15/5/2010 INS. CASE OWNER:	Cynthus CC 4/AXA1800 5642,	EKO MIDAC:
Surveyor:		Date / Time : W (3 (& 8
Insured Vehicle No. Name of Insured Insured Tel No. Excess Sec II :S\$ Is driver the owner?	Claim No. HP: 9168477 D.O.A: W718 Claim No. Policy No. Make / Model Place of Accide	MITTE WATER LONDO LD
Driver Tel N	io.: (V/L:YES / NO) Insured Liability	T: YPS / NO; TP GIA REPORT YES / NO y: % Final? Yes / No
INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: WSP: Tel:	INSRS: WSP: Tel: Liability: RMKS:
Date/ Time	Steller of Steller	DATE (NG
710 (4 (by	# 5ma # dain.	STAGE DATE / PIC Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup):
27/11/10	PINALISTO ONGINAL TO LOD IN. MUE ROUIDOUDO. IT WAS TAPOPORTO THAT OI VOTICUE HIT ONTO PHAKED TO VEHICUE. STONG LETTER IN GUIAL TO OI TO NOTION TO CERLUS IN NCD ISSUES. UPUDAD MANUATTE IA IN OC.	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:
solulos.	- AXA REPROVED WANDATE.	Final Repair Bill: Car Rental Invoice:
०३/१२/१८ ।।।।र/१८	RECEIVED 1 2 DEC 2018	Towing Invoice LTA / GIA: Medical Bill: PIR: Mandate/Reject Instruction: LOD
PRELIMINARY ADVICE	Date/Time: MILULI Sent By: M	Payment Breakdown Form: Post-Repair Photos: Others:
FINALIZATION	Date/Time: Confirm with:	Confirm by:
Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Color (Color Control Con	Ss (2 days) Reduction: 74 % Date/Time: Confirm with 900 (Agreed / Assessed) BOLA S/N No. : 98	Email Call Email Call If NO or B 28, Ass. Lia:
Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	SS 107.00 (days) x 2100 SS - (\$ x days) SS - (\$ x days)	CRIPET
LOR only LOU only GIA/LTA Search Medical:	LOR + LOU LOR + LOI [Tick only one] S\$ S\$	Claim status: Normal/Reject/Private Settle
Disbursement: Legal Cost	SS (e.g. Tow/ Independent) SS —	2) Report Format: 3) Survey fee:
Total:	S\$ 754 - 65 Global Sum S\$: -	
FINAL PAYMENT Payee 1:		Email Call Call CR WORKSHOP
Payee 2: (Strike if N.A.) Payee 3: (Strike if N.A.)	S\$ Name 2:	

Sirveyor XRQ. REF: ASM (AXA)		
	GNMENT	
From: Date: 06-01/2018		Yr Regn: 29 Apr 261
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lor	ry / Taxi / Prime Mover /-
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	, 100.11
To Inspect Vehicle No: SKB 15%D	Make: And As	L c.c 1984
at Workshop m/s Kan Fook Sing	Colour Back	A/C: Insured / Std / NI / NA
of 61 Defu lane II	Sp.Reading (08005	T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:	0100 11 100
Policy No.	C/No: WAUSES	8K4AA (00/03
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked /	Burnt or
(Client's Record)	Brake: Inorder / Jammed / Leaked /	Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or	, , , ,
2pm	Tyre Size: F: 245/	45 RI/
(Policy Condition)	R:	11
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA /	MIC / OHTSU /PIRA SUMI /
repair at the time of inspection.	TOYO/YOKO or	
Bal. or Market Value:	Front	Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm	R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm	L/Bal. 6 mm
Est. Repairs: 2 days Res.: Yes or No	D.O.A.	D.O.I. 06-04-18
Lum Sum: % 3 Val.: Yes or No	Survey held at	- 2pm
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S /	N/S / U/C / Rooftop or
Date: Person Contacted:	The U/C / Chassis frame / Body	Structure affected due to collision.
Date / Time Action / Instruction		
7 P \$ 603.40 (12510: \$ 2,105.50 77	(o)	
		* .
		¥
Date/Time, File Pass to? : Preli. Report	Days Of Repair:	
: Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?		Transportation:
2) Add Fee	pursuant pur)S+RS,SI
	: Interview (\$) Photos
Report Format:	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$	Weekend (\$	
		TOTAL



