

RECEIVED 17 APR 2018

TP claimant withdraw TP claim at Trans Union

- To submit "wp" report.

12/04/18

v1/P
9250

REF:

Signature

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop n/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.

Bak or Market Value: _____

IDAC Accident Report: _____ Consistent? Yes or No

GIA / PR Seen: _____ Consistent? Yes or No

Est. Repairs: 3 days Res.: Yes or NoLum Sum: PIP % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLC8512D Yr Regn: MAY / 2016Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MAZDA 3 cc 1496Colour: GREEN A/C: Insured / Std / NI / NASp. Reading: 25391 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM6BMH2A8G0335207Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size F: 205/60/216

R: _____

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

TOYO / YOKO or TOYO

Front

Rear

R/Bal: 7 mm R/Bal: 7 mmL/Bal: 7 mm L/Bal: 7 mmD.O.A: 19/03/2018 D.O.I: 27/3/2018

Survey held at _____

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

Not finalize.

PIP - \$ 2820.48 (Red: \$ 3353.28 / 54.7.)

check item - \$ 52.92

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: _____

1. S + RS. 2. S

3. Photos

4. Others

Report Format: _____

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

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

TOTAL

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	22/03/2018 15:54
Date Of Accident	19/03/2018 19:15
Exact Location Of Accident	HOLLAND VILLAGE CAR PARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC8512D
Insured/Policyholder	
Name Of Registered Owner	STUTTGART AUTO PTE LTD
Co Reg No	198403740N
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63633003
Vehicle Particulars	
Manufacturer	MAZDA
Model	MAZDA 3
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999994956/100783516-00000
Cover Note Number	

Driver

Name of Driver	TAN YI SZE
NRIC No	S8770259F
Date Of Birth	23/03/1987
Occupation	INDOOR
Date Of Driving Pass	13/06/2007
Driving Experience	10 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91882215
Fax Number	
Contact Number	
Email Address	YISZE.TAN@PORSCHE.COM.SG

Address 27 JALAN SEMPADAN
#02-05 VILLA MARINA

Postcode 457401

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -
-
-

Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

Weather Conditions FAIR

Road Surface NORMAL

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?

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) 2

Passenger 1 NAME: : CHUA YI LING
GENDER: : FEMALE

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 SKETCH PLAN & STATEMENT

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 Witness 1

Name CHUA YI LING

Phone Number 91593230

Email Address YILING.CHUA@PORSCHE.COM.SG

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJY8392R

Vehicle Make/Model/Colour HYUNDAI

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

SKETCH PLAN


IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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: 2013 11am

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was exiting the car park at Highland Village and took a turn at the end of the stretch where I had parked the car. Just at the bend and while remaining in my lane, a car from the opposite direction drove into the lane that I was in. I immediately stepped on my brake and stopped the car. However the other car which was travelling fast banged into my car, paused for a few seconds, then reversed. The driver of the other car then drove round to my side, wound down the window to ask if she had banged into me. I acknowledged and we exchanged details.

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: 30/3/2020

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



TRANS EUROKARS PTE LTD
NO:5 UBI CLOSE, SINGAPORE 408605
ESTIMATE COST OF REPAIRS



AXA INSURANCE PTE LTD		NAME :	STUTTGART AUTO PTE LTD	WIP :	14770
8 SHENTON WAY		ADDRESS :	NO:12 SUNGEI KADUT AVE	EXCESS :	
#24-01 AXA TOWER			SINGAPORE 729648	DATE:	23-Mar-18
SINGAPORE 068811		TEL :	63633003		
ATTN. :	MOTOR CLAIMS				
FAX :					
VEH NO :	SLC8512D	DATE IN :		CONTACT PERSON :	JOBI THOMAS 6395 7875
CHASSIS NO :	JM6BM42A8G0335207	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	MAZDA 3	DATE REG.:	27-May-16	POLICY NO. :	

NATURE OF WORKS

S/NO	Parts Description			REVISED	PRICES
	QTY				
1	FRONT BUMPER	1	MBHN1-50-0318BB	det	\$ ✓ 925.10
2	FRONT BUMPER RETAINER RH	1	MBHN1-50-0T1F	dis	\$ ✓ 18.70
3	FRONT BUMPER RETAINER LH	1	MBHN1-50-0U1E	dis	\$ ✓ 18.70
4	FRONT BUMPER BRACKET RH	1	MBHN1-50-152		\$ 7 15.10
5	FRONT BUMPER BRACKET LH	1	MBHN1-50-162		\$ 7 15.10
6	FRONT BUMPER GROMMET,SCREW	2	MGHP9-50-025	nl	\$ X 5.40
7	FRONT BUMPER LOWER COVER RH	1	MBHN1-50-101	mc	\$ X 28.00
8	FRONT BUMPER LOWER COVER LH	1	MBHN1-50-102	mc	\$ 28.00
9	FRONT BUMPER TOWING COVER	1	MBHN1-50-A11 BB		\$ 7 28.60
10	FRONT BUMPER FASTENER	2	MB45A-56-146A	nn	\$ X 5.60
11	FOG LAMP COVER LH	1	MBHN1-50-C21A	mc	\$ X 43.20
12	RADIATOR GRILLE CHROME MOULD RH	1	MBHN1-50-7J1A	nn	\$ X 176.70
13	RADIATOR GRILLE CHROME MOULD LH	1	MBHN1-50-7K1A	slr	\$ 176.70
14	RADIATOR GRILLE LOGO	1	MC235-51-731A		\$ X 44.20
15	RADIATOR GRILLE RIVET	6	MSS15-51-833		\$ X 22.80
16	RADIATOR GRILLE	1	MBHN1-50-712B		\$ X 119.60
17	RADIATOR GRILLE BRACKET RH	1	MBHN1-50-153		\$ X 15.10
18	RADIATOR GRILLE BRACKET LH	1	MBHN1-50-163		\$ X 15.10
19	RADIATOR GRILLE CLIP	2	MEA01-50-037		\$ X 15.20
20	RADIATOR GRILLE PIN LOCATOR	2	MKD45-50-1K5A		\$ X 5.40
21	RADIATOR GRILLE GROMMET	2	MKD45-50-E51	nn	\$ X 5.40
22	RADIATOR GRILLE BRACKET TOP	1	MBHN1-50-717D		\$ X 102.40
23	RADIATOR GRILLE FASTENER	8	MGD7A-50-EA1		\$ X 24.00
24	RADIATOR GRILLE CLIP	1	M9YAS-90-602A		\$ X 2.50
25	RADIATOR GRILLE RIVET	4	MTX21-50-355		\$ X 34.80
26	RADIATOR GRILLE TOP	1	MBHN1-50-033 50		\$ X 335.00
TOTAL PARTS					\$ 2,226.40
LESS 10%					\$ 222.64
TOTAL PARTS COST					\$ 2,003.76
Labour Description					
1	TO REPLACE FRONT BUMPER AND RADIATOR GRILLE ASSY. TO REPAIR ALL				\$ 660

1	AREAS AFFECTED BY THE ACCIDENT.		
2	TO RESPRAY FRONT BUMPER AND RADIATOR GRILLE TOP.	640s	1,800.00
3	TO CARRY-OUT BODY CAVITY PRESERVATION.		\$ X 250.00
4	TO SUPPLY 1 PC NUMBER PLATE. <i>N/A</i>	NETT	\$ - 70.00
5	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		\$ 100 250.00
6	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	250	\$ 9 350.00
7	SUNDRIES. <i>N/A</i>	NETT 50	\$ 100.00

TOTAL LABOUR	\$ -	\$ 4,170.00
TOTAL PARTS	\$ -	\$ 2,003.76
TOTAL	\$ -	\$ 6,173.76
LESS EXCESS	\$ -	\$ -
TOTAL AFTER EXCESS	\$ -	
GST 7%	\$ -	\$ -
GRAND TOTAL	\$ -	\$ -

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT.

TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

*N/A Authorized
P/P Repair
Before paint work
27/3/2018
3 weeks
LKK Auto*

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: _____




Service Request Details

Claim

S8M00BP9

Reference

None 

Loss Date

March 19, 2018

Request Date

March 23, 2018

Due Date

April 2, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

13032018 @ 1.59pm
Eva, not in
vehicle

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SLC8512D

Make

TPVD MAZDA

Service Address

...

