insured	1. Occupation (if more than one, state all)			Email: <u>Twin Step @ Singapore</u>											
	2. Vehicle registration no.		CC	If commercial vehicle, state permissible carrying capacity											
	3. Is driver the owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, state relationship of driver with owner												
	4. Exact purpose for which vehicle was being used at time of accident			<input type="checkbox"/> Private use <input type="checkbox"/> Commercial use <input type="checkbox"/> Hire & reward <input type="checkbox"/> Others - please specify											
Of which vehicle are you the owner?	5. Is the vehicle still in use? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		If no, state where it is at present												
	6. Are you claiming under your own insurance policy for repair to your vehicle? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Tel no.												
	7. If no, state action to be taken			<input type="checkbox"/> Third Party <input type="checkbox"/> Reporting Only <input type="checkbox"/> Third Party (Own Workshop)											
	8. Give details of any pre-existing impairment of sight or hearing and of any other disability														
Driver or person in charge of vehicle at the time of accident (including insured)	7. Date of birth		Occupation	Date of license pass											
	20/11/83		Indoor	Outdoor											
	10/7/1984		Was vehicle driven with the insured's permission? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No												
	Was driver an employee of the insured's company? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
9. Full details of all driving convictions including pending prosecutions in the last 36 months															
<table border="1"> <thead> <tr> <th>Date</th> <th>Offence</th> <th>Penalty</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>				Date	Offence	Penalty									
Date	Offence	Penalty													
Injured persons	10. Name(s), address(es) and approximate age(s)		Injuries sustained	If vehicle occupants, state in which vehicle											
Damage to property & vehicles (other than vehicles A and B)	11. Name(s) and address(es) of owner(s)		Vehicle registration no. or details of property	Nature of damage											
Police action	12. Was the accident reported to the Police? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, please state which Police station												
	13. Was notice of intended prosecution given? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		If yes, against whom?												
	14. Weather conditions		<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Rainy <input type="checkbox"/> Others												
	15. Road surface		<input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others												
Accident details	16. Speed of vehicles		<input type="checkbox"/> A <input type="checkbox"/> B km/hr												
	17. What warnings were given by driver or other party?														
	18. Were street lights illuminated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No														
	19. What lights were displayed on your vehicle/the other vehicle(s)?														
Declaration	20. If your vehicle is commercial, state weight of load carried at time of accident														
	21. State how accident happened, width of roads, speed limits, etc (Refer to attached)														
	22. State number of Passengers (including Driver) <input checked="" type="checkbox"/> 1														
	I/We declare the foregoing particulars are true in every respect Policyholder's signature: <u>Sif</u> Date: <u>5/7/17</u> 2:34pm Driver's signature (if driver is not the policyholder): _____ Date: _____														

AUTO BEST MOTOR SERVICES

Block 3006 Ubi Road 1 #01-362 Singapore 408700

Registration No: 37684500K

Tel: 6745 6932 / 6746 8978 Fax: 6745 8669

10-07-17

AXA Insurance Singapore Pte Ltd
8 Shenton Way
#27-01 AXA Tower
Singapore 068811

RE: ACCIDENT INVOLVING SGB1717R ON 04/07/2017

Attn: Officer-In-Charge

Dear Sir/Madam,

We are please to submit a repair estimate for the damaged vehicle SGB1717R as follows:

Nett Item(s)

01 pc	Front bumper / <i>de</i>	\$	1,358.00	
01 pc	Front bumper side bracket RH - <i>McC</i>	\$	112.00	<i>68.60</i>
01 pc	Front fender RH - <i>McC</i>	\$	1,298.00	<i>859.87</i>
01 pc	Front fender inner liner RH - <i>de</i>	\$	191.00	<i>162.09</i>
01 pc	Front wheel cap RH - <i>McC</i>	\$	65.00	
01 pc	Front wheel rim RH - <i>McC</i>	\$	1,018.00	<i>550 (SN)</i>
		\$	4,042.00	
		\$	404.20	<i>2513.56</i>
	Less 10%			
	Nett Total	\$	3,637.80	<i>2262.20</i>

Special Nett Item(s)

01 set	Front bumper clip / <i>McC</i>	\$	48.00
01 set	Front fender inner liner clip RH / <i>McC</i>	\$	38.00
	Parts Total	\$	3,723.80

Labour and Miscellaneous

To check wiring for proper function.	\$	40.00	<i>30</i>
To remove & refit front bumper sensor to facilitate repairs.	\$	50.00	<i>40</i>
To transfer RH front wheel rim & conduct wheel balancing.	\$	35.00	<i>✓</i>
To conduct wheel alignment.	\$	80.00	<i>60</i>
Balance C/forward	\$	3,928.80	

AUTO BEST MOTOR SERVICES

Block 3006 Ubi Road 1 #01-362 Singapore 408700

Registration No: 37684500K

Tel: 6745 6932 / 6746 8978 Fax: 6745 8669

	Balance B/forward	\$ 3,928.80
To re-set & re-programme ECU.	\$ 350.00	X NN
To replace, repair, straighten & re-align all damaged parts.	\$ 400.00	/
To spray paint on all affected areas.	\$ 800.00	600.
	Grand Total	\$ 5,478.80

Please kindly contact me & send your surveyor down to survey the damaged vehicle the soonest possible.

