

INS. CASE OWNER:

Stacey

CC 4 / ASM1800

1482, S WA3

LKK:

IDAC:

SMB 1321 C

2723

Surveyor:

yue

DOI:

ASSIGNMENT

26/1/18

Date / Time:

20/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJK 2786B

Name of Insured:

LIANG CATHY JOYCE

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

15/1/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

S7M00400

Policy No.:

6A746236

Make / Model:

Honda Stream

Place of Accident:

Holland Road

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability: %

Final ? Yes / No

SMB 1321 C



INSRS:

WSP:

Tel:

Liability:

RMKS:

GmpT.

C272



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time		STAGE	DATE / PIC
20/1	SMB 1321 C. x	Non-Reporting ltr (1st):	
20/1	SJK 2786B. N/A	Non-Reporting ltr (2nd):	
30/1	Andryok	Non-Reporting ltr (Final):	
		Notification ltr (if non-pickup):	
		Call OI:	1/2/18 And
		After call ltr to OI:	1/2/18 And
11/2/18	Called OI. Mr Liang confirm accident details inform TP claim. OI change law agree to settle and agree NCD will be affected. Later and out	Documentation Check List:	Handler Typist
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		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 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"/>

RECEIVED 05 MAR 2018

PRELIMINARY ADVICE		Date/Time: 24/1	Sent By: LSP
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	SS	(days) Reduction:	%
FINAL SETTLEMENT		Date/Time: 30/1/18	Confirm with: Andry
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.:	15	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost:	SS 1850.00		If NO or B 28, Ass. Lia:
Loss of Rental (LOR):	SS (days)		
Loss of Use (LOU):	SS 250.00 (S1 x 250 days)		
Loss of Income (LOI):	SS (\$ x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	SS		
Medical:	SS		
Disbursement:	SS (e.g. Tow/Independent)		
Legal Cost	SS		
Total:	SS 2100.00	Global Sum SS:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	SS 2100.00	Name 1:	SMART Buses
Payee 2 (Strike if N/A):	SS	Name 2:	
Payee 3 (Strike if N/A):	SS	Name 3:	

Pilot hand in

Surrender

REF:

SMB3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 1 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

5/3/18 : Confirm LL \$1850.00 with 1 working day

Veh No: 5M B1321CYr Regn: 26/2/2013

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

Truck / Trailer or

Make: MAN NL320Fcc 10518Colour: White Colour

A/C: Insured / Std / NI / NA

Sp. Reading: 55442

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMAH22ZE007001757

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: N/S / S/Rim / STD A/Rim orTyre Size: F: 275/70R22.5

R: _____

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

TOYO / YOKO or

Fire, 29

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 15/11/17D.O.I. 26/1/18Survey held at SMART

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

Frt N/S

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

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Add Fee:

☐

Site Insp (\$

) \$ + RS \$

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Chairs

☐

Weekend (\$

)

Report Format: _____

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

TOTAL

(20) = \$110.47
53.1)




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/ASM18001482/Swa3		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 25-01-2018		
		Code : ASM		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJK 2786B	Veh. Inspected	SMB 1321C	
Policy No.		Coverage (\$)	0.00	
Claim No.	S7M004DO	Excess (\$)	0.00	
Assign From		Assign Date	25/01/2018	
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	15/11/2017	Inspection Date	26/01/2018	
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD KRANJI DEPOT			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

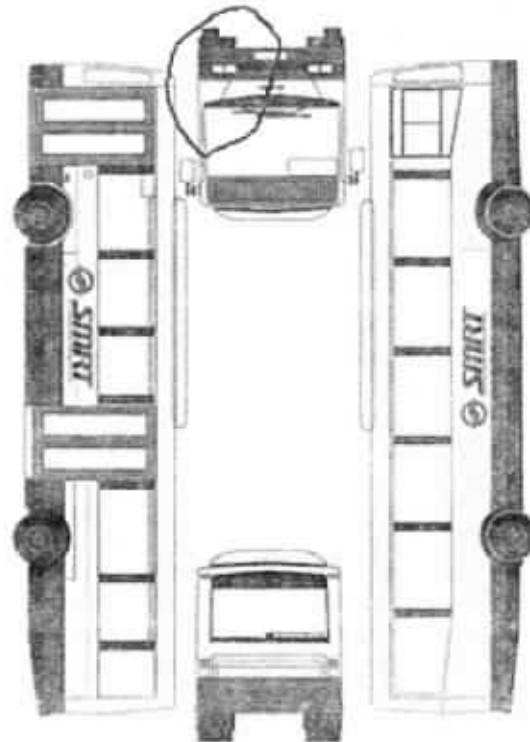
SMRT Accident Vehicle Repair Estimates

Section A - To be completed by claims Advisor/Duty officer at Accident Reporting Centre

Reg. No : SMB1321C
 Ref. No : BUS/11/17/5023
 Reg. Date : 08/01/2018
 Vehicle Type : BUS -12M
 Make : MAN
 Model : MAN
 Name of Driver : Samsul Kamal Bin Ibrahim
 Type of Accident : SIDE SWIPE
 Date / Time of Accident : 15/11/2017 09:31:00 AM
 Accident Reported Date / Time : 16/11/2017 12:00:00 AM
 Surveyor is Required? : Yes
 Survey by : AXA
 Vehicle is Towed Back? : No
 Towed Back Date/Time :
 Replacement Vehicle issued? : No
 Accident Repair Job Card No :
 Special Instruction to ARC, if any :

LEFT FRONT PORTION
 SGK2786B (TP) - INSURED WITH AXA

Prepared Date : 08/01/2018 09:34:11 AM



Sebastian.
 26/1/18.

