

1552/00

INS. CASE OWNER:

Xingou
LSS &
LSS

LS3 &

CC 4 - ASM
AXA1801

1304

Debb52

LKK:

IDAC:

Surveyor:

Bryan

DOI:

ASSIGNMENT

n/6/18

Date / Time:

n/6/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SFV 7711Z

Name of Insured:

UM Ema Muck

Insured Tel No.:

HP:

97957155

Excess Sec II :SS

D.O.A:

18/6/18

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

S8mouler / 5246

Policy No.:

D704173

Make / Model:

Toyota

Place of Accident:

HARE WICK RD TMS D1K 96

MSCP

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

SGN 82096

INSRS:
WSP:
Tel:
Liability:
RMKS:

Tenwork

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

Date/ Time

22/6/18
PmherSGN 82096
SFV 7711Z
Smartclaim

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:	
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:	

27.6.18

Form used to request for video.

06/12/18

checked with Darren, he said PR2 for this case.

TP SUBMIT THE CASE THEN LOWYER

PRELIMINARY ADVICE		Date/Time:	Sent By:
FINALIZATION		Date/Time:	Confirm with:
Repair Cost:	SS	() days	Reduction: %
FINAL SETTLEMENT		Date/Time:	Confirm with:
Final Liability:	% 50	(Agreed / Assessed)	BOLA S/N No. : 11
Repair Cost:	SS		
Loss of Rental (LOR):	SS	() days	
Loss of Use (LOU):	SS	(S x) days	
Loss of Income (LOI):	SS	(S x) days	
LOR only <input type="checkbox"/>	LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/> (Tick only one)
GIA/LTA Search	SS		
Medical:	SS		
Disbursement:	SS	(e.g. Tow/ Independent)	
Legal Cost	SS		
Total:	SS	Global Sum SS:	
FINAL PAYMENT		Date/Time:	Confirm with:
Payee 1:	SS	Name 1:	
Payee 2: (Strike if N.A.)	SS	Name 2:	
Payee 3: (Strike if N.A.)	SS	Name 3:	

COPY SENT
21/1/191) Claim status: Normal/Reject/Private Settle/wsp
2) Report Format: TP
3) Survey fee: 100

REF:

ASSIGNMENT

COR Nov 2021

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: _____

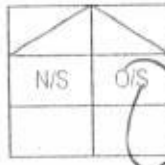
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 5 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 8GN8209G Yr Regn: Nov 2006Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vios C.C. 1497Colour: Black A/C Insured / Std / NI / NASp. Reading: 203372 T/Radio: Insured / Std / NI / NAEng/No: 1N2X498232C/No: M2053HY4204210345Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 175/65 R14R: - 11 -

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

TOYO / YOKO or Radial

Front

Rear

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 18/06/2018 D.O.I. 21/06/2018Survey held at Teamwork Toyota Ubi 11:49pm

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

O/S Rear

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

Date / Time

Action / Instruction

AXA SFV 77112 PRSMARKET VALUE : 17,000LTA REBATE : +15,363NET VALUE : +1137MV 17KLTA 15.5KKL 1.5K Tvr unit with 5 days of rep.21/6/2018 Dismantle6/12/2018 After Repair1K - 1.5K 5 days.

Date/Time: File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time: File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation

) S + RS \$

) Photos

) Others

TOTAL

Report Format :

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

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)




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/ASM18011304/eb3	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811			Date : 21-06-2018	
			Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SFV 7711Z	Veh. Inspected	SGN 8209G	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	21/06/2018	
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	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				



Service Request Details

Claim

S8M00L87

Reference

None 

Loss Date

June 18, 2018

Request Date

June 20, 2018

Due Date

June 27, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

20062018 @ 309pm
Sue veh in
Bryan.

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SGN8209G

Make

TPVD TOYOTA

Model
VIOS 1.5E A

Service Address

...

Primary Contact/Insured

LIM ENG HOCK
BLK 94 HAVELOCK ROAD, #17-577, 160094, Singapore

hamhamlim71@gmail.com

Claim Handler

HO Winnie
6568804833
winnie.ho@axa.com.sg

Additional Instructions

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

Asher Sng (LKKAuto)

From: Asher Sng (LKKAuto)
Sent: Wednesday, 27 June 2018 9:22 AM
To: Teamwork Garage Pte Ltd
Subject: ACCIDENT INVOLVING SGN 8209G & SFV 7711Z ON 18/06/2018
Attachments: OI SKETCH PLAN.pdf

Without Prejudice

Your Ref: SGN 8209G
Our Ref: CC4ASM18011304/eb3

Dear Sirs,

ACCIDENT INVOLVING SGN 8209G & SFV 7711Z ON 18/06/2018

We refer to the above matter.

Please be informed that liability is unclear for this matter. Enclosed herewith in this email is a copy of our insured's accident report for your perusal.

We are in a course of investigating into the circumstances of the accident. After verifying further with our OI we will revert with our opinion on the cause of the accident. Kindly do not refer to any party for legal assistance until you heard further from us.

Meanwhile, we would like to request a copy of video footage/witness statement/scene photos(if any) in order for us to look into the matter.

We shall revert upon hearing from you.

Thank You.

Best Regards,

Asher Sng | Case Handler

LKK Auto Consultants Pte Ltd

phone: 6841-6051 | email: ashersng@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Asher Sng (LKKAUTO)

From: Admin-D (LKKAUTO)
Sent: Thursday, 20 December 2018 9:01 AM
To: 'Xin Yi'; Asher Sng (LKKAUTO)
Cc: 'Chee Kiong'; samson@seahong.com.sg; amanda@seahong.com.sg; sharon@seahong.com.sg; Admin A; assignments
Subject: RE: SGN 5209G [Our file ref: 18.25840 PD-O]

Dear Catherine,

CLAIMANT :	ROSET LIMOUSINE SERVICES PTE LTD
VEHICLE NUMBER :	SGN 8209G
ALLEGED ACCIDENT DATE :	18.06.2018
AXA VEHICLE NUMBER :	SFV 7711Z

We act for AXA Insurance Pte Ltd for the above matter.

We understand that you were engaged to survey the claimant's vehicle.

The claimant has issued their LOD and their surveyor's report is attached. Copies of the relevant documents can be downloaded via <https://1drv.ms/b/s!AtyQ5g-oo66hicYjVyB8TrjMnFaziQ>.

Please let us hear from you on the following: -

- If you have conducted post-repair inspection already, please let us have your survey report urgently.
- If you have not conducted post-repair inspection, please arrange for inspection with the claimant's solicitor and let us have your survey report in due course.

May we hear from you on the above soonest.

Thanks & Best Regards

Heng Xinyi

(Secretary to Mr Tan Chee Kiong)

Seah Ong & Partners LLP

36 Robinson Road

#12-03 City House

Singapore 068877

Tel: 6536 5369

Fax: 6536 5811

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TP submit lawyer

Type

🔗 Question

Message

THIRD PARTY SUBMIT THE CASE TO LAWYER, WILL SUBMIT W/P. - Asher Sng 03/01/19

Reply

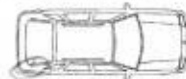


LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

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

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT			
AXA INSURANCE PTE LTD		Ref: CS3/ASM18011304/Deb3s2	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date: 11-01-2019	
ATTN: XINYOU		Code: ASM	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SFV 7711Z	Veh. Inspected	SGN 8209G
Policy No.	P2041273	Coverage (\$)	0.00
Claim No.	S8M00L87	Excess (\$)	0.00
Assign From	XINYOU	Assign Date	21/06/2018
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA VIOS	c.c	1497
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	MR053HY4204210345	Colour	BLACK
Odometer	203372 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	175/65R14	RADIAL	5 mm
L/H Front Tyre	175/65R14	RADIAL	5 mm
R/H Rear Tyre	175/65R14	RADIAL	5 mm
L/H Rear Tyre	175/65R14	RADIAL	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION.			
5. General Information			
Accident Date	18/06/2018	Inspect Date / Time	21/06/2018 (11:49 AM)
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$1,000-\$1,500			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days	

Report Ref No. CS3/ASM18011304/Deb3s2

Inspected By

ANG BRYAN TANI

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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