

15/5/2010

INS. CASE OWNER:

Kianchuan

CC 4 ASA  
AXA1801

0711, Tighbster

LKK:  
IDAC:

Surveyor:

Thurkell

DOI:

ASSIGNMENT

20/6/18

Date / Time:

12/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Yp 7423k

Name of Insured:

KSP Marketing Plc

Insured Tel No.:

HP:

Excess See II :SS

D.O.A:

07/6/18

Is driver the owner?

( YES / NO )

Nature of Accident:

Claim No.:

S8m00k00 / 51261

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

S8B 3313L

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Wearnes

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time

12/6/18  
JMS

4P7423K-Y

Yp7423K-Y

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:

12-7-18 JMS

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

11-3-19

Confirm with

SOFIAINT

Email

Call

Final Liability:

%

100

(

Agreed / Assessed)

BOLA S/N No.:

NIL

If NO or B 28, Ass. Lia:

Repair Cost:

SS

2,686.77

(

days)

100

VIDEO

OI HIT PARKED TP.

Loss of Rental (LOR):

SS

(

days)

100

Loss of Use (LOU):

SS

400

(\$100

x 4

days)

Loss of Income (LOI):

SS

-

(\$

x 4

days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

-

Medical:

SS

-

Disbursement:

SS

-

(e.g. Tow/ Independent)

Legal Cost:

SS

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

3,086.77

Global Sum SS:

FINAL PAYMENT

Date/Time:

11-3-19

Confirm with:

SOFIAINT

Email

Call

Payee 1:

SS

3,086.77

Name 1:

WEARNES

AUTOMOTIVE

PIE LTD

Payee 2: (Strike if N.A.):

SS

X

Name 2:

X

Payee 3: (Strike if N.A.):

SS

X

Name 3:

X

Taylor

AXA

V

AXA

2019 March

Date:   
 Estimated Cost:   
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV   
 To inspect Vehicle Ho   
 at Workshop m%   
 of:   
 Insured /   
 Policy Ho   
 Claim Ho   
 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 Mark of Value: **4135K.**   
 IDAC Accident Rpt: Consistent? : Yes or No   
 GLA / FR Seen: Consistent? : Yes or No   
 Est. Repairs: **4** days Res.: Yes or No   
 Cum Sum: % 3 Val: Yes or No

GA / REV / REP / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Date / Time: Action / Instruction

Veh Ho: **SKB3332**   
 Type: **MC** / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /   
 Truck / Trailer or

Make: **Jaguar XE**   
 Color: **Blue**   
 Cap Reading: **023335**   
 Year: **1999**   
 Insured / Std / NI / NA   
 Insured / Std / NI / NA

Engine: **SAJVA B4 AG0HA972285**   
 C/Nr:

Gen: 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: **225 / 50 R17**   
 F:   
 R:

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

Front: **6** mm   
 R/Bal: **6** mm   
 L/Bal: **6** mm   
 D.O.A. **20/8/180/230**   
 Rear: **6** mm   
 R/Bal: **6** mm   
 L/Bal: **6** mm

Survey held at: **Warrnes Long Keel**

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

**n/s Rear**

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

\$2,511

R (\$9,195.35 / 79%)

Date/Time: Preli. Report

Date/Time: Final Report

Date/Time: File Return to:

5

Report Format

Lump Sum / LRI

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp \$

☐ Interview \$

☐ Test Drive \$

☐ Other \$

Survey Fee:

Transportation

1. S.P. 1

1. Other

1. Other

2

100%





## 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/ASM18010711/jb3		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date : 12-06-2018		
		Code : ASM		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	YP 7923K	Veh. Inspected	SKB 3313L	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	12/06/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	05/04/2018	Inspection Date		
Survey held at	WEARNES AUTOMOTIVE PTE LTD 45 LENG KEE ROAD SINGAPORE 159103.			
<b>5a. Remarks</b>				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

### SERVICE ESTIMATE

0 - A00005 SL: AXA INSURANCE (S) P/L  
 AXA INSURANCE (S) P/L GST Reg.No:M28920628X  
 8 SHENTON WAY, Inv.No. : B&P 0 Page 1  
 #27-01 AXA TOWER, Inv.date. : 30/08/2018  
 SINGAPORE 068811 WIP No. : 19476  
 Veh.In/Out: 20/08/2018 24/08/2018  
 \*Tel.No. : 6338 7288  
 Reg.No. : SKB3313L  
 Closed by .... : Paul Ong Qing Yong Reg.date. : 30/03/2017  
 Svc Consultant : ACC Mileage .. : 23,367  
 Remarks ..... : Mr Willy Tjahyadi lw Chassis No: SAJAB4AG0HA972285

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPAIR REAR LH FENDER	0	1275.00	0		1,275.00	S
800	TO PUTTY SPRAYPAINT ON	0	750.00	0		750.00	S
REAR LH FENDER							
280	TO CHECK WIRING INCLUDE	0	486.00	0		486.00	S
RESETTING OF ALL ELECTRICAL							
MODULES							

Gross Total. 2,511.00

Labour Total 2,511.00  
 Parts Total 0.00  
 Package Total 0.00

Net..... 2,511.00  
 GST @ 7.0% 175.77  
 Total..... 2,686.77  
 Paid..... 0.00  
 Please Pay.. 2,686.77

GST: S=StdRated; O=OutOfScope; Z=ZeroRated




## Service Request Details

Claim

S8M00KEO

Reference

None 

Loss Date

April 5, 2018

Request Date

June 12, 2018

Due Date

June 20, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

12062018 @ 9:45am  
Paul veh not in  
check liability

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #

SKB3313L

Make

TPVD JAGUAR

Model

VE-2.0 (A)

Service Address

---

Primary Contact/Insured

---

KSP MARKETING PTE LTD  
10 WOODLANDS TERRACE, 738435, Singapore

Claim Handler

---

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

Additional Instructions  
NON-REPORTED

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)

**IMPORTANT NOTE:** Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

### ADDENDUM

**(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:**

Original Report No : T/20180525/2097 Vehicle Registration No: YP 7923K  
Name (as shown in NRIC) : Koh Chuan Chuan Robert NRIC/FIN/Passport No : S842078KE  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 8A Admiralty Street #03-10 Food Xchange Singapore 757437  
Contact (Tel) : 62746108 Mobile No. : \_\_\_\_\_  
Email Address : accounts@kspfood.com  
Date of Accident : 5/5/2018 Time of Accident : 7:50  
Place of Accident : Marsiling Lane Carpark  
Insurance Company : AXA Insurance Pte Ltd

**(B) ADDITIONAL INFORMATION / AMENDMENTS:**

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Initially we not aware this incident until the  
claimant show us video that we have accidentally  
hit his car. we will liable on this incident.

*[Signature]*

Policyholder / Driver's Signature  
Date:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:  
Date:



Auto  
Consultants  
Pte Ltd

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

13 JUNE 2018

**KSP MARKETING PTE LTD  
10 WOODLANDS TERRACE  
Singapore 738435**

Dear Sir,

**OUR REF : CC4/ASM18010711/jb3  
YOUR REF : YP 7923K**

**ACCIDENT INVOLVING YP 7923K & SKB 3313L ALONG MARSILING LANE  
CARPARK ON 05/04/2018**

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 [Joylrene@lkkauto.com](mailto:Joylrene@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



## Re:MANDATE IA

Type

🔗 Question

Message

PLS PROCEED AS RECOMMENDED

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: 21/08/2018

### Survey Details:

Date of loss	5-Apr-18
Date of appointment	12-Jun-18
Date of survey	20-Aug-18
Location of survey	WEARNES AUTOMOTIVE PTE LTD

### Vehicle Details:

Claim Type:	Third party
Vehicle number	SKB 3313L
Make and Model	JAGUAR XE 2.0 I4P TSS
Date of registration	30/3/2017
Excess	
Market Value	\$135,000
Parf Rebate	\$76,123
Nett Loss	\$58,877

### Repair details:

Initial Estimate	\$ 10,940.50
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### Proposed/Revised repair cost:

Parts	\$ 486.00
Check items (estimate)	\$ -
Labour	\$ 2,025.00
<b>Total</b>	<b>\$ 2,511.00</b>
Lump Sum(if applicable)	\$ -

Number of days for repair	4 days
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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:**

*We have not authorized repairs. VIDEO SHOWED OI HIT PARKED TP*

**Mandate:**

Liability(TP)		100%	
Proposed repair cost	\$	2,686.77	
Loss of use	\$	400.00	\$100 x 4days
<b>Proposed Total</b>	<b>\$</b>	<b>3,086.77</b>	

### (PAYMENT BREAKDOWN)

Vehicle No	:	SKB 3313L (Insd veh)	Model	:	XE
	:	YP 7923K (TP veh)			
Date of Accident	:	05/05 118			

Global Sum Settlement	:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Liability	:	100 %	(Agreed/Assessed)

Repair Estimate	:	\$ 11 706.35	
Final Repair Cost	:	\$	
Loss of Use	:	\$ 480	04 days at \$ 120 per day
Rental (if any)	:	\$	days at \$ (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$	

Remarks: \_\_\_\_\_

#### Payment Instruction: Payee's Breakdown

1)	WEARNES AUTOMOTIVE MEL TO	:	\$
2)	WILLY T JAHYADI	:	\$
3)		:	\$
4)		:	\$