

ASS. REC. BY:

REF:

CS/ASM18002374/Rmbet

Special Instruction:

Survivor:

Rasul

ASSIGNMENT (Office)

From (Person):

Smart claim Cynthia Koh

of

ASM

Date/Time: 05-07-2018. 9.04am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDT 8998R

Insured:

SJV 8440B

at Workshop m/s

Star Automobile

Tel:

83488858

of

Blk 5033 Ann Park 2 #01-255

Policy No:

Claim No:

S8M008C9

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

01-07-2018

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

06/02/2018 12.10 pm

Person Contacted:

Eric

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SDT 8998R - ec4 / AXA16005564 / mly03

DCA: 230316

SJV 8440B - X

9/7/18

Send preli revised by SMART claim

13/8/18

Rasul confirmed LS \$1050 (Red 480.01, 317)

Signature: [Signature]

REF:

2334C

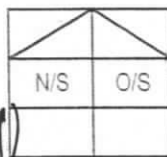
COE XPRY: 2018/APR

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: SDT 8998R
 at Workshop m/s STAR AUTOMOBILES
 of 5033 Amk 1st PK 2# 01-255
 Insured: AXA / PRS
 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: 17K
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SDT 8998R Yr Regn: 2008 / APR
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA ESTIMA AERAS 2.4A 2362
 Colour: WHITE A/C: Insured / Std / NI / NA
 Sp.Reading: 234318 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: ALR500VS9845
 Gen. Cond: Good / Rat / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/55R17
 R: -
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 01/02/18 D.O.I. 06/02/18
 Survey held at STAR
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

RECEIVED 14 AUG 2018

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Photos

Others

TOTAL

Date/Time, File Return to?

2) 13/8- typist

Add Fee:

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

Report Format: SMART claim

Lump Sum / I.B.I: (\$) 1050/-

250

250

Survey Department Check List (Case Handler)

Reference No.: CS/ASM/8002374/RIVb

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No				
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment 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)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By:

VERON

13/8/18

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/20




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 : CS/ASM18002374/R1vb	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 06-02-2018	
		Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJV 8440B	Veh. Inspected	SDT 8998R
Policy No.		Coverage (\$)	0.00
Claim No.	S8M008C9	Excess (\$)	0.00
Assign From	SMART CLAIM (CYNTHIA LOH)	Assign Date	05/02/2018
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	01/02/2018	Inspection Date	06/02/2018
Survey held at	STAR AUTOMOBILE SERVICES BLK 5033 ANG MO KIO INDUSTRIAL PARK 2 #01-255 SINGAPORE 569536		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.			



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: S8M008CP
Our ref: CS/ASM18002374/R1vb

Date :9/2/2018

The Motor Claims Department
M/s AXA INSURANCE PTE LTD

WITHOUT PREJUDICE

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO. SDT 8998R

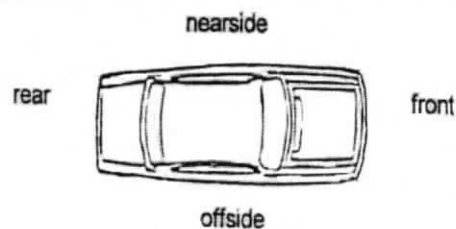
We thank you for your instruction on 5/2/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 6/2/2018 at the premises of M/s STAR AUTOMOBILE SERVICES and have the following to report:-

Repairer's Estimate (Gross)	:S\$1,530.01
Revised Estimate Amount	:S\$1,330.01
"Check" Items Amount	:S\$
Total	:S\$1,330.01
Market Value	:S\$17,000.00
COE/PARF Rebate	:S\$13,847.00
Nett Value	:S\$3,153.00

Description of Damage:

The vehicle sustained damages at the n/s rear portion



Survey date and time: 6/2/2018 at 4PM

No of days: 2 days

Yours faithfully,

MOHAMMED RASUL
Automotive Assessor

LKK AUTO CONSULTANTS PTE LTD (TP) ▼



Service Request Details

Claim

S8M008C9

Reference

None

Loss Date

February 1, 2018

Request Date

February 5, 2018

Due Date

February 12, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Agree to perform service

Decline WorkAccept Work

Vehicle Information

Incident Vehicle Registration #

96623655

Make

TPVD TOYOTA

Service Address

...

Primary Contact/Insured

THE CAR PEOPLE
YISHUN RING ROAD, #01-4199, 760807, Singapore
84888008
TEELACEY@GMAIL.COM

Claim Handler

LOH Cynthia
6568804843
cynthia.loh@axa.com.sg

Additional Instructions

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)**TYPE****SENT**

2/6/18 1:51 PM

FROM

LOH Cynthia

SUBJECT

Re:FYA

BODY

(1) OI COUNTER-CLAIM TP (2) PLEASE OBTAIN EVIDENCE...

**TYPE****SENT**

2/5/18 3:16 PM

FROM

LOH Cynthia

Catherine Chong (LKK Auto)

From: Shu Pei (LKKAuto) <shupe@lkkauto.com>
Sent: Monday, 5 February, 2018 3:29 PM
To: assignments
Cc: Admin A
Subject: FW: Arrangement to conduct survey / S8M008C9
Attachments: SDT 8998R - Accident Report.pdf; Letter to conduct survey, LTA Search and repairer's estimate..pdf

smart new case

Best Regards,
Shu Pei | Admin
LKK Auto Consultants Pte Ltd
Phone: 6366-0055 | email: shupe@lkkauto.com | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: LOH Cynthia [mailto:cynthia.loh@axa.com.sg]
Sent: Monday, 5 February 2018 3:21 PM
To: Admin A <admin-a@lkkauto.com>
Subject: FW: Arrangement to conduct survey / S8M008C9

Dear LKK,

Fyna.

Thanks & Regards,

Cynthia Loh | Specialist, Motor Claims Department AXA Insurance Pte Ltd | 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 | www.axa.com.sg
Email: cynthia.loh@axa.com.sg
Customer Care No. 1800 8804741

Please consider the environment before printing this message This message is confidential. Any unauthorized disclosure, use or dissemination, either whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.

-----Original Message-----

From: aasschee [mailto:aasschee@singnet.com.sg]
Sent: Friday, February 02, 2018 10:12 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>
Subject: Arrangement to conduct survey

Dear Sir/Mdm,

Please kindly arrange your surveyor to conduct the survey as per the attachment.

Yours sincerely,

Mr Chee Aik Thuan
Automotive Appraisers & Surveying Services
-----Disclaimer-----

This message may contain confidential information intended solely for the use of the named addressee. If you are not the intended recipient, you should not read, use, disclose or reproduce the content of this message. If you have received this message by mistake, please notify the sender immediately. Any views or opinions presented in this message are solely those of the author and do not necessarily represent those of AXA Insurance Pte Ltd or any other entity of the AXA Group, unless otherwise stated by the sender and duly authorized by the said companies.

Date: 02 February 2018

To,
AXA Insurance Singapore Pte. Ltd.
8, Shenton Way,
24-01 AXA Tower
Singapore 068811

From, Chee Aik Thuan
601, Choa Chu Kang St 62
04-07
Singapore 680601

Attention: Motor Claims Department

Dear,

RE: TRAFFIC ACCIDENT INVOLVING VEHICLE NO. SDT 8998R (Owner) and SJV 8440B (Your Insured) along Slip Road Towards Woodlands Road on the 01 February 2018

I am the owner of the vehicle no. SDT 8998R which was involved in the above mentioned accident.


According to the Registry of Vehicle you are the insurers of vehicle no. SJV 8440B

Please call the under mentioned to arrange for the vehicle to be sent to the repairer for the survey.

Star Automobile Services Pte. Ltd.
Block 5033, Ang Mo Kio Industrial Park 2
01-255
Singapore 569536
Tel: 83488858 (Eric – Repairer)
96623655 (Chee – Owner)

Please take notice that unless you instruct your surveyor to inspect my vehicle (without the estimated cost of repair) (REFER TO **NON-INJURY MOTOR ACCIDENT (NIMA) PROTOCOL 01 MAY 2011**) within **TWO (2) WORKING DAYS** from the date hereof, I shall instruct my repairers to proceed with the repair without further delay

Thank You,

Yours Faithfully,


Name: Chee Aik Thuan

NRIC NO.: S1322334/C

Surveyed by:

From: Lkk

Name: RASUL

Contact no.: 90010068

Date And Time: 06/02/18 @ 1600

Enquire Vehicle & Owner Information (Vehicle No. SJV8440B As At 01 Feb 2018 / 23:15:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: MR. CHEE

Current Owner Details

Owner ID Type: Business

Owner ID: 53036656L

Owner Name: FINANCIAL HUB

Registered Address Type: HDB / HUDC

Registered Block/House
No.: 807

Registered Street Name: YISHUN RING ROAD

Registered Unit No.: # 01 - 4199

Registered Building Name: -

Registered Postal Code: 760807

Current Vehicle Details

Vehicle No.: SJV8440B

Make Description/Model: CHEVROLET / CRUZE 1.6L AUTO ABS D/AB 2WD 4DR

Insurance Company Name: AXA INSURANCE PTE LTD

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2334C
Vehicle Details	
Vehicle No.:	SDT8998R
Vehicle to be Exported:	No
Intended De-registration Date:	06 Feb 2018
Vehicle Make:	TOYOTA
Vehicle Model:	ESTIMA AERAS 2.4 A
Primary Colour:	Silver
Manufacturing Year:	2007
Engine No.:	2AZF116503
Chassis No.:	ACR500059845
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$27,097.00
Original Registration Date:	04 Apr 2008
First Registration Date:	04 Apr 2008
Transfer Count:	3
Actual ARF Paid:	\$27,097.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Apr 2018
PARF Rebate Amount:	\$13,548.00
Intended COE Rebate Details	

COE Expiry Date:	03 Apr 2018
COE Category:	E - Open Category
COE Period(Years):	10
QP Paid:	\$18,854.00
COE Rebate Amount:	\$299.00
Total Rebate Amount:	\$13,847.00

The information contained herein is correct as at 06 Feb 2018

OK

17,000
13,847

3,126



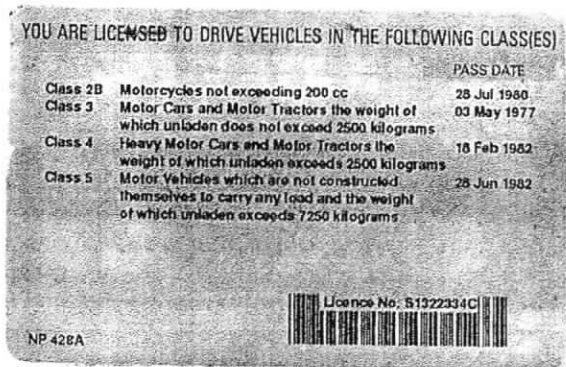
9662 3655

P/c

No injury.

Yes concern.

190x.



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 withholding 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.
5. **Any false reporting may be referred to the Police for investigation.**
6. 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	02/02/2018 13:50
Date Of Accident	01/02/2018 23:05
Exact Location Of Accident	SLIP RD TOWARDS WOODLANDS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDT8998R
Insured/Policyholder	
Name Of Registered Owner	CHEE AIK THUAN
NRIC No	S1322334C
Email Address	AASSCHEE@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96623655
Alternative Phone No	OTHERS-96623655

Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 2.4 A
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?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	HL ASSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	MP305207
Cover Note Number	29/03/2017 - 03/04/2018

Driver

Name of Driver	CHEE AIK THUAN
NRIC No	S1322334C
Date Of Birth	03/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	03/05/1977
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96623655
Fax Number	
Contact Number	OTHERS-96623655
EEmail Address	AASSCHEE@SINGNET.COM.SG

Address	BLK 601 CHOA CHU KANG ST. 62 #04-07
Postcode	680601
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	NO
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

REFER TO THE ATTACHED SKETCH PLAN BY DRIVER.

Attachment(s)

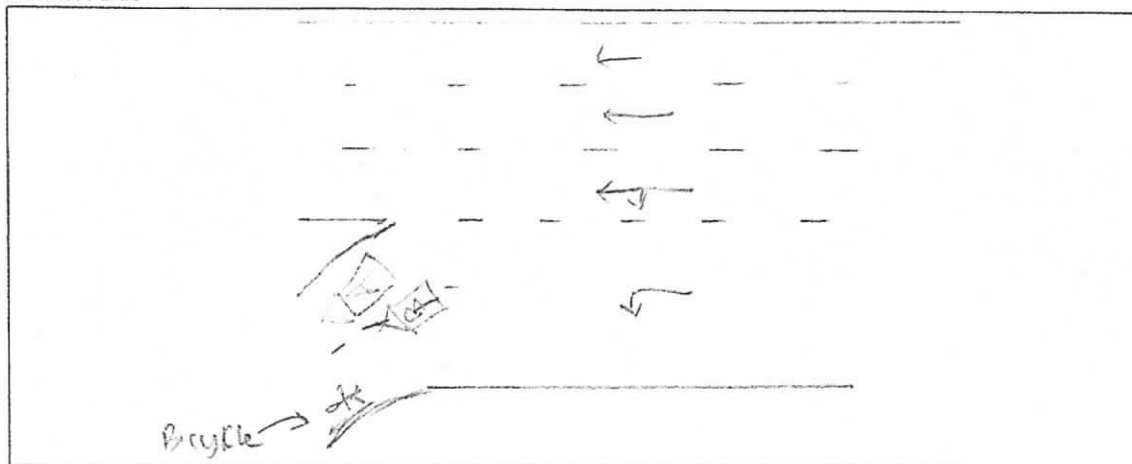
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV8440B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

Date of accident: 01/02/18 Time: 2305 Location: Clip Rd Woodlands PD
 My Vehicle A: SDT8998R Vehicle B: CJN9440B Vehicle C: ---
 SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was on the filter of right lane travelling straight. Vehicle B came from my left rear side & hit my rear. I have an in car camera.

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks : Please forward a copy of my efile accident report to :

My workshop :

Email address :

& myself : classchee@singnet.com.sg

Email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under your own policy. Kindly check with your own insurer for more information.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

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.:



AH LIM MOTOR COMPANY

SKETCH PLAN

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 withholding of material facts may allow insurance companies to repudiate policy liability.
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.
5. Any false reporting may be referred to the Police for investigation.
6. 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.
7. 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) of :
 - (i) 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:
 - (i) 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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

STAR AUTOMOBILE SERVICES PTE. LTD.

Block 5033, Ang Mo Kio Industrial Park 2 # 01-255

Singapore 569536

Tel: 83488858, Fax:

ESTIMATED COST OF REPAIR

Insurance: AXA Insurance Singapore Pte. Ltd.

Vehicle Registration Number: SDT 8998R (Toyota Estima 2.4 Aeras)

Date of accident: 01 February 2018

Replacement Of Damaged Panels/Parts	S\$ Price
REPLACEMENT OF DAMAGED PANELS/PARTS	LESS 25%
01. 1 pc rear LH taillamp	706.68 <i>scr</i>

	706.68
	176.67

	530.01

LABOUR CHARGES	
01. To remove damaged parts and attachments, to repair rear LH fender.	100.00 <i>800</i>
02. To respray paint on rear LH fender, fender protector, LH sliding door protector and rear bumper.	900.00 <i>800</i>

	1,000.00

TOTAL REPLACEMENT OF DAMAGED PANELS/PARTS	530.01
TOTAL LABOUR CHARGES	1,000.00

GRAND TOTAL	1,530.01

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:

530.01
800.00

1330.01
20%
1064.00
4/5-1050
2 day

Pame

HP 90010068

2 days

HP 4/5

06/02/18 P1600hs

Reg after repair

12/2/18