

INS. CASE OWNER: **KC** | **CCT AXA 1801 8816, Fhb3g** | **PLK IDAC**

Surveyor: **PSC** | DOI: **15/10/18** | Date / Time: **16/10/18** | Registered in Merimen: _____

Pre-assign / CCU / FTE: **sgn b612R**

Insured Vehicle No.: _____ Claim No.: **SGM00440/75088**

Name of Insured: **SONH JINTIAN** Policy No.: **9A137281**

Insured Tel No.: _____ HP: **96634712** Make / Model: **SUBARU**

Excess Sec II : \$5 D.O.A: **9/10/18** Place of Accident: **INSIDE ESSO HOLLAND RD.**

Is driver the owner? **(YES / NO)** Nature of Accident: _____

If NO, Driver Name / Age: _____ OI GIA REPORT: **(YES / NO)** TP GIA REPORT: **(YES / NO)**

Driver Tel No.: _____ (V/L) **(YES / NO)** Insured Liability: **%** Final ? Yes / No

sgm00440 → → → →

INSRS: **WSP** **WSP** **WSP** **WSP** **WSP**
Tel: **1234 5678** Tel: Tel: Tel: Tel:
Liability: Liability: Liability: Liability: Liability:
RMKS: RMKS: RMKS: RMKS: RMKS:

Date/ Time	STAGE	DATE / PIC
16/10/18	Non-Reporting ltr (1st):	
17/10/18	Non-Reporting ltr (2nd):	
18/10/18	Non-Reporting ltr (Final):	
19/10/18	Notification ltr (if non-pickup):	
20/10/18	Call OI	
21/10/18	After call ltr to OI	
22/10/18	Documentation Check List: Handler Typist	
23/10/18	Notification ltr (if non-pickup)	
24/10/18	After call ltr to OI	
25/10/18	Authorisation To Act:	
26/10/18	Release Voucher:	
27/10/18	Final Repair Bill:	
28/10/18	Car Rental Invoice:	
29/10/18	Towing Invoice:	
30/10/18	LTA / GIA:	
31/10/18	Medical Bill:	
01/11/18	PIR:	
02/11/18	Mandate/Reject Instruction:	
03/11/18	LOD	
04/11/18	Payment Breakdown Form:	
05/11/18	Post-Repair Photos:	
06/11/18	Others:	

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____

Repair Cost: **PIP** \$5 **2,085.65**, 3 days Reduction: **54** % Email ☐ Call ☐

FINAL SETTLEMENT Date/Time: **12/12/18** Confirm with: **VERONICA** Email ☐ Call ☐

Final Liability: **% 100** (Agreed / Assessed) BOLA S/N No.: **NIL**

Repair Cost: **(w/ excess)** \$5 **2,731.65**

Loss of Rental (LOR): \$5 _____ (days)

Loss of Use (LOU): \$5 **480.00 x 4** days

Loss of Income (LOI): \$5 _____ (5 x days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LO ☐ (Tick only one)

GIA/LTA Search: \$5 **2.00**

Medical: \$5 _____

Disbursement: \$5 _____ (e.g. Tow/ Independent)

Legal Cost: \$5 _____

Total: \$5 **2,731.65** Global Sum \$5: _____

FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email ☐ Call ☐

Payee 1: \$5 **2,731.65** Name 1: **CTY AUTO PRT LTD**

Payee 2: (Strike if N.A.) \$5 _____ Name 2: _____

Payee 3: (Strike if N.A.) \$5 _____ Name 3: _____

ASS. REC. BY:

REF: AXA /Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.Bal. or Market Value: 8160k

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 03 days

Res.: Yes or No

Lum Sum: 1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Date / Time

Action / Instruction

16/10 File pass to CatherineP/F @ 2,085.05CRD: @ 2,435.00 (54%)

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee: _____

Transportation: _____

S - RS. \$1

Fees

Others

TOTAL

Report Format :

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

Veh No: SLM 43438 Yr Regn: 03, 17

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

Truck / Trailer or

Make: ToyColour: M.P. WhiteSp. Reading: 15557

Eng/No: _____

C/N: _____

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 235/50R18

R: _____

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

TOYO YOKO or

Front

R/Bal. 8 mmL/Bal. 8 mmD.O.A. 9/10/18

Rear

R/Bal. 8 mmL/Bal. 8 mmD.O.I. 15/10/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Acc N/S

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

Date/Time, File Pass to?

