

22/03/2002

13371

ASS. REC. BY:

REF:

CS / ~~AXA~~ 7023189 / Avbe2

Special Instruction:

Surveyor:
(man/claim)

Adrian

ASSIGNMENT (Office)

From (Person):

Yvonne Ang

of

AXA

Date/Time:

12

06-10-2017 4:44pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLC 70458

Insured:

at Workshop m/s

ME Solution

Tel:

6243 1373

of

23 Kaki Bukit Ave 4 #02-03

Policy No:

Claim No:

S7M0017W

Sum Insured:

Excess:

\$ 800.00

Make of Veh:

D.O.A.

26.11.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS

07.12.2017

H.O.D. Endorsement:

Date/Time:

06122017 11:46pm

Person Contacted:

Jack

Vehicle ID OUT

Date/Time	Action/Instruction (✓) Estimate
7/12/17	@ 126pm Informal Xiao Hui CIA on LS & \$800
7/12/17	Send preli revised by SMART claim
11/1/18	Adrian confirmed LS \$9450 (Red 545476, 3710)

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

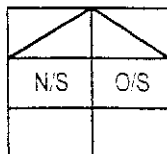
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: \$78K.

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res: Yes or No

Lump Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SLC70455 Page: 2016 May.Type: M Car / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mazda3 No: 1496Colour: Black A/C Insured / Std / NI / NASp. Reading: 15832 T. Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Jm6BM42A8G0334295Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/60 R16R: 205/60 R16BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 24/12/17Survey held at MG Solution. 7 @ 1030amDes. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

~~PRAXA Lcp test~~
OD AXA.

MV: 78K

PV: 46.5K

Nett: 31.5K

RECEIVED 15 JAN 2016

Date/Time: File Pass to:

☐ : Preli. ReportDays Of Repair: 7

Date/Time: File Return to:

☐ : Final ReportResurvey No. of Trip: 1

Survey Fee

Transportation

_____-P5_____

Photo

Diary

TOTAL

P. 15/1 - typist

Add Fee: ☐ Site Insp. IS☐ Interview IS☐ Tech. Insp. IS☐ Weekend ISReport Format: SMART claimLump Sum / I.B.I. IS 94501/2

290

290

Survey Department Check List (Case Handler)

Reference No. : CS/AxA 17023189/Avb
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin () : Case handler to make sure all information created by the assignment team are **ACCURATE**.

(1) Office Assign Form		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)				
C	D.O.A	✓			
C	Policy No				
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)	✓			
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess	✓			

Surveyor () : Case handler to make sure the surveyor completed all required information.

(1) Assignment Form					
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp. Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des. of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases	✓			
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: VERON 15/1/18
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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/AXA17023189/Avb

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 06-12-2017



Code : AXA2

1. Policy Particulars :- OWN DAMAGE

Insured Veh.	Veh. Inspected	SLC 7045S
Policy No.	Coverage (\$)	0.00
Claim No. S7M004TW	Excess (\$)	800.00
Assign From SMART CLAIM (YVONNE ANG)	Assign Date	06/12/2017

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	26/11/2017	Inspection Date	07/12/2017
Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933		

5a. Remarks


A) THE MARKET VALUE IS S\$----- (EST. AVERAGE)
B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE AUTHORISED REPAIRS.

« Service Request Details

Claim

S7M004TW

Reference

None 

Loss Date

November 26, 2017

Request Date

December 6, 2017

Due Date

December 13, 2017

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Accelerated workshop survey

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SLC7045S

Make

MAZDA

Service Address

23 KAKI BUKIT AVE 4, , , 415933

Primary Contact/Insured

LI HIA LIM

BLK 319 #10-23, HOUGANG AVE 5, 530319, Singapore, Singapore

AMELIA@JINSHI.COM.SG

Claim Handler

Yvonne ANG

6568804461

yvonne.ang@axa.com.sg

Additional Instructions

EXCESS \$800

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

[New Message](#)

TYPE



SENT

12/6/17 4:42 PM

FROM

Yvonne ANG

SUBJECT

SLC7045S - Authorize

BODY

Please proceed to authorize if is consistence and ...



