| 2/03/2002 ASS. REC. BY: | REF: CS ASM18002750 | Ti VA20 Descript Instruction: | |
|----------------------------------|------------------------------|--|---------------|
| Surveyor: Taufikh. | ASSIGNMENT (Office | (ce) | |
| From (Person): Kiffy Te | | Date/Time: 12 02 204 | 8 |
| Estimated Cost: | Bill to: | | |
| OF TP TWS TP RES / OI | RES / EVA / INV / MV 7 CS | | |
| To Inspect Vehicle No: | SIV 8928L | Insured: | |
| at Workshop m/s | Mova Automotive | Tel: 62723892 | |
| of 81K 1008, BK | Merch dane 3 # 01-04 | | ~ |
| Policy No: | Claim N | To: _ S8 M 00811 | |
| Sum Insured: | Excess | l la s | |
| Make of Veh (Client's Record) | | D.O.A. 30/01/2018 | ? |
| CA (REV / REP. / REV: | 14.02.2018 G | 12 pm OWAL [WIHING H.O.D. Endersement: | <u> </u> |
| | 2/18 Person Contacted: Nit | H.O.D. Enddrisement: | |
| | 1-11k Person Confacted: 1417 | Vehicle IN/QUIT | |
| Date/Time Action/Instruc | ion () Estimate | | |
| SIV 893 | 28L-NA FC110018 228 5 | D. O. A. : 13/0: | 113010 |
| | | | |
| 12 3 8 | se repair by smart | | 29/4/18 |
| | 4 4" 04 21 " <u>11CI</u> | | |
| | creli revised by SMAP | | |
| | | by email | _/// |
| -31418 Final A | 9 \$ 3090 Confirmed by | <u>uy email</u> (Red 320, 1399) | 1 |

| Barre Yes | PRODUCTO PRESTL/EVA | | | | |
|-----------------|--|--------------------|--|---|--|
| HICY 19 | pe: OD/ IP/ IP KES/ IE/ EVA | Case H | andler | Τγρ | oist |
| lmin (|): Case handler to make sure all Inf | ormation created | by the assign | gnment tea | ım are A |
| | Assign Form | Y-Date | N-Date | Y-Date | N-Date |
| C | Reference No. | V | | | |
| C | Customer Code | | | | |
| | | | | | |
| N | Assign From | _ | | | |
| <u>C</u> . | Assign Date | - | | | |
| <u> </u> | Veh No (Inspected) | | | | |
| С | Veh No (Insured) | | | | |
| C | D.O.A | | 1 | | |
| С | Policy No | | | | |
| C | Claim No | | | | |
| C | Insurance Authorisation (CA /REV/REP) | | | <u> </u> | |
| C | Report Type | | | | |
| C | Weekend Charges | | <u> </u> | | |
| N | Survey held at/Repairer | <u>~</u> | | <u> </u> | |
| C | Excess | | | | <u> 1</u> |
| rveyo Assign | ment Form | re the surveryor c | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | Ţ |
| C | Vehicle No | | + | | |
| C | Regn Month/Year | | | | |
| N | Vehicle Type | | | | |
| N | Make & Model | | | | |
| C | Engine Capacity. (C.C) | <u> </u> | | | |
| <u>_</u> | Colour | V | | | |
| C | Odometer. (Sp.Reading) | ~ | | | |
| c | Chassis No | ~ | | | |
| N | General Condition | ~ | | | |
| N | Steering | ~ | | | |
| <u></u> N | Brake | ~ | | | |
| N | Modification (Modi) | ~ | | | |
| <u> </u> | - C! | ~ | | | |
| - | Tyre Make | | | | |
| N | Tyre Balance | V_ | | | |
| | Date of Inspection | | | L | |
| | Survey held | ~ | | | |
| <u>N</u> | and the same of th | 1 | | | |
| . N | Des.of Damages | | | | |
|) Syste C | m - (Views/Merlmen) Damaged Vehicle Photographs Uploaded | | | | |
| 3) Worl | shop 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 | V | | | |
| | | 1 | 1 | | • |
| c | Finalised Amount Re-inspection Cases to Finalize within 5 Days | | | l | _1 |

|) Syste | em - (Views/Meri | men) | | • |
|---------|------------------|--------------|---------|---|
| C | Resurvey photo | o Uploaded | | |
| | Check By: | VERON | 23/4/18 | |
| | • | Case Handler | Date | |

