

INSURANCE

INS. CASE OWNER:

Kianchuan

CC 4 ASM AXA1801

1097, 2639

LKK
IDAC

Surveyor:

Rhsu

DOI:

ASSIGNMENT

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.

Name of Insured

Insured Tel No.

Excess Sec II :SS

Is driver the owner?

YM 94724

FEN EXPRESS SERVICES PTE

HP:

D.O.A:

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

Claim No.

Policy No.

Make / Model :

Place of Accident :

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

Insured Liability :

% Final ? Yes / No

SJN 619AD



INSRS:
WSP:
Tel:
Liability:
RMKS:

Wearness



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

20/6/18
Ashen

SJN 619AD - 2 94724 - 7

* Gmvt claim.
- GINR, sent out 9st letter.

20-6-18 24:40 CAUSE DID COMPANY CONFIRMED ACCIDENT. DID REVERSED TP
TP INSURE TP CLAIM AND REQUEST FOR 2nd EMPLOYMENT
LETTER. ACCORD TO STATE AND AMEND ABOUT NCD RISK.
20-6-18 20:00 WSP LIABILITY CLEAR.

RECEIVED 16 NOV 2018

STAGE	DATE / PIC	
Non-Reporting hr (1st):	20-6-18	
Non-Reporting hr (2nd):		
Non-Reporting hr (Final):		
Notification hr (if non-pickups):		
Call OI:	20-6-18	
After call hr to OI:		
Documentation Check List: Handler Typist		
Notification hr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
After call hr 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 type="checkbox"/>	<input type="checkbox"/>
Towing Invoice:	<input type="checkbox"/>	<input type="checkbox"/>
LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>
PIR:	<input 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:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: TP \$513,287.65 (5 days) Reduction: 33 %		Confirm by: MBS	
Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>			
FINAL SETTLEMENT Date/Time: 21-8-18		Confirm with: (Signature)	
Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : Nil		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Repair Cost: \$514,217.79		If NO or B 28, Ass. Lia :	
Loss of Rental (LOR): \$5 - (5 days)		DID REVERSED TP	
Loss of Use (LOU): \$5 450-00 (540 x 5 days)			
Loss of Income (LOI): \$5 - (5 x 5 days)			
LOR only <input type="checkbox"/> LOU only <input checked="" type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LO <input type="checkbox"/> [Tick only one]			
GIA/ITA Search \$5 -			
Medical: \$5 -			
Disbursement: \$5 - (e.g. Tow/Independent)			
Legal Cost: \$5 -			
Total: \$514,667.79		Global Sum SS:	
FINAL PAYMENT Date/Time: 21-8-18		Confirm with: (Signature)	
Payee 1: \$514,667.79		Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>	
Payee 2 (Strike if N.A.): \$5		Name 1: WEARNESS AUTOMOTIVE PTE LTD	
Payee 3 (Strike if N.A.): \$5		Name 2:	
		Name 3:	

Surveyor: RoseREF: e

4838F

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SJN 6199Dat Workshop m/s Wearnes

of _____

Insured: AXA

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

RichardRemark: The veh had commenced its
repair at the time of inspection.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: 251K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or NoLum Sum: - % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SJN 6199D Yr Regn: 2018 / MARType: M.Gar / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: VOLVO XC90 TS c.c. 1969Colour: Brown A/C: Insured / Std / NI / NASp. Reading: 7579 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 4V1LF10ACJ1340009Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / Rim / STD A/Rim orTyre Size: F: 235/55R19

R: _____

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

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 18/06/18 D.O.I. 02/07/18Survey held at WEARNESDes. of Damages: Fr / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

PIP: +13,381-65

(RED. +5016-39 30%)

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)) \$ + RS. \$ _____☐ : Interview (\$ _____))☐ : Tech. Invs (\$ _____))☐ : Weekend (\$ _____))

Report Format : _____

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



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/ASM18011097/eb3		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 19-06-2018		
		Code : ASM		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YM 9472Y	Veh. Inspected	SJN 6199D	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	19/06/2018	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	18/06/2018	Inspection Date		
Survey held at	WEARNES AUTOMOTIVE PTE LTD 45 LENG KEE ROAD SINGAPORE 159103.			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

SERVICE ESTIMATE

96279 - C00001 SL: SERVICE SALES - PC

Mr Ung Chuong Hing

Blk 311 Ang Mo Kio Avenue 3

#08-2116

Singapore 560311

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date : 18/06/2018

WIP No. : 11608

Veh.In/Out:

*Tel.No. : Mobile: 92381018

Reg.No. : SJH6199D

Reg.date : 29/03/2018

Mileage : 0

Chassis No: YV11F10ACJ1340009

Closed by : Michelle Ong Siew Be

Svc Consultant :

Remarks : Mr Ung Chuong Hing

Op.No	Description	Mech Qty	Price	Disc	Pkg	Amount	
302	TO REPLACE FRONT BONNET, FRT BUMPER, FRT BRACKET, FRT GRILL, FRT RH HEADLAMP, ETC	0	3200.00	0		3,200.00	2400
800	TO PUTTY SPRAY PAINT ON FRT BONNET, FRT BUMPER, ETC	0	2100.00	0		2,100.00	1400
R06	TO INSTALL FRONT NUMBER PLATE INCLUDE HOLDER	0	60.00	0		60.00	
280	TO FOCUS HEADLAMP	0	150.00	0		150.00	
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	
	BUMPER COVER FRT XC9	1.0 EA	1714.40			1,714.40	at 11542.96
	PROTECTING PLATE FRT	1.0 EA	562.70			562.70	X NH
	BUMPER BRACKET LHF X	1.0 EA	79.10			79.10	X NH
	BUMPER BRACKET RH F X	1.0 EA	79.10			79.10	X NH
	BUMPER BRACKET LHF X	1.0 EA	79.10			79.10	X NH
	BUMPER BRACKET RH F X	1.0 EA	79.10			79.10	X NH

Pasek

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:

SERVICE ESTIMATE

96279 - C00001 SL: SERVICE SALES - PC

Mr Ung Chuong Hing

Blk 311 Ang Mo Kio Avenue 3

#08-2116

Singapore 560311

GST Reg.No:M28920628X

Inv.No. : BAP 0 Page 2

Inv.date : 18/06/2018

WIP No. : 11608

Veh.In/Out:

*Tel.No. : Mobile: 92381018

Reg.No. : SJN6199D

Reg.date : 29/03/2018

Mileage : 0

Chassis No: VV1LF10ACJ134000V

Closed by : Michelle Ong Siew Be

Svc Consultant :

Remarks : Mr Ung Chuong Hing

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	B
	BUMPER FOAM FRT XC90	1.0 EA	337.30			337.30	S
	WIPER GRILLE CLIP XC	10.0 EA	7.10			71.00	S
	BONNET FRT XC90 16-	1.0 EA	3338.00			3,338.00	S
	HEADLAMP RH XC90 16-	1.0 EA	2315.60			2,315.60	S
	HEADLAMP DRIVE UNIT	1.0 EA	235.90			235.90	S
	HEADLAMP DRIVE UNIT	1.0 EA	250.50			250.50	S
	BUMPER RAIL (BEAM) F	1.0 EA	1022.30			1,022.30	S
	RADIATOR GRILLE	1.0 EA	780.00			780.00	S
	BLIND RIVET 4.0*21MM	10.0 EA	3.00			30.00	S
	BUMPER CLIP	10.0 EA	4.80			48.00	S
	BUMPER INSTALLING MT	1.0 EA	83.40			83.40	S
	NOISE DEADENING PAD	1.0 EA	500.00			500.00	S
	D ADHESIVE SEALANT	1.0 EA	344.10			344.10	S
	BUMPER LOWER GRILLE	1.0 EA	251.20			251.20	S

(1) NR GUIDE SURROUND 2-188.20

Handwritten: 169.38
Signature: Rene
Text: Hp 9001068

Gross Total: 18,160.80

Labour Total	5,960.00	Net.....	18,160.80
Parts Total	12,200.80	GST @ 7.0%	1,271.26
Package Total	0.00	Total.....	19,432.05
		Paid.....	0.00
		Please Pay..	19,432.05

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

Handwritten: 02/07/18 @ 1520
Text: Reg 54 pwt

Ken Chan

MANDATE REQUEST FOR S8M00L71

Type

Question

Message

Liability: Insured reversed and hit third party vehicle. Spoken to insured and he aware that his NCD is affected and AXA to settle at best. Settlement: Repair Cost : \$14,217.79 (w/GST) Loss of Use: \$450.00 (5days x \$90) Total: \$14,667.79 Immediate Advice with Mandate for your easy reference. Please kindly let us have your approval / instruction if any. Thank you - Asher Sng (13/08/2018)

Reply

<< Re:MANDATE REQUEST FOR S8M00L71

Type

🔗 Question

Message

PLS PROCEED FOR DS, QUANTUM AS PROPOSED

[Reply](#)

PAYMENT BREAKDOWN

Insured Vehicle No.	:	SJN6199D	Model:	XC90
TP Vehicle No.	:	YM9472Y		
Date of Accident	:	18th June 2018		

Global Sum Settlement : ☐ YES ☒ NO

Liability : 100% (Agreed / Assessed)

Repair Estimate	:	\$19,432.05		
Final Repair Cost	:	\$14,217.79		
Loss of Use	:	\$1,000.00	5 days at	\$200.00 per day
Rental (If Any)	:		days at	(Inclusive of GST) per day
Others	:			
	:			
	:			
Final Settlement Sum	:	\$15,217.79		
Remarks	:			

Payment Instruction: Payee's Breakdown		
1) Wearnes Automotive Pte Ltd	:	\$15,217.79
2)	:	
3)	:	
4)	:	



Service Request Details

Claim

S8M00L71

Reference

None

Loss Date

June 18, 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

19062018 @ 11:21am
michelle veh not in
check liability & email to michelle

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SJN6199D

Make

TPVD VOLVO

Model

XC90-2.0 T5 (A)

Service Address

...

Primary Contact/Insured

KEN EXPRESS SERVICES PTE LTD

705 SIMS DRIVE, #06-14A SHUN LI IND COMPLEX, 387384, Singapore

Claim Handler

CHAN Kian Chuan

6568804269

kianchuan.chan@axa.com.sg

Additional Instructions

INSD 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

20 JUNE 2018

**KEN EXPRESS SERVICES PTE LTD
705 SIMS DRIVE, #06-14A SHUN LI IND COMPLEX
Singapore 387384**

Dear Sir,

**OUR REF : CC4/ASM18011097/eb3
YOUR REF : YM 9472Y**

**ACCIDENT INVOLVING YM 9472Y & SJN 6199D ALONG COMPOUND OF
NORTHSTAR @AMK 7030 AMK AVE 5 ON 18/06/2018**

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 AsherSng@lkkauto.com or deliver it by hand to 51 Ubi Avenue 1, #01-25 Paya Ubi Ind. Park S(408933).

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

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

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

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

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

Yours sincerely,
Claim department

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

CC: AXA INSURANCE PTE LTD



Our Reference: **SJN6199D/7013996**

By Email / Mail

Your Reference: **YM9472Y**

30 July 2018

AXA INSURANCE PTE LTD *c/o LKK.*
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SJN6199D & YM9472Y ON 18 Jun 2018.

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

Details	Remarks	Amount (SGD)
Cost of Repairs		14,217.79
Loss Of Rental	200.00 x 5 days	1,000.00
Others		
TOTAL		15,217.79

Kindly let us have your offer to Christine.yow@wearnes.com

Your soonest reply is much appreciated. Thank you.



Yours faithfully
Christine Yow
D (65) 6430 4899
Wearnes Automotive Pte Ltd
Bodyshop and Paint Division
249 Alexandra Road
Singapore 159935

This is a computer generated printout, no signature is required.

Asher Sng (LKKAUTO)

From: Asher Sng (LKKAUTO)
Sent: Wednesday, 20 June 2018 4:45 PM
To: KENEXPRESS@SINGNET.COM.SG
Subject: ACCIDENT INVOLVING YM 9472Y AND SJN 6199D ALONG MSCP OF AMK AVENUE 5 BLK 7030 LEVEL 7 ON 18/06/2018

20 JUNE 2018

KEN EXPRESS SERVICES PTE LTD

Dear Sir/ Mdm

OUR REF : CC4/ASM18011097/eb3
YOUR REF : YM 9472Y
ACCIDENT INVOLVING YM 9472Y AND SJN 6199D ALONG MSCP OF AMK AVENUE 5 BLK 7030 LEVEL 7 ON 18/06/2018

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

We have received a claim from M/s WEARNES AUTOMOTIVE PTE LTD acting on behalf of the owner of SJN 6199D against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had reversed and hit the Third Party vehicle SJN 6199D. As such, liability is down against us.

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

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to ashersng@lkkauto.com within 7 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- **Letter of Employment for Mr Lim Choon Kiat**

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 AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6256 3561 or email us at ashersng@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Asher
Case Handler
DID: 6841 6051
FAX: 6741 4108
Email: ashersng@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA)
(Motor Claims Dept)

AUTHORIZATION TO ACT

I, Ung Chuong Hing ("the third party Claimant")
of Blk 311 Ang Mo Kio Ave 3 #08-2116 (S) 560214 (address),
owner of SJN 6199D (vehicle no.)
hereby authorize WEARNIS Automotive P/L ("The workshop")
to act for me with respect to my claim for repair costs and / or rental and / or loss of use
("claim") for my Vehicle No. SJN 6199D that was damaged
pursuant to the accident which occurred on 18th June 2018 (date) along
Compound of Northstar @ Amk (location)
involving Vehicle No/s YM 9472Y ("The accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

Date this 18th day of June (month) 20 18 (year)


Signed by "the third party claimant"


Signed by "the workshop"





redefining / insurance

CLAIM REF : S8M00L71
INSURED : KEN EXPRESS SERVICES PTE LTD

DISCHARGE VOUCHER

We/I UNG CHUONG HING, NRIC NO. 57684838F hereby agree to accept the sum of dollars FOURTEEN THOUSAND SIX HUNDRED SIXTY SEVEN AND CENTS SEVENTY NINE ONLY. [S\$14,667.79] paid to us/me by AXA INSURANCE PTE LTD as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said AXA INSURANCE PTE LTD or their insured or the driver of motor vehicle no. [YM 9472Y] as a result of an accident along [COMPOUND OF NORTHSTAR @ AMK 7030 ANG MO KIO AVE 5] on [18/06/2018] of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. [SJN 6199D].

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said insurer, owner and/or driver of vehicle no. [YM 9472Y] in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify AXA INSURANCE PTE LTD against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. [YM 9472Y].

Dated this 15 day of November 2018

Claimant's Signature : _____

NRIC no./ Company Stamp : _____

Occupation/ Business : _____

Address : Blk 311 AngMoKio Ave 3, #08-216 S 560811

Telephone No. : _____

Witness's Name : Wearnes Automotive Pte Ltd

Witness's Signature : _____

Witness's NRIC No. : 199501400R

SERVICE TAX INVOICE

O - A00005 SL: AXA INSURANCE (S) P/L
 AXA INSURANCE (S) P/L
 8 SHENTON WAY,
 #27-01 AXA TOWER,
 SINGAPORE 068811

GST Reg.No:M28920628X
 Inv.No. : B&P 7013996 Page 1
 Inv.date : 17/07/2018
 WIP No. : 11608
 Veh.In/Out: 02/07/2018 06/07/2018
 *Tel.No. : 6338 7288
 Reg.No. : SJN6199D
 Reg.date : 29/03/2018
 Mileage : 7,579
 Chassis No: YV1LF10ACJ1340009

Closed by : Michelle Ong Siew Be
 Svc Consultant : ACC
 Remarks : Mr Ung Chuong Hing

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRONT BONNET,FRT BUMPER,FRT BRACKET,FRT GRILL, FRT RH HEADLAMP,ETC	0		2400.00	0		2,400.00	S
800	TO PUTTY SPRAY PAINT ON FRT BONNET,FRT BUMPER,ETC	0		1400.00	0		1,400.00	S
280	TO FOCUS HEADLAMP	0		150.00	0		150.00	S
280	TO CHECK WIRING INCLUDE RESETTNG OF ALL ELECTRICAL MODULES	0		450.00	0		450.00	S
R06	TO INSTALL FRONT NUMBER PLATE INCLUDE HOLDER	0		60.00	0		60.00	S
039841726	BUMPER COVER FRT XC9	1.0	EA	1714.40	10		1,542.96	S
031353371	BUMPER BRACKET RH F X	1.0	EA	79.10	10		71.19	S
031353404	BUMPER BRACKET RH F X	1.0	EA	79.10	10		71.19	S
031677041	HEADLAMP RH XC90 16-	1.0	EA	2315.60	10		2,084.04	S
031446805	HEADLAMP DRIVE UNIT	1.0	EA	235.90	10		212.31	S
031468411	HEADLAMP DRIVE UNIT	1.0	EA	250.50	10		225.45	S

SERVICE TAX INVOICE

0 - A00005	SL: AXA INSURANCE (S) P/L	GST Reg.No:M28920628X
AXA INSURANCE (S) P/L		Inv.No. : B&P 7013996 Page 2
8 SHENTON WAY,		Inv.date. : 17/07/2018
#27-01 AXA TOWER,		WIP No. : 11608
SINGAPORE 068811		Veh.In/Out: 02/07/2018 06/07/2018
		*Tel.No. : 6338 7288
		Reg.No. : SJN6199D
Closed by : Michelle Ong Siew Be		Reg.date. : 29/03/2018
Svc Consultant : ACC		Mileage : 7,579
Remarks : Mr Ung Chuong Hing		Chassis No: YV1LF10ACJ1340009

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	S
032228108	RADIATOR GRILLE	1.0	EA	780.00	10		702.00	S
000979878	BLIND RIVET 4.0*21MM	10.0	EA	3.00	10		27.00	S
003541113	BUMPER CLIP	10.0	EA	4.80	10		43.20	S
031425917	AIR GUIDE SURROUND R	1.0	EA	188.20	10		169.38	S
032227520	BUMPER LOWER GRILLE	1.0	EA	251.20	10		226.08	S
031477040	BONNET FRT XC90 16-	1.0	EA	3338.00	10		3,004.20	S
001161687	WIPER GRILLE CLIP XC	10.0	EA	7.10	10		63.90	S
V31670171	*D* ADHESIVE SEALANT	5.0	EA	68.82	10		309.69	S
031256016	BUMPER INSTALLING MT	1.0	EA	83.40	10		75.06	S

Gross Total. 13,287.65

Labour Total	4,460.00	Net.....	13,287.65
Parts Total	8,827.65	GST @ 7.0%	930.14
Package Total	0.00	Total.....	14,217.79
		Paid.....	0.00
		Please Pay..	14,217.79

GST: S=StdRated; O=OutOfScope; Z=ZeroRated
 Enquiries must be lodged within 14 days from the Invoice date
 This is a computer generated invoice. No signature is required.

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	YM 9472Y (Insd veh)	Model:	VOLVO XC90 T5
	SJN 6199D (TP veh)		
Date of Accident:	18/06/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	
Repair Estimate	:	\$		19,633.43
Final Repair Cost	:	\$		14,217.79
Loss of Use	:	\$		450.00
				5days at \$90.00 per day
Rental (if any)	:	\$		
				days
LTA / GIA Search Fee	:	\$		

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum	:	\$	14,667.79

Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A) For Non GIA Registered Workshop:	Agreed Liability _____ (%)		
B) For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____		
	NIL		
BOLA Liability: _____ 100 _____ (%)	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)	WEARNES AUTOMOTIVE PTE.LTD.	:	\$ 14,667.79

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

13/12/2018
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/ASM18011097/R1eb3q2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN:KIAN CHUAN

Date : 13-12-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YM 9472Y	Veh. Inspected	SJN 6199D
Policy No.	VCA/P1837394	Coverage (\$)	0.00
Claim No.	S8M00L71	Excess (\$)	0.00
Assign From		Assign Date	19/06/2018

2. Vehicle Particulars & Condition

Make & Model	VOLVO XC90 T5	c.c	1969
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	YV1LF10ACJ1340009	Colour	BROWN
Odometer	7579	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	235/55 R19	MICHELIN	6 mm
L/H Front Tyre	235/55 R19	MICHELIN	6 mm
R/H Rear Tyre	235/55 R19	MICHELIN	6 mm
L/H Rear Tyre	235/55 R19	MICHELIN	6 mm

4. Description of Damages

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

5. General Information

Accident Date	18/06/2018	Inspection Date	02/07/2018
Survey held at	WEARNES AUTOMOTIVE PTE LTD 45 LENG KEE ROAD SINGAPORE 159103.		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJN 6199D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER COVER FRT XC9 (SN)(CONSISTENT)	CUT	1,714.40	1,542.96
1	PROTECTING PLATE FRT (SN)(CONSISTENT)	NOT NECESSARY	562.70	-
1	BUMPER BRACKET LHF X (SN)(CONSISTENT)	NOT NECESSARY	79.10	-
1	BUMPER BRACKET RHF X (SN)(CONSISTENT)	NECESSARY	79.10	71.19
1	BUMPER BRACKET LHF X (SN)(CONSISTENT)	NOT NECESSARY	79.10	-
1	BUMPER BRACKET RHF X (SN)(CONSISTENT)	NECESSARY	79.10	71.19
1	BUMPER FOAM FRT XC90 (SN)(CONSISTENT)	NOT NECESSARY	337.30	-
10	WIPER GRILLE CLIP XC (SN)(CONSISTENT)	NECESSARY	71.00	63.90
1	BONNET FRT XC90 16 (SN)(CONSISTENT)	BENT	3,338.00	3,004.20
1	HEADLAMP RH XC90 16 (SN)(CONSISTENT)	SCRATCHED	2,315.60	2,084.04
1	HEADLAMP DRIVE UNIT (SN)(CONSISTENT)	NECESSARY	235.90	212.31
1	HEADLAMP DRIVE UNIT (SN)(CONSISTENT)	NECESSARY	250.50	225.45
1	BUMPER RAIL (BEAM) F (SN)(CONSISTENT)	NOT NECESSARY	1,022.30	-
1	RADIATOR GRILLE (SN)(CONSISTENT)	CRACKED	780.00	702.00
10	BLIND RIVET 4.0*21MM (SN)(CONSISTENT)	NECESSARY	30.00	27.00
10	BUMPER CLIP (SN)(CONSISTENT)	NECESSARY	48.00	43.20
1	BUMPER INSTALLING MT (SN)(CONSISTENT)	NECESSARY	83.40	75.06
1	NOISE DEADENING PAD (SN)(CONSISTENT)	NOT NECESSARY	500.00	-
1	*D* ADHESIVE SEALANT (SN)(CONSISTENT)	NECESSARY	344.10	309.69
1	BUMPER LOWER GRILLE (SN)(CONSISTENT)	BENT	251.20	226.08
1	AIR GUIDE SURROUND R (SN)(CONSISTENT)	NECESSARY	188.20	169.38
			12,389.00	8,827.65
LABOUR				
TO REPLACE FRONT BONNET ,FRT BUMPER ,FRT BRACKET,FRT GRILLE ,FRT RH HEADLAMP ,ETC.			3,200.00	2,400.00
TO PUTTY SPRAY PAINT ON FRT BONNET ,FRT BUMPER ,ETC.			2,100.00	1,400.00
TO INSTALL FRONT NUMBER PLATE INCLUDE HOLDER.			60.00	60.00
TO FOCUS HEADLAMP.			150.00	150.00

Report Ref No. CC4/ASM18011097/R1eb3q2



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Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES.		450.00	450.00
			5,960.00	4,460.00
GRAND TOTAL			18,349.00	13,287.65
RECOMMENDED COST OF REPAIRS				13,287.65

Report Ref No. CC4/ASM18011097/R1eb3q2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 LETTER OF EMPLOYMENT.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	29 June 2018
 Non reporting letter.pdf	Letters and Correspondence	Policy Holders / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	20 June 2018
 TP P8) RECEIVED FROM WORKSHOP WITH GIA REPORT.msg	Letters and Correspondence	Workshop	DHAKAL Raghav	19 June 2018