

INS. CASE OWNER:

Stacey

CC 4 ASM / AXA1800

11/15, 11/16/18

LKK: IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

21/01/18

Date / Time:

17/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKV 2287E

Name of Insured:

DARREN MICHAEL WEBB

Insured Tel No.:

HP:

Claim No.:

S8M00782 / 17800

Policy No.:

74245726

Make / Model:

NISSAN

Place of Accident:

KWONGWAY SHOPPING CENTRE

Excess Sec II:SS

D.O.A:

12/01/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

LIAMNE WEBB

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Driver Tel No.:

(VL) YES / NO

Insured Liability:

% Final ? Yes / No

SEP 40200



INSRS:

WSP:

Tel:

Liability:

RMKS:

SMK



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time:

17/1/18
JMS

SEP 40200 - 2
Smartclaim

01 accidentally hit parked veh while etc reversing.

25/01/18 @ 1:58

Email to TP Repairs that Liab is clear & request to arrange for survey.

7/3/18

call old confirm accident detail via reverse and collided with TP. 01 is aware NIP will be affected letter sent to 01.

RECEIVED 09 APR 2018

STAGE

DATE / PIC

Non-Reporting Itr (1st):

Non-Reporting Itr (2nd):

Non-Reporting Itr (Final):

Notification Itr (if non-pickup):

Call OI:

After call Itr to OI:

Documentation Check List: Handler Typist

Notification Itr (if non-pickup)

After call Itr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE

Date/Time:

21/01/18

Sent By:

JMS

FINALIZATION

Date/Time:

Confirm with:

Confirm by: O/S

Repair Cost:

US \$51980

(2 days) Reduction:

35 %

Email

Call

FINAL SETTLEMENT

Date/Time: 30.09.19

Confirm with: YMS

Email

Call

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

2/10/18 \$52086.30

OID REVERSED 411 70

Loss of Rental (LOR):

\$5

(days)

Loss of Use (LOU):

\$5208.00

(\$100 x 2 days)

Loss of Income (LOI):

\$5

(\$ x days)

LOR only ☐ LOU only ☒

LOR + LOU ☐

LOR + LOI ☐

[Tick only one]

GIA/LTA Search

\$52.00

Medical:

\$5

Disbursement:

\$5

(e.g. Tow/ Independent)

Legal Cost

\$5

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

4380

Total:

\$52086.30

Global Sum \$5:

FINAL PAYMENT

Date/Time: 30.09.19

Confirm with: YMS

Email

Call

Payee 1:

\$52086.30

Name 1:

SHIRLEY MOORE PTE LTD

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

(08/11/18) wef

ASS. REC. BY: MGR145

REF:

QYA /

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SKF 4020Dat Workshop m/s SME

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: 2 Consistent? : Yes or NoEst. Repairs: 2 days Res: Yes or NoLum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction LTA 67582Date/Time, File Pass to? : ☐ : Preli. Report1) ☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.I: (\$ _____)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee: _____

Transportation: _____

) S + RS \$ _____

) Photos

) Others

TOTAL

Veh No: SKF 4020D Yr Regn: 5, 12Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or: CA /Make: BMW 520i c.c. 1997Colour: Black A/C: Insured / Std / NI / NASp. Reading: 203936 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBAKH12000DX48220Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: _____

R: 225/55R17

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

TOYO / YOKO or

Continental

Front

R/Bal. 6 mmL/Bal. 6 mmD.O.A. 13/1/18

Survey held at _____

Rear

R/Bal. 6 mmL/Bal. 6 mmD.O.I. 29/1/18Des. of Damages: Front / Rear / O/S / N/S / U/C / Rooftop orRear n/s

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

45 \$1950 (red \$1047.57 / 34.97)



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 : CC4/ASM18001135/yb3

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 18-01-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKV 2287E	Veh. Inspected	SKF 4020D
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	18/01/2018

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	13/01/2018	Inspection Date
Survey held at	SME MOTOR PTE LTD 1 KAKI BUKIT AVE 6 #02-15 (AUTOBAY @KAKI BUKIT) SINGAPORE 417883	

5a. Remarks

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

SME Motor Pte Ltd

1 Kaki Bukit Ave 6, #02-15 Autobay@KakiBukit Singapore 417883
TEL: 67476106 (6 lines) FAX: 67442368 Email: service@smemotor.com.sg
GST:201119451E RCB NO:201119451E

