

INS CASE OWNER: Kwile May | CC 4 / AXA170 17033 , MI ea39 | LKX IDAC

Surveyor: MA CF DOI: ASSIGNMENT 2/12/17 Date / Time: 31/8/2017  
 Registered in Meritins: 31/8/2017

Pre-assign / CCI / FTE

Injured Vehicle No: SHB 9563C Claim No: CO45085  
 Name of Insured: TRANS-CAR SERVICES PLC Policy No: P1680570  
 Insured Tel No: \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model: C- EPICA  
 Excess Sec II :SS: 5,000.00 D.O.A: 21/08/2017 Place of Accident: Tampines Ave 10 x Tampines Link  
 Is driver the owner? ( YES /  ) Nature of Accident: \_\_\_\_\_  
 If NO, Driver Name / Age: OH MYE BOON CI GIA REPORT:  / NO, TP GIA REPORT:  / NO  
 Driver Tel No: 9128 7127 (V/L:  / NO) Insured Liability: % Final? Yes / No

PC 6743H

INSRS WSP: Dyn Auto INSRS WSP: \_\_\_\_\_ INSRS WSP: \_\_\_\_\_ INSRS WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_ Tel: \_\_\_\_\_ Tel: \_\_\_\_\_ Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_ Liability: \_\_\_\_\_ Liability: \_\_\_\_\_ Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_ RMKS: \_\_\_\_\_ RMKS: \_\_\_\_\_ RMKS: \_\_\_\_\_

Date / Time	STAGE	DATE / PIC
<u>5/9/17</u>	<u>PC 6743H. X:</u>	Non-Reporting It (1st)
<u>6/9/17</u>	<u>SHB 9563C, CUP/MA/160917/11/10/17: 100A-19/17</u>	Non-Reporting It (2nd)
<u>20/17</u>	<u>EMAIL REQ TO REQUEST FOR VOUCHER</u>	Non-Reporting It (Final)
<u>21/17</u>	<u>EMAIL ASK TO CANCEL CASE AS NOT-TOWING / Repair done.</u>	Notification It (if non-pickup)
<u>21-11-17</u>	<u>TO CANCEL FILE NO SURVEY KD DONE.</u>	Call Of <u>Enfil- 5/1/18</u>
<u>26/1/18</u>	<u>FILE PASS TO TYPST TO PREPARE REPORT.</u>	After call It to Of
		Documentation Check List: Handler Typist
		Notification It (if non-pickup) <input type="checkbox"/>
		After call It to Of <input checked="" type="checkbox"/>
		Authorisation To Act <input checked="" type="checkbox"/>
		Release Voucher <input checked="" type="checkbox"/>
		Final Repair Bill <input checked="" type="checkbox"/>
		Car Rental Invoice <input type="checkbox"/>
		Towing Invoice <input type="checkbox"/>
		LTA / GIA <input checked="" type="checkbox"/>
		Medical Bill <input type="checkbox"/>
		PER <input type="checkbox"/>
		Mandate/Reject Instruction <input checked="" type="checkbox"/>
		LGD <input checked="" type="checkbox"/>
		Payment Breakdown Form <input type="checkbox"/>
		Post-Repair Photos <input type="checkbox"/>
		Others <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: 5/1/18 Sent By: [Signature]

FINAL SETTLEMENT	Date/Time: <u>6/3/18</u>	Confirm with: <u>FLUX</u>	Email <input type="checkbox"/> Cal <input type="checkbox"/>
Ass. Liability: <u>100%</u> % <u>ED</u> (Agreed / Assessed) BOLA S/N No.: <u>NIL</u>			If NO or B 28, Ass. Lia: _____
Repair Cost: <u>2,300.00</u> SS <u>1,150.25</u> CONTRACTING VERSION.			
SS of Rental (LOR): <u>-</u> SS <u>-</u> ( <u> </u> days)			
SS of Use (LOU): <u>1,500</u> SS <u>250</u> (\$ <u>100</u> x <u>5</u> days)			
SS of Income (LOI): <u>-</u> SS <u>-</u> (\$ <u> </u> x <u> </u> days)			
OR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
A/LTA Search <u>15-SS</u> SS <u>5.35</u>			
Medical: <u>-</u> SS <u>-</u>			1) Claim status: <u>Normal/Reject/Private Settle</u>
Disbursement: <u>-</u> SS <u>-</u> (e.g. Tow/ Independent)			2) Report Format: <u>TP</u>
Towing Cost: <u>-</u> SS <u>-</u>			3) Survey fee: <u>350</u>
Total: <u>2,300.00</u> SS <u>1,405.60</u> Global Sum SS:			

FINAL PAYMENT	Date/Time: <u>6/3/18</u>	Confirm with: <u>FLUX</u>	Email <input type="checkbox"/> Cal <input type="checkbox"/>
Fee 1: <u>SS 1,405.60</u>	Name 1: <u>DUNK AUTO PTE LTD.</u>		
Fee 2: (Strike if N.A.) <u>SS</u>	Name 2: _____		
Fee 3: (Strike if N.A.) <u>SS</u>	Name 3: _____		

COPIED  
12/3/18

## ASSIGNMENT

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

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

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop via: DING AUTO

of \_\_\_\_\_

Insured \_\_\_\_\_

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

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

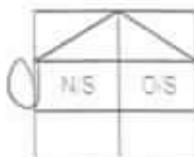
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh. \_\_\_\_\_

(Policy Condition)

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



Est. or Market Value: \_\_\_\_\_

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

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

Est. Repairs 4 days Res: Yes or NoLum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle IN / OUT

Veh No: PCH74BH Vr Reg: JUN 2016

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: TOYOTA HINEB CC: 2982Colour: SILVER A/C: Insured / Std / NI / NASp. Reading: 110004 T. Radio: Insured / Std / NI / NA

Eng No. \_\_\_\_\_

C/No: KDH2230027787Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / SRim / STD AIRim orTyre Size: F: 195/215

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

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

TOYO / YOKO or YOKO

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal: 2 mm R/Bal: 2 mmL/Bal: 2 mm L/Bal: 2 mmD.O.A: 21/12/07 D.O.A: 21/12/07

Survey held at: \_\_\_\_\_

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

HS Body

The UIC / Chassis frame / Body Structure affected due to collision

Date / Time: \_\_\_\_\_ Action / Instruction

421 + 2.050 (Res: + 3,591.98 67%)Date/Time File Pass to?  : Prel. ReportDate/Time File Return to?  : Final Report

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

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

Survey Fee: \_\_\_\_\_

Transporter: \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / I.B.: 3

Add Fee:  Site Insp \$ Interview \$ Tech Insp \$ Weekend \$

1-20

Phone

Date

Total

# DING AUTO PTE LTD

Blk 10, #01-20

Sin Ming Industrial Est. Sec C

Singapore 575645

Tel: 6452 1208

Fax: 6452 0614

Vehicle: PC4743H
Model: TOYOTA HIACE COMMUTER GL 3.0A
Chassis: KDH2230027787

NO	DESCRIPTION	QTY	LIST	DISC	PRICE	SURVEYORS MARKING
1	DOOR SLIDING LH	1	\$ 1,757.90	10%	\$ 1,582.11	✓
2	DOOR RUBBER-BEADING LH	1	\$ 322.70	10%	\$ 290.43	✓
3	SLIDING DOOR GLASS LH	1	\$ 1,232.40	10%	\$ 1,109.16	✓
4	DOOR INNER LOCK LH	1	\$ 344.75	10%	\$ 310.28	✓
<b>TOTAL:</b>					\$ 3,291.98	

NO	SPECIAL NETT	QTY	PRICE	SURVEYOR MARKING
5	DOOR GLASS SEALANT	1	\$ 60.00	✓
6	DOOR EXCURSION	1	\$ 60.00	✓
<b>SPECIAL NETT</b>			\$ 120.00	

NO	LABOUR	PRICE	SURVEYOR MARKING
7	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	\$ 200.00	300
8	R & R SLIDING DOOR COMPONENTS LH	\$ 120.00	80
9	R & R SLIDING DOOR GLASS LH	\$ 150.00	80
10	R & R ELECTRICAL WIRINGS, CHECK & REPAIR WIRING	\$ 80.00	30
11	CHECK & RESETTING ECU SYSTEM	\$ 180.00	x
12	SPRAY PAINTING SLIDING DOOR LH, ROCKER PANEL LH, FRONT PILLAR LH & REAR FENDER LH	\$ 1,000.00	600
<b>TOTAL:</b>		\$ 2,230.00	

PARTS	\$	3,291.98	
LABOUR	\$	2,230.00	
SPECIAL NETT	\$	120.00	
<b>TOTAL</b>	\$	<b>5,641.98</b>	
GST 7%	\$	394.94	
<b>FINAL TOTAL</b>	\$	<b>6,036.91</b>	

LKK to C. Applicants hence notify the Insurer of the following:

- To resurvey the car after spray painting
- To disclose 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: \_\_\_\_\_

4/5 \$2000  
4w days

Not Authorised  
4/5 Repair  
After parts pass  
LKK Anwar (MR)  
Holidays  
21/12/2012  
67416034

# Ding Auto Pte Ltd

Blk 10 Sin Ming Industrial Est. Sector C, #01-20, Singapore 575645

Tel: 6458 9523, Fax: 6453 4227

## DISCHARGE VOUCHER

This is to certify the vehicle Number: PC4743H has repaired in DING AUTO PTE LTD to my satisfaction and I had taken the delivery at 17:00 am/pm on this date 26/12/17



*Handwritten signature*

Signature & Co. Stamp (if applicable)

We DING AUTO PTE LTD hereby warranty the workmanship of the repairs carried out on the accident portion of your vehicle. The warranty is valid for a period of 6 months from the date of the discharge and it is non-transferable. We will promptly carry out any necessary rectification work.



*Handwritten signature*

Ding Auto Pte Ltd

### Third Party Claim

Date: 18/01/2018

Your Ref: **SHB9563C**

Name & Address of Claimant: **LIBERTY RESOURCES PTE LTD**

C/O: Blk 10 Sin Ming Industrial Estate Sector C #01-20 Singapore 575645

Name & Address of Third Party Insured **SHB9563C**

Dear Sir/Madam,

Accident Involving Vehicle **PC4743H & SHB9563C** on **21/08/2017** Along **T/LIGHT JUNCTION OF OLD TAMPINES RD & TAMPINES AVE** I am the owner of vehicle registration No: **PC4743H** Which was involved in the above-mentioned vehicle registration No: **SHB9563C** Which I understand is insured with you.

The accident was clearly caused by your insured's negligence and I am before claiming compensation from you for all financial losses as itemized below:

1. Repair Costs	\$ 2,300.50
2. Miscellaneous Items	\$
3. Surveyor Fee	\$
4. LTA/GIA Search Fee	\$ 5.35
5. Loss of Use/Rental For 5 Days @ \$ 150.00 Per Day	\$ 750.00
6. Medical Fee	\$
	\$ 3,055.85

I enclosed the Revenant copies of documents in support of my claims. Your prompt settlement of my claim would be much appreciated. If you require any other information, please contact my workshop at DING AUTO PTE LTD, Blk 10 Sin Ming Industrial Estate Sector C #01-20 Singapore 575645. Tel: 64521208 Fax: 64520614. I have authorized the said workshop to deal with my repairs & accept payment in relation to the claim for repairs/loss of use & execute documents on my behalf for the purpose of my convenience.

Thank you.

