

(INS-01)

INS. CASE OWNER:

CC

/AXA1802 0221, A 1802/1

LKK
IDAC

Surveyor:

DOI:

Date / Time:

Registered in Meriten:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :\$5

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age: mohamed khalid bin mohammed

Driver Tel No.:

(VA. YES / NO) Final ? Yes / No

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

54627

INSRS:
WSP:
Tel:
Liability:
RMKS:ZERO
GRANTYINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

STAGE

DATE / PIC

Non-Reporting Itr (1st):

Non-Reporting Itr (2nd):

Non-Reporting Itr (Final):

Notification Itr (if non-pickup):

Call OI

After call Itr to OI:

Documentation Check List: Handler Typist

Notification Itr (if non-pickup)

After call Itr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by: LOP

Repair Cost:

SS 2,100

(2 days) Reduction:

67 %

Email ☒ Call ☐

FINAL SETTLEMENT

Date/Time: 15-04-19

Confirm with: Tiffney

Email ☒ Call ☐

Final Liability:

SS 100

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

nil

If NO or B 28, Ass. Lia

Repair Cost:

SS 2,100.00

DID REVEAL HIN MORE TP.

Loss of Rental (LOR):

SS

(days)

Loss of Use (LOU):

SS 300.00

(5100 x 3 days)

Loss of Income (LOI):

SS

(5 x days)

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

GIA/LTA Search

SS 1.45

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost:

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format: TP

3) Survey fee: 250

Total:

SS 2,401.45

Global Sum \$5:

FINAL PAYMENT

Date/Time: 15-04-19

Confirm with: Tiffney

Email ☒ Call ☐

Payee 1:

SS 2,401.45

Name 1:

ZERO GRANTY

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

Adrian

ASSIGNMENT

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: SLJ5467J Yr Regt: 2016 / DecType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Jaguar F-Pace c.c. 2995Colour: Red A/C: Insured / Std / NI / NASp. Reading: 36413 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: SADCA2AVSHA 079403Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 265/40R22R: 265/40R22BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 08/11/18Survey held at Zero GravityDes. of Damages: Frt / Rear / O/S / NIS / U/C / Rooftop or

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

Date / Time Action / Instruction

TPAXA - (Virtual)451,42,100 (RED: 94,200 67%)

Date/Time, File Pass to?

Date/Time, File Return to?

1)

2)

3)

4)

5)

6)

Prel. Report:

Final Report:

Part Prices Check:

IN

OUT

Survey Fee:

Date:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
AXA INSURANCE PTE LTD		Ref : CC4/ASM18020321/eb3		
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date : 09-11-2018		
		Code : ASM		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YP 1714L	Veh. Inspected	SLJ 5467J	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	09/11/2018	
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	28/10/2018	Inspection Date		
Survey held at	ZERO GRAVITY 2 KAKI BUKIT AVE 2 #01-25 KAKI BUKIT AUTOHUB SINGAPORE 417921			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				



ZERO GRAVITY

2 Kaki Bukit Avenue 2, #01-25 Kaki Bukit Autohub, Singapore 417921

Tel: +65 67412845 Fax No: +65 67412170

Email: zero_gravity@singnet.com.sg

Buss.Reg.No.: 52888887X

QUOTATION

No : QT-000151

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

Attention: Motor Claim Department

TEL : 63387288

FAX : 63382522

Your Ref. : YP1714L
 Vehicle No. : SLJ5467J
 Make & Model : JAGUAR F-PACE
 Chasis No. : SADCA2AV5HA079403
 Engine No. : 16081803484306PS
 Accident Date : 28-10-2018
 Policy No. : 2100496612-01
 Date : 03-11-2018
 Page : 1 of 1

Thank you for your inquiry. We are pleased to submit our quote as follows:

Item	Description	Qty	U/ Price S\$	Amount S\$
1	DOOR (R/H/F) Repair	1.0 PCS	3,150.00	3,150.00 ✓
2	SIDE MIRROR (R/H) Bnd	1.0 PCS	1,506.00	1,506.00 ✓
3	SIDE MIRROR GLASS (R/H) Shattered	1.0 PCS	665.00	665.00 ✓
4	SIDE MIRROR COVER (R/H) Repair	1.0 PCS	179.00	179.00 ✓
5	Discount 10 %			-550.00
6	SubTotal (L)			4,950.00
7	TO REMOVE, TRANSFER & INSTALL RELATED COMPONENT	1.0 X		800 150.00 ✓
8	TO REMOVE AND REFIT COMPONENTS / FACILITATE THE REPAIR	1.0 X		100 180.00 ✓
9	TO CHECK WIRING SYSTEM & ENSURE FUNCTION OF COMPONENT	1.0 X		300 120.00 ✓
10	CONTROL UNIT ADAPTATION AND REPROGRAMMING	1.0 X		100 250.00 ✓
11	TO REMOVE, REPAIR & REPLACE DAMAGE PARTS	1.0 X		100 300.00 ✓
12	TO PUTTY AND RE-SPRAY AFFECTED PORTION	1.0 X		300 350.00 ✓

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey and re-spray painting
- To replace damaged parts during resurvey
- Parts prices are subject to confirmation

SINGAPORE DOLLAR SIX THOUSAND THREE HUNDRED ONLY

E. & O.E
 * No illegal modifications is allowed
 Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

total 2662.90
 L/S 2.1K

Total S\$ 6,300.00
 Discount S\$ 0.00
 Net Total S\$ 6,300.00

Terms: C.O.D.

Customer's Signature/Co. Stamp

ZERO GRAVITY

Any claim for faulty workmanship is limited solely to the rectification free of cost of such work, no claim for loss consequential or otherwise being admissible. Any objections to the validity of these charges must be made seven (7) days from the date of this invoice otherwise it is assumed that this bill is accepted as correct.

Adam Lim
 L/S 19/11/18
 02 Days



MANDATE IA (S8M011DE)

Type

🔗 Question

Message

Liability: Insured reversed and hit third party parked vehicle. (refer to third party video) Settlement: Repair Cost : \$2,247.00 (w/GST) Loss of Rental : \$577.80 (3days x \$180)(w/GST) LTA: \$7.45 Total: \$2,832.25
Immediate Advice with Mandate and relevant document uploaded for your easy reference. Please kindly let us have your approval / instruction if any. Thank you - Asher Sng (25/03/2019)

Reply



Re:MANDATE IA (S8M011DE)

Type

🔗 Question

Message

Hi Pls proceed as per IA-VO

Reply



Service Request Details

Claim

S8M011DE

Reference

None 

Loss Date

October 28, 2018

Request Date

November 9, 2018

Due Date

November 16, 2018

Adrian

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SLJ5467J

Make

TPVD JAGUAR

Model
F-PACE

Service Address

...

Primary Contact/Insured

LEGEND MOTORS & LEASING PTE LTD
69 UBI ROAD 1 OXLEY BIZHUB, #10-33, 408731, Singapore
63380083

Claim Handler

OH Vale
6568804897
vale.oh@axa.com.sg

Additional Instructions
VIRTUAL

Messages Invoices History Documents Assessment Metrics Notes

New Message

TYPE



SENT

11/9/18 11:20 AM

FROM

OH Vale

SUBJECT

VIRTUAL CASE-VO

BODY

Pls advise TP to do deem fit if they can't wait-VO



Zero Gravity

2 Kaki Bukit Ave 2
#01-25 Kaki