INS. CASE OWNER	78	cc 4, Asm (A	004789	A POS LKK	3444	(
1	· · · · ·	ASSIGN	MENT		1.1	
Surveyor:	M	DOI:	\$ 1.8	Date / Time :	2/3/20	18
Pre-assign / CCU	/ FTE		-9	Registered in Merimen:		_
all many	(60	31721		SAM OU AHI		
Insured Vehicle No	» : - <u>  SQU</u>	701.2	Claim No.		,	
Name of Insured	: GON ONE	ng Yeow	Policy No.	: (9452857	11	
Insured Tel No.	9	HP: 9/31/367	Make / Model	. Horda In	tearo	
Excess Sec II :S\$		D.O.A:11/3/18		DIET CIMI	Avenu	· / KOF
			Place of Accid	ent: Tagi	MAGAIN	a itt
Is driver the owner		Nature of Accident :				
If NO, Driver Nar Driver Tel	THEO.	(V/L: YES/NO)	OI GIA REPO Insured Liabili	RT: YHS / NO ; TP GIA REPO ty ; % Final ? Y		j
SXXXX	3B					
I INSRS:	INSRS		INSRS:	INSF	· C ·	
WSP: Tel: Wood Liability: RMKS:		ity:	WSP: Tel: Liability:	WSP Tel: Liabi	ility :	
Date/ Time						
11/1	Corrosen 10 5	Learn and	14	STAGE	DATE / PI	IC ]
14.12	DE42 140 D. 1	500 501 11	X	Non-Reporting ltr (1st):		
Am				Non-Reporting ltr (2nd):		
				Non-Reporting ltr (Final): Notification ltr (if non-pickup):		
15/3/18 037		ACCIDENT - DI REAR ENDED	TP INFORM TP	Call OI: ANEX 35	3/18	
	CLAIM AGREED TO S	BRITTLE AND AWARE ABOUT	NOO ISSUE.	After call ltr to OI.		
	EMAIL WED LIABILITY CLE	LIFE CONTRACTOR OF THE CONTRAC		Documentation Check List: H	landler Typi	ist
	DIAL NOT CURRENT CIE	AC.		Notification ltr (if non-pickup)  After call ltr to OI:		
8.5.18	FILE PASS TO TYPIS	TO TYPE PEPOET.		Authorisation To Act:	7	
	0.01.4040			Release Voucher:	7	
				Final Repair Bill:	~	
				Car Rental Invoice;		
- F	RECEIVED n 3	DOT 0040		Towing Invoice		
	APOPIA ED II 9	OCT 2018		LTA / GIA : Medical Bill:	~	DE SERVICE SER
				PIR:		
				Mandate/Reject Instruction:	~	
				LOD	V	
				Payment Breakdown Form:	haling and	
PRELIMINARY ADVICE	Date/Time: 8.5.18	Sent By: ASM		Post-Repair Photos:		
TANK TANK TANKS	Ph. 1991			Others:		
FINALIZATION	Date/Time:	Confirm with:		Confirm by: LPP		
Repair Cost: 49 FINAL SETTLEMENT	S S\$ 3,280 (		48 %	Email /	Call	
Final Liability:	Date/Time: 13.09.18 (Agreed	Confirm with Gwy		Email Call		
Repair Cost: N ks1		/ Assessed) BOLA S/N No. : 37	SEAR ENDRO TP	If NO or B 28, Ass. Lia:		
Loss of Rental (LOR):	SS - (	days)	10 to 000 11		ann-	
Loss of Use (LOU):		3 days)		- and 1		
Loss of Income (LOI):	S\$ - (\$ x	days)		10 7 10	8	12 7
LOR only LOU only		LOR + LOI [Tick only on	e]	00		
GIA/LTA Search	S\$3-00					
Medical:	S\$ -			1) Claim status: Normal/Reject	t/Private Settle	e
Disbursement: Legal Cost	SS -	(e.g. Tow/ Independen	nt)	2) Report Format: TP 3) Survey fee: 7350		
Total:	S\$3.6S9.50	Global Sum SS:		3) Survey fee: P 350		
FINAL PAYMENT	Date/Time:	Confirm with: (Aux)		Email Call		
Payee 1:	S\$3,654.50	Name 1: MODERN AUTOMOTIV	e Dre to	aman Call		
Payee 2: (Strike if N.A.)	SS	Name 2:	FIE DD			
Payee 3: (Strike if N.A.)	S\$	Name 3:				

REF:

Q- 4A) P8F9.

