

15/04/18

INS. CASE OWNER:

Stacy | CC 4, Asm 1800 5821, M1UA34

LKK: 36923  
IDAC:

MA CF

ASSIGNMENT

DOI: 28/03/18

Date / Time:

27/3/18

Registered in Merimen:

Pre-assign / CCU / FTE

FBF 10240

S8M00B2K



Insured Vehicle No :

Claim No. :

Name of Insured :

Policy No. :

Insured Tel No. :

Make / Model :

Excess Sec II :S5

D.O.A :

Place of Accident :

Is driver the owner? (YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

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

Driver Tel No. :

(VL: YES / NO)

Insured Liability : %

Final ? Yes / No

SLC 96740



INSRS:  
WSP: Prime Auto  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:



INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time		STAGE	DATE / PIC
3/4 2/18	SLC 96740 X ; FBF 10240 X	Non-Reporting ltr (1st): Non-Reporting ltr (2nd): Non-Reporting ltr (Final): Notification ltr (if non-pickup): Call OI: After call ltr to OI:	
	Called OI no response.	Documentation Check List: Handler Typist	
	Spoke to OI, he confirmed the accident details. Informed TP claim. Once he receive the PIR he will forward to us.	Notification ltr (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> After call ltr to OI: <input type="checkbox"/> <input type="checkbox"/> Authorisation To Act: <input type="checkbox"/> <input type="checkbox"/> Release Voucher: <input type="checkbox"/> <input type="checkbox"/> Final Repair Bill: <input type="checkbox"/> <input type="checkbox"/> Car Rental Invoice: <input type="checkbox"/> <input type="checkbox"/> Towing Invoice: <input type="checkbox"/> <input type="checkbox"/> LTA / GIA : <input type="checkbox"/> <input type="checkbox"/> Medical Bill: <input type="checkbox"/> <input type="checkbox"/> PIR: <input type="checkbox"/> <input type="checkbox"/> Mandate/Reject Instruction: <input type="checkbox"/> <input type="checkbox"/> LOD: <input type="checkbox"/> <input type="checkbox"/> Payment Breakdown Form: <input type="checkbox"/> <input type="checkbox"/> Post-Repair Photos: <input type="checkbox"/> <input type="checkbox"/> Others: <input type="checkbox"/> <input type="checkbox"/>	
	Instruction from AXA to reject TP claims.		
	RECEIVED 06 APR 2018		

**PRELIMINARY ADVICE** Date/Time: 2/4/18 Sent By: Am

**FINALIZATION** Date/Time: Confirm with: Confirm by:

Repair Cost: S\$ ( days) Reduction: % Email  Call

**FINAL SETTLEMENT** Date/Time: Confirm with: Email  Call

Final Liability: % (Agreed / Assessed) BOLA S/N No. : If NO or B 28, Ass. Lia :

Repair Cost: S\$

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

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

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

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

GIA/LTA Search: S\$

Medical: S\$

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

Legal Cost: S\$

**Total:** S\$ **Global Sum S\$:**

**FINAL PAYMENT** Date/Time: Confirm with: Email  Call

Payee 1: S\$ Name 1:

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

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

COPY SENT

- 1) Claim status: Normal/Reject/Private Settle
- 2) Report Format: 1
- 3) Survey fee: \$350.00

ASSIGNMENT

From: \_\_\_\_\_ Date: 28/3/2018

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: SCS 9674D

at Workshop n/s: Prime Auto

of: 6 Benoi place

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

Veh No: SCS9674D Yr Regn: OCT 2017

Type: M.Sar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: TOY AXIO. cc 1492

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

Sp. Reading: 34078 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

Ci/No: NKE165744255

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim or

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Tyre Size: F: 175/65R15

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or B8

Front: R/Bal. 7 mm L/Bal. 7 mm

Rear: R/Bal. 7 mm L/Bal. 2 mm

D.O.A. 24/3/2018 D.O.I. 28/3/2018

Survey held at: Bu

CA / REV / REP. / 24 HRS <sup>1wp</sup>

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

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

LIS - \$700+ (Red: 275.00 / 28%)

Calc/Time: File Pass to?  : Prell. Report

1:  : Final Report

Days/Time: File Return to?