Primary Contact/Insured

GRUBB LUKE
3 BRIZAY PARK, 279945, Singapore

SARAH.GRUBB@BTINTERNET.COM

Claim Handler

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

Additional Instructions

- Messages
- Invoices
- History
- Documents
- Assessment
- Metrics
- Notes
-

New Message

Mei Kwan (LKKAUTO)

From: jobithomas@eurokars.com.sg
Sent: Tuesday, 10 April, 2018 11:09 AM
To: eva.kok@eurokars.com.sg; Thin Thin (LKKAUTO); Mei Kwan (LKKAUTO)
Cc: rickteo@eurokars.com.sg; stanley@eurokars.com.sg; tommywoon@eurokars.com.sg; Hsiao Tong (LKKAUTO); Admin A; assignments
Subject: RE: TP CLAIMS- SLC8512D & SJY8392R DOA 19/03/2018 *** LKK REF: CC4/ASM18005503/ua3

Categories: HMK

Dear Sir/Mdm,

The owner has decided to withdraw his/her TP claim from Trans Eurokars.

Best Regards.



Jobi Thomas
Insurance Claims Executive

TRANS EUROKARS PTE LTD
12 Sungei Kadut Avenue
Singapore 729648
T: (65) 6363 3003 D: (65) 6360 2446 F: (65) 6360 2899
E: jobithomas@eurokars.com.sg

From: Eva Kok
Sent: Tuesday, April 3, 2018 4:17 PM
To: Thin Thin (LKKAUTO) <thinthin@lkkauto.com>; Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>
Cc: Rick Teo Fu Shen <rickteo@eurokars.com.sg>; Jobi Thomas <jobithomas@eurokars.com.sg>; Stanley Ngu <stanley@eurokars.com.sg>; Woon Wui Tew Tommy <tommywoon@eurokars.com.sg>; Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>; Admin A <admin-a@lkkauto.com>; assignments <assignments@lkkauto.com>
Subject: RE: TP CLAIMS- SLC8512D & SJY8392R DOA 19/03/2018 *** LKK REF: CC4/ASM18005503/ua3

Hi Thin Thin,

Please assist revert liability for direct settlement for the case above.

Thank you

Eva Kok
Insurance Claims Officer
Trans Eurokars Pte Ltd
12 Sungei Kadut Avenue
Singapore 729648
Dir: +65 6360 2846 | Fax: +65 63602899 | Email: eva.kok@eurokars.com.sg
Website: www.eurokarsgroup.com



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From: Mei Kwan (LKKAuto) [mailto:Meikwan@lkkauto.com]
Sent: Saturday, March 24, 2018 11:58 AM
To: Eva Kok <eva.kok@eurokars.com.sg>
Cc: Rick Teo Fu Shen <rickteo@eurokars.com.sg>; Jobi Thomas <jobithomas@eurokars.com.sg>; Stanley Ngu <stanley@eurokars.com.sg>; Woon Wui Tew Tommy <tommywoon@eurokars.com.sg>; Thin Thin (LKKAuto) <thinthin@lkkauto.com>; Hsiao Tong (LKKAuto) <chewht@lkkauto.com>; Admin A <admin-a@lkkauto.com>; assignments <assignments@lkkauto.com>
Subject: RE: TP CLAIMS- SLC8512D & SJY8392R DOA 19/03/2018 *** LKK REF: CC4/ASM18005503/ua3

Dear Sir / Madam,

We refer to the above matter.

Please be informed that we are currently **pending for our insured's GIA report and verification for direct settlement.**

Please note that for liability, claim negotiation and settlement, please contact Thin Thin at 6841 2360.

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: eva.kok@eurokars.com.sg [mailto:eva.kok@eurokars.com.sg]
Sent: Friday, 23 March, 2018 10:15 AM
To: SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>
Cc: rickteo@eurokars.com.sg; jobithomas@eurokars.com.sg; stanley@eurokars.com.sg; tommywoon@eurokars.com.sg
Subject: TP CLAIMS- SLC8512D & SJY8392R DOA 19/03/2018

ACCIDENT INVOLVING SLC8512D & AXA INSURED SJY8392R ON 19.03.2018
OUR CLIENT'S VEHICLE NO. SLC8512D – MAZDA

Attention : Motor Claims Dept
REQUESTING FOR SURVEY & A DIRECT SETTLEMENT TO COST OF REPAIRS & LOSS OF USE /RENTAL

Dear Sirs /Mdm,