Type: MCScl M Cycle / Bus / Van / Lorry / Taxl / Prime Mover / Truck / Trailer or Make:  AC: Insured / Std / Ni / NA  Sp. Reading 4-81-3-2 Tradio: Insured / Std / Ni / Na  Std / Sp.	7.0	9	ASSIGNMENT	
Type:   Calif   M. Cycle   Bus   Van   Lorry   Taxl   Prime Mover	From:	Date:	Veh No: SKX5243	B Yr Regn: 2015 Dec
To inspect Vehicle No: at Workshop m/s of and Asla 2 a c a last Ni I NA sp. Reading 1 Ni I NA EngMo: NS of The Jear Jear Jear Jear Jear Jear Jear Jea	Estimated Cost:			4: mili 14.00km = 44.00 mil
at Workshop m/s  of Colour  Colour  Colour  Colour  Colour  ACC: Insured   Std   Ni   Ni    Sp. Reading  AS1-3-2  T/Radio: Insured   Std   Ni   Ni    Sp. Reading  AS1-3-2  T/Radio: Insured   Std   Ni   Ni    Eng/No:  Colour  Sp. Reading  AS1-3-2  T/Radio: Insured   Std   Ni   Ni    Sp. Reading  AS1-3-2  T/Radio: Insured   Std   Ni   Ni    Eng/No:  Colour  ACC: Insured   Std   Ni   Ni    Eng/No:  Colour  Colour  ACC: Insured   Std   Ni   Ni    Eng/No:  Colour  ACC: Insured   Std   Ni   Ni    Eng/No:  Colour  Colour  ACC: Insured   Std   Std   Ni    Eng/No:  Colour  ACC: Insured   Std   Ni    Eng/No:  Colour  ACC: Insured   Std   Ni    Eng/No:  ACC: Insured   Std   Ni    Eng/No:  ACC: Insured   Std   Std	OD/TP/WS/T	P RES / OD RES / EVA / INV / MV	Truck / Trailer or	
at Workshop m/s of		No No	Make: Audi A3	cc 1395
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 Acident Roort:  Quays Res:  Person Contacted:  Person Contacted:  Vehicle: IN / OUT  Date:  Person Contacted:  Perso	at Workshop m/s	3	colour Black.	A/C: Insured / Std / Ni / NA
College 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.  Ball or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Ball of Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  But In Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  But In Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  But In Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  But In Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  But In Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  But In Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Consistent?: Yes or No  Consistent?: Yes or No  Double Time  Action / Instruction  TOP AYA  Interview:  Interview:  Consistent : Final Report  Interview:	of		Sp.Reading 48132	T/Radio: Insured / Std / NI / NA
Claim's No.  Sum insured: Excess:   Seri   Cood   Sair   Poor   Burnt   Steering:   Igerder   Jammed   Leaked   Burnt or	Insured:		Eng/No:	
Sum insured:    Steering: located   Jammed   Leaked   Burnt or Brake: Integer   Jammed   Leaked   Jammed   Leaked   Jammed   Leaked   Jammed   Leaked   Ja	Policy No.		CNO: WAYZZZS	V191049954.
(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 Rport:  Consistent? 'Yes or No  GIA / PR Seen:  Consistent? 'Yes or No  Lum Sorn:  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Person Contacted:  Person Contacted:  The U/C / Chassis frame / Body Structure affected due to collision.  TOP AXA  Person Special Present  Date / Time Action / Instruction  TOP AXA  Distertime, File Pass to?  Prefix Report  Date in File Pass to?  Add Fee:  Site Insp (\$ )S+RSI    Interview (\$ ]Protos  Protos  Crack  Report Format:	Claims No.		Gen. Cond: Good ) Fair / Poor / Bu	irnt
Make of Veh:    Modi: Nil / S/Rim / STD A/Rim or   Tyre Size: F: 225/45/RT7   Remark: The veh had commenced its repair at the time of inspection.   Solis   So	Sum Insured:	Excess:	Steering: Inorder / Jammed / Leak	ed / Burnt or
Tyre Size: F: 225/45/R17  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  GIA / PR Seen: Consistent?: Yes or No  LUM Sum: Description of Date / Time Action / Instruction  TP AYA:  We hicle: IN / OUT  Person Contacted:  Tyre Size: F: 225/45/R17  R: 225/45/R1  RBJ INTERVOVAICE	(Client's Recor	rd)	Brake: Inorder / Jammed / Leak	ed / Burnt or
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  4 days Res.: Yes or No  Lum Scm:  5 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Person Contacted:  Vehicle: IN / OUT  The U/C / Chassis frame / Body Structure affected due to collision.  TP AXA.  4 \$ 3,380 (\$40.**3,039,30 \$8%)  Date/Time, File Pass to?  I Prell. Report  Date/Time, File Pass to?  CAdd Fee:  Site Insp (\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Make of Veh:		Modi : Nil / S/Rim / STD A/Rim	or
Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  4 days Rs.: Yes or No  Lum Sum:  5 % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time		· ·	Tyre Size: F:	225/45R17
repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  Lum Sum:  Do % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time	(Policy Conditi	ion)	R:	225/45R17
Ball or Market Value:  IDAC Accident Rport:  Consistent? : Yes or No  GIA / PR Seen:  Consistent? : Yes or No  Est. Repairs:  Ly days Res.: Yes or No  Lum Sum:  Sy 3 Vall: Yes or No  CA / REV / REP. / 24 HRS  Date:  Person Contacted:  Date / Time Action / Instruction  TOP AXA.  PRIST: + 30,380  Date Time, File Pass to?  Date Time, File Pass to?  Prell. Report  Date Time, File Return to?  Add Fee:  Site Insp (\$	Remark: The ve	eh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LK	ZA / MIC / OHTSU (PIR) SUMI /
IDAC Accident Rport:   Consistent?: Yes or No   R/Bal.   Ob   mm   R/Bal.   Ob   Rall   Number	repair	at the time of inspection.	TOYO / YOKO or	
GIA / PR Seen:   Consistent? : Yes or No   LBal.   Q 6   mm   LBal.	Bal. or Market V	'alue:	Front	Rear
Est. Repairs:	IDAC Accident F	Rport: Consistent?: Yes or No	R/Bal. 06 mm	R/Bal. 06 mm
Lum Sum:	GIA / PR Seer	n: Consistent? : Yes or No	L/Bal. Q6 mm	L/Bal. Q6 mm
Date: Person Contacted: Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time	Est. Repairs:	4 days Res.: Yes or No	D.O.A.	D.O.I. /A 03/18
Vehicle: IN / OUT  Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time	Lum Sam:	⇒ % 3 Val.: Yes or No	Survey held at Mo	dern.
