

15/5/2010

INS. CASE OWNER:

Peter | CS3
CCT / AXA1801
9412, Dapa3
Jab

LKK:
IDAC:

Surveyor:

Bryan

DOI:

ASSIGNMENT

Date / Time :

25/10/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. :

GT 30 A

Name of Insured :

LIAN HIANH LIM

Insured Tel No. :

HP:

Excess Sec II :SS

D.O.A :

27/10/18

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident :

If NO, Driver Name / Age :

WY HWEI PH

Driver Tel No. :

(V/L: YES / NO)

Claim No. :

88001012 / 27721

Policy No. :

94261466

Make / Model :

MCSM

Place of Accident :

115 TMS HMK

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability : %

Final ? Yes / No

54B 84092



INSRS:
WSP:
Tel :
Liability :
RMKS:

Em-2



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

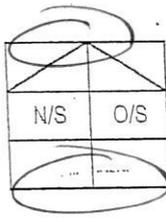
Date/ Time	STAGE	DATE / PIC
27/10/18	Non-Reporting ltr (1st):	
27/10/18	Non-Reporting ltr (2nd):	
27/10/18	Non-Reporting ltr (Final):	
27/10/18	Notification ltr (if non-pickup):	
27/10/18	Call OI:	815/19
27/10/18	After call ltr to OI:	LIAN
815/19	Documentation Check List:	Handler Typist
815/19	Notification ltr (if non-pickup)	<input type="checkbox"/>
815/19	After call ltr to OI:	<input type="checkbox"/>
815/19	Authorisation To Act:	<input type="checkbox"/>
815/19	Release Voucher:	<input type="checkbox"/>
815/19	Final Repair Bill:	<input type="checkbox"/>
815/19	Car Rental Invoice:	<input type="checkbox"/>
815/19	Towing Invoice:	<input type="checkbox"/>
815/19	LTA / GIA :	<input type="checkbox"/>
815/19	Medical Bill:	<input type="checkbox"/>
815/19	PIR:	<input type="checkbox"/>
815/19	Mandate/Reject Instruction:	<input type="checkbox"/>
815/19	LOD:	<input type="checkbox"/>
815/19	Payment Breakdown Form:	<input type="checkbox"/>
815/19	Post-Repair Photos:	<input type="checkbox"/>
815/19	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Confirm with:	Confirm by:	
Repair Cost:	SS	(days) Reduction:	%	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	%	100 (Agreed / Assessed) BOLA S/N No. :	28	If NO or B 28. Ass. Lia : 100
Repair Cost:	SS			
Loss of Rental (LOR):	SS	(days)		
Loss of Use (LOU):	SS	(S x days)		
Loss of Income (LOI):	SS	(S x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/>	LOR + LO <input type="checkbox"/>	[Tick only one]	
GIA/LTA Search	SS			
Medical:	SS			
Disbursement:	SS	(e.g. Tow/ Independent)		
Legal Cost	SS			
Total:	SS	Global Sum SS:		
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	SS	Name 1:		
Payee 2: (Strike if N.A.)	SS	Name 2:		
Payee 3: (Strike if N.A.)	SS	Name 3:		

ASSIGNMENT

CBE Jan 2021

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/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: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 7 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SGB 84095 Yr Regn: Jan 1996
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Honda Civic SIR C.C. 1596
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 9219 T/Radio: Insured / Std / NI / NA
 Eng/No: B16A51000182
 C/No: JHMEK46500S002022
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/R / STD A/Rim or _____
 Tyre Size: F: 195/55 R15
 R: — 11 —
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Bridgestone
 Front S mm R/Bal. S mm
 L/Bal. S mm Rear S mm
 D.O.A. 23/10/2018 D.O.I. 25/10/2018
 Survey held at EM-1 Sin Ming
 Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Front & Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>AXA GT30A</u>
	<u>MV 23K</u>
	<u>LTA 12.4K</u>
	<u>NL 10.6K</u>
	<u>Repair Range \$7500 - \$8500.00</u>
	<u>only first survey. No dismantle No after</u>

Date/Time, File Pass to? : Prel. Report
 : Final Report
 Date/Time, File Return to? _____
 1) _____
 2) _____
 Report Format : _____
 Lump Sum / I.B.I. (\$) _____

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Weekend (\$) _____

Survey Fee: _____
 Transportation: _____
 S + RS: _____ \$
 Photos _____
 Others _____
 TOTAL _____

◀ Service Request Details

Claim
S8M010FL

Reference
None ✎

Loss Date
October 23, 2018

Request Date
October 24, 2018

Due Date
October 31, 2018

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss
Third Party Vehicle Damage

Services
Pending verification - Direct Settlement

*25.10.2018 @ 10am
Mr. Chia vkh in
estimate not yet done.
Bryan.*

Actions

Next Step
Agree to perform service

Vehicle Information

Incident Vehicle Registration #
SGB8409J

Make
TPVD HONDA



[Home](#) e-Services (/content/policehubhome/homepage.html)

[Log in](#) ➔

Status of Driving Licence

Qualified Driving Licence

Qualified Driving Licence Number	S7048135I
Status of Qualified Driving Licence	Valid
Class(es) of Qualified Driving Licence	3
Expiry Date	Valid for life unless revoked,suspended or disqualified

Provisional Driving Licence

Provisional Driving Licence Number	S7048135I
Status of Provisional Driving Licence	No Licence
Class(es) of Provisional Driving Licence	
Expiry Date	-

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[FAQS](https://va.ecitizen.gov.sg/cfp/CustomerPages/SPF/explorefaq.aspx) (https://va.ecitizen.gov.sg/cfp/CustomerPages/SPF/explorefaq.aspx)



Auto
Consultants
Pte Ltd

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

09 May 2019

GUAN HIANG CONFECTIONERY
8 HIGHLAND TERRACE,
Singapore 549080,

Dear Sir/ Mdm

OUR REF : CC4/ASM1809412/wb3
YOUR REF : GT 30A

**ACCIDENT INVOLVING GT 30A & SGB 8409J ALONG CTE TWDS AMK ON
03/10/2018**

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 **EM -1 Auto Pte Ltd** acting on behalf of the owner of **SGB 8409J** against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. 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 7 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 Vivianlau@lkkauto.com within 7 days **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)
- 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



Auto
Consultants
Pte Ltd

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

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.

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 6841 8625 or email us at Vivianlau@lkkauto.com

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

Yours sincerely,

Vivian Lau
Case Handler
DID: 6841 8625
FAX: 6741 4108
EMAIL: Vivianlau@lkkauto.com

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