

INS. CASE OWNER:

Staley. CC 4 / ASM1800 7803, T1 jabsz

LKK:
IDAC:

42076

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE

GIBB 6660 X



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A: 23/4/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

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

XE 3805 P



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

20/10/18

3:04 PM

21/10/18

3:38 PM

4:08 PM

7-22

XE 3805 P - X; GIBB 6660 X - X

OIR. sent out first letter.

CALLED - NO ANSWER.

NO - ANSWER.

PROCEED DS; OI GIA UPLOADED

RECEIVED 03 OCT 2018

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	22/3/18
After call ltr to OI:	
Documentation Check List:	Handler Typist
Notification ltr (if non-pickup):	<input checked="" type="checkbox"/> <input type="checkbox"/>
After call ltr to OI:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Towing Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
LTA / GIA:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
LOD	<input checked="" 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"/>

PRELIMINARY ADVICE	Date/Time: 14/10	Sent By: [Signature]
FINALIZATION	Date/Time:	Confirm with:
Repair Cost: S\$	days) Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 1-10-18	Confirm with: SUSAN
Final Liability: %	(Agreed / Assessed) BOLA S/N No.:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: S\$ 2,728.50		If NO or B 28, Ass. Lia:
Loss of Rental (LOR): S\$ -	(days)	
Loss of Use (LOU): S\$ 750	(S 150 x 5 days)	
Loss of Income (LOI): S\$ -	(S x days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search: S\$ 7.45		
Medical: S\$ -		1) Claim status: Normal/Reject/Private Settle
Disbursement: S\$ -	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost: S\$ -		3) Survey fee:
Total: S\$ 3,485.95	Global Sum S\$:	
FINAL PAYMENT	Date/Time:	Confirm with:
Payee 1: S\$ 3,485.95	Name 1: SIN SHENG ENGINEERING SERVICES	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 2: (Strike if N.A.) S\$ -	Name 2: X	
Payee 3: (Strike if N.A.) S\$ -	Name 3:	

COMPLIMENT
31/10/18

REF: ASM (AXA)

ASSIGNMENT

From: Date: 11/06/2018

Estimated Cost:

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

To inspect Vehicle No:

XE 3805P

at Workshop n/s:

Sin Sheng

of

3 Tech Park Crescent Tuas Tech Park

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:

175K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

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:

XE 3805P

Yr Regn:

2017 Dec.

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Mitsubishi Fuso

C.C.

11967

Colour:

Maroon

A/C.

Insured / Std / NI / NA

Sp. Reading

24860

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

EP51SPA20245

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

295 / 90 R225

R:

^ ^ (D)

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

D.O.I.

Survey held at

Sin Sheng

11/6/18 @ 3pm

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

Frt 2/5

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

Date / Time

Action / Instruction

28-8-18 L/S \$2,550

R (\$3,950.37/GI%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) S + RS St

) Photos

) Others

Report Format :

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

Add Fee:

☐

Site Insp. (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

TOTAL

SIN SHENG ENGINEERING SERVICES

3 TECH PARK CRESCENT

SINGAPORE 638129

Tel No. : 6863-9595 Fax No. : 6863-6477

E-Mail : sinsheng1981@gmail.com

Buss. Reg. No. : 312029/00D

GOLDBELL LEASING PTE LTD

59 SENOKO ROAD

SINGAPORE 758123

Attention : Motor Claim Department

Contact : 6861 0007 Fax No. : 6753 7780

Estimate : ES002504

Date : 11/06/2018

Vehicle Num. : XE3805P

Make/Model : MITSUBISHI FP 51-2017

Chassis/Eng# : FP51SDA20245/OM457342170

Accident Date : 23/04/2018

Claim No. :

Reference :

Policy No. : 29004183

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

		LIST ITEMS :		
1.	1	FRONT BUMPER		
2.	1	BUMPER SIDE		
3.	1	BUMPER TOP PANEL, RHS		
4.	1	BUMPER TOP GARNISH		
5.	1	BUMPER TOP PANEL, CENTRE		
6.	1	BUMPER TOP GARNISH, CENTRE		
7.	1	HEADLAMP, RHS		
8.	1	HEADLAMP BEZEL		
9.	1	BUMPER SPOTLAMP		
10.	1	BUMPER SPOTLAMP COVER		
11.	1	HEADLAMP BRACKET		
12.	1	BUMPER COVER RH		

bt 2,779.71
 cyl 129.10
 bts 208.07
 tws 177.66
 x 814.26
 x 251.38 } nn
 x 1,183.88 }
 de 193.72
 x 271.25 }
 x 171.25 } nn
 x 872.05 }
 x 281.50 }

List TotalS\$:

7,333.83

25.00% Discount S\$:

1,833.46

5,500.37

LABOUR :

TO PANEL BEAT/REPAIR RH BODY

300
450.00

TO DISMANTLE/REPLACE ABOVEMENTIONED PARTS

SPRAY PAINTING

300
550.00

CONTINUE / ...

R - 2616.20

L - 600

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Claim No. :

Reference :

Policy No. : 29004183

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

LOSS OF USE : 3 DAYS @ S 250/DAY

Labour Total S\$:

1,000.00

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:

Tanjin 9749 5749
 'wp'
 LKK
 Resurvey after repair
 03 days
 sent@lkkauto.com
 11/6/18 @ Spm

Total S\$: 6,500.37

=====

SIN SHENG ENGINEERING SERVICES



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: 14/6/2018

Survey Details:

Date of loss	23-Apr-18
Date of appointment	26-Apr-18
Date of survey	11-Jun-18
Location of survey	Sin Sheng Engineering Services

Vehicle Details:

Claim Type:	THIRD PARTY CLAIM
Vehicle number	XE 3805P
Make and Model	MITSUBISHI FUSO FP51SDR3VDEA - 11967cc
Date of registration	18-Dec-17
Excess	
Market Value	\$ 75,000.00
Parf Rebate	\$ 46,428.00
Nett Loss	\$ 28,572.00

Repair details:

Initial Estimate	\$ 6,500.37
------------------	-------------

Proposed/Revised repair cost:

Parts	\$ 2,616.20
Check items (estimate)	\$ -
Labour	\$ 600.00
Total	\$ 3,216.20
Lump Sum(if applicable)	\$ -

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




Service Request Details

Claim

S8M00F8O

Reference

None 

Loss Date

April 23, 2018

Request Date

April 26, 2018

Due Date

May 4, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

26042018 @ 2:44PM

Susan veh not in.

LKK AUTO CONSULTANTS PTE LTD (TP) ▼

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

XE3805P

Make

TPVD MITSUBISHI

Service Address

...

Primary Contact/Insured

EGRADE CONTRACTOR PTE LTD

15 YISHUN INDUSTRIAL STREET 1, #06-08 WIN 5, 768091, Singapore
65674755

Claim Handler

NG Stacey

6568804351

stacey.ng@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

27 April, 2018

EGRADE CONTRACTOR PTE LTD
15 YISHUN INDUSTRIAL STREET 1
#06-08 WIN 5
SINGAPORE 768091

Dear Sir,

OUR REF : CC4/ASM18007803/T1ja3 / S8M00F80

YOUR REF : GBB 6660X

**ACCIDENT INVOLVING GBB 6660X & XE 3805P ON 23.04.2018 ALONG/ AT
FILTER LANE ALONG MARSILING 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 joyirene@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 2409 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
Motor Claim Department

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. 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 withholding 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.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	06/07/2018 10:47
Date Of Accident	23/04/2018 20:00
Exact Location Of Accident	WOODLANDS AVE 3 SLIP RD TWDS WOODLANDS CENTRE RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB6660X
Insured/Policyholder	
Name Of Registered Owner	EGRADE CONTRACTOR PTE LTD
Co Reg No	201318753C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-63974371

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P1844389
Cover Note Number	

Driver

Name of Driver	SANKARALINGAM PALANI
Passport No/FIN	G6444624Q
Date Of Birth	04/06/1985
Occupation	OUTDOOR
Date Of Driving Pass	17/12/2014
Driving Experience	3 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91241351
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	15 YISHUN INDUSTRIAL ST 1 #06-08 WIN 5
Postcode	768091
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	5
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : MALE
Passenger 4	NAME: : UNKNOWN GENDER: : MALE

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

KINDLY REFER TO SKETCH PLAN.

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	XE3805P
Vehicle Make/Model/Colour	PRIME MOVER
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN

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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes, and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

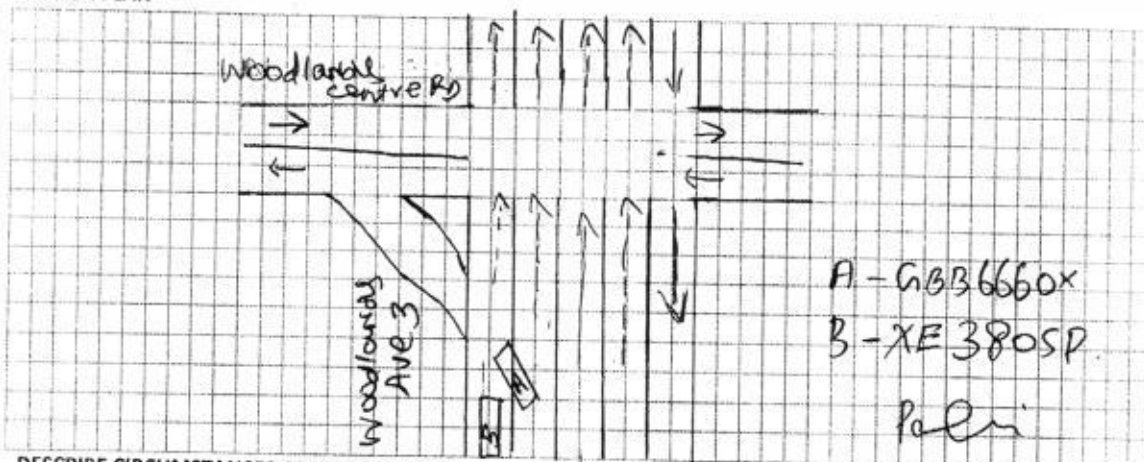
Policyholder's Signature
Date & Time:



Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/TIN No:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 23-04-18 about 8:00pm I was driving company Lorry (GB3666X) along Woodlands Ave 3 on the 4th lane slowly changing into slip road turning left towards Woodlands Centre Road and Accidentally having contact with (XE380SP) which is on my left. No injury involved.

Pali

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.



- Reporting Only

- Claim OD

- Claim TP

- Claim OD/ TP at other workshop

DECLARATION

I/WE declare the foregoing particulars are true in every respect.



Policyholder's signature

Date & Time

Pali

Driver's Signature

(if driver not the policyholder)

Date & Time

[Signature]

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.



Proceed ds

Type

 Information

Message

insured gia report shared

Reply

SIN SHENG ENGINEERING SERVICES

3 TECH PARK CRESCENT

SINGAPORE 638129

Tel No. : 6863-9595 Fax No. : 6863-6477

E-Mail : sinsheng1981@gmail.com

Buss. Reg. No. : 312029/00D

GOLDBELL LEASING PTE LTD

59 SENOKO ROAD

SINGAPORE 758123

Attention : Motor Claim Department

Contact : 6861 0007 Fax No. : 6753 7780

Estimate : ES002504

Date : 11/06/2018

Vehicle Num. : XE3805P

Make/Model : MITSUBISHI FP 51-2017

Chassis/Eng# : FP51SDA20245/OM457342170

Accident Date : 23/04/2018

Claim No. :

Reference :

Policy No. : 29004183

S/N	Quantity	Particular	Unit Price	Amount S\$
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4.	1	BUMPER TOP GARNISH	mis 177.66	
5.	1	BUMPER TOP PANEL, CENTRE	x 814.26	
6.	1	BUMPER TOP GARNISH, CENTRE	x 251.38	
7.	1	HEADLAMP, RHS	x 1,183.88	
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List TotalS\$:				7,333.83
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LABOUR :				
TO PANEL BEAT/REPAIR RH BODY				300 450.00
TO DISMANTLE/REPLACE ABOVEMENTIONED PARTS				
, SPRAY PAINTING				300 550.00

CONTINUE / ...

SIN SHENG ENGINEERING SERVICES

3 TECH PARK CRESCENT
SINGAPORE 638129
Tel No. : 6863-9595 Fax No. : 6863-6477
E-Mail : sinsheng1981@gmail.com
Buss. Reg. No. : 312029/00D

GOLDBELL LEASING PTE LTD
59 SENOKO ROAD
SINGAPORE 758123

Attention : Motor Claim Department
Contact : 6861 0007 Fax No. : 6753 7780

Estimate : ES002504

Date : 11/06/2018
Vehicle Num. : XE3805P
Make/Model : MITSUBISHI FP 51-2017
Chassis/Eng# : FP51SDA20245/OM457342170
Accident Date : 23/04/2018
Claim No. :
Reference :
Policy No. : 29004183

S/N	Quantity	Particular	Unit Price	Amount SS
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LOSS OF USE : 3 DAYS @ S 250/DAY

Labour Total SS :

1,000.00

Tanjin 97495749
WP
Lumpsum \$2500/-
Resum after repair
03 days
sum@kanto-wm
11/6/18 @ Spm.

Total SS : 6,500.37

=====



SIN SHENG ENGINEERING SERVICES

Your Insured's vehicle : GBB6660X

Our customer's vehicle : **XE3805P**

Date : 26/04/2018

AXA INSURANCE SINGAPORE PTE LTD

Dear Sirs,

DATE OF ACCIDENT : 23 APR 2018

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION/SURVEY & SEEK ATTENTION

We have been appointed by Goldbell Leasing Pte Ltd repair their vehicle no. XE3805P

Please be informed that the said vehicle can be inspected at :

Workshop : Sin Sheng Engineering Services

Address : 3 Tech Park Crescent, Tuas Tech Park, Singapore 638129

Contact : Ms Susan / Ms Cheryl Yuan

Tel / Fax : 6863 9595 / 6863 6477

Pursuant to ePractice Direction No 2 of 2011, we hereby give you notice to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday failing which we will commence repairs thereafter without any further notice or reference to you. Kindly acknowledge upon inspection in the acknowledgement box below, Alternatively kindly inform us in writing if you are waiving your rights to an inspection of our customer's vehicle.

NB. Any settlement of offer is on the express condition that this settlement is in respect of our client's claim for property-related damage only and shall not preclude client's driver/passanger from claiming injury-related damage arising from this accident.

Your sincerely,

Susan

Acknowledgement

This is to confirm that I <i>Tan Jiah</i> [Full Name of Surveyor]	
of <i>LKIC</i> [Surveyor's Company]	
have completed the pre-repair inspection on <i>11/6/18</i> [Date if Inspection]	
at <i>3 pm</i> [Time of Inspection]	
<i>[Signature]</i> Signature of Appointed Surveyor	<i>Susan</i> Witnessed By:
Company Stamp	Date

Waiver

We waive our rights to an inspection/survey of the above vehicle.

Signature _____

Name :

Date :



Re:IA FOR QUANTUM MANDATE UPLOADED- FOR APPROVAL

Type

🔗 Question

Message

pls proceed

Reply



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: 28/8/2018

Survey Details:

Date of loss	23-Apr-18
Date of appointment	26-Apr-18
Date of survey	11-Jun-18
Location of survey	SIN SHENG ENG. SERVICES

Vehicle Details:

Claim Type:	Third party
Vehicle number	XE 3805P
Make and Model	MITSUBISHI FUSO 11967CC
Date of registration	18-Dec-17
Excess	
Market Value	\$ 75,000.00
Part Rebate	\$ 46,428.00
Nett Loss	\$ 28,572.00

Repair details:

Initial Estimate	\$ 6,500.37
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Proposed/Revised repair cost:

Parts	\$ 2,616.20
Check items (estimate)	
Labour	\$ 600.00
Total	\$ 3,216.20
Lump Sum(if applicable)	2550

Number of days for repair	<u>3</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

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 14/6/2018

Survey Details:

Date of loss	23-Apr-18
Date of appointment	26-Apr-18
Date of survey	11-Jun-18
Location of survey	Sin Sheng Engineering Services

Vehicle Details:

Claim Type:	THIRD PARTY CLAIM
Vehicle number	XE 3805P
Make and Model	MITSUBISHI FUSO FP51SDR3VDEA - 11967cc
Date of registration	18-Dec-17
Excess	
Market Value	\$ 75,000.00
Part Rebate	\$ 46,428.00
Nett Loss	\$ 28,572.00

Repair details:

Initial Estimate	\$ 6,500.37
------------------	-------------

Proposed/Revised repair cost:

Parts	\$ 2,616.20
Check items (estimate)	\$ -
Labour	\$ 600.00
Total	\$ 3,216.20
Lump Sum(if applicable)	\$ -

Number of days for repair	<u>3 days</u>
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Auto
Consultants
Pte Ltd

Company Registration No. 199607196R

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

Remarks:

BOLA 15 - 100% INSURED DRIVER CHANGING LANE

Mandate:

Liability(TP)	100%	
Proposed repair cost	\$ 2,728.00	GST included
Loss of use	\$ 900.00	(\$180 x 5 days)
Loss of rental		
Loss of income		
LTA search fees	\$ 7.45	
Others		
Proposed Total	\$ 3,635.45	

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	GBB 6660X (Insd veh)	Model:	MITSUBISHI
	XE 3805P (TP veh)		FUSO FP51SDR3VDEA
Date of Accident:	23/04/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Repair Estimate	:	\$	6,955.40
Final Repair Cost	:	\$	2,728.50
Loss of Use	:	\$	750.00
Rental (if any)	:	\$	5 days at \$150.00 per day
LTA / GIA Search Fee	:	\$	7.45

Others:	:	\$	
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	:	\$	
Final Settlement Sum	:	\$	3,485.95

Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Kindly indicate below)	
A) For Non GIA Registered Workshop:	Agreed Liability _____ 100 _____ (%)
B) For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____
BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.	
Remarks _____ _____	

Payment Instruction: Payee's Breakdown			
1)	SIN SHENG ENGINEERING SERVICES	:	\$ 3,485.95

NUR SHAQILAH BTE ABDOL
WAHAB

10/10/2018
Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

**LKK Auto Consultants Pte Ltd**

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

AXA INSURANCE PTE LTD

Ref : CC4/ASM18007803/T1ja3s2

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 10-10-2018



ATTN: STACEY NG

Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBB 6660X	Veh. Inspected	XE 3805P
Policy No.	P1844389	Coverage (\$)	0.00
Claim No.	S8M00F80	Excess (\$)	0.00
Assign From	STACEY NG	Assign Date	26/04/2018

2. Vehicle Particulars & Condition

Make & Model	MITSUBISHI FUSO	c.c	11967
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	FP51SDA20245	Colour	MAROON
Odometer	26880	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	295/90 R22.5	BRIDGESTONE	8 mm
L/H Front Tyre	295/90 R22.5	BRIDGESTONE	8 mm
R/H Rear Tyre	295/90 R22.5 (D)	BRIDGESTONE	8/8 mm
L/H Rear Tyre	295/90 R22.5 (D)	BRIDGESTONE	8/8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	23/04/2018	Inspection Date	11/06/2018
Survey held at	SIN SHENG ENGINEERING SERVICES 3 TECH PARK CRESCENT TUAS TECK PARK SINGAPORE 638129		

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:	3 Working Days
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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. XE 3805P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER (CONSISTENT)	BENT	2,779.71	2,779.71
1	BUMPER SIDE (CONSISTENT)	CUT	129.10	129.10
1	BUMPER TOP PANEL, RHS (CONSISTENT)	BENT	208.07	208.07
1	BUMPER TOP GARNISH (CONSISTENT)	TWISTED	177.66	177.66
1	BUMPER TOP PANEL, CENTRE (CONSISTENT)	NOT NECESSARY	814.26	-
1	BUMPER TOP GARNISH, CENTRE (CONSISTENT)	NOT NECESSARY	251.38	-
1	HEADLAMP, RHS (CONSISTENT)	NOT NECESSARY	1,183.88	-
1	HEADLAMP BEZEL (CONSISTENT)	DEFORMED	193.72	193.72
1	BUMPER SPOTLAMP (CONSISTENT)	NOT NECESSARY	271.25	-
1	BUMPER SPOTLAMP COVER (CONSISTENT)	NOT NECESSARY	171.25	-
1	HEADLAMP BRACKET (CONSISTENT)	NOT NECESSARY	872.05	-
1	BUMPER COVER RH (CONSISTENT)	NOT NECESSARY	281.50	-
	LESS 25% DISCOUNT		-1,833.46	-872.06
			5,500.37	2,616.20
LABOUR				
	TO PANEL BEAT / REPAIR RH BODY. TO DISMANTLE / REPLACE ABOVE MENTIONED PARTS.		450.00	300.00
	SPRAY PAINTING.		550.00	300.00
			1,000.00	600.00
GRAND TOTAL			6,500.37	3,216.20
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,550.00

Report Ref No. CC4/ASM18007803/T1ja3s2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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