

INS. CASE OWNER:

Stacey | CC 4/Asm 1800 7199, Ujka3s2 LKK: 40299
IDAC:

Surveyor:

MARINS

DOI:

ASSIGNMENT

18/4/18

Date / Time:

12/04/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGE 4281 U

Name of Insured:

Tang Peck Lee Wendy

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A:

16/4/18

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Ong Leng Hoon

Driver Tel No.:

93883652

(V/L: YES / NO)

Claim No.:

SGM 00 E60

Policy No.:

6A0947u/1

Make / Model:

7-VDS

Place of Accident:

Clementi Ave 3 7 Ave 2

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

Insured Liability: % Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:

Kim Chwee



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

8/6/18

SL 751L - X

SGE 4281U - 06/11/16 074618 / 006392: 8015
23/12/16

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

207 30-11-18

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

X

After call ltr to OI:

X

Authorisation To Act:

X

Release Voucher:

X

Final Repair Bill:

X

Car Rental Invoice:

X

Towing Invoice

X

LTA / GIA:

X

Medical Bill:

X

PIR:

X

Mandate/Reject Instruction:

X

LOD

X

Payment Breakdown Form:

Post-Repair Photos:

X

Others:

X

PRELIMINARY ADVICE

Date/Time:

30/5

Sent By:

h

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

2-1-19

Confirm with

NANCY

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

SS

3,994.63

Loss of Rental (LOR):

SS

300.00 (2 days) 150

Loss of Use (LOU):

SS

(\$ x days)

Loss of Income (LOI):

SS

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

SS

2.00

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

Total:

SS

4,296.63

Global Sum SS:

4,295

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

4,295. x x

Name 1:

KIM CHWEE AUTO PRE LTD

Payee 2: (Strike if N.A.)

SS

x

Name 2:

x

Payee 3: (Strike if N.A.)

SS

Name 3:

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

AYA

u
ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SL2251Cat Workshop m/s Kinchase

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: 120k.

IDAC Accident Report: _____ Consistent?: Yes or No

G/A / PR Seen 2 Consistent?: Yes or NoEst. Repairs: 3 days Res.: Yes or NoLum Sum: 131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SL2251C Yr Regn: 217Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CAIMake: Toyota harrier C.C. 1986Colour: white A/C: Insured / Std / NI / NASp. Reading: 25265 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 254 60009 0112Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/55-18

R: _____

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

TOYO / YOKO or

Front 6 Rear 6

R/Bal. _____ mm R/Bal. _____ mm

L/Bal. _____ mm L/Bal. _____ mm

D.O.A. 16/4/18 D.O.I. 18/4/18

Survey held at _____

Des. of Damages: Rear / 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

have G.A L7A 68992 by 12k.with 18 contact fine by \$3733.30 with A.M.R(\$7,080.90/65%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Report Format: _____

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

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SL2251Cat Workshop m/s Kinchase

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: 120k.

IDAC Accident Rpt: _____ Consistent?: Yes or No

GIA / PR Seen l Consistent?: Yes or No

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SL2251C Yr Regn: 217Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or CARMake: Toyota harrier c.c. 1986Colour: white A/C: Insured / Std / NI / NASp. Reading: 2526k T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 254 60009 0112Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/55-18

R: _____

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

TOYO / YOKO or

Front 6 mm Rear 6 mm

R/Bal. _____ mm

L/Bal. _____ mm

D.O.A. 16/4/18 D.O.I. 18/4/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear

The U/C / Chassis frame / Body Structure affected due to collision.

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

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

Survey Fee:

Transportation:

_____\$ + RS, ____\$ SI

Photos

Others

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

Affiliated to Federation Internationale Des Experts En Automobile			
AXA INSURANCE PTE LTD		Ref : CC4/ASM18007199/Uua3	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 18-04-2018	
		Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGE 4281U	Veh. Inspected	SLL 251L
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00EBO	Excess (\$)	0.00
Assign From		Assign Date	18/04/2018
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	16/04/2018	Inspection Date	18/04/2018
Survey held at	KIM CHWEE AUTO PTE LTD 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

KIM CHWEE AUTO PTE LTD
1 KAKI BUKIT AVENUE 6
#01-48 AUTOBAY
SINGAPORE 417883

Not Authorized
P/P \$3733.30
3 day.

VEHCILE NO:SLL 251L

QTY	PARTICULAR	AMOUNT
1 PCS	TAILGATE	11 \$1,400.30 X
1 PCS	TAILGATE REAR LOGO	11 \$68.10 X
1 PCS	TAILGATE HARRIER EMBLEM	11 \$68.10 X
1 PCS	TAILGATE WEATHERSTRIP 322.10	11 \$429.10 /
1 PCS	REAR BUMPER 1381.10	m/oe \$1,533.10 ✓
1 PCS	REAR BUMPER LOWER SKIRTING 589.10	myth \$866.30 /
1 PCS	REAR BUMPER REFLECTOR	11 \$66.80 X
1 PCS	REAR BUMPER SPONGE	11 \$295.40 /
2 PCS	REAR BUMPER SIDE REATINERS @\$85.10	11 \$170.20 ✓
1 SET	REAR BUMPER CLIPS	11 \$60.00 /
1 PCS	REAR END PANEL	11 \$820.10 X
1 PCS	REAR END PANELTOP GARNISH	11 \$366.50 /
2 PCS	TAILLAMPS @\$850.10	11 \$1,700.20 X
1 set	REAR REVERSE SENSOR	11 \$260.00 ✓
		3444.4
		2883.30
LABOUR CHARGES:		
TO CHECK WIRING		\$80.00 20
TO DISMENTLE & REPLACING REVERSE SENSOR		\$80.00 50
TO DISMENTLE & REFIX SEAT,CUSHIONUPHOLSTREY		\$120.00 60
TO SPRAY RUST PROOFING		11 \$100.00 X
TO DISMENTLE & REFIX REAR WINDSCREEN		11 \$150.00 X
LABOUR FOR PANELBEATING & REPLACING PARTS		\$980.00 520
TO PUTTY & SPRAY PAINTING		\$1,200.00 500
TOTAL		\$10,814.20

LKY 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:



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

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 14/5/2018

Survey Details:

Date of loss	16-Apr-18
Date of appointment	17-Apr-18
Date of survey	18-Apr-18
Location of survey	Kim Chwee Auto Pte Ltd

Vehicle Details:

Claim Type:	Third party
Vehicle number	SLL 251L
Make and Model	TOYOTA HARRIER 2.0 CVT - 1986cc
Date of registration	10-Feb-17
Excess	
Market Value	\$ 120,000.00
Parf Rebate	\$ 68,992.00
Nett Loss	\$ 51,008.00

Repair details:

Initial Estimate	\$ 10,814.20
------------------	--------------

Proposed/Revised repair cost:

Parts	\$ 2,583.30
Check items (estimate)	\$ -
Labour	\$ 1,150.00
Total	\$ 3,733.30
Lump Sum(if applicable)	\$ -

Number of days for repair	<u>3 days</u>
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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

Remarks:

--

Mandate:

Liability(TP)	Unclear	
Proposed repair cost		
Loss of use		no. of days
Loss of rental		no. of days
Loss of income		no. of days
LTA search fees		
Others		
Proposed Total		



Service Request Details

Claim

S8M00EBO

Reference

None 

Loss Date

April 16, 2018

Request Date

April 17, 2018

Due Date

April 24, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

LKK AUTO CONSULTANTS PTE LTD (TP) ▾

18042018 @ 9:27am

Nancy veh in.
marcus.

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SLL 251L

Make

TPVD

Primary Contact/Insured

TANG PECK LEE WENDY (ZHENG BOLI WENDY)
BLK 107 TOWNER ROAD, #08-334, 321107, Singapore

389REN@GMAIL.COM

Claim Handler

NG Stacey
6568804351
stacey.ng@axa.com.sg

Additional Instructions

Messages Invoices History Documents Assessment Metrics Notes

New Message

TYPE



SENT

4/17/18 6:11 PM

FROM

NG Stacey

SUBJECT

non reporting

BODY





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

Immediate Advice

To : AXA Insurance Pte Ltd

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Date of loss	16-Apr-18
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Number of days for repair	<u>3 days</u>
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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

Remarks:

HEAD-TO-REAR.BOLA 27

Mandate:

Liability(TP)	100% Unclear	
Proposed repair cost	\$3,994.63	
Loss of use		no. of days
Loss of rental	\$300.00	no. of days 2
Loss of income		no. of days
LTA search fees	2.00	
Others		
Proposed Total	\$ 4,296.63	



Re:MANDATE IA

Type

🔗 Question

Message

pls proceed

Reply