Vehicle: IN / OUT         The U/C / Chassis frame / Body Structure affected due to collision.         Date / Time       Action / Instruction         TP AXA .         Interview (\$ plane)         MK V : Φ 93,000         LTR) : Φ (2.3)II         Pight : ★ 29,789         Date/Time, File Pass to?       Prelli. Report       Days Of Repair:         Interview (\$ photos         Date/Time, File Return to?         Add Fee: Site Insp (\$ structure affected due to collision.         Date/Time, File Pass to?         Prelli. Report         Date/Time, File Return to?         Add Fee: Site Insp (\$ structure affected due to collision.         Date/Time, File Pass to?         Inspect Structure affected due to collision.         Date/Time, File Pass to?         Inspect Structure affected due to collision.         Date/Time, File Pass to?         Inspect Structure affected due to collision.         Date/Time, File Pass to?         Inspect Structure affected due to collision.         Inspect Structure affected due to collision.	CA / REV /	REP. / 24 HRS	Des. of Damages : Frt / Rear / O	IS I N/S / U/C / Rooftop or
Date / Time   Action / Instruction   TPAYA		Vehicle: IN	I/OUT	
TPAXA.    45: *3,580 (260: *3,039.30 48%)    MK v : *93,000	Date:		The U/C / Chassis frame / B	ody Structure affected due to collision.
MK V : \$ 93,000   LTPA : \$ 63.511     PRETE : \$ 29,189     Date/Time, File Pass to?   : Preli. Report   Days Of Repair:       Date/Time, File Return to?   : Survey Fee:   Transportation:     2)   Add Fee:   : Site Insp (\$ ) _ S + RS _ Si     : Interview (\$ ) Photos     Report Format :   : Tech. Invs (\$ ) Others	Date / Time			8
MK V: \$93,000  LTR: \$63.311  PREN: \$29,789  Date/Time, File Pass to? : Preli. Report Days Of Repair:  1) : Final Report Resurvey No. of Trip: Survey Fee: Transportation:  2) Add Fee: : Site Insp (\$ )S + RS_SISISISISISISIS			, , ,	
Dete/Time, File Pass to?  Preli. Report  Days Of Repair:  Survey Fee:  Transportation:  Add Fee:  Site Insp (\$ )S+RSSF  Interview (\$ ) Photos  Tech. Invs (\$ ) Others		45: \$ 3,380	(RED: *3,039.30 48%)	
Dete/Time, File Pass to?  Preli. Report  Days Of Repair:  Survey Fee:  Transportation:  Add Fee:  Site Insp (\$ )S+RSSF  Interview (\$ ) Photos  Tech. Invs (\$ ) Others			*	
Dete/Time, File Pass to?  Preli. Report  Days Of Repair:  Survey Fee:  Transportation:  Add Fee:  Site Insp (\$ )S+RSSF  Interview (\$ ) Photos  Tech. Invs (\$ ) Others		WK V ( > 02 M0		
Dete/Time, File Pass to?  Preli. Report  Days Of Repair:  Survey Fee:  Transportation:  Add Fee:  Site Insp (\$ )s+RSSI  Interview (\$ ) Photos  Others				*
Date/Time, File Pass to?  : Preli. Report  : Final Report  Date/Time, File Return to?  Add Fee:  : Site Insp (\$ )S+RSSi  : Interview (\$ ) Photos  Report Format:  Tech. Invs (\$ ) Others				
Survey Fee:		170.		
Survey Fee:	Date/Time, File Pas	s to? Preli Report	Days Of Renair	
Date/Time, File Return to?	6			Survey Fee:
2) Add Fee: Site Insp (\$)s+Rssi  . Interview (\$) Photos  Report Format : Tech. Invs (\$) Others		The second secon	noodivey no. or trip.	1 200 0000 100 0000
Interview (\$   ) Photos	2)	Ad	d Fee: Site Insp (\$	Total and a control
Report Format : Tech. Invs (\$ ) Others		NAME OF TAXABLE PARTY O	patrician patric	
The state of the s	Report Form	at :	- Constitution of the Cons	
			: Weekend (\$	



### 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

AXA	INSURANCE PTE	LTD	Ref : CC4/ASM1800	)4789/ea3		
	HENTON WAY #24 TOWERSINGAPO		Date: 13-03-2018 Code: ASM			
1.		Policy Particu	lars :- THIRD PARTY CLA	IM		
	Insured Veh.	SGD 3672L	Veh. Inspected	SKX 5243B		
	Policy No.		Coverage (\$)	0.00		
	Claim No.	S8M00AHI	Excess (\$)	0.00		
	Assign From		Assign Date	13/03/2018		
2.		Vehicle P	Particulars & Condition	Strate Strate Co.		
	Make & Model		c.c	0		
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No.		Colour			
	Odometer	4	Steering			
	Brakes		Modification			
	General					
3.		Con	nditions 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.		Desc	ription of Damages			
5.		Ger	neral Information			
	Accident Date	11/03/2018	Inspection Date			
	Survey held at	MODERN AUTOMOTIVE P	TE LTD			
		BLK 3023A UBI ROAD 1 #01-61 SINGAPORE 408717				
5a.			Remarks			

### MODERN AUTOMOTIVE PTE LTD BLK 3023A UBI ROAD 1 # 01-61 SINGAPORE 408717

Tel: 6748 4422/ 6745 4422 Fax: 6747- 6720 REG NO 200501102H

AXA Ir	surance Singapore Pte L	td		Quotation
8 Shenton Way		1005.	DATE	: 14.03.2018
8 Shenton Way # 27-01		VEH NO	: SKX5243B	
Singap	ore 068811		MODEL	: Audi A3
Tel:	6338 - 7288		DOA	: 11.03.2018
Fax:	6880 - 4838		YR REF	: SGD3672L

(Pls arrange vehicle survey & check liability)

#### RE: ESTIMATE FOR ACCIDENT REPAIR SKX5243B (AUDI A3)

<u>Item</u>	Description	Qty		_Amt
NO	LIST ITEMS 0			
1	Rear Bumper Personned	1		1,619.00
2	Rear Bumper Clips	1 set		30.00
3	Rear Bumper Side Holder - LH & RH	2		114.00
4	Rear Bumper Reflector - LH & RH	2		72.00 ×
5	Rear Bumper Lower Spoiler 🐯	1		258.00
6	Rear Bumper Reinforcement	1		501.00 /
7	Rear Bumper Tow Cover 👭 ~ 2	188 1 58·10. 1		38.00 ×
8	Bootlid Persi	1		2,310.00 ×
9	Bootlid Lock Ner 26	58:10.		170.00 ×
10	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1		108.00 /
11	Audi Logo A3 Wording	1		83.00
12	TFSI Wording	1		85.00
	5 %		\$	5,388.00
	Less 10	)%		(538.80)
			S	4,849.20
	S/Nett items			
1	Reverse Sensor 2 pieces dange	430. 4	\$	860.00 430
			\$	860.00
	Total Pa	rts	\$	5,709.20

#### LABOUR CHARGE

- 1 To knocking & pull out rear portion & renew above parts
- 2 To putty & spray up paint works

600 400

#### RE: ESTIMATE FOR ACCIDENT REPAIR SKX5243B (AUDI A3)

			-	1048.60	
		Grand Total	\$	6,279.20	
			\$	570.00	
8	To remove rear upholstery		\$	150.00 🔀	
7	To remove rear windscreen	990	\$	120.00 / 100	).
6	To transfer tailgate fittings postorn dichagelic lest		\$	150.00 😕	
5	To replace reverse sensor		\$	120,00 60	
4	To check wiring		\$	30.00	
3	To underseal			100 ×	

GST Will be reflected in the final bills

NOTE: -

PLEASE INFORM US WITHIN 14 DAYS, FROM THE DATE OF THIS LETTER, IN THE EVENT THAT THE OWNER/DRIVER IS IN BREACH OF ITS POLICY WITH YOUR COMPANY, FAILING WHICH WE SHALL HOLD YOUR COMPANY LIABLE FOR ALL COSTS OF REPAIRS, LOSS OF USE AND STORAGE.

lole: 4078:10 1/5: 3250 0+0m

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:

3018 G 1912 bu



# Service Request Details

Claim

S8M00AHI

Reference

None 🔊

Loss Date

March 11, 2018

Request Date

March 12, 2018

Due Date

March 19, 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 Work

Accept Work

#### Vehicle Information

Incident Vehicle Registration #

SKX5243B

Make

TPVD AUDI

Menu

Service Aggress

Primary Contact/Insured

KOH CHENG YEOW 38 KIM PONG ROAD, #03-41, 161038, Singapore

Claim Handler

TAY Ernest 6568804835 ernest.tay@axa.com.sg

Additional Instructions

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

#### Asher Sng (LKKAuto)

From:

Asher Sng (LKKAuto)

Sent:

Thursday, 15 March 2018 5:39 PM

To:

Mei Kwan (LKKAuto); Chin

Cc:

Admin A; Vic (LKKAuto); assignments

Subject:

RE: TP SKX5243B & SGD3672L (AXA) \*\*\* LKK REF: CC4/ASM18004789/ea3

#### WTHOUT PREJUDICE

Hi Sir/Mdm,

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both parties, the liability is clear / under BOLA (subject to BOLA guideline settlement) and shall proceed with direct settlement for the above mentioned case.

Please note that this e-mail is on without prejudice basis which does not amount to an authorisation of repair to your client's vehicle.

The final repair cost is subjected to the consistency of the damages according to the nature of the accident. And the days of LOU/ LOR will base on the number of days of repair as recommended by our surveyor.

Kindly take note that the case handler in-charge is Asher and she can be contacted at her DID 6841 6051

In order to expedite the claim process, please forward all relevant documents for us (LKK) to proceed on negotiate settlement.

Thank You.

Best Regards,

Asher Sng | Case Handler LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: <u>ashersng@lkkauto.com</u> | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | \$(408933)

From: Mei Kwan (LKKAuto)

Sent: Tuesday, 13 March 2018 7:24 PM
To: Chin <chin@modernautomotive.com.sg>

Cc: Admin A <admin-a@lkkauto.com>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>; Vic (LKKAuto)

<vicalpeh@lkkauto.com>; assignments <assignments@lkkauto.com>

Subject: RE: TP SKX5243B & SGD3672L (AXA) \*\*\* LKK REF: CC4/ASM18004789/ea3

Dear Sir / Madam,

We refer to the below email.

Please be informed that we are currently **pending verification for direct settlement**.

Kindly note that for liability, claim negotiation and settlement, please contact Asher at 6841 6051.

Our respective case handler will look into the matter and revert to you in due course.

#### Meanwhile, please arrange appointment for survey.

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

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

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

From: Chin [mailto:chin@modernautomotive.com.sg]

Sent: Tuesday, 13 March, 2018 3:20 PM To: Admin A <a href="mailto:admin-a@lkkauto.com">admin-a@lkkauto.com</a>

Subject: Re: TP SKX5243B & SGD3672L (AXA)

Dear Sir/Mdm

We refer to the above matter.

Kindly advise liability of the above accident.

Attached is our client report for your perusal.

Thank you

Regards, Grace Chin Modern Automotive Pte Ltd Blk 3023-A, Ubi Road 1 #01-61 Singapore 408717

Tel: 6748 4422 Fax: 6747 6720



# MANDATE REQUEST FOR S8M00AHI



Type

**Q** Question

#### Message

Liability: Insured rear ended third party vehicle. Spoken to insured and he aware that his NCD is affected and AXA to settle at best. Settlement: Repair Cost: \$3,477.50 (w/GST) Loss of Use: \$880.00 (3days x \$60) GIA Search: \$2.00 Total: \$3,659.50 Revised Immediate Advice with Mandate uploaded for your easy referance. Please kindly let us have your approval / instruction if any. Thank you - Asher Sng (29/06/2018)



# Re:RE: MANDATE REQUEST FOR S8M00AHI

Type

**Q**uestion

Message

LIAB CLEAR FOR DS, PLS PROCEED DS QUANTUM AS PROPOSED

# THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

/ehicle No: SGD 3672L (Insd veh		)	Model:	AUDI A3	
	SKX 5243B (TP veh)				
Date of Accident:	Pate of Accident: 11/03/2018				
				MP.	
Global Sum Settlen	nent : [ ] Yes		[ X ] No		
Repair Estimate		: \$	8,398.00		
Final Repair Cost		: \$	3,477.50		
Loss of Use		: \$	180.00	3 days at \$60.00 per day	
Rental (if any)		: \$		days	
LTA / GIA Search F	ee	: \$	2.00		
Others:		: \$			
		: \$			
Final Settlement Su	ım	: \$	3,659.50		
pelow) A) For Non GIA F	Registered Workshop:		Agreed Liability _		
B) For GIA Regis	tered Workshop:		BOLA Applicable:	Yes/ No BOLA Scenario No:	
	(%)			/ (*):(%)	
* Assessed Lia	bility to be filled only for	chai	n collisions and for ca	ses where BOLA does not apply.	
Remarks					
Payment Instruction	on: Payee's Breakdow	n			
1) MODERN AUT	OMOTIVE PTE LTD		: \$	3,659.5	
	ILAH BTE ABDOL WAHAB		09/10/2018		
-	-		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)



## 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

	INCURANCE DE		Ref: CC4/ASM18004	
λXA	INSURANCE PTE	: LTD	Ref : CC4/ASM18004	/89/Aea3sz
AXA	HENTON WAY #24 TOWERSINGAPO		Date: 09-10-2018	
ATT	N: ERNEST TAY		Code: ASM	
1.			rs :- THIRD PARTY CLAIF	
	Insured Veh.	SGD 3672L	Veh. Inspected	SKX 5243B
	Policy No.	GA152852/1	Coverage (\$)	0.00
	Claim No.	S8M00AHI	Excess (\$)	0.00
	Assign From	ERNEST TAY	Assign Date	12/03/2018
2.		Vehicle Pa	rticulars & Condition	
	Make & Model	AUDI A3	c.c	1395
	Engine No.	HIDDEN	Year of Reg.	2015
	Chassis No.	WAUZZZ8V1G1049954	Colour	BLACK
	Odometer	48132	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	GOOD		
3.		Cond	litions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	225/45R17	PIRELLI	6 mm
	L/H Front Tyre	225/45R17	PIRELLI	6 mm
	R/H Rear Tyre	225/45R17	PIRELLI	6 mm
	L/H Rear Tyre	225/45R17	PIRELLI	6 mm
4.		Descri	otion of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE F	REAR PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Gene	eral Information	
	Accident Date	11/03/2018	Inspection Date	14/03/2018
	Survey held at	MODERN AUTOMOTIVE PT	ELTD	
		BLK 3023A UBI ROAD 1 #01-61 SINGAPORE 408717		
5a.			Remarks	
		ON WAS CONDUCTED ON A"VICE TO YOUR INSTRUCTIONS		
5b.		Estima	te Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	4 Working Day	e



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#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKX 5243B

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER (CONSISTENT)	DEFORMED	1,619.00	1,619.00
1	SET REAR BUMPER CLIPS (CONSISTENT)	NECESSARY	30.00	30.00
2	REAR BUMPER SIDE HOLDER - LH & RH (CONSISTENT)	NECESSARY	114.00	114.00
2	REAR BUMPER REFLECTOR - LH & RH (CONSISTENT)	NOT NECESSARY	72.00	
1	REAR BUMPER LOWER SPOILER (CONSISTENT)	сит	258.00	258.00
1	REAR BUMPER REINFORCEMENT (CONSISTENT)	BENT	501.00	501.00
1	REAR BUMPER TOW COVER (CONSISTENT)	NOT NECESSARY	38.00	
1	BOOTLID (CONSISTENT)	TO REPAIR SEE LABOUR	2,310.00	
1	BOOTLID LOCK (CONSISTENT)	NOT NECESSARY	170.00	
1	AUDI LOGO (CONSISTENT)	NECESSARY	108.00	108.00
1	A3 WORDING (CONSISTENT)	NECESSARY	83.00	83.00
1	TFSI WORDING (CONSISTENT)	NECESSARY	85.00	85.00
	LESS 5% DISCOUNT		-269.40	-139.90
			5,118.60	2,658.10
	SPECIAL NETT ITEMS			100,100,000
4	REVERSE SENSOR (CONSISTENT)	DAMAGED 2PCS ONLY	860.00	430.00
			860.00	430.00
	LABOUR			
	TO KNOCKING & PULL OUT REAR PORTION & RENEW ABOVE PARTS. INCLUSIVE OF THE REPAIR OF BOOTLID.		600.00	400.00
	TO PUTTY & SPRAY UP PAINT WORKS.		600.00	400.00
	TO UNDERSEAL.	NOT NECESSARY	100.00	
	TO CHECK WIRING.		30.00	30.00
	TO REPLACE REVERSE SENSOR.		120.00	60.00
	TO TRANSFER BOOTLID FITTINGS.	NOT NECESSARY	150.00	1.
	TO PERFORM DIAGNOSTIC TEST.		120.00	100.00
	TO REMOVE REAR UPHOLSTERY.	NOT NECESSARY	150.00	
			1,870.00	990.00
	GRAND TOTAL		7,848.60	4,078.10

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RECOMMENDED COST OF LUMP SUM REPAIRS	3,250.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CC4/ASM18004789/Aea3s2



ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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