

INS. CASE OWNER:

PW

CC3 / AXA13001447 / KH63Y-1

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

21/01/13

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : 53A 6778B

Claim No. : C0259268

Name of Insured :

Policy No. :

Insured Tel No. : HP:

Make / Model :

Excess Sec II :SS D.O.A : 08/01/13

Place of Accident :

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SHC 5406U

INSRS:
WSP: TRANACAB
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
		Non-Reporting ltr (1st):	
		Non-Reporting ltr (2nd):	
12/12/12	- 25-OPEN CASE	Non-Reporting ltr (Final):	
	- AXA APPROVED WAIVER	Notification ltr (if non-pickup):	
	- SEND 1ST OFFER TO TP.	Call OI:	
		After call ltr to OI:	
13/12/12	- TP ACCEPTED OFFER.	Documentation Check List:	Handler Typist
	- ALL BOOKS IN ORDER.	Notification ltr (if non-pickup)	<input type="checkbox"/>
	- TO CLOSE.	After call ltr to OI:	<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 checked="" type="checkbox"/>
		Towing Invoice	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:
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FINALIZATION	Date/Time:	Confirm with:	Confirm by:
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Repair Cost: 119 \$500 (1 days) Reduction: 89 % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: 13/12/12 Confirm with: WAI YIN Email ☒ Call ☐

Final Liability: % 50 (Agreed / Assessed) BOLA S/N No. : NIL If NO or B 28, Ass. Lia :

Repair Cost: (W/LR) \$535.00 0.50% 4264.50

Loss of Rental (LOR): \$51.32 (1 days) x 51.32 \$ 40.66 25-OPEN CASE

Loss of Use (LOU): \$ - (\$ x days) \$ 26.00 TP GOT WITHN 555

Loss of Income (LOI): \$50.00 (\$50 x 1 days) \$ 26.00 90THRU

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☒ [Tick only one]

GIA/LTA Search \$5 - Total \$535.16

Medical: \$5 -

Disbursement: \$5 - (e.g. Tow/ Independent)

Legal Cost \$5 -

Total: \$566.32 Global Sum \$5: 400.00

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1: \$5 400.00 Name 1: TRANACAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.) \$5 - Name 2: -

Payee 3: (Strike if N.A.) \$5 - Name 3: -

15/5/2010

INS. CASE OWNER:

Belliana Lim

CC3/AXA130 01447/K.L. 13

LKK:
IDAC:

Surveyor:

Kenneth

DOI:

21/1/13

Assg Date:

21/01/13

Pre-assign / CCU / FTE

ASSIGNMENT



Insured Vehicle No.:

SJA 67788

Name of Insured:

YEE WAI KEONG

Insured Tel No.:

HP:

9320 0088

Excess Sec II :\$S

D.O.A:

08/01/13

Claim No.:

C 0259268

Policy No.:

P 111186

Make / Model:

MERC-BENZ

Place of Accident:

269 DRIVEWAY TOH GUAN RD

Is driver the owner? (YES/NO)

(YES)

Nature of Accident:

If NO, Driver Name / Age:

OI GIA REPORT: YES/NO : TP GIA REPORT: YES/NO

Driver Tel No.:

(V/L: YES/NO)

YES

Insured Liability:

% Final ? Yes / No

SHC 5406U



INSRS:

WSP: Trans-cab

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

FOR CSO ONLY:

Is driver the owner?

(YES/NO)

If NO, Driver Name / Age:

Driver's Own Vehicle Number:

Insurance Company:

SHC 5406U - CC4/AIG 01447/KCS 18/10/13

SJA 67788 - X

8/2/13

called OI. at 9320 0088 not pick up.

8/09/13

called OI. spoke to Mr Yee. Informed about the claim. Captured the accident. OI said TP swerved into his lane after go over the hump. Coupled into his car. Vehicle were shifted after accident. But no photo, no evidence, no video, no witness.

OI said he did not see any feet on train. He will make a decision at call. Aware of WCD issue.

Letter sent out.

case handler - TP reported he got witness. Ask TP to do S/O. File transfer to AICM

05/03/13

08/04/13

Bmi to Transcab in order to get the witness statement.