M/S : AXA INSURANCE PTE LTD

8 Shenton Way #24-01

AXA Tower

Singapore 068811

TEL: 68804741

FAX: 68804838

ATTN: Motor Claim Department

Your Ref No: 18/AXA/TP-012 (01)

Claim Type: Third Party

Accident Date: 13/01/2018

TP Veh Reg No: SKV2287E

Estimate No: EST0003888

Date: 16 Jan 2018

Policy No: B27611866QMX

Veh Reg No: SKF4020D

Make/Model: BMW 520i

Chasis No: WBAXG12000DX48220

Engine No: A4610143N20B20B

Reg. Date:

Estimate Repair Cost to Vehicle No :SKF4020D

Description	Quantity	List Price	Amount
		SS	SS
List Price			
1 REAR BUMPER	1 PC	1,431.40	✓
2 REAR BUMPER RETAINER LH	1 PC	141.65	X
3 REAR BUMPER CLIP	1 PC	3.00	X (10 23,0)
4 REAR BUMPER REFLECTOR LH	1 PC	34.35	X
5 REAR PARKING SENSOR LH (CORNER)	1 PC	236.85	✓
6 TAIL LAMP LH	1 PC	572.25	✓
		2,419.50	
	Less 10%	241.95	2,177.57
Labour			
7 WIRE CHECKING	1 UNIT	20.00	✓
8 LABOUR CHARGE	1 UNIT	400.00	200
9 SPRAY PAINTING	1 UNIT	400.00	200
	420	820.00	820.00
Total			SS 2,997.57
Add GST @ 7%			209.83
Total Amount Payable			SS 3,207.40

TOTAL: SINGAPORE DOLLAR THREE THOUSAND TWO HUNDRED AND SEVEN AND CENTS FORTY ONLY

For SME Motor Pte Ltd

AUTHORISED SIGNATURE

KK Auto Consultants hence notify the insurer 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:

Not Affected

2/5/18 1950/1 oh

2 day

Take photo after repair

29/1/18

22/01/2018

SME Motor Pte Ltd

1 Kaki Bukit Ave 6, #02-15 Autobay@KakiBukit Singapore 417883
 TEL: 67476106 (6 lines) FAX: 67442368 Email: service@smemotor.com.sg
 GST:201119451E RCB NO:201119451E

M/S : AXA INSURANCE PTE LTD

8 Shenton Way #24-01

AXA Tower

Singapore 068811

TEL: 68804741

FAX: 68804838

ATTN: Motor Claim Department

Your Ref No: 18/AXA/TP-012 (01)

Claim Type: Third Party

Accident Date: 13/01/2018

TP Veh Reg No: SKV2287E

Estimate No: EST0003888

Date: 16 Jan 2018

Policy No: B27611866QMX

Veh Reg No: SKF4020D

Make/Model: BMW 520i

Chasis No: WBAXG12000DX48220

Engine No: A4610143N20B20B

Reg. Date:

Estimate Repair Cost to Vehicle No :SKF4020D

Description	Quantity	List Price	Amount
		<u>SS</u>	<u>SS</u>
List Price			
1 REAR BUMPER <i>20/00</i>	1 PC	1,431.40 ✓	
2 REAR BUMPER RETAINER LH <i>11</i>	1 PC	141.65 X	
3 REAR BUMPER CLIP <i>11</i>	1 PC	3.00 ✓	
4 REAR BUMPER REFLECTOR LH <i>11</i>	1 PC	34.35 X	
5 REAR PARKING SENSOR LH (CORNER) <i>should</i>	1 PC	236.85 ✓	
6 TAIL LAMP LH <i>SCA</i>	1 PC	572.25 ✓	
		2,419.50	
	Less 10%	241.95	2,177.57
Labour			
7 WIRE CHECKING	1 UNIT	20.00 ✓	
8 LABOUR CHARGE	1 UNIT	400.00 <i>200</i>	
9 SPRAY PAINTING	1 UNIT	400.00 <i>200</i>	
		820.00	820.00
	Total		SS 2,997.57
	Add GST @ 7%		209.83
	Total Amount Payable		SS 3,207.40

TOTAL: SINGAPORE DOLLAR THREE THOUSAND TWO HUNDRED AND SEVEN AND CENTS FORTY ONLY

Not Allowed

2/5

2 day
Take photo after repair
29/1/18

For SME Motor Pte Ltd

AUTHORISED SIGNATURE

I, the undersigned, hereby 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: _____

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2307D
Vehicle Details	
Vehicle No.:	SKF4020D
Vehicle to be Exported:	No
Intended De-registration Date:	29 Jan 2018
Vehicle Make:	B.M.W.
Vehicle Model:	520I A
Primary Colour:	Black
Manufacturing Year:	2012
Engine No.:	A4610143N20B20B
Chassis No.:	WBAXG12000DX48220
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$43,892.00
Original Registration Date:	28 May 2012
First Registration Date:	28 May 2012
Transfer Count:	1
Actual ARF Paid:	\$43,892.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 May 2022
PARF Rebate Amount:	\$30,724.00
Intended COE Rebate Details	
COE Expiry Date:	27 May 2022
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$85,216.00
COE Rebate Amount:	\$36,858.00
Total Rebate Amount:	\$67,582.00

The information contained herein is correct as at 29 Jan 2018

OK

 MANDATE REQUEST [S8M00782 / SKF 4020D]

Type

 Question

Message

Liability: Insured driver reversed and collided with third party vehicle. Settlement: Repair Cost : \$2,086.50 (w/GST) Loss of Use : \$200.00 (2days x \$100) LTA: \$2.00 Total: \$2,288.50 Immediate Advice with Mandate and relevant document uploaded for your easy reference. Please kindly let us have your approval / instruction if any. Thank you - (17/09/2019)

[Reply](#)

9/23/2019

Claim Portal

LKK AUTO CONSULTANTS PTE LTD (TP) ▾

Menu



Re:MANDATE REQUEST [S8M00782 / SKF 4020D]

Type

🔗 Question

Message

pls proceed

Reply

SME Motor Pte Ltd

1 Kaki Bukit Ave 6, #02-15 Autobay@KakiBukit Singapore 417883
TEL: 67476106 (6 lines) FAX: 67442368 Email: service@smemotor.com.sg
GST:201119451E RCB NO:201119451E

M/S : THAM SHIH LONG JACEK

Singapore

ATTN:

Your Ref No: 18/AXA/TP-012 (01)

Claim Type: Third Party

Accident Date: 13/01/2018

Claim No: EST0003888

Final No: INV0003339

Date: 05 Apr 2018

Policy No: B27611866QMX

Veh Reg No: SKF4020D

Make/Model: BMW 520i

Chasis No: WBAXG12000DX48220

Engine No: A4610143N20B20B

Reg. Date:

Final Repair Cost to Vehicle No :SKF4020D

Description	Quantity	List Price	PAGE:1
			Amount
		S\$	S\$
As agreed to proceed repair at Lump Sum Repair			S\$ 1,950.00
Less Excess			S\$ 0.00
Amount Before GST			S\$ 1,950.00
Add GST @ 7%			136.50
Total Amount payable			S\$ 2,086.50

TOTAL: SINGAPORE DOLLAR TWO THOUSAND EIGHTY SIX AND CENTS FIFTY ONLY

For SME Motor Pte Ltd

E. & O. E.

AUTHORISED SIGNATURE

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

Your Insured Veh No. : SKV2287E
Your Ref :
Our Ref : SKF4020D
Date : 05/04/2018

WITHOUT PREJUDICE

Dear Sir/Madam

**Accident involving SKV2287E and SKF4020D
on 13/01/2018 at QUEENSWAY SHOPPING CENTRE.**

Please refer only to the boxes marked (x).

- ☒ We refer to ☒ the above accident
☐ our/your letter dated
- ☒ We have been authorised by the owner of vehicle number **SKF4020D** which was damaged by your insured's motor vehicle number **SKV2287E** in the aforesaid accident.
- ☒ We are instructed that the accident was caused by your insured's negligent driving and/or management of the vehicle. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expenses, particulars of which are as follows:

Cost of Repair	<u>2,086.50</u>
Survey report fees	<u>-</u>
Loss of Use(2 days @ \$120.00 per day)	<u>240.00</u>
Car Rental Fees	<u>-</u>
GIA/LTA search fees	<u>2.00</u>
Total S\$	<u>2,328.50</u>

- ☒ We forward herewith the following relevant supporting documents:-
- | | |
|--|--|
| ☐ Survey Reports & photographs (To be returned within 7 days on demand) | ☒ Copy of NRIC/Driving licence |
| ☒ Final repair bill(Tax Invoice) | ☒ Copy of LTA/GIA vehicle search |
| ☐ Bill/Receipt for the excess | ☒ Non-injury motor report form |
| ☐ Rental Agreement | ☒ Letter of Authority |
| ☒ Copy of the Insurance Certificate | |

- ☒ Cheque to be made payable to **Messrs SME MOTOR PTE LTD.**
- ☐ Any request for a re-survey of our client's vehicle must be arrange within the 14 days upon receipt of this letter. The re-survey must be conducted at our premises, in the presence of our client.
- ☒ Please note that you should send to us an acknowledgment of receipt of this letter within 07 days of your receipt of this letter.

Yours faithfully,

SME MOTOR PTE LTD

enc

WE HEREBY ACKNOWLEDGE RECEIPT

Date: _____
PLEASE CHOP AND SIGN

Your Insured Veh No. :



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

09 MARCH 2018

DARREN MICHAEL WEBB
38 TREVOSE CRESCENT
#03-28
SINGAPORE 297722

Dear Sir/Madam,

OUR REF : CC4/ASM18001135/Umb3
YOUR REF : SKV 2287E
ACCIDENT INVOLVING SKV 2287E AND SKF 4020D ALONG QUEENSWAY
SHOPPING CENTRE- CARPARK ON 13.01.2018

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.

We have received a claim from M/s SME MOTOR PTE LTD, acting on behalf of the owner of SKF 4020D against your motor insurance policy.

Based on the accident report, accident scenario, it was reported that your vehicle had collided onto the Third Party stationary vehicle SKF 4020D while reversing. As such, liability is down against us.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We 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 full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's 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)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

- 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.

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), AXA 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 us at 6256 3561 or email us at vicalpeh@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Bevan Lim
Case Handler
DID: 6749 4274
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA)
(Motor Claims Dept)

LETTER OF AUTHORITY

To: M/s AXA Insurance Pte Ltd
Singapore

Accident involving my/our vehicle no. SKF 4000D and SKU 2287E on 13/01/2018

along Orchardway Shopping Centre

I/We, Tham Shih Long JACK NRIC No. S8232307D

of Blk 407 Hougang Ave 6 #01-18 Singapore 530427

the registered owner of vehicle no. SKF 4000D at the material time of accident, do

hereby authorise **Messrs SME MOTOR PTE LTD** as my/our agent and representative

to correspond in, negotiate and settle, on my/our behalf, my/our claim against you as

owner/operator/insurer of vehicle no. SKU 2287E.

I/We also authorise them to accept settlement cheque on my/our behalf. Kindly issue

your cheque in favour of "**M/s . SME MOTOR PTE LTD**".

Dated this 31 day of 01 2018

xx 
Signature of Owner or his/her/their
Duly Authorised Representative



Without Prejudice
to any claim for
personal injury

Without Prejudice
to any claim
personal injury

Without Prejudice
to any claim for
personal injury

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKV 2287E	(Insd veh)	Model: BMW 520i
	SKF 4020D	(TP veh)	
Date of Accident/ Time:	13/01/2018 / 14:00		

Repair Estimate	: \$	3,233.38	
Final Repair Cost	: \$	2,088.50	
Loss of Use	: \$	200.00	2 days at \$100.00 per day
Rental (if any)	: \$	-	days at \$ per day
LT / GIA Search Fee	: \$	-	
Others:	: \$	-	
Final Settlement Sum	: \$	2,288.50	

Payee Name : SME MOTOR PTE LTD.

Is Third Party Workshop GIA Registered? [X] YES [] NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: No / No BOLA Scenario No: _____
	BOLA Liability: 100 (%)	Assessed Liability (*) _____ (%)

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply

Remarks:

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are not received within 7 days of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a full and final settlement that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: SME MOTOR PTE LTD Date: 30/01/2018 	 Signature of Witness / Workshop stamp (if applicable) Name of Witness:  Date: 30/01/2018
Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date:	

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-007308

Date of Request: 15/01/2018

Your Ref No: Online Purchase

SME Motor Pte Ltd
1 Kaki Bukit Ave 6 #02-15
AutoBay @ Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 15/01/2018
Enquiry By Han Zhuang Chou
TP Vehicle No. SKV2287E
Accident Date 13/01/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKV2287E	AXA Insurance Pte Ltd	24/11/2017-02/03/2019	6338 7288

Thank You.

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This is a computer generated document and requires no signature.



**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-007308

Date of Request: 15/01/2018

Your Ref No: Online Purchase

SME Motor Pte Ltd
1 Kaki Bukit Ave 6 #02-15
AutoBay @ Kaki Bukit
Singapore 417883

Dear Sir/Madam,

Enquiry Date 15/01/2018
Enquiry By Han Zhuang Chou
TP Vehicle No. SKV2287E
Accident Date 13/01/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

⏪ Service Request Details

Claim

SBM00782

Reference

CCA/ASM18001135/AMB342 

Loss Date

13 January 2018

Report Date

15 Jan 2018 12:00:00 AM

Request Date

2 July 2018

Due Date

Vehicle Information

Incident Vehicle Registration #

SKF40200

Make

TPVD BMW

Model

520i

Service Address

...

Primary Contact/Insured

WEBB DABREN

38 TREVOSE CRESCENT, 297722, Singapore

dwebb3101@gmail.com

Claim Handler

NG Stacey

6568804351

stacey.ng@axa.com.sg

Actions

Next Step

Wait for Approve Invoice

Add Invoice

Additional Instructions

Messages	Invoices	History	Documents	Assessment	Metrics	Notes
Document Type Document SubType						
+ Upload Documents						
NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED		
 LKKInvoice1 (1).pdf	Invoice	Surveyor/ Assessor expense	LKK AUTO CONSULTANTS PTE LTD (TPP)	1 November 2019		

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 LKX PHOTO-2.pdf	Forms / Claim Documents	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	1 November 2019
 LKX PHOTO.pdf	Forms / Claim Documents	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	1 November 2019
 PAYMENT BREAKDOWN EXPRESS SETTLEMENT FORM.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LKX AUTO CONSULTANTS PTE LTD (TP)	1 November 2019
 AUTHORISATION TO ACT FORM.pdf	Forms / Claim Documents	POA / Authority Letter	LKX AUTO CONSULTANTS PTE LTD (TP)	1 November 2019
 Immediate Advice with Mandate.pdf	Forms / Claim Documents	Assessment	LKX AUTO CONSULTANTS PTE LTD (TP)	17 September 2019
 GIA SEARCH.pdf	Forms / Claim Documents	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	23 May 2018
 LETTER TO OI.pdf	Letters and Correspondence	Policy Holders / Insured	LKX AUTO CONSULTANTS PTE LTD (TP)	23 May 2018
 TP ESTIMATE - MARKED.pdf	Forms / Claim Documents	Driver's License / IDP	LKX AUTO CONSULTANTS PTE LTD (TP)	30 January 2018
 Preliminary Advice.pdf	Forms / Claim Documents	Estimate / Quotation	LKX AUTO CONSULTANTS PTE LTD (TP)	30 January 2018
 GA295336-Certificate of Insurance.pdf	Forms / Claim Documents	Policy Schedule / Covernote / Certificate of Insurance	TEO Kiffy	17 January 2018
 GA295336-Policy Schedule.pdf	Forms / Claim Documents	Policy Schedule / Covernote / Certificate of Insurance	TEO Kiffy	17 January 2018
 SKV22307E INSD GIA.PDF	Forms / Claim Documents	Claim Form	PATIL Anul	16 January 2018
 SKF40200 TP GIA.PDF	Forms / Claim Documents	Claim Form	PATIL Anul	16 January 2018

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 Email received from workshop with TP GIA & ESTIMATE.mug	Letters and Correspondence	Others	PATIL, Anant	16 January 2018

Assessment Details

General & Workshop Details			Vehicle & Driver Details		Vehicle Condition		Taxes & Ratio		Parts & Labour		Miscellaneous		Summary
EDIT	SR NO	NAME	ACTION	ESTIMATED AMOUNT	ADJUSTED AMOUNT	COMMENT	REMOVE						
	0	DAYS OF REPAIR 2 DAYS	Approve		0								

Assessment Details

General & Workshop Details	Vehicle & Driver Details	Vehicle Condition	Taxes & Ratio	Parts & Labour	Miscellaneous	Summary
Estimated Claim Amount	\$0.00			Adjusted Claim Amount	\$2,463.46	

CATEGORY	ESTIMATE	ADJUSTED
Spare Parts	\$0.00	\$2,043.46
Labour		\$420.00

Assessment Details

General & Workshop Details		Vehicle & Driver Details	Vehicle Condition	Taxes & Ratio	Parts & Labour	Miscellaneous	Summary
Estimated Claim Amount		Adjusted Claim Amount					
CATEGORY	ESTIMATE	ADJUSTED					

Miscellaneous		\$1,950.00					
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