Thank you and regards.

4063.20

AUTO BEST MOTOR SERVICES

Handwritten signature/initials

4 Days.

Authorized.

Guan Qi ang - 82880282

13/7/17

Excess : 0.

part by part.

before paint photos.

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:

Claim No. _____

SATISFACTION CUM DISCHARGE VOUCHER

To:

I/We hereby declare that the repairs to my/our motor vehicle
Registration no. SGB 177R have been completed to
my/our satisfaction and I/We agree that the payment of the sum of
\$ 4063.2 to the repairer for such repairs shall be in full
discharge of my/our claim under Policy No. VA1/GA082095
in respect of the damage caused to my/our said motor vehicle in the
accident which occurred on 04-07-2017

Date: _____ Signature of Insured 

I/C No. S 1587281 J

AUTO BEST MOTOR SERVICES

Block 3006 Ubi Road 1 #01-362 Singapore 408700

Registration No: 37684500K

Tel: 6745 6932 / 6746 8978 Fax: 6745 8669

20TH JULY 2018

AXA Insurance Singapore Pte Ltd

8 Shenton Way

#27-01 AXA Tower

Singapore 068811

RE: ACCIDENT INVOLVING SGB1717R ON 04/07/2017

Attn: Officer-In-Charge

Dear Sir/Madam,

We are please to submit a repair estimate for the damaged vehicle SGB1717R as follows:

Nett Item(s)

01 pc Front bumper
01 pc Front bumper side bracket RH
01 pc Front fender RH
01 pc Front fender inner liner RH
01 pc Front wheel cap RH

\$ 1358.00

\$ 68.60

\$ 859.89

\$ 162.09

\$ 65

\$ 2513.58

Less 10%

\$ 251.38

Nett Total

\$ 2262.20

Special Nett Item(s)

01 set Front bumper clip
01 set Front fender inner liner clip RH
01 set Front wheel rim RH

\$ 48.00

\$ 38.00

\$ 550.00

Labour and Miscellaneous

To check wiring for proper function.

\$ 30.00

To remove & refit front bumper sensor to facilitate repairs.

\$ 40.00

To transfer RH front wheel rim & conduct wheel balancing.

\$ 35.00

To conduct wheel alignment.

\$ 60.00

Balance C/forward

\$ 3063.20

AUTO BEST MOTOR SERVICES

Block 3006 Ubi Road 1 #01-362 Singapore 408700

Registration No: 37684500K

Tel: 6745 6932 / 6746 8978 Fax: 6745 8669

	Balance B/forward	\$ 3063.20
To re-set & re-programme ECU.		\$ NIL
To replace, repair, straighten & re-align all damaged parts.		\$ 400.00
To spray paint on all affected areas.		\$ 600.00
	Grand Total	<u>\$ 4063.20</u>

Please kindly contact me & send your surveyor down to survey the damaged vehicle the soonest possible.

Thank you and regards.

AUTO BEST MOTOR SERVICES



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

AA (AXA Assistance) BI

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	10 Jul 2017 16:09		10 Jul 2017 16:35 Edit Adj Rpt	S\$4,063.20 Edit Estimates	S\$4,063.20 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:

SIM HENG LEONG, ID: S1587281J, Tel: +6596354781, Email: TWINSTEP@SINGNET.COM.SG

Vehicle Reg. No.:

SGB1717R

Claim Type:

OD / C0442413

Repairer:

Auto Best Motor Services (HQ) BLK 3006 UBI ROAD 1, #01-362, 408700 Ubi - Tel:

Handling Insurer:

AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Peter Wang Xiao]

Adjuster:

LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by XING GUO QIANG] ... [Final Rpt due 19/07/2017]

Driver/Custodian:

SIM HENG LEONG (54 / Male), NRIC: S1587281J, Tel: +6596354781

Date of Loss:

04/07/2017 15:00 - :59
[18 Months and 11 Days From LTA Reg Date (Man Yr)]

Policy/Cover Note No.:

GA082095 (Comprehensive)

Excess:

S\$0.00

[Created by insurer]

ASSOCIATED MAIL RECEIVED

[View All](#)
[Compose Case Mail](#)

There are no mail for this case.