(4) System - (Views/Merimen)



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

| Assign From SMA | Policy Particula Policy Particula 400811 ARTCLAIM (KITTY TEO) | Veh. In: Covera Excess | /N DAMAGE | |
|--|--|--|--|--|
| Insured Veh. Policy No. Claim No. S8M Assign From SMA | Policy Particula 400811 ARTCLAIM (KITTY TEO) | Code : rs := OW Veh. In: Covera Excess | ASM /N DAMAGE spected | SJV 8928L |
| Insured Veh. Policy No. Claim No. S8M Assign From SMA | 400811 ARTCLAIM (KITTY TEO) | Veh. In: Covera Excess | spected | SJV 8928L |
| Policy No. Claim No. S8M Assign From SMA | ARTCLAIM (KITTY TEO) | Covera Excess | <u> </u> | |
| Claim No. S8M Assign From SMA | ARTCLAIM (KITTY TEO) | Excess | ge (\$) | 0.00 |
| Assign From SMA | ARTCLAIM (KITTY TEO) | | | |
| | | A! | (\$) | 0.00 |
| | Charles San Control of the Control o | Assign | Date | 12/02/2018 |
| THE RESERVE OF THE PARTY OF THE | ∰ | ulars & | Condition | |
| Make & Model | | c.c | | 0 |
| Engine No. HID | DEN | Year of | Reg. | |
| Chassis No. | | Colour | | |
| Odometer - | | Steerin | g | |
| Brakes | - " | Modific | ation | |
| General | | | | |
| | Condition | ons of T | yrės 🚛 📜 | |
| Size | θ | Make | | Balance |
| R/H Front Tyre | | | | mm |
| L/H Front Tyre | • | | | mm |
| R/H Rear Tyre | | | | mm |
| L/H Rear Tyre | | | August statement of the control of t | mm |
| | Description Description | n of Da | mages | |
| j Salasanini programa | , General | Informa | illon | and the state of t |
| PROTOCOLO DE LA COMPANSION DE LA COMPANS | 01/2018 | Inspec | tion Date | |
| Survey held at MO | VA AUTOMOTIVE PTE LTD | | | · ——- |
| SIN | K 1008 BUKIT MERAH LANE IGAPORE 159722 | | | |
| | Re | marks | | |
| A)THE MARKET VALUE | IS S\$(EST. AVERAD YOUR INSTRUCTIONS, WI | AGE) | | JRS. |

Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Thursday, 15 February 2018 10:31 AM

To:

SUR; 'Jacelyn'

Cc:

'Jia Yu'; Alan Chng; 'Billy'

Subject:

SJV 8928L-DOA: 30/1/2018 (AXA OD)

Dear Jacelyn,

As instructed by our client AXA, please proceed to repair the insured vehicle SJV 8928L (Excess NIL/-).

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

*Our client reserve their right not to pay if there is no valid approval obtained before repair.

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)



Menu



IA SUBMITTED

Type

Q Question

Message

Dear Kitty, Please be informed that IA submitted, Repairer's Estimate (Gross): S\$ 2,410.00 Revised Estimate

Amount: \$\$ 2,090.00 "Check" Items Amount: \$\$ Total: \$\$ 2,090.00 Market Value: \$\$ 46,000.00

COE/PARF Rebate: S\$ 20,995.00 Nett Value: S\$ 25,005.00 Thanks, Veron Chen

Reply



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

Your ref:

S8M00811

Our ref:

CS/ASM18002750/T1vd3

Date: 15/2/2018

The Motor Claims Department
M/s AXA INSURANCE PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO. SJV 8928L

| : S\$ | 2,410.00 |
|-------|----------------------------------|
| : S\$ | 2,090.00 |
| : S\$ | |
| : S\$ | 2,090.00 |
| : S\$ | 46,000.00 |
| : S\$ | 20,995.00 |
| : S\$ | 25,005.00 |
| | : S\$: S\$: S\$: S\$ |

Description of Damage: The vehicle sustained damages at the front o/s portion

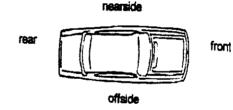
Survey date and time: 14/2/2018 at 12.15PM

No of days: 3 days

We have authorise repair.

Yours faithfully,

MOHAMAD TAUFIKH
M.MATAI, AMSAE-A
Automobile Assessor



LKK AUTO CONSULTANTS PTE LTD (OD) ▼

Menu



SJV8928L

Type

Q Question

Message

Hi Workshop has submitted their estimate, please authorise if damages consistent and within economical repair limit. Thanks.

