* #15/5/2010	31 222	-		
DIS CASE OWNER.	CC WAXATEDO 6798/ EINNETH DOI: 6418	LIKK:		
INS. CASE OWNER:	CC VAXA1800 67 8 /		1.17	
	ASSIGNMENT	pohkin 6N	6/18	
Surveyor:	DOI: 6418	Date / Time :	۲)	
2.6000 Tax	\	Registered in Merimen:		
Pre-assign / CCU /	(2)/ 21/1VM	: 58 moody	3) 385	60
Insured Vehicle No.	Claim No.	: UN 8670	61	=
Name of Insured	MILLION MATO CHENUT Policy No.	: 00 86 10	71	ei.
Insured Tel No.	: HP: Make/Model	TOYOTH		3
Excess Sec II :S\$	D.O.A : Y (W 18 Place of Accid	dent: 186 LAWBE	1212 A BK	
Is driver the owner?	( YES / NO ) Nature of Accident :			
		ORT: YES / NO ; TP GIA RE	PORT: YES / N	0
Driver Tel N	o.: (V/L: YES / NO ) Insured Liabil		Yes / No	
			010-0-0-0-0-1-0x	
SKZ 500	<u>0 P</u>			
I INSRS:	MVY INSRS: WSP: INSRS: WSP:	100	NSRS:	
	WSP:	41 /2	VSP: 'el :	
Tel: Liability:	Tel: Tel: Liability: Liability:	n n	iability :	
RMKS:	RMKS: RMKS:	R	MKS:	
Date/ Time				
4414/	GERGOOR - 4 GWAYAM-4	STAGE	DATE /	PIC
1/1/18		Non-Reporting ltr (1st):		
Non		Non-Reporting ltr (2nd): Non-Reporting ltr (Final):		
Vivi	N. A. Aldain	Notification ltr (if non-pickup		
	of smartulain.	Call Ol: 33 5	118 m	~
IEW	Continue accident details inform TP doing	After call ltr to OI: O  Documentation Check List:	Handler Ty	nist
3/5/18		Notification ltr (if non-pickup		pase
	agner to svalle later and out	After call ltr to Ol:	V	
2/12/18	seek mandel via smart.	Authorisation To Act:	U	
		Release Voucher:	U	
12/12/18	mardae approvi un SMART	Final Repair Bill:		
100	1 (	Car Rental Invoice:	J	
		Towing Invoice LTA / GIA :		H
		Medical Bill:		
		and a second or this		
		PIR:		
		PIR: Mandate/Reject Instruction		
	N	Mandate/Reject Instruction	V	
	Atter paint photo X	Mandate/Reject Instruction LOD Payment Breakdown Form	V	
RELIMINARY ADVICE	Date/Time: Sent By:	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos:	V	
	Date/Time: 4/h/w/8 Sent By:	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others:	V	
INALIZATION	Date/Time: Sent By:  Uhlul LPF  Confirm with:	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by:	1:	
TNALIZATION Repair Cost:	Date/Time: Sent By:  U	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by:	V	
TNALIZATION tepair Cost: TNAL SETTLEMENT	Date/Time: Sent By:  U	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by: Email Email M Call If NO or B 28, Ass. Lia:	Call	
TINALIZATION Repair Cost: TINAL SETTLEMENT Final Liability:	Date/Time: Sent By:  U	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by: Email  Email  Call	Call	(t)
TINALIZATION Repair Cost: TINAL SETTLEMENT Final Liability: Repair Cost: .oss of Rental (LOR):	Date/Time: Sent By:  UN UN	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by: Email Email M Call If NO or B 28, Ass. Lia:	Call	* TV-
Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: .oss of Rental (LOR): .oss of Use (LOU):	Date/Time: Sent By:  U	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by: Email Email M Call If NO or B 28, Ass. Lia:	Call	to 10-
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI):	Date/Time: Confirm with:  S\$ 5,600.00 (\$ days) Reduction: \$1.63 %  Date/Time: 18 14   zol9 Confirm with York:  %   OO (Agreed / Assessed) BOLA S/N No.: N   -  S\$ 5,600.00 (7 days) × \$100.00 + 101.95†  S\$ - (\$ x days)  S\$ - (\$ x days)	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by: Email Email M Call If NO or B 28, Ass. Lia:	Call	\(\begin{align*} \\ \text{\psi} \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only	Date/Time: Sent By:  U	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by: Email Email M Call If NO or B 28, Ass. Lia:	Call	10 TV
FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search	Date/Time: Sent By:  U	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by: Email If NO or B 28, Ass. Lia:	Call Call Ceject/Private Set	tle
TINALIZATION  Repair Cost:  TINAL SETTLEMENT  Final Liability: Repair Cost:  Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only  SIA/LTA Search  Medical:	Date/Time: Sent By:  U	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by: Email If NO or B 28, Ass. Lia:  Olders:  Old	Call Call Ceject/Private Set	\(\ell_{\psi}\)
INALIZATION  tepair Cost: INAL SETTLEMENT  inal Liability: tepair Cost: coss of Rental (LOR): coss of Use (LOU): coss of Income (LOI): cos of Income (LOI):	Date/Time:	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by: Email If NO or B 28, Ass. Lia:  1) Claim status: Normal/R 2) Report Format:	Call Call Ceject/Private Set	\(\lambda \) \(\l
TNALIZATION  tepair Cost: TNAL SETTLEMENT  inal Liability: tepair Cost: .oss of Rental (LOR): .oss of Use (LOU): .oss of Income (LOI): .OR only  LOU only GIA/LTA Search Medical: Disbursement: .cgal Cost  fotal:	Date/Time: Confirm with:  SS 5,600.00 ( \$ days) Reduction: \$1.63 %  Date/Time: (\$ 4 204 Confirm with 446  % (Agreed / Assessed) BOLA S/N No.: N -  SS 5,600.00 ( 7 days) × \$100.00 + 100.93†  SS - (\$ x days)  SS - (\$ x days)  LOR + LOU LOR + LOI Tick only one  SS 7.45  SS - (c.g. Tow/ Independent )  SS - (S S Global Sum SS: 6,000.00	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by: Email If NO or B 28, Ass. Lia:  1) Claim status: Normal/R 2) Report Format: 3) Survey fee:	Call Call Ceject/Private Set	to (V-
INALIZATION  depair Cost: INAL SETTLEMENT  inal Liability: depair Cost: doss of Rental (LOR): doss of Use (LOU): doss of Income (LOI): dor only LOU only  SIA/LTA Search  Medical: Disbursement: degal Cost  Fotal: FINAL PAYMENT	Date/Time:   Confirm with:	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by: Email If NO or B 28, Ass. Lia:  Olders:  Old	Call Call Ceject/Private Set	ke √∮-
PRELIMINARY ADVICE FINALIZATION Repair Cost: FINAL SETTLEMENT Final Liability: Repair Cost: Loss of Rental (LOR): Loss of Use (LOU): Loss of Income (LOI): LOR only LOU only GIA/LTA Search Medical: Disbursement: Legal Cost Total: FINAL PAYMENT Payee 1: Payee 2: (Strike if N.A.)	Date/Time: Confirm with:  SS 5,600.00 ( \$ days) Reduction: \$1.63 %  Date/Time: (\$ 4 204 Confirm with 446  % (Agreed / Assessed) BOLA S/N No.: N -  SS 5,600.00 ( 7 days) × \$100.00 + 100.93†  SS - (\$ x days)  SS - (\$ x days)  LOR + LOU LOR + LOI Tick only one  SS 7.45  SS - (c.g. Tow/ Independent )  SS - (S S Global Sum SS: 6,000.00	Mandate/Reject Instruction LOD Payment Breakdown Form Post-Repair Photos: Others: Confirm by: Email If NO or B 28, Ass. Lia:  1) Claim status: Normal/R 2) Report Format: 3) Survey fee:	Call Call Ceject/Private Set	\(\epsilon\)

ASS. REC. BY:	- 12 A
Kenneth	SSIGNMENT
From: Date:	0,4
Estimated Cost:	Weh No: SK 7 5000 Ayr Regn: 03, 08
OD TP OWS I TP RES I OD RES I EVA / INV / MV	-   Wan / Lorry / Taxi / Prime Mover /
To inspect Vehicle No:	Truck / Trailer or
at Workshop m/s	Make: Me CIOUKan co 1781
of Depend	Colour A. Silve AC: Insured / Std / MILLIAM
Insured:	Sp.Reading 16505¢ T/Radio: Insured / Std / NI / NA
Policy No.	_   Eng/No:
Claims No.	CNO: WDD 2040 462A 121451
Sum Insured:	John John Bood / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
	Modi: NII / S/Rim / SPO A/Rim or
(Policy Condition)	Tyre Size: F: 225/45R/7
Remark: The veh had commenced to	R:
repair at the time of inspection.	BS / DUN / EXNOVA GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Bal. or Market Value: 860	TOYO / YOKO or
IDAC Accident Rport: Consistent? : Yes or No	Eron! Rear
GIA / PR Seen: Consistent? : Yes or No	R/Bal. 7
Est. Repairs: C days Pos V	UBal. 6 mm UBal. 7
Lum Sum: 20 % 3 Val.: Yes or No	0.0A. 5/4/18 D.O.I. (14/10
	Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages: Fit   Rear   O/S   N/S   U/C   Rooftop or
- erson Contacted:	
Date / Time Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
6 19 6H not nay	
16 Er parto Cothern Using	1600.00 (m) 12 = 2001
	(Roll 13 7,978.50) 51 (31)
	1 1 0 10
Onto/Time, File Pass to?	
: Prell. Report Days	Of Repair:
Date/Time, File Return to?	rvey No. of Trip: Survey Fee:
7)	Survey Fee:
Add Fee:	: Site Insp (\$ )\$ +R\$\$I
Report Format :	: Interview (\$ ) Photos
Lump Sum / I.B.I: (S	Tech Invs (\$ ) Others
	Weekend (\$
	TOTAL



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	06398/Kwb3
	HENTON WAY #24 ATOWERSINGAPO		Date: 06-04-2018  Code: ASM	
1.		Policy Partic	ulars :- THIRD PARTY CLA	IM
ndv	Insured Veh.	GV 3417M	Veh. Inspected	SKZ 5000A
	Policy No.		Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From		Assign Date	06/04/2018
2.		Vehicle	Particulars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	8	Steering	
	Brakes		Modification	
	General			
3.		Co	onditions 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	cription of Damages	
5.		G	eneral Information	
J.	Accident Date	05/04/2018	Inspection Date	06/04/2018
	Survey held at	101131/T-1100-00-00-00-00-00-00-00-00-00-00-00-0	Imapaction batto	
	23.70) 110.30	176 SIN MING DRIVE #02-01 SINGAPORE 575721		
5a.			Remarks	
	A)THE INSPECTIO	ON WAS CONDUCTED ON	A"WITHOUT PREJUDICE" BAS	SIS.

Kw

# **AUTOWORX HOUSE**

c/o 176 SIN MING DRIVE #02-01 SINGAPORE 575721 TEL: 6452 8211 FAX: 6451 7420

CHIA ZHEN LI c/o 46 Lentor Plain Singapore 786548

ESTIMATE Not Nothanial Clap & 5600h Rusmy Abu Pain

Date: 6/4/2018

YTITMAU	PARTICULARS	S		AMOU	NT (\$)	
	RE: MERCEDE BENZ C180 / SKZ5000A		7/			
рс	front bumper		Bul	V 1	,365.00	
рс	front bumper impact sponge 183. a			cm	465.00	_
рс	front bumper reinforcement				643.10	X
pc	front bumper tow cover			Sin	46.50	X
рс	front bumper top grille			cm	675.10	/
pc	front bumper top grille crome moulding	@	135.40	ne	270.80	
рс	front bumper grille lower crome moulding	<b>5</b>		n	167.30	_
рс	front bumper emblem			ne	86.40	_
pc	front bumper emblem back pad			Ro	96.30	-
pc	front bumper lower crome moulding	@	137.00	ne	274.00	
рс	front bonnet	4		Bu 1	,615.00	_
pc .	front headlamp	MSON @	1,876.70	3	,753.40	4
рс	front radiator top panel			R	365.20	X
рс	number plate support //	75		n	185.40	X
		0	Sub-total	10	,008.50	
рс	number plate	s.nett		R	35.00	26.
рс	number plate casing	s.nett		14	35.00	1,,
			Sub-total	10	,078.50	
	To remove and replace all the parts mentione and straighten up the necessary affected are				850.00	500
	To check wiring system.				50.00	20
	To spray painting on affected areas.				600.00	550
	LKK Auto Consultan the Repairer of the fo	Ollowing	Total	11	,578.50	
	To display damaged par To display damaged par Parts prices are subject Third party survey is on No illegal modification/s	r spray painting f(s) during resurvey to confirmation a "Without Prejudice" basis				
	Supplement of In(s) is subject to linal approve	nust be resurveyed and al from Insurance Company				
	Acknowledged by Repairer					

Signature: Date:

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

aforesaid.	u nereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	05/04/2018 17:35
Date Of Accident	05/04/2018 10:00
Exact Location Of Accident	BASEMENT CARPARK OF EIGHT COURTYARD CONDO
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SKZ5000A /
Insured/Policyholder	
Name Of Registered Owner	CHIA ZHEN LI
NRIC No	S8729401C
Email Address	ZHENLICHIA@GAMIL.COM
Mobile Phone No	(LOCAL) +65-85229867
Alternative Phone No	OFFICE-85229867

#### Vehicle Particulars

Manufacturer MERCEDES-BENZ Model C180 KOMPRESSOR

Exact Purpose for which vehicle was being used at PRIVATE time of accident

Are you claiming under your own insurance policy NO for repair to your vehicle?

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR

### **Insurance Company**

Name of Insurance Company AVIVA LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy NO Policy Number 10698969 Cover Note Number N.A

#### Driver

Name of Driver CHIA ZHEN LI NRIC No S8729401C Date Of Birth 16/09/1987 Occupation INDOOR Date Of Driving Pass 21/09/2011

Driving Experience 6 YEARS AND 6 MONTHS

Gender FEMALE

(LOCAL) +65-85229867 Mobile Number

Fax Number

Contact Number OFFICE-85229867

EMail Address ZHENLICHIA@GAMIL.COM Address HDB SEMBAWANG, 479 SEMBAWANG DRIVE #07-373

Postcode 75047

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions CLEAR
Road Surface DRY

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?

NO

NO

2

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME:

: PUA NSHOOK YEE

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

ON THE DATE AND TIME MENTIONED, MY VEHICLE WAS HIT BY A REVERSING VEHICLE B. MY VEHICLE WAS STATIONARY WHEN IT WAS HIT. WHEN I SAW THE REVERSING LIGHT OF VEHICLE B, I HONK AT THE DRIVER BUT THE VEHICLE B KEPT REVERSING AND HIT THE FRONT PORTION OF MY VEHICLE. NOBODY WAS INJURED.. STATEMENT WAS READ TO ME AND I ACKNOWLEDGED IT.

#### Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GV3417M

Vehicle Make/Model/Colour TOYOTA LITEACE 5 DR / SILVER

Details Of Properties NIL

Vehicle Category COMMERCIAL VEHICLE
Name of Driver CHAN YANG HWEE

NRIC/Passport Number S7103861J Contact Number 92294909

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

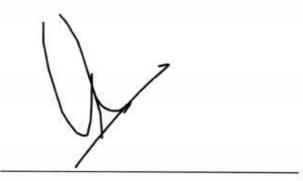
### SKETCH PLAN SKZ 5000A) INFORTANT NOTICE Please report correctly the ceruits of the 2 This Farm most be contributed by the Policyholder and or the Autrained Driver a minimized provided most be as trushed and accurate as possible. Any will be a representation or withholding of material facts may albeit resignation companies to repudiate policy labelly The base and acceptance of the form by represent formula is not an editionion of porcy liability on the part of insurance companies 5. Any type reporting may be referred to the Police for investigation. to the separated be farmed on by the manage of the God Records Management Control established by the General results will describe of Bargapure Code, for exchange and that copies of this report out to a fee be made anyward application by observated parties. The bargapure of this record to the enumeral your familiar content to the anchoring of this report of the contre and to copies of the report. paing made auxiliable affirecast. E. Garsant under the Personal Cata Protection Act (PGPA) understand, advantables, agrees and consent that be by house, by workshop and the General insurance Association of Singapore (GIA) may are permitted to violed, use, disclose and/or processing personal data personal oriumsport set out in this florm) and any other personal information provided by me or possessed by The training collectively the "Personal Information" and disclass and transfer such Personal information to all insurance who have insured valued to present in the account shall be collectively reterred to so the The second to the second the form, the Manutary Authority of Begapore and any relevant government agency authority couch as the police; list the purpose(s) of If processing handling and or dealing with my claims including the settlement of the claims and any necessary investigations relating to the dame (6) investigating the accident ansier my claims. the compaged and order dealing with my instructions or responding to any enqueries by me. at pulping my claims including the moding of correspondence, statements, respects or notices to me, which could involve discretize of center personal case exout me to oring about delivery of the same as read as on the external cover of envelopes/mail complying with expiration the in administering processing handing and/or dealing with my claims (calectain) the "Purposes") The Parison of the have trained vehicles) meshed in this accident and the Insurent Lawyershaw forms, may are permitted to collect, use discharge and or process my Personal Information for one or more of the above Purposes, and its my Personal Information for one or more of the above Purposes, and its my Personal Information to any other training the lawyershape forms, which may be slind discharge of Singapore, for one or more of the above Purposes. VERIFIED BY AJAX MARS REPORTING OFFICER Hashim Kamari dure | Date & Time | Driver's Signature (If silver is not the policyholder) / Date & Time Witnessed by Reporting Centre 050418 Sketch Plan forement class sign condition 2100 A SK Z 5000 A CEMPTERNS, DON'NO DOING TPION DOLL

### ACCIDENT STATEMENT (2000 characters)

A REVERSING WHEN I SAW BUT THE MY VEHICLE.
135

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -HASHIM BIN KAMARI



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

5 April 2018 at 12:33 PM

5 April 2018 at 12:33 PM

Date/Time:

### > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	9401C	
Vehicle No.:	SKZ5000A	
Vehicle to be Exported:	No	
Intended Deregistration Date:	15 Nov 2018	
Vehicle Make:	MERCEDES BENZ	
Vehicle Model:	C180K	
Primary Colour:	Silver	
Manufacturing Year:	2008	
Engine No.:	27195231024991	
Chassis No.:	WDD2040462A121451	
Maximum Power Output:	115.0 kW (154 bhp)	
Open Market Value:	\$37,064.00	
Original Registration Date:	19 Mar 2008	
First Registration Date:	19 Mar 2008	
Transfer Count:	4	
Actual ARF Paid: Intended PARF Rebate Details	\$40,771.00	
PARF Eligibility:	Forfeited	
PARF Eligibility Expiry Date:	•	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Expiry Date:	31 Jan 2028	
COE Category:	E - Open Category	
COE Period(Years):	10	
PQP Paid:	\$52,271.00	
COE Rebate Amount:	\$48,139.00	
Total Rebate Amount:	\$48,139.00	

The information contained herein is correct as at 15 Nov 2018

06042018 @ 10.46am Amanda ven in.

Kenneth.



## Service Request Details

Claim

S8M00D43

Reference

None 🧳

Loss Date

April 5, 2018

Request Date

April 6, 2018

Due Date

April 13, 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 #

SKZ5000A

Make

TPVD

· .. , / >

...

Menu.

### Primary Contact/Insured

MILLION AUTO SERVICE 4 PENJURU PLACE, #01-12, 608782, Singapore 96160223

### Claim Handler

CHAN Kian Chuan 6568804269 kianchuan.chan@axa.com.sg

Invoices

History

Additional Instructions

Messages

-	THE PROPERTY OF THE PROPERTY O
New Message	
TYPE	0
SENT	4/6/18 10:23 AM
FROM	CHAN Kian Chuan
SUBJECT	NON REPORTING
BODY	NON REPORTING, TO REQUEST FOR REPAIR ESTIMATION
	<b>*</b>

Documents

Assessment

Metrics

Notes

### Poh Kin (LKKAuto)

From:

admin@supreme.sq

Sent:

Thursday, 18 April 2019 1:12 PM

To:

Poh Kin (LKKAuto)

Subject:

RE: LOD SKZ5000A TP AXA

Dear Sir,

We accept the offer of \$6,000.00. Kindly send us the Discharge Voucher. Thank you.

Best regards, Yuki Ho Supreme Auto Service Pte Ltd No.176 Sin Ming Drive #02-01 Singapore 575721

Tel: 64528211 Fax: 64517423

From: Poh Kin (LKKAuto) <pohkin@lkkauto.com>

Sent: Wednesday, 17 April 2019 5:16 PM

To: admin@supreme.sg

Cc: Admin A <admin-a@lkkauto.com>; Vivian Lau (LKKAuto) <vivianlau@lkkauto.com>

Subject: RE: LOD SKZ5000A TP AXA

Importance: High

### 'WITHOUT PREJUDICE' SAVE AS TO COSTS

Our Ref:

CC4/ASM18006398/Kwb3

Your Ref:

SKZ 5000A

Dear Yuki,

We refer to above matter.

Purely towards an amicable settlement, we have instruction from our Principal to revise offer settlement at global sum of \$6,000.00(all in) on this matter.

Kindly confirm acceptance.

Your prompt reply will be very much appreciated.

### Poh Kin (LKKAuto)

From:

Poh Kin (LKKAuto)

Sent:

Wednesday, 17 April 2019 5:16 PM

To:

admin@supreme.sq

Cc:

Admin A; Vivian Lau (LKKAuto)

Subject:

RE: LOD SKZ5000A TP AXA

Importance:

High

### 'WITHOUT PREJUDICE' SAVE AS TO COSTS

Our Ref:

CC4/ASM18006398/Kwb3

Your Ref:

SKZ 5000A

Dear Yuki,

We refer to above matter.

Purely towards an amicable settlement, we have instruction from our Principal to revise offer settlement at global sum of \$6,000.00(all in) on this matter.

Kindly confirm acceptance.

Your prompt reply will be very much appreciated.

"Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement."

Best Regards,

Poh Kin, Chong (Mr) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2132 | email: pohkin@lkkauto.com | fax: 6741-4108

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

LIKK Save the Earth Print only when necessary

This e-mail contain confidential and privileged material, and are for the sole use of the intended recipient. Use or distribution by an unintended recipient is prohibited, and may be a violation of law. If you believe that you received this e-mail in error, please do not read this e-mail or any attached items. Please delete the e-mail and all attachments, including any copies thereof, and inform the sender that you have deleted the e-mail, all attachments and any copies thereof. Thank you.

From: admin@supreme.sg [mailto:admin@supreme.sg]

Sent: Tuesday, 9 April 2019 5:57 PM

### Poh Kin (LKKAuto)

From:

Poh Kin (LKKAuto)

Sent:

Friday, 1 March 2019 5:22 PM

To:

admin@supreme.sg

Cc:

Admin A; Vivian Lau (LKKAuto)

Subject:

RE: LOD SKZ5000A TP AXA

Importance:

High

### 'WITHOUT PREJUDICE' SAVE AS TO COSTS

Our Ref:

CC4/ASM18006398/Kwb3

Your Ref:

SKZ 5000A

Dear Sir/Madam,

We refer to above matter and your letter of demand.

Towards an amicable settlement, we have instruction from our Principal to offer settlement at global sum of \$5,780.00(all in) on this matter.

Kindly confirm acceptance.

Your prompt reply will be very much appreciated.

"Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement."

Best Regards,

Poh Kin, Chong (Mr) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2132 | email: pohkin@lkkauto.com | fax: 6741-4108

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



Save the Earth Print only when necessary

This e-mail contain confidential and privileged material, and are for the sole use of the intended recipient. Use or distribution by an unintended recipient is prohibited, and may be a violation of law. If you believe that you received this e-mail in error, please do not read this e-mail or any attached items. Please delete the e-mail and all attachments, including any copies thereof, and inform the sender that you have deleted the e-mail, all attachments and any copies thereof. Thank you.

From: Shu Pei (LKKAuto)

Sent: Thursday, 20 December 2018 7:34 PM

English (default) ▼

LKK AUTO CONSULTANTS PTE LTD (TP) ▼



SERVICE REQUESTS

**MESSAGES** 

CLAIMS



# Re:<S8M00D43> Re-seek Mandate approval/Instruction

Type

**@** Question

Message

REVISED OFFER @ \$6,000.00 ALL IN

LKK AUTO CONSULTANTS PTE LTD (TP) \*

Menu



# Re:Seeking for Mandate Approval S8M00D43

Type

**Q** Question

Message

COR \$5,2250.00 LOR \$560 LT \$7.49 TOTAL \$5,787.00

Reply

Menu



### Seeking for Mandate Approval S8M00D43

Type

**Q** Question

#### Message

Dear KC, OI reversing into parking lot and collided onto TP vehicle which was stationary behind insured vehicle. We seek your approval to offer to Third Party repairer is as follows: - Liability(TP) 100% Proposed Nett Value \$ 5,600.00 w/gst Loss of rental / income \$ 861.35 7 days x \$ 115 with gst LTA / GIAsearch fees \$ 7.45 Proposed Total \$ 6,468.80 Thank you Best Regards, Vivian Lau | Case Handler LKK Auto Consultants Pte Ltd Phone: 6841-8625 | email: Vivianlau@lkkauto.com| fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | 5(408933)

Reply

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

### **Immediate Advice**

To: AXA Insurance Pte Ltd

4/12/2018

### **Survey Details:**

Date of loss	5-Apr-18	
Date of appointment	6-Apr-18	
Date of survey	6-Apr-18	
Location of survey	AUTOWORX HOUSE	

### **Vehicle Details:**

Claim Type:	Third party
Vehicle number	SKZ 5000A
Make and Model	MERCEDES-BENZ C180 KOMPRESSOR
Date of registration	19/3/2008
Excess	
Market Value	\$60,000
Parf Rebate	\$48,139
Nett Loss	\$11,861

### Repair details:

Initial Estimate	\$11.578.50

### Proposed/Revised repair cost:

Lump Sum(if applicable)	\$5,600.00
Total	\$ 7,063.64
Labour	\$1,070.00
Check items (estimate)	\$0.00
Parts	\$5,993.64

Number of days for repair	5 DAYS	

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

### **Immediate Advice**

To: AXA Insurance Pte Ltd

4/12/2018

### **Survey Details:**

Date of loss	5-Apr-18	
Date of appointment	6-Apr-18	
Date of survey	6-Apr-18	
Location of survey	AUTOWORX HOUSE	

### Vehicle Details:

Claim Type:	Third party		
Vehicle number	SKZ 5000A		
Make and Model	MERCEDES-BENZ C180 KOMPRESSOR		
Date of registration	19/3/200		
Excess			
Market Value	\$60,000		
Parf Rebate	\$48,139		
Nett Loss	\$11,861		

### Repair details:

Initial Estimate	\$11,578.50

### Proposed/Revised repair cost:

Lump Sum(if applicable)	\$5,600.00
Total	\$ 7,063.64
Labour	\$1,070.00
Check items (estimate)	\$0.00
Parts	\$5,993.64

Number of days for repair	5 DAYS	



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

### Remarks:

Liability: OI reversing into parking lot and collided onto TP vehicle	ii.
which was stationary behind insured vehicle.	

### Mandate:

Liability(TP)	100%	
Proposed Nett Value	\$ 5,600.00	w/gst
Loss of use	\$ i .	
Loss of rental / income	\$ 861.35	7 days x \$ 115 with gst
Loss of income	\$	
LTA / GIAsearch fees	\$ 7.45	
Others	\$	
Proposed Total	\$ 6,468.80	

https://vp.smartclaims.axa.com.sg/claim-portal/html/index-vendor-service-requests.html#/service-requests/?serviceRequestNumber=38560

DAY AUTO CONSULTANTS PITELTED TP/F

Claim Portal

\*

SERVICE REQUESTS

MESSAGES

CLAIMS

S8M00D43

Claim

Reference

CC4/ASM18006398/Kwb3 🥒

April 5, 2018

Loss Date

September 20, 2018

Request Date

April 6, 2019

Due Date

Next Step

Actions

Finish the work

Make

TPVD MERCEDES-BENZ

SKZ5000A

Incident Vehicle

Registration #

Vehicle Information

C180 KOMPRESSOR

Model

Service Address

. . .

LKK AUTO CONSULTANTS PTE

Vendor Name

(TD (TP)

Pending verification - Direct

Services

Settlement

Third Party Vehicle Damage

Type of Lass

Primary Contact/Insured

4 PENJURU PLACE, #01-12, 608782, Singapore MILLION AUTO SERVICE 96160223

Claim Handler

kianchuan.chan@axa.com.sg CHAN Kian Chuan 6568804269

Additional Instructions

			4	4	4	4	4	4	4	4
		BODY	UPDATE PLS	PL UPLOAD YOUR INVOICE	COR \$5,2250.00 LOR \$560 LT \$7.49 TOTAL \$5,787.00	Dear KC, OI reversing into parking lot and collide	PIs advise.	PLS UPDATE US ON THE STATUS OF THE ABOVE MATTER	POLICY ISSUE CLEARED, NO TP EXCESS, PLEASE PROCEED	Hi, there is policy issue, we will keep you upda
Metrics Notes		SUBJECT	Re:INVOICE	INVOICE	Re:Seeking for Mandate Approval S8M00D43	Seeking for Mandate Approval S8M00D43	Status of claim	Re:NON REPORTING	Re:NON REPORTING	Re:NON REPORTING
LKK AUTO CONSULTANTS PTELTD (TP) -	MESSAGES CLAIMS	FROM	CHAN Kian Chuan	CHAN Kian Chuan	CHAN Kian Chuan	LKK AUTO CONSULTANTS PTE LTD (TP)	KHOR Saw Theng	CHAN Kian Chuan	CHAN Kian Chuan	CHAN Kian Chuan
English (default) • LKK ALTC	SERVICE REQUESTS	SENT	2/18/19 2:12 PM	12/6/18 3:26 PM	12/6/18 3:23 PM	12/4/18 4:32 PM	12/2/18 2:28 PM	5/1/18 7:00 PM	4/18/18 5:15 PM	4/16/18 8:26 AM
Englist	¥€	TYPE	0	0	0	0	0	0	٥	0

# **AUTOWORX HOUSE**

176 Sin Ming Drive, #02-01 Sin Ming Autocare Singapore 575721 Email: autoworxhouse@hotmail.com •TEL: 6452 8211 •FAX: 6451 7420

# Direct Settlement THIRD PARTY CLAIM

Your ref: GV3417M Our ref: SKZ5000A

AXA INSURANCE PTE LTD Attn: Officer In Charge (Motor Claim Department)

19/11/2018

Dear Sir.

# RE: ACCIDENT INVOLVING SKZ5000A AND GV3417M AT EIGHT COURTYARD BASEMENT CARPARK ON 05/04/2018.

We have been authorized by CHIA ZHEN LI, the registered owner of vehicle number SKZ5000A, which was involved in the above accident and at the material time to make a 3<sup>rd</sup> party claims against vehicle number GV3417M.

The accident was clearly caused by your insured's negligence. We, therefore seeking compensation from you for our client financial losses as itemized below: -

Repair cost	S\$	5,600.00
Rental Fee (7 days x \$115.00 + 7% GST)	S\$	861.35
Search Fee	S\$	7.45
Total	S\$	6,468.80

We have enclosed copies of relevant documents to support our claims.

Please settle this matter within 7 days.

Your prompt settlement of our claim would be much appreciated.

Do contact us at 64528211 for any clarification.

Thank you.

Yours fa

Autoworx House

# THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vel	nicle No:	GV 3417M (Insd veh		Model:	MERCE	EDES BENZ C180K (A)
Date of Accident:		SKZ 5000A (TP veh)				
		05/04/2018				
Glo	bal Sum Settlen	nent : [X] Yes		[ ] No	9	
Rep	pair Estimate		: \$	11,578.50		
Fin	al Repair Cost		: \$	5,600.00		
Los	s of Use		: \$		da	ys at \$0.00 per day
Rer	ntal (if any)		: \$	749.00		iys
LTA	/ GIA Search F	ee	: \$	7.45		
			1 1			
Oth	ers:		: \$			
			: \$			
Ein	al Sattlement Su	m (GLOBAL SUM)	: \$	6,000.00		
		kshop GIA Registered	12%		V 1 NO	021 11 1 11 1
belo		KSTIOP GIA REGISTERE	1.6	[ ] YES [	X] NO	(Kindly indicate
A)	For Non GIA R	egistered Workshop:	E.	Agreed Liability	100	(%)
B)	For GIA Regist	tered Workshop:		BOLA Applicable	e: Yes/ No	BOLA Scenario No:
	BOLA Liability:	(%)		Assessed Liabili	ty (*):	(%)
	* Assessed Lia	bility to be filled only fo	r chain	collisions and for c	ases where l	BOLA does not apply.
Ren	marks					
Pay	ment Instruction	n: Payee's Breakdow	'n			
1)	AUTOWORX H	HOUSE		: \$		6,000.00
		LAH BTE ABDOL /AHAB		28/05/2019		
				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)



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 Internation		
AXA INSURANCE P	TE LTD	Ref : CC4/ASM1800	06398/Kfb3s2
8 SHENTON WAY # AXA TOWERSINGA ATTN: KIAN CHUAN	PORE 068811	Date: 28-05-2019 Code: ASM	
1.		:- THIRD PARTY CLA	IM
Insured Veh.	GV 3417M	Veh. Inspected	SKZ 5000A
Policy No.	CN882091	Coverage (\$)	0.00
Claim No.	S8M00D43	Excess (\$)	0.00
Assign From	KIAN CHUAN	Assign Date	06/04/2018
2.	Vehicle Parti	culars & Condition	Market State
Make & Mode	TO STATE OF THE PARTY OF THE PA	c.c	1796
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	WDD2040462A121451	Colour	METALLIC SILVER
Odometer	165054	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3.	Condit	ions of Tyres	
	Size	Make	Balance
R/H Front Tyr	e 225/45R17	GOODYEAR	6 mm
L/H Front Tyre	225/45R17	GOODYEAR	6 mm
R/H Rear Tyre	225/45R17	GOODYEAR	3 mm
L/H Rear Tyre	225/45R17	GOODYEAR	3 mm
4.	Descripti	on of Damages	
THE VEHICLE S	SUSTAINED DAMAGES AT THE FR	ONT PORTION.	
DAMAGES SEE	DETAILS.		
5.	Genera	I Information	
Accident Date	05/04/2018	Inspection Date	06/04/2018
Survey held a	t AUTOWORX HOUSE		
	176 SIN MING DRIVE #02-01 SINGAPORE 575721		
5a.	R	emarks	A CHARLES
A)THE INSPECT B)IN ACCORDA	TION WAS CONDUCTED ON A"WIT NCE TO YOUR INSTRUCTIONS, W	HOUT PREJUDICE" BAS	SIS. ED REPAIRS.
5b.	Estimate	Days of Repair	
ESTIMATED NO	RMAL PERIOD FOR REPAIR:	5 Working Day	/S



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 2

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKZ 5000A

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
5	REPLACEMENT OF PARTS			All the
1	FRONT BUMPER (CONSISTENT)	BUCKLED / DENTED	1,365.00	1,365.00
1	FRONT BUMPER IMPACT SPONGE (CONSISTENT)	CRACKED	465.00	183.00
1	FRONT BUMPER REINFORCEMENT (CONSISTENT)	TO REPAIR SEE LABOUR	643.10	8-
1	FRONT BUMPER TOW COVER (CONSISTENT)	SERVICEABLE	46.50	
1	FRONT BUMPER TOP GRILLE (CONSISTENT)	CRACKED	675.10	675.10
2	FRONT BUMPER TOP GRILLE CROME MOULDING @ \$135.40 (CONSISTENT)	NECESSARY	270.80	270.80
1	FRONT BUMPER GRILLE LOWER CROME MOULDING (CONSISTENT)	NECESSARY	167.30	167.30
1	FRONT BUMPER EMBLEM (CONSISTENT)	DENTED	86.40	86.40
1	FRONT BUMPER EMBLEM BACK PAD (CONSISTENT)	DENTED	96.30	96.30
2	FRONT BUMPER LOWER CROME MOULDING @ \$137.00 (CONSISTENT)	NECESSARY	274.00	274.00
1	FRONT BONNET (CONSISTENT)	BUCKLED	1,615.00	1,615.00
2	FRONT HEADLAMP @ \$1876.70 (CONSISTENT)	N/S CUT	3,753.40	1,876.70
1	FRONT RADIATOR TOP PANEL (CONSISTENT)	TO REPAIR SEE LABOUR	365.20	4.5
1	NUMBER PLATE SUPPORT (CONSISTENT)	TO REPAIR SEE LABOUR	185.40	
	LESS 10% DISCOUNT		-	-660.96
			10,008.50	5,948.64
	SPECIAL NETT ITEMS			
1	NUMBER PLATE (SN) (CONSISTENT) }	BENT	35.00	45.00
1	NUMBER PLATE CASING (SN) (CONSISTENT) }		35.00	
			70.00	45.00
	LABOUR			
	TO REMOVE AND REPLACE ALL THE PARTS MENTIONED ABOVE, KNOCKING AND STRAIGHTEN UP THE NECESSARY AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER REINFORCEMENT, FRONT RADIATOR TOP PANEL AND NUMBER PLATE SUPPORT.		850.00	500.00
	TO CHECK WIRING SYSTEM.		50.00	20.00

Report Ref No. CC4/ASM18006398/Kfb3s2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	TO SPRAY PAINTING ON AFFECTED AREAS.		600.00	550.00
			1,500.00	1,070.00
	GRAND TOTAL		11,578.50	7,063.64

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)	5,600.00

Report Ref No. CC4/ASM18006398/Kfb3s2

MIC

KONG SENG CHEONG

Licensed Appraiser