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- 4	086	ASSI	GNMENT	9 /	5/11/18.	7
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		2.0		Registered in Merimen:		7
Pre-assign / CCU	FTE (V	T1639R		(Om 5	0490	
Insured Vehicle No		110.10	Claim No.	7 8	110	T.
Name of Insured	2440	01	Policy No.	3		NA
Insured Tel No.	±	HP:	Make / Model			
Excess Sec II :SS		D.O.A: 4, 10-18	Place of Acci	dent:		
Is driver the owner	(YES) NO	Nature of Accident :				
If NO, Driver Nar	nc/Age:		OI GIA REPO	ORT VEST NO : TP GIA	REPORT (YES) NO	
Driver Tel	No.:	(V/L: YES / NO)	Insured Liabi		al? Yes/No	
686738	CIK				200 (200 (100) 100) 100 (100) 100 (100) 100 (100) 100 (100) 100 (100) 100 (100) 100 (100) 100 (100)	
01.0 1 3			_			
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A Tel: Swy	ers. W	SP.	WSP: Tel:	 	WSP: Tel:	
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Mila	6807261 R.	X 1 (VTILLER	_ X	STAGE	DATE / PIC	
1,646		Ve Januar L		Non-Reporting ht (1st): Non-Reporting ht (2nd):	16/08/2019	AR)
144				Non-Reporting ltr (Final)		
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1.0.1		1-1-1	1.4.60	After call for to Ci	7 30/119	
2/11/20/8	10] (4) 10	, addre him lodge 1	uport ASAP as	Documentation Check I		
	AXA referred TP	clain.	-	Notification ltr (if non-pic	(kup)	
29/8	OI GIA Re	port in.		After call lit to OI: Authorisation To Act		-
30/8	- Email Loi. R	g AVF from DI.		Rélesse Voucher:	7	1
n\a -	- 01 pot no M	Up. Seet AXA Instru	nction to	Final Repair Bill:		
419 -	settle & boxf.			Car Rental Invoice:	7	
11/2/10	Pec We to The	(rending word)		Towing Invoice LTA / GIA :	X =	4-1
ala.	- LOO IN , to	selk mandate.		Medical Bill	V	-
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2019	017W B-169 - 50	chanding acceptance)	Mandate/Reject Instruct	tion:	
21/0 -		32.50 DV cend cle	maing w.	LOD Payment Breakdown Fo		-
PRELIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	× -	-
				Others:	V	
FINALIZATION Repair Cost: 44	Date/Time:	Confirm with:	hi de La	Confirm by: RANV	4.	
FINAL SETTLEMENT	S\$ 1\50.00 (Date/Time: 144\19/6	3 days) Reduction: \$128	11. To % 53	Em	allCall	
Final Liability:		ccd / Assessed) BOLA S/N No. :		Email Call	1	
Repair Cost: (W/G)	55 1230-50	THE PROPERTY AND ADDRESS OF THE PARTY OF THE	(/	If NO or B 28, Ass. Lin		_
Loss of Rental (LOR):	55 - 06	days)				
Loss of Use (LOU): Loss of Income (LOI):	SS - (S) x 5 days)		- n# Te	STEPPINET.	
LOR only LOU only		X daya] LOR + LOI Tick only	v onel	COR IN	Ato	-
GIA/LTA Search	88 9.00	Taxwa 3m)		1	4	-
Medical:	SS -			1) Claim status: New al		
Disbursement: Legal Cost	SS -	Ye.g. Tow/Indepe	mdest)	The state of the s	\$350)-	
Total:	ss 1632-50	Global Sum SS;		(3) Survey for: 42.39		-
FINAL PAYMENT	Sate/Time:	Confirm with:		Email Call		_
Payee 1	ss 1642-40	Name 1: CIN She	no Engineers			
Payee 2: (Strike if N.A.)	59	Name 2:				
Payne 3: (Strike if N.A.)	33	No.25		M 1/4 1 0 10 11 11 11 11 11		*****