☐

: Prell. Report

Days Of Repair: _____

1)

☐

: Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee: _____

Transportation: _____

S - RS. \$1

Fees

Others

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/ASM18018816/Khb3

8 SHENTON WAY #24-01
AXA TOWERS SINGAPORE 068811

Date : 16-10-2018



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJU 6612R	Veh. Inspected	SLM 4343Z
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	16/10/2018

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

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5. General Information

Accident Date	09/10/2018	Inspection Date	15/10/2018
Survey held at	CITY AUTO PTE LTD BLK 8, SIN MING IND. ESTATE #01-60/62 SIN MING ROAD SINGAPORE 575643.		

5a. Remarks

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



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel: 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

AXA INSURANCE SINGAPORE PTE LTD

NO. 8
SHENTON WAY
AXA TOWER
SINGAPORE 068811

Contact : 62208751/62208751

Fax No. : 6880 4838

Estimate : QUOT201810-000242(00)

Date : 13/10/2018

Vehicle No. : SLM4343Z

Make/Model : TOYOTA VELLFIRE 2.5Z G
EDITION A

Mileage (km) : 0

Chassis No. : AGH300026394

Accident Date : 09/10/2018 00:00:00

Claim No. : SJU6612R

Reference : SLM4343Z

Policy No. : MSD/VPCP/18-000440

*Not Attached
Return B4paim
3 days*

S/No	Particular	Quantity	Unit Price	Amount S\$
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LIST ITEMS :

1	Rear bumper	1.0	1,776.40	1,776.40 ✓
2	Rear bumper retainer LH	1.0	97.80	97.80 ✓
3	Rear bumper cover - LH	1.0	226.47	226.47 ✗
4	Rear bumper cover bracket - LH	1.0	87.64	87.64 ✗
5	Rear reflector LH	1.0	451.30	451.30 ✗
6	Rear parking sensor cap - LH	1.0	29.84	29.84 ✗

List Total :

2,669.45

25% Discount S\$

667.36

2,002.09

SPECIAL NET :

1	Rear Parking Sensor	4.0	399.64	1,598.56 ✗
SPECIAL NET Total S\$:				1,598.56

LABOUR :

*To check wiring and lighting	1.0	60.00	60.00
-To knock jackout damaged parts, panel beating,welding, align, refix and to renew accident parts	1.0	300.00	22% 300.00
- Spray painting on affected & replace parts	1.0	600.00	45% 600.00
			<hr/> 960.00

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:

E. & O.E.

Total S\$: 4,560.65

GST 7% S\$: 319.25

Amount Due S\$: 4,879.90

for CITY AUTO 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 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.
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	10/10/2018 02:37
Date Of Accident	09/10/2018 15:45
Exact Location Of Accident	HOLLAND RD ESSO KIOSK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM4343Z
Insured/Policyholder	
Name Of Registered Owner	TOKYO CENTURY LEASING (SINGAPORE) PTE LTD
Co Reg No	197901535G
Email Address	JESS@TCLS.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62208751

Vehicle Particulars

Manufacturer	TOYOTA
Model	VELLFIRE 2.5Z G EDITION A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	MSD/VPCP/18-000440
Cover Note Number	N.A

Driver

Name of Driver	MUHAMMAD SHAHLIHIN BIN SHAMSUDIN
NRIC No	S7517940E
Date Of Birth	13/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	10/04/2008
Driving Experience	10 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92709761
Fax Number	
Contact Number	
Email Address	ADFRONTE@GMAIL.COM

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 willful 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 insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The 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 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.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) I understand, acknowledge, agree and consent that
 - (i) 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.
 - (ii) 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
 - (iii) 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Md Sharil

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan

A - SLM 43432

B - SJ46612R

Holland
Ave

ESD

CarTACH



Service Request Details

Claim

S8M00YYO

Reference

None 

Loss Date

October 9, 2018

Request Date

October 15, 2018

Due Date

October 22, 2018

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

15-10-2018 @ 1057am
Vanica veh in
Kenneth

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SLM4343Z

Make

TPVD TOYOTA

Model

VELLIFIRE 2.5Z G EDITION A

Service Address

...

Primary Contact/Insured

SONG JINTIAN

BLK 930 HOUGANG STREET 91, #14-111, 530930, Singapore

96587432

Claim Handler

CHAN Kian Chuan

6568804269

kianchuan.chan@axa.com.sg

Additional Instructions

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)

[New Message](#)

<< **Re:<MANDATE IA> S8M00YYO ACCIDENT INVOLVING
VEHICLES SJU 6612R(OI) AND SLM 4343Z(TP) ON
09/10/2018 TOTAL: \$2,713.65**

Type

🔗 Question

Message

PLS PROCEED QUANTUM AS PROPOSED

Reply



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643

TEL: 6453 1235, 6452 0850 FAX: 6453 7944

24hrs Towing Services Tel: 9823 9898

Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

Your ref: CC4/ASM18018816

Our ref: SLM4343Z

30/11/2018

WITHOUT PREJUDICE

Attn: Motor Claim Dept

AXA INSURANCE SINGAPORE PTE LTD

NO. 8

SHENTON WAY

AXA TOWER

SINGAPORE 068811

Dear Sir/Mdm,

Accident involving SLM4343Z and SJU6612R on 09/10/2018

We refer to the above said accident.

We enclosed here with relevant documents as stated below:-

- Repair tax invoice
- Letter of authorization
- GIA search receipt

As instructed, we are claiming the following as stated below:-

Cost of Repair	:	S\$ 2,231.65
Loss of use (4 Days x \$120.00)	:	S\$ 480.00
LTA Search Fee	:	S\$ 2.00
		<u>S\$ 2,713.65</u>

We do not have the survey report and photographs as our client's motor vehicle was surveyed by your appointed surveyor.

Please kindly let us know whether you are prepared to settle our client's claim & we look forward to hear from you soonest.

Thanks & regards

Veronica Law (Claim dept.)

Tel: 6453 1235

Fax: 64537944

Email: cityauto@singnet.com.sg



Auto
Consultants
Pte Ltd

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

30 NOVEMBER 2018

**SONG JINTIAN
BLOCK 930 HOUGANG STREET 91
#14-111
SINGAPORE 530930**

Dear Sir/Madam,

**OUR REF : CC4/ASM18018816/Khb3
YOUR REF : SJU 6612R
ACCIDENT INVOLVING SJU 6612R AND SLM 4343Z ALONG ESSO HOLAND ROAD
ON 09.10.2018**

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 M/s CITY AUTO PTE LTD acting on behalf of the owner of SLM 4343Z against your motor insurance policy.

Based on the accident report and accident scenario, it was reported that your vehicle had collided to the Third Party vehicle SLM 4343Z. As such, liability is down against us.

Please be informed that your No Claim Discount (NCD – if applicable) 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 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to vicalpeh@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's 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)
- 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)



Auto
Consultants
Pte Ltd

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

- 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 6256 3561 or email us at vicalpeh@lkkauto.com.

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

Yours sincerely,

Vic Alpeh
Case Handler
DID: 6841 2096
FAX: 6741 4108
Email: vicalpeh@lkkauto.com

c.c. AXA Insurance Pte Ltd (AXA)
(Motor Claims Dept)



CITY AUTO PTE LTD

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643.
TEL: 6453 1235, 6452 0850 FAX: 6453 7944
24hrs Towing Services Tel: 9823 9898
Co. Reg. No.: 199503435C GST Reg. No.: M2-8923978-4

RE: LETTER OF AUTHORIZATION

Name of owner: TOKYU CENTURY LEASING (S) PTE LTD NRIC: 1979019356

Address: 8 CROSS STREET # 09-04/05 MARQUEE TOWER SINGAPORE 048424

Name of Driver: MUHAMMAD SHAHLIH BIN SHAMUDIN NRIC: 51517940E

Address: APT BLK 441 SEMBUNANG CLOSE # 08-05 SINGAPORE 700341

Accident on 09/10/2018 Involving SUV 6612K AND SLM 4345Z

At/along HOLLAND RD ESSO KIOSK

In consideration of City Auto Pte Ltd, repair my/our Motor Vehicle TOYOTA VELLFIRE at my/our request I/We the above owner of Motor Vehicle No: SLM 4345Z do authorize them to demand claims, settle and received whatever amount payable by the Insurance Co or Third Party or to commence legal proceeding if necessary in my/our name for the cost or repair and the loss of use/rental, etc and to any of there appointed solicitors to act for me/us in respect of the said accident/claim and all amounts claimed or settled shall be belong to them absolutely. I/We further authorize them to give an absolute discharge on my/our behalf.

I/We hereby authorize City Auto Pte Ltd, my/our repairer to give further instruction on my/our behalf concerning the said claim and such, all future correspondence should be addressed to the said firm/co.

My/Our repairer authorize to receive on my/our behalf monies claims, correspondence and give a valid discharge voucher or any other documents in connection with this on my/our behalf and for me/us.

I/We further agree to fully co-operate and attend all court hearing that are necessary and subject to prosecution and claim maintained by City Auto Pte Ltd.

I/We further agree to undertake to indemnify them against my/our claim for the cost which arises therewith.

In the event that my/our unsuccessful claim, I/We undertake to pay the repairer for the cost of repairs to my motor vehicle.

Owner Signature: _____

Name: _____

Date: _____

Witness Signature: CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1235 Fax: 6453 7944
(Claims Section)



redefining / insurance

CLAIM REF : S8M00YYO
INSURED : SONG JINTIAN

DISCHARGE VOUCHER

We/I, TOKYO CENTURY LEASING (SINGAPORE) PTE LTD, CO. REG. NO. 197901535G hereby agree to accept the sum of dollars TWO THOUSAND SEVEN HUNDRED THIRTEEN AND CENTS SIXTY FIVE ONLY (S\$2,713.65) paid to us/me by AXA INSURANCE PTE LTD as full and final settlement of all claims of whatever kind including damages for personal injuries and damages to property that we/I may have against the said AXA INSURANCE PTE LTD or their Insured or the driver of motor vehicle no. SJU 6612R as a result of an accident along ESSO AT HOLLAND ROAD on 09.10.2018 of which we/I were/was the driver/ owner/ hirer/ passenger/rider/pillion/ insurer of motor vehicle no. SLM 4343Z.

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for any further claim(s) whatsoever and whosoever present or future that we/I may have against the said Insurer, owner and/or driver of vehicle no. SJU 6612R in connection directly or indirectly with the said accident and give our/my full and final discharge.

We/I hereby declare that we/I are/am the person(s) entitled to receive the above settlement and hereby undertake to indemnify AXA INSURANCE PTE LTD against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made without admission of liability whatsoever on the part of the said insurer, owner and/or driver of vehicle no. SJU 6612R.

Dated this 12 day of DECEMBER 2018

Claimant's Signature : _____
NRIC no./ Company Stamp : _____
Occupation/ Business : _____
Address : _____
Telephone No. : _____
Witness's Name : CITY AUTO PTE LTD
Witness's Signature : Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Ind Est
Singapore 576643
Tel: 6453 1235 Fax: 6453 7944
Witness's NRIC No. : (Claims Section)



CITY AUTO PTE LTD

One Stop Automotive Solution

BLK 8, SIN MING IND. ESTATE, #01-60/62, SIN MING ROAD, SINGAPORE 575643

TEL: 6453 1235, 6452 0850 FAX: 6453 7944

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Co. Reg. No.: 199503435C GST Reg. No.: M2-8920979-4

AXA INSURANCE SINGAPORE PTE LTD

NO. 8

SHENTON WAY

AXA TOWER

SINGAPORE 068811

Attention: Motor Claim Department

Contact : 6338 7288

Fax No. : 6880 4838

TAX INVOICE

Tax Invoice : I2018-008419

Date : 30/11/2018

Vehicle No. : SLM4343Z

Make / Model : TOYOTA VELLFIRE 2.5Z G
EDITION A

Mileage (km) : 15557

Chassis No. : AGH300026394

Accident Date : 09/10/2018

Claim No. : CC4/ASM18018816

Reference : JO201810-0418

Policy No. : MSD/VPCP/18-000440

S/No.	Particular	Quantity	Unit Price	Amount
			S\$	S\$
	LIST ITEMS :			
1	Rear bumper	1.0	1,776.40	1,776.40
2	Rear bumper retainer LH	1.0	97.80	97.80
	List Total :			1,874.20
	25% Discount S\$:			468.55
				1,405.65
	LABOUR :			
	*To check wiring and lighting		10.00	10.00
	-To knock jackout damaged parts, panel beating, welding, align, refix and to renew accident parts		220.00	220.00
	- Spray painting on affected & replace parts		450.00	450.00
	LABOUR Total S\$:			680.00

Total S\$: 2,085.65

GST @ 7% S\$: 146.00

Grand Total S\$: 2,231.65

CASH / NETS / CREDIT CARD PAYMENT ONLY

Customer's Signature/Co. Stamp

for CITY AUTO PTE LTD

Please note all works performed by City Auto Pte Ltd as performed in this invoice is subjected to the following Warranty conditions:

1) Any replacement of electrical components will carry 1 month warranty period from date of this invoice.

2) Any replacement of mechanical components will carry 3 months warranty period.

Please note that all warranty does not cover wear and tear conditions regardless of any components.

City Auto Pte Ltd reserves the right to determine any warranty conditions.

Thank You For Your Business !



RECORDS MANAGEMENT CENTRE

**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

Third Party Insurer Enquiry

Our Ref No: GR-18-158308

Date of Request: 12/10/2018

Your Ref No: Online Purchase

City Auto Pte Ltd
160 Sin Ming Drive #05-01,
Sin Ming AutoCity,
Singapore 575722

Dear Sir/Madam,

Enquiry Date 12/10/2018

Enquiry By Jason Quak Leng Hui

TP Vehicle No. SJU6612R

Accident Date 09/10/2018

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SJU6612R	AXA Insurance Pte Ltd	18/12/2017-17/12/2018	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.



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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

Our Ref No: GR-18-158308

Date of Request: 12/10/2018

Your Ref No: Online Purchase

City Auto Pte Ltd
160 Sin Ming Drive #05-01,
Sin Ming AutoCity,
Singapore 575722

Dear Sir/Madam,

Enquiry Date 12/10/2018

Enquiry By Jason Quak Leng Hui

TP Vehicle No. SJU6612R

Accident Date 09/10/2018

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SJU 6612R (Insd veh)	Model:	TOYOTA VELLFIRE
	SLM 4343Z (TP veh)		
Date of Accident:	09/10/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Repair Estimate	:	\$	4,879.90
Final Repair Cost	:	\$	2,231.65
Loss of Use	:	\$	480.00
Rental (if any)	:	\$	4days at \$120.00 per day
LTA / GIA Search Fee	:	\$	2.00

Others:	:	\$	0.00
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	:	\$	
Final Settlement Sum	:	\$	2,713.65

Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> 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)	CITY AUTO PTE LTD	\$ 2,713.65

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

26/12/2018
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/ASM18018816/Khb3q2	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN:KIAN CHUAN			Date : 26-12-2018	
			Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SJU 6612R	Veh. Inspected	SLM 4343Z	
Policy No.	GA137281	Coverage (\$)	0.00	
Claim No.	S8M00YYO	Excess (\$)	0.00	
Assign From		Assign Date	15/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA VELLFIRE	c.c	2493	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	AGH300026394	Colour	METALLIC PEARL WHITE	
Odometer	15557	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	235/50 R18	TOYO	8 mm	
L/H Front Tyre	235/50 R18	TOYO	8 mm	
R/H Rear Tyre	235/50 R18	TOYO	8 mm	
L/H Rear Tyre	235/50 R18	TOYO	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	09/10/2018	Inspection Date	15/10/2018	
Survey held at	CITY AUTO PTE LTD BLK 8, SIN MING IND. ESTATE #01-60/62 SIN MING ROAD SINGAPORE 575643.			
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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLM 4343Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER (CONSISTENT)	BUCKLED	1,776.40	1,776.40
1	REAR BUMPER RETAINER LH (CONSISTENT)	DISTORTED	97.80	97.80
1	REAR BUMPER COVER-LH (CONSISTENT)	NOT NECESSARY	226.47	-
1	REAR BUMPER COVER BRACKET -LH (CONSISTENT)	NOT NECESSARY	87.64	-
1	REAR REFLECTOR LH (CONSISTENT)	SERVICEABLE	451.30	-
1	REAR PARKING SENSOR CAP-LH (CONSISTENT)	SERVICEABLE	29.84	-
	LESS 25% DISCOUNT		-667.36	-468.55
			2,002.09	1,405.65
	<u>SPECIAL NETT ITEMS</u>			
4	REAR PARKING SENSOR @\$399.64 (SN) (CONSISTENT)	SERVICEABLE	1,598.56	-
			1,598.56	-
	<u>LABOUR</u>			
	TO CHECK WIRING AND LIGHTING.		60.00	10.00
	TO KNOCK JACKOUT DAMAGED PARTS ,PANEL BEATING ,WELDING ,ALIGN ,REFIX AND TO RENEW ACCIDENT PARTS.		300.00	220.00
	SPRAY PAINTING ON AFFECTED & REPLACE PARTS.		600.00	450.00
			960.00	680.00
	GRAND TOTAL		4,560.65	2,085.65
	RECOMMENDED COST OF REPAIRS			2,085.65

Report Ref No. CC4/ASM18018816/Khb3q2

KONG SENG CHEONG

Licensed Appraiser

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.

<< Service Request Details

Claim	SBH00YYO	Vehicle Information	
Reference	CC4/ASM1B01B816/KH2JZ 	Incident Vehicle Registration #	SLM4343Z
Loss Date	9 October 2018	Make	TPND TOYOTA
Request Date	15 October 2018	Model	VELLURE 2.5Z G EDITION A
Due Date		Service Address	
Vendor Name	LKK AUTO CONSULTANTS PTE LTD (TP)	...	
Type of Loss	Third Party Vehicle Damage	Primary Contact/Insured	
Services	Pending verification - Direct Settlement	SONG JINTIAN BLK 930 HOUGANG STREET 91, #14-111, S30920, Singapore 96587432	
		Claim Handler	
		CHAN Kian Chuan 6548804269 kianchuan.chun@aaa.com.sg	

Actions















Next Step

Wait for: Approve invoice

Approve Invoice

Additional Instructions

Messages	Invoices	History	Documents	Assessment	Metrics	Notes
Document Type		Document SubType				
<div>Upload Documents</div>						
NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED		
 LKKInvoice1.pdf	Invoice	Surveyor/ Assessor expense	LKK AUTO CONSULTANTS PTE LTD (TP)	28 December 2018		

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 Payment breakdown.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	28 December 2018
 LOO.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	28 December 2018
 LKKInspection (2).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	28 December 2018
 LKKAdjustment1a.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	28 December 2018
 GAA SEARCH.pdf	Forms / Claims Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	28 December 2018
 DISCHARGE VOUCHES.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LKK AUTO CONSULTANTS PTE LTD (TP)	28 December 2018
 AUTHORISATION TO ACT FORM.pdf	Forms / Claim Documents	PQA / Authority Letter	LKK AUTO CONSULTANTS PTE LTD (TP)	28 December 2018
 WORKSHOP INVOICE.pdf	Invoice	Repairer	LKK AUTO CONSULTANTS PTE LTD (TP)	28 December 2018
 LETTER TO Q1.pdf	Letters and Correspondence	Policy Holder / Insured	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 MANDATE 1A.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 TP LOO.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 LKK REINSPECTION PHOTOS.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 LKK INSPECTION PHOTOS.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	30 November 2018
 TP ESTIMATE - MARKED.pdf	Reports & Statement	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	17 October 2018

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 SIUS612R INCD GIA.PDF	Report & Statement	GIA Report	RATAN BHOSALE Pragati	15 October 2018
 EMAIL RECIEVED FROM WORKSHOP WITH TP GIA REPORT & ESTIMATE.mng	Letters and Correspondence	Workshop	RATAN BHOSALE Pragati	15 October 2018