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

		Amiliated to rederation interna	ationale Des Experts En Autom	ioblie
AXA	INSURANCE PTE	LTD	Ref : CC4/ASM1800	5642/Gwb3
	IENTON WAY #24 TOWERSINGAPO		Date: 27-03-2018 Code: ASM	
1.		Policy Particula	rs :- THIRD PARTY CLAI	M
	Insured Veh.	SJU 1866H	Veh. Inspected	SKB 1586D
	Policy No.		Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From		Assign Date	27/03/2018
2.		Vehicle Pa	rticulars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	#S	Steering	
	Brakes		Modification	
	General			
3.		Cond	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
w	L/H Rear Tyre			mm
4.		Descrip	ption of Damages	
5.		Gene	eral Information	
	Accident Date	25/03/2018	Inspection Date	06/04/2018
	Survey held at	KAN FOOK SING MOTOR W	ORKSHOP	
		61 DEFU LANE 12 SINGAPORE 539147		
			Remarks	



簡福星嘌哆工廠

KAN FOOK SING MOTOR WORKSHOP

Headquater: 61 Defu Lane 12 Singapore 539147 Tel: (65) 6747 9560, 6473 5344 Fax: (65) 6748 1006, 6281 8428 E-mail: ryan@kanfs.net/ patricia@kanfs.net Branch: 1 Kaki Bukit Avenue 6 #01-108 Singapore 417883 Tel: (65) 6481 5150 Fax: (65) 6481 8683

AXA INSURANCE SINGAPORE PTE LTD

DATE

8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

VEHICLE NO.

: SKB1586D

ACCIDENT DATE

: 25-03-2018 18:00

THIRD PARTY REF. : SJU1866H

ATTN: MOTOR CLAIMS DEPT.

ESTIMATE COST OF REPAIR TO VEICLE SKB1586D AUDI A4

<u>#</u>	QTY	PARTS DESCRIPTION		AMOUNT (SG\$)
1 2	1	REAR BUMPER LOWER / SCR.		1895.00 X 226.00 /
				2,121.00
			LESS 10 %	212.10
			TOTAL (A)	1,908.90 2034
LA	BOUR	CHARGES		20 / /
1	1	TO REMOVE ALL NECESSARY AFFECTED PARTS WE TTING NEW PARTS	ELD CUT PANEL BEAT AND FI-	400.00 200
2	1	SPRAYPAINTING CHARGES		400.00 200
			TOTAL (D)	800.00
		ES	TIMATE TOTAL	2,708.90
		of hor est.		607 (L

605,4

: 27-03-2018

27ags. to After part photos. Gmo Giaf. 06/4/18.

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:

Menu

77132018 @ 10.13 cm mr. Tun von Min.



Service Request Details

Claim

S8M00C1J

Reference

None 🧳

Loss Date

March 25, 2018

Request Date

March 27, 2018

Due Date

April 4, 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 # SKB1586D

Make

TPVD AUDI

Menu

Service Address

, , ,

Primary Contact/Insured

NAIR JAYRAJ RAJAPPAN 27 PASIR RIS STREET 72, #02-14 WHITEWATER, 518767, Singapore 67017787 JAYRAJ.NAIR@GMAIL.COM

Claim Handler

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

Additional Instructions

Messages Invoices History Documents Assessment Metrics Notes

New Message

LKK AUTO CONSULTANTS PTE LTD (TP) -

Menu



Re:<MANDATE IA> S8M00C1J ACCIDENT INVOLVING VEHICLES SJU 1866H (OI) AND SKB 1586D (TP) ON 25/03/2018 TOTAL: \$754.63

Type

Question

Message

MANDATE APPROVED

Reply

THIRD PARTY CLAIM

Accident involving vehicles SKRIB86D On SISIDIR along/at White water Condo Carrark I am the owner of vehicle registration no: SKRIB86D which was involved in the above mentioned vehicle registration no: SIUI866H which I understand is insured with you. The accident was clearly caused by your insured's negligence and I am therefore claiming		
C/O: KAN FOOK SING MOTOR WORKSHOP 61 DEFU LANE 12 STNGAPORE 539147 Name & Address Of Third Party Insured: A-A Insurance Tre 1+d & Shenton Way \$17-01 A+A Tower Singapore 068811 Dear Sir/Madam, Accident involving vehicles SEP 156 D	Name & Address Of Claimant:	
Name & Address Of Third Party Insured: AAA Insurance Tre 1+d & Shenton Way #27-01 AAA Tower Singapore 068811 Dear Sir/Madam, Accident involving vehicles SEDIBGD	TOTAL ROSTY TIED CHIP	· }
Dear Sir/Madam, Accident involving vehicles SEPSED On SISIBOR White water Codo I am the owner of vehicle registration no: SEPSED Which was involved in the above mentioned vehicle registration no: SEPSED Which was involved in the which I understand is insured with you. The accident was clearly caused by your insured's negligence and I am therefore claiming compensation from you for all financial losses as itemized below:- 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for 6 Excess 7 Medical Fee Signapore 0688 II A SIJ BEG D Which was involved in the which I understand is insured which I understand is insured with you.		
Dear Sir/Madam, Accident involving vehicles SERIBGD On SISIR along/at White water Code compare I am the owner of vehicle registration no: SERIBGD which was involved in the which I understand is insured with you. The accident was clearly caused by your insured's negligence and I am therefore claiming compensation from you for all financial losses as itemized below:- 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for 6 Excess 7 Medical Fee SERIBGD & SIU 1866 H which was involved in the which I understand is insured which as involved in the which I understand is insured SERIBGD A SIU 1866 H White Water SERIBGD A SIU 1866 H Which was involved in the which I understand is insured which I understand is insured SIU 1866 H Which Was involved in the which I understand is insured which I understand is insured SIU 1866 H Which Was involved in the which I understand is insured and I am therefore claiming to I am the open in the insured is insured and I am therefore claiming to I am the open in the insured is insured and I am the open in the insured is insured and I am therefore claiming to I	O Classification (No. 1)	
Accident involving vehicles SEPISSO On SISING along/at White water Code I am the owner of vehicle registration no: SERISSO Which was involved in the which I understand is insured with you. The accident was clearly caused by your insured's negligence and I am therefore claiming compensation from you for all financial losses as itemized below: 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for days @ S\$ 107.00 per day S\$ 107.00 6 Excess 7 Medical Fee SERISSO which was involved in the which I understand is insured which I understand is insured SERISSO Which was involved in the which I understand is insured SERISSO Add SERISSO Add SERISSO S\$ 645.63		
Accident involving vehicles SEPISSO On SISING along/at White water Code I am the owner of vehicle registration no: SERISSO Which was involved in the which I understand is insured with you. The accident was clearly caused by your insured's negligence and I am therefore claiming compensation from you for all financial losses as itemized below: 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for days @ S\$ 107.00 per day S\$ 107.00 6 Excess 7 Medical Fee SERISSO which was involved in the which I understand is insured which I understand is insured SERISSO Which was involved in the which I understand is insured SERISSO Add SERISSO Add SERISSO S\$ 645.63		
on Selection along/at White water code I am the owner of vehicle registration no: above mentioned vehicle registration no: SEBIESG which was involved in the which I understand is insured which I understand is insured which I understand is insured The accident was clearly caused by your insured's negligence and I am therefore claiming compensation from you for all financial losses as itemized below:- 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for days @ S\$ 107.00 per day S\$ 107.00 6 Excess 7 Medical Fee S\$ —	Dear Sir/Madam,	
on Selection along/at White water code I am the owner of vehicle registration no: above mentioned vehicle registration no: SEBIESG which was involved in the which I understand is insured which I understand is insured which I understand is insured The accident was clearly caused by your insured's negligence and I am therefore claiming compensation from you for all financial losses as itemized below:- 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for days @ S\$ 107.00 per day S\$ 107.00 6 Excess 7 Medical Fee S\$ —		
I am the owner of vehicle registration no: SkB/586 which was involved in the above mentioned vehicle registration no: STU 1866 which I understand is insured with you. The accident was clearly caused by your insured's negligence and I am therefore claiming compensation from you for all financial losses as itemized below:- 1 Repair Costs S\$ 645 . 63 2 Miscellaneous Items S\$ - 3 Surveyor Fee S\$ - 4 LTA/GIA Search Fee S\$ 2.00 5 Loss of Use / Rental for days @ S\$ 107.00 per day S\$ 107.00 6 Excess S\$ - 7 Medical Fee S\$ -		
I am the owner of vehicle registration no: SEB1586 which was involved in the above mentioned vehicle registration no: STU 1866 which I understand is insured with you. The accident was clearly caused by your insured's negligence and I am therefore claiming compensation from you for all financial losses as itemized below:- 1 Repair Costs S\$ 645.63 2 Miscellaneous Items S\$ 3 Surveyor Fee S\$ 4 LTA/GIA Search Fee S\$ 5 Loss of Use /		≥18 along/ at
above mentioned vehicle registration no: STO 1866 H which I understand is insured with you. The accident was clearly caused by your insured's negligence and I am therefore claiming compensation from you for all financial losses as itemized below:- 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for days @ \$\$ 107.00 per day \$\$ 107.00 fee days @ \$\$ 7 Medical Fee		nvolved in the
The accident was clearly caused by your insured's negligence and I am therefore claiming compensation from you for all financial losses as itemized below:- 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for days @ \$\$ 107.00 per day \$\$ 107.00 for days \$\$ 7 Medical Fee		
1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for days @ \$\$ 107.00 per day \$\$ 107.00 certain \$\$ 5\$ 5 000 certain \$\$		
1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for days @ \$\$ 107.00 per day \$\$ 107.00 certain \$\$ 5\$ 5 000 certain \$\$	with you.	
1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for 6 Excess 7 Medical Fee \$\$ 5.645.63 \$\$\$ 5\$ 645.63 \$\$\$ 5\$	with you.	
2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for days @ \$\$ 107.00 per day 6 Excess 7 Medical Fee \$\$ —	The accident was clearly caused by your insured's negligence and I am therefore cl	aiming
2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for days @ \$\$ 107.00 per day 6 Excess 7 Medical Fee \$\$ —		aiming
3 Surveyor Fee	The accident was clearly caused by your insured's negligence and I am therefore cle compensation from you for all financial losses as itemized below:-	
4 LTA/GIA Search Fee 5 Loss of Use / Rental for days @ S\$ 107.00 per day S\$ 107.00 6 Excess S\$ — 7 Medical Fee	The accident was clearly caused by your insured's negligence and I am therefore cleompensation from you for all financial losses as itemized below: 1 Repair Costs	s\$645.63
5 Loss of Use / Rental for	The accident was clearly caused by your insured's negligence and I am therefore cleompensation from you for all financial losses as itemized below: 1 Repair Costs 2 Miscellaneous Items	\$\$ 645.63 \$\$ —
Rental for days @ \$\$ 107.00 per day \$\$ 107.00 6 Excess \$\$ - 7 Medical Fee \$\$ -	The accident was clearly caused by your insured's negligence and I am therefore cleompensation from you for all financial losses as itemized below: 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee	s\$ 645.63 s\$ — s\$ —
7 Medical Fee S\$	The accident was clearly caused by your insured's negligence and I am therefore cleompensation from you for all financial losses as itemized below:- 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee	s\$ 645.63 s\$ — s\$ —
	The accident was clearly caused by your insured's negligence and I am therefore cleompensation from you for all financial losses as itemized below: 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use /	\$\$ 645.63 \$\$ - \$\$ 2.00
TOTAL: \$\$ 754.63	The accident was clearly caused by your insured's negligence and I am therefore cleompensation from you for all financial losses as itemized below:- 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for days @ \$\$	\$\$ 645.63 \$\$ — \$\$ — \$\$ 2.00 \$\$ 107.00
	The accident was clearly caused by your insured's negligence and I am therefore clearly compensation from you for all financial losses as itemized below:- 1 Repair Costs 2 Miscellaneous Items 3 Surveyor Fee 4 LTA/GIA Search Fee 5 Loss of Use / Rental for days @ \$\$ per day 6 Excess	\$\$ 645.63 \$\$ - \$\$ 2.00 \$\$ 107.00 \$\$ -

I enclosed the relevant copies of documents in support of my claims. Your prompt settlement of my claim would be much appreciated. If you require any other information, please contact my workshop at *KAN FOOK SING MOTOR WORKSHOP*, 61 Defu Lane 12 Singapore (539147), Tel: 6747 9560 Fax: 6748 1006. I have authorized the said workshop to deal with my repairs & accept payment in relation to the claim for repairs/loss of use & execute documents on my behalf for the purpose of my convenience.

Thank you.

Your faithfully

- Shim-



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

27 NOVEMBER 2018

NAIR JAYRAJ RAJAPPAN 27 PASIR RIS STREET 72 #02-14 WHITE WATER SINGAPORE 518767 By Post & By Email

Dear Sir/Madam,

OUR REF

: CC4/AXA18005642/Ghb3

YOUR REF

: SJU 1866H

ACCIDENT INVOLVING SJU 1866H AND SKB 1586D ALONG WHITE WATER CONDO CAR PARK ON 25.03.2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third-party claim against your policy.

We have received a claim from M/s KAN FOOK SING MOTOR WOKRSHOP acting on behalf of the owner of SKB 1586D against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had collided to the Third Party vehicle SKB 1586D. As such, liability is down against us.

Please be informed that your No Claim Discount (NCD – if applicable) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter if not provided at AXA's reporting centre. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

 If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at vicalpeh@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Vic Alpeh Case Handler DID: 6841 2096 FAX: 6741 4108

Email: vicalpeh@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA) (Motor Claims Dept)

> <u>Jayraj.nair@gmail.com</u> (Email)

Vic (LKKAuto)

From:

Vic (LKKAuto)

Sent:

Tuesday, 27 November, 2018 3:06 PM

To:

Jayraj.nair@gmail.com

Cc:

Admin A; Vic (LKKAuto)

Subject:

YOUR REF: SJU 1866H ACCIDENT INVOLVING SJU 1866H AND SKB 1586D ALONG

WHITE WATER CONDO CAR PARK ON 25.03.2018



Auto Consultants Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

27 NOVEMBER 2018

NAIR JAYRAJ RAJAPPAN 27 PASIR RIS STREET 72 #02-14 WHITE WATER SINGAPORE 518767 By Post & By Email

Dear Sir/Madam,

OUR REF

: CC4/AXA18005642/Ghb3

YOUR REF

: SJU 1866H

ACCIDENT INVOLVING SJU 1866H AND SKB 1586D ALONG WHITE WATER CONDO CAR PARK ON 25.03.2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third-party claim against your policy.

We have received a claim from M/s KAN FOOK SING MOTOR WOKRSHOP acting on behalf of the owner of SKB 1586D against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had collided to the Third Party vehicle SKB 1586D. As such, liability is down against us.

Please be informed that your No Claim Discount (NCD – if applicable) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to <u>vicalpeh@lkkauto.com</u> within 7 days from the date of this letter <u>if not provided at AXA's reporting centre</u>. The list below is not all inclusive and further document may be required:

- · Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)

• If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at vicalpeh@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: <u>vicalpeh@lkkauto.com</u> | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Auto Communicate Save the Earth- Print only when necessary.

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AUTHORISATION FORM

KAN FOOK SING MOTOR WORKSHOP
61 DEFU LANE 12
SINGAPORE 539147

FROM:
NAME: breen kary siew ching
NRIC NO: SB265043 E

Dear Sir/Madam
Accident on ab/3/518 involving vehicles skp. 15860 & 5018
along/at white water and carpark

I/We <u>Dreen koory Siew Ching</u> the owner of vehicle registration no: <u>Steleso</u> hereby do authorize you. Kan Fook Sing Motor Workshop to commence repairs to my above mentioned vehicle.

I/ We confirm that Kan Fook Sing Motor Workshop is hereby authorized to handle the repairs of my/ our vehicle and/ or to negotiate and settle any claims relating to the above accident which I/ We may have against other third party/ parties or insurers and/ or to instruct lawyers on my/ our behalf to facilitate the third party claim for me/ us.

Kan Fook Sing Motor Workshop is here by authorized to execute and /or sign my documents/ discharge vouchers/ discharge agreements regarding my/ our claim to facilitate my convenience. *ALL PAYMENT WILL BE MADE TO KAN FOOK SING MOTOR WORKSHOP*.

Thank you.

Yours faithfully





CLAIM REF

: S8M00C1J /

INSURED

: NAIR JAYRAJ RAJAPPAN

DISCHARGE VOUCHER

We/I, <u>DOREEN KOAY SIEW CHING</u>, NRIC NO.<u>S8365043E</u> hereby agree to accept the sum of dollars <u>SEVEN HUNDRED FIFTY FOUR AND CENTS SIXTY THREE ONLY</u> (\$\$754.63) 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. <u>SJU 1866H</u> as a result of an accident along <u>WHITE WATER CONDO CAR PARK</u> on <u>25.03.2018</u> of which we/I were/was the driver/ owner/ hirer/passenger/rider/pillion/ insurer of motor vehicle no. <u>SKB 1586D</u>.

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. <u>SJU 1866H</u> 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. **SJU 1866H**.

Dated this	11 day of Dec	2018
Claimant's Signature	: Who kony sieu	shing
NRIC no./ Company Stamp	S8365043E	
Occupation/ Business	EIL 77 bary LIZ	<u>2+</u>
Address	12 EI = 13 CS SI = 1	
Telephone No.	9235 6026	_
Witness's Name	節福星嚏熪了	二 廠
Witness's Signature	KAN FOOK SING MOTOR W 61 DEFU LANE 12 SINGAPORE 539147	7
Witness's NRIC No.	: TEL: 67479560, 68582126, 6	8584361
	FAX: 67481006, 82818	720

AXA Insurance Pte Ltd (Company Reg. No. 199903512M) 8 Shenton Way. #24-01 AXA Tower, Singapore 068811 Customer Centre #B1-01

Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg



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KAN FOOK SING MOTOR WORKSHOP

Headquarter: 61 Defu Lane 12, Singapore 539147

Tel: (65) 6747 9560, 6743 5344, 6858 4361 • Fax: (65) 6748 1006, 6281 8428

E-mail: ryan@kanfs.net / patricia@kanfs.net

Branch: 1 Kaki Bukit Avenue 6 #01-13, Singapore 417883

Tel: (65) 6481 5150 • Fax: (65) 6481 8683

TAX INVOICE

45917 No.

Business Reg. No. 221468-00E GST Reg. No. M9-0005333-E

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY #27-01 AXA TOWER SINGAPORE 068811

DATE

INVOICE NO: 45917

: 15-11-2018

VEHICLE NO.

: SKB1586D

ACCIDENT DATE

: 25-03-2018 18:00

THIRD PARTY REF. : SJU1866H

ATTN: MOTOR CLAIMS DEPT.

INVOICE COST OF REPAIRS TO VEICLE SKB1586D AUDI

QTY	PARTS DESCRIPTION		AMOUNT (SG\$)
1	REAR BUMPER LOWER		226.00
			226.00
		LESS 10 %	22.60
		TOTAL (A)	203.40
LABOUR	CHARGES		
1	TO REMOVE ALL NECESSARY AFFECTED PARTS	S WELD CUT PANEL BEAT AND FI-	200.00
1	SPRAY PAINTING CHARGES		200.00
		TOTAL (D)	400.00
		TOTAL REPAIR COST :	603.40
		GST % :	42.23
		INVOICE AMOUNT :	645.63

IN PANEL-BEATING & BODY-WORK, OUR WORKSHOP IS WELL-EQUIPPED WITH THE LATEST TECHNOLOGY --- CELETTE BENCH PULLER SYSTEM WHICH ENABLE US TO MEASURE CORRECTLY & REPAIR MANY DIFFERENT KINDS OF DAMAGES, SERIOUS DAMAGES TO THE FLOOR-BOARD CHASSIS & WHEEL-HOUSING CAN BE RESTORED BACK TO THE ACCORDING MEASUREMENT. WE ARE ABLE TO REPAIR & RESTORE ANY BADLY DAMAGED VEHICLE BACK TO ITS ORIGINAL SPECIFICATIONS TO ENSURE SAFETY WHILE DRIVING.



TAX INVOICE

SKB1586D

COMPREHENSIVE/THIRD PARTY COVERAGE RENTAL AGREEMENT NO. RA 5270

Vehicle Reg. No. Sath		Date Out: 2 50cm	Date Int: 22 5 1 3 Time In: 17 3 5
COMPANY NAME: Address:		Mileage Out: Estimated Date / Time Return:	Mileage In:
	Tel:	Form of Payment:	
Person in Charge: Designation:	Fax: Contact No.	Days @ S\$ per Day	\$ 100
Address: BK27 #13	+72 -110	Weeks @ S\$ per Week Months @ S\$ per Month Additional @ S\$ per Hours	
NRIC/Passport #: \$83650	767 H/p No.:92356026.	TOTAL	\$ (0-0
Date of Birth: 170 wl 19 Driving Licence #: 58365	Nationality: Singaporean Schape Schape Spare	GOODS & SERVICES TAX (GST)	\$ 7
Expiry Date:	Years of Driving: 6 years	TOTAL CHARGE DUE	\$ (07
ADDITIONAL DRIVER:		DEPOSIT BY RENTER	
Address:	Tel (R): Tel (O): H/p No.:	BALANCE DUE FROM RENTER	Fort Course
NRIC/Passport #: Date of Birth: Driving Licence #:	Country of Issue: Nationality: Country of Issue:	Right Side	Fuel Gauge
Expiry Date: RENTER'S Liability for Vehicle per Accident / Damage	Years of Driving: Damage shall NOT Exceed S\$	Rear	E F
Remarks: For Singa Own Dama	pore Use Only ge Excess S\$1,500.0 er for Third Party Coverage vehicle	Left Side	Front Rear
Agreement Prepared By	Checked Out By:	Checked In By:	RENTER'S I/D

RENTER'S DECLARATION:

I/We agreed to the terms & conditions of the above & declared that all informations given is true and correct in all respect. My/Our driving licence(s) is/are current and not disqualified from driving. I/We hereby authorized KAN CAR RENTAL to charge all amount due to this rental to my/our account.



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-18-045654

Date of Request:

26/03/2018

Your Ref No:

Online Purchase

Kan Fook Sing Motor Workshop No. 61 Defu Lane 12 Singapore 539147

Dear Sir/Madam,

Enquiry Date

26/03/2018

Enquiry By

Yen Boo

TP Vehicle No.

SJU1866H

Accident Date

25/03/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJU1866H	AXA Insurance Pte Ltd	23/11/2017-22/11/2018	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:	SJU 1866H (I	nsd veh)	Model:	AU	DI A4	
	SKB 1586D	(TP veh)		1		
Date of Accident:	25/03/2018					
Global Sum Settlen	nent : [] Yes	[]	X] No			
Repair Estimate		: \$	-2,898.52			
Final Repair Cost		: \$	645.63			
Loss of Use		: \$			days at \$0	.00 per day
Rental (if any)		: \$	107.00	1	days	
LTA / GIA Search F	ee	: \$	2.00			
I.						
Others:		: \$	0.00			
		: \$				
Final Settlement Su		: \$	754.63			
	2000			, ,	NO (Kind	l ! ! 4
below)	kshop GIA Registered	i? [X	() YES [] 1	NO (Kind	ly indicate
A) For Non GIA R	Registered Workshop:		Agreed Liability		(%)	
B) For GIA Regis	tered Workshop:		BOLA ApplicableNIL	e: Yes / N	lo BOLAS	cenario No:
BOLA Liability:	100(%)		Assessed Liabilit	ty (*):		(%)
* Assessed Lia	bility to be filled only for	r chain co	llisions and for ca	ases wh	ere BOLA do	es not apply.
Remarks						
-						
	on: Payee's Breakdow					
1) KAN FOOK SII	NG MOTOR WORKSH	OP	: \$			754.63
	/					
	EE KHANG MIN	2	20/12/2018			
LKK Auto C	onsultants Pte Ltd		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

		Affiliated to Federation Intern	ationale Des Experts En Autom	nobile	
AXA	INSURANCE PTE	ELTD	Ref : CC4/ASM18009	5642/Ghb3q2	
AXA	HENTON WAY #24 TOWERSINGAPONICYNTHIA LOH		Date: 20-12-2018 Code: ASM		
1.		Policy Particula	ars :- THIRD PARTY CLAI	M	
	Insured Veh.	SJU 1866H	Veh. Inspected	SKB 1586D	
	Policy No.	GA140140/1	Coverage (\$)	0.00	
	Claim No.	S8M00C1J	Excess (\$)	0.00	
	Assign From		Assign Date	26/03/2018	
2.		Vehicle Pa	articulars & Condition		
	Make & Model	AUDI A4	c.c	1984	
	Engine No.	HIDDEN	Year of Reg.	2011	
	Chassis No.	WAUZZZ8K4AA100103	Colour	BLACK	
	Odometer	108005	Steering	IN ORDER	
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
	General	GOOD			
3.		Con	ditions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	245/45 R17	PIRELLI	6 mm	
	L/H Front Tyre	245/45 R17	PIRELLI	6 mm	
	R/H Rear Tyre	245/45 R17	PIRELLI	6 mm	
	L/H Rear Tyre	245/45 R17	PIRELLI	6 mm	
4.		Descri	ption of Damages		
	THE VEHICLE SU	STAINED DAMAGES AT THE	REAR PORTION.		
	DAMAGES SEE D	ETAILS.			
5.		Gen	eral Information		
	Accident Date	25/03/2018	Inspection Date	06/04/2018	
	Survey held at	KAN FOOK SING MOTOR V	VORKSHOP	,	
		61 DEFU LANE 12 SINGAPORE 539147			
5a.			Remarks		
		ON WAS CONDUCTED ON A" CE TO YOUR INSTRUCTIONS			
5b.		Estima	ate Days of Repair		
	ESTIMATED NOR	ESTIMATED NORMAL PERIOD FOR REPAIR: 2 Working Days			



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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKB 1586D

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER (CONSISTENT)	TO REPAIR SEE LABOUR	1,895.00	-
1	REAR BUMPER LOWER (CONSISTENT)	SCRATCHED	226.00	226.00
	LESS 10% DISCOUNT		-212.10	-22.60
			1,908.90	203.40
	LABOUR			
	TO REMOVE ALL NECESSARY AFFECTED PARTS WELD CUT PANEL BEAT AND FITTING NEW PARTS.INCLUSIVE OF THE REPAIR OF REAR BUMPER.		400.00	200.00
	SPRAYPAINTING CHARGE.		400.00	200.00
			800.00	400.00
	GRAND TOTAL		2,708.90	603.40

RECOMMENDED COST OF REPAIRS	· · · · · · · · · · · · · · · · · · ·	603.40

Report Ref No. CC4/ASM18005642/Ghb3q2

XING GUO QIANG

M.MATAI, AMSAE-A

HO LEONG CHUAN

Automotive Assessor

Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

SERVICE REQUESTS MESSAGES CLAIMS

*

Service Request Details

Vehicle Information	Incident Vehicle SKB1586D Registration #	Make TPVD AUDI	Model A4	Service Address	ì	Primary Contact/Insured	NAIR JAYRAJ RAJAPPAN 27 PASIR RIS STREET 72, #02-14 WHITEWATER, 518767, Singapore 67017787 JAYRAJ.NAIR@GMAIL.COM	Claim Handler	LOH Cynthia 6568804843 cynthia.loh@axa.com.sg
Actions	Next Step Wait for. Approve invoice	Add Invoice							
S8M00C1J	CC4/ASM18005642/Khb3q2 🥒	25 March 2018	27 March 2018		LKK AUTO CONSULTANTS PTE LTD (TP)	Third Party Vehicle Damage	Pending verification - Direct Settlement		
Claim	Reference	Loss Date	Request Date	Due Date	Vendor Name	Type of Loss	Services		

Additional Instructions

Aessages Invoi	ces Histor	Messages Invoices History Documents Assessment Metrics Notes	Assessment	Metrics	Notes		
Document Type	ă	Document SubType					
	٠		٠				
+ Upload Documents							
NAME			TYPE	ळ	SUB-TYPE	AUTHOR	DATE UPLOADED
Accident Statement	ant	2	Reports & Statement	+		Merimen	

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010707771

NAME	TYPE	SUB-TYPE	AUTHOR	DATE
EMAIL WITH SKB1586D TP GIA & ESTIMATE	Forms / Claim Documents	Estimate / Quotation	KUMAR Shailendra	
LKKInvoice1 (3).pdf	Invoice	Surveyor/ Assessor expense	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
RENTAL RECEIPT.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
) payment breakdown.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
LOD.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
LKKInspection (3).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
B LKKAdjustment1a (1).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
B GIA SEARCH.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
B DISCHARGE VOUCHER.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
B AUTHORISATION TO ACT FORM.pdf	Forms / Claim Documents	POA / Authority Letter	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
■ WORKSHOP INVOICE.pdf	Invoice	Repairer	LKK AUTO CONSULTANTS PTE LTD (TP)	20 December 2018
B MANDATE IA.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	27 November 2018
↑TP LOD.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	27 November 2018
LETTER TO OLpd#	Letters and Correspondence	Policy Holders / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	27 November 2018

Letters and Correspondence

Email to OI dd 271118.pdf

TYPE

NAME

010707771

27 March 2018

KUMAR Shailendra

Estimate / Quotation

Forms / Claim Documents

■ EMAIL WITH SKB1586D TP GIA &

ESTIMATE.msg

9 April 2018

LKK AUTO CONSULTANTS PTE LTD (TP)

Estimate / Quotation

Reports & Statement

Preliminary Advice.pdf

9 April 2018

LKK AUTO CONSULTANTS PTE LTD (TP)

Estimate / Quotation

Reports & Statement

Reports & Statement

SUB-TYPE

TP ESTIMATE- MARKED.pdf

Reports & Statement

LKK REINSPECTION PHOTOS.pdf

LKK INSPECTION PHOTOS.pdf

Others

Others

Policy Holders / Insured

27 November 2018

LKK AUTO CONSULTANTS PTE LTD (TP)

DATE

AUTHOR

27 November 2018

LKK AUTO CONSULTANTS PTE LTD (TP)

27 November 2018

LKK AUTO CONSULTANTS PTE LTD (TP)

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