

INSURANCE: Novisiam | CC6, ALG 180 6049, AUA3 | LKK IDAC

INS CASE OWNER: ADRIAN | DOI: ASSIGNMENT 6/6/18 | Date / Time: 6/9/18  
 Registered in Merimen: 11/6/18

Pre-assign / CCU / FTE: \_\_\_\_\_  
 Insured Vehicle No.: SGW 5716M | Claim No.: 874770081756  
 Name of Insured: Sim SOON MENG | Policy No.: 200418070-02000  
 Insured Tel No.: \_\_\_\_\_ | HP: \_\_\_\_\_ | Make / Model: Subaru Forester  
 Excess See II :SS \_\_\_\_\_ | D.O.A: 18/02/2018 | Place of Accident: From LGAT LINK  
 Is driver the owner? ( YES /  ) | Nature of Accident: \_\_\_\_\_  
 If NO, Driver Name / Age: Ng Hui Leng | OI GIA REPORT:  YES / NO, TP GIA REPORT:  YES / NO  
 Driver Tel No.: 91725912 | (V/L: YES / NO) | Insured Liability: % | Final ? Yes / No

SKK 53945 → → → → →

INSRS: WSP: Tel: Liability: RMKS: 1-5.  
 INSRS: WSP: Tel: Liability: RMKS: \_\_\_\_\_  
 INSRS: WSP: Tel: Liability: RMKS: \_\_\_\_\_  
 INSRS: WSP: Tel: Liability: RMKS: \_\_\_\_\_

Date/Time	STAGE	DATE / PIC
	Non-Reporting ltr (1st)	
	Non-Reporting ltr (2nd)	
	Non-Reporting ltr (Final)	
	Notification ltr (if non-pickup)	
<u>18/9/18 @ 5:50</u>	Call OI	<u>YIMH By Email.</u>
	After call ltr to OI	<u>18/9</u>
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI	<input checked="" type="checkbox"/>
	Authorisation To Act	<input checked="" type="checkbox"/>
	Release Voucher	<input checked="" type="checkbox"/>
	Final Repair Bill	<input checked="" type="checkbox"/>
	Car Rental Invoice	<input type="checkbox"/>
	Towing Invoice	<input type="checkbox"/>
	LTA / GIA	<input checked="" 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"/>

RECEIVED 28 SEP 2018

PRELIMINARY ADVICE	Date/Time: _____	Sent By: _____	
FINALIZATION	Date/Time: _____	Confirm with: _____	Confirm by: _____
Repair Cost:	\$S _____	( _____ days) Reduction:	% _____ Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>26/9/18</u>	Confirm with: <u>Andy</u>	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	% <u>60</u> (Agreed / Assessed) BOLA S/N No.: _____		If NO or B 28, Ass. Lia: _____
Repair Cost:	\$S <u>1500.00</u>		
Loss of Rental (LOR):	\$S _____ ( _____ days)		
Loss of Use (LOU):	\$S <u>240.00</u> ( <u>360</u> x <u>4</u> days)		
Loss of Income (LOI):	\$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 <u>29.00</u>		
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 <u>1769.00</u>	Global Sum \$S: _____	
FINAL PAYMENT	Date/Time: _____	Confirm with: _____	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S <u>1769.00</u>	Name 1: <u>PS AUTO SERVICE</u>	
Payee 2: (Strike if N.A.)	\$S _____	Name 2: _____	
Payee 3: (Strike if N.A.)	\$S _____	Name 3: _____	

26/9/18

ADS REC BY: Adrian Ling

REF:

ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
 To Inspect Vehicle No: \_\_\_\_\_  
 at Workshop m/s \_\_\_\_\_  
 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: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 4 days Res.: Yes or No  
 Lun Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: 3KKS3945 Yr Regn: 2006 August  
 Type: M. Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Toyota Vios c.c. 1797  
 Colour: Gold A/C: Insured / Std / NI / NA  
 Sp. Reading: 249526 T/Radr: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: MROS3H49204201757  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: Inorder / Jammed / Leaked / Burnt or  
 Brake: Inorder / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 185/60 R14  
 R: 185/60 R14

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

<u>Front</u>		<u>Rear</u>
R/Bal. <u>06</u> mm		R/Bal. <u>06</u> mm
L/Bal. <u>06</u> mm		L/Bal. <u>06</u> mm
D.O.A. _____		D.O.I. <u>06/06/8</u>

Survey held at P.S.  
 Des. of Damages: Frt / Rear / O/S (N/S) / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction  
TP ALG.

COE Expiry: 24/06/26.

*[Signature]*

LIS - \$ 1500+ CRed: \$ 2369.50 / 61%.

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

Days Of Repair: \_\_\_\_\_  
 Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:	
Transportation:	
S + RS: \$	
Photo:	
Other:	
TOTAL:	

Report Format: \_\_\_\_\_  
 Lump Sum / L.B.F. (\$) \_\_\_\_\_

LKK Adrian

TPAIG  
Thin Thin

SKK 53949

Toyota vios

DATE

No.

Rear Door Assy LH Bent 992.00 ✓

Rear Door Protector LH Bent 123.05 ✓

Rear Door Assy RH Repair 981.40 ✗

Rear Door Protector RH Bent 123.05 ✓

Labour charge

to repair affected area 900.00 <sup>600</sup>

to remove & fit door mechanism 200.00 <sup>80</sup>

to remove damaged parts, straighten & repair  
rear bumper, rear LH fender & align  
all parts 550.00 <sup>300</sup>

**PS AUTO SERVICE**

No. 1 Kaki Bukit Avenue 6 #02-36  
Singapore 417883

H/P: 9456 8196 Fax: 6280 5329

Email: psauto.andy@yahoo.com.sg

List : 2219.50

Labour 1650.00

3869.50

List 1238.10

Less 25%: 928.57

Labour 980

Total 1908.57

L/S: 15K. 04 Days

LKK Auto Consultants hence notify the Repairer of the following:

- To ensure adequate spray painting
- To display damaged parts during recovery
- Parts prices are on "market" basis
- Third party survey is on "IC" (not "Prevalence") basis
- No illegal modifications is allowed
- Supplementary work must be requested and is subject to final approval from insurance company

Acknowledged by Repairer  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

A'ZONE

ALG ASIA PACIFIC  
INSURANCE P/L  
Auto Motor Claims Dept

*Handwritten mark resembling a stylized 'A' or 'K'.*

Dear Sir/Madam

ACCIDENT INVOLVING VEHICLE NO SKK53943 @ SGW5116M  
ALONG KIM KEAT LINK ON 18.2.2018

We understand that you are the insurer of SGW5116M vehicle.

We wish to inform you that repairs to your vehicle SKK53943 have been completed  
to your satisfaction by PS AUTO SERVICE. We therefore propose  
to claim from you as follows:

1. Cost of Repairs	S\$ <u>1500</u>
2. Loss of Use (S\$ <u>60</u> x <u>4</u> days)	S\$ <u>240</u>
3. LTA Scratch Penalty Report	S\$ <u>29</u>
<b>TOTAL</b>	<b>S\$ <u>1769.00</u></b>

Please let us have your reply soonest possible.

Thank you.

Yours faithfully

*Handwritten signature of Andy.*

**PS AUTO SERVICE**

No. 1 Kaki Bukit Avenue 6 #02-38  
Singapore 417883  
H/P: 9456 8196 Fax: 6260 5329  
Email: psauto.andy@yahoo.com.sg

**PAYMENT AUTHORIZATION FORM**

Date: \_\_\_\_\_

Attention: Motor Claims Department

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dear Sir/ Mdm,

ACCIDENT INVOLVING VEHICLES SKK 5394S & SGW 5116M

I/We, (Name) KOH JUAN LING, of (NRIC no) S86124781E,  
the owner/ driver of vehicle no SKK 5394S which was involved in the above mentioned  
accident. Hereby authorize any settlement payment due to me arising from the above mentioned accident  
to be made payable to my repairer **PS AUTO SERVICE**.

I/We hereby agree to indemnify **PS AUTO SERVICE** against all claims and/or damages which may  
arise from all actions taken for and on my/our behalf.

I/We hereby affirm that the above-mentioned statement to be true and correct.

Yours faithfully

X 

Owner Signature  
(Company's stamp if applicable)

## Thin Thin (LKKAuto)

---

**From:** Thin Thin (LKKAuto)  
**Sent:** Tuesday, 18 September 2018 6:48 PM  
**To:** 'lawrence\_sim@yahoo.com'  
**Subject:** ACCIDENT INVOLVING SGW 5116M & SKK 5394S ON 18/02/2018



Auto  
Consultants  
Pte Ltd

---

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

Our Ref: CC6/AIG18010649/Aua3

18 SEPTEMBER 2018

**SIM SOON MENG**  
3 RIVERVALVE LINK  
#10-28  
SINGAPORE 545119

Dear Sir/Madam,

### **ACCIDENT INVOLVING SGW 5116M & SKK 5394S ON 18/02/2018**

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

THIN THIN HLAING  
Case Handler  
DID: 6841 2360  
FAX: 6741 4108  
Email: [thinthin@lkkauto.com](mailto:thinthin@lkkauto.com)

c.c. *AIG Asia Pacific Insurance Pte Ltd*

*(Motor Claims Dept)*

## LETTER OF AUTHORITY

RE: ACCIDENT INVOLVING VEHICLE NOS \_\_\_\_\_ &  
SKK5394S @ SQW5116M \_\_\_\_\_ ALONG  
KIM KEAT LING \_\_\_\_\_ ON  
18.2.2018 \_\_\_\_\_

1. I/We, hereby appoint **PS AUTO SERVICE** to be my agent and I/We authorize my said agent to give you all instructions pertaining to the conduct of own damage claim against my insurer.
2. My said agent also has my authority to decide on my behalf whether to accept any offer of settlement from the insurer.
3. I understand and accept that until I revoke my said agent's authority in writing to you, I am bound by all instructions given by my said agent to you.
4. Upon settlement of the own damage claim and in case the settlement monies was sent to me/us by the insurer, I/We undertake to pay the cost of repair settled and related expenses and disbursement incurred.
5. My vehicle is repaired on my own will without any inducement, threat or promise.

X   
\_\_\_\_\_

Signature  
(Company's stamp if applicable)  
Name: KOH JUAN LING  
NRIC No: S8612478E  
Address:

**RELEASE VOUCHER**  
**(AIG Asia Pacific – EXPRESS THIRD PARTY CLAIM)**

"We/I, PS AUTO SERVICE ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte. Ltd. LKK AUTO CONSULTANTS PTE LTD ("name of surveyor") with respect to the amount claimed for S\$ 1500.00 (repair costs), S\$ 240.00 (loss of use/rental) S\$ 29.00 (search fees) for vehicle no. SKK 53945 that was damaged pursuant to the accident which occurred on 18/2/18 (date) along KIM KEAT LINK (location) involving vehicle no/s SGW 5116M

This is pursuant to the inspection conducted on 6/6/18 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner KOH JUAN LING ("third party claimant") of vehicle no. SKK 53945 to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte. Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to SKK 53945 (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 28 day of 09 (month) 20 18 (year)



*[Handwritten signature]*

Signed by AIG appointed surveyor

*[Handwritten signature]*

**PS AUTO SERVICE**  
No. 1 Kaki Bukit Avenue 6 #02-36  
Singapore 417883  
H/P: 9458 8196 Fax: 6290 5329  
Email: psauto.sandy@yahoo.com.sg

Shopped & Signed by "the workshop"

# PS AUTO SERVICE

NO. 1 KAKI BUKIT AVE 6 #02-34/36 SINGAPORE 417883  
TEL : 94568196 (MR. ANDY SIM)

19-07-18

KOH JUAN LING  
Blk 660 Hougang Ave 8  
#09-471  
Singapore 530660

FINAL BILL FOR VEH NO : SKK 5394S  
TOYOTA VIOS 1.5 (M)

LUMP SUM OF REPAIR

INCLUDING SUPPLY PARTS AND LABOUR

\$ 1,500.00

SPRAY PAINTING AND PANEL BEATING

TOTAL :

\$ 1,500.00



**GENERAL  
INSURANCE  
ASSOCIATION**

RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE  
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580  
Phone: +65 6224 0010 Fax: +65 6224 0030  
Operating Hours: Monday to Friday 9am to 5pm  
GST Registration No: M400017735

**TAX INVOICE**

Our Ref No: GR-18-033483

Date of Request: 05/03/2018

Your Ref No: WALK IN SIM POH SOON

PS AUTO SERVICE - KAKI BUKIT  
NO.1 KAKI BUKIT AVENUE 6 #02-36  
SINGAPORE 417883

Dear Sir/Madam,

Your Vehicle No: SKK5394S

Date of Accident: 18/02/2018

Place of Accident: BLK 244 KIM KEAT LINK C/P

Involving Vehicle No: SGW5116M

DESCRIPTION	AMOUNT (S\$)
E-File Search Fee (Public)	14.02
GST Amount	0.98
Total Amount Due (GST Inclusive)	15.00

Thank You.

This is a computer generated document and requires no signature.

---

For GIARMC Official use:

Date:

GIRO  Cash  Cheque



RECORDS MANAGEMENT CENTRE

GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-18-033485
Date of Request: 05/03/2018

Your Ref No: WALK IN SIM POH SOON

PS AUTO SERVICE - KAKI BUKIT
NO.1 KAKI BUKIT AVENUE 6 #02-36
SINGAPORE 417883

Dear Sir/Madam,

Date of Accident: 18/02/2018
Vehicle No: SKK5394S
Place of Accident: BLOCK 244 KIM KEAT LINK CARPARK
Involving Vehicle No: SGW5116M

With reference to your application for the accident report, we have attached the following accident reports as requested:

Table with 5 columns: DOCUMENTS, ACCIDENT LOCATION, PER DOC (S\$), QTY, AMOUNT (S\$). Rows include SGW5116M, GST Amount, and Total Amount Due (GST Inclusive).

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

[ ] GIRO [X] Cash [ ] Cheque

### ...CLAIM SUBFOLDER...(Pending for Survey Report)

Fastlane

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	14 Jun 2018 <a href="#">Edit Reg</a>		06 Jun 2018 00:00 <a href="#">Edit Adj Rpt</a>	<b>S\$1,500.00</b> <a href="#">Edit Estimates</a>	<b>S\$1,500.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by adjuster]</span>									
Insured:	<b>SIM SOON MENG</b> , ID: S7115912D								
Main Claimant:	<b>KOH JUAN LING</b> , ID: S8612478E								
Vehicle Reg. No.:	<b>SKK5394S</b>	Date of Loss:	18/02/2018 15:00 - :59 [137 Months and 24 Days From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / 8747700517SG</b>	Policy/Cover Note No.:	2100417070 (Comprehensive)						
Vehicle Reg. No. (Insured):	<b>SGW5116M</b>	Policy No. (Claimant):	DMPCSN3080481701						
Repairer:	<b>Ps Auto Service - Kaki Bukit (HQ)</b> No.1 Kaki Bukit Avenue 6 #02-36, 417883 Kaki Bukit - Tel: 94568196								
Handling Insurer:	<b>AIG Asia Pacific Insurance Pte. Ltd. (Express)</b> - Tel: 65-6419-3000 ... [Handled by <b>MdNoor, Norsiah</b> ] Norsiah.MdNoor@aig.com								
Claimant's Insurer:	<b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>ADRIAN LING</b> ] ... [Final Rpt due 21/06/2018]								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SKK5394S (8747700517SG)  
[SGW5116M]  
TP  
KOH JUAN LING  
Feb 18 2018 3:00PM  
[SIM SOON MENG]  
Ps Auto Service - Kaki Bukit

Upload Documents			Upload Photos			Compose New Letter			Upload Video			Upload Audio			View <span style="font-size: small;">View in Browser</span> <span style="font-size: x-small;">v</span>	
<b>Letters/Correspondences</b>															1 per page <span style="font-size: x-small;">v</span>	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)												Thumbnail	Print	
1	(Draft)	Third Party Express Settlement - Payment Breakdown													Edit	
<b>Photos/Images</b>															3 per page <span style="font-size: x-small;">v</span>	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)												Thumbnail	Print	
1	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
2	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
3	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
4	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
5	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
6	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
7	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
8	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
9	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
10	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
11	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
12	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
13	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
14	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
15	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
16	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
17	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
18	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
19	19/07/18 16:13	General View													Load JPG <input checked="" type="checkbox"/>	
<b>Documentation</b>															1 per page <span style="font-size: x-small;">v</span>	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)												Thumbnail	Print	
1	12/06/18 13:38	TP GIA REPORT													Load PDF	
2	15/10/18 13:00	WORKSHOP INVOICE													Load PDF	
3	15/10/18 13:00	AUTHORISATION TO ACT FORM													Load PDF	
4	15/10/18 13:00	Release Voucher													Load PDF	
5	15/10/18 13:00	GIA SEARCH													Load PDF	
6	15/10/18 13:00	LETTER TO OI													Load PDF	
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)												Thumbnail	Print	
1	12/06/18 09:15	OI GIA REPORT													Load PDF	

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

**Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)**

**Show Remarks To:**  Handling Insurer

Note: Remarks are private unless you show it to other parties.

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

**THIRD PARTY EXPRESS SETTLEMENT  
(PAYMENT BREAKDOWN)**

Vehicle No:	SGW5116M (Insd veh)	Model:	TOYOTA VIOS 1.5 E (M)
	SKK5394S (TP veh)		
Date of Accident:	18/02/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Repair Estimate	:	\$	3,869.50	
Final Repair Cost	:	\$	1,500.00	
Loss of Use	:	\$	240.00	4.00 days at \$60.00 per day
Rental (if any)	:	\$	0.00	days
LTA / GIA Search Fee	:	\$	29.00	
Others:	:	\$	0.00	
	:	\$		
Final Settlement Sum	:	\$	1,769.00	
Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Kindly indicate below)				
A) For <u>Non GIA Registered Workshop</u> :		Agreed Liability _____ 100____(%)		
B) For <u>GIA Registered Workshop</u> :		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)	PS Auto Service	:	\$ 1,769.00
2)		:	\$
3)		:	\$

JOANNE LEE KHANG MIN

15 Oct  
2018

LKK Auto Consultants Pte Ltd

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 (Co.Reg.No:199607198R)

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

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

### VEHICLE DAMAGE INSPECTION REPORT

**Our File No:** CC6/AIG18010649/AUA3Q2  
**Date:** 15/10/2018

#### REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.	Policy No:	2100417070
<b>Claimant Vehicle No :</b> SKK5394S	<b>Insured Vehicle No :</b>	SGW5116M
Date of Loss: 18/02/2018	Nature of Claim:	TP
	Claim No:	8747700517SG

#### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	<b>SKK5394S</b>	Engine No:	1NZX467954
Make & Model:	TOYOTA VIOS, 1.5 E (M)	Chassis No:	MR053HY4204201757
Reg. Date:	25/08/2006 (Man. Year: 2006)	Odometer:	249506 km
Colour:	Gold		
Engine Capacity:	1497 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	<b>Market Value/New Car Price</b>		

#### CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

#### CONDITION OF TYRES

Front Tyre Size:	185/60 R14	Rear Tyre Size:	185/60 R14
Front Left Side:	Luxotik 6 mm	Rear Left Side:	Luxotik 6 mm
Front Right Side:	Luxotik 6 mm	Rear Right Side:	Luxotik 6 mm

*The above values represent the remaining tyre treads depth*

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,219.50	928.57	1,290.93	58.16
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,650.00	980.00	670.00	40.61
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>3,869.50</b>	<b>1,908.57</b>	<b>1,960.93</b>	<b>50.68</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,500.00</b>		
<b>Nett Amount (S\$)</b>	<b>3,869.50</b>	<b>1,500.00</b>	<b>2,369.50</b>	<b>61.24</b>
<b>+ Loss of Use (4.0 x S\$60.00/day) (S\$)</b>		240.00		
<b>+ Doc/Search Fee (S\$)</b>		29.00		
<b>Nett Liability (S\$)</b>		<b>1,769.00</b>		

#### INSPECTION

Date of Assignment:	06/06/2018	Inspected At:	Ps Auto Service - Kaki Bukit (HQ)
Date Inspected:	06/06/2018		No. 1 Kaki Bukit Avenue 6 #02-36
			Singapore 417883
Estimated Period of Repair:	4.0 days		

---

**Adjuster:** ADRIAN LING

**Manager:** THIN THIN HLAING

*NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.*

## REPAIR DETAILS

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount	
1	1		*REAR DOOR ASSY LH	Dented	992.00 F	*992.00 FL	
2	1		*REAR DOOR PROTECTOR	Deformed	123.05 F	*123.05 FL	
3	1		*FRONT DOOR ASSY LH	Repair	981.40 F	*- FL	
4	1		*FRONT DOOR PROTECTOR	Deformed	123.05 F	*123.05 FL	
					<b>Sub Total (\$\$)</b>	<b>2,219.50</b>	<b>1,238.10</b>
					<b>- List Item Discount on L Items 0.00/25.00% (\$\$)</b>	<b>0.00</b>	<b>309.53</b>
					<b>Total Parts (\$\$)</b>	<b>2,219.50</b>	<b>928.57</b>

F=Franchise part. L=ListItemDisc.

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	TO RESPRAY AFFECTED AREAS	New	900.00	600.00
2	TO REMOVE & REFIX LH DOOR MECHANISM	New	200.00	80.00
3	TO RENEW DAMAGED PARTS ,STRAIGHTEN ,REPAIR REAR BUMPER ,REAR LH FENDER & ALIGNMENT ALL PARTS	New	550.00	300.00
Gross Labour Cost (S\$)			1,650.00	980.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >