

155/2010

INS. CASE OWNER:

Richard  
Ernest

CC 4/AXA1801

v446, 4h6352

LKK:

IDAC:

Surveyor:

Martins

DOI:

09/10/18

Date / Time:

11/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SGU 53417

Claim No.:

58MOONOT/56137

Name of Insured:

Elias Small Bin

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$

D.O.A:

Place of Accident:

Is driver the owner?

( YES / NO )

Nature 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

SGM 68255

INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:Kim  
ChweeINSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:INSRS:  
WSP:  
Tel:  
Liability:  
RMKS:

Date/ Time

STAGE

DATE / PIC

10/7/18

VIC

\* gaurd claim

OIR, sent out 1st letter

- MANAGED

- TP LOB IN CORRIDOR

24/08/18

- NO OI GIA REPORT IN YET.

- SEND IN/MAINTENANCE TO AXA BY GUARANTY.

07/10/18

- AXA AGREE TO 4 APPROVED MAINTENANCE.

- OI GIA REPORT IN.

18/10/18 @ 5:30PM

- call OI. NO RESPONSE. BUT RETURNED OI REQUESTING OUT PROW C/P LOT.

- SEND LETTER TO OI.

10/01/19 @ 5:00PM

- SPEAK TO OI. CONFIRMED ACCIDENT DETAIL. INFORMED TP CLAIM. AGREE TO STATE. ANOTHER NCD BONUS.

- SEND ACCEPTANCE BULK TO TP.

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

10/01/19. vic

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: 24/08/18

Sent By: vic

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$5

1100.00

( 2 days)

Reduction:

30

%

Email

Call

FINAL SETTLEMENT

Date/Time:

20/01/19

Confirm with:

N/A

Email

Call

Final Liability:

%

100

(Agreed / Assessed)

BOLA S/N No.:

24

If NO or B 28, Ass. Lia:

Repair Cost: (w/gar)

\$5

1,177.00

COI REJECTED OUT

Loss of Rental (LOR):

\$5

-

( days)

Loss of Use (LOU):

\$5

120.00

x 3 days)

Loss of Income (LOI):

\$5

-

( \$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOU

(Tick only one)

GIA/LTA Search

\$5

2.00

Medical:

\$5

-

Disbursement:

\$5

-

(e.g. Tow/ Independent)

Legal Cost:

\$5

-

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

4350.00

Total:

\$5

1,359.00

Global Sum \$5:

-

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5

1,359.00

Name 1:

KIM CHWE

AUTO PTE LTD

Payee 2: (Strike if N.A.)

\$5

-

Name 2:

-

Payee 3: (Strike if N.A.)

\$5

-

Name 3:

-

(08/11/13) wef

ASS. REC. BY: Marcus

REF:

AXA/

## ASSIGNMENT

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

Estimated Cost: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: Sam 68355at Workshop m/s: Sam chao

of \_\_\_\_\_

Insured: SHVS 3419

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: 21k.

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 2 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: Sam 68355 Yr Regn: 10 06Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime MoverTruck / Trailer or CAMake: marco 3 sp c.c. 1598Colour: red A/C: Insured / Std / NI / NASp. Reading: 160812 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JM6BK106270312067Gen. Cond: Good / Fair / Poor / BurntSteering: Insider / Jammed / Leaked / Burnt orBrake: Insider / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/55-16

R: \_\_\_\_\_

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

TOYO / YOKO or hankook

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal: 6 mm R/Bal: 6 mmL/Bal: 6 mm L/Bal: 6 mmD.O.A. 5/7/18 D.O.I. 9/7/18

Survey held at \_\_\_\_\_

Des. of Damages: Rear / Front / O/S / N/S / U/C / Rooftop orRear o/s.