LKK AUTO CONSULTANTS PTE LTD (OD) ▾

New Message

Type *

☒ Message

Subject *

PRELIMINARY ADVICE OF VEHICLE NO SLC 70455

Message *

Repairer's Estimate (Gross) : S\$14,542.76

Revised Estimate Amount : S\$7,656.92

" Check" Items Amount : S\$4,524.24

Total : S\$12,181.16

Market Value : S\$78,000.00

COE/PARF Rebate : S\$48,642.00

Nett Value : S\$29,358.00

The vehicle sustained damages at the front portion.

Survey date and time: 7/12/2017 at 10.30AM

We have authorize repair.

Vehicle repair on Lump Sum basis.

No of days:7 days

Best Regards,

Veron Chen

Cancel

Send

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Singapore NRIC
Owner ID	9652D

Vehicle Details

Vehicle No.	SLC7045S
Vehicle to be Exported	No
Intended De-registration Date	07 Dec 2017
Vehicle Make	MAZDA
Vehicle Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Primary Colour	Black
Manufacturing Year	2016
Engine No.	P520350038
Chassis No.	JM6BM42A8G0334295
Maximum Power Output	88.0 kW (118 bhp)
Open Market Value	\$15,841.00
Original Registration Date	24 May 2016
First Registration Date	24 May 2016
Transfer Count	0
Actual ARF Paid	\$10,841.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	23 May 2026
PARF Rebate Amount	\$8,130.00

Intended COE Rebate Details

COE Expiry Date	23 May 2026
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	10
QP Paid	\$47,889.00
COE Rebate Amount	\$40,512.00
Total Rebate Amount	\$48,642.00

The information contained herein is correct as at 07 Dec 2017

OK



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Last updated on 19 Nov 2017 at 12:12 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	27/11/2017 13:38
Date Of Accident	26/11/2017 11:55
Exact Location Of Accident	JUNCTION OF UPPER SERANGOON RD TO HOUGANG AVE 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7045S
Insured/Policyholder	
Name Of Registered Owner	LIM LI HIA
NRIC No	S1499652D
Email Address	LLHJESSIE@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96269612
Alternative Phone No	OFFICE-60000000

Vehicle Particulars

Manufacturer	MAZDA
Model	3-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	GA202142/1
Cover Note Number	

Driver

Name of Driver	LIM LI HIA
NRIC No	S1499652D
Date Of Birth	08/04/1961
Occupation	INDOOR
Date Of Driving Pass	07/08/1981
Driving Experience	36 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96269612
Fax Number	
Contact Number	OFFICE-60000000
Email Address	LLHJESSIE@YAHOO.COM.SG

Address

Postcode

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 COLLISION - CROSS JUNCTION

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) 4

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

Report please refer sketch Plan

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 SJM7480P

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

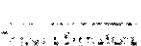
IMPORTANT NOTICE



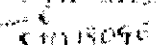
1. Please read carefully the extent of the accident to speed up the claims process.
2. The Form must be completed by the Policyholder and/or the Authored Policy.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability, but the start of formal claims process.
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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 storing 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 a review of the report being made available as above.
8. Consent under the Personal Data Protection Act (PDPA)

(Understand, acknowledge, agree and consent that:

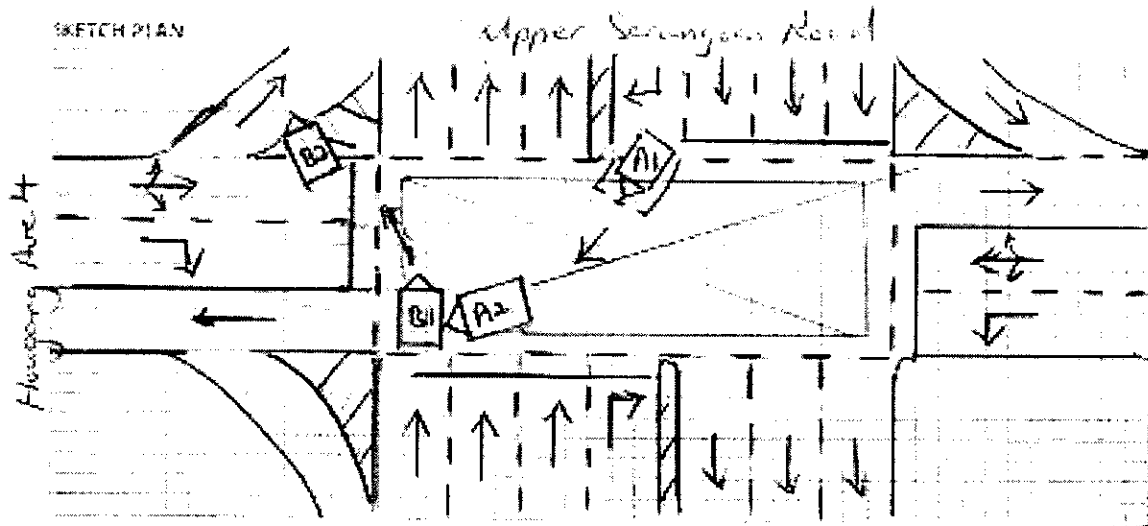
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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, communicating processes, issuing and/or responding to my claims, or for any the "Purposes";
- (b) 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 the purpose(s) of:
 - (i) my Personal Information may/are disclosed to any of the Insurers' lawyers/law firms for the purpose(s) of representing them (including their law firm/law firms) who may be a law firm of Singapore, for the purpose(s) of the above-mentioned;
 - (ii) conducting and/or assisting in the investigation of the accident and/or my claims; and
 - (iii) the information collected under (b) will be used for the purpose(s) of:
 - (i) each Insurers and/or my appointed claims adjuster in carrying out investigating, controlling or managing the accident, regulatory, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulatory, laws or court orders;


Authorised Signature
Date & Time


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


Insuring Company's Authorized Signature
Name: 
REGISTRATION NO: 

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 26/11/2017 at about 1155 hrs at junction of Upper Serangoon Road and Hwang Ave 4. I was travelling on the extreme Right Lane along Upper Serangoon Rd and had stopped at the pocket to enter Right into Hwang Ave 4. When the green arrow traffic signal appeared, I proceed my Right turn into Hwang Ave 4. While doing so, a Vehicle (B) from the opposite direction of Upper Serangoon Road beat the traffic light and hence collected onto my front Portion of my vehicle (A) causing damages to my vehicle.

(A) SAC 7645 S

(B) SJM 7480 P

DECLARATION

I hereby declare the foregoing particulars are true in every respect.

Police Officer's Signature
Date & Time

Driver's Signature
(If driver is not the police officer)
Date & Time

Reporting Police Officer's Name
Name
NR 2017/11/17 51318092

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

Email: mg3solution@gmail.com

CD AXA

TO	: AXA INSURANCE PTE LTD	DATE	: 30/11/2017
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
ESTIMATE REPORT :			
<i>Venor</i>			
<u>VEHICLE DETAILS</u>			
VEHICLE NO	: SLC 7045S		
MODEL	: MAZDA 3 4-DOOR SEDAN 1.5L		
CHASSIS NO			
<u>ACCIDENT DETAILS</u> DATE : 26-Nov-17			
TIME : 11:55hrs			
THIRD PARTY REQUESTOR / CONTACT JACK			

