

ISS/2010

INS. CASE OWNER:

CC 6 / EQ11801

LKK:
IDAC:

Surveyor:

KSL

DOI:

ASSIGNMENT

27/8/18

Date / Time:

27/8/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJR 8042m

Name of Insured:

ROSET LIMOUSINE SERVICES PTE

Insured Tel No.:

HP:

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

Excess Sec II :SS

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

MADAM S/O POLEW

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

Driver Tel No.:

(V/L: YES / NO)

Insured Liability %

Final ? Yes / No

SJR 8042m



INSRS:

WSP:

Tel:

Liability:

RMKS:

TAT



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

27/8/18
27/8/18SJR 8042m
SJR 8042m
SJR 8042m

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 Btl:

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:

Confirm with:

Email

Call

Final Liability:

%

(Agreed / Assessed)

BOLA S/N No.:

If NO or B 28. Ass. Lia:

Repair Cost:

SS

3,000

Loss of Rental (LOR):

SS

(days)

Loss of Use (LOU):

SS

240

(\$ 80 x 3 days)

Loss of Income (LOI):

SS

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LOU

[Tick only one]

GIA/LTA Search

SS

7.49

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

3,247.49

Total:

SS

3,247.49

Global Sum SS:

3,000

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

3,000

Name 1:

TAT AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

SS

Name 2:

X

Payee 3: (Strike if N.A.)

SS

Name 3:

X

RECEIVED 18 OCT 2018

COPY SENT

ASS. REC. BY:

REF: EQ1

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s 767 Taxi Cab

of _____

Insured: _____

Policy No. _____

Claims No. _____

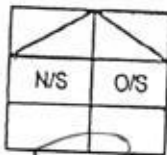
Sum Insured: _____

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: 226k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 05 days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: STH S67 48554Yr Regn: 18/09, 08Type: M.Car / M.Cycle / Bus / Van / Lorry / Trax / Prime Mover /

Truck / Trailer or _____

Make: BMW520i

C.C.

1995Colour: M. Grey Blue

A/C:

Insured / Std / NI / NA

Sp. Reading: 212780

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: WBANT120X0CX29537Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/55R16

R: _____

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

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 20/8/18D.O.I. 23/8/18

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

Action / Instruction

24/8File pass to Catherine, rest not readyTo offer cash-in-lieu -> up to \$35k by JANUARY 20MV: \$26,000REB: \$24,900\$1,040.xxR(\$5,233.99/647.)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trlp: _____

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: 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

EQ INSURANCE COMPANY LTD

Ref : CC6/EQI18015425/Kjb3

5 MAXWELL ROAD
#17-00 TOWER BLOCK
MND COMPLEXSINGAPORE 069110

Date : 24-08-2018



Code : EQI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 8042M	Veh. Inspected	SLZ 4855U
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	24/08/2018

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

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5. General Information

Accident Date	20/08/2018	Inspection Date	23/08/2018
Survey held at	T&T AUTO SERVICES PTE LTD BLK 160 SIN MING DRIVE #08-14 SIN MING AUTOCITY SINGAPORE 575722		

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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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

Your ref: To Be Advised
Our ref: CC6/EQ118015425/Kjb3

Date: 24.08.2018

The Motor Claims Department
M/s EQ INSURANCE COMPANY LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

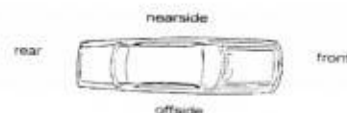
SLZ4855U

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 23.08.2018 at the premises of M/s T & T Auto Services Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	8,233.99
Revised Estimate Amount	: S\$	3,435.30
"Check" Items Amount	: S\$	1,747.40
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:
The vehicle sustained damages at the
Rear Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 5 days

Yours faithfully,

KENNETH KONG
Licensed Appraiser

T & T Auto Services Pte Ltd

160 Sin Ming Drive
#08-14 Sin Ming AutoCity
Singapore 575722
Tel: 6266 6876 Fax: 6266 6861

STARS RENTAL & LEASING
50 SERANGOON NORTH AVE 4
#02-19 FIRST CENTRE
SINGAPORE 555856

ESTIMATE

DATE : 23/08/2018
VEHICLE NO : SLZ 4855 U
MAKE/MODEL : BMW 520
ACC DATE : 20/08/2108

PARTICULAR AMOUNT SS

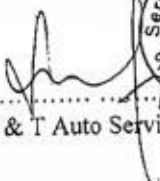
NETT ITEMS:				
1	1 REAR BUMPER		<i>Bu</i> 1,471.00	✓
2	1 REAR BUMPER INNER FRAME		162.00	?
3	1 REAR BUMPER REINFORCEMENT		732.00	?
4	1 REAR BUMPER TOW COVER		<i>Sm</i> 52.50	X
5	2 REAR BUMPER REFLECTOR	65.30	<i>Sm</i> 130.60	X
6	1 REAR FLOOR PANEL		<i>R</i> 1,285.00	X
7	1 REAR END PANEL		<i>R</i> 846.00	✓
8	1 REAR END PANEL TOP GARNISH		192.00	?
			4,871.10	
Less Discount:		10%	487.11	
			4,383.99	

SPECIAL NETT ITEMS:				
1	1 REAR NUMBER PLATE		<i>Sm</i> 50.00	X
2	16 REAR BUMPER CLIP	5.00	<i>Sm</i> 80.00	✓
3	4 REAR END PANEL TOP GARNISH CLIP	5.00	20.00	?
4	1 REAR REVERSE SENSOR X 4		750.00	?
			900.00	

LABOUR CHARGES:				
1	TO CHECK WIRING		50.00	201
2	TO TUFF KOTE		250.00	301
3	TO REMOVE/REFIX UPHOLSTERY, CUSHION SEAT & ROOF LINING		150.00	601
4	TO REMOVE/REFIX REVERSE SENSOR		100.00	601
5	TO PANEL BEATING, REMOVING & REPLACING OF NEW PARTS		1,200.00	6001
6	TO SPRAY PAINTING ON AFFECTED AREA		1,200.00	5001
			2,950.00	

GRAND TOTAL: 8,233.99

Singapore Dollars: Eight Thousand Two Hundred And Thirty Three And Cents Ninety Nine Only.


T & T Auto Services Pte Ltd

Not Authorized

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:

Shu Pei (LKKAuto)

From: Janet Tan <janet.tan@eqinsurance.com.sg>
Sent: Tuesday, 28 August 2018 11:47 AM
To: Shu Pei (LKKAuto)
Cc: Admin A; Joy Irene (LKKAuto)
Subject: RE: Direct Settlement - Accident Involving SJR8042M (OI : EQI - TBA) AND SLZ4855U (TP : LKK REF - CC6/EQI18015425/Kjb3) on 20.08.2018
Attachments: TP ESTIMATE- MARKED.PDF; TP GIA REPORT.PDF; Preliminary_Advice.pdf; SAS2460708.PDF

Dear Shu Pei

As attached.

Regards,

Janet Tan
Senior Executive | Claims



EQ Insurance Company Limited
5 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 6496 9032 | tel 65 6223 9433 ext 032 | fax 65 6223 4190
www.eqinsurance.com.sg

 A Member of Citystate

Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender.

From: Shu Pei (LKKAuto) [mailto:shupeil@lkkauto.com]
Sent: Tuesday, August 28, 2018 11:43 AM
To: Janet Tan <janet.tan@eqinsurance.com.sg>
Cc: Admin A <admin-a@lkkauto.com>; Joy Irene (LKKAuto) <JoyIrene@lkkauto.com>
Subject: RE: Direct Settlement - Accident Involving SJR8042M (OI : EQI - TBA) AND SLZ4855U (TP : LKK REF - CC6/EQI18015425/Kjb3) on 20.08.2018

WITHOUT PREJUDICE **URGENT**

Dear Sir / Madam,

We refer to the above matter.

Kindly let us have a copy of your insured's GIA report for our necessary action.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Shu Pei (LKKAuto)

Sent: Friday, 24 August 2018 4:08 PM

To: 'Janet Tan' <janet.tan@eqinsurance.com.sg>

Cc: Admin A <admin-a@lkkauto.com>; Joy Irene (LKKAuto) <joylrene@lkkauto.com>

Subject: Direct Settlement - Accident Involving SJR8042M (OI : EQI - TBA) AND SLZ4855U (TP : LKK REF - CC6/EQI18015425/Kjb3) on 20.08.2018

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

This is a TP direct settlement case. We had inspected TP vehicle SLZ 4855U at M/s T & T Auto Services Pte Ltd.

Enclosed for your perusal is:

- TP's GIA report
- Estimated cost of repair
- Preliminary advice

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge is Joy and she can be contacted at DID: 6749 5792.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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