4.7	ASS. REC. BY: Chron (Lim) From (Person)	Rasul	Anu	ASSIGNM of	001092 /Rlvb ENT (Office) PSM		e/Time: 1801	2018 11.54am
		EVOLITAL	MIG	- 33	Bill to:			
	Estimated Cost: OD / TP / WS / To To Inspect Vehicle at Workshop m/s	e No:	- 30	MONO		Insured: Tel:	62703892	96869>11 Allan
	of		15 FC	in Yong Rou	<u>d</u>	58W	1007BW	
	Policy No:		4		Claim No:		1200.00	
	7				Excessi		11.01.16	11.0
	Sum Insured: Make of Veh: (Client's Record)					I	1601-20	
	Make of Veh:_ (Client's Record)	REP. / RE 10012018	V 24 HRS	Person Contact	ted: Nithi		H.O.D. Endorsement ehicle INLOUT	
	Make of Veh:_ (Client's Record)	REP. / RE	1.11 pm	Person Contact	ted: Nithi		H.O.D. Endorsemen	
	Make of Veh: (Client's Record) CA / REV / 1 Date/Time:	Action/Inst	1.11 pm	Person Contact Selfin	200		H.O.D. Endorsemen	
	Make of Veh: (Client's Record) CA / REV / 1 Date/Time:	Action/Inst	1.11 pm ruction (15D - X	Person Contact Figure 1	nate	a V	H.O.D. Endorsement chicle IN OUT	

Survey Department Check List (Case Handler)

		-
Reference No.: (S	ASM 1800 1092 TP RES / TL / EVA	RIVO

Case Handler

Typist

min (): Case handler to make sure all Info	Y-Date	N-Date	Y-Date	N-Date
	Assign Form Reference No.	~	W1 = 10 - 10 - 10 - 10 - 10 - 10 - 10 - 1		
C	Customer Code				
C	Assign From				
N		~			-
С	Assign Date	~			
С	Veh No (Inspected)				
С	Veh No (Insured)				
С	D.O.A				
С	Policy No	~			
С	Claim No	_			
С	Insurance Authorisation (CA /REV/REP)	~			
С	Report Type				
С	Weekend Charges	~			
N	Survey held at/Repairer	~			
С	Excess	M1.V - 55.100 (100 (100 (100 (100 (100 (100 (100	1-4-4	all required	Linforma
rvey	or (): Case handler to make su	re the surveryor c	ompieted	an required	monne
	gnment 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)	V		-	_
c	Chassis No	~		-	-
-	General Condition	~			+-
N	Steering	~		-	-
N	Brake	~			-
N	Modification (Modi)	~		-	-
N	Tyre Size	~		-	-
C	Tyre Make	~		-	_
N	Tyre Balance	~			
С	Date of Inspection	~			_
C	Survey held	~			_
N N	Des.of Damages	/			
- 24					
	tem - (Views/Merimen) Damaged Vehicle Photographs Uploaded	~			
С	The state of the s		Contract of the second	-01	
(3) W	orkshop Estimate/Assignment Form				
N	ALL Parts condition		-	1	
C	Market Value for OD cases	/	-		
C		~			
C	Days of repair			\neg	
C	Finalised Amount	~	_		1040 avenue
	Contract Cincling Within 5 Days				
C					
C	ystem - (Views/Merimen) Resurvey photo Uploaded				



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 Internation			
XA INSURANCE PTE	LTD	Ref : CS/ASM180010	92/R1vb	
SHENTON WAY #24-01 XA TOWERSINGAPORE 068811		Date: 18-01-2018 Code: ASM		
Assal Minimize Control	Policy Particula	rs :- OWN DAMAGE		
Insured Veh.		Veh. Inspected	SJH 3075D	
Policy No.		Coverage (\$)	0.00	
Claim No.	S8M007BW	Excess (\$)	0.00	
Assign From	SMART CLAIM (YVONNE ANG)	Assign Date	18/01/2018	
2.	Vehicle Partic	culars & Condition	THE RESIDENCE	
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	7.000 1.001	Steering		
Brakes		Modification		
General				
3.	Condit	ions of Tyres		
	Size	Make	Balance	
R/H Front Tyre)		mm	
L/H Front Tyre	1		mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4.	Descript	ion of Damages		
	Conor	al Information		
5.	VALUE OF THE PARTY	Inspection Date	18/01/2018	
Accident Date	TO THE LET LET LET LET LET LET LET LET LET LE	-		
Survey held a	15 FAN YONG ROAD SINGAPORE 629792			
5a.		Remarks		
	T VALUE IS S\$(EST. AVI ANCE TO YOUR INSTRUCTIONS,	ERAGE) WE HAVE AUTHORISED	REPAIRS.	



IA SUBMITTED

Type

Question

Message

Dear Yvonne, Please be informed that IA submitted. We have Not authorise repair. Kindly let us have your approval please. Repairer's Estimate (Gross):S\$6,330.00 Revised Estimate Amount:S\$3,500.00 (LUMP SUM) "Check" Items Amount :S\$ Total :S\$5,625.00 Market Value :S\$11,800.00 COE/PARF Rebate :\$\$8,072.00 Nett Value :\$\$3,728.00 Thanks Veron Chen

Reply

LKK AUTO CONSULTANTS PTE LTD (OD) -

Menu



SJH3075D - AUTHORIZED

Type

Question

Message

Please proceed to authorize repair

Reply



RE: EXCESS AND MEDICAL CONDITION

Type

Question

Message

Dear Yvonne, According to repairer, there is no letter stating that the spouse is not fit to drive. Best Regards,

Veron Chen

Reply

LKK AUTO CONSULTANTS PTE LTD (OD) +

EXCESS AND MEDICAL CONDITION

Type

Q Question

EXESS \$700 + \$500 (UN-NAMED) PLEASE CONFIRM WITH INSURED, ANY DOCTOR MEMO OR CERTIFICATION THAT THE DRIVER (SPOUSE) IS NOT FIT TO DRIVE THE CAR. PLEASE PROCEED TO AUTHORIZE IF ABOVE IN ORDER.

Reply * Dear Yvonne, According to repairer, no doctor letter or said owner spouse can't driving. Best Regards, Chen
Among to reprive, two is no
luda for stating that the sporre is
drive
not Japo Jet to state. Cancel Reply R Veron Chen Repty Now

Menu



Service Request Details

Claim

S8M007BW

Reference

None 🧷

Loss Date

January 16, 2018

Request Date

January 18, 2018

Due Date

January 25, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Incident Only

Services

Accelerated workshop survey

Actions

Next Step

Agree to perform service

Decline Work

Accoust Work

Vehicle Information

Incident Vehicle Registration # SJH3075D

Make

NISSAN

Ment

Service Address

Blk 1008,., 159722

Primary Contact/Insured

PRAVIN VINAYAK
BLK 51 STRATHMORE AVENUE, #20-191, 140051, Singapore, Singapore
91456740
VPRAVIN@GMAIL.COM

Claim Handler

Yvonne ANG 6568804461 yvonne.ang@axa.com.sg

Additional Instructions

Pend estimate Excess to be confirm

Messages Invoices History Documents Assessment Metrics Notes

New Message



Auto Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your ref:

S8M007BW

Our ref:

CS/ASM18001092/R1vb

Date: 19/1/2018

The Motor Claims Department M/s AXA INSURANCE PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SJH 3075D

We thank you for your instruction on

18/1/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle MOVA AUTOMOTIVE PTE LTD at the premises of M/s on 18/1/2018 and have the following to report:-

Repairer's Estimate (Gross)

:S\$6,330.00

Revised Estimate Amount

:S\$3,500.00 (LUMP SUM)

"Check" Items Amount

:S\$

Total

:S\$5,625.00

Market Value

:S\$11,800.00 :S\$8,072.00

COE/PARF Rebate Nett Value

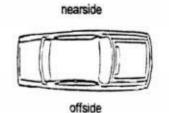
:S\$3,728.00

Description of Damage:

The vehicle sustained damages at the

o/s front portion

rear



front

Survey date and time: 18/1/2018 at 5.40PM

We have Not authorise repair.

No of days: 6 days

Yours faithfully,

MOHAMMED RASUL Automotive Assessor

Enquire PARF/COE Rebate for Registered Vehicle

ehicle Owner Particulars	000	
Owner ID Type:	Singapore NRIC	
Owner ID:	4068E	
/ehicle Details		
/ehicle No.:	SJH3075D	
/ehicle to be Exported:	No	
ntended De-registration Date:	19 Jan 2018	
Vehicle Make:	NISSAN	
Vehicle Model:	LATIO 1.5L T	
Primary Colour:	Silver	
Manufacturing Year:	2007	
Engine No.:	HR15078386A	
Chassis No.:	JN1BAAC11Z0004088	
Maximum Power Output:	80.0 kW (107 bhp)	
Open Market Value:	\$14,652.00	
Original Registration Date:	31 Jul 2008	
First Registration Date:	31 Jul 2008	
Transfer Count:	1	
Actual ARF Paid:	\$14,652.00	
Intended PARF Rebate Details		
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	30 Jul 2018	
PARF Rebate Amount:	\$7,326.00	
Intended COE Rebate Details		
COE Expiry Date:	30 Jul 2018	
COE Category:	A - Car (1600cc & below)	

19	/2018		
	COE Period(Years):	10	
X.	QP Paid:	\$14,101.00	
	COE Rebate Amount:	\$746.00	
	Total Rebate Amount:	\$8,072.00	

The information contained herein is correct as at 19 Jan 2018

OK

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID:	4068E	
Vehicle Details	1000	
Vehicle No.:	SJH3075D	
Vehicle to be Exported:	Yes	
Intended De-registration Date:	17 Jan 2018	
Vehicle Make:	NISSAN	
Vehicle Model:	LATIO 1.5LT	
	Silver	
Primary Colour: Manufacturing Year:	2007	
	HR15078386A	
Engine No.: Chassis No.:	JN1BAAC11Z0004088	
Maximum Power Output:	80.0 kW (107 bhp)	
Open Market Value:	\$14,652.00	
Original Registration Date:	31 Jul 2008	
First Registration Date:	31 Jul 2008	
Transfer Count:	1	
Actual ARF Paid:	\$14.652.00	
Intended PARF Rebate Deta	F170.070 5.7.040.01	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	30 Jul 2018	
PARF Rebate Amount:	\$7,326.00	
Intended COE Rebate Detail	* A MATTER AND A STATE OF THE S	
COE Expiry Date:	30 Jul 2018	
COE Category:	A - Car (1600cc & below)	
COE Period(Years):	10	
QP Paid:	\$14.101.00	
COE Rebate Amount:	\$754.00	
Total Rebate Amount:	\$8,080.00	
7 3 W 1975 (750 1986)		

The information contained herein is correct as at 17 Jan 2018

THE ONLY PLACE FOR SMART CAR BUYERS

Nissan Latio 1.5A

Price	\$11,400
Reg date	08-Jul-2008
Manufactured	2007
Mileage	109,000 km
Transmission	Auto
Engine Capacity	1,498 cc
Road Tax	\$684 per year
Power	80.0 kW (107 bhp)
Curb Weight	1,110 kg
Features	2
Accessories	i
Description	\$0 Down Payment Available! Balloon Scheme Available! We Are sgCarMart Premium Dealer! Buy With No Worries! No Hidden Cost! Car In Original Condition! Low Mileage! Accident Free! In House Loan Or Bank Loan Available! No Need Guarantor Or Minimum Income! Fast And Easy Loan Approval! High Loan Or Over Trade Welcome! All Our Vehicles Has Undergone A 120 Points Safety Check By Our In House Mechanics
COE	\$14,101
ому	\$13,857
ARF	\$13,857
Depreciation	9
No. of owners	1
Type of Vehicle	Mid-Sized Sedan
Availability	Available



Company	88 Motor Trad	ling			
	 dealer's pricelist 211 vehs sold 91 vehs available 				
Address	200 Jalan Sultai	n #02-38/Level 7 Carpark			
Location	Textile Centre				
Office No	62911187				
Contact Person(s)	Mr Ho	96811390			
	Ron	82981859			
	Jeremy	97625070			
	Ben	90913551			

Posted on: 15-Jan-2018 Last Updated: 15-Jan-2018









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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

foresaid.	
	ACCIDENT STATEMENT
Date Of Report	16/01/2018 15:23
Date Of Accident	16/01/2018 13:50
Exact Location Of Accident	46 LEEDON ROAD
Country/State of Loss	SINGAPORE
Di	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJH3075D
Insured/Policyholder	
Name Of Registered Owner	VINAYAK PRAVIN
NRIC No	S8364068E
Email Address	VPRAVIN@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91456740
Alternative Phone No	OTHERS-91456740
Vehicle Particulars	
Manufacturer	NISSAN
Model	LATIO 1.5L T
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	GA087649
Cover Note Number	
Driver	
Name of Driver	DEEPA NAIDU ANANDA
NRIC No	S8435152J
Date Of Birth	23/10/1984

Date Of Birth INDOOR Occupation 02/01/2014 Date Of Driving Pass

4 YEARS AND 0 MONTHS **Driving Experience**

FEMALE Gender

(LOCAL) +65-90280964 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

Address

BLK 51 STRATHMORE AVENUE

#20-191

Postcode

140051

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

Vehicle Registration Number of Driver's Own Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLIDED INTO PROPERTY

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

ambulance?

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

PRIVATE USE

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

Vehicle Make/Model/Colour

KERB

Details Of Properties Vehicle Category

NA/UNKNOWN

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material
 facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

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

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

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

GEAPLIC STOLL) The form, VS

Sketch Plan Pg. 2

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			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
SCRIBE CIRCUM	STANCES OF THE ACCIDE	ENT		
ENSE PLATE:	SJH30950 D	ACCIDENT DATE & TIME	16/1/18	1:50 PM
NTACT NUMBER:		E-MAIL ADDRESS:	ino ra vinlo	gmail. co
CATION: 4	91456740 6 leedon Rd	was driving the Car we had an epile	Impraviale 1. The (phe seit	0
Deeps to Gos	91456740 6 leedon Rd	0.35 - 9. (200-7.00) (0.05 - 9.00) (0.05 - 9.00)		0
CATION: 4	91456740 6 leedon Rd	0.35 - 9. (200-7.00) (0.05 - 9.00) (0.05 - 9.00)		0
Deepa to Gos	91456740 6 Leedon Rd Naidu (Nife) CUBB: Sh	was driving the car he had an epile	Phe Seit	TO SUBMIT AN
Deepa to Gos	91456740 6 Leedon Rd Naidu (Nife) CUBB: Sh	was driving the car ne had an epile	Phe Seit	TO SUBMIT AN
Deepa to Gos	91456740 6 Leedon Rd Naidu (Nife) CUBB: Sh	was driving the car he had an epile	Phe Seit	TO SUBMIT AN

Policyholder's Signature Date & Time:

Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

6-ARM South Cofeni, 73



AXA INSURANCE SINGAPORE PTE LTD

1800-880 4888 (Within Singapore)

(65) 6880 4888 (International)

Letter of Authorisation for Lump Sum Repair

VINAYAK PRAVIN,

1.	I, [Name] [NRIC]	S8364068E		the	owner	of	vehicle	[no.]
	SJH3075D	("Vehicle") do hereby authorize the	Wor	ksho	p/insure	er]	to repa	ir the
	Vehicle on a lump	sum basis instead of part by part.						

- 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:

DNOOK NAT

Claim Portal

1/18/2018

completion * Days of work

Comment

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REMOVE

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1/18/2018

English (default) • MOVA AUTOMOTIVE PTE LTD •

Claim Portal

CLAIMS

MESSAGES

SERVICE REQUESTS

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REMOVE	43	個	仰	伽	43	個	個	個	個	個
ACTION (PARTS)	Reviewing	Reviewing	Reviewing	Reviewing	Reviewing	Reviewing	Reviewing	Reviewing	Reviewing	Reviewing
PART PRICEINET)	110	90	35	240	180	09	760	09	495	490
DISC	130 011	40 pt /	R	120 06	180 0%	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	380 CA / EA	, 2	495 71/	140 7.48 M
UST PRICE	110	9	32	120	180	n	e E	96	¥	4
CONDITION										
Claim Portal REPAIR/REPLACE (PARTS)										
PART										~
PAKT NAME	FRONT BUMPER LOWER GRILLE	FRONT BUMPER SIDE RETAINER	FRONT BUMPER LOGO	FRONT GRILLE L & R	FRONT BUMPER UNDER COVER	FRONT BUMPER CLIPS	HEADLAMP	HEADLAMP BRACKET	SUPPORT	CONDENSER
305										
MATERIAL										
QUAN	e	7	-	2	H	50	/	7		H
% &	9	2	œ	6	10	Ξ	12	13	14	15
EDIT	Α.	`	^	5	`	^	`	^	~	`
1/18/2018	ā	5	m	10	0	T	19	D		0

https://vp.smartclaims.axa.com.sg/claim-portal/html/index-vendor-service-requests.html#/service-requests/assessment/?serviceRequestNumber=26129&tab=summary

DNOOY NA9

EE:E1:81-10-81

REMOVE	433	фЭ	但	信		REMOVE	(3	価	恒	但
ACTION (PARTS)	Reviewing	Reviewing	Reviewing	Reviewing		COMMENT				
PAKT PRICE(NET)	550	06	180	09		ACTION (LABOUR)	Ming	Sujos	Reviewing	cwing
DISC	73 VC	X		/		УСПО	Reviewing	Reviewing	Revi	god 600 Reviewing
LIST	550 %.	% %	30 PACS	ž		PAN	0	0	٥)
CONDITION						LABOUR REPAIR	04	8/8	302 300	0
Claim Portal REPAIR/REPLACE (PARTS)						LABOUR RER	0	0	0	0
PART							FRONT ATER &	TO REMOVE & INSTALL A/C CONDENSER, RADIATOR IN ORDER TO CUT OFF SUPPORT PANEL	TO CUT OFF FRONT SUPPORT PANEL. STRAIGHTEN AFFECTED AREAS AND RENEWS DAMAGES PARTS	TO SPRAY PAINT ON REPLACED , REPAIRED
PART NAME	RADIATOR	WASHER	FRONT FENDER INNER SHIELD	INNER SHIELD CLIPS		PART NAME	TO INSPECT FRONT LIGHTING WATER & LEAKAGE TEST	TO REMOVE & INST A/C CONDENSER. RADIATOR IN ORDE CUT OFF SUPPORT	TO CUT OFF FRONT SUPPORT PANEL. STRAIGHTEN AFFECTE AREAS AND RENEWS DAMAGES PARTS	TO SPRAY PAINT ON REPLACED , REPAIRE
SIDE						(NBOUR)				
MATERIAL.						REPAINTEPLACE (LABOUR)				
QUAN			8	20		SRNO				
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https://vp.smartclaims.axa.com.sg/claim-portal/html/index-vendor-service-requests.html#/service-requests/assessment/?serviceRequestNumber=26129&tab=summary

88:81:81-10-81

Claim Portal

1/18/2018

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SERVICE REQUESTS MESSAGES CLAIMS	Assessment Details Control & Morkshop Details Vehicle & Driver Details Vel	0.00	CATEGORY	Spare Parts \$4,500.00	Labour \$950.00	Paint \$800.00	Miscellaneous \$80.00	
SI	Vehicle Condition Taxes & Ratio		REVI	\$4.5	\$6\$	08\$	\$80	
	Parts & Labour Miscellaneous		REVISED AMOUNT	\$4,500.00	\$950.00	\$800.00	\$80.00	(00
	Summary				1321			

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Claim Portal

1/18/2018

18-01-19:33

Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Wednesday, 24 January 2018 4:43 PM

To:

Mei Kwan (LKKAuto); Alan Chng; Rasul (LKKAuto)

Cc:

Admin A; SUR

Subject:

RE: finalization for veh no:SJH3075D *** LKK REF: CS/ASM18001092/R1vb

Dear Alan,

Confirm the COR, repair cost lump sum limits \$3500 before excess \$1200

No of days: 6 days

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: Mei Kwan (LKKAuto)

Sent: Wednesday, 24 January 2018 2:41 PM

To: Alan Chng <tuckmeng@mova.com.sg>; Rasul (LKKAuto) <Rasul@lkkauto.com>; Veron Chen (LKKAuto)

<veronchen@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>; SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>

Subject: RE: finalization for veh no:SJH3075D *** LKK REF: CS/ASM18001092/R1vb

Dear Alan,

Thank you for your email.

Please note that: -

LKK ref	Officer in charge	
CS/ASM18001092/R1vb	Veron	

To check availability of the case handler, you may contact the undersigned.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

----Original Message-----

From: Alan Chng [mailto:tuckmeng@mova.com.sg] Sent: Wednesday, 24 January, 2018 12:52 PM To: Rasul (LKKAuto) < Rasul@lkkauto.com>

Cc: Admin A <admin-a@lkkauto.com>
Subject: finalization for veh no:SJH3075D

Dear Rasul,

Please refer the attach estimate to confirm the COR, repair cost lump sum limits \$3500.

Please confirm the COR reply by email, I will send you the after paint photos once the ready.

Thank you!

Best Regards Alan Chng Claims Estimator Mova Automotive Pte Ltd H/P 9686 9276 Office No:6262 3377 Fax No:6264 3151