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	BONNET <i>Deled</i>	1	\$ 1,122.30	\$ 1,122.30
2	BONNET CATCH <i>Not in</i>	1	\$ 89.70	\$ 89.70
3	BONNET LOCK <i>Deled</i>	1	\$ 211.20	\$ 211.20
4	BONNET HINGE <i>Not in</i>	2	\$ 82.30	\$ 164.60
5	BONNET STOPPER <i>Not in</i>	2	\$ 25.00	\$ 50.00
6	BONNET WEATHERSTRIP <i>Not in</i>	1	\$ 103.60	\$ 103.60
7	FRONT BUMPER <i>Distorted</i>	1	\$ 1,022.00	\$ 1,022.00
8	FRONT BUMPER SIDE RETAINER <i>new</i>	2	\$ 42.30	\$ 84.60
9	FRONT BUMPER TOWING COVER <i>missing</i>	1	\$ 55.00	\$ 55.00
10	FRONT BUMPER FOGLAMP <i>RH Missing, LH Missing</i>	2	\$ 180.00	\$ 360.00
11	FRONT BUMPER FOGLAMP GARNISH <i>RH Missing</i>	2	\$ 89.20	\$ 178.40
12	FRONT BUMPER LOWER GRILLE <i>Deled</i>	1	\$ 128.60	\$ 128.60
13	FRONT BUMPER REINFORCEMENT <i>Beit</i>	1	\$ 522.30	\$ 522.30
14	FRONT BUMPER REINFORCEMENT COVER <i>Deled</i>	1	\$ 120.30	\$ 120.30
15	FRONT BUMPER TOP PANEL(BASE) <i>Distorted</i>	1	\$ 103.20	\$ 103.20
16	FRONT BUMPER TOP PANEL (OUTER)	1	\$ 366.90	\$ 366.90
17	ENGINE COVER <i>Deled</i>	1	\$ 133.20	\$ 133.20
18	CENTRE GRILLE <i>Smashed</i>	1	\$ 355.20	\$ 355.20

✓
+
✓
+
+
+
✓
✓
✓
180
89.20
✓
✓
✓
✓
✓
✓
✓

19	CENTRE GRILLE (LEFT) <i>3 cauled</i>	1	\$ 177.20	\$ 177.20	✓
20	CENTRE GRILLE (RIGHT)	1	\$ 177.20	\$ 177.20	✓
21	CENTRE GRILLE (LOGO) <i>new</i>	1	\$ 62.00	\$ 62.00	✓
22	HEAD LAMP <i>RH cauled, LH cauled</i>	2	\$ 1,890.00	\$ 3,780.00	✓ 1590
23	FRONT FENDER <i>Repair</i>	2	\$ 388.70	\$ 777.40	+
24	FRONT FENDER INNER COWLING <i>new</i>	2	\$ 150.00	\$ 300.00	✓
25	SUPPORT PANEL <i>2 cauled</i>	1	\$ 630.00	\$ 630.00	✓
26	SUPPORT PANEL TOP COVER <i>cauled</i>	1	\$ 145.00	\$ 145.00	✓
27	HORN <i>cauled</i>	1	\$ 80.00	\$ 80.00	✓
28	AIR-CON CONDENSER <i>Decked</i>	1	\$ 1,122.00	\$ 1,122.00	✓
29	RADIATOR <i>Decked</i>	1	\$ 1,125.30	\$ 1,125.30	✓

11792.70

TOTAL PRICE \$ 13,547.20

9434.16

LESS 20% \$ 2,709.44

SUB TOTAL PRICE \$ 10,837.76

SPECIAL NETT ITEMS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL S/NETT	
1	FRONT NUMBER PLATE <i>cauled</i>	1	\$ 50.00	\$ 50.00	✓
2	FRONT BUMPER CLIP (SET) <i>new</i>	1	\$ 22.00	\$ 22.00	✓
3	FRONT BUMPER TOP PANEL OUTER CLIP (SET) <i>new</i>	1	\$ 20.00	\$ 20.00	✓
4	CENTRE GRILLE CLIP (SET) <i>new</i>	1	\$ 20.00	\$ 20.00	✓
5	SUPPORT PANEL TOP COVE CLIPS (SET) <i>new</i>	1	\$ 20.00	\$ 20.00	✓
6	HEADLAMP CLIP (SET) <i>new</i>	1	\$ 21.00	\$ 21.00	✓
7	FRONT FENDER SEALANT <i>new</i>	2	\$ 100.00	\$ 200.00	x
8	FRONT FENDER INNER COWLING CLIP (SET) <i>new</i>	1	\$ 22.00	\$ 22.00	+
9	RADIATOR COOLANT <i>new</i>	1	\$ 120.00	\$ 120.00	50

203

TOTAL \$ 495.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)

1	PANEL BEATING, REMOVAL AND REPLACING PARTS	\$1,400.00	800	
2	TO SPRAY PAINT AFFECTED AREA	\$1,200.00	800	
3	TUFF COAT	\$250.00	50	
4	WIRING CHECK	\$80.00	30	
5	REMOVE AND REFIX AIRCON CONDENSOR AND REFILL AIRCON GAS	\$ 120.00	60	
6	REMOVE AND REFIX RADIATOR AND CONDUCT PRESSURE TEST	\$ 100.00	60	

7	TO REFOCUS HEADLAMP BEAM	\$60.00	X	
---	--------------------------	---------	---	--

TOTAL

\$3,210.00

1800

ESTIMATE REPORT

TOTAL PARTS COST: \$ 11,332.76

TOTAL LABOUR COST: \$ 3,210.00

TOTAL REPAIR COST: \$ 14,542.76

14,944.76

APPROVED DETAILS

SURVEYOR :

CONTACT NO :

FAX :

PART BY PART / LUMP SUM :

NO OF DAYS

:

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:

Adrian Lij
L/S 07/12/17.
07 days
Supplementary 402
+ 5-211183-115.
L/S 9450.

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

Email: mg3solution@gmail.com

TO : AXA INSURANCE PTE LTD DATE : 30/11/2017

ATTENTION : MOTOR CLAIMS DEPT JOB TYPE : T/P CLAIM

ESTIMATE REPORT:

VEHICLE DETAILS

VEHICLE NO : SLC 7045S

MODEL : MAZDA 3 4-DOOR SEDAN 1.5L

CHASSIS NO

ACCIDENT DETAILS DATE : 26-Nov-17

TIME : 11:55hrs

THIRD PARTY REQUESTOR / CONTACT JACK

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	FRONT BONNET PANEL <i>Red</i>	1	\$ 62.30	\$ 62.30
2	FRONT BUMPER TRIANGLE GARNISH <i>Missing</i>	2	\$ 52.30	\$ 104.60
3	FRONT BUMPER INNER GARNISH <i>Red</i>	1	\$ 173.80	\$ 173.80
4	FRONT RADIATOR SIDE GARNISH <i>Red</i>	2	\$ 80.90	\$ 161.80

TOTAL PRICE \$ 502.50

LESS 20% \$ 100.50

SUB TOTAL PRICE \$ 402.00

ESTIMATE REPORT

TOTAL PARTS COS: \$ 402.00

TOTAL LABOUR CO: \$ -

TOTAL REPAIR COS: \$ 402.00

APPROVED DETAILS

SURVEYOR :

CONTACT NO :

FAX :

PART BY PART / LUMP SUM :

Adrian Lj
08/12/17.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Friday, 12 January, 2018 11:11 AM
To: 'MG Solution'; SUR
Subject: RE: OD Claim for Accident involving Vehicle SLC 7045S & SJM 7480P on 26/11/2017

Dear Su Wong,

Noted with thanks.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

From: MG Solution [mailto:mg3solution@gmail.com]
Sent: Friday, 12 January, 2018 11:02 AM
To: SUR <sur@lkkauto.com>
Subject: OD Claim for Accident involving Vehicle SLC 7045S & SJM 7480P on 26/11/2017

Dear Sir/Madam,

Please find attached our LOD for your onward action. Original Copy will send to you by **POST**.
Please feel free to contact the under mentioned should you require any further information.
Your prompt action will be greatly appreciated.

Best Regards,

Su Wong

MG SOLUTION PTE LTD

No 23 Kaki Bukit Avenue 4

AAS Kaki Bukit Centre

#02-03B Singapore 415933



MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 201427944N)

Date : 10/01/2018

Policy No : GA202142/1

To : AXA INSURANCE SINGAPORE PTE LTD

Attn : Motor Claims Department

Dear Sir/Mdm,

**RE: OWN DAMAGE CLAIM FOR ACCIDENT INVOLVING VEHICLE SLC 7045S
& SJM 7480P ON 26/11/2017 AT JUNCTION OF UPPER SERANGOON ROAD AND
HOUGANG AVENUE 4.**

We refer to the above matter.

Attached copies of the following for your kind perusal:

- 1) Tax Invoice No.179293 @ S\$9,255.50 (Inclusive Of 7% GST)
- 2) Authorisation to Act
- 3) GIA Report
- 4) Certificate of Insurance

Please look into the above claim and let us have your payment of **\$9,255.50** soonest.

Thank You.

Yours faithfully,

Sharon

Sharon Chia

HP:9188 6931

E-mail: mg3solution@gmail.com



MG SOLUTION PTE LTD

23 Kaki Bukit Ave 4, AAS Kaki Bukit Centre #02-03 Singapore 415933

Tel: 6243 1373 Fax: 6243 1376

(GST Reg. No. 20-1427944-N)

Bill To:

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY
#27-01 AXA TOWER
SINGAPORE 068811

INVOICE No : TI 179293

PB No :

Date : 10-January-2018

ATTN : MOTOR CLAIMS DEPARTMENT

Vehicle Number : SLC 7045S

QTY	DESCRIPTION	AMOUNT
1	To carried out Own Damage Claim repair as per surveyor's recommendation (Lump Sum)	\$ 9,450.00
2	Name of Policyholder : LIM LI HIA Policy No : GA202142/1 Period Of Insurance : 24/05/2017 to 23/05/2018	(800.00)
BEFORE GST		8,650.00
7% GST		605.50
TOTAL		\$ 9,255.50

Cheque should be made payable to MG Solution Pte Ltd

Co's stamp & Authorised Signature

MG SOLUTION PTE LTD
23 Kaki Bukit Ave 4 (South Wing) #02-03B
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
GST Reg. No. : 201427944N

MOTOR CLAIM DISCHARGE

INSURED: LIM LI HIA

CAR/ LORRY/CYCLE: REG NO: SLC 7045 S POLICY NO: GA 202142 / 1

ACCIDENT CLAIM NO:

I / We confirm that I / we have taken delivery of Car / Lorry / Motor Cycle


Registered No. SLC 7045 S from the repairers,

Messrs MG SOLUTION PTE LTD

And that all repairs necessary as a result of an accident in which the said vehicle was Involved on or

about the 26 day of 11 2017 have been completed to my / our satisfaction, and that

I / we have no further claim on the above company in Respect thereof.

Date: Signature: 

Co's Stamp: NRIC No:



redefining / insurance

SATISFACTION VOUCHER / WORKSHOP'S WARRANTY

To: AXA Insurance Pte Ltd

I/We LIM LI HIA hereby confirm that I/we have taken delivery of my/our vehicle of registration number SIC 7045 S from the Workshop, Messrs MG SOLUTION PTE LTD and that all necessary and reasonable repairs arising from the accident involving my/our vehicle that occurred on 26/11/17 have been effected to my/our entire satisfaction. Save for my/our rights under the Warranty set out below, I/we confirm that I/we have no further claims against the Workshop in respect of such repairs.

