

INS. CASE OWNER:

Stanley

CC 4/ASM1800

5624, T2KAS9

IDAC: 36609

ASSIGNMENT

DOT:

27/3/18

Date/Time:

26/03/2018

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLR 760

Name of Insured:

NGO JOSHUA BENYS

Insured Tel No.:

HP: 98533581

Excess Sec II :SS

D.O.A: 16/03/18

Is driver the owner?

(YES /)

Nature of Accident:

Claim No.:

S8m00B1P

Policy No.:

VAI-GA 20080

Make / Model:

BMW 24

Place of Accident:

Bedok South Ave 1

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SKK809SK



INSRS:

WSP:

Tel:

Liability:

RMKS:

VOLKSWAGEN



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

DATE / PIC

27/3
2 minSKK809SK. 01/03/18 17:16/473/1/002: 004: 24/03/18
SLR 760 - X

Pending R/S

ROZ206 @
2:19pm

Spoke to OIO (w/o NGO). Confirmed accident details and OIO rear-ended TP. OI will send any additional photos via email. Informed that TP claim aware at OIO issues and agree to settle. Send letter to OI.

Email liability clear.

8-5-18

LIVE PASS TO NPM TO PREPARE REPAIR.

RECEIVED 03 JUL 2018

STAGE		DATE / PIC	
Non-Reporting ltr (1st):			
Non-Reporting ltr (2nd):			
Non-Reporting ltr (Final):			
Notification ltr (if non-pickup):			
Call OI:			
After call ltr to OI:			
Documentation Check List: Handler Typist			
Notification ltr (if non-pickup)			
After call ltr to OI:			
Authorisation To Act:			
Release Voucher:			
Final Repair Bill:			
Car Rental Invoice:			
Towing Invoice			
LTA / GIA:			
Medical Bill:			
PIR:			
Mandate/Reject Instruction:			
LOD			
Payment Breakdown Form:			
Post-Repair Photos:			
Others:			

PRELIMINARY ADVICE Date/Time: 29-3-18

Sent By: HMC

FINALIZATION

Date/Time:

Confirm with: CHARMINE

Confirm by: MTH

Repair Cost: PR S\$ 3,765.08 (3 days) Reduction: 58 %

Email ☒ Call ☐

FINAL SETTLEMENT

Date/Time: 28-6-18

Confirm with: SHU SHI

Email ☒ Call ☐

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27

Repair Cost: 1107 S\$ 4,029.63

If NO or B 28, Ass. Lia:

OIO rear-ended TP.

Loss of Rental (LOR): S\$ - (days)

Loss of Use (LOU): S\$ 180.00 (\$60 x 3 days)

Loss of Income (LOI): S\$ - (\$ x days)

LOR only ☐ LOU only ☐ LOR + LOU ☒ LOR + LOI ☐ [Tick only one]

GIA/LTA Search S\$ 2.00

Medical: S\$ -

Disbursement: S\$ - (e.g. Tow/ Independent)

Legal Cost S\$ -

Total: S\$ 4,210.63

Global Sum S\$:

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: 350

FINAL PAYMENT

Date/Time: 28-6-18

Confirm with: SHU SHI

Email ☒ Call ☐

Payee 1: S\$ 4,210.63

Name 1: VOLKSWAGEN CENTRE SINGAPORE

Payee 2: (Strike if N.A.) S\$

Name 2:

Payee 3: (Strike if N.A.) S\$

Name 3:

Signature: *Tanfer*

REF: ASM (AXA)

5628/Tika3

10

ASSIGNMENT

From: Date: 27/03/2018

Estimated Cost:

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

To inspect Vehicle No: SKK 8095K

at Workshop m/s Volkswagen

of 1 Kampong Ampet off maphesun Rd

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 Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: - % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SKK 8095K. Yr Regit: 2013 Aug

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

Truck / Trailer or

Make: Volkswagen Golf C.C. 1395

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 9.511. TiRadio: Insured / Std / NI / NA

Eng/No:

C/No: WVVZZZ A4ZE W039817.

Gen. Cond: Good / Fair / 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: 205/55R16

R: -

BS / DUN / EXNOVA / GY / FS / LIZA / MID / 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. D.O.I. 27/3/18 @ 1220

Survey held at VW Kg Ampet

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

Plp: +3.765-08 (REQ: +5.777.07 58%)

Date/Time, File Pass to?

☐ : Preil. Report

☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

(\$ + RS \$)

Photos

Others

Report Format :

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

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)


TOTAL

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3581 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
AXA INSURANCE PTE LTD		Ref : CC4/ASM18005627/ka3	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 26-03-2018	
		Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLR 226D	Veh. Inspected	SKK 8095K
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00B1P	Excess (\$)	0.00
Assign From		Assign Date	26/03/2018
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	16/03/2018	Inspection Date	
Survey held at	VOLKSWAGEN CENTRE SINGAPORE 1 KAMPONG AMPAT OFF MACPHERSON ROAD SINGAPORE 368314		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Payments to: - BBN: - Acc.-No.:

Volkswagen Centre Singapore



Biz Reg. No. S31030691
GST No. M20098505-2

LETTER OF AUTHORITY

ACCIDENT INVOLVING SKK 8095K and SLR 226D on 16/03/18
along Slip Road Upper East Coast Rd to Bedok South Ave
Own vehicle's number Other vehicle's number Date of accident
Accident location

BY THE LETTER OF AUTHORITY, I/we, Lee Khim Kwee
of S7723782H Name of Policy Holder & IC / Passport number owner of Vehicle Registration

Number SKK 8095K Own vehicle's number hereby irrevocable appoint **Volkswagen Centre Singapore**

(hereinafter refer to VGS), a company incorporated in Singapore and having its registered office at **247 Alexandra Road, Singapore 159934**, its agents of any person authorized by VGS to be *my / our Attorney and in *my / our name(s) on *my / our behalf to do all or any of the following:

1. To submit, resolve and make any claim(s) (including the commencement of legal proceedings) which *I/we may have against the other *party/parties to the Accident and under the insurance *policy/policies taken up by such *party/parties or **alternatively** under Insurance Policy number — taken up by *me/us and pay the **compulsory excess** in respect of the cost repairs suffered by *me/us arising from the Accident (loss and damage)/.
2. To collect payment(s) due in respect of any such claim(s) for the loss and damage, such payment to be made by way of Cheque in favour of **Volkswagen Centre Singapore** and give a valid receipt and discharge therefore.
3. For any of the purpose aforesaid, to execute, sign and deliver all documents whatsoever in relation thereto.
4. Generally do all such acts as it shall deem necessary for the purpose of settling such claim.

*I/We hereby declare that all acts, instruments and documents done by virtue of this letter of authority on *my/our behalf by the Attorney, its agents or any person authorized by VGS in that behalf shall be as good valid and effectual to all intents and purposes whatsoever as if the same had been done or executed by *me/us in *my/our own proper person(s) and *I/we hereby ratify and confirm, all acts, instruments and documents done or executed by virtue of the authority and powers hereby conferred.

*I/We hereby further declare that the **letter of authority hereby conferred shall remain irrevocable.**

*I/We further confirm that the acceptance by VGS of the settlement amount in respect of such constitute the full discharge of *my/our claim(s) in respect of such loss and damage.

IN WITNESS WHEREOF, *I/we have hereunto to set *my/our hand and sign this 12 of the month

APRIL Year 2018

Signed & Delivered By:

Policy Holder
Witness By: _____



redefining / insurance

CLAIM REF : S8M00B1P
INSURED : NGO JINSHEN, DENYS

DISCHARGE VOUCHER

We/I [LEE KHIM KWEE, NRIC NO. S7723782H] hereby agree to accept the sum of dollars [FOUR THOUSAND TWO HUNDRED TEN AND CENTS SIXTY THREE ONLY.] [S\$4,210.63] paid to us/me by AXA INSURANCE PTE LTD as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said AXA INSURANCE PTE LTD or their Insured or the driver of motor vehicle no. [SLR 226D] as a result of an accident along [SLIP RD UPPER EAST COAST RD TO BEDOK SOUTH AVE 1] on [16/03/2018] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [SKK 8095K1].

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. [SLR 226D] in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify AXA INSURANCE PTE LTD against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. [SLR 226D].

Dated this 04 day of July 2018

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : S7723782H

Occupation/ Business : ENGINEER

Address : 30 Bayshore Road # 29-08 S46974

Telephone No. : 91516247

Witness's Name : [Signature]

Witness's Signature : [Signature]

Witness's NRIC No. : 81030002



Volkswagen Centre Singapore



Service Tax Invoice No. SV18P16504

Biz Reg. No. 53103069E
GST No. M20098505-2

SERVICE ORDER NO: 18IP0863

SERVICE CUSTOMER NO.: CV000066

SERVICE CUSTOMER NAME: AXA INSURANCE SINGAPORE PL

TELEPHONE NO.:

ADDRESS: 8 SHENTON WAY
#27-01 AXA TOWER
Singapore

Post Code: 069811

VEH NO.: SKK8095K

DATE: 13/04/18

Pickup:

VIN NO.: WVWZZZAUZEW039817

KM: 48,629

GEARBOX CODE:

Engine No.:

MODEL: GOLF A7 1.4 TSI (DSG)

SA: Tang Shu Shi

Next Appointment Date:

Next Appointment Mileage: 0

No.	DESCRIPTION	QTY	UOM	UNIT PRICE	AMOUNT
DIRECT SETTLEMENT					
DOA: 16/03/2018					
TP VEHICLE NO: SLR226D					
SURVEY BY: TAUFIKH					
	Labor				
1	LABOUR	1.00	UNIT	840.00	840.00
2	SPRAY PAINT	1.00	UNIT	800.00	800.00
3	B&P NUMBER PLATE -NETT	1.00	ST	80.00	80.00
4	Tow SVC- Quality Recovery Services	1.00	UNIT		
5	Tow SVC- Quality Recovery Services	1.00	UNIT		
6	PROGRAMMING & CALIBRATION- NETT	1.00	TU	480.00	480.00
7	CHECK WIRE HARNESS, ECU, SENSOR, SOCKET	1.00	TU	280.00	280.00
	Item				
8	REAR BUMPER	1.00	PCS	996.45	996.45
9	REAR SPOILER	1.00	PCS	279.81	279.81
10	POP-RIVET	6.00	PCS	1.47	8.82

Sub Total 3,765.08
GST (7%) AMOUNT 263.55
TOTAL AMOUNT 4,028.63

Customer



Phone : Fax :



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-044345

Date of Request: 23/03/2018

Your Ref No: Online Purchase

Volkswagen Centre Singapore
247 Alexandra Road
Singapore 159934

Dear Sir/Madam,

Enquiry Date 23/03/2018
Enquiry By Tang Shu Shi
TP Vehicle No. SLR226D
Accident Date 16/03/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm

GST Registration No: M400017735

Third Party Insurer Enquiry

Our Ref No: GR-18-044345

Date of Request: 23/03/2018

Your Ref No: Online Purchase

Volkswagen Centre Singapore
247 Alexandra Road
Singapore 159934

Dear Sir/Madam,

Enquiry Date 23/03/2018
Enquiry By Tang Shu Shi
TP Vehicle No. SLR226D
Accident Date 16/03/2018**Enquiry Result**

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SLR226D	AXA Insurance Pte Ltd	02/06/2017-24/08/2018	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SLR 226D (Insd veh)	Model:	TPVD VOLKSWAGEN
	SKK 8095K (TP veh)		GOLF A7 1.4 TSI
Date of Accident:	16/03/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Repair Estimate	:	\$	9,568.09
Final Repair Cost	:	\$	4,028.63
Loss of Use	:	\$	180.00
Rental (if any)	:	\$	3days at \$60.00 per day
LTA / GIA Search Fee	:	\$	2.00

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum	:	\$	4,210.63

Is Third Party Workshop GIA Registered?		<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	(Kindly indicate below)
A) For Non GIA Registered Workshop:		Agreed Liability ____100____(%)		
B) For GIA Registered Workshop:		BOLA Applicable: Yes/ No BOLA Scenario No: _____		
BOLA Liability: _____(%)		Assessed Liability (*): _____(%)		
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.				
Remarks _____ _____				

Payment Instruction: Payee's Breakdown			
1)	VOLKSWAGEN CENTRE SINGAPORE	:	\$ 4,210.63

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

09/07/2018
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))