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

*SGB1717R (C0442413)
 OD
 Jul 4 2017 3:00PM
 [SIM HENG LEONG]
 Auto Best Motor Services

Upload Documents			Upload Photos			Compose New Letter			Upload Video			Upload Audio			View		View in Browser	
Assessment Reports														1 per page		<input checked="" type="checkbox"/>		
No	Finalized On		LKK Auto Consultants Pte Ltd (HQ)											Thumbnail		Print		
1	13/07/17 16:56		Adjuster Immediate Advice											1 Load HTM				
Photos/Images														3 per page		<input checked="" type="checkbox"/>		
No	Relabel/Reorder		LKK Auto Consultants Pte Ltd (HQ)											Thumbnail		Print		
1	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
2	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
3	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
4	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
5	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
6	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
7	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
8	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
9	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
10	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
11	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
12	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
13	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
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27	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
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30	29/06/18 12:56		General View											1 Load JPG		<input checked="" type="checkbox"/>		
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32	29/06/18 12:57		Reinspection Photo											1 Load JPG		<input checked="" type="checkbox"/>		
33	29/06/18 12:57		Reinspection Photo											1 Load JPG		<input checked="" type="checkbox"/>		
34	29/06/18 12:57		Reinspection Photo											1 Load JPG		<input checked="" type="checkbox"/>		
35	29/06/18 12:57		Reinspection Photo											1 Load JPG		<input checked="" type="checkbox"/>		

Assessment Reports			1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print
36	29/06/18 12:57	LKK Auto Consultants Pte Ltd (HQ) Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
37	29/06/18 12:57	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
38	29/06/18 12:57	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
39	29/06/18 12:57	Photo After Spray	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On		Thumbnail	Print
1	10/07/17 16:23	AXA Insurance Pte Ltd (HQ) EMAIL_ABS	 Load PDF	
2	10/07/17 16:23	ESTIMATE_ABS	 Load PDF	
3	10/07/17 16:23	SGB1717R INSD GIA REPORT_ABS	 Load PDF	
4	10/07/17 16:29	CI	 Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	24/07/18 16:34	Workshop Invoice	 Load PDF	
2	24/07/18 16:34	Discharge Voucher	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>				
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>				

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

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

Our File No: CS/AXA17013306/GRBE2

Date: 24/07/2018

REFERENCE

Insured/Claimant:	SIM HENG LEONG	Policy No:	GA082095		
Date of Loss:	04/07/2017	Nature of Claim:	OD	Claim No:	C0442413

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SGB1717R		Engine No:	27491030503379
Make & Model:	MERCEDES-BENZ C180, 1.6 (A)		Chassis No:	WDD2050402R130083
Reg. Date:	23/12/2015 (Man. Year: 2015)		Odometer:	41643 km
Colour:	White			
Engine Capacity:	1595 cc			
Market Value/New Car Price:	S\$153,000.00			
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:	225/50 R17	Rear Tyre Size:	225/50 R17
Front Left Side:	Bridgestone 6 mm	Rear Left Side:	Bridgestone 6 mm
Front Right Side:	Bridgestone 6 mm	Rear Right Side:	Bridgestone 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,723.80	2,898.20	825.60	22.17
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,755.00	1,165.00	590.00	33.62
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	5,478.80	4,063.20	1,415.60	25.84

INSPECTION

Date of Assignment:	10/07/2017		
Date Inspected:	13/07/2017	Inspected At:	Auto Best Motor Services (HQ) BLK 3006 UBI ROAD 1, #01-362 Singapore 408700
Estimated Period of Repair:	4.0 days		

Adjuster: XING GUO QIANG

Manager: Janice Lee Si Hua

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

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 24 Jul 2018)
Parts: 143	MERCEDES-BENZ C180 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SGB1717R)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER (CONSISTENT)	Deformed	1,358.00 FL	*1,358.00 FL
2	1		*FRONT BUMPER SIDE BRACKET RH (CONSISTENT)	Necessary	112.00 FL	*68.60 FL
3	1		*FRONT FENDER RH (CONSISTENT)	Buckled	1,298.00 FL	*859.87 FL
4	1		*FRONT FENDER INNER LINER RH (CONSISTENT)	Deformed	191.00 FL	*162.09 FL
5	1		*FRONT WHEEL CAP RH (CONSISTENT)	Cut	65.00 FL	*65.00 FL
6	1		*FRONT WHEEL RIM RH (CONSISTENT)	Cut	916.20 FS	*550.00 FS
7	1		*SET FRONT BUMPER CLIP (CONSISTENT)	Necessary	48.00 FS	*48.00 FS
8	1		*SET FRONT FENDER INNER LINER CLIP RH (CONSISTENT)	Necessary	38.00 FS	*38.00 FS

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

Sub Total (\$\$)	4,026.20	3,149.56
- List Item Discount on L Items 10.00/10.00% (\$\$)	302.40	251.36
Total Parts (\$\$)	3,723.80	2,898.20

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
<u>Labour Items</u>				
1	TO CHECK WIRING FOR PROPER FUNCTION	New	40.00	30.00
2	TO REMOVE & REFIT FRONT BUMPER SENSOR TO FACILITATE REPAIRS	New	50.00	40.00
3	TO TRANSFER RH FRONT WHEEL RIM & CONDUCT WHEEL BALANCING	New	35.00	35.00
4	TO CONDUCT WHEEL ALIGNMENT	New	80.00	60.00
5	TO RE-SET & RE-PROGRAMME ECU	New	350.00	0.00
6	TO REPLACE, REPAIR, STRAIGHTEN & RE-ALIGN ALL DAMAGED PARTS	New	400.00	400.00
7	TO SPRAY PAINT ON ALL AFFECTED AREAS	New	800.00	600.00
Gross Labour Cost (\$\$)			1,755.00	1,165.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >