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Name of Insured Insured Tel No.		HP:	Make / Model :	TOURT	everyout pr lp
Excess Sec II :S\$ Is driver the owner		D.O.A: 19 6 L8 Nature of Accident: H HMMy	Place of Accident		A REPORT: VE)/NO
If NO. Driver Nam Driver Tel 8	No.:	(VAL ED/NO)	Insured Liability :		nal? Yes/No
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Payee 3: (Strike if N.A.)	ss ×	Name 3:			

$\underset{|}{\underline{\text{ASSIGNMENT}}}$

Types (MCS) IN Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Types (MCS) IN Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or Make:	From: Date:	Veh No: SJT 7083R Yr Regn: 257 OCT
To Inspect Vehicle No: at Workshop mis of Nake: Cac Cents Facts: ac 159 (Colour Grey; AC: Insured I Std / NI / NA Insured: Policy No. Claims No. Sum Insured: Excess: (Client's Record) Make of Veh: (Cloud Good Fair Poor / Burnt Seeing Insured / Leaked / Burnt or Modil: NI (SiRlim' / STD ArRim or Tyre Size: F: (PS 6 S R / S F 19 5 6 S R / S F 19 5 6 S R / S F 19 5 6 S R / S Make of Veh: Tovol Yorko or Excell Reser	Estimated Cost:	Typer M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
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Insured: Pedicy No. Claims No. Sum Insured: Excess: (Clent's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Sen: Consistent?: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: Person Conta	To Inspect Vehicle No:	Andrew Development Annaham and
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Claims No. Sum Insured: Excess: Cleint's Record Make of Veh: Cleint's Record Make of Veh: Cleint's Record Cleint's Record Make of Veh: Cleint's Record Cleint'	Insured:	Eng/No:
Stering morder Jammed Leaked Burnt or	Policy No.	CINO: KNAFUHIMASI38059
Client's Record Make of Veh: Wind Strain	Claims No.	
Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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 Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Poly : \$ 'SIC NET / 8 TK Resurvey No. of Trip: Days Of Repair: Cobertime, File Resurvey Add Fee: Size: F: (PS/65 R1S) BS / DUN / EXTONOM / GY / FS / LUZA (MIC) OHTSU / PIR / SUMI / TOYO / YOKO or Front Resurvey Resurvey Resurvey Resurvey Resurvey Resurvey Survey Resurvey Resur	Sum Insured: Excess:	Steering: morder / Jammed / Leaked / Burnt or
Tyre Size: F: PS/65R1S Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: 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 Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. PAYA. S-9 18 19 7	(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt or
Remark: The veh had commenced its repair at the time of inspection. Bal or Market Value: IDAC Accident Rport: 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 Des. of Damages: Frt / Rear / @is) N/S / UiC / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction TP A YA. S - 9 - 18	Make of Veh:	
Remark: The veh had commenced its repair at the time of inspection. Bal or Market Value: IDAC Accident Rport: 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 Des. of Damages: Frt / Rear / @is) N/S / UiC / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction TP A YA. S - 9 - 18		Tyre Size: F: 198/65R1S
Remark: The veh had commenced its repair at the time of inspection. Bal or Market Value: IDAC Accident Rport: 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 Des. of Damages: Frt / Rear / @is) N/S / UiC / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction TP A YA. S - 9 - 18	(Policy Condition)	R: 195/65R15
Ball or Market Value:	Remark: The veh had commenced its N/S O/S	
IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No LBal. 26 mm LBal. 06 mm Est. Repairs: 5 days Res.: Yes or No LUm Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Des. of Damages Frt / Rear / OS) N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure allected due to collision. Date / Time Action / Instruction TP A VA. S - 9 18 L S 3, 9 0 0 Date/Time, File Pass to? Prefix. Report Days Of Repair: Date/Time, File Return to? Add Fee: Site Insp (\$	repair at the time of inspection.	TOYO/YOKO or
GIA / PR Seen: Consistent?: Yes or No Est. Repairs: days Res.: Yes or No L/Bal. 2.6 mm LBal. 0.6 mm D.O.I. / 3/06//8 Lum Sum: % 3 Val.: Yes or No Survey held at Des. of Damages: Frt / Rear / (38) N/S / U/C / Rooftop or The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction TP A XA. S -9 18 L 3 \$3,900 Pole/Time, File Pass to? Prefix Report Prefix Report Days Of Repair: Resurvey No. of Trip: Survey Fee: Temportation: Add Fee: Site Insp (\$) 3 + RS. SI Interview (\$) Phobos Others	Bal, or Market Value:	Front Rear
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Lum Sum: % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction TP A VA. 5-9-18	GIA / PR Seen: Consistent?: Yes or No	L/Bal. 26 mm UBal. 06 mm
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Date: Person Contacted: Vehicle: IN / OUT Date / Time	Lum Sum: % 3 Val.: Yes or No	Survey held at Hua Mery
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Date / Time Action / Instruction TPAyA. 5-9-18 L 5 \$3,900 Not 11 C PV : 8:31 Next : 8:7 C Date/Time, File Pass 10? Preli. Report Days Of Repair: Date/Time, File Return 10? Survey Fee: Date/Time, File Return 10? Survey Fee: Transportation: See: Site Insp. (\$ S+RS SI Interview (\$ Ptolos Report Format : Tech. Invs (\$ Others Others Others	Vehicle: IN / OUT	g)
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C \$ 6,680 . 67 / (37.) Date/Time, File Pass to? Preli. Report Days Of Repair: Date/Time, File Return to? Transportation: Add Fee: Site Insp (\$)S+RSSI Interview (\$) Phobs	PV:8:31C	
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Lump Sum / LB.I: (3) ; Weekend (\$)	Report Format :	: Tech, lays (\$) others
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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 Auto	mobile		
AXA INSURANCE	PTE LTD	Ref : CC4/ASM180	11094/Ajb3		
8 SHENTON WAY AXA TOWERSING		Date: 19-06-2018 Code: ASM			
1.	Policy Part	iculars :- THIRD PARTY CLA	AIM		
Insured Ve	h. SKT 4626H	Veh. Inspected	SJT 7083R		
Policy No.		Coverage (\$)	0.00		
Claim No.		Excess (\$)	0.00		
Assign Fro	m	Assign Date	19/06/2018		
2.	Vehic	le Particulars & Condition	IN STUBBLE DEATH		
Make & Mo	del	c.c	0		
Engine No.	HIDDEN	Year of Reg.			
Chassis No),	Colour			
Odometer -		Steering	Steering		
Brakes		Modification	Modification		
General					
3.		Conditions of Tyres			
	Size	Make	Balance		
R/H Front T	yre		mm		
L/H Front T	yre		mm		
R/H Rear Ty	yre		mm		
L/H Rear Ty	/re		mm		
4.	De	escription of Damages			
5.		General Information			
Accident Da		Inspection Date	19/06/2018		
Survey held		Christ Villenan Bushanna			
	1 KAKI BUKIT AVE 6 #01-61 AUTOBAY SINGAPORE 417883				
5a.		Remarks			

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

HUA MENG SPRAY PAINTING WORKSHOP

1, Kaki Bukit Avenue 6, Blk C #01-61 / 01-34, Singapore 417883 Autobay @ Kaki Bukit

Tel: 6747 8064, 6746 5519 / 9666 9680 Fax: 6743 4896

ESTIMATE

·28 06 2018

TAN POLHUAT

Signature: Date:

TAN POI HUAT	A. Date	:28.06.2018	
BLK 119C RIVERVALE DRIVE	Vehicle no	:SJT 70	083 R
TAN POI HUAT BLK 119C RIVERVALE DRIVE #12-344	Make/Model	:KIA F	ORTE
\$ 543119	Accident date	:17.06	
No DESCRIPTION	Qty	(M)	Amount (S\$)
<u>List Items</u>			
1 Front RH fender Jewled	1	\$	354.2
, 2 Front RH fender inner shield 2,	yl 1 Ne 1	\$	65.8 X
3 Front RH fender inner shield clips (1set)	rle 1	\$	70 4
4 Front RH door Distorted	1	\$	1078
5 Front RH door top hinge where	1	\$	46.2 *
6 Front RH door lower hinge Bent	1	\$	46.3
7 Front RH door stopper French	1	\$	27.5 ×
8 Front RH door power window motor 2/	Usf 1	\$	352.7 ≺
9 Front RH door power window regulator 🗸	yer 1	\$	372.9 ×
10 Front RH door inner board clacked	1	\$	471.5
11 Front RH door inner lock AH New	1	\$	209 ×
12 Front RH door pillar AH M	1	\$	858 K
13 Front RH lower arm Sent	3115 80 1	\$	353.1 🗠
14 Front RH knuckle arm Best	311580 1	\$	387.2
15 Front RH knuckle arm bearing /	280422 1	\$	141.9
16 Front RH shock absorber Bend	1	Ś	283.6
17 Front RH drive shaft will rev	1	Ś	1038.4
Fig. 1		\$	6156.3
	Less 10% Disc	\$	615.63
	Total	\$	5540.67
Special Nett Items			
1 Front RH sport rim Cut	480	\$	-780- 480
2 Front RH tyre Art New	0	\$	280 ×
	Total	\$	1060
Labour Cost		000-	
1 Remove & reinstall front windscreen		\$	150 ×
2 To check wheel alignment		\$	100 80
3 Remove & reinstall front RH suspension	1800	\$	300 230
4 Remove & reinstall deskboard	1380	\$	380 ~
5 Remove & reinstall door glass dittings		\$	100 80
KK A & Pomova replace & repair consisten to the	accident	\$	1600 - 600
ne Repairer of the following no results of the resu		\$	-1200 600
To disp8y Tuff kote and disprey	stal: 484422	\$	-150 ×
Parts prices are since and a since	Total	\$	3980
Third cars survey is 11 thout President basis 1	C. 27/4		
No itegal modification is is allowed. Supplementary terms in a street each certaind.	Grand Total	\$	10580.67
is subject to find approve for insure de company.	050 ays	150	
cknowledged by Repairer	(500)		
The state of the s			

MSME18078360 / SME Motor Pte Ltd - Kaki Bukit ENTRY DATE & TIME: 18/06/2018 15:58 SUBMITTED BY: Chia Pei Ying

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> 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 witholding 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

By the lodgement of this report to the insurers, you nereby const aforesaid.	ent to the archiving of this report at the denied of the best to be
	ACCIDENT STATEMENT
Date Of Report	18/06/2018 15:58
Date Of Accident	17/06/2018 11:50
Exact Location Of Accident	CARPARK LOT 625 OF BLK 119A RIVERVALE DRIVE
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJT7083R
Insured/Policyholder	
Name Of Registered Owner	TAN POI HUAT
NRIC No	S0185103I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97413994
Alternative Phone No	OFFICE-97413994
Vehicle Particulars	
Manufacturer	KIA
Model	FORTE
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	THIRD PARTY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
T Of Coverage	COMPREHENSIVE

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

17-MY006795-R04 Policy Number

Cover Note Number

Driver

TAN WEI LIN Name of Driver S8717343G NRIC No 27/05/1987 Date Of Birth INDOOR Occupation 28/05/2009 Date Of Driving Pass

9 YEARS AND 0 MONTHS **Driving Experience**

FEMALE Gender

(LOCAL) +65-97206938 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

BLK 119C RIVERVALE DRIVE #12-344 Address

543119 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured CHILDREN

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION

NO

NO

1

Weather Conditions CLEAR DRY Road Surface

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?

YES Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

NO Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

I WAS TRAVELLING STRAIGHT GOING TOWARDS EXIT OF BLK 119A RIVERVALE DRIVE CARPARK ON 17/06/2018 AT 1150HRS, SUDDENLY, VEHICLE B CAME OUT FROM LOT 625 WITHOUT CHECING AND COLLIDED ONTO RIGHT PORTION OF MY VEHICLE.

Attachment(s)

YES Are accident photos available for attachment? Was there any video captured by Car Camera? NO

NO Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

SKT4626H Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B Vehicle Category PRIVATE CAR

LOH CHIAH HUAY Name of Driver

NRIC/Passport Number S7113011H

91789071 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 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.
- 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 liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The 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.
- 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)

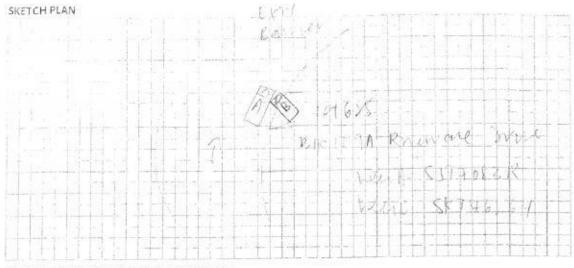
I understand, acknowledge, agree and consent that:

- (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:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (iii) 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) rny 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:
 - 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: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

HUA MONEY

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

()	vas trov	reung stro	anght g	orly tor	ands
exit 6	avren	of BIK 1	19A Rne	vall Dr	we compan
on It.	0 h. 201	8@ 1150h	18 - Sn	ddenly,	vendue
B can	t out	from 10th	615	without	checkn
and	collic	led ento	ngnt	portion	o f
my v	eliècu.				
				91.00	

DECLARATION

I/We declare the foregoing particulars are true in every respect

Policyhalder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time:

18/6/18 12-10 PM

Reporting Centre Personnel's Signature

Name.

NRIC/FIN No :

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	Singapore NING
Owner ID:	Singapore NRIC
Vehicle Defails	51031
Vehicle No.:	SJT7083R
Vehicle to be Exported:	Yes
Intended De-registration Date:	19 Jun 2018
Vehicle Make:	KIA
Vehicle Model:	
Primary Colour:	CERATO EX FORTE 1.6L A/T ABS AB 2WD 4DR Silver
Manufacturing Year:	
Engine No.:	2009
Chassis No.:	G4FC9H304381
Maximum Power Output:	KNAFU411MA5138059
Open Market Value:	92.7 kW (124 bhp)
Original Registration Date:	\$11,051.00
First Registration Date:	27 Oct 2009
Transfer Count:	27 Oct 2009
Actual ARF Paid:	0
Intended PARC Reports Details	\$11,051.00
PARF Eligibility:	
PARF Eligibility Expiry Date:	Yes
PARF Rebate Amount:	26 Oct 2019
Interpred COP Reparte Details	\$6,078.00
COE Expiry Date:	26 Oct 2019
COE Category:	
COE Period(Years):	A - Car (1600cc & below) 10
QP Paid:	\$16,201.00
COE Rebate Amount:	\$2,190.00
Total Rebate Amount:	
information contained begain is served as 4.4.4.4	\$8,268.00

The information contained herein is correct as at 19 Jun 2018

New Cars

Used Cars

Sell My Car

Directory

Products

Insurance

Articles

Forum

Resources



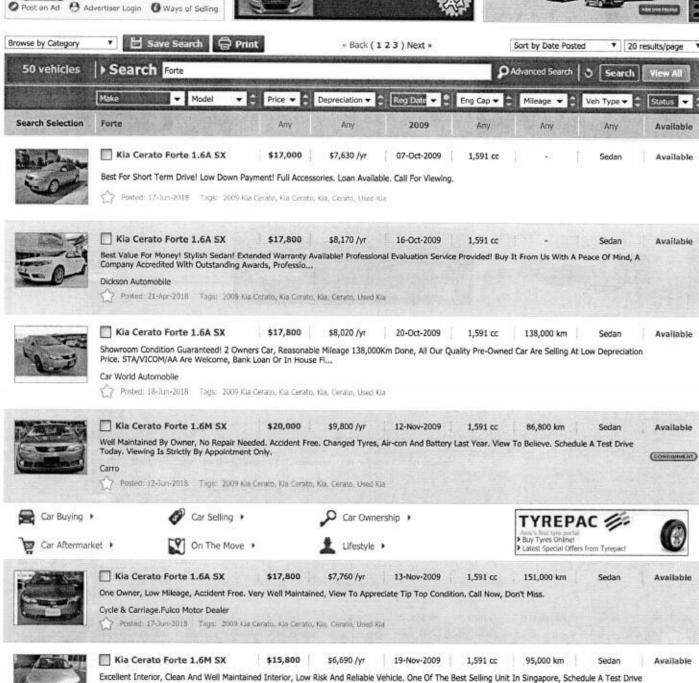
SELL YOUR CAR BY BIDDING HIGHEST SELLING PRICE GUARANTEED! OR GET \$100 CASH!













Today, Call Us Now!

1axis

Posted: 16-Jun-2018 Tags: 2009 Kia Cerato, Kia Cerato, Kia, Cerato, Used Kia



Compare [3] 🖎

Kia Cerato Forte 2.0A SX

\$19,800 \$8,380 /yr

24-Nov-2009

1,998 cc

Sedan

Available

Best Unit In The Market! Super Well Taken Care Off By Previous Owner! Regular Servicing Done! No Repair Needed Ready To Drive Off! Contact/ SMS/ Whatapp Our Sales Person Directly For Viewing And Testi... Posted: 16-Jun-2018 Tags: 2009 Kla Cerato, Kia Cerato, Kia, Cerato, Used Kia

Kia Cerato Forte 1.6A EX

\$16,700 \$7,620 /yr 07-Dec-2009 1,591 cc 161,000 km

Sedan

Available

Hua ming.

19063018@ 1013cm June veh in Adnun.



Service Request Details

Claim

S8M00KXT

Reference

None 🥒

Loss Date

June 17, 2018

Request Date

June 19, 2018

Due Date

June 26, 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 #

SJT7083R

Make

TPVD

Model

111

Service Address

Primary Contact/Insured

COLLIN CHANG CHENG WAH BLK 119A RIVERVALE DRIVE, #10-306, 541119, Singapore 97894775 chiahhuay@yahoo.com

Claim Handler

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

Additional Instructions

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

LKK AUTO CONSULTANTS PTE LTD (TP) -

Menu



Re:MANDATE IA

Type

Question

Message pls proceed

Reply



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: 4/10/2018

Survey Details:

Date of loss	17-Jun-18	
Date of appointment	19-Jun-18	
Date of survey	19-Jun-18	
Location of survey	HUA MENG SPRAY PAINTING	

Vehicle Details:

Claim Type:	Third party	
Vehicle number	SJT 7083R	
Make and Model	KIA CERATO F	ORTE 1591CC
Date of registration	29-Oct-09	
Excess		
Market Value	\$	17,000.00
Parf Rebate	\$	8,300.00
Nett Loss	\$	8,700.00

Repair details:

Initial Estimate	\$ 3.717.00

Proposed/Revised repair cost:

Parts	\$ 3,284.22
Check items (estimate)	
Labour	\$ 1,580.00
Total	\$ 4,864.22
Lump Sum	3900

Number of days for repair	5
---------------------------	---



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

Remarks:

NSURED CAME OU	T FROM CAR PAR	RK; BOLA 24-10	0% *
PENDING LOD			

Mandate:

Liability(TP)	100%	
Proposed repair cost	\$ 3,900.00	(
Loss of Rental (with GST)	\$ 500.00	\$100 x 5 days
LTA/GIA search fees	\$ 7.49	
Proposed Total	\$ 4,407.49	



華 明 噴 漆 廠

HUA MENG SPRAY PAINTING WORKSHOP

AUTOBAY@KAKIBUKIT

1, Kaki Bukit Avenue 6 Blk C #01-34/#01-61, Singapore 417883 Tel: 6747 8064, 6746 5519 Fax: 6743 4896 H/P: 9666 9680 Reg. No.: 254678/00M



Your Ref :

Our Ref :

Date: 04-12.2018

Attn: Motor Claims Dept

ACCIDENT ON 17.06.2018 INVOLVING VEHICLE SJT 7083 R & SKT 4626 H ALONG CARPARK LOT 625 OF BLK 119A RIVERVALE DRIVE

With regards to the above, we are writing on behalf of the registered owner of vehicle SJT 7083 R which was involved in the above mentioned accident.

We are informed that the above accident was caused solely by the negligence of your insured vehicle SKT 4626 H.As a result of the accident, our client's vehicle was damaged and our client had instructed us to submit his claims for loss and expenses, particulars of which are follows:

2) Loss of rental-\$120 X 5days		\$ 600.00
3) LTA search		\$ 7.49
	Total	\$ 4,507.49

We hereby enclosed herewith the following documents for your consideration of the above claim.

a) Final Repair Bill Of SJT 7083 R

c) LTA SEARCH

b) GIA report

d) Owner / Driver NRIC & Driving License

華明 噴漆廠 HUA MENG SPRAY PAINTING WORKSHO! AUTOBAY @ KAKI BUKIT 1 KAKI BUKIT AVE 5 #01-34 SINGAPORE 41788K TEL: 6747 8064, 8746 5519 FAX: 6743 489

Yours faithfully,

HUA MENG SPRAY PAINTING WORKSHOP

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SKT 4626H (Insd ve	h)	Model:	KIA CERATO FORTE
100	SJT 7083R (TP veh)		- 6	
Date of Accident:	17/06/2018			
			1	
Ol-1-10 C-#1	and I of 1 Mag	Î	[X1 No	
Global Sum Settlen	nent : [] Yes	Lel	\$0.75	
Repair Estimate		: \$	10,580.67	
Final Repair Cost		: \$	3,900.00	
Loss of Use		: \$		days at \$0.00 per day
Rental (if any)		: \$	500.00	5 days
LTA / GIA Search F	ee	: \$	7.49	
Others:		: \$		
		: \$		
Final Settlement Su	ım	: \$	4,407.49	
oelow) A) For Non GIA R	Registered Workshop		Agreed Liability	100(%)
B) For GIA Regis	tered Workshop:		BOLA Applicable	: Yes/ No BOLA Scenario No:
BOLA Liability:	(%)		Assessed Liability	y (*):(%)
* Assessed Lia	bility to be filled only fo	r chain	collisions and for ca	ses where BOLA does not apply.
Remarks		- 300000		
St				
7.				
Payment Instruction	on: Payee's Breakdov	vn		
1) HUA MENG S	PRAY PAINTING WO	RKSHO	P :\$	4,407.4
			i i	
	ILAH BTE ABDOL VAHAB		30/05/2019	
	49000000000000000000000000000000000000		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)



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

AXA	INSURANCE PTE	LTD	Ref : CC4/ASM1801	1094/Ajb3s2
AXA	ENTON WAY #24- TOWERSINGAPO		Date: 30-05-2019	
(00)	N: STACEY NG	Policy Particula	ars :- THIRD PARTY CLAI	M
1.	Insured Veh.	SKT 4626H	Veh. Inspected	SJT 7083R
_	Policy No.	VPA/P1767317	Coverage (\$)	0.00
	Claim No.	S8M00KXT	Excess (\$)	0.00
_	Assign From	STACEY NG	Assign Date	19/06/2018
•	Assign From	1/40/1/10	articulars & Condition	10/00/2010
2.	Make & Model	KIA CERATO FORTE	c.c	1591
	Engine No.	HIDDEN	Year of Reg.	2009
_	Chassis No.	KNAFU411MA5138059	Colour	GREY
_	Odometer	206013	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
_	General	GOOD	Modification	OI OILIO IIIII
3.	General		ditions of Tyres	
J .		Size	Make	Balance
	R/H Front Tyre	195/65R15	MICHELIN	6 mm
_	L/H Front Tyre	195/65R15	MICHELIN	6 mm
	R/H Rear Tyre	195/65R15	MICHELIN	6 mm
	L/H Rear Tyre	195/65R15	MICHELIN	6 mm
4.	SOURCE STATE	Descr	iption of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	· Contract of the contract of	
	DAMAGES SEE D	ETAII S		
5.	DAIVIAGES SEE D		eral Information	PARK THE WAY
	Accident Date	17/06/2018	Inspection Date	19/06/2018
	Survey held at	HUA MENG SPRAY PAINTI		
		1 KAKI BUKIT AVE 6 #01-61 AUTOBAY SINGAPORE 417883		
5a.			Remarks	
	A)THE INSPECTION B)IN ACCORDANGE	ON WAS CONDUCTED ON A'CE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" BAS S, WE HAVE NOT AUTHORIS	SIS. SED REPAIRS.
5b.		Estim	ate Days of Repair	BOARD OF THE STATE OF
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	5 Working Day	ys



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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJT 7083R

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT RH FENDER (CONSISTENT)	DENTED	354.20	354.20
1	FRONT RH FENDER INNER SHIELD (CONSISTENT)	NOT NECESSARY	65.80	
1	SET FRONT RH FENDER INNER SHIELD CLIPS (CONSISTENT)	NOT NECESSARY	70.00	
1	FRONT RH DOOR (CONSISTENT)	DISTORTED	1,078.00	1,078.00
1	FRONT RH DOOR TOP HINGE (CONSISTENT)	NOT NECESSARY	46.20	
1	FRONT RH DOOR LOWER HINGE (CONSISTENT)	BENT	46.30	46.30
1	FRONT RH DOOR STOPPER (CONSISTENT)	NOT NECESSARY	27.50	
1	FRONT RH DOOR POWER WINDOW MOTOR (CONSISTENT)	NOT NECESSARY	352.70	
1	FRONT RH DOOR POWER WINDOW REGULATOR (CONSISTENT)	NOT NECESSARY	372.90	
1	FRONT RH DOOR INNER BOARD (CONSISTENT)	CRACKED	471.50	471.50
1	FRONT RH DOOR INNER LOCK (CONSISTENT)	NOT NECESSARY	209.00	
1	FRONT RH DOOR PILLAR (CONSISTENT)	NOT NECESSARY	858.00	
1	FRONT RH LOWER ARM (CONSISTENT)	BENT	353.10	353.10
1	FRONT RH KNUCKLE ARM (CONSISTENT)	BENT	387.20	387.20
1	FRONT RH KNUCKLE ARM BEARING (CONSISTENT)	NECESSARY	141.90	141.90
1	FRONT RH SHOCK ABSORBER (CONSISTENT)	BENT	283.60	283.60
1	FRONT RH DRIVE SHAFT (CONSISTENT)	NOT NECESSARY	1,038.40	
	LESS 10% DISCOUNT		-615.63	-311.58
	STANDARD INCOMENDATION STANDS STAND		5,540.67	2,804.22
	SPECIAL NETT ITEMS			
1	FRONT RH SPORT RIM (SN) (CONSISTENT)	CUT	780.00	480.00
-1	FRONT RH TYRE (SN) (CONSISTENT)	NOT NECESSARY	280.00	
	HALOO - ACCUSATION CONTRACTOR CON		1,060.00	480.00
	LABOUR			
	TO REMOVE & REINSTALL FRONT WINDSCREEN.	NOT NECESSARY	150.00	
	TO CHECK WHEEL ALIGNMENT.		100.00	80.00
	REMOVE & REINSTALL FRONT RH SUSPENSION.		300.00	220.00
	REMOVE & REINSTALL DESKBOARD.	NOT NECESSARY	380.00	

Report Ref No. CC4/ASM18011094/Ajb3s2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REMOVE & INSTALL DOOR FITTINGS.		100.00	80.00
	REMOVE, REPLACE & REPAIR CONSISTENT TO THE ACCIDENT.		1,600.00	600.00
	RESPRAY PAINTING.		1,200.00	600.00
	TUFF KOTE.	NOT NECESSARY	150.00	
			3,980.00	1,580.00
	GRAND TOTAL		10,580.67	4,864.22

RECOMMENDED COST OF LUMP SUM REPAIRS	3,900.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CC4/ASM18011094/Ajb3s2



ADRIAN LING WAI PING

B.Eng, AMSOE, AMIRTE, AMSAE-A, M.MATAI

Licensed Appraiser

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