Yours faithfully


## Asher Sng (LKKAUTO)

---

**From:** Asher Sng (LKKAUTO)  
**Sent:** Wednesday, 31 January 2018 2:06 PM  
**To:** 'claims@transcab.com.sg'  
**Cc:** 'carrisalee@ava-ins.com'; 'icewong@ava-ins.com'; 'ireneng@ava-ins.com';  
'foonghon@ava-ins.com'  
**Subject:** ACCIDENT INVOLVING SHB 9563C & PC 4743H ALONG/AT TAMPINES AVENUE 10 X  
TAMPINES LINK ON 21/08/2017

31 JAN 2018

Transcab Taxi  
Singapore

Dear Sir,

**OUR REF : CC4/AXA17017033/M1ea3-1**

**YOUR REF : P1680520 (SHB 9563C)**

**ACCIDENT INVOLVING SHB 9563C & PC 4743H ALONG/AT TAMPINES AVENUE 10 X TAMPINES  
LINK ON 21/08/2017**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy. We also wish to advise that there is an excess of **S\$5000.00** attached with Third Party Claims.

As Insurers, AXA shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to [cst@axa.com.sg](mailto:cst@axa.com.sg) **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons

In connection with this accident, please forward it to us immediately. You may email it to [cst@axa.com.sg](mailto:cst@axa.com.sg) or deliver it by hand to our Customer Care Centre.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm or [cst@axa.com.sg](mailto:cst@axa.com.sg). Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Best Regards,

**Asher Sng** | Case Handler

**LKK Auto Consultants**

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

fax: 6741-4108

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

This is a computer generated letter and no signature is required.

cc Motor Claims Department  
AXA Insurance Pte Ltd

## LETTER OF AUTHORIZATION

To: Ding Auto Pte Ltd  
Blk 10 #01-20  
Sin Ming Industrial Estate Sector C  
Singapore 575645

Dear Sir/Madam,

ACCIDENT INVOLVING VEHICLE NO: PC4743H ON  
21/08/17 AT/ALONG T/Light Junction of Old Tampines RD  
Tampines Ave

In consideration of my motor accident claim against the third party resulting from the above accident, I  
Liberty Resources Pte Ltd ("the third party claimant") of  
1013 Havelock East Ave 3 S (389728) (address), owner of PC4743H (vehicle no.)  
hereby authorize **Ding Auto Pte Ltd** ("the workshop") to act for me with respect to my claim for repair  
costs and/or rental and/or loss of use ("claim").

I further authorize the workshops to settle my above mentioned claim in a manner that they deem fit and  
the workshop is further authorized to receive payment further to settlement of my claim with payment  
cheque being made in favour of the workshop.

I further understand the Ding Auto's does not guarantee and never represented that the Insurer/Third  
Party will fully indemnify me for the Damage and/or the Repair's cost **AND**, that I shall be and continued  
to be liable to **Ding Auto Pte Ltd** for the whole of Repair's cost if the claim is unsuccessful.

Date this 21 day of 8 (month) 20 17 (year)



Huet

Signed by "the third party claimant"



Signed by "the workshop"



redefining / insurance



CLAIM REF : C0450185  
INSURED : TRANS-CAB SERVICES PTE LTD

DISCHARGE VOUCHER

We/I [LIBERTY RESOURCES PTE LTD, NRIC NO. 200204300N] hereby agree to accept the sum of dollars [ONE THOUSAND FOUR HUNDRED FIVE AND CENTS SIXTY ONLY.] [\$S\$1,405.60] paid to us/me by AXA INSURANCE PTE LTD as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said AXA INSURANCE PTE LTD or their Insured or the driver of motor vehicle no. [SHB 9563C] as a result of an accident along [T/LIGHT JUNCTION OF OLD TAMPINES RD & TAMPINES AVE] on [21/08/2017] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [PC 4743H].

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. [SHB 9563C] in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify AXA INSURANCE PTE LTD against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. [SHB 9563C].

Dated this 09 day of 03 2018

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : [Stamp: LIBERTY RESOURCES PTE LTD]

Occupation/ Business : CHARTERED BUS SERVICES

Address : 1013 GEYLANG EAST AVE 3 S(389728)

Telephone No. : 9178 9889

Witness's Name : LOH WEI LIANG ALEX

Witness's Signature : [Signature]

Witness's NRIC No. : S9406568B


**Land Transport Authority**

Land Transport Authority  
10 Sin Ming Drive  
Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 31 Aug 2017 / 11:48:00

Receipt Date/Time : 31 Aug 2017 / 11:48:00

### Tax Invoice/Receipt

Receipt No. : ITNET-00000-170831-000768

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHB9563C As at 21 Aug 2017/22:15:00 Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - SHB9563C Enquiry Fee 20170831114647428370	5.00	0.35	5.35
<b>Sub-Total</b>		5.00	0.35	5.35
<b>Total Before Rounding</b>		5.00	0.35	5.35
<b>Rounding Difference</b>				0.00
<b>Total Amount Payable</b>				5.35
Paid By				
	xxxxxxxxxxxx1885		Credit Card: Visa/MasterCard	5.35
<b>Total</b>				5.35
<b>Cash Change</b>				0.00
<b>Tendered Amount</b>				5.35
<b>Excess Refundable Amount</b>				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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

Proceed Direct Settlement

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	31 Aug 2017		21 Dec 2017 11:06 <a href="#">Edit Adj Rpt</a>	<b>S\$2,150.00</b> <a href="#">Edit Estimates</a>	<b>S\$2,150.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
Insured:	<b>TRANS-CAB SERVICES PTE LTD</b> , Co. Reg. No.: 200303878K, Email: CLAIMS@TRANCAB.COM.SG								
Main Claimant:	<b>LIBERTY RESOURCES PTE LTD</b> , Co. Reg. No.: 200204300N								
Vehicle Reg. No.:	<b>PC4743H</b>	Date of Loss:	21/08/2017 00:00 - :59						
Claim Type:	<b>TP / C0450185</b>	Policy/Cover Note No.:	P1680520 (Third Party Only)						
Vehicle Reg. No. (Insured):	<b>SHB9563C</b>	Policy No. (Claimant):	D17MTSCBU000406						
		Excess:	S\$5,000.00						
Repairer:	<b>Ding Auto Pte Ltd (HQ)</b> Blk 10, #01-20, Sin Ming Industrial Estate Sector C, 575645 Sin Ming - Tel: 64521208								
Handling Insurer:	<b>AXA Insurance Pte Ltd (HQ)</b> - Tel: 6338 7288 ... [Handled by <b>Cynthia Loh</b> - 68804843]								
Claimant's Insurer:	<b>Sompo Insurance Singapore Pte. Ltd. (HQ)</b> - Tel: 6461 6555								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>MA CHIN FOOK</b> ] ... <b>[Final Rpt due 03/01/2018]</b>								
Driver/Custodian (Insured):	OH CHYE SOON (), NRIC: S68398102, Tel: +6591287127								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
<ul style="list-style-type: none"> <li>• AXA_SG (06/03/2018): <b>Alert - Adj Mandate Approved (S\$1405.60) - PC4743H - Claim Handler: Cynthia Loh</b></li> <li>• AXA_SG (07/02/2018): <b>TP settlement - C0450185/P1680520</b></li> <li>• AXA_SG (07/02/2018): <b>Alert - Adj Mandate Approved (S\$1352.10) - PC4743H - Claim Handler: Tan Kwee May</b></li> <li>• AXA_SG (11/12/2017): <b>Cancellation of Assignment: PC4743H</b></li> <li>• AXA_SG (11/12/2017): <b>Re: Cancel Case</b></li> <li>• AXA_SG (24/09/2017): <b>Any Work done?</b></li> <li>• AXA_SG (31/08/2017): <b>New TP Assignment - C0450185/P1680520</b></li> </ul>									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
<b>Due Date</b>	<b>Priority</b>	<b>Type</b>	<b>Task Group</b>	<b>Subject</b>	<b>Handler</b>	<b>Assigned By</b>	<b>Completed On</b>	<b>Created On</b>	<b>Done?</b>
No results.									

## Claim Documents

\*PC4743H (C0450185)  
 [SHB9563C]  
 TP  
 LIBERTY RESOURCES PTE LTD  
 Aug 21 2017 12:00AM  
 [TRANS-CAB SERVICES PTE LTD]  
 Ding Auto Pte Ltd

<a href="#">Upload Documents</a>		<a href="#">Upload Photos</a>	<a href="#">Compose New Letter</a>	<b>View</b> <span style="border: 1px solid black; padding: 2px;">View in Browser</span>
<b>Letters/Correspondences</b>				1 per page <input type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	(Draft)	Third Party Express Settlement - Payment Breakdown		Edit
<b>Assessment Reports</b>				1 per page <input type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	05/01/18 14:51	Adjuster Immediate Advice		Load HTM
<b>Photos/Images</b>				3 per page <input type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	30/01/18 12:00	LKK Survey Photo		Load PDF
2	09/03/18 17:00	LKK Resurvey Photo		Load PDF
<b>Documentation</b>				1 per page <input type="checkbox"/>
No	Finalized On	AXA Insurance Pte Ltd (HQ)	Thumbnail	Print
1	31/08/17 14:21	GIA SHB9563C INSD_ABS		Load PDF
2	31/08/17 14:21	GIA PC4743H TP_ABS		Load PDF
3	31/08/17 14:21	EMAIL_ABS		Load PDF
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	11/12/17 13:45	EMAIL FROM WSP DD 150917		Load PDF
2	05/01/18 14:53	EMAIL FROM AXA DD 211217		Load PDF
3	08/01/18 10:11	TP ESTIMATE - MARKED		Load PDF
4	29/01/18 15:35	LTA SEARCH		Load PDF
5	09/03/18 16:49	LETTER TO OI		Load PDF
6	13/03/18 10:55	WORKSHOP INVOICE		Load PDF
7	13/03/18 10:55	AUTHORISATION TO ACT FORM		Load PDF
8	13/03/18 10:55	DISCHARGE VOUCHER		Load PDF
9	13/03/18 10:55	LOD		Load PDF

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	<a href="#">Reset</a> <a href="#">Save</a> <a href="#">Print</a>
There are no document checklists configured.	
<p><b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b></p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div>	
<p><b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer</p> <p><small>Note: Remarks are private unless you show it to other parties.</small></p>	



NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

**THIRD PARTY EXPRESS SETTLEMENT  
(PAYMENT BREAKDOWN)**

Vehicle No:	SHB9563C (Insd veh)	Model:	TOYOTA HIACE 3.0 COMMUTER GL (A)
	PC4743H (TP veh)		
Date of Accident:	21/08/2017		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No		
Repair Estimate	:			\$ 6,036.91	
Final Repair Cost	:			\$ 1,150.25	
Loss of Use	:			\$ 250.00	5.00 days at \$100.00 per day
Rental (if any)	:			\$ 0.00	days
LTA / GIA Search Fee	:			\$ 5.35	
Others:	:			\$ 0.00	
	:			\$	
Final Settlement Sum	:			\$ 1,405.60	
Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Kindly indicate below)					
A) For <u>Non GIA Registered Workshop</u> :		Agreed Liability <u>50</u> (%)			
B) For <u>GIA Registered Workshop</u> :		BOLA Applicable: Yes/ No BOLA Scenario No:			
BOLA Liability: _____ (%)		Assessed Liability (*): _____ (%)			
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.					
Remarks _____					

Payment Instruction: Payee's Breakdown			
1)	Ding Auto Pte Ltd	\$	1,405.60
2)		\$	
3)		\$	
4)		\$	

JOANNE LEE KHANG MIN

LKK Auto Consultants Pte Ltd

13 Mar  
2018

Date

Please attach all the supporting documents to the form.

(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

## 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/AXA17017033/M1EA3Q2-1

Date: 13/03/2018

## REFERENCE

Handling Insurer:	AXA Insurance Pte Ltd	Policy No:	P1680520
Claimant Vehicle No :	PC4743H	Insured Vehicle No :	SHB9563C
Date of Loss:	21/08/2017	Nature of Claim:	TP
		Claim No:	C0450185

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	PC4743H	Engine No:	1KD2605176
Make & Model:	TOYOTA HIACE, 3.0 COMMUTER GL (A)	Chassis No:	KDH2230027787
Reg. Date:	29/06/2016 (Man. Year: 2016)	Odometer:	110004 km
Colour:	Silver		
Engine Capacity:	2982 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:	195 R15	Rear Tyre Size:	195 R15
Front Left Side:	Yokohama 8 mm	Rear Left Side:	Yokohama 8 mm
Front Right Side:	Yokohama 8 mm	Rear Right Side:	Yokohama 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %	
Parts	3,411.97	1,640.45	1,771.52	51.92	
Miscellaneous Items	0.00	0.00	0.00		
Labour	2,230.00	1,090.00	1,140.00	51.12	
Paintwork Labour	0.00	0.00	0.00		
Towing	0.00	0.00	0.00		
<b>Calculated Gross Total (S\$)</b>	<b>5,641.97</b>	<b>2,730.45</b>	<b>2,911.52</b>	<b>51.60</b>	
<b>Approved Total (Overridden) (S\$)</b>		<b>2,150.00</b>			
	(S\$)	5,641.97	2,150.00	3,491.97	61.89
<b>+ GST 7.00/7.00% (S\$)</b>	394.94	150.50	244.44	61.89	
<b>Nett Amount (S\$)</b>	<b>6,036.91</b>	<b>2,300.50</b>	<b>3,736.41</b>	<b>61.89</b>	
<b>+ Loss of Use (5.0 x S\$100.00/day) (S\$)</b>		500.00			
	(S\$)	2,800.50			
<b>Liabile Amount (50.00%) (S\$)</b>		<b>1,400.25</b>			
<b>+ Doc/Search Fee (S\$)</b>		5.35			
<b>Nett Liability (S\$)</b>		<b>1,405.60</b>			

## INSPECTION

Date of Assignment: 21/12/2017

Date Inspected: 21/12/2017 Inspected At: Ding Auto Pte Ltd (HQ)  
Blk 10, #01-20, Sin Ming Industrial Estate  
Sector C  
Singapore 575645

Estimated Period of Repair: 4.0 days

---

**Adjuster:** MA CHIN FOOK

**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

<b>Reference</b>		
<b>Part Source:</b>	(Last Synchronised: 29 Jan 2018)	
<b>Parts:</b>	N/A	TOYOTA HIACE 3.0 COMMUTER GL (A) (Model not available in database)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for PC4743H)	
<b>Validity:</b>	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	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*DOOR SLIDING LH (CONSISTENT)	Dented	1,757.90 FL	*1,757.90 FL
2	1		*DOOR RUBBER -BEADING LH (CONSISTENT)	Necessary	322.70 FL	*322.70 FL
3	1		*SLIDING DOOR GLASS LH (CONSISTENT)	Serviceable	1,232.40 FL	*- FL
4	1		*DOOR INNER LOCK LH (CONSISTENT)	Serviceable	344.75 FL	*- FL
5	1		*DOOR GLASS SEALANT (CONSISTENT)	Necessary	60.00 FS	*60.00 FS
6	1		*DOOR EXCURSION (CONSISTENT)	Necessary	60.00 FS	*20.00 FS

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

<b>Sub Total (S\$)</b>	<b>3,777.75</b>	<b>2,160.60</b>
- List Item Discount on L Items 10.00/25.00% (S\$)	365.78	520.15
<b>Total Parts (S\$)</b>	<b>3,411.97</b>	<b>1,640.45</b>

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
<b>Labour Items</b>				
1	STRIAGHTEN & PANE BEAT ACCIDENT AREAS	New	700.00	300.00
2	R&R SLIDING DOOR COMPONENTS LH	New	120.00	80.00
3	R&R SLIDING DOOR GLASS LH	New	150.00	80.00
4	R&R ELECTRICAL WIRINGS ,CHECK & REPAIR WIRING	New	80.00	30.00
5	CHECK & RESETTING ECU SYSTEM	New	180.00	0.00
6	SPRAY PAINTING SLIDING DOOR LH ,ROCKER PANEL LH ,FRONT PILLAR LH & REAR FENDER LH	New	1,000.00	600.00
<b>Gross Labour Cost (S\$)</b>			<b>2,230.00</b>	<b>1,090.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >