

155200

INS. CASE OWNER:

Lynthia | CC of USM. 9577, E J... AXA1801

LKK- IDAC:

Surveyor:

Kenneth.

DOI:

ASSIGNMENT

20/10/08

Date / Time:

20/10/08

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SKA 787C

Claim No.:

585M010N3 / 77777

Name of Insured:

DAVID ONG MUNOY PANG

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

20/10/08

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

SYN 25655



INSRS: WSP: Tel: Liability: RMKS: 7KT



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:



INSRS: WSP: Tel: Liability: RMKS:

Date/ Time

20/10/08

SYN 25655 - 15/11/08... SKA 787C

of amount claim - OWR. Start on 1st letter.

22-11-18 @ 1129 AM CONFIRMED. AGREED 2 AVATAR NLD ISSUE.

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	20/11/08
After call ltr to OI:	
Documentation Check List: Handler Typist	
Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
After call ltr to OI:	<input checked="" type="checkbox"/>
Authorisation To Act:	<input checked="" type="checkbox"/>
Release Voucher:	<input checked="" type="checkbox"/>
Final Repair Bill: TV	<input checked="" type="checkbox"/>
Car Rental Invoice:	<input checked="" type="checkbox"/>
Towing Invoice:	<input checked="" type="checkbox"/>
LTA / GIA:	<input checked="" type="checkbox"/>
Medical Bill:	<input checked="" type="checkbox"/>
PIR:	<input checked="" type="checkbox"/>
Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
LOD:	<input checked="" type="checkbox"/>
Payment Breakdown Form:	
Post-Repair Photos:	
Others:	

PRELIMINARY ADVICE	Date/Time:	Sent By:	Confirm with:	Confirm by:
FINALIZATION	Date/Time:	Repair Cost:	SS	days Reduction:
FINAL SETTLEMENT	Date/Time: 28-2-09	Final Liability:	% 100 (Agreed / Assessed)	BOLA S/N No.: 27
Repair Cost: (LOSS)	SS 637.xx	Loss of Rental (LOR):	SS	days
Loss of Use (LOU):	SS 500 (50 x 10 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 -	Legal Cost:	SS -	
Total:	SS 1,137.xx	Global Sum SS:	1,135.xx	
FINAL PAYMENT	Date/Time:	Payee 1:	SS 1,135.xx	Name 1: T & T AUTO SERVICES PTE LTD
Payee 2: (Strike if N.A.)	SS	Payee 3: (Strike if N.A.)	SS	

COPY SENT

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 m/s 767

of _____

Insured: _____

Policy No. _____

Claims No. _____

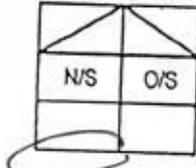
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$ 8500

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 09 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: STL 25655 Yr Regn: 11, 08

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

Truck / Trailer or

Make: Honda Airwon c.c. 1496

Colour: Black A/C: Insured / Std / NI / NA

Sp. Reading: 421157 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GJ1 1305971

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/60R15

R: _____

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

TOYO / YOKO or Radar

Front 4 mm Rear 8 mm

R/Bal. 4 mm R/Bal. 8 mm

L/Bal. 4 mm L/Bal. 8 mm

D.O.A. 25/10/18 D.O.I. 26/10/18

Survey held at _____

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

FRONT N/S

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

Date / Time Action / Instruction

29/10 File pass to Catherine
7/loss

MV: \$ 8,500

LR: \$ 7,863

NV: \$ 637.xx

Date/Time, File Pass to?

: Prell. Report

: Final Report

1) Date/Time, File Return to?

2) _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation: _____

S + RS. \$ _____

Fixtcs _____

Others _____

TOTAL

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech Invs (\$ _____)

: Weekend (\$ _____)

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/ASM18019517/Kjb3	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811		Date : 26-10-2018	
		Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SKA 787C	Veh. Inspected	SJL 2565S
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	26/10/2018
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			
5. General Information			
Accident Date	25/10/2018	Inspection Date	
Survey held at	T&T AUTO SERVICES PTE LTD BLK 160 SIN MING DRIVE #08-14 SIN MING AUTOCITY SINGAPORE 575722		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

◀ Service Request Details

Claim
S8M010N3

Reference
None ✎

Loss Date
October 25, 2018

Request Date
October 25, 2018

Due Date
November 1, 2018

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss
Third Party Vehicle Damage

Services
Pending verification - Direct Settlement

*26.10.2018 @ 11.23am
Vincent veh in
Kenneth*

Actions

Next Step
Agree to perform service

Vehicle Information

Incident Vehicle Registration #
SJL25655

Make
TPVD

Model

TBC

Service Address

...

