

INS. CASE OWNER: Yall | CC Y Agm AXA1801 6107, P Lub LKK IDAC

Surveyor: Kalwin DOI: ASSIGNMENT 2/9/18 Date / Time: 4/9/18  
Registered in Merimen: \_\_\_\_\_

Pre-assign / CCU / FTE



Insured Vehicle No.: GBG 7750L Claim No.: SMOUT4X / 67146  
 Name of Insured: ARK LOGISTICS SERVICES P/L Policy No.: VLX / P2026320  
 Insured Tel No.: \_\_\_\_\_ HP: \_\_\_\_\_ Make / Model: TOYOTA  
 Excess Sec II :SS \_\_\_\_\_ D.O.A: 7/18/18 Place of Accident: ALEXANDRA RD TMS  
 Is driver the owner? (YES / NO) Nature of Accident: ANULIR POINT  
 If NO, Driver Name / Age: RASHIDI ABU BAKAR & RASHIDI OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO  
 Driver Tel No.: S/O DEWARJ MARE V/L: YES / NO ) Insured Liability: 0 % Final ? Yes / No

SHA 7687c



INSRS: \_\_\_\_\_ WSP: WAE Tel: W Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_ WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_ WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_ WSP: \_\_\_\_\_ Tel: \_\_\_\_\_ Liability: \_\_\_\_\_ RMKS: \_\_\_\_\_

Date/Time	STAGE	DATE / PIC
<u>6/9/18</u> <u>TIN</u>	Non-Reporting Ir (1st) Non-Reporting Ir (2nd) Non-Reporting Ir (Final) Notification Ir (if non-pickup) Call OI After call Ir to OI Documentation Check List:	
	Handler: _____ Typist: _____ Notification Ir (if non-pickup) <input type="checkbox"/> <input type="checkbox"/> After call Ir to OI <input type="checkbox"/> <input type="checkbox"/> Authorisation To Act <input type="checkbox"/> <input type="checkbox"/> Release Voucher <input type="checkbox"/> <input type="checkbox"/> Final Repair Bill <input 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"/> FIR <input type="checkbox"/> <input type="checkbox"/> Mandate/Reject Instruction <input type="checkbox"/> <input type="checkbox"/> LOD <input 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"/>	
	Argued claim - virtual TP on croached into OI lane and caused the accident. Rejected. LOD attached with file.	



**PRELIMINARY ADVICE** Date/Time: \_\_\_\_\_ Sent by: \_\_\_\_\_

**FINALIZATION** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Confirm by: \_\_\_\_\_

Repair Cost: \$5 ( \_\_\_\_\_ days) Reduction: % \_\_\_\_\_ Email  Call

**FINAL SETTLEMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Final Liability: % \_\_\_\_\_ (Agreed / Assessed) BOLA S/N No. : \_\_\_\_\_  
 Repair Cost: \$5  
 Loss of Rental (LOR): \$5 ( \_\_\_\_\_ days)  
 Loss of Use (LOU): \$5 (5 x \_\_\_\_\_ days)  
 Loss of Income (LOI): \$5 (5 x \_\_\_\_\_ days)  
 LOR only  LOU only  LOR + LOU  LOR + LOI  [Tick only one]  
 GLA/LTA Search: \$5  
 Medical: \$5  
 Disbursement: \$5 (e.g. Tow/ Independent )  
 Legal Cost: \$5

If NO or B 28, Ass. Lia: \_\_\_\_\_  
 1) Claim status: Normal/Reject/Private Settle  
 2) Report Format:  
 3) Survey fee: 8550.00

**Total:** \$5 Global Sum \$5:

**FINAL PAYMENT** Date/Time: \_\_\_\_\_ Confirm with: \_\_\_\_\_ Email  Call

Payee 1: \$5 Name 1: \_\_\_\_\_  
 Payee 2: (Strike if N.A.) \$5 Name 2: \_\_\_\_\_  
 Payee 3: (Strike if N.A.) \$5 Name 3: \_\_\_\_\_

**COPY SENT**  
11/10/18

ASS REC BY: *Kaluh*

REF: AXA

ASSIGNMENT

From: \_\_\_\_\_ Date: *19/11*

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

OD (P) WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: *SHA 7685C*

at Workshop n/s: *comfort Delgro*

of: *59 layong Drive*

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claim No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

N/S	O/S

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: *2* days Res.: Yes or No

Lum Sum: *20* % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS *(up)*

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: *SHA 7685C* Yr Regn: *7 May, 2015*

Type: M/Car / M/Cycle / Bus / Van / Lorry / T/Trailer / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: *Hyundai 240* c.c. *1685*

Colour: *Blue* A/C: *Insu* / Std / NI / NA

Sp. Reading: *520958* T/Radio: *Insu* / Std / NI / NA

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

G/No: *KMHLDXUMF406888E*

Gen. Cond: Good / *Fair* / Poor / Burnt

Steering: Inorder / *Jammed* / Leaked / Burnt or

Brake: Inorder / *Jammed* / Leaked / Burnt or

Mod: *NI* / S/Rim / *STD* / Rim or

Tyre Size: F: *205/60R16*  
R: \_\_\_\_\_

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

TOYO / YOKO or *Platone*

Front		Rear	
R/Bal. <i>7</i>	mm	R/Bal. <i>7</i>	mm
L/Bal. <i>7</i>	mm	L/Bal. <i>7</i>	mm
D.O.A. <i>31/8/18</i>		D.O.I. <i>4/9/18</i>	

Survey held at: *(OHE (Laying))*

Des. of Damages: *Fit / Rear / O/S / N/S / U/C / Rooftop or*  
*N/S front.*

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

Date / Time	Action / Instruction
	<i>\$ 415 - \$ 1000.00 (Red: \$ 1392.32 / 58%)</i>

Date/Time, File Pass to?  : Proll. Report

: Final Report

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

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

Date/Time, File Return to? \_\_\_\_\_

Add Fee:  Site Insp (\$ )

Interview (\$ )

Tech. Invs (\$ )

Weekend (\$ )

Survey Fee:	
Transportation:	
\$ * RS. BI	
Photos	
Other	
TOTAL	

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/ASM18016107/K1ub3

8 SHENTON WAY #24-01  
AXA TOWERSINGAPORE 068811

Date : 04-09-2018



Code : ASM

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

Insured Veh.	GBG 7750L	Veh. Inspected	SHA 7685C
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/09/2018

### 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	31/08/2018	Inspection Date	04/09/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

### 5a. Remarks

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

# COMFORTDELGRO ENGINEERING

Our Job Ref No 305207397  
Date : 04/09/18

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

## FINALIZATION FORM

To : LKK

Fax :

Attn : Mr KALVIN ANG

Vehicle Reg No. SHA7685C CTPL

31.08.18

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

- The repair job shall bill to: AXA — GBG7750L
- The finalized amount shall be:
  - Spare Parts after List discount \_\_\_\_\_
  - Labour Charges \_\_\_\_\_
  - Total for Part-By-Part Repair Cost** \_\_\_\_\_
  - Lumpsum Repair (if applicable) \_\_\_\_\_
  - Total for Lumpsum repair cost after Less: 20% \$1,000.00
  - Final Lumpsum Repair cost** \$1,000.00

3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature :  \_\_\_\_\_

Name : LIM KWOK ENG

Tel : 62148316

Fax : 65468156

Signature :  \_\_\_\_\_

Name : KALVIN ANG

Date : 5/9/18

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Final Amount Subject to Insurance Approval

REPAIR ESTIMATE\*

VEHICLE NO : SHA 7685C

DATE 3/9/2018 11:00

MAKE :

*Like*

MODEL : HYUNDAI i40

*4/Sum*  
*AXA*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>X 1/2</i>			\$ 544.50
	Front Bumper Bracket Top (LH) <i>X 1/2</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>X 1/2</i>			\$ 24.60
	Front Fender (LH) <i>1/2</i>			\$ 566.30
	Front Fender Shield (LH) <i>X 1/2</i>			\$ 175.90
	Front Fender Retainer <i>X 1/2</i>			\$ 24.60
	Front Wheel Hub Cap (LH) <i>1/2</i>			\$ 107.10
	<b>SUB TOTAL</b>			<b>\$ 1,465.40</b>
	<b>LESS 20%</b>			<b>\$ 293.08</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,172.32</b>
	<b>Labour Charge</b>			<i>300</i>
	Panel Beating			\$ <del>560.00</del>
	Spray Painting Charge			\$ <del>500.00</del> <i>400</i>
	Wiring			\$ <del>30.00</del> <i>X 1/2</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	Frt Wheel Alignment			\$ <del>80.00</del> <i>X 1/2</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,220.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,392.32</b>
<p><i>Kalau 10/10/18</i> <i>4/9/18 10.10L</i> <i>2 hr</i> <i>4/5</i> <i>After Repair</i></p>				
<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>• To reserve for the spray painting</li> <li>• To display damaged parts during recovery</li> <li>• Parts price is subject to confirmation</li> <li>• Third party survey is on "without prejudice" basis</li> <li>• No file at motor vehicle insurance</li> <li>• Sign. User must be present and subject to insurance and motor insurance company</li> </ul> <p>Acknowledged by Repairer: Signature: Date:</p>				
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>				

member of COMFORTDELGRO

Date/Time: 03.09.2018 10:59 Page : 1

Team: ARC Repair TP(CLSO)1      **JOB CARD**      Sales Order:      JO NO.: 305207397

OMER S COMFORT TRANSPORTATION PTE LTD 7010045 OMER NO. 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65508755 (R) (O) (P)	REGN NO.: <b>SHA7685C</b>	MILEAGE
	MAKE: <b>HYUNDAI</b>	FUEL E _____ 1/2 _____ F
	MODEL: <b>I-40</b>	DATE/TIME IN: <b>03.09.2018 09:50</b>
	YR OF MANU: <b>07.05.2015</b>	TARGET DATE
	CHASSIS CODE: <b>KMHLB41UMFU068888</b>	COMPLETION DATE/TIME

*AXA*

Accident Date: 31.08.2018  
 NATURE: 3P 31.08.2018

JOB DESCRIPTION

S/NO	LABOR CODE	DESCRIPTION

BOOKED & PASSED OUT BY: \_\_\_\_\_

\_\_\_\_\_  
 SERVICE ADVISOR

\_\_\_\_\_  
 CUSTOMER'S SIGNATURE

Recognition Slip  
 No.: **SHA7685C**      **LKE**  
 \_\_\_\_\_  
 Signature/Date

Exit Pass  
 Vehicle No.: **SHA7685C**  
 \_\_\_\_\_  
 Name of Service Advisor      \_\_\_\_\_  
 Date  
 To be kept by Security Guard

Returned to Service Reception upon collection

**COMFORTDELGRO ENGINEERING PTE LTD**

**REPAIR ESTIMATE\***

VEHICLE NO : SHA 7685C

DATE 3/9/2018 11:00

MAKE :

MODEL : HYUNDAI i40

*Like*

*4/Sum  
AXA*

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover <i>x rpe</i>			\$ 544.50
	Front Bumper Bracket Top (LH) ?			\$ 22.40
	Front Bumper Bracket (LH) ?			\$ 24.60
	Front Fender (LH) ✓			\$ 566.30
	Front Fender Shield (LH) x			\$ 175.90
	Front Fender Retainer x			\$ 24.60
	Front Wheel Hub Cap (LH) ✓			\$ 107.10
	<b>SUB TOTAL</b>			<b>\$ 1,465.40</b>
	<b>LESS 20%</b>			<b>\$ 293.08</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 1,172.32</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>560.00</del> <i>300</i>
	Spray Painting Charge			\$ <del>500.00</del> <i>200</i>
	Wiring			\$ <del>30.00</del> <i>x</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	Frt Wheel Alignment			\$ <del>80.00</del> <i>x</i>
	<b>TOTAL LABOUR</b>			<b>\$ 1,220.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 2,392.32</b>

*Kate 10/11/18  
4/9/18 10.10L  
2 hrs  
4/5  
After Receipts*

**LKK Auto Consultancy** hereby certify the Repairer of the following:

- To resolve any disputes arising from the repair
- To ensure compliance with all relevant regulations
- To provide a written estimate on a "No Fault" basis
- To ensure all work is carried out in accordance with the relevant standards
- To ensure all work is carried out by qualified and experienced technicians
- To ensure all work is carried out in accordance with the relevant standards

Approved by: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Date: \_\_\_\_\_

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.



## TAX INVOICE

8010010  
AXA INSURANCE PTE LTD  
8 SHENTON WAY AXA TOWER #24-01  
SINGAPORE 068811  
CONTACT NO: 63387288

VEHICLE NO  
SHA7685C  
NO/DATE  
91394291 06.09.2018  
MAKE  
HYUNDAI  
JOB NO.  
305207397  
MODEL  
I-40  
ODOMETER READING  
\_\_\_\_\_  
DATE OF REG  
07.05.2015  
CHASSIS CODE  
KMHLB41UMFU068888  
JOB TYPE

Description : 3P 31.08.2018

### Invoice for Lump Sum Repair

Total Lump Sum Repair Amt		1,000.00
Add GST @ 7.000 %		70.00
<b>Total Invoice amount</b>		<b>1,070.00</b>

Issued by : CHEWBEELENG 06.09.2018 15:39:12  
Repair Type : CLSO/57/57  
Payment Type/Term : /Credit 30 days

WHICH TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS A  
LIABILITY FOR LOSS OR DAMAGE TO THE USER'S PROPERTY, INCLUDING TO CUSTOMERS AND VISITORS ARE ADVISED AND ADVISED A  
CUSTOMER'S USE.  
CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE  
NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED  
AS IS.  
PAYMENT OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE  
COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OR PAYMENT IS MADE WITHIN 30 DAYS FROM THE DATE OF THE  
PERIOD OF DEFAULT.  
PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND SIGNIFY THE COMPANY OF ANY ERRORS OR DISCREPANCIES  
WITHIN 15 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS  
CORRECTLY ISSUED.

ComfortDelGro Engineering Pte Ltd  
A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Our Ref: CT18080918

Date: 06 September 2018



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON 31/08/2018 @ 07:45 hrs  
ALONG ALEXANDRA ROAD TWDS QUEENWAY.  
INVOLVING GBG7750L

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHA7685C** (the "Taxi"). The Taxi was hired to **SIM HOCK THIAM IC NO S1661152B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay  
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.



PAGE ELLED (M)	HOURS OPERATED (TIME)	
	FROM	TO
2-27		1745
30	21:55	0530
72-28		1700
17	22:30	0525
2-22		1800
16	21:00	0440
2	0600	1715
4		2315
53		1730
25	20:05	0415
55, 16		1730

**SHA76850**

NAME OF DRIVER

DATE	NAME OF DRIVER	MILEAGE READING				MILEAGE TRAVELLED (KM)	HOURS OPERATED (TIME)		
		5	1	8	9		2	FROM	TO
29/8	HUMAT	5	1	8	8	9	2	21:15	04:45
30/8	Ray	5	1	9	1	4	1		173.5
30/8	HUMAT	5	1	9	3	8	2	20:50	04:50
31/8	Ray	5	1	9	6	2	8		1630
31/8	HUMAT	5	1	9	9	2	0	21:45	06:05
19/18	Ray	5	2	0	2	0	1		1600
1/7	HUMAT	5	2	0	3	7	1	21:40	05:10
02/09/18	WEE	5	2	0	6	2	9	0600	1620
2/9	HUMAT	5	2	0	8	4	6	21:30	04:45
3/9	Ray	5	2	0	9	4	0		1000

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****I 40 SHA7685C , GBC7750L  
ALEXANDRA ROAD TWDS QUEENWAY.****ON 31-Aug-18 07:45**

I / We

**SIM HOCK THIAM**

(Hirer) NRIC No.:

**S1661152B**

and/or

(Relief) NRIC No.:

Taxi Number

**SHA7685C**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date

**31-Aug-2018**

Name of Hirer

**SIM HOCK THIAM**

Hirer NRIC

**S1661152B**

Signature :



Address

**815 TAMPINES AVENUE 4 #14-237  
520815**

Contact No.

**97427251**

**Enquire Vehicle Insurer**

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBG7750L	31 Aug 2018 / 07:45:00	Successful	A12	AXA INSURANCE PTE LTD

[Previous](#)[OK](#)

SIP 768XC

## Thin Thin (LKKAuto)

---

**From:** Thin Thin (LKKAuto)  
**Sent:** Tuesday, 13 November 2018 5:29 PM  
**To:** 'William Tan Thoo Seng'  
**Cc:** Vivian Lau (LKKAuto)  
**Subject:** ACCIDENT ON 31/08/2018 INVOLVING VEHICLES GBG 7750L AND SHA 7685C  
**Attachments:** GBG7750L.mp4

**'WITHOUT PREJUDICE'**  
**SAVE AS TO COSTS**

Dear William,

ACCIDENT ON 31/08/2018 INVOLVING VEHICLES GBG 7750L AND SHA 7685C

We refer to the below matter.

Our insured has reiterated that the accident was caused due to the negligence of your client.

Based on video footage, it can be seen that our insured vehicle was travelling along within in his own lane and your client's vehicle encroached into our insured lane and collided with our insured vehicle.

Under such a circumstances, we have our Principal instruction to denying liability.

Yours faithfully,

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

Best Regards,

**Thin Thin Hlaing** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6841-2360 | email: [thinthin@lkkauto.com](mailto:thinthin@lkkauto.com) | fax: 6741-4108

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



SERVICE REQUESTS

MESSAGES

CLAIMS

## Service Request Details

Claim	SBM00TYX
Reference	CC4/ASM18016107/K1ub3 
Loss Date	31 August 2018
Request Date	3 September 2018
Due Date	3 September 2019
Vendor Name	LKK AUTO CONSULTANTS PTE LTD (TPI)
Type of Loss	Third Party Vehicle Damage
Services	Pending verification - Direct Settlement

**Actions**

Next Step: Finish the work

Complete Work

More ▾

### Vehicle Information

Incident	SHA7685C
Vehicle Registration #	
Make	TPVD HYUNDAI
Model	140

### Service Address

...

### Primary Contact/Insured

AAK LOGISTICS SERVICES PTE. LTD.  
BLK 153 BUKIT BATOK STREET 11, #03-292,  
650153, Singapore  
63380083

### Claim Handler

OH Vale  
6568804897  
vale.oh@axa.com.sg

Additional Instructions: VIRTUAL CASE PLS OBTAIN VIDEO AS INSRD CLAIMING NOT AT FAULT

Messages | Invoices | History | Documents | Assessment | Metrics | Notes

TYPE	SENT	FROM	SUBJECT	BODY	
	13/11/18 1:33 PM	OH Vale	Re:RE: RE:RE: VIRTUAL CASE	Hi Thin Thin Pls proceed to reject TP's claim. V...	
	13/11/18 12:04 PM	LKK AUTO CONSULTANTS PTE LTD (TPI)	RE: RE:RE: VIRTUAL CASE	Dear Vale, We have uploaded IA and survey photos. ...	
	12/11/18 8:24 AM	OH Vale	Re:RE: VIRTUAL CASE	Hi Pls upload your IA with damage photos of TP. ...	

	TYPE	SENT	FROM	SUBJECT	BODY	
		7/11/18 5:58 PM	LKK AUTO CONSULTANTS PTE LTD (TP)	RE: VIRTUAL CASE	Dear Vale, we have uploaded the CCTV Footage from ...	
		3/9/18 3:17 PM	OH Vale	VIRTUAL CASE	Hi Pls note Insured is claiming not at fault and ...	



SERVICE REQUESTS

MESSAGES

CLAIMS



## Re:RE: Re:RE: VIRTUAL CASE

Type

Question

Message

Hi Thin Thin Pls proceed to reject TP's claim. VO

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

Affiliated to Federation Internationale Des Experts En Automobile

AXA INSURANCE PTE LTD

Ref : CC4/ASM18016107/K1ub3q2

8 SHENTON WAY #24-01  
AXA TOWERSINGAPORE 068811  
ATTN:VALE OH

Date : 26-11-2018



Code : ASM

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBG 7750L	Veh. Inspected	SHA 7685C
Policy No.	VCX/P2036320	Coverage (\$)	0.00
Claim No.	S8M00TYX	Excess (\$)	0.00
Assign From		Assign Date	04/09/2018

## 2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU068888	Colour	BLUE
Odometer	520939	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	31/08/2018	Inspection Date	04/09/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

## 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:	<b>2 Working Days</b>
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Page No.:1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 7685C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER (CONSISTENT)	TO REPAIR SEE LABOUR	544.50	-
1	FRONT BUMPER BRACKET TOP (LH)(CONSISTENT)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (LH)(CONSISTENT)	SERVICEABLE	24.60	-
1	FRONT FENDER (LH)(CONSISTENT)	DENTED	566.30	566.30
1	FRONT FENDER SHIELD (LH) (CONSISTENT)	SERVICEABLE	175.90	-
1	FRONT FENDER RETAINER (CONSISTENT)	SERVICEABLE	24.60	-
1	FRONT WHEEL HUB CAP (LH)(CONSISTENT)	GRAZED	107.10	107.10
	LESS 20% DISCOUNT		-293.08	-134.68
			<b>1,172.32</b>	<b>538.72</b>
<b>LABOUR</b>				
	PANEL BEATING .INCLUSIVE OF THE REPAIR OF FRONT BUMPER COVER .		560.00	300.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	TUFF KOTE.		50.00	20.00
	FRT WHEEL ALIGNMENT .	NOT NECESSARY	80.00	-
			<b>1,220.00</b>	<b>720.00</b>
<b>GRAND TOTAL</b>			<b>2,392.32</b>	<b>1,258.72</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>1,000.00</b>

Report Ref No. CC4/ASM18016107/K1ub3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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
LKXInvoice1121.pdf	Invoice	Surveyor/ Assessor expense	LKX AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
LKXInspection 11.pdf	Forms / Claim Documents	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
LKXAdjustment1a 11.pdf	Forms / Claim Documents	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
LKX INSPECTION PHOTO.pdf	Reports & Statement	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	13 November 2018
LKX Re-Inspection Photo.pdf	Reports & Statement	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	13 November 2018
Immediate Advice.pdf	Reports & Statement	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	13 November 2018
SHA7685C.jpg	Evidence	Video	LKX AUTO CONSULTANTS PTE LTD (TP)	7 November 2018
TP ESTIMATE- MARKED.pdf	Reports & Statement	Estimate / Quotation	LKX AUTO CONSULTANTS PTE LTD (TP)	5 September 2018
P2006320_HB_00001_1.pdf	Forms / Claim Documents	Policy Schedule / Covernote / Certificate of insurance	OH Vale	3 September 2018
P2006320_CI_00001_1.pdf	Forms / Claim Documents	Policy Schedule / Covernote / Certificate of insurance	OH Vale	3 September 2018
TP PIR FROM WORKSHOP WITH ESTIMATE.png	Letters and Correspondence	Workshop	DHAKAL Raghav	3 September 2018
GB07750L INSD GIA REPORT.PDF	Reports & Statement	GIA Report	DHAKAL Raghav	3 September 2018
SHA7685C TP GIA REPORT.PDF	Reports & Statement	GIA Report	DHAKAL Raghav	3 September 2018