- Lump Sum Repair
 - Question Mark Item Photo
 - Photo After Paint
- 70036121

sebastianyeang@lkkauto.com

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Section D - Details of Repair Estimates**Part 1 - Labour Works**

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO REPAIR LH FRONT PORTION	1,060.00	0.00 530
Total Labour	1,060.00	0.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	580.00	0.00 184
Total Spray Painting & Panel Beating	580.00	0.00

Part 3 - Other Costs - Accident and Accident Repair Related Expenses

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		



Auto
Consultants
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: S7M004DO
Our ref: CC4/ASM18001482/Swa3

Date: 29.01.2018

The Motor Claims Department
M/s AXA INSURANCE SINGAPORE PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SMB1321C

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 26.01.2018 at the premises of M/s SMRT Automotive Services Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	3,960.47
Revised Estimate Amount	: S\$	2,157.24
"Check" Items Amount	: S\$	813.96
Total (Including Check Items)	: S\$	2,971.20
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
Front N/S Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 1 days

Yours faithfully,

SEBASTIAN YEANG
Licensed Appraiser

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2292D
Vehicle Details	
Vehicle No.:	SMB1321C
Vehicle to be Exported:	No
Intended De-registration Date:	29 Jan 2018
Vehicle Make:	MAN
Vehicle Model:	NL320F (A22)
Primary Colour:	Multi-Colour
Manufacturing Year:	2012
Engine No.:	50333562323346
Chassis No.:	WMAA22ZZ0D7001757
Maximum Power Output:	-
Open Market Value:	\$251,879.00
Original Registration Date:	26 Feb 2013
First Registration Date:	26 Feb 2013
Transfer Count:	0
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-

PARF Rebate Amount:	\$0.00
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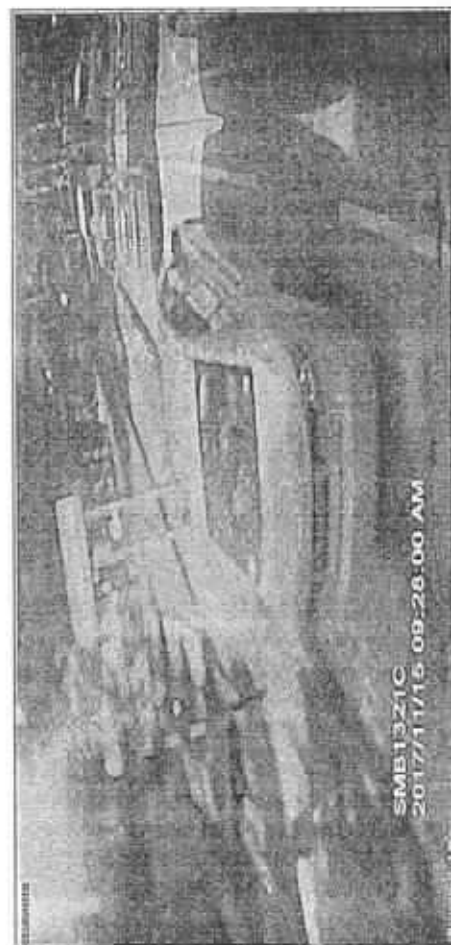
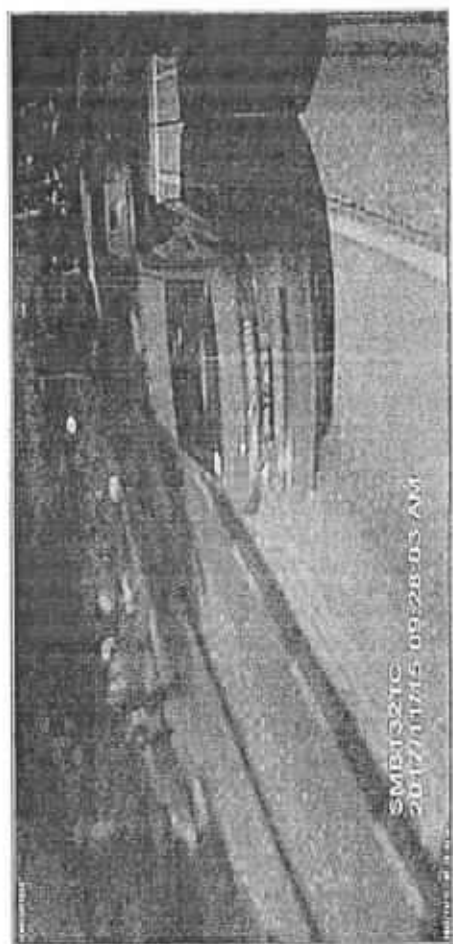
Intended COE Rebate Details

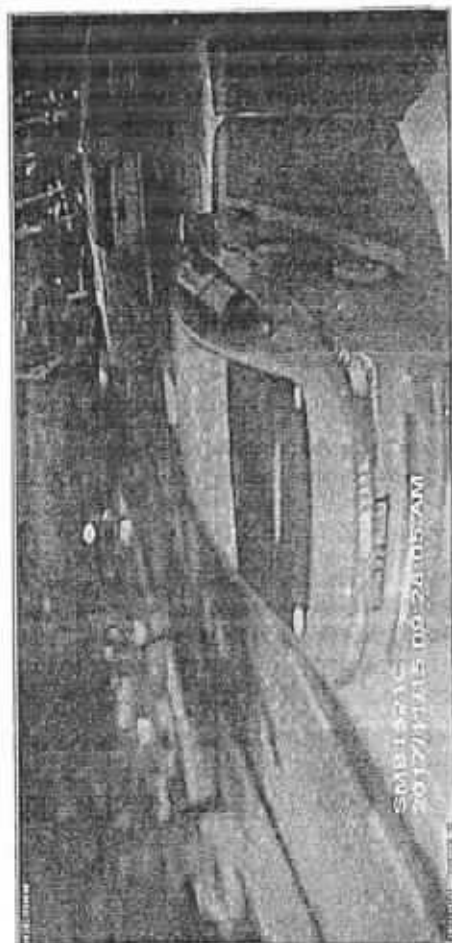
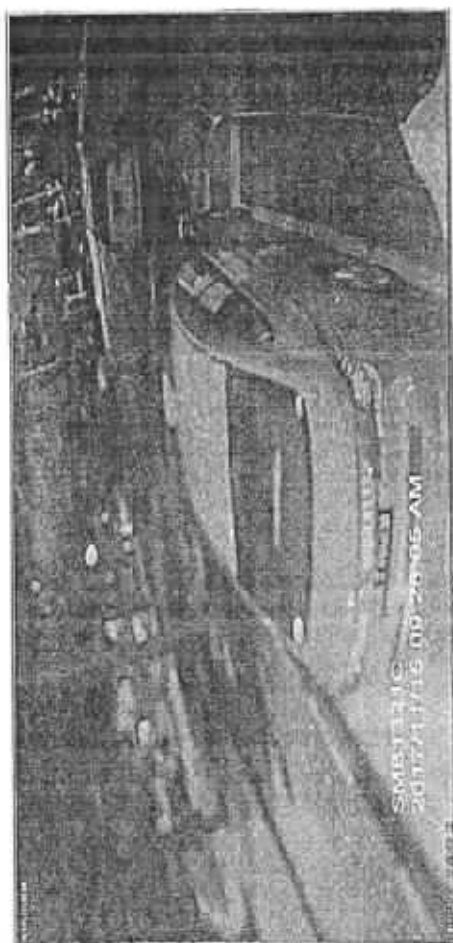
COE Rebate Amount:	\$0.00
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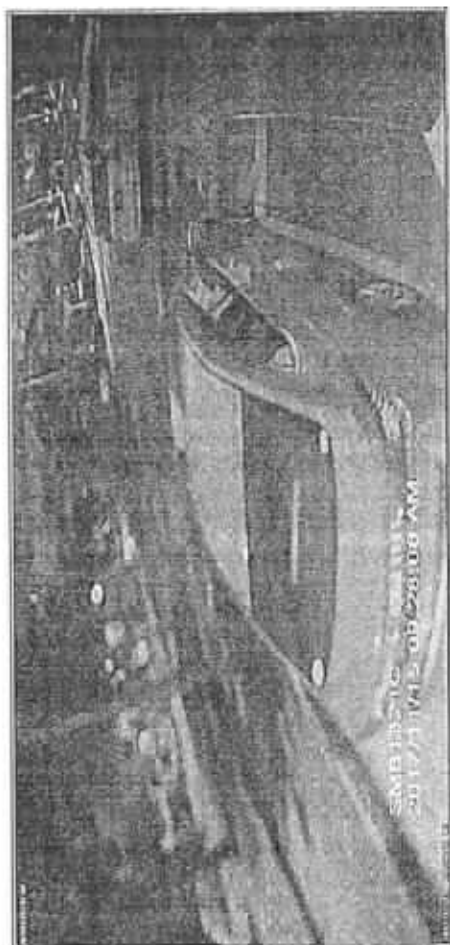
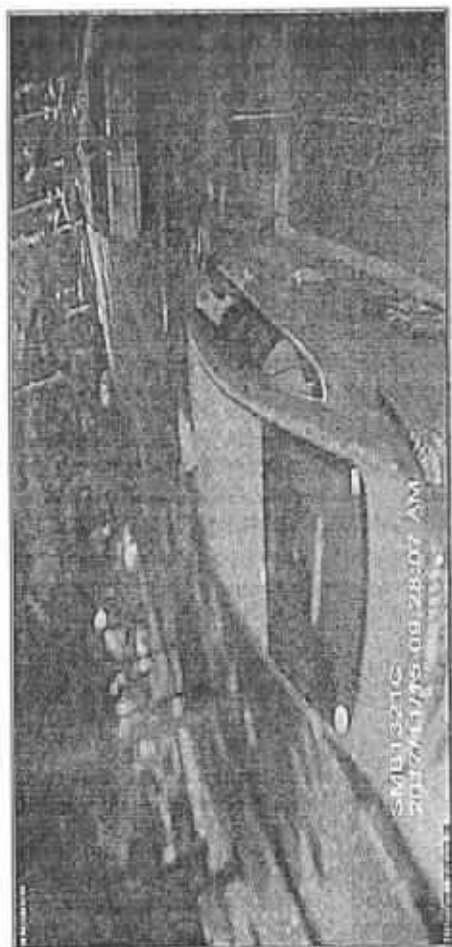
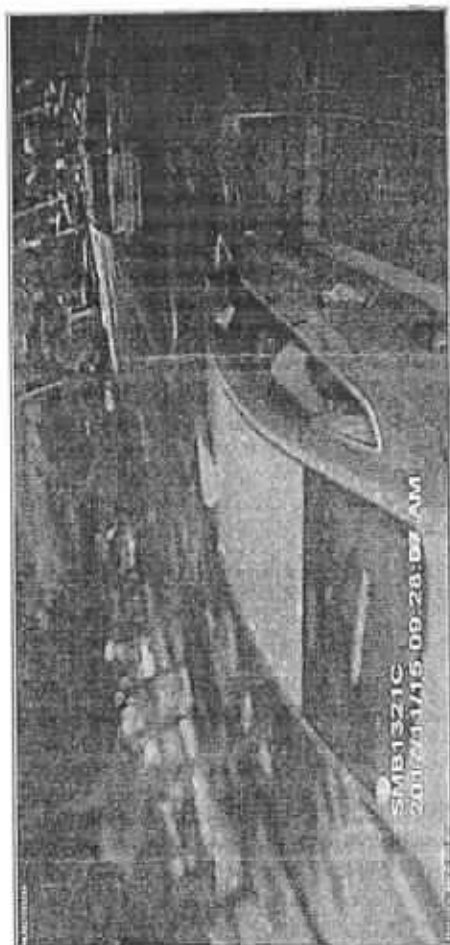
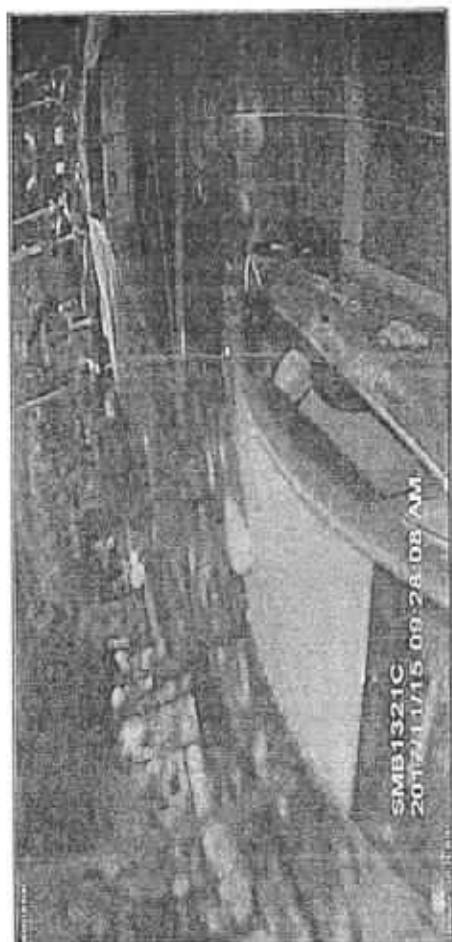
Total Rebate Amount:	\$0.00
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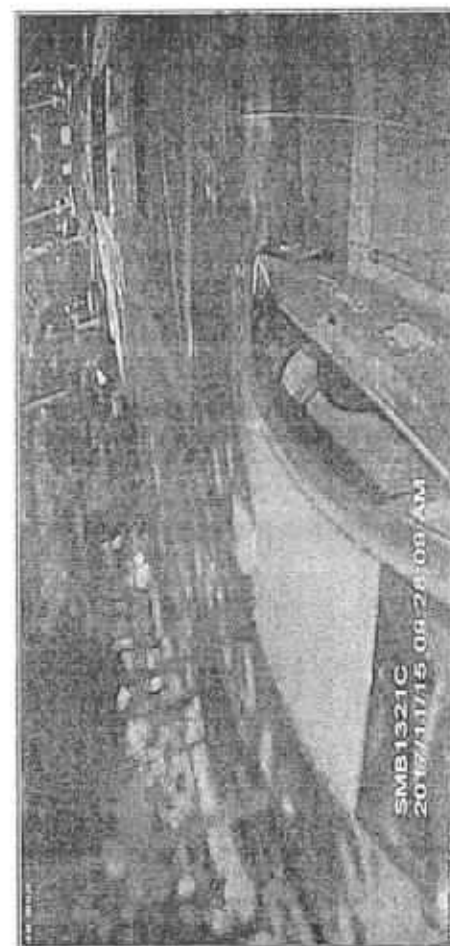
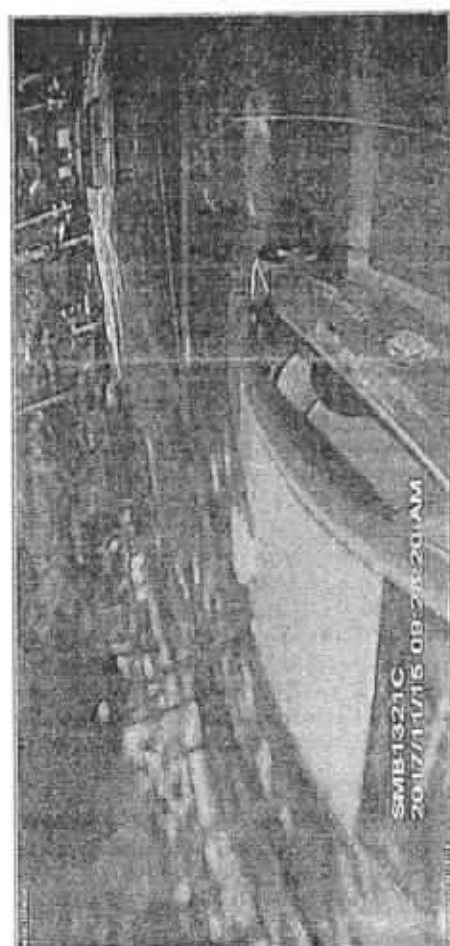
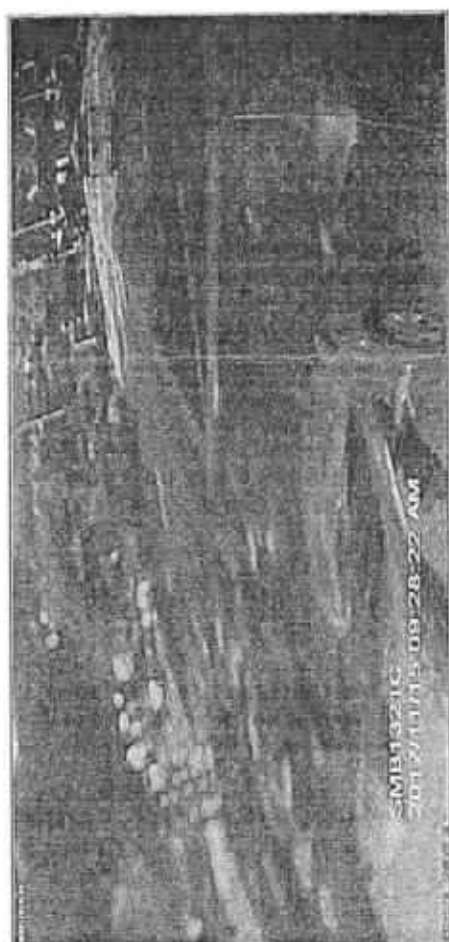
The information contained herein is correct as at 29 Jan 2018

OK



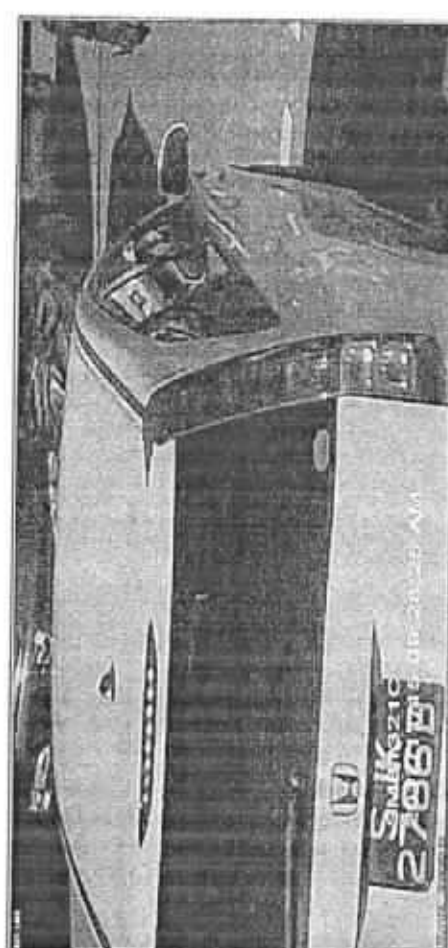
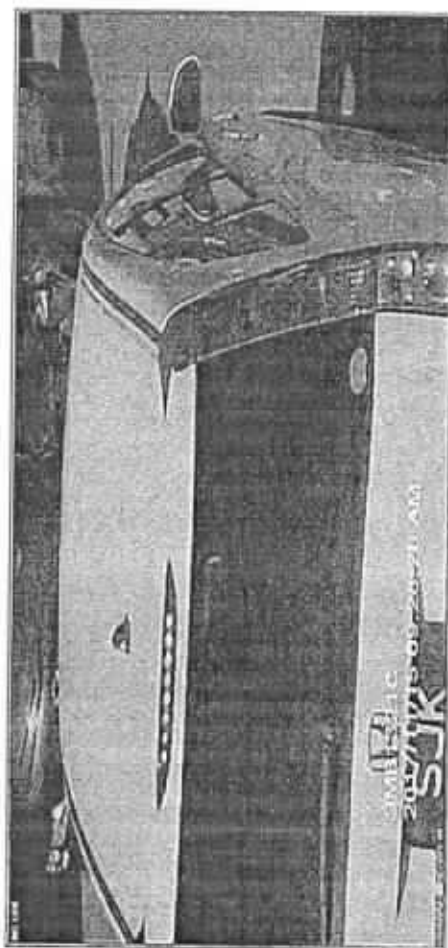
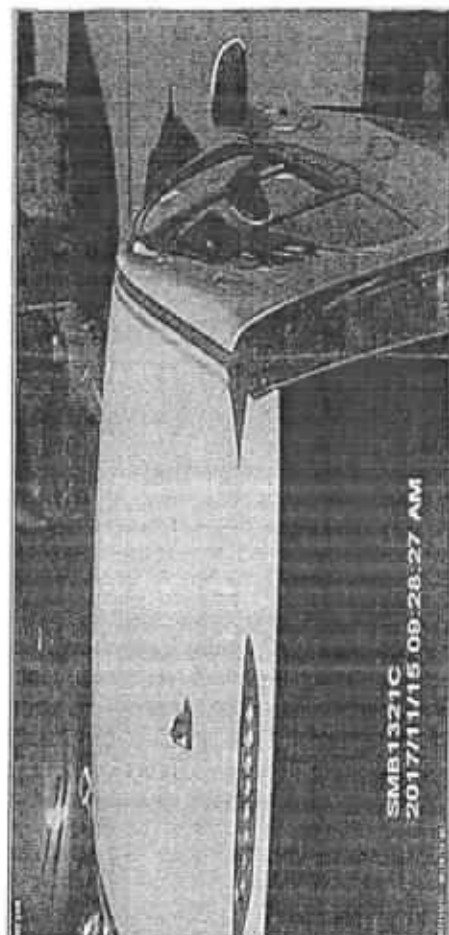














Re:S7M004DO; SEEK MANDATE : OI-SJK 2786B, TP-SMB1321C. DOA-15/11/2017

Type

i Information

Message

Pls proceed

Reply



AR REGISTERED
SMRT AUTOMOTIVE SERVICES PTE LTD
60 Woodlands Industrial Park E4
Singapore 757705
Tel : 65 6866 2652
Fax : 65 6368 7421
www.smrt.com.sg

AXA INSURANCE
8 Shenton Way
#27-01/02 AXA Tower
Singapore 068811

Date : 3 MARCH 2018

VIA LKK

SMRT Ref. BUS/11/17/5023/AW

Dear Sirs,

ACCIDENT INVOLVING SMB1321C AND S1K2786B ON 15 NOV 2017 ALONG HOLLAND ROAD.

LETTER OF CLAIM

We claim on behalf of SMRT BUSES LTD, owner/hirer of the vehicle Reg. No.: SMB1321C. Your driver's negligent driving has caused the above accident. As a result, my client has suffered the following losses:-


1. Cost of Repair	:	\$ 1850.00
2. Loss of Use for 1 days @ S\$275 /day	:	\$ 275.00
3. Loss of Rental for days @ S\$ /day	:	
4. Loss of Income for days @ S\$ /day	:	
5. Police Report/ SAS Report/ LTA Search Fee	:	\$ 5.00
6. Survey Fee	:	
7. Others	:	
Total Claims	:	\$ 2,130.00

We enclose the following documents :

- | | |
|--|---|
| <input checked="" type="checkbox"/> Repair Invoice | <input type="checkbox"/> Letter of Authorisation |
| <input checked="" type="checkbox"/> Survey Report | <input checked="" type="checkbox"/> LTA Search result |
| <input checked="" type="checkbox"/> Photographs _____ pcs | <input type="checkbox"/> Others : |
| <input type="checkbox"/> Investigation results | 1. _____ |
| <input type="checkbox"/> Proof of Loss of Use/Rental/Income | 2. _____ |
| <input checked="" type="checkbox"/> Police / SAS report of _____ | 3. _____ |

We look forward to your confirmation to settle our claims within 15 days from the date of this letter. Payment by cheque shall be crossed and made payable to SMRT BUSES LTD

Yours sincerely,
SMRT AUTOMOTIVE SERVICES PTE LTD


Audrey Woo
For Manager, Claims
Claims Department



Auto
Consultants
Pte Ltd

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

2/2/2018

LIANG SUHUI JOYCE
Blk 163 Bishan Street 13
#11-166
Singapore 570163

Dear Sir/Madam,

OUR REF : CC4/ASM18001482/Swa3
YOUR REF : SJK 2786B

**ACCIDENT INVOLVING SJK 2786B AND SMB 1321C ALONG / AT HOLLAND ROAD
ON 15/11/2017**

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.

We have received a claim from M/s **SMRT AUTOMOTIVE SERVICES PTE LTD** acting on behalf of the owner of **SMB 1321C** against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties, we are of the opinion that we cannot be absolved from liability.

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 intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to **zayyer@lkkauto.com** within 7 days from the date of this letter **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.


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 **6841 8625** or email us at **vivianlau@lkkauto.com**

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

Yours sincerely



Vivian
LKK Auto Consultants Pte Ltd

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

SMRT: BUS/11/17/5023/AW

AUTHORISATION TO ACT

CHQ to be issued to SMRT BUSES LTD

I/We, SMRT BUSES LTD ("the third party claimant") of 6 Ang Mo Kio Street 62
Singapore 569140 (address), owner of SMB 1321C (vehicle no.) hereby authorize SMRT
AUTOMOTIVE SERVICES 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") for my vehicle no. SMB
1321C that was damaged pursuant to the accident which occurred on 15/11/2017 (date)
along HOLLAND ROAD (location) involving vehicle no/s SJK 2786B ("the accident").

I further authorize the workshop 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/s being made in favour of the SMRT BUSES LTD.

I further acknowledge that any settlement the workshop may reach on my behalf is on a
without prejudice and without admission of liability basis insofar as the driver/owner/insurers
of the other vehicle/s is concerned.

Dated this 30 (day) of Aug (month) 2018 (year)

Andrey
Wan



Signed by "the third party claimant"
(with chop if applicable)



Signed by "the workshop"
(with chop)



redefining / insurance

CHQ to be issued
to SMRT BUSES LTD.

SMRT: BUS/11/17/5023/AW.

CLAIM REF : S7M004DO
INSURED : LIANG SUHUI JOYCE

DISCHARGE VOUCHER

We/I **SMRT BUSES LTD** hereby agree to accept the sum of dollars Two Thousands One Hundred Only (**S\$ 2,100.00**) 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. SJK 2786B as a result of an accident along SLIP RD OF HOLLAND ROAD on 15/11/2017 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SMB 1321C.

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. SJK 2786B 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. SJK 2786B.

Dated this 30 day of August 2018

Claimant's Signature

: Andrey W

NRIC no./ Company Stamp

: SMRT BUSES LTD



Occupation/ Business

: Claims

Address

: 6 Ang Mo Kio Street 62 S61569140

Telephone No.

: 6556 3521

Witness's Name

: BALDISH



Witness's Signature

: [Signature]

Witness's NRIC No.

: 887403232



Customer Code: 3000066

SMRT BUSES LTD.

Block Unit
WRECK BY
S AND NO RID
SINGAPORE 569140



SMRT Automotive Services Pte Ltd
251 North Bridge Road Singapore 179102
Tel: 65 63311000 Fax: 65 67340247

Tax Invoice

GST Reg No. : MR-9500001-7
CRN : 1990042802
Invoice No. : IV180200292
Date : 13.02.2013
Vehicle No. : SWS1301C
Your Ref No. : BUS/17/17/0023
Our Ref No. : 24094303
Terms : 30 Days

Description	Qty	Unit Cost	Add / (Discount) Amount	Amount
NEW 3000066 FOR 3000066 AS PER SURVEYOR'S RECOMMENDATION	1.00			1,850.00
GRAND TOTAL				1,850.00

Remark :

Date/Model : FAN A22
Accident Date : 26.02.2013

N.B. Payment by cheque should be crossed and made payable to 'SMRT Automotive Services Pte Ltd'.
No receipt will be issued unless requested.

Authorized Signature
for SMRT Automotive Services Pte Ltd

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SJK 2786B (Insd veh)	Model:	TPVD MERCEDES-BENZ
	SMB 1321C (TP veh)		BUS
Date of Accident:	15/11/2017		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Repair Estimate	:	\$	5,122.70
Final Repair Cost	:	\$	1,850.00
Loss of Use	:	\$	250.00
Rental (if any)	:	\$	
LTA / GIA Search Fee	:	\$	0.00

Others:	:	\$	0.00
---------	---	----	------

	:	\$	
Final Settlement Sum	:	\$	2,100.00

Is Third Party Workshop GIA Registered?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	(Kindly indicate below)
A) For Non GIA Registered Workshop:		Agreed Liability _____ 100 _____ (%)		
B) For GIA Registered Workshop:		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)	SMRT BUSES LTD	:	\$ 2,100.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

13/09/2018
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))

Service Request Details

Claim	S7M004DOO
Reference	CC4/ASM18001482/Swa3a2 
Loss Date	15 November 2017
Reported Date	24 January 2018
Due Date	
Vendor Name	UAX AUTO CONSULTANTS PTE LTD (TP)
Type of Loss	Third Party Vehicle Damage
Services	Pending verification - Direct Settlement

Actions

Next Step

Wait for Approve Invoice

Add Invoice

Vehicle Information	
Incident Vehicle Registration #	SM4B1321C
Make	TPVD MERCEDES-BENZ
Model	BUS
Service Address	
...	
Primary Contact/Insured	
LIANG SUHUI JOYCE 163 BISHAN STREET 13, S70163, Singapore 91195715 TOFFEEZ7@HOTMAIL.COM	
Claim Handler	
NG Stacy 6568804351 stacy.ng@axa.com.sg	

Additional Instructions

Messages Invoices History Documents Assessment Metrics Notes

Document Type

Document SubType

Upload Documents

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
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Accident Statement

Reports & Statement

Merimen










payment breakdown SM4B1321C.pdf

Forms / Claim Documents

Others

UAX AUTO CONSULTANTS PTE LTD (TP)

13 September 2018

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 WORKSHOP INVOICE.pdf	Invoice	Repairer	LKK AUTO CONSULTANTS PTE LTD (TP)	13 September 2018
 LKKInvoice1 (1).pdf	Invoice	Survivor/ Assessor/ expense	LKK AUTO CONSULTANTS PTE LTD (TP)	13 September 2018
 LOD.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	13 September 2018
 DISCHARGE VOUCHER.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LKK AUTO CONSULTANTS PTE LTD (TP)	13 September 2018
 AUTHORISATION TO ACT FORM.pdf	Forms / Claim Documents	POA / Authority Letter	LKK AUTO CONSULTANTS PTE LTD (TP)	13 September 2018
 LKK SURVEY PHOTOS.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	2 April 2018
 LETTER TO OI.pdf	Letters and Correspondence	Policy Holders / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	21 March 2018
 TP ESTIMATE- MARKED.pdf	Forms / Claim Documents	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	30 January 2018
 Preliminary Advice.pdf	Forms / Claim Documents	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	29 January 2018
 EMAIL RECEIVED FROM WORKSHOP ESTIMATE & SMB1321C TP-GIA.mng	Letters and Correspondence	Workshop	NIKAM Santosh Pandurang	24 January 2018
 SMC27868 INSD GIA.PDF	Reports & Statement	GIA Report	NIKAM Santosh Pandurang	24 January 2018

Assessment Details

General & Workshop Details	Vehicle & Driver Details	Vehicle Condition	Taxes & Ratio	Parts & Labour	Miscellaneous	Summary	Parts
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EDIT	SIR NO	QUAN TITY	MATERIAL	SIDE	PART NAME	PART NUMBER	REPAIR/REPLACE (PARTS)	CONDITION	LIST PRICE	DEPL/ BTY%	DISC QUNT%	SALV AGE%	PART PRICE(NET)	ACTION (PARTS)	REMOVE
	1	1			FRONT HEADLAMP LH			Cracked	1603.6		10		1443.24	Approve	
	2	1			FRONT HEADLAMP PANEL LH			Repair	0		0		0	Deny	
	3	1			FRONT AUX HEADLAMP FLASHER			Repair	0		0		0	Deny	

Labour

EDIT	SIR NO	REPAIR/REPLACE (LABOUR)	PART NAME	LABOUR RSR	LABOUR REPAIR	PAINT	ACTION (LABOUR)	COMMENT	REMOVE
	1		TO REPAIR LH FRONT PORTION	530	0	0	Approve		
	2		PROVIDE LABOUR AND MATERIAL TO PUTTY AND RESPRAY ABOVE REPAIR ITEMS	184	0	0	Approve		

Assessment Details

General & Workshop Details				Vehicle & Driver Details		Vehicle Condition	Taxes & Radio	Parts & Labour	Miscellaneous	Summary
ED#	SS NO	NAME	ACTION	AMOUNT	COMMENT	REMOVE				
		1	DAYS OF REPAIR 1 DAYS	Approve						

Assessment Details

General & Workshop Details		Vehicle & Driver Details		Vehicle Condition	Taxes & Rollo	Parts & Labour	Miscellaneous	Summary	Claim Amount
Claim Amount		\$2,157.24							\$2,157.24
CATEGORY		ESTIMATE		REVISED AMOUNT					
Spares Parts		\$1,443.24		\$1,443.24					
Labour		\$714.00		\$714.00					

Assessment Details

General & Workshop Details		Vehicle & Driver Details		Vehicle Condition		Taxes & Ratio		Parts & Labour		Miscellaneous		Summary		Claim Amount	
Claim Amount		\$1,850.00												\$1,850.00	
CATEGORY		ESTIMATE				REVISED AMOUNT									
Miscellaneous		\$1,850.00				\$1,850.00									