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

Date / Time Action / Instruction

20/7/18	27/7/18	confirmed 2/5 \$1100 with Alex.
		CRASH: \$2,600.00 (70%)

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee:

☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

Survey Fee:

Transportation:

\$ \_\_\_\_\_ RS \_\_\_\_\_ SI

Photos

Others

TOTAL

Report Format: \_\_\_\_\_

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

(08/11/13) wef

ASS REC BY Marcus

REF:

## ASSIGNMENT

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

Estimated Cost: \_\_\_\_\_

OD / TR / 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:

days

Res.: Yes or No

Lum Sum:

%

S Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Date / Time

Action / Instruction

Veh No:

SGM 6P355

Yr Regn:

10 06Type: C / M.Cycle / Bus / Van / Lorry / Taxi / Prime Move.

Truck / Trailer or

Make:

marco 3 sp

Colour:

red

A/C: Insured / Std / NI / NA

Sp. Reading

160812

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JM6BK106270312067Gen. Cond: Good / Fair / Poor / BurntSteering: Good / Jammed / Leaked / Burnt orBrake: Good / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date/Time, File Pass to?

☐

: Prel. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

S &amp; RS. \$

Photos

Others

TOTAL

Report Format: \_\_\_\_\_

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

# KIM CHWEE AUTO PTE LTD

1 Kaki Bukit Ave 6  
#01-46,48,50 Autobay  
SINGAPORE 417883

VEHICLE NO:SGM 6835S

QTY	PARTICULAR
1 PCS	REAR BUMPER <i>\$99.01</i>
1 PCS	REAR BUMPER SIDE HOLDER O/S
1 SET	REAR BUMPER CLIPS
1 PCS	REAR BUMPER LOWER SKIRTING O/S
1 PCS	REAR BUMPER REFLECTOR O/S
1 PCS	REAR END PANEL
1 SET	REAR REVERSE SENSOR

*not Allowed*  
*LPR*  
*9/7/18*  
*1/5.5 1100*  
*2 dy.*

<i>2/12</i>	\$1,072.60	<i>✓</i>
<i>34</i>	\$66.50	<i>=</i>
<i>22</i>	\$50.00	<i>=</i>
<i>2</i>	\$342.10	<i>x</i>
<i>11</i>	\$66.80	<i>x</i>
<i>11</i>	\$452.00	<i>x</i>
<i>11</i>	\$250.00	<i>x</i>
	\$2,300.00	

*(2%)*

## LABOUR CHARGES:

- TO CHECK WIRING
- TO DISMENTLE & REFIX REVERSE SENSOR
- TO DISMENTLE & REFIX SEAT,CUSHION UPHOLSTREY
- TO SPRAY RUST PROOFING
- LABOUR FOR PANEL BEATING & REPLACING PARTS
- TO PUTTY & SPRAY PAINTING

<i>11</i>	\$50.00	<i>x</i>
	\$80.00	<i>50</i>
<i>11</i>	\$120.00	<i>x</i>
<i>11</i>	\$80.00	<i>x</i>
	\$500.00	<i>200</i>
	\$600.00	<i>320</i>

TOTAL

\$3,730.00

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:

*P-1015:51*  
*20%*  
*812.40*  
*16m - 570*  
*1382.40*  
*less 20%*  
*1105.92*




## Service Request Details

Claim

S8M00NOT

Reference

None 

Loss Date

July 5, 2018

Request Date

July 9, 2018

Due Date

July 16, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

09/07/2018 @ 10:45am  
Nany veh in  
marcus

### Actions

Next Step

Agree to perform service

Decline Work

Accept Work

### Vehicle Information

Incident Vehicle Registration #

SGM6835S

Make

TPVD

Model

## Service Address

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...

## Primary Contact/Insured

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ELLIAS ISMAIL BIN

BLK 561 CHOA CHU KANG NORTH 6, #04-96, 680561, Singapore

HAOHAN.INS@GMAIL.COM

## Claim Handler

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TAY Ernest

6568804835

ernest.tay@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

10 JULY 2018

**ELIAS ISMAIL BIN**  
**BLK 561 CHOA CHU KANG NORTH 6 #04-96**  
**Singapore 680561**

Dear Sir,

**OUR REF : CC4/ASM18012446/Uhb3**  
**YOUR REF : SGV 5341J**

**ACCIDENT INVOLVING SGV 5341J & SGM 6835S ALONG BLK 821 TAMPINES  
ST 81 CARPARK ON 05/07/2018**

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 [vicalpeh@lkkauto.com](mailto:vicalpeh@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 2096 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:IA MANDATE S8M00NOT

Type

🔔 Question

Message

Hi, ins'd rpted. Pls engage OI first, then proceed to DS. We agree to the mandate. Thank you.

Reply

### THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SGV 5341J (Insd veh)	Model:	MAZDA 3 SP (A)
	SGM 6835S (TP veh)		
Date of Accident:	05/07/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Repair Estimate	:	\$	3,991.10
Final Repair Cost	:	\$	1,177.00
Loss of Use	:	\$	180.00
Rental (if any)	:	\$	
LTA / GIA Search Fee	:	\$	2.00

Others:	:	\$	
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	:	\$	
Final Settlement Sum	:	\$	1,359.00

Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Kindly indicate below)			
A) For Non GIA Registered Workshop:		Agreed Liability _____ 100 _____ (%)	
B) For GIA Registered Workshop:		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)	KIM CHWEE AUTO PTE LTD	:	\$ 1,359.00

NUR SHAQILAH BTE ABDOL  
WAHAB

26/02/2019  
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/ASM18012446/Uhb3s2

8 SHENTON WAY #24-01  
AXA TOWERS SINGAPORE 068811

Date : 26-02-2019



ATTN: RICHARD ANG

Code : ASM

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGV 5341J	Veh. Inspected	SGM 6835S
Policy No.	GA212197	Coverage (\$)	0.00
Claim No.	S8M00NOT	Excess (\$)	0.00
Assign From	RICHARD ANG	Assign Date	09/07/2018

### 2. Vehicle Particulars & Condition

Make & Model	MAZDA 3 SP (A)	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	JM6BK106270312067	Colour	RED
Odometer	160812	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/55R16	HANKOOK	6 mm
L/H Front Tyre	205/55R16	HANKOOK	6 mm
R/H Rear Tyre	205/55R16	HANKOOK	6 mm
L/H Rear Tyre	205/55R16	HANKOOK	6 mm

### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.
--

### 5. General Information

Accident Date	05/07/2018	Inspection Date	09/07/2018
Survey held at	KIM CHWEE AUTO PTE LTD 1 KAKI BUKIT AVENUE 6 #01-46/48/50 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.
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### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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# 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

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGM 6835S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	REAR BUMPER (CONSISTENT)	DENTED / DEFORMED	1,072.60	899.01
1	REAR BUMPER SIDE HOLDER O/S (CONSISTENT)	BENT	66.50	66.50
1	SET REAR BUMPER CLIPS (CONSISTENT)	NECESSARY	50.00	50.00
1	REAR BUMPER LOWER SKIRTING O/S (CONSISTENT)	TO REPAIR SEE LABOUR	342.10	-
1	REAR BUMPER REFLECTOR O/S (CONSISTENT)	NOT NECESSARY	66.80	-
1	REAR END PANEL (CONSISTENT)	NOT NECESSARY	452.00	-
1	SER REAR REVERSE SENSOR (CONSISTENT)	NOT NECESSARY	250.00	-
	LESS 20% DISCOUNT		-	-203.11
			2,300.00	812.40
<b>LABOUR</b>				
	TO CHECK WIRING.	NOT NECESSARY	50.00	-
	TO DISMANTLE & REFIX REVERSE SENSOR.		80.00	50.00
	TO DISMANTLE & REFIX SEAT, CUSHION UPHOLSTERY.	NOT NECESSARY	120.00	-
	TO SPRAY RUST PROOFING.	NOT NECESSARY	80.00	-
	LABOUR FOR PANEL BEATING & REPLACING PARTS. INCLUSIVE OF THE REPAIR OF REAR BUMPER LOWER SKIRTING O/S.		500.00	200.00
	TO PUTTY & SPRAY PAINTING.		600.00	320.00
			1,430.00	570.00
<b>GRAND TOTAL</b>			<b>3,730.00</b>	<b>1,382.40</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>1,100.00</b>

Report Ref No. CC4/ASM18012446/Uhb3s2

CHUA KANG SENG

Licensed Appraiser

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