

INS. CASE OWNER:

Minnie Ho CC 4 / ASM1800 7797, K100352

LKK: 42256 (A)
IDAC:

Surveyor:

Asp

DOI:

ASSIGNMENT

27/4/18

Date / Time:

27/4/18

(17/17)

Registered in Merimen:

Pre-assign / CCU / FTE

SKU 5666 E



Insured Vehicle No. :

Name of Insured :

Awen Cassidy Griffiths

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A:

28/4/18

Is driver the owner? (YES / NO)

Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

88moofew

h+

Killingly Rd / Bourne Rd

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

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

Insured Liability : % Final ? Yes / No

SHA 6245R



INSRS:
WSP:
Tel:
Liability:
RMKS:

CDH8
loans.



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

SHA 6245R - 03/1/16 7009370/Meg3q2: 004:12/16/17

SKU 5666 E - X

1/6 No OI hit. sent out for letter

17-7-18 SENT OUT 1ST AE NON REPORTING LETTER.

7-8-18 IVA INFORM NON REPORTING.

10-9-18 INSURED STILL NON REPORTING.

IVA INFORM REPLICATE CLAIM.

Email WSP TO INFORM IVA REPLICATE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	1-6-18
Non-Reporting ltr (2nd):	1AE 17-7-18
Non-Reporting ltr (Final):	10-9-18
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	
Documentation Check List:	Handler Typist
Notification ltr (if non-pickup)	<input type="checkbox"/>
After call ltr to OI:	<input type="checkbox"/>
Authorisation To Act:	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>
Final Repair Bill:	<input type="checkbox"/>
Car Rental Invoice:	<input type="checkbox"/>
Towing Invoice	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>
PIR:	<input type="checkbox"/>
Mandate/Reject Instruction:	<input type="checkbox"/>
LOD	<input type="checkbox"/>
Payment Breakdown Form:	<input type="checkbox"/>
Post-Repair Photos:	<input type="checkbox"/>
Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by:

Repair Cost: \$\$ (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: \$\$

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

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

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

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

GIA/LTA Search: \$\$

Medical: \$\$

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

Legal Cost: \$\$

Total: \$\$ Global Sum \$\$:

FINAL PAYMENT Date/Time: Confirm with: Email Call

Payee 1: \$\$ Name 1:

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

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

COPY SENT 10/4/19

- 1) Claim status: Normal/Reject/Private Settle *WSP*
- 2) Report Format: *TP*
- 3) Survey fee: *250*

08/11/13

Surveyor: Kevin

REF:

1243

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / INS / TP RES / OD RES / EVA / INV / MV
 To Insp of Vehicle No: _____
 at Workshop No: _____
 of _____
 Insured: _____
 Policy No: _____
 Claims: Na
 Sum Ins Ltd: _____ 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: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ 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: SHB 6245R Yr Regn: 14 Apr 2016
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Ix0 c.c. 1685
 Colour: Blue A/C: Ins / Std / NI / NA
 Sp. Reading: 273480 T/Radio: Ins / Std / NI / NA
 Eng/No: _____
 C/No: 1KMHLB K1M44087175
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205/60 R16
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wg/da
 Front 7 mm Rear 7 mm
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 25/4/8 D.O.I. 27/4/8
 Survey held at CDGE (Layang)
 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	Action / Instruction
<u>2/5/16</u>	<u>Chat PIP \$478.22 / 2 Rpt.</u>
	<u>(RED: 2026.86 81%)</u>

Date/Time, File Pass? : Prel. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

1) Date/Time, File Return to?
 2) _____

Add Fee: : Site Insp (\$ _____)
 : Interview (\$ _____)
 : Tech. (\$ _____)

Survey Fee: _____
 Transportation: _____
 S + RS: _____ \$
 Photos: _____
 Other: _____

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SHB 6245R

MAKE :

MODEL : HYUNDAI i40

DATE 26/4/2018

AXA - CP (P)

TS

1730

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X 1 part			\$ 603.60
	Rear Bumper Reinforcement X 1 pc			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) X 1 pc	\$	180.00	\$ 360.00
	Rear Bumper Side Bracket (LH/RH) X 2			\$ 49.00 X 2
	Rear Bumper Clips X 2			\$ 22.00
	Rear Bumper Sponge X 1			\$ 143.40
	Rear Bumper Under Cover X 1			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor X 1			\$ 135.70
	Rear Bumper Rubber Mat X 1			\$ 50.00
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 380.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOWING charge - Tow Chik attached			\$ 60.00
	TOTAL LABOUR			\$ 800.00
	ESTIMATE TOTAL			\$ 2,511.58

Kebirullah
 27/4/18 1020 hrs
 2 Bys.
 PIP
 Asha Raza

LNK Auto Consultants hence notify the Repairer of the following:

- To survey before/after repair
- To display damaged parts
- Parts prices and surcharges
- Third party surplus
- No illegal modifications
- Supplementary work must be approved

Acknowledged by Repairer
 Signature:
 Date:

2571.58

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Our Job Ref No : 305153746

Date : 02/05/18

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SHB6245R

Date of Accident : 25-Apr-18

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: AXA --- SKU5666E
2. The finalized amount shall be:

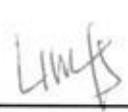
(a) Spare Parts after List discount	\$114.72
(b) Labour Charges	\$360.00
Total for Part-By-Part Repair Cost	\$474.72
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	_____
Final Lumpsum Repair cost	_____

3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 

Signature : 

Name : LIM T S

Name : KALVIN

Tel : 62148398

Date : 2/5/18

Fax : 65468156

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees	-----			
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305153746
 REGN NO : SHB6245R
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 14.04.2016
 DATE/TIME IN : 25.04.2018 23:45
 ACCIDENT DATE : 25.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0739-G REAR BUMPER SPONGE 1 143.40 20.00 114.72

SUB-TOTAL : 114.72

JOB NATURE

0000 L PANEL BEATING 100.00

0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

0002 23-01 TOWING FEE 60.00

SUB-TOTAL : 360.00

TOTAL : 474.72

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>26/4/16</u> Time Received: <u>01:30 AM</u>	3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up	
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer: <u>Mr. Tan</u> Contact No.: <u>902 31916 / 9686400</u> Vehicle No.: <u>S4B6245E</u> Make / Model / Colour: <u>Hino</u> Email: _____	5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks: _____ _____	
7. Location: <u>181 Orchard Rd Tan Seng</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others: _____		10. Odometer Reading: <u>278468km</u> Fuel Level: <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested			
Job Attended			
12. Tow Truck / Recovery Van: <input type="checkbox"/> VRS <input type="checkbox"/> QA <input checked="" type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS TOWING Name of Driver: <u>Mr. Tan</u> Vehicle No.: <u>18188</u> Time Dispatch: <u>00:30 AM</u> Time of Arrival: <u>00:55 AM</u> Time Completed: <u>01:30 AM</u>		#: Cracked X: Dented /: Scatched O: Missing _____ Signature of Customer	
Cash Invoice Details (if applicable)			
13. Cash Invoice No.: _____			
Customer Acknowledgement			
a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc. b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses. c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.			
<u>26/4/16</u> Date		<u>00:55 AM</u> Time	
_____ Signature of Customer			
14. WORKSHOP			
_____ Name of Attending Staff/Guard		_____ Date & Time of Arrival	
_____ Signature of Attending Staff/Guard			

COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701
 Mainline - 65 6383 6280 Facsimile - 65 6280 8755
 Workshops
 52 Lóyang Drive Singapore 508902 24 Serangoon Loop Singapore 758156
 383 Sin Ming Drive Singapore 575717 1 Sungei Kadut Way Singapore 728791
 43 Pandan Road Singapore 509286 8 Defu Avenue 1 Singapore 295537
 100 Telok Ayer Street Singapore 068412

Date/Time: 26.04.2018 17:23 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC No305153746

CUSTOMER COMFORT TRANSPORTATION PTE LTD VMS NO 7010045 CUSTOMER NO 383 SIN MING DRIVE ADDRESS Singapore SINGAPORE 575717 L. (R) 65508755 (O) (P) ACCOUNT CARD NO.	REGN NO: SHB6245R	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 25.04.2018 23:45
	YR OF MANU 14.04.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU087175	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 25.04.2018
 NATURE: 3P 25.04.18

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
-----------------	----------------------

Acknowledgement Slip

Vehicle No.: SHB6245R

Work Order No.: LIMTS

Name of Service Advisor: _____

Signature/Date: _____

Returned to Service Reception upon collection

Exit Pass

Vehicle No.: SHB6245R

Name of Service Advisor: _____

Date: _____

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 6245R

MAKE :

MODEL : HYUNDAI i40

AXA - CP (P)

TS

DATE 26/4/2018

1730

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X/Part			\$ 603.60
	Rear Bumper Reinforcement ?			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH)?		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket (LH/RH) ?			\$ 49.00 X2
	Rear Bumper Clips X			\$ 22.00
	Rear Bumper Sponge ?			\$ 143.40
	Rear Bumper Under Cover X			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor X			\$ 135.70 Nett
	Rear Bumper Rubber Mat X			\$ 50.00 Nett
				\$ 185.70
	Labour Charge			
	Panel Beating			\$ 380.00 ¹⁰⁰
	Spray Painting Charge			\$ 250.00 ²⁵⁰
	Wiring Charge			\$ 50.00 X
	R/Refix Reverse Sensor			\$ 120.00 X
	TOWING charge - Tow Chik attached			60 ⁶⁰ nett
	TOTAL LABOUR			\$ 800.00
	ESTIMATE TOTAL			\$ 2,511.58

Kelvin
 27/4/18 1020 hrs
 2 Bys.
 PIP
 Asha

KKK 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:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

◀ Service Request Details

Claim

S8M00FCW

Reference

None 

Loss Date

April 25, 2018

Calvin

Request Date

April 27, 2018

Due Date

May 7, 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 #

SHB6245R

Make

TPVD HYUNDAI

Service Address

...

Primary Contact/Insured

OWEN CASSIDY GEOFFERY
700 WEST CAMP ROAD, #04-10 JTC AVIATION ONE, 797649, Singapore

gcassidy@asiaaviationcompany.com

Claim Handler

HO Winnie
6568804833
winnie.ho@axa.com.sg

Additional Instructions
GIA NOT REPORTED

-
- Messages
 - Invoices
 - History
 - Documents
 - Assessment
 - Metrics
 - Notes

New Message



Auto
Consultants
Pte Ltd

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

17 JULY 2018

**A.R Registered & Normal Post
1st Reminder**

OWEN CASSIDY GEOFFERY
700 WEST CAMP ROAD
#04-10 JTC AVIATION ONE
SINGAPORE 797649

Dear Madam,

Your Ref: SKU 5666E

Our Ref: CC4/ASM18007797/K1ea3 / S8M00FCW

**Accident involving SKU 5666E & SHB 6245R ALONG KILLINERY ROAD CROSS // SOMERSET
ON 25/04/2018**

We write to inform you that we are the appointed loss adjuster by your motor insurer, AXA insurance Singapore Pte Ltd to deal with the third party claim against your motor policy.

We refer to our letter of 01.06.2018 requesting for your reporting of the above accident.

We have checked our records and we are unable to trace your reporting of the accident to our office. For the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photocopied photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. This report is in a pre-set electronic form and has to be lodged through any of AXA Premium Workshops. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our Premium Workshops conveniently located throughout Singapore. **Please report the accident within the next 07 days, i.e by noon of 24.07.2018**

Please note that with the effect of 1st Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our Premium Workshops or reporting centres (if applicable) with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

We are under strict obligations to inform the **Traffic Police** of the non-reporting if we do not hear from you. The Traffic Police may thereafter contact you and or the driver to attend at their office to make a statement or they may commence investigations into the matter.

We hope this would not be necessary and it would only further inconvenience you as well as the driver. We look forward to hearing from you soon.

Moreover, the owner of **SHB 6245R** has submitted a claim against you and we are unable to revert on their claim as a result of your non-reporting of the above accident. If we fail to hear from you by **24.07.2018**, we shall assume that indemnification under the Policy is not sought, and we shall refer the third party claim to you for direct handling.

Yours faithfully

This is a computer generated letter and no signature is required.

To : Traffic Police – Deputy Head, Investigations Department
Fax : 65474885

ONLY FOR ACCIDENTS IN SINGAPORE

NON-INJURY MOTOR ACCIDENT REPORT SCHEME
FORM ON NON-REPORTING BY INSURED

Please be informed that we have yet to receive a motor accident report from our insured with regard to a non-injury motor accident as follows:-

Date of accident : 25.04.2018
Time of accident : 23:45HRS
Place of accident : KILLINEY RD X SOMERSET RD
Third Party's name : TOH LENG CHIANG (ZHUO NENGJIANG)
Third Party's vehicle number : SHB 6245R
Our insured's name : OWEN CASSIDY GEOFFERY
Our insured's vehicle number : SKU 5666E
Our insured's NRIC number :
Our insured's address : 700 WEST CAMP ROAD
#04-10 JTC AVIATION ONE
SINGAPORE 797649

Our Insured's telephone number : 96255666

A letter dated (01/06/18, 17/07/18) was sent to remind our insured to report the non-injury motor accident to us. No report has yet been made.

Please do not hesitate to contact the following for any clarification on the matter.
(Please cite our reference number: **(CC4/ASM18007797/K1ea3)**)

Name and address of insurance company : AXA INSURANCE PTE LTD
8 SHENTON WAY #24-01
AXA TOWER
SINGAPORE 068811

Name of contact person : ASHER SNG
Contact Number : 6841 6051 / Fax: 6741 4108
Date : 10/09/2018



Auto
Consultants
Pte Ltd

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

10 September, 2018

**AR REGISTERED
& NORMAL POST
FINAL REMINDER**

OWEN CASSIDY GEOFFERY
700 WEST CAMP ROAD
#04-10 JTC AVIATION ONE
SINGAPORE 797649

Dear Sir/Madam,

RE: ACCIDENT INVOLVING SKU 5666E & SHB 6245R ON 25/04/2018

We refer to our letters of 01 JUN 2018 & 17 JUL 2018 to you requesting for your reporting of the above accident.

We have checked our records and we are unable to trace your reporting of the accident to our office. For the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photocopied photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. This report is in a pre-set electronic form and has to be lodged through any of our AXA Premium Workshops. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our Premium Workshops conveniently located throughout Singapore. **Please report the accident within the next 07 days, i.e by 17 SEPT 2018.**

Please note that with the effect of 1st Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our Premium Workshops or reporting centres (if applicable) with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

As you are aware, the owner of the vehicle SHB 6245R has submitted a claim against you and we are unable to revert on their claim as a result of your non-reporting of the above accident. If we fail to hear from you by **17 SEPT 2018**, we shall refer the third party claim to you for direct handling.

Yours faithfully

This is a computer generated letter and no signature is required.



Auto
Consultants
Pte Ltd

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

01 June, 2018

OWEN CASSIDY GEOFFERY
700 WEST CAMP ROAD
#04-10 JTC AVIATION ONE
SINGAPORE 797649

Dear Sir,

OUR REF : CC4/ASM18007797/K1ea3 / S8M00FCW
YOUR REF : SKU 5666E
ACCIDENT INVOLVING SKU 5666E & SHB 6245R ALONG/ AT KILLINEY ROAD
CROSS // SOMERSET ROAD

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

We refer to the above subject matter. We have received third party claim(s) against your motor insurance policy.

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

We highlight that this accident has not been reported to your insurer. Under the Motor Claims Framework (MCF), you are required to report any accident with the accident vehicle (whether damaged or not) within 24 hours or by the next working day after the accident. The primary purpose of this reporting is to provide your version of the accident to AXA. Omission to report the accident will result in a loss of your No Claim Discount (NCD) upon renewal of your policy, and will prejudice any claim(s) by or against you. We would appreciate it if you could urgently file a report at our approved reporting centre.

The report has to be lodged at any of AXA Premium Workshops or reporting centres (subject to your policy). For the list of AXA Premium Workshops conveniently located throughout Singapore, please refer to the back of your Certificate of Insurance or the accompanying folder, or visit <https://www.axa.com.sg/customer-care/personal/motor/owndamageaccidentreporting>.

Your full co-operation is required. Kindly submit the following when lodging the report which list 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 our prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons in connection with this accident, please forward it to us immediately. You may email it to ashersng@lkkauto.com or deliver it by hand to 51 Ubi Avenue 1, #01-25 Paya Ubi Ind. Park S(408933).

You should also IMMEDIATELY forward us by hand any letters or Courts Summons received from the other party involved in the accident. You should not negotiate, admit liability or offer payment to them.

We would like to bring to your attention that under Policy Condition, your insurer shall have full discretion in the process and settlement of the said third party claim subject to the merits of the case and according to the rights afforded under the policy.

Your NCD (No Claim Discount) will be reduced by 30% (20% for motorcycle/commercial vehicles) if a claim is made under your policy.

To enable us to look into the matter immediately, please let us hear from you within seven (7) days from date of this letter. In accordance with the policy conditions, your insurer reserve the right to repudiate the said claim to you should you not give proper notice to us of any occurrence which may give rise to it.

Kindly contact us at 6841 6051 if you have any further enquiries.

Yours sincerely,
Claim Department

This is a computer generated letter and no signature is required.

CC : AXA INSURANCE PTE LTD



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/ASM18007797/K1ea3s2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN: WINNIE HO

Date : 16-04-2019



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKU 5666E	Veh. Inspected	SHB 6245R
Policy No.		Coverage (\$)	0.00
Claim No.	S8M00FCW	Excess (\$)	0.00
Assign From	WINNIE HO	Assign Date	27/04/2018

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087175	Colour	BLUE
Odometer	278488	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60R16	WEST LAKE	7 mm
L/H Front Tyre	205/60R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60R16	WEST LAKE	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	25/04/2018	Inspection Date	27/04/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 6245R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER (CONSISTENT)	TO REPAIR SEE LABOUR	603.60	-
1	REAR BUMPER REINFORCEMENT (CONSISTENT)	SERVICEABLE	504.35	-
2	REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @ \$180.00 (CONSISTENT)	SERVICEABLE	360.00	-
2	REAR BUMPER SIDE BRACKET (LH/RH) (CONSISTENT)	NOT NECESSARY	49.00	-
10	REAR BUMPER CLIPS (CONSISTENT)	NOT NECESSARY	22.00	-
1	REAR BUMPER SPONGE (CONSISTENT)	TORN	143.40	143.40
1	REAR BUMPER UNDER COVER (CONSISTENT)	SERVICEABLE	225.00	-
	LESS 20% DISCOUNT		-381.47	-28.68
			1,525.88	114.72
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN) (CONSISTENT)	SERVICEABLE	135.70	-
1	REAR BUMPER RUBBER MAT (SN) (CONSISTENT)	NOT NECESSARY	50.00	-
			185.70	-
LABOUR				
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		380.00	100.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	R/REFIX REVERSE SENSOR.	NOT NECESSARY	120.00	-
	TOWING CHARGE - TOW CHIK ATTACHED.		60.00	60.00
			860.00	360.00
GRAND TOTAL			2,571.58	474.72
RECOMMENDED COST OF REPAIRS				474.72

Report Ref No. CC4/ASM18007797/K1ea3s2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.