INS. CASE OWNER: Richard | CC4 Alan CC YAXA1801 7437, K 7633[32]

LKK:
IDAC:

ASSIGNMENT

Surveyor: KSC DOI: 25/9/18 Date / Time: 25/9/18

Registered in Merimen:

Pre-assign / CCU / FTE

Insured Vehicle No.	: SHD 7362P	Claim No.	: S8MOUWQT / 71661
Name of Insured	: TRANS-CAB SERVICES P/L	Policy No.	: VPK / V1680570
Insured Tel No.	: HP:	Make / Model	: RENAULT
Excess Sec II :S$	D.O.A: 20/9/18	Place of Accident:	WOLENT DRIVE
Is driver the owner?	(YES / NO)	Nature of Accident:	

If NO. Driver Name / Age: YEO NGUAN LNYE

Driver Tel No.: (V/L: YES / NO)

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

Insured Liability: % **Final ? Yes / No**

SLM 8605S → → →

INSRS: WSP: Wei Tel: Liability: 100 RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:	INSRS: WSP: Tel: Liability: RMKS:

Date/ Time	
25/9/18	SLM 8605S-X SHD 7362P-Y
9pm	* smart claim.
	HEAD-TO-REAR
5-10-18	PENDING FINALIZATION.

STAGE	**DATE / PIC**
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	JUT 5-10-18
After call ltr to OI:	

Documentation Check List:	**Handler**	**Typist**
Notification ltr (if non-pickup)	X	
After call ltr to OI:	/	
Authorisation To Act:	/	
Release Voucher:	/	
Final Repair Bill:	/	
Car Rental Invoice	X	
Towing Invoice	X	
LTA / GIA:	/	
Medical Bill:	X	
PIR:	X	
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:	S$ (days) Reduction:	%	Email Call

FINAL SETTLEMENT	Date/Time: 14-12-18 Confirm with KAREN	Email Call
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: 27	If NO or B 28. Ass. Lia:
Repair Cost:	S$ 500	
Loss of Rental (LOR):	S$ — (days)	COPY SENT 14/12/18
Loss of Use (LOU):	S$ 180 ($ 60 x 3 days)	
Loss of Income (LOI):	S$ — ($ x days)	
LOR only / LOU only / LOR + LOU / LOR + LOI **[Tick only one]**		
GIA/LTA Search	S$ 7.45	
Medical:	S$ —	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ — (e.g. Tow/ Independent)	2) Report Format:
Legal Cost:	S$ —	3) Survey fee:
Total:	**S$** 687.45 **Global Sum S$:**	

FINAL PAYMENT	Date/Time:	Confirm with:	Email Call
Payee 1:	S$ 687.45	Name 1: WEI LI MOTOR WORKS	
Payee 2: (Strike if N.A.)	S$ X	Name 2: X	
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Kenneth

REF: AXA/

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s Wei Lee

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: Person Contacted: Vehicle: IN / OUT

Veh No: SLM 8605S Yr Regn: 16/10/08

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or (A) 1794

Make: Toy Altis c.c 1598

Colour: M. Green A/C: Insured / Std / NI / NA

Sp.Reading 274594 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053ZEE206108746

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl : Nil / S/Rim / STD A/Rim or

Tyre Size: Goodrich

R: FS 205/55R16

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

Front

R/Bal. 2 mm

L/Bal. 2 mm

Rear

R/Bal. 3 mm

L/Bal. 3 mm

D.O.A. 20/9/18 D.O.I. 25/9/18

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
26/9	File pass to Catherine
	Lily @ 50d

R ($1,855.20/ 7%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

: Preli. Report

: Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee: : Site Insp ($)

: Interview ($)

Tech Invs ($)

Weekend ($)

Report Format :

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

Survey Fee:

Transportation:

$ + RS. $/

Photos

Others

TOTAL

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/ASM18017437/jb3

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 25-09-2018

Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHD 362P	Veh. Inspected	SLM 8605S
	Policy No.		Coverage ($)	0.00
	Claim No.		Excess ($)	0.00
	Assign From		Assign Date	25/09/2018

2. Vehicle Particulars & Condition

	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Cdometer	-	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	20/09/2018	Inspection Date	
	Survey held at	WEI LEE MOTOR WORKS BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32 SINGAPORE 575644.		

5a. Remarks

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

威利摩哆

WEI LEE MOTOR WORKS

BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32,
SINGAPORE 575644.
TEL: 6456 9830 • FAX: 6458 0128 • EMAIL: weileemotorworks@gmail.com
Business Regn No: 269436/00J

Not Authorised
LLS? 8500L
Recovery After Paint
3 days
Subject to AXA approval

24,Sept 2018

AXA Insurance PL
143 Cecil Street #01-01 GB Building
S 069542

Attn : Motor claim dept-3rd party claim
Claiming against your insured vehicle No; SHD362P
Accident involving vehicle no: SLM8605S/SHD362P
DOA: 20/09/2018 AT Velo city outside drop off point

Dear officer incharge
Re: estimate cost of repair for vehicle no: SLM8605S
To supply--

Description	Qty	Amount
Rear bumper	1	423.60
Rear bumper clip		38.00
Rear bumper lower spoiler	1	366.00
Rear bumper retainer	2	86.00
	Parts	913.60
	Parts less 25%	228.40
		685.20

Reverse sensor 220.00 X
To remove damaged parts and attachments.
Repair/reshape tailgate,end panel.
Replace/align all parts into position. 750.00 300
To spray paint. 700.00 400

2,355.20

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:

LKK AUTO CONSULTANTS PTE LTD (TP) ▾ Menu

Service Request Details

Claim
S8M00WQT

Reference
None

Loss Date
September 20, 2018

Request Date
September 25, 2018

25/09/2018 @ 10:50am
Karen veh no in.

Due Date
October 2, 2018

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss
Third Party Vehicle Damage

Services
Pending verification - Direct Settlement

Actions

Next Step
Agree to perform service

Decline Work | Accept Work

Vehicle Information

Incident Vehicle Registration #
SLM8605S

Make
TPVD TOYOTA

Model

ALTIS

Service Address

, , ,

Primary Contact/Insured

TRANS-CAB SERVICES PTE LTD
No.2 ANG MO KIO STREET 63, 569111, Singapore

Claim Handler

ANG Richard

richard.angbs@axa.com.sg

Additional Instructions

Messages Invoices History Documents Assessment Metrics Notes

New Message

THIRD PARTY EXPRESS SETTLEMENT
(PAYMENT BREAKDOWN)

Vehicle No:	**SHD 362P (Insd veh)**	**Model:**	**TOYOTA ALTIS (A)**
	SLM 8605S (TP veh)		
Date of Accident:	**20/09/2018**		

Global Sum Settlement	: [ ] Yes	[X] No		
Repair Estimate	: $	2,355.20		
Final Repair Cost	: $	500.00		
Loss of Use	: $	180.00	3	days at $60.00 per day
Rental (if any)	: $			days
LTA / GIA Search Fee	: $	7.45		

Others:	: $	

	: $	
Final Settlement Sum	: $	687.45

Is Third Party Workshop GIA Registered? [ ] **YES** [X] **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)	WEI LEE MOTOR WORKS	: $	687.45

NUR SHAQILAH BTE ABDOL WAHAB

20/12/2018
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

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TEL: 6256 3561 FAX: 6256 4315

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Affiliated to Federation Internationale Des Experts En Automobile

AXA INSURANCE PTE LTD

Ref : CC4/ASM18017437/Kjb3s2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 20-12-2018

ATTN: RICHARD ANG

Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHD 362P	**Veh. Inspected**	SLM 8605S
	Policy No.	VPX/P1680520	**Coverage ($)**	0.00
	Claim No.	S8M00WQT	**Excess ($)**	0.00
	Assign From	RICHARD ANG	**Assign Date**	25/09/2018

2. Vehicle Particulars & Condition

	Make & Model	TOYOTA ALTIS (A)	**c.c**	1794
	Engine No.	HIDDEN	**Year of Reg.**	2008
	Chassis No.	MR053ZEE206108746	**Colour**	METALLIC GREY
	Odometer	274594	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	STANDARD ALLOY RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	205/55R16	GOODRIDE	2 mm
	L/H Front Tyre	205/55R16	GOODRIDE	2 mm
	R/H Rear Tyre	205/55R16	FIRESTONE	3 mm
	L/H Rear Tyre	205/55R16	FIRESTONE	3 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	20/09/2018	**Inspection Date**	25/09/2018
	Survey held at	WEI LEE MOTOR WORKS BLOCK 9 SIN MING INDUSTRIAL ESTATE #01-32 SINGAPORE 575644.		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **3 Working Days**

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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLM 8605S

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	REAR BUMPER (CONSISTENT)	BUCKLED	423.60	423.60
1	REAR BUMPER CLIP (CONSISTENT)	NECESSARY	38.00	38.00
1	REAR BUMPER LOWER SPOILER (CONSISTENT)	DENTED / WARPED	366.00	366.00
2	REAR BUMPER RETAINER (CONSISTENT)	DISTORTED	86.00	86.00
	LESS 25% DISCOUNT		-228.40	-228.40
			685.20	685.20
	SPECIAL NETT ITEMS			
1	REVERSE SENSOR (SN) (CONSISTENT)	SERVICEABLE	220.00	-
			220.00	-
	LABOUR			
	TO REMOVE DAMAGED PARTS AND ATTACHMENTS. REPAIR / RESHAPE TAILGATE, END PANEL. REPLACE / ALIGN ALL PARTS INTO POSITION.		750.00	300.00
	TO SPRAY PAINT.		700.00	400.00
			1,450.00	700.00
	GRAND TOTAL		**2,355.20**	**1,385.20**

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**500.00**

Report Ref No. CC4/ASM18017437/Kjb3s2

KSC

KONG SENG CHEONG

Licensed Appraiser