I/We hereby authorise my/our insurer, AXA Insurance Pte Ltd, to pay the costs of such repairs (less the excess) which amounts to S\$ 4,255.50 directly to the said Workshop and I/we confirm that such payment shall wholly discharge any and all liability on the part of AXA Insurance Pte Ltd to indemnify me/ us for all damage to my/our said vehicle arising from the said accident.

Dated: _____

Signature of the Policyholder or duly authorized representative and company stamp where applicable.

WORKSHOP'S WARRANTY

Subject to provisions (a) to (d) below, the repairs effected to the abovementioned vehicle are warranted good by the Workshop for twelve (12) months from the date of this Satisfaction Voucher and during this period, rectification of repairs effected by the Workshop which prove to be faulty shall be undertaken by the Workshop free of charge.

This Warranty shall be inapplicable to:

- (a) faults arising out of abnormal usage of the vehicle;
- (b) faults due to attempts to correct any defect in the repairs effected by the Workshop or the mishandling of rectification work to the vehicle by persons other than the Workshop;
- (c) manufacturing defects in any parts replaced that could not reasonably have been detected by the Workshop at the time the repairs were effected;
- (d) faults or defects arising out of normal wear and tear, misuse, neglect, accident, flood, acts of God, or use in violation of the specifications relevant to the vehicle.



Signature and stamp of the Workshop




redefining / insurance

AXA INSURANCE SINGAPORE PTE LTD
☎ 1800 660 4888 (Main Singapore)
☎ 65 6850 4888 (International)
☎ 65 6338 2522
🌐 www.axa.com.sg

Letter of Authorisation for Lump Sum Repair

1. I, [Name] [NRIC] LIM LI HIA, the owner of vehicle [no.] SLK 70K5 S ("Vehicle") do hereby authorize the [Workshop/Insurer] to repair the Vehicle on a lump sum basis instead of part by part.
2. The [Workshop/Insurer] has explained to me the difference between lump sum repair and part by part repair and the consequences of my authorisation for lump sum repair for the Vehicle.
3. I understand that with lump sum repair, the Workshop may use a mixture of genuine parts, original equipment manufacturer (OEM) parts, reconditioned and second hand parts to carry out the repair and I note that the [Workshop/Insurer] will not be furnishing a detailed breakdown of parts or price for such lump sum repair.
4. I am aware that AXA Insurance Singapore Pte Ltd ("AXA Insurance") does not encourage lump sum repair as AXA Insurance strongly recommends repairs for vehicles on a part by part basis for transparency reasons. I confirm that I will hold AXA Insurance harmless from any claims arising from the lump sum repair of the Vehicle which I have authorised.

Signed and acknowledged by:



Signature of policyholder

Date:



Name and signature of workshop personnel including workshop stamp
Date:

LETTER OF AUTHORITY

Name : LIM LI HIA

Address : B/319 HOUGANG AVENUE 5
#10-23 S (S30319)

Contact No : 9626 9612

TO: AXA INSURANCE SINGAPORE PTE LTD

Dear Sirs,

ACCIDENT INVOLVING SLC 7045 S AND SJM 7480 P ON 26/11/17
AT/ALONG JUNCTION OF UPPER SERANGOON RD TO HOUGANG AVE 4

I/We, LIM LI HIA, am/are the registered owner of
motor car no. SLC 7045 S

Please note that I have assigned all compensations monies due to me/us in the above said accident to **M/S MG SOLUTION PTE LTD**.

I/We, hereby authorize you to release all compensation monies pertaining to the above-mentioned accident to **M/S MG SOLUTION PTE LTD** and forward your settlement cheque to **M/S MG SOLUTION PTE LTD** whom I had authorized to collect the said compensation monies.

Thank you



Signature of Claimant



Witness By