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee:	
Transportation:	
Site Insp	
Interview	
Tech Insp	
Other:	
TOTAL:	

Add Fee:  Site Insp \$5

Interview \$5

Tech Insp \$5

Weekend \$5

Report Format: \_\_\_\_\_

Lump Sum / I.B.I: \$5



## 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 Internationale Des Experts En Automobile			
AXA INSURANCE PTE LTD		Ref : CC4/ASM18005821/M1ua3	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 28-03-2018	
		Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	FBF 1024U	Veh. Inspected	SLS 9674D
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00BZK	Excess (\$)	0.00
Assign From		Assign Date	28/03/2018
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	24/03/2018	Inspection Date	28/03/2018
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

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

Your ref: S8M00BZK  
Our ref: CC4/ASM18005821/M1ua3

Date: 02.04.2018

The Motor Claims Department  
M/s AXA INSURANCE PTE LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO.**

**SLS 9674D**

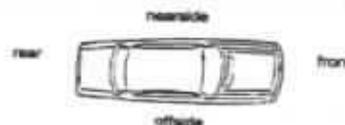
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 28.03.2018 at the premises of M/s Prime Auto Claims Services Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	<u>975.00</u>
Revised Estimate Amount	: S\$	<u>905.00</u>
"Check" Items Amount	: S\$	<u>-</u>
Total (Including Check Items)	: S\$	<u>905.00</u>
Market Value	: S\$	<u>-</u>
LTA Reimbursement Value	: S\$	<u>-</u>
Nett Value	: S\$	<u>-</u>

Description of Damage:

The vehicle sustained damages at the  
Rear Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2.0 days

Yours faithfully,

MA CHIN FOOK  
Licensed Appraiser



# Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M  
5 Benoi Place Singapore 629926  
Tel: 6861 0908 Fax: 6515 2948

Date: 26.03.2018

AXA Insurance Singapore Pte Ltd  
8 Shenton Way #27-01/02  
AXA Tower  
Singapore 068811

Attn: Motor Claims Dept

RE: ESTIMATE COST OF REPAIR TO VEHICLE SLS9674D TOYOTA AXIO HYBRID (2017)

To Supply

- 1) 1pc Rear bumper

*def* \$ 700.00

Sub total Parts	\$ 700.00
Less: 25% discount	\$ 175.00
	\$ 525.00

L/charges

- 1) To remove and replace rear bumper. Align & adjust rear bumper.
- 2) To putty, respray painting rear bumper. To polish.

\$180 200.00  
\$200 250.00

Sub total L/charges	\$ 450.00
Estimated Grand Total	\$ 975.00

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:

*Not Authorised  
4/5 Repair  
After paint Phil  
LKK Auto (MA)  
28/3/2018  
2w days*

*\$700/2  
2w days*



SERVICE REQUESTS

MESSAGES

CLAIMS



## Re:ia (Immdiate Advise)

Type

**i** Information

Message

Hi, Please note that TP admitted changing lane. Please reject claim.

Reply

## Thin Thin (LKKAuto)

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**From:** Thin Thin (LKKAuto)  
**Sent:** Friday, 6 April 2018 4:33 PM  
**To:** Alice Leong  
**Cc:** CS A Team; Admin A  
**Subject:** RE: ACCIDENT ON 24.03.2018 INVOLVING VEHICLES SLS9674D & FBF1024D  
**Attachments:** OI Police statement.pdf; OI Sketch Plan.pdf

"Without Prejudice"

Dear Alice,

We refer to the below matter.

We regret to inform you that we have our Principal instruction to reject your client claim as your client also reported that he change lane, unless you have concrete evidence to prove otherwise.

Attached herewith our insured's sketch plan for your perusal.

Best Regards,

**Thin Thin Hlaing** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-2360 | email: [thinthin@lkkauto.com](mailto:thinthin@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Thin Thin (LKKAuto)  
**Sent:** Monday, 2 April 2018 3:37 PM  
**To:** Alice Leong <[aliceleong@primeautoclaims.com](mailto:aliceleong@primeautoclaims.com)>  
**Cc:** CS A Team <[cs-a@lkkauto.com](mailto:cs-a@lkkauto.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>  
**Subject:** RE: ACCIDENT ON 24.03.2018 INVOLVING VEHICLES SLS9674D & FBF1024D

Dear Alice,

We refer to the below matter.

Please be inform that we are still pending for PIR result.

Kindly forward to us if your client have received the PIR result for our necessary action.

Best Regards,

**Thin Thin Hlaing** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-2360 | email: [thinthin@lkkauto.com](mailto:thinthin@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Alice Leong [<mailto:aliceleong@primeautoclaims.com>]  
**Sent:** Monday, 2 April 2018 3:16 PM  
**To:** CS A Team <[cs-a@lkkauto.com](mailto:cs-a@lkkauto.com)>; Admin A <[admin-a@lkkauto.com](mailto:admin-a@lkkauto.com)>  
**Subject:** ACCIDENT ON 24.03.2018 INVOLVING VEHICLES SLS9674D & FBF1024D  
**Importance:** High

Hi

See enclosed our LOD with supporting documents for your retention. Original documents mailing out to your office.

For swift & amicable settlement, please let us have your offer.

Thank you.

*Ms. Alice Leong*  
*Prime Auto Claims Service Pte Ltd*  
*Office: No. 5 Benoi Place Singapore 629926*  
*Workshop: No.6 Benoi Place Singapore 629927*  
*Tel: 6861 0908 Fax: 6515 2948*  
*HP: 8781 9005*

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## Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M  
5 Benoi Place Singapore 629926  
Tel: 6861 0908 Fax: 6515 2948

Date: 02.04.2018

Our Ref: SLS9674D

AXA Insurance (S) Pte Ltd  
No. 8 Shenton Way #27-01  
AXA Tower  
Singapore 068819

Without prejudice

Attn: Motor Claims Dept

Dear Sir,

### **ACCIDENT ON 24.03.2018 INVOLVING VEHICLE NO. SLS9674D & FBF1024D**

We are on behalf of M/S Best Motor Leasing & Limousine Services Pte Ltd owner of vehicle SLS9674D in their third party claim against your insured / driver of vehicle FBF1024D

As a result of the said collision, our client's vehicle has been damaged and our client has been put to loss and expenses, particulars of which are as follows:-

1. Cost of repair	\$ 749.00
2. Loss of rental @\$75.00 x 3 days (incl. 1 PH)	\$ 225.00
3. Loss of income @\$50.00 x 3 days	\$ 150.00
3. GIA search	\$ 2.00
	-----
Total	\$ 1,126.00

We enclosed herewith copy of our Invoice 1667, GIA search receipt, Letter of authorization & Letter of certification (Private hire daily rental) enclosed for your retention. For an amicable settlement, please let us have your reply the soonest.

Regards

Yours faithfully,

  
.....  
Alice Leong  
E-mail: [aliceleong@primeautoclaims.com](mailto:aliceleong@primeautoclaims.com)

Encl.

**TAX INVOICE**

No: 1667



PRIME GROUP

**Prime Auto Claims Service Pte Ltd**

6 Benoi Place Singapore 629927  
 Tel: 6861 0908 Fax: 6515 2948  
 GST Reg. No: 201606560M  
 Reg No. 201606560M

**MESSRS**

AXA Insurance (S) Pte Ltd

50E Faber Height  
 #04-27  
 Singapore 129199

Date: 31/3/2018

Works Order No: 1654

Vehicle No: SLS9674D

ITEM	DESCRIPTION	UNIT PRICE	AMOUNT
1.	<p>Make/Model : Toyota Altis            Repair Date : 26/3/2018            Terms of Payment: COD</p> <p><u>Third Party Claims</u></p> <p>Being lump sum repair to the above vehicle.</p>		\$ 700.00

\* Compound interests at the rate of 1% per month will be charged on late payment.

SUB TOTAL \$ 700.00

GST 7% \$ 49.00

TOTAL \$ 749.00

Prepared by

A handwritten signature in black ink, located below the 'Prepared by' text.

 Prime Auto Claims Service Pte Ltd  
 Manager
 
 A handwritten signature in black ink, located above the company name and title.



**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-18-045626

Date of Request: 26/03/2018

Your Ref No:

Online Purchase

Prime Auto Claims Service Pte Ltd  
6 Benoi Place  
Singapore 629927

Dear Sir/Madam,

Enquiry Date 26/03/2018

Enquiry By Chrissy Teo Ye En

TP Vehicle No. FBF1024U

Accident Date 24/03/2018

#### Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
FBF1024U	AXA Insurance Pte Ltd	08/09/2017-07/09/2018	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.



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-18-045626

Date of Request: 26/03/2018

Your Ref No:

Online Purchase

Prime Auto Claims Service Pte Ltd  
 6 Benoi Place  
 Singapore 629927

Dear Sir/Madam,

Enquiry Date: 26/03/2018

Enquiry By: Chrissy Teo Ye En

TP Vehicle No: FBF1024U

Accident Date: 24/03/2018

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

AUTHORISATION TO ACT

In the matters of an accident involving my/our motor vehicle SL596740

And others FBF1024U

on 24.03.2018 along Central Expressway (CTE)

Pte. Ltd.

I/ We Best Motor Leasing & Limousine Services D/Birth NA Sex NA of

6 Benoi Place Singapore 629927 Tel No: 68628878

Occupation NA NRIC No NA

hereby authorize and appoint Prime Auto Claims Service Pte. Ltd. to act for me/us for the purpose of making a third party claim in respect of the abovementioned matter.

I / We further authorize the workshop to settle my/ our above mentioned claim in a manner that they deem fit and the workshop is also authorized to receive any payment further to settlement of my claim with payment cheque being made in favour of the workshop on my behalf.

I / We also knowledge that any settlement the workshop may reach on my/our behalf is on a "Without Prejudice and without admission of liability" basis insofar as the driver/ owner/ insurers of the other vehicle is concerned.

Date the 26<sup>th</sup> day of March month of 2018 -



Interpreted and witnessed by

Name:



Signature or Thumb Print

Name:



**COMFORT LIMOUSINE SERVICES PTE LTD  
PRIME TRANSPORT & LIMOUSINE SERVICES PTE LTD  
BEST MOTOR LEASING & LIMOUSINE SERVICES PTE LTD**

*Member of Prime Group of Companies*

6 Benoi Place Singapore 629926

Tel: 6862 8878 Fax: 6863 6566

Co. Registration No: 201508380W

201544118N 201512366W

Your Ref : Please advise

Date : 25-Mar-2018

To : Whom it May Concern

From : Best Motor Leasing & Limousine Services Pte Ltd.

**RE : LETTER OF CERTIFICATION FOR MR. VAIRAKKANNU VENKATARAMAN.**

This letter serves to confirm that Mr. Vairakkannu Venkataraman of NRIC number S7471539G is a Chauffeur-driven hirer for Best Motor Leasing & Limousine Services Pte Ltd hiring Vehicle Registration Number SLS9674D at a daily rate of Singapore Dollars Seventy – Five (S\$75.00) only.

Should clarification require I can be contacted at 8121 6313.

Thank you with Best Regards.

Yours Sincerely



Ms Veronica Lim  
Deputy Manager