5/9/13 Wait for SD

FINAL SETTLEMENT

Date:

Confirm with

Repair Cost:

\$S

Final Liability

50

%(Agreed / Assessed)

BOLA S/N No.:

32

Loss of Rental:

\$S

(days)

If NO or B 28, Ass. Lia:

Loss of Use:

\$S

(\$ x days)

Submit W.P Report

Disbursement:

\$S

\$ 250

Total:

\$S

Global Sum: \$S

No response from TP yet

24/10/13 file pass to typist to close.

COPY SENT
04/10/13

REF

AKA/

ASSIGNMENT

Kenneth

From _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____ Trans Cob

of _____

Insured: _____

Policy No: _____

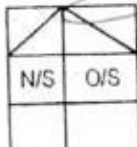
Claims No: _____

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 01 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SHC 54064 Yr Regn: 11 05Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toy Crown C.C. 2986Colour: White / Red A/C. Insured / Std / NI / NASp. Reading: 920767 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LX 912 - 0021359Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175/80R14

R: _____

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

TOYO / YOKO or WEST/124

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 2 mmL/Bal. 8 mm L/Bal. 2 mmD.O.A. 8/1/13 D.O.I. 2/1/13Survey held at ✓

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

Rear O/S

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

Date / Time	Action / Instruction
15/05/13	L13 # 500 (Red \$ 4003.02 / 89.1)
16/5/13	UPB # 5000 Confirmed Jarring (1 x 81.32 + 50)
	KIV lia

Date/Time, File Pass to?

Date/Time, File Return to?

- | | |
|----------|----------|
| 1) _____ | 2) _____ |
| 3) _____ | 4) _____ |
| 5) _____ | 6) _____ |

Presl. Report

Final Report

TOTAL
LOSSKIV FOR
LOD

Survey Fee:

Date:

Basic & Add.

S + RS, S

Photos

Others

TOTAL

AXA INSURANCE S PTE LTD - LETTER OF DISCHARGE

We, Trans-Cab Services Pte Ltd (workshop), hereby agreed and confirmed that we are authorized by the owner of motor vehicle SHC5406U to accept the sum of \$ 340 (inclusive of inte alia, damages, interests, loss of use, costs and disbursements) from M/s LKK Auto Consultants Pte Ltd, the authorized surveyors of M/s AXA INSURANCE S PTE LTD, the Third Party's insurers on this matter.

This acceptance is in full and final settlement of any claim made against SJA6778B pursuant to the road accident which occurred along Carpark driveway between BLK 269-267A Toh Guan Road.

We, Trans-cab Auto Services Pte Ltd (workshop) are further authorized by the said owner that this settlement is reached on a strictly without prejudice basis on the part of M/s AXA Insurance Singapore Pte Ltd. And or their insured or other person or persons arising out of this said accident.

In consideration of the said payment by the said M/s AXA Singapore Pte Ltd, we, the said authorized workshop, shall fully discharge them from any further claim whatsoever in respect of the said accident.

We also declare that we are authorized by the said owner to receive the said settlement sum and hereby undertake to indemnify M/s AXA Insurance Pte Ltd, against any claim made or which may be made in respect of this matter.

For and on behalf of the owner of
SHC5406U



workshop stamp and authorized
signature

For and on behalf of
AXA INSURANCE S PTE LTD

(LKK stamp and authorized signature)

Trans-Cab Services Pte Ltd

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

Our Ref : AAD1301-091

Your Ref : SJA6778B

Date : 07 January 2018

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC5406U AND SJA6778B ON 08/01/13 12:17 PM ALONG
Carpark driveway between BLK 269-267A Toh Guan Road**

It appears that the above accident was caused by your insured's negligence. We, therefore seeking compensation from you for our financial loss as itemized below :-

1.	Cost of Repair (inclusive of 7% GST)	\$	535.00
2.	Loss of Rental for <u>1</u> days @ <u>\$81.32</u> per day	\$	81.32
3.	Loss of Income for <u>1</u> days @ <u>\$50</u> per day	\$	50.00
4.	LTA Search Fee	\$	6.00
5.	Survey Fee	\$	0.00
	Total	\$	672.32

We enclose a copy of the following documents for your consideration :-

GIA report lodged by our driver

Rental rate and mileage records

Certificate of Insurance

Authorization To Act

Original final repair bill

LTA Search Fee

Kindly let us have the discharge voucher within the next 14 days, failing which we shall proceed to hand over the conduct of this matter to our solicitors without further reference to you.

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Tel No. : 6603 1250 (DID)

Note : Please email any further correspondence to claims@transcab.com.sg (6603 1259)

Trans-Cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel: 6287 6666

Fax: 6287 7764

Co. Reg. No.: 201019626G

GST Reg. No.: 201019626G

Tax Invoice / Debit Note**TO:****AXA INSURANCE (S) PTE LTD**

ATTENTION:

INVOICE NO. : INV1301-149
DATE : 23. January 2013
REFERENCE NO : AAD1301-091
TERMS :
DUE DATE : 23. January 2013
PAGE : 1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	Repair cost (lump sum) SHC5406U DOA 08.01.13	1	535.00	535.00

Total SGD Excl. GST : 500.00
7% GST : 35.00
Total SGD Incl. GST : 535.00

****** FIVE HUNDRED THIRTY FIVE SGD ONLY ******

- 1) All cheques should be crossed and made payable to "Trans-Cab Auto Services Pte Ltd"
- 2) Please quote our Invoice Number during payment.
- 3) We reserve the right to charge interest @ 1.5% per month on overdue invoice.
- 4) Any dispute as to the accuracy, charges etc of this invoice must be communicated within 10 days from the date hereof failing which it shall be deemed to have been unconditionally accepted.

E. & O. E.**THIS IS A COMPUTER GENERATED INVOICE WHICH REQUIRES NO SIGNATURE**

**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 : CC3/AXA13001447/Khb3ys2-1

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 17-12-2019



ATTN: PETER WANG

Code : AXA2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJA 6778B	Veh. Inspected	SHC 5406U
Policy No.	P1111186	Coverage (\$)	0.00
Claim No.	C0259268	Excess (\$)	0.00
Assign From		Assign Date	21/01/2013

2. Vehicle Particulars & Condition

Make & Model	TOYOTA CROWN	c.c	2986
Engine No.	HIDDEN	Year of Reg.	2005
Chassis No.	LXS120021359	Colour	WHITE / RED
Odometer	920767	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	175/80R14	WEST LAKE	8 mm
L/H Front Tyre	175/80R14	WEST LAKE	8 mm
R/H Rear Tyre	175/80R14	WEST LAKE	2 mm
L/H Rear Tyre	175/80R14	WEST LAKE	2 mm

4. Description of Damages

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

5. General Information

Accident Date	08/01/2013	Inspection Date	21/01/2013
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD 58 DEFU LANE 1 SINGAPORE 539498		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	1 Working Days
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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5406U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER ASSEMBLY (CONSISTENT)	BENT / CRACKED	417.40	417.40
1	FRONT BUMPER REINFORCEMENT/BEAM (CONSISTENT)	TO REPAIR SEE LABOUR	269.35	-
1	FRONT SIDE LAMP RH (CONSISTENT)	CRACKED	170.60	170.60
1	FRONT HEADLAMP RH (CONSISTENT)	SERVICEABLE	411.54	-
1	FRONT SUPPORT PANEL ASSY (CONSISTENT)	TO REPAIR SEE LABOUR	626.30	-
1	FRONT FENDER RH (CONSISTENT)	TO REPAIR SEE LABOUR	732.83	-
	LESS 25% DISCOUNT		-657.00	-147.00
			1,971.02	441.00
	SPECIAL NETT ITEMS			
1	SET FRONT BUMPER FASTENER CLIP (SN) (CONSISTENT)	NECESSARY	12.00	12.00
			12.00	12.00
	LABOUR			
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF FRONT BUMPER REINFORCEMENT/BEAM, FRONT SUPPORT PANEL ASSY AND FRONT FENDER RH.		1,000.00	180.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	200.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		100.00	20.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.	NOT NECESSARY	720.00	-
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	NOT NECESSARY	250.00	-
	TO TRANSFER OF FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	150.00	-
	TOWING FEES.	NOT NECESSARY	100.00	-
			2,520.00	200.00
	GRAND TOTAL		4,503.02	653.00

Report Ref No. CC3/AXA13001447/Keb3y



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			500.00
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Report Ref No. CC3/AXA13001447/Keb3y

KONG SENG CHEONG

Licensed Appraiser

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