Reply

Menu



Service Request Details

Claim \$8M008II Reference None

Loss Date January 30, 2018

Request Date February 9, 2018

Due Date February 19, 2018

Vendor Name LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss Own Damage

Services

Accelerated workshop survey

Actions

Next Step

Agree to perform service

Declina Work

Accept Work

Vehicle Information

Incident Vehicle Registration # SJV8928L

Make TOYOTA

Menu

Service Address

Blk 1008, , , 159722

Primary Contact/Insured

CHENG YUEN KEONG 688A CHOA CHU KANG DRIVE, #08-342, 681688, Singapore 93863263 WENGFENG33@YAHOO.COM

Claim Handler

TEO Kitty 6568804602 kitty.teo@axa.com.sg

Additional Instructions

EXCESS NIL

| Messages | Invoices | History | Documents | Assessment | Metrics | Notes |
|-------------|----------|----------|-----------------|-------------------|---------|-------|
| New Message | | | | | | |
| TYPE | | | | 0 | | |
| SENT | | 2/9/ | /18 3:37 PM | | | |
| FROM | | TEO | Kitty | | | |
| SUBJECT | | SJV8 | 39 28 L | | | |
| BODY | | Hi P | lease survey WP | and get estimate. | Thanks. | |
| | | * | | | | |

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Singapore NRIC

Owner ID: 0723Z

Vehicle Details

Vehicle No.: SJV8928L

Vehicle to be Exported: No

Intended De-registration Date: 15 Feb 2018

Vehicle Make: TOYOTA

Vehicle Model: MARK X 2.5 A

Primary Colour: Silver

Manufacturing Year: 2009

Engine No.: 4GR0607001

Chassis No.: GRX1306000920

Maximum Power Output: 149.0 kW (199 bhp)

Open Market Value: \$31,889.00

Original Registration Date: 22 Jan 2010

First Registration Date: 22 Jan 2010

Transfer Count: 0

Actual ARF Paid: \$31,889.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 21 Jan 2020

PARF Rebate Amount: \$17,538.00

Intended COE Rebate Details

COE Expiry Date: 21 Jan 2020

COE Category: E - Open Category

The information contained herein is correct as at 15 Feb 2018

Total Rebate Amount:

ОК

2/2

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.
- 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 | 06/02/2018 13:51 |
| Date Of Accident | 30/01/2018 11:00 |
| Exact Location Of Accident | CHOA CHU KANG DR BLK 687 MSCP |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

Vehicle Registration Number SJV8928L

Insured/Policyholder

Name Of Registered Owner CHENG YUEN KEONG

NRIC No S7680723Z

Email Address WENGFENG33@YAHOO.COM

Mobile Phone No (LOCAL) +65-93863263
Alternative Phone No OFFICE-93863263

Vehicle Particulars

Manufacturer TOYOTA

Model MARK X-2.5 (A)

Exact Purpose for which vehicle was being used at

time of accident

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 GA007070

Cover Note Number

Driver

Name of Driver CHENG YUEN KEONG

 NRIC No
 \$7680723Z

 Date Of Birth
 04/10/1976

 Occupation
 INDOOR

 Date Of Driving Pass
 07/06/2001

Driving Experience 16 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93863263

Fax Number

Contact Number OFFICE-93863263

EMail Address WENGFENG33@YAHOO.COM

· · Address

BLK 688A CHOA CHU KANG DR

#08-342

Postcode

681688

Was driver an employee of the Insured's Company

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

ambulance?

YES

Was any other material or property damaged? I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

0

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

CHOA CHU KANG NPC

Police Station Address

Police Station Contact

ROAD: 20 CHOA CHU KANG ST 52 #01-02, POSTCODE: 689286,

COUNTRY: SINGAPORE

Was notice of intended Prosecution given?

TEL NO: - FAX NO:

If Yes, against whom?

NO

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

UNKNOWN

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

Lunderstand, 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.

Policinolder's Signature

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

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

1879 No. 04-17.0%

| CVETCU DI ANI | | | | |
|---|---|------------------------|---|--------------------|
| SKETCH PLAN | | | | |
| | | | | |
| | | | | |
| | | S | 78658AC | |
| | | | | |
| | | | | |
| DESCRIBE CIRCUMSTANCES OF | THE ACCIDENT | | | |
| LICENSE PLATE: SJV892 | 8L | ACCIDENT DATE & TIN | VE: 30-/- | 2018 |
| CONTACT NUMBER: 93863 | 163 | E-MAIL ADDRESS: W | | |
| LOCATION: BILL 687 | Lovel (1) | Lot 49 | | , |
| Refer | to Police a | Dert. | | |
| | 1190 | } | | |
| | | | | |
| | nivolena saa | | | |
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| | | | | |
| | | | T-10-45 | |
| | | | | |
| NOTE: PLEASE NOTE THAT | YOUR INSURER MAY HA | VE 14 DAYS TIME F | RAME FOR YOU TO | SUBMIT AN |
| OWN DAMAGE CLAIM UNDER | YOUR OWN POLICY. PL | EASE CHECK YOUR | POLICY FOR MORE | E INFORMATION |
| Please state: | | | | |
| (Velaim Own Policy (|) Claim Third Party (|) Claim OD/TP at other | workshop () | Reporting Only |
| DECLARATION I/We declare the foregoing particulars | are true in every respect. | | | |
| Policanolder's Signature Date & Time: | Driver's Signature (If driver is not the policyh Date & Time: | | Reporting Centre Pers Name: NRIC/FIN No.: | ionnel's Signature |





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

1 of 3 Report No. T/20180130/2121

| REPORT | OF A | TRAFFIC | ACCIDENT |
|--------|------|---------|----------|
|--------|------|---------|----------|

| Date/Time Report Made: 30/01/2018 17:15 | | lade: | Vide Report No.: | Station Diary No.: 81 |
|---|------------------------|---------------------------|---|----------------------------|
| Informa | nt's Partici | ilars 💃 | | |
| | Informant: YUEN KEC |)NG | Address: APT BLK 688A CHOA CHU K SINGAPORE 681688 | KANG DRIVE #08-342 |
| ID Type NRIC NO | ID No.: 0 / S768072 | 23Z | Contact No.: Home/Office: | Mobile: 93863263 |
| Nationali SINGAP | ty: ORE CITIZ | EN | Email: | |
| Sex: Male | Age: 41 | Date of Birth: 04/10/1976 | Type of Informant: Driver | |
| Race: Chinese | | | Language: English | Institution / School Name: |
| Occupation: RENOVATION CONTRACTOR | | | Driving Licence Information: Class: 2B,3 | Date of Expiry: |

| Type of Accident: | Non-Injury Hit and Run | Drink Drive: No | Date/Time of Accident: 30/01/2018 11:0 | Type of Location: Car Park |
|--------------------------------|----------------------------------|-----------------------|--|-------------------------------|
| Location: | | | | |
| CHOA CHU I | KANG DRIVE | | | |
| in mscp blk 6 | 87 choa chu kang drive | | | |
| Weather: | | Road Surface: | | Road Speed Limit: |
| Clear | | Dry | | |
| Traffic Flow: | | Traffic Control: | | Traffic Volume: |
| One Way | | Not Controlled | | No Traffic |
| Type of Collis Moving Vehic | sion: sle Against - Parked Ve | hicle | | Anyone conveyed by ambulance: |

| Details of Ve | ehicle Involved | | ALLEN WARREN | Sair Sair Leis State Ball | A Washing Se | rickers to |
|---------------|-----------------|--------|--------------|---------------------------|--------------|-----------------|
| Vehicle No: | Týpe: | Make | Model - | Color 🖖 👙 | Condition | No of Passenger |
| SJV8928L | Car | TOYOTA | MARK X 2.5 | Silver | Slightly | 0 |
| | | | Α | | Damaged | |

| Details of Ve | hicle Insurance | and making on the | Walte Stan | the Market Section |
|---------------|-----------------------------|-------------------|------------|--------------------|
| Vehicle No." | Insurance Company | Insurance No | Effective | Expiry Date |
| SJV8928L | AXA INSURANCE SINGAPORE PTE | GA007070 | 22/01/2018 | 21/01/2019 |
| | LTD | | | |



T/20180130/2121

Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999

Report No. T/20180130/2121

CONTINUATION OF REPORT

Brief Details.

On 30 January 2018 at about 0530hrs, I parked my car (SJV8928L) at Blk 687 Choa Chu Kang Drive MSCP deck 1B Lot 49.

On 30 January 2018 at about 1100hrs, I went back to drive out my car when I noticed the right front side of my car badly dented and scratched. I do not know who did it. In addition, I do not have an in-car camera installed in my car. There is CCTV at the ground level of the multi story carpark.





Police Station Of Origin: Choa Chu Kang N.P.C 20 Choa Chu Kang Street 52 #01-02 SINGAPORE 689286 Tel No: 1800-7659999 3 of 3 Report No. <u>T/20180130/2121</u>

CONTINUATION OF REPORT

| Sk | etc | h | ΡI | a | n |
|----|-----|---|----|---|---|
| | | | | | |

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

| Signature Of Officer Recording The Report: J / Sgt 2 FITRAH RADHIAH BINTE ZULKIFLI | Signature Of Informant: |
|--|-------------------------|
| Signature Of Interpreter: | Date/Time: |
| Not applicable | 30/01/2018 17:15 |
| Officer In Charge Of Case: . TP / HRT / | Classification Of Case: |
| Sr Staff Sgt LIM WOON TIONG | |
| Contact No.: 65476418 | |
| Authentication Stamp | |

invalid ▼



S8m0041/ CK130772

Assessment Details

General & Workshop Details

Vehicle & Driver Details

Vehicle Condition

Taxes & Ratio

Tayim 97495749

14/2/18 @1215 pm

Revert Wit Antwissed

Ex: NIL.

Resurvey before paint

Parts & Labour

Miscellaneous

Summary

General Details

Involving

1 2009 TOYOTA MARK X 2.5 (SJV8928L)

Date of Loss

January 30, 2018

Time of Loss

11.00

Loss Description

SJV8928L (INSD) PARKED AND FOUND DAMAGED

Comment

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:

Workshop Details

Total Rebate Amount

0

Nett Loss Amount

\$0.00

Assigned Workshop

MOVA AUTOMOTIVE PTE LTD

Target Date of Completion *

02/13/2018

Days of work completion *

4

AYA

· . SERVICE REQUESTS MESSAGES CLAIMS **Assessment Details** General & Workshop Details Vehicle & Driver Details Vehicle Condition Taxes & Ratio Summary Parts SR NO QUAN PART REPAIR/REPLACE PART ACTION EDIT MATERIAL REMOVE ШΥ NUMBER (PARTS) OUNT% PRICE/NETI (PARTS) HEADLAMP 1 590 Reviewing RH FRONT 1 720 BUMPER FRONT BUMPER 1 SIDE 35 Reviewing RETAINER RH FRONT 10 BUMPER 25 Reviewing CLIPS FRONT FENDER RH 0 â - REPAIR FRONT FENDER R 1 COWLING 0 RH -REPAIR FRONT SUPPORT 1 HEADLAMP 0 PANEL RH -REPAIR Labour REPAIR/REPLACE (LABOUR) EDIT SR NO PART NAME LABOUR RER LABOUR REPAIR ACTION (LABOUR) REMOVE TO INSPECT FRONT 0 40 20 0 Û Reviewing LIGHTING MECHANISM TO REPAIR ON FRONT FENDER RH, HEADLAMP PANEL .TO REMOVE & 蓢 Reviewing REPLACE DAMAGED ITEMS REALIGN CONNECTION 400 TO SPRAY PAINT ON 0 0 Reviewing đ REPAIRED AREAS



Assessment Details

| General & Workshop Details | | ehicle & Driver Details | Vehicle Condition | Taxes & Ratio | |
|----------------------------|---------------|-------------------------|-------------------|---------------|--|
| Parts & Labour | Miscellaneous | Summary | | | |
| Claim Amount \$2,410.00 | | | | | |
| CATEGORY | | Labour | | | |
| ESTIMATE | | \$540.00 | | | |
| REVISED AMOUNT | | \$540.00 | | | |
| CATEGORY | | Spare Parts | | | |
| ESTIMATE | | \$1,370.00 | | | |
| REVISED AMOUNT | | \$1,370.00 | | | |
| CATEGORY | | Paint | | | |
| ESTIMATE | | \$500.00 | | | |
| REVISED AMOUNT | | \$500.00 | | | |

Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Monday, 23 April 2018 9:05 AM

To:

'Jacelyn'; SUR

Cc:

'Jia Yu'; 'Alan Chng'; 'Billy'

Subject:

RE: SJV 8928L-DOA: 30/1/2018 (AXA OD)

Dear Jacelyn,

Confirmed finalize \$2090/-

No of days: 3 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: Jacelyn [mailto:jacelyn@mova.com.sg]

Sent: Friday, 20 April 2018 5:18 PM

To: Veron Chen (LKKAuto) < veronchen@lkkauto.com>; SUR < sur@lkkauto.com>

Cc: 'Jia Yu' <jiayu@mova.com.sg>; 'Alan Chng' <tuckmeng@mova.com.sg>; 'Billy' <billy@mova.com.sg>

Subject: RE: SJV 8928L-DOA: 30/1/2018 (AXA OD)

Dear Veron,

Please find the attached email for your reference.

Kindly help to finalize.

Thank you, have a nice day.

Best Regards, Jacelyn Ooi Estimator 9686-9275

Email: <u>jacelyn@mova.com.sa</u>

Mova Automotive Pte Ltd

From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]

Sent: Friday, 20 April 2018 4:25 PM

To: SUR; Jacelyn

Cc: Jia Yu; Alan Chng; Billy

Subject: RE: SJV 8928L-DOA: 30/1/2018 (AXA OD)

Dear Jacelyn,

Kindly advise vehicle status.

If vehicle has been repaired, please finalize with us.

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: Veron Chen (LKKAuto)

Sent: Thursday, 15 February 2018 10:31 AM

To: SUR < sur@lkkauto.com >; 'Jacelyn' < jacelyn@mova.com.sg >

Cc: 'Jia Yu' < jiayu@mova.com.sg>; Alan Chng < tuckmeng@mova.com.sg>; 'Billy' < billy@mova.com.sg>

Subject: SJV 8928L-DOA: 30/1/2018 (AXA OD)

Dear Jacelyn,

As instructed by our client AXA, please proceed to repair the insured vehicle SJV 8928L (Excess NIL/-).

If there are any check items or supplementary items please inform our office's Assignment Team at Tel: 6741 8434 to arrange our surveyor for inspection.

All supplementary items and unconfirm items are subjected to further approval from insurance company before completion of the repair.

*Our client reserve their right not to pay if there is no valid approval obtained before repair.

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)

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S8m0041/ CK130772



Assessment Details

| General & Workshop Details Vehicle & Driver Details | Vehicle Condition Taxes & Ratio |
|--|--|
| Parts & Labour Miscellaneous Summary | |
| General Details | |
| nvolving | 7m/jim 97495749 |
| 2009 TOYOTA MARK X 2.5 (SJV8928L) | 14/2/18 E(215pi |
| Date of Loss | Revert Wit Aux |
| anuary 30, 2018 | • |
| Fime of Loss | Ex:NIL. |
| 11.00 | Resurvey before pain |
| and Description | Ztexs |
| oss Description JV8928L (INSD) PARKED AND FOUND DAMAGED | Course Of the Marie |
| | San & Manda |
| Comment | |
| | PART = \$ 1370-00 LAB = \$ 720-00 |
| Workshop Details | <u>LAB = \$ 120-00</u> \$ 2090-00 |
| Color to the second of | \$ 201000 |
| Total Rebate Amount | Company and the second second second control of the second |
| | |
| Nett Loss Amount | |
| 50.00 | |
| Assigned Workshop | |
| MOVA AUTOMOTIVE PTE LTD | |
| Secret Data of Consulation * | |
| arget Date of Completion * | to all the second secon |
| 02/13/2018 | # |
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| R | SERVICE REQUESTS | MESSAGES | CLAIMS | | |

| Genera | & Worksh | op Details | Vehic | le & Driver Details | Vehicle Co | andition Taxes | & Ratio Pa | th & Labour Misc | ellaneous Summa | Ŋ | | | | |
|--------|----------|------------|--------------|---------------------|---------------|--|--------------------------------|---------------------------|--------------------|--------------|------------|--------------------|------------------|-------|
| arts | | | | | · · · · · | | | | | | | | | |
| And | | | | | | | | | | | | | | |
| | еоп | SR NO | QUAH TITY | MATERIAL | SIDE | PART NAME | PAICI MUMIJER | REPAIR/REPLACE (PARTS) | CONDITION | LIST MUCE | | PART PRICEDIET) | ACTION GARTES | TEMOV |
| 6 | , | 1 | 1 | | | HEADLAMP RH | | | wh | \$90 | | 590 | Reviewing | ů |
| Lİ | , | 2 | ı | | | FRONT BUMPER | | | 4/ | 720 | | 720 | Reviewing | 0 |
| Ü | , | 3 . | 1 | | | FRONT BUMPER SIDE RETAINER RH | | | w. | 35 | | 35 | Reviewing | |
| U | , | 4 | 10 | | | FRONT BUMPER CLIPS | | | au / | 2.5 | | 25 | Reviewing | В |
| () | , | 5 | 1 | | | FRONT FENDER RH - REPAIR | | | RY | 0 | · | 0 | Reviewing | ů |
| ᄕ | , | 6 | 1 | | | FRONT FENDER COWLING RH - REPAIR | | | X | 0 | | o | Reviewing | Ē |
| Ŀ | p | 7 | 1 | | | FRONT SUPPORT HEADLAMP PANEL RH - REPAIR | | | f× | 0 | | o | Reviewing | ŵ |
| abour | | | | • | | | | | | | 13 | 70-00 |) | |
| Acd | | | _ | | | | | | 4 | | | | | |
| | €CIT | SR NO | D | repair/replace (L | VBODIÚ | PART NAME | | (ABOUR MER | Labour Repair - | PAINT | ACTION (LA | BOUR) | COMMENT | REMEN |
| Ü | A. | 1 | | | | TO INSPECT FR LIGHTING MEC | | O | 40 20. | ٥ | Reviewing | | | Œ |
| Ľ) | ur | 2 | | | | TO REPAIR ON FENDER RH, H PANEL TO REN REPLACE DAM ITEM\$, REALIG CONNECTION | eadlamp AOVE & AGED N | a | 500 J.10 | ' o | Reviewing | | | Ü |
| | | . , | | | | TO SPRAY PAIN | | | | 40 | U | | | - |
| ū | *** | 3 | | | | REPAIRED ARE | | 0 | · Y | 500 | Reviewing | | | Œ |



« Assessment Details

| General & Workshop | Details Ve | hicle & Driver Details | Vehicle Condition | Taxes & Ratio |
|----------------------------|---------------|------------------------|-------------------|---------------|
| Parts & Labour | Miscellaneous | Summary | | |
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| ESTIMATE | | \$1,370.00 | | |
| REVISED AMOUNT | | \$1,370.00 | | |
| CATEGORY | | Paint | | |
| ESTIMATE | | \$500.00 | | |
| REVISED AMOUNT | | \$500.00 | | |
| | | | | , |



M/S:

合興汽車零件私人有限公司

HE XING AUTO PARTS PTE LTD

MAIN OFFICE: No. 76 DUNLOP STREET, SINGAPORE 209403

TEL: 6291 2827 FAX: 6296 4390 A/C: 6291 1886 FAX: 6291 7717

Co. Reg. No: 200310923R GST Reg. No: 20-0310923-R

TAX INVOICE

NO:

DL19200191

PAGE:

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DATE: A/C CODE: 28/02/2018 LDMV315

TERMS:

CR

BLK 1008 #01-04

BUKIT MERAH LANE 3

MOVA AUTOMOTIVE PTE LTD

SINGAPORE 159722

SJV8928L JACELYN

| | Part No | Description | Location | Qty | Unit Price | Amount |
|---|-----------------|-------------------------|--------------------|-----|------------|--------------|
| _ | T tall 110 | | | | SIN | SIN |
| 1 | T81145-22B20 | H/LAMP UNIT RH | DDS | Į | 590.00 | 590.00 |
| 2 | T52119-22A40-A0 | BUMPER FR | DB3AA | 1 | 720.00 | 720.00 |
| 3 | T52535-22100 | RETAINER FRT BP SIDE RH | DUIAD13-2 | 1 | 35.00 | 35.00 |
| 4 | T52161-16010 | CLIP | DUIADI1-3 | 10 | 2.50 | 25.00 |
| | | TOTA | L QUANTITY: | 13 | TOTAL | SIN 1,370.00 |
| | | | • | ADD | GST @ 7% | 95.90 |
| | | , · · · | ١٠٠ مطيعية المالية | GRA | ND TOTAL] | SIN 1,465.90 |

BLK 1001 #01-51 BUKIT MERAH

Reprint:1 / MT / 27/03/2018 10:21:22 AM

SALESMAN: MT

This document is computer generated. No signature required.

GOODS SOLD ARE NOT RETURNABLE

(Z)



COODS RECEIVED BY