Primary Contact/Insured

DAVID ONG MUNG PANG
101 CECIL STREET, #13-01 TONG EN BUILDING, 069533, Singapore

MOTOR.OPERATIONS@GNM.COM.SG

Claim Handler

LOH Cynthia
6568804843
cynthia.loh@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

29 October, 2018

DAVID ONG MUNG PANG
101 CECIL STREET, #13-01 TONG EN BUILDING
Singapore 069533

Dear Sir,

OUR REF : CC4/ASM18019517/Kjb3
YOUR REF : SKA 787C
ACCIDENT INVOLVING SKA 787C & SJL 2565S ON 25/10/2018 ALONG/ AT T-
JUNCTION OF FARRER ROAD & EMPRESS ROAD

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 joyirene@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 2409 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
Motor Claim Department

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	25/10/2018 17:12
Date Of Accident	24/10/2018 23:50
Exact Location Of Accident	ALONG QUEENSWAY TOWARDS FARRER RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA787C
Insured/Policyholder	
Name Of Registered Owner	DAVID ONG MUNG PANG
NRIC No	S2008621A
Email Address	DAVIDONG@DOP.SG
Mobile Phone No	(LOCAL) +65-81118222
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	PORSCHE
Model	PANAMERA

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? YES

If No, Please state action to be taken

Vehicle Category	PRIVATE CAR
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Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA344167/1
Cover Note Number	

Driver

Name of Driver	DAVID ONG MUNG PANG
NRIC No	S2008621A
Date Of Birth	02/11/1952
Occupation	INDOOR
Date Of Driving Pass	24/03/2008
Driving Experience	10 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81118222
Fax Number	
Contact Number	OFFICE-NOPHONE

Address 79 FARRER DRIVE #15-04 SINGAPORE 259283

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OWNER

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by ambulance? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment? YES

Was there any video captured by Car Camera? NO

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJL2565S

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver REZALLUDIN BIN RAYHAN

NRIC/Passport Number S7516924H

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

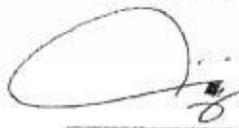
SKETCH PLAN

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.
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 upon application by interested parties.
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.



Policyholder's Signature
Date & Time:

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



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

Sketch Plan Pg. 3

At about 5 or 10 minutes to midnight on the 24 October, 2018, I was traveling from Queensway towards Farrer Road direction (after washed the car at Car Wash and topping up petrol at Queensway SPC Petrol station). Traffic was scares during that time and I was traveling around 40-50 km.

Upon approaching the traffic light (T Junction) of Empress Road, I spotted a MPV car, (subsequently identify as bearing registration SJL 2565S, believe it is a Honda Airwave) was driving very slowly toward the traffic light while green. The Honda appeared to be looking for direction and unsure of where to go. When approaching the Honda, the Honda suddenly stopped and appeared to have been directed by the passenger to turn left while the Honda car was on the 2nd (middle lane) of Farrer Road.

I applied urgent brake and swayed my car to left onto the inner 3rd left lane to avoid the collision but was too late as the Honda stopped so suddenly. The right front of my car (SKA 787C) collided with the left rear of the Honda. My car was damaged at the right front, with head light smashed and bumper and panel also smashed. The Honda's rear left tail light was smashed and body also dented.

Immediately after the collision, I switched on the Hazard lights and alighted from my car. I walked toward the Honda and check if the driver and passenger were OK. As the passenger complained of leg pain (as she may not have her seat belt on and thus her knee may have been pushed towards the front seat), I suggested to call for an ambulance just in case there was injury warrant medical treatment. The driver of Honda called the ambulance and I believe the Police was also called. About 15 minutes later, both ambulance and police car arrived at the scene.

Medic from the ambulance checked the passenger who complained a little bit of pain, after medic's examination, she informed the medic that she is OK and did not want to go to the hospital for further check-up. She decided call someone (boyfriend or brother) who came to the scene and they both walked away presumably gone home which is nearby. This may be the reason why the driver of Honda was unsure which road to turn and hesitate in the middle of the Farrer Road.

At some point, I asked the Honda Driver to exchange details etc., and also asked if he is OK. He replied politely that he is fine. I then took some photos, exchanged mobile numbers and captured his NRIC details with my iPhone. He also took photo of my NRIC. He told me that he has hired the car to be a Private Hire car driver and that the owner of the car may contact me.

The details of the Honda and the driver are:

Mr. Rezalludin Bin Rayhan
NRIC – S7516924H
DOB – 06/06/1975
Address – 41 Hindehe Walk, #07-05
SE 587972

The Police sergeant attended the scene talked to both the Driver of Honda and me. We were asked by the Police to take breathalyzer tests and the police cleared both Drivers whereupon the Police also told us to make our own police reports and inform the respective insurers since there had been no physical injury.

I left the scene at about 0040 and gone home. Upon reaching home, the Honda Driver WhatsApp me to asked that if I am OK as he forgot to ask at the scene. I replied to him that I am OK but asked him why did he stopped his Honda when light was green to which he then did not reply.

David Ong
25 October 2018



MIDNIGHT CASE - DOA

Type:

🔔 Question

Message

HI JAS, MIDNIGHT CASE. WE WILL BE SUBMITTING OUR REPORT BASED ON THE SUPPORTING CLAIM DOCUMENTS WHICH IS DATED 25/10/2018.THANK YOU.

Reply

T & T Auto Services Pte Ltd

160 Sin Ming Drive
#08-14 Sin Ming AutoCity
Singapore 575722
Tel: 6266 6876 Fax: 6266 6861
GST Registration No: 200910712E

TAX INVOICE

AXA Insurance (S) Pte Ltd
8 Shenton Way
#27-01 AXA Tower
Singapore 068811

DATE : 07/11/2018
VEHICLE NO : SJL 2565 S
MAKE/MODEL : Honda Airwave
ACC DATE : 25/10/2018
CLAIM NO : 1118-1394
POLICY NO :

AMOUNT S\$

Lump sum repair inclusive of supplying parts, labour,
panel beating and spray painting

Repair Amount	6,000.00
Add 7% GST	420.00
Total	<u><u>6,420.00</u></u>

Singapore Dollars: Six Thousand Four Hundred And Twenty Only.


T & T Auto Services Pte Ltd



Immediate Advice

To : AXA Insurance Pte Ltd

Date: 31/1/2019

Survey Details:

Date of loss	25.10.18
Date of appointment	26.10.18
Date of survey	26.10.18
Location of survey	T & T AUTO SERVICES

Vehicle Details:

Claim Type:	Third party
Vehicle number	SJL 2565S
Make and Model	HONDA AIRWAVE 1496CC
Date of registration	20.11.2008
Excess	
Market Value	\$ 8,500.00
Parf Rebate	\$ 7,863.00
Nett Loss	\$ 637.00

Repair details:

Initial Estimate	TOTAL LOSS
------------------	------------

Proposed/Revised repair cost:

Parts	
Check items (estimate)	
Labour	
Total	
Lump Sum(if applicable)	

Number of days for repair	14
----------------------------------	-----------



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

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

Remarks:

HEAD-TO-REAR- (BOLA 27) 100% ; ID FROM REAR. TP REPAIRER ASKED FOR \$6K. INVOICE AND LETTER OF DEMAND UPLOADED.

Mandate:

Liability(TP)		100%	
Proposed repair cost	\$	637.00	
Loss of rental /USE	\$	700.00	\$50 X 14 DAYS
LTA search fees			
Proposed Total	\$	1,337.00	



Re:MANDATE IA - FOR APPROVAL

Type

🔔 Question

Message

APPROVED

Reply

**THIRD PARTY EXPRESS SETTLEMENT
(PAYMENT BREAKDOWN)**

Vehicle No:	SKA 787C (Insd veh)	Model:	HONDA AIRWAVE (A)
	SJL 2565S (TP veh)		
Date of Accident:	25/10/2018		

Global Sum Settlement	: [X] Yes	[] No	
Repair Estimate	: \$		0.00
Total Loss	: \$		637.00
Loss of Use	: \$		500.00
			10 days at \$50.00 per day
Rental (if any)	: \$		days
LTA / GIA Search Fee	: \$		

Others: : \$

: \$

Final Settlement Sum (GLOBAL SUM) : \$ 1,135.00

Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability ____ 100 ____ (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: _____

BOLA Liability: _____ (%) Assessed Liability (*): _____ (%)

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks TOTAL LOSS _____

Payment Instruction: Payee's Breakdown		
1)	T&T AUTO SERVICES PTE LTD	: \$ 1,135.00

NUR SHAQILAH BTE ABDOL
WAHAB

06/03/2019

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))