

150/210

INS. CASE OWNER:

PETER

CC 4 KGM AXA1801

7583, T2 16b^{s2}

LKK:

IDAC:

Surveyor:

Cunfich

DOI:

ASSIGNMENT

V6/1/18

Date / Time:

26/1/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

GBH 1974H

Claim No.:

S8MOONVA 71861

Name of Insured:

LOOKING NET INDUSTRIES PLC

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

26/1/18

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

SHD 20115

INSRS:
WSP:
Tel:
Liability:
RMKS:prime
autoINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time

2/10/18

TH

SHOUMIS-T

GBH 1974H-X

Stamatakis

- OMR sent out 2st letter

19-11-18 MON GIA STARTED.

11-19-18 P. W/ DS.

23-11-18 @ 11 PM, SPOKE TO MR LIA
G. MS. IRINE. RE JEND
ITEM EMAIL.

RECEIVED 05 DEC 2018

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:

23-11-18 J04

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:

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:

Repair Cost:

SS

(days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

30-11-18

Confirm with:

ALICE

Email

Cal

Final Liability:

%

100 (Agreed / Assessed) BOLA S/N No.:

27

Repair Cost:

SS

5,617.50

Loss of Rental (LOR):

SS

669

(5 days)

X 133.80

Loss of Use (LOU):

SS

(S x days)

Loss of Income (LOI):

SS

(S x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

SS

2-XS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

Total:

SS

6,288.50

Global Sum SS:

6,285

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

SS

6,285

Name 1:

PRIME, CAR RENTAL & TAXI SERVICES LTD

Payee 2: (Strike if N.A.)

SS

Name 2:

X

AUTO CLAIMS

Payee 3: (Strike if N.A.)

SS

X

Name 3:

X

Surveyor

Tanpin

REF: ASM (AXA)

ASSIGNMENT

From: _____ Date: **26/09/2018**

Estimated Cost: _____

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

To Inspect Vehicle No: **SHD 29115**

at Workshop m/s: **Prime Auto**

of: **6 Bens. Place**

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

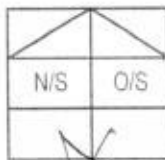
(Client's Record)

Make of Veh: _____

(Policy Condition)

10am

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 No

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SHD 29115** Yr Regn: **2012 Sep**

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: **Toyota Volvare Hybrid** C.C. **2362**

Colour: **white** A/C: Insured / Std / NI / NA

Sp. Reading: **4/8877** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **ATH 208018925**

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

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

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

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

Tyre Size: F: **7.5/65R16**

R: **7.5/65R16**

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

TOYO / YOKO or **Goodride**

Front: **6** mm Rear: **6** mm

R/Bal. **6** mm L/Bal. **6** mm

D.O.A. _____ D.O.I. **26/9/18 e 11am**

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

4/5 \$5,250

R(\$3,397.93/39%)

Date/Time, File Pass to?

☐

: Preli. Report

1)

Date/Time, File Return to?

☐

: Final Report

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ + RS. SI

Photos

Others

Report Format:

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

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

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/ASM18017583/T1ub3		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date : 27-09-2018		
		Code : ASM		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GBH 1934H	Veh. Inspected	SHD 2911S	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	27/09/2018	
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	25/09/2018	Inspection Date	26/09/2018	
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				



Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M

6 Benoi Place Singapore 629927

Tel: 6861 0908 Fax: 6515 2948

Date: 26.09.2018

AXA Insurance Singapore Pte Ltd

8 Shenton Way #27-01/02

AXA Tower

Singapore 068811

Attn: Motor Claims Dept

RE: ESTIMATE COST OF REPAIR TO VEHICLE SHD2911S TOYOTA VELLFIRE (2012)

To Supply

1)	1pc	Rear bumper	\$	1,785.00 <i>de</i>
2)	1set	Rear bumper clip	\$	30.00 <i>de</i>
3)	1pc	Rear bumper right side retainer	\$	130.00 <i>de</i>
4)	1pc	Rear right bumper tow hook cover	\$	59.80 <i>de</i>
5)	1pc	Tail gate	\$	2,200.00 <i>bt</i>
6)	1pc	Tail gate "Vellfire" emblem	\$	80.00 <i>de</i>
7)	1pc	Tail gate "Toyota" logo	\$	90.00 <i>de</i>
8)	1pc	Tail gate "Hybrid Synergy Drive" emblem	\$	60.00 <i>de</i>
9)	1pc	Tail gate "E-Four" emblem	\$	70.00 <i>de</i>
10)	1pc	Tail gate weatherstrip	\$	282.00 <i>cut</i>
11)	1pc	Tail gate lamp	\$	326.80 <i>? X n n</i>
12)	1pc	Right tail lamp lower panel	\$	278.50 <i>de</i>
13)	1pc	Reverse lamp	\$	240.90 <i>cut</i>
14)	1pc	Rear end panel	\$	804.10 <i>de</i>
15)	1pc	Rear end panel top garnish	\$	400.00 <i>de</i>
16)	1set	Rear end panel top garnish clip	\$	30.00 <i>de</i>
17)	1pc	Rear bumper center right parking sensor (Genuine)	\$	290.00 <i>cut</i>
18)	1pc	Rear bumper center left parking sensor (Genuine)	\$	290.00 <i>? X n n</i>
19)	1pc	Rear bumper center right parking sensor cover (Genuine)	\$	25.00 <i>cut</i>
20)	1pc	Rear bumper center left parking sensor cover (Genuine)	\$	25.00 <i>? X n n</i>

Sub total parts	\$	7,497.10
Less: 25% discount	\$	1,874.27
	\$	5,622.83

To Supply S.Nett Parts

1) 1pc	"Prime Taxi" sticker	\$	55.00	✓
2) 1set	Rear glass seal	\$	245.10	✓
3) 1tube	Rear glass sealant	\$	45.00	✓

Sub total S.Nett Parts \$ 345.10

L/charges

1) Towing charges (Using King-dolley)	\$	80.00	✓
2) To tuff kote	\$	100.00	30
3) To remove & refit rear glass	\$	120.00	✓
4) To remove & refit center reverse sensor & sensor, reset reverse sensor light. Check wiring	\$	60.00	30
5) To transfer tail gate trim cover, handle, glass & mechanism part.	\$	120.00	60
6) To cut / welding rear end panel, knock / repair floor panel. Remove rear bumper, tail gate, tail gate lamp & etc. Replace the above parts. Align & adjust rear bumper and tail gate.	\$	1,000.00	700
7) To putty, respray painting rear bumper, end panel, tail gate inlet & outer, floor panel, tow hook cover & reverse sensor cover in pearl white. To polish	\$	1,200.00	700

Sub total L/charges \$ 2,680.00
Estimated Grand total \$ 8,647.93

LKK Auto Consultants hence notify the Repairer of the following:

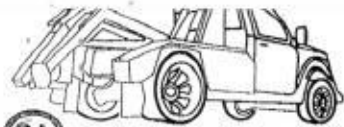
- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

Tanpin 97495749
WP
26/9/18 Ekan
5 days
Reply after repair.
sur @ blanda.com



ISLAND RECOVERY SERVICES

Blk 3026, Ubi Road 1 #04-146 Singapore 408719

Telephone: 6747 7400

Email: islandrecovery@gmail.com

Facsimile: 6844 7233

Web: www.islandrecovery.com.sg

GST Reg.No: M90370499P

Co. Reg. 53120055L

Cash Sales/ Work Order

NO. 1196419

Date: 25/9

24 HOURS HOTLINE: 9182 8211

M/S: PRIME AUTO CLAIMS.

Vehicle No: 94029115

Model

: TOYOTA Vellfire Hybrid

From: 457 Ang Mo Kio Ave 10

Time Start:

8:58

To: 6 Benoi Place

Time End:

11:31

Remarks:

COPY

☐ Change Tyres / Jump Start

☐ Accident

☐ Use Car Carrier

☐ Basement / Multi Carpark

☐ Crane Up / Winch Out

☐ Open Door

☒ Using King Dolly

☐ Dismantle Shaft / Brake

☐ Loaded

AMOUNT S\$

GST S\$

TOTAL S\$

bizSAFE₃

Important Note:

6723

Island Recovery Services

Received By

Vehicle is transported at owner's risk. The company accepts no responsibility for damaged or other misdemeanour to your vehicle whilst being transported.




Service Request Details

Claim

S8M00WVA

Reference

None 

Loss Date

September 25, 2018

Request Date

September 25, 2018

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

26/09/2018 @ 4:38pm
Per Tee veh ~~is~~ in
agreed survey on 26/09/2018

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SHD29115

Make

TPVD TOYOTA

Model

ELLFIRE-2.4 X HYBRID (ATH20) (A)

Service Address

...

Primary Contact/Insured

COOKING ART INDUSTRIES PTE LTD

NO. 37 MACTAGGART ROAD, #04-01 LIREA INDUSTRIAL BLDG, 368083, Singapore

Claim Handler

WANG Peter

peter.wang@axa.com.sg

Additional Instructions

NON 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

02 Oct 2018

**COOKING ART INDUSTRIES PTE LTD
NO. 37 MACTAGGART ROAD, #04-01 LIREA INDUSTRIAL BLDG,
Singapore 368083**

Dear Sir,

**OUR REF : CC4/ASM18017583/T1ub3
YOUR REF : GBH 1934H**

**ACCIDENT INVOLVING GBH 1934H & SHD 2911S ALONG ESPLANADE DRIVE
ON 25/09/2018**

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 thinthin@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 2360 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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	25/09/2018 17:09
Date Of Accident	25/09/2018 07:40
Exact Location Of Accident	NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH1934H
Insured/Policyholder	
Name Of Registered Owner	COOKING ART INDUSTRIES PTE LTD
Co Reg No	NA
Email Address	HR@COOKING.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-93257756

Vehicle Particulars

Manufacturer	TOYOTA
Model	DYNA

Exact Purpose for which vehicle was being used at time of accident

Are you claiming under your own insurance policy for repair to your vehicle? NO

If No, Please state action to be taken REPORTING ONLY

Vehicle Category COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P2090808
Cover Note Number	

Driver

Name of Driver	LIM BOON TONG ANTHONY
NRIC No	S1500144E
Date Of Birth	17/01/1961
Occupation	OUTDOOR
Date Of Driving Pass	11/10/1984
Driving Experience	33 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93257756
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
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7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.



Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:



Common Statement

ACCIDENT STATEMENT (Part I)

This is NOT an admission of blame / liability, but a summary of identities and facts which will speed up the settlement of claims

1 Date of accident 25/9/18 0740		2 Exact location of accident Niloli H/Way		To be signed by BOTH drivers 3 Injuries even if slight No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	
4 Material damage To vehicles other than vehicles A and B No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		To objects other than vehicles No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>		5 Witness' name, address and tel no. (to be underlined if he/she is passenger in vehicle A or vehicle B) Vehicle Video Camera Available No <input checked="" type="checkbox"/> Yes <input type="checkbox"/>	

Registration No. (VEHICLE A) **GBA1934H**

6 Insured / policyholder (see insurance card)
Name **Cooking Art Industries PL**
Address
NRJC / Passport no.
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type

8 Insurance company
AXA ☒ TPFT ☐ IPO
Does the policy cover damage to vehicle A?
No ☐ Yes ☒
Policy No. **P2090808**

9 Driver ☐ State as Owner
Name **Jim Boon Tong**
(capital letters)
NRJC / Passport no. **51500144E**
Class of licence
HP **93257756**
Gender Male ☒ Female ☐

12 CIRCUMSTANCES
Put a cross (X) in each of the relevant boxes applicable to your vehicle

<input type="checkbox"/>	Other Collision
<input type="checkbox"/>	Collided into Bicycle
<input type="checkbox"/>	Collided into Motorcycle
<input type="checkbox"/>	Collided into Parked Vehicle
<input type="checkbox"/>	Collided into Pedestrian
<input type="checkbox"/>	Collided into Property
<input type="checkbox"/>	Collision - Change/Drive Lane
<input type="checkbox"/>	Collision - Cross Junction
<input type="checkbox"/>	Collision - Head on Collision
<input type="checkbox"/>	Collision - Head to Rear
<input type="checkbox"/>	Collision - Motor/Motor Bld
<input type="checkbox"/>	Collision - Opening Door of vehicle
<input type="checkbox"/>	Collision - Roundabout
<input type="checkbox"/>	Collision - U-Turn
<input type="checkbox"/>	Drunk Driving / Drug Influence
<input type="checkbox"/>	Fire, Explosion or Lightning
<input type="checkbox"/>	Flood
<input type="checkbox"/>	Hit and Run / Vandalism / Damaged whilst Parked
<input type="checkbox"/>	Hit by Fallen Tree / Other Objects
<input type="checkbox"/>	No Collision
<input type="checkbox"/>	Side Swipe
<input type="checkbox"/>	Theft

Registration No. (VEHICLE B) **SHO 29115**

6 Insured / policyholder (see insurance card)
Name
(capital letters)
Address
NRJC / Passport no.
Tel no. (from 9am till 5pm)
HP

7 Vehicle
Make, type

8 Insurance company
☐ C ☐ TPFT ☐ IPO
Does the policy cover damage to vehicle B?
No ☐ Yes ☐
Policy No. (if available)

9 Driver (See driving licence)
(if different from insured B above)
Name
(capital letters)
NRJC / Passport no.
Class of licence
HP
Gender Male ☐ Female ☐

State TOTAL number of boxes marked with a cross

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle A

14 My remarks

13 Sketch of accident when impact occurred

Sketch accident: 1. layout of the road - 2. the direction of vehicles A and B with arrows - 3. their positions at the time of impact - 4. the road signs - 5. names of the streets or roads

REFER TO ATTACHED

10 Indicate the point of initial impact with an arrow (→)

11 Visible damage to vehicle B

14 My remarks

15 Signatures of drivers

A

B

In the event of injuries or in the event of damage to property other than to vehicles A and B, give information overleaf

For insured's Individual Statement (Part II) see overleaf →



Pls proceed DS with quantum as proposed

Type

🔗 Question

Message

Reply

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	GBH 1934H (Insd veh)	Model:	TOYOTA VELLFIRE HYBRID
	SHD 2911S (TP veh)		
Date of Accident:	25/09/2018		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	9,253.29
Final Repair Cost	:	\$	5,617.50
Loss of Token Sum	:	\$	days at \$0.00 per day
Rental (if any)	:	\$	669.00 5 days
LTA / GIA Search Fee	:	\$	2.00

Others:	:	\$	
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	:	\$	
Final Settlement Sum (GLOBAL SUM)	:	\$	6,285.00

Is Third Party Workshop GIA Registered? ☐ YES ☒ 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)	PRIME AUTO CLAIMS SERVICE PTE LTD	:	\$ 6,285.00

NUR SHAQILAH BTE ABDOL
WAHAB

13/12/2018
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**

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/ASM18017583/T1jb3s2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN: PETER WANG

Date : 13-12-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBH 1934H	Veh. Inspected	SHD 2911S
Policy No.	P2090808	Coverage (\$)	0.00
Claim No.	S8M00WVA	Excess (\$)	0.00
Assign From	PETER WANG	Assign Date	26/09/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA VELLFIRE HYBRID	c.c	2362
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	ATH208018925	Colour	WHITE
Odometer	418877	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/65R16	GOODRIDE	6 mm
L/H Front Tyre	215/65R16	GOODRIDE	6 mm
R/H Rear Tyre	215/65R16	GOODRIDE	6 mm
L/H Rear Tyre	215/65R16	GOODRIDE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	25/09/2018	Inspection Date	26/09/2018
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927		

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:	5 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 2911S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER (CONSISTENT)	DEFORMED	1,785.00	1,785.00
1	SET REAR BUMPER CLIP (CONSISTENT)	NECESSARY	30.00	30.00
1	REAR BUMPER RIGHT SIDE RETAINER (CONSISTENT)	NECESSARY	130.00	130.00
1	REAR RIGHT BUMPER TOW HOOK COVER (CONSISTENT)	DEFORMED	59.80	59.80
1	TAIL GATE (CONSISTENT)	BENT	2,200.00	2,200.00
1	TAIL GATE "VELLIRE" EMBLEM (CONSISTENT)	NECESSARY	80.00	80.00
1	TAIL GATE "TOYOTA" LOGO (CONSISTENT)	NECESSARY	90.00	90.00
1	TAIL GATE "HYBRID SYNERGY DRIVE" EMBLEM (CONSISTENT)	NECESSARY	60.00	60.00
1	TAIL GATE "E-FOUR" EMBLEM (CONSISTENT)	NECESSARY	70.00	70.00
1	TAIL GATE WEATHERSTRIP (CONSISTENT)	CUT	282.00	282.00
1	TAIL GATE LAMP (CONSISTENT)	NOT NECESSARY	326.80	-
1	RIGHT TAIL LAMP LOWER PANEL (CONSISTENT)	DEFORMED	278.50	278.50
1	REVERSE LAMP (CONSISTENT)	CUT	240.90	240.90
1	REAR END PANEL (CONSISTENT)	TO REPAIR SEE LABOUR	804.10	-
1	REAR END PANEL TOP GARNISH (CONSISTENT)	DEFORMED	400.00	400.00
1	SET REAR END PANEL TOP GARNISH CLIP (CONSISTENT)	NECESSARY	30.00	30.00
1	REAR BUMPER CENTER RIGHT PARKING SENSOR (GENUINE) (CONSISTENT)	CUT	290.00	290.00
1	REAR BUMPER CENTER LEFT PARKING SENSOR (GENUINE) (CONSISTENT)	NOT NECESSARY	290.00	-
1	REAR BUMPER CENTER RIGHT PARKING SENSOR COVER (GENUINE) (CONSISTENT)	CUT	25.00	25.00
1	REAR BUMPER CENTER LEFT PARKING SENSOR COVER (GENUINE) (CONSISTENT)	NOT NECESSARY	25.00	-
	LESS 25% DISCOUNT		-1,874.27	-1,512.80
			5,622.83	4,538.40
SPECIAL NETT ITEMS				
1	"PRIME TAXI" STICKER (SN) (CONSISTENT)	NECESSARY	55.00	55.00
1	SET REAR GLASS SEAL (SN) (CONSISTENT)	NECESSARY	245.10	245.10

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	TUBE REAR GLASS SEALANT (SN) (CONSISTENT)	NECESSARY	45.00	45.00
	LABOUR		345.10	345.10
	TOWING CHARGES (USING KING - DOLLEY).		80.00	80.00
	TO TUFF KOTE.		100.00	30.00
	TO REMOVE & REFIT REAR GLASS.		120.00	120.00
	TO REMOVE & REFIT CENTER REVERSE SENSOR & SENSOR, RESET REVERSE SENSOR LIGHT, CHECK WIRING.		60.00	30.00
	TO TRANSFER TAIL GATE TRIM COVER, HANDLE, GLASS & MECHANISM PART.		120.00	60.00
	TO CUT / WELDING REAR END PANEL, KNOCK / REPAIR FLOOR PANEL. REMOVE REAR BUMPER, TAIL GATE, TAIL GATE LAMP & ETC. REPLACE THE ABOVE PARTS. ALIGN & ADJUST REAR BUMPER AND TAIL GATE. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		1,000.00	700.00
	TO PUTTY, RESPRAY PAINTING REAR BUMPER, END PANEL, TAIL GATE INLET & OUTER, FLOOR PANEL, TOW HOOK COVER & REVERSE SENSOR COVER IN PEARL WHITE. TO POLISH.		1,200.00	700.00
			2,680.00	1,720.00
GRAND TOTAL			8,647.93	6,603.50
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONSION)				5,250.00

Report Ref No. CC4/ASM18017583/T1jb3s2

MOHAMAD TAUFIKH**M.MATAI, AMSAE-A****Automotive Assessor****HO LEONG CHUAN****Automotive Assessor**

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