REF: ASMCAXA) 19470 | Magaz - 1960

ASSIGNMENT

From:	Date: 19/11/18	Veh No:	GBE-	1351R	Yr Regn:	11 3100	MAR
Estimated Cost:		Type: M.Car			orry / Taxi / Prime	Mover/	
	P RES / OD RES / EVA / INV / MV	Truck	/Trailer or				
To Inspect Vehic	00- 0-010	Make:	TOYMA	HALE	3-0 DX	10 298	-2
at Workshop m/s	0 -1	Colour	WHITE		A/C: Insur	ed / Std / N	II / NA
	ech park crescent	Sp.Reading	9148	(T/Radio: Insur	ed / Std / I	AI / NA
Insured	Wi James Crasses	Eng/No:	- 1007 75				
Policy No.		C/No:	KOH 20	15020	702 .		
Claims No.		Gen. Cond: 0	Good / Fail P	oor / Burn	t		
Sum Insured:	Excess:	Steering: Mo	rder/ Jamme	d / Leaked	/ Burnt or		
(Client's Recon	rd)	Brake: (ns	er / Jamme	d / Leaked	/ Burnt or		
Make of Veh:		Modi: Nil	I SIRIM I ST	D A/Rim o	e		
		Tyre Size:	F:	10	SRISC		
(Policy Conditi	(on)	100	R:		**		
# 1411 1 W. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	th had commenced its N/S O/S	BS / DUN / I		/FS/LIZA	/ MIC / OHTSU /	PIR / SUMI	11
The state of the s	at the time of inspection.	TOYO/YO			SUOTEN		
Bal. or Market V	/alue: 63K	Front			Rear		
IDAC Accident F		R/Bal.	6	mm	R/Bal.	6	mm
GIA / PR Seer	There are a second and a second a second and	L/Bal.	1	mm	L/Bal.	6	mm
Est. Repairs:	b days Res. Yes or No	D.O.A. b	4 10 18		D.O.I. 24	81/11)	
Lum Sum:	20 % 3 Val.: Yes or No	Survey held		Day.	SHEWY	1.0	
					/ N/S / U/C / R	looftop or	
CA / REV /	REP. / 24 HRS WP Vehicle: IN / OUT	Des. or Dan	lagos . i te i t	4/51			
Date:	Person Contacted:	The U/C	/ Chassis fr	ame / Boo	ly Structure affect	ted due to	collision.
Date / Time	Action / Instruction						
				1			
	41150 - (Red = 4	1281.75	53%)		
	M						
*	3 VEPALV days + 2 PRS -	5 dan	4-				
Date/Time, File Pas		Days Of Re					
1)	: Final Report	Resurvey N	to, of Trip:		Survey Fee:		
Date/Time, File Ref	Add Fee	a. T. Sua	Insp (\$		Transportation S + RS		
2)	Aud ree		rview (\$) Photos		
Daniel Co.							
Report Form	Politica CES		h Invs (\$) Others		
Lump Sum /	(PRT: (2)	We	ekend (\$				
					TOTAL		



3 TECH PARK CRESCENT SINGAPORE 638129

Tel No.: 6863-9595 Fax No.: 6863-6477 E-Mall: sinsheng1981@gmail.com

Buss. Reg. No.: 312029/00D

GOLDBELL LEASING PTE LTD 59 SENOKO ROAD SINGAPORE 758123

Attention : Motor Claim Department Contact: 6861 0007 Fax No.: 6753 7780 Estimate: ES002663

Date: 16/11/2018 Vehicle Num.: GBE7351R

Make/Model: TOYOTA KDH 201-2015 Chassis/Eng#: KDH2015020702/1KD2579003

Accident Date: 04/10/2018 Claim No. : S8M00Y9C MC/KC Reference: SKT1639R Policy No.: 29004183

S/N	Quantity	Particular	Unit Price Amount SS
1.	1	LIST ITEMS : CORNER PANEL, LHS 84/ MIRROR, FR UNDER VIEW X	264.10 265.20
2. 3. 4. 5.	1	FRONT UNDER VIEW MIRROR, COVER M (3 /	45.20
4.	1	SIDE MIRROR JU	865.20
5.	1	HEADLAMP, LHS X NA	174,50 645.30
		List TotalS\$: 25.00% Discount S\$:	25% 2,085.00 521.25
			880.87 1,563.75
1.	1	NETT ITEMS : COMPANY REGISTRATION STICKER **	20.00
		Nett Total SS: 10.00% Discount SS:	18 20.00
			18.00
		LABOUR: TO PANEL BEAT/REPAIR FR BODY TO DISMANTLE/REPLACE ABOVEMENTIONED PARTS	250 358.00

3 TECH PARK CRESCENT SINGAPORE 638129

Tel No.: 6863-9595 Fax No.: 6863-6477

E-Mail: sinsheng1981@gmall.com

Buss. Reg. No.: 312029/00D

GOLDBELL LEASING PTE LTD 59 SENOKO ROAD

SINGAPORE 758123

Attention: Motor Claim Department

Contact: 6861 0007 Fax No.: 6753 7780

Estimate: ES002663

Date: 16/11/2018

Vehicle Num.: GBE7351R

Make/Model: TOYOTA KDH 201-2015 Chassis/Eng#: KDH2015020702/1KD2579003

Accident Date: 04/10/2018 Claim No.: S8M00Y9C MC/KC

Reference: SKT1639R Policy No.: 29004183

S/N Quantity Particular

Unit Price Amount SS

SPRAY PAINTING

TO APPLY NEW LOGO

LOSS OF USE: 4 DAYS @ \$ 120/DAY

Labour Total SS:

Hp 90010068

850.00

LKK Auto Consultants hence notify

the Repairer of the following: . To resourcely before spray painting

- To display damaged partial during resurvey
- . Parts prious are subject to confirmation
- Third party survey is on a "Without Prepulice" barris.
- i io illegal modificationos is aflowed.
- . Supplementary Berriol) must be resurveyed and is subject to linal approval from Insurance Company

Acknowledged by Repolled

Signature:

Dated

Resun after report

Total SS: 2,431.75

SIN SHENG ENGINEERING SERVICES

880,57 18.00 560,00 1,167.09

3 TECH PARK CRESCENT SINGAPORE 638129

Tel No.: 6863-9595 Fax No.: 6863-6477

E-Mail: sinsheng1981@gmail.com

Buss. Reg. No.: 312029/00D

GOLDBELL LEASING PTE LTD

59 SENOKO ROAD SINGAPORE 758123

Attention: Motor Claim Department

Contact: 6861 0007 Fax No.: 6753 7780

Estimate: ES002663

Date : 16/11/2018 Vehicle Num. : GBE7351R

Make/Model: TOYOTA KDH 201-2015

Chassis/Eng#: KDH2015020702/1KD2579003

Accident Date: 04/10/2018 Claim No.: S8M00Y9C MC/KC

> Reference: SKT1639R Policy No.: 29004183

S/N	Quantity	Particular	Unit Price	Amount SS
		LIST ITEMS:		
1.	1	CORNER PANEL, LHS		264.10
1. 2. 3. 4.	1	MIRROR, FR UNDER VIEW X		265.20
3.	1	FRONT UNDER VIEW MIRROR, COVER M 13 /		45.20
4.	1	SIDE MIRROR JULY		865.20
5.	1	HEADLAMP, LHS X		645.30
		List TotalSS:		2,085.00
		25.00% Discount \$\$:		521.25
				1,563.75
		NETT ITEMS :		
1.	1	COMPANY REGISTRATION STICKER ***		20.00
		Nett Total SS :		20.00
		10.00% Discount SS:		2.00
				18.00
		LABOUR:	_	
		TO PANEL BEAT/REPAIR FR BODY	2	50 350.00
		TO DISMANTLE/REPLACE ABOVEMENTIONED PARTS		

3 TECH PARK CRESCENT SINGAPORE 638129

Tel No.: 6863-9595 Fax No.: 6863-6477

E-Mail: sinsheng1981@gmail.com

Buss. Reg. No.: 312029/00D

GOLDBELL LEASING PTE LTD 59 SENOKO ROAD

SINGAPORE 758123

Attention: Motor Claim Department

Contact: 6861 0007 Fax No.: 6753 7780

Estimate: ES002663

Date: 16/11/2018

Vehicle Num. : GBE7351R Make/Model: TOYOTA KDH 201-2015

Chassis/Eng#: KDH2015020702/1KD2579003

Accident Date: 04/10/2018 Claim No.: S8M00Y9C MC/KC

> Reference: SKT1639R Policy No.: 29004183

S/N Quantity Particular

Unit Price Amount SS

SPRAY PAINTING

TO APPLY NEW LOGO

LOSS OF USE: 4 DAYS @ \$ 120/DAY

Labour Total SS:

850.00

250 358.00

60 150.00

Resun after report

- . To essence before the spray painting
- To studios demogod partitil during resurvey.
- Third puris surviva in on a "Without Projection" acres.
- · (impai modification(s) is allowed
- · Box or energy Break) must be measured and

Total SS: 2,431.75

SIN SHENG ENGINEERING SERVICES

Your Insured's vehicle : SKT1639R

Our customer's vehicle: GBE7351R

Date

05/10/2018

AXA INSURANCE PTE LTD

Dear Sirs.

DATE OF ACCIDENT: 04 OCT 2018

NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION/SURVEY & SEEK ATTENTION

We have been appointed by Goldbell Leasing Pte Ltd repair their vehicle no. GBE7351R Please be informed that the said vehicle can be inspected at :

Workshop: Sin Sheng Engineering Services

Address : 3 Tech Park Crescent, Tuas Tech Park, Singapore 638129

Contact : Ms Susan / Ms Cheryl Yuan Tel / Fax : 6863 9595 / 6863 6477

Pursuant to ePractice Direction No 2 of 2011, we hereby give you notice to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday failing which we will commence repairs thereafter without any futher notice or refrence to you. Kindly acnowledge upon inspection in the acknowledgement box below, Alternatively kindly inform us in writing if you are waiving your rights to an inspection of our customer's vehicle.

NB. Any settlement of offer is on the express condition that this settlement is in respect of our client's claim for property-related damage only and shall not preclude client's driver/passanger from claiming injury-related damage arising from this accident.

Your sincerely,

Susan

Acknowle	
This is to confirm that I	[Surveyor's Company] ion on 20/11/15 [Surveyor's Company]
Car	Susan
Signature of Appointed Surveyor	Witnessed By:
Company Stamp	Date
Waiv	
We waive our rights to an inspection/s	survey of the above vehicle.
Signature	
Name:	
Date :	

A almost dada

11:102018 @ 1034am Swan wh nutin Admin



Service Request Details

Claim

58M00Y9C

Reference

None &

Loss Date

October 4, 2018

Request Date

October 5, 2018

Due Date

October 12, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement



Vehicle Information

Incident Vehicle Registration #

GBE7351R

Make

TPVD TOYOTA

Model HIACE-3.0 D DX (M)

Service Address

Primary Contact/Insured

ZHAO QI

509 CANBERRA DRIVE, #03-23, CANBERRA RESIDENCES, 768128, Singapore

ZHAOQI@MCCS.COM.SG

Claim Handler

CHAN Kian Chuan 6568804269 kianchuan.chan@axa.com.sg

Additional Instructions

NON REPORTED

Messages Invoices History Documents Assessment Metrics Notes

New Message



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

15 October, 2018

ZHAO QI

509 CANBERRA DRIVE #03-23 CANBERRA RESIDENCES SINGAPORE 768128

Dear Sir.

OUR REF

: CC4/ASM18018470/fa3 // S8M00Y9C

YOUR REF

: SKT 1639R

ACCIDENT INVOLVING SKT 1639R & GBE7351R on 04.10.2018 ALONG/AT WOODLANDS AVE 12

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)

ZHAO QI

Address

509 CANBERRA DRIVE, #03-23, CANBERRA RESIDENCES, 768128, Singapore

Home Phone

Work Phone

Cell Phone

91261929

Email

ZHAOQI@MCCS.COM.SG

Close



51 UBLAVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 67414108

08 AUGUST 2019

1st Reminder

ZHAO QI 509 CANBERRA DRIVE #03-23 CANBERRA RESIDENCES SINGAPORE 768128

Dear Sir / Madam,

OUR REF

: CC4/ASM18018470/R1ga3 // S8M00Y9C

YOUR REF

: SKT 1639R

ACCIDENT INVOLVING SKT 1639R & GBE 7351R on 04.10.2018 ALONG/AT

WOODLANDS AVE 12

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 have checked our records and we are unable to trace your reporting of the accident to our office. For the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photocopied photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. This report is in a pre-set electronic form and has to be lodged through any of AXA Premium Workshops. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our Premium Workshops conveniently located throughout Singapore. Please report the accident within the next 07 days, i.e by 16 AUGUST 2019.

Please note that with the effect of 1st Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our Premium Workshops or reporting centres (if applicable) with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

We are under strict obligations to inform the <u>Traffic Police</u> of the non-reporting if we do not hear from you. The Traffic Police may thereafter contact you and or the driver to attend at their office to make a statement or they may commence investigations into the matter.

We hope this would not be necessary and it would only further inconvenience you as well as the driver. We look forward to hearing from you soon.

Moreover, the owner of GBE 7351R has submitted a claim against you and we are unable to revert on their claim as a result of your non-reporting of the above accident. If we fail to hear from you by 16 AUGUST 2019, we shall assume that indemnification under the Policy is not sought, and we shall refer the third party claim to you for direct handling.

Yours faithfully

Cecilia Chong | Case Handler Tel: 6749 4274 Fax: 6741 4108 Email: CeciliaChong@lkkauto.com

This is a computer-generated letter and no signature is required.

Cc AXA Insurance Pte Ltd (Motor Claims Dept)



51 UBLAVE 1, #01-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 67414108 16 AUGUST 2019

> By Registered Mail 2nd Reminder

ZHAO QI 509 CANBERRA DRIVE #03-23 CANBERRA RESIDENCES SINGAPORE 768128

Dear Madam,

OUR REF

: CC4/ASM18018470/R1ga3 // S8M00Y9C

YOUR REF

: SKT 1639R

ACCIDENT INVOLVING SKT 1639R & GBE 7351R ON 04/10/2018 ALONG/AT

WOODLANDS AVE 12

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 have checked our records and we are unable to trace your reporting of the accident to our office. For the purpose of assessing the claim lodged by the third party, we would require a report of the accident together with the original/coloured photocopied photographs showing the damages to your vehicle (if any) from you or your driver at the material time of the accident. This report is in a pre-set electronic form and has to be lodged through any of AXA Premium Workshops. Please refer to the back/folder accompanying your Certificate of Insurance for the list of our Premium Workshops conveniently located throughout Singapore. Please report the accident within the next 07 days, i.e by 24 AUGUST 2019.

Please note that with the effect of 1st Jun 2008, under the Motor Claims Framework (MCF), you are required to report any accident at our Premium Workshops or reporting centres (if applicable) with your accident vehicle (whether damage or not) within 24 hours or by the next working day of the occurrence of the accident. Any non-compliance of this condition will result in a loss of your No Claim Discount upon renewal of your policy and your claim will be prejudiced. The primary purpose of this reporting is to provide your version of the accident and does not automatically render you liable for the accident.

We are under strict obligations to inform the <u>Traffic Police</u> of the non-reporting if we do not hear from you. The Traffic Police may thereafter contact you and or the driver to attend at their office to make a statement or they may commence investigations into the matter.

We hope this would not be necessary and it would only further inconvenience you as well as the driver. We look forward to hearing from you soon.

Moreover, the owner of GBE 7351R has submitted a claim against you and we are unable to revert on their claim as a result of your non-reporting of the above accident. If we fail to hear from you by 24 AUGUST 2019, we shall assume that indemnification under the Policy is not sought, and we shall refer the third party claim to you for direct handling.

Yours faithfully

Cecilia Chong | Case Handler Tel: 6749 4274 Fax: 6741 4108

Email: CeciliaChong@lkkauto.com

This is a computer-generated letter and no signature is required.

Cc AXA Insurance Pte Ltd (Motor Claims Dept) To : Traffic Police - Deputy Head, Investigations Department

Fax: 65474885

ONLY FOR ACCIDENTS IN SINGAPORE

NON-INJURY MOTOR ACCIDENT REPORT SCHEME FORM ON NON-REPORTING BY INSUREDS

Please be informed that we have yet to receive a motor accident report from our insured with regard to a non-injury motor accident as follows:-

Date of accident

: 04/10/2018

Time of accident

: 09:10

Place of accident

: WOODLANDS AVE 12

Third Party's name

: GOLDBELL LEASING PTE LTD

Third Party's vehicle number

: GBE7351R

Our insured's name

: ZHAO QI

Our insured's vehicle number

: SKT1639R

Our insured's NRIC number

: NIL

Our insured's address

: 509 CANBERRA DRIVE, #03-23,

CANBERRA RESIDENCES, SINGAPORE

768128

Our Insured's telephone number : 9126 1929

A letter dated (08/08/2019) was sent to remind our insured to report the non-injury motor accident to us. No report has yet been made.

Please do not hesitate to contact the following for any clarification on the matter. (Please cite our reference number: (CC4/ASM18018470/R1ga3)

Name and address of insurance company: AXA Insurance

8 Shenton Way, #24-01 AXA Tower, 068811

Name of contact person

: Cecilia Chong

Contact Number

: 6749 4274 Fax: 6741 4108

Date

: 15/08/2019



51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL.: (065) 62563561 FAX: (065) 62564315

Immediate Advice

To: AXA Insurance Pte Ltd

Date:

18/9/2019

Survey Details:

Date of loss	4-Oct-18
Date of appointment	5-Oct-18
Date of survey	20-Nov-18
Location of survey	SIN SHENG ENGINEERING SERVICES

Vehicle Details:

Claim Type:	THIRD PARTY CLAIM		
Vehicle number	GBE 7351R		
Make and Model	TOYOTA HIACE 3.0 DX DIESEL		
Date of registration	11-Mar-16		
Parf Rebate			
Market Value	\$	63,000.00	
Parf Rebate	\$	3,303.00	
Nett Loss	\$	59,697.00	

Repair details:

Initial Estimate	2,431.75

Proposed/Revised repair cost:

Parts	\$ 898.88
Check items (estimate)	\$
Labour	\$ 560.00
Total	\$ 1,458.88
Lump Sum(if applicable)	\$ 1,150.00

Number of days for repair	3 days
	- management



51 UBLAVE 1, #02-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Remarks:

3 RECOMME	ENDED REPAIR	DAYS + 2 PRS	S= 5 DAYS	

Mandate:

Liability(TP)	100%	
Proposed repair cost	\$ 1,230.50	W/GST
Loss of use	\$ 500.00	5days x \$100
Loss of rental	\$	
Loss of income	\$	
LTA search fees	\$ 2.00	
Others	-	
Proposed Total	1732.5	

LKK AUTO CONSULTANTS PTE LTD [TP] .

Menu



<MANDATE IA> - S8M00Y9C {ACCIDENT INVOLVING SKT 1639R(OIO & GBE 7351R(TP) ON 04/10/2018}

Type

Question

Message

LIABILITY: 100% BOLA S15: INFORMED OI ABOUT TP CLAIM AND NCD ISSUE. AGREED TO SETTLE AT BEST. WE SEEK YOUR MANDATE AT \$1,732.50 (CLAIMING LOU), MANDATE IA HAS BEEN UPLOADED IN SMARTCLAIM. KINDLY LET US HAVE YOUR APPROVAL/INSTRUCTION. THANKS - CECILIA

Reply

3 TECH PARK CRESCENT SINGAPORE 638129

Tel No.: 6863-9595 Fax No.: 6863-6477

E-Mail: sinsheng1981@gmall.com Buss. Reg. No.: 312029/00D

GOLDBELL LEASING PTE LTD 59 SENOKO ROAD SINGAPORE 758123

Attention : Motor Claim Department

Contact: 6861 0007 Fax No.: 6753 7780

Tax Invoice: TI002663

Date: 05/12/2018 Vehicle Num. : GBE7351R

Make/Model: TOYOTA KDH 201-2015 Chassis/Eng#: KDH2015020702/1KD2579003

Accident Date: 04/10/2018 Claim No.: S8M00Y9C MC/KC

Reference : SKT1639R Policy No. : 29004183

Amount S\$

1,150.00

ACCIDENT LUMP SUM REPAIR

Total S\$:

GST @ 7% S\$: Amount Due S\$:

1,150.00 80.50 1,230.50

SIN SHENG ENGINEERING SERVICES

M9-0010014-J

Menu



Re:<MANDATE IA> - S8M00Y9C {ACCIDENT INVOLVING SKT 1639R(OI0 & GBE 7351R(TP) ON 04/10/2018}

Type

Question

Message

PLS PROCEED AS PROPOSED

Reply



新盛机械工程服务

SIN SHENG ENGINEERING SERVICES

REGISTRATION NO: 312029/00D

No 3, Tech Park Crescent, Tuas Tech Park, Singapore 638129
Tel: 6863 9595 Fax: 6863 6477 Email: sinsheng1981@gmail.com

5-Dec-18

LKK Auto Consultants Pte Ltd 51 Ubi Ave 1, #02-25 Paya Ubi Industrial Park Singapore 408933

Tel: 6256 3561

Fax: 6741 4108

Attn: Ms Poh Kin

Our ref: SSES/L2018/0399

Your

Dear Sir,

VEHICLE: GBE7351R (DoA: 04/10/2018)

We refer to the above and append herewith our costings for your perusal: -

Final Repair Bill : 1,230.50

Loss of Use: 5 days @ S\$ 120/day : 600.00

(including 2 day for PRI)

Survey Fee : N/A

Third Party Vehicle Insurance Search Fee : 2.00
Total : 1.832.50

Thank You

Yours faithfully

Susan Tan
OPERATIONS EXECUTIVE

Encl

Cecilia Chong (LKK Auto)

From:

Cecilia Chong (LKK Auto)

Sent:

Friday, 30 August 2019 12:20 PM

To:

Zhao Qi

Subject:

Your ref: SKT 1639R (OUR REF: CC4/ASM18018470/R1ga3) *** ACCIDENT INVOLVING

SKT 1639R & GBE 7351R ON 04/10/2018 ***

30 AUGUST 2019

ZHAO QI

Dear Sir/ Mdm

OUR REF

: CC4/ASM18018470/R1ga3

YOUR REF : SKT 1639R

ACCIDENT INVOLVING SKT 1639R AND GBE 7351R ALONG/AT WOODLANDS AVE 12 ON 04/10/2018

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

We have received a claim from SIN SHENG ENGINEERING SERVICES acting on behalf of the owner of GBE 7351R against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in our favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to ceciliachong@lkkauto.com within 10 days from the date of this letter if not provided at our reporting centre. The list below 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)
- Driver's Work Permit
- Employment Letter/ Authorisation letter from your company
- 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 AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6749 4274 or email us at ceciliachong@lkkauto.com.

Please quote the claim reference when you contact us that we can assist you more effectively.

"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,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

IKK Save the Earth Print only when necessary

From: Zhao Qi [mailto:zhaoqi@mcc.sg] Sent: Thursday, 29 August 2019 2:31 PM

To: Cecilia Chong (LKK Auto) < Cecilia Chong@lkkauto.com>

Cc: Suwanna (LKK Auto) <Suwanna@lkkauto.com>

Subject: RE: Damaged wing mirror 01

Hi Cecilia,

Sorry for the inconvenience may occur, I don't think the insurance company need to compensate, and hope we can settle the case. Thank you.

Thanks and regards,

ZQ

AUTHORIZATION TO ACT

I, GOLDBELL LEAS	NG PTE LTD ("The Third Part	y Claimant") of	
NO 59, SENOKO	ROAD, SINGAR	ORE 758123		(address),
being the owner of_	GBE7351R ENGINEERING S		.) hereby authorize	kshop") to act for me

with respect to my cl	aim for repair co	st and / or rent	al and / or loss of us	e ("claim") for my
vehicle bearing regis	tration noGE	BE7351R _tha	at was damaged pur	suant to the accident
which occurred on _	04/10/2018	along WOOD	LANDS AVE 12	
involving vehicle's_ accident")	GBE	7351R / SKT1	539R	("the
I further authorize the fit and the workshop claim with payment of	is further author	ized to receive	payment further to s	
I further acknowledg without prejudice and the other vehicle is o	d without admiss			
Dated this	day of _	DEC (mont	h) 20 <u>18 (</u> year)	SERVICED *
Signed by "the Third	Party claimant*		Signed by	"the workshop"



Vehicle No:

AXA THIRD PARTY DIRECT SETTLEMENT

SKT 18396

(Insd veh)

		GBE 7351R	(7	P veh)	Model: TOYOTA HAC	進		
Date of A	Accident/ Time:	94/10/2018/	09:00					
			20					
Repair Es	stimate	1.5	2,601.97	1				
Final Rep	pair Cost	15	1,230.50				(WIGST)	
Loss of U	Ise	15	400.00			. 5	days at \$80.00	per day
Rental (if	f anyl	15					days at 5	per day
LTA / GU	A Search Fee	:5	2.00					
Others:		15						
		1.5				4		
Final Set	ttlement Sum	15	1,632,50					
Payee N	ame: su	N SHENG ENGINES	RING SERVICES -					
Is Third I	Party Workshop GIA	Registered?	[X] YES []	NO	(Kindly indicate below	v)		
A}	For Non GIA	Registered Wo	rkshop:	Agreed	Liability	(14)		
B)	For GIA Regis	stered Workship	opt:	BOLAA	applicable: Yes/ Wo BC	DLAS	cerumo No: 15	
	BOLA Liability	100.00	%)	Assesse	ed Liability (*):	_	1963	
	* Assessed Li	obility to be fille	ed only for chain collisi	ons and j	for cases where BOLA a	ines n	ιστ αχρίγ.	
Bemarks								

NOTE:

- 1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- 3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are not received within 7 days of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a full and final settlement that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

Signatury of workshop representative / Workshop stamp

Name of Representative: Date:

20/9/2019

Signature of Witness / Workshop stamp (if applicable) Name of Witness;

Signature of AXA's surveyor/representativi Name of AXA's surveyor /Representative:

Date



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE

6 Raffles Quay #18-00, Singapore 048580

Phone: +65 6224 0010 Fax: +65 6224 0030

Operating Hours: Monday to Friday 9am to 5pm GST Registration No: M400017735

TAX INVOICE

Date of Request: Our Ref No:

GR-18-154361 05/10/2018

Your Ref No:

Online Purchase

Sin Sheng Engineering Services

3 Tech Park Crescent Singapore 638129 Tuas Tech Park

GBE7351R (DoA:04/10/2018) Owner: GBL

Dear Sir/Madam,

05/10/2018

Enquiry Date

Enquiry By

Wang Sye Yuen SKT1639R

TP Vehicle No. Accident Date

04/10/2018

DESCRIPTION	AMOUNI (59)
TP Insurer Enquiry	
GST Amount	
Total Amount Due (GST Inclusive)	

0.13

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

[X] GIRO [] Cash [] Cheque

NOTES:

POSTING RECEIPT FOR REGISTERED ARTICLE(S)

a) Separate forms are to be used for insured and Non-lasared Registered Article.
 b) Please provide all information required and produce this receipt for all onequiries.
 c) *Please tick where applicable. It shall be assumed as Advices of Receipt (AR) is required or delivery by air is requested if relevant * is left blank.
 d) Please indicate the return address on the item(s) to ensure prumpt return in event of non-delivery to the addresseo(s).
 a) Please post item(s) at the post office counter according to the sequence stated below.

13 Accept Registered 1. Ref:RC28254205	Article Item 45G Ctry: SG	0.00		s tree and the summer when any contain any nazardous or probabiled fram(s).	iender's Agreement have read, understood and agreed to the terms and conditions of posting overless. I accept the naximum liability payable for Registered Mail Service and certify that all information provided by me			L Name & Address of Addressee	SINGA PORE 368128 (SKT	- 70	I. Name & Address of Addresses
Transaction No.:8 14 Sale of Postage L (Domestic) Quantity: Unit price: Total dST: Ref.: Insurance: Postage paid: Transaction No.: Cash Change Due	RC28254205 RC28254205 8135192280 Total GST Total Amount	1.19 17.78 20.75		Name & Signature	overleaf. I accept the broadlon provided by me	Contents:	Insurance*:()YS\$	AR*:()Y()N By*:()AIR (CT 1639 Somments) lasurance*;()YSS	ART: (V)Y()N BY: ()AIN (
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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

	4 2 24 6	Affiliated to Federation Intern	ationale Des Experts En Autom	obile
λXΑ	INSURANCE PTE	LTD	Ref : CC4/ASM18018	3470/R1ga3q2
AXA	ENTON WAY #24 TOWERSINGAPO		Date: 04-10-2019 Code: ASM	
		Policy Particula	rs :- THIRD PARTY CLAI	M
	Insured Veh.	SKT 1639R	Veh. Inspected	GBE 7351R
	Policy No.	GA040208	Coverage (\$)	0.00
	Claim No.	S8M00Y9C	Excess (\$)	0.00
	Assign From		Assign Date	05/10/2018
2.	والسامور	Vehicle Pa	articulars & Condition	
	Make & Model	TOYOTA HIACE 3.0 DX	c.c	2982
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	KDH2015020702	Colour	WHITE
	Odometer	91481	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	FAIR		
3.		Con	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	195 R15C	AUSTONE	6 mm
	L/H Front Tyre	195 R15C	AUSTONE	6 mm
	R/H Rear Tyre	195 R15C	AUSTONE	6 mm
	L/H Rear Tyre	195 R15C	AUSTONE	6 mm
4.		Descri	ption of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE	N/S FRONT PORTION.	
	DAMAGES SEE D	ETAILS.	×0	
5.		Gen	eral Information	
	Accident Date	04/10/2018	Inspection Date	20/11/2018
	Survey held at	SIN SHENG ENGINEERING	SERVICES	*
	55	3 TECH PARK CRESCENT	TUAS TECK PARK SINGAPO	DRE 638129
5a.	111100		Remarks	
	A)THE INSPECTION	ON WAS CONDUCTED ON A"	WITHOUT PREJUDICE" BAS	IS. SED REPAIRS
5b.	D)IN ACCORDANG		ate Days of Repair	Sec. 1394. F30.390
301	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	3 Working Day	15



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. GBE 7351R

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	CORNER PANEL ,LHS (CONSISTENT)	BENT	264.10	264.10
1	MIRROR ,FR UNDER VIEW (CONSISTENT)	NOT NECESSARY	265.20	-
1	FRONT UNDER VIEW MIRROR, COVER (CONSISTENT)	MISSING	45.20	45.20
1	SIDE MIRROR (CONSISTENT)	SCRATCHED	865.20	865.20
1	HEADLAMP, LHS (CONSISTENT)	NOT NECESSARY	645.30	
	LESS 25% DISCOUNT		-521.25	-293.63
	Section 14 Per Section		1,563.75	880.87
	NETT ITEMS			
1	COMPANY REGISTRATION STICKER (N) (CONSISTENT)	NECESSARY	20.00	20.00
	LESS 10% DISCOUNT		-2.00	-2.00
			18.00	18.00
	LABOUR			
	TO PANEL BEAT /REPAIR FR BODY.TO DISMANTLE /REPLACE ABOVEMENTIONED PARTS.		350.00	250.00
	SPRAY PAINTING.		350.00	250.00
	TO APPLY NEW LOGO .		150.00	60.00
			850.00	560.00
	GRAND TOTAL		2,431.75	1,458.87

RECOMMENDED COST OF LUMP SUM REPAIRS	1,150.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CC4/ASM18018470/R1ga3q2

MKB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

Amort T

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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.

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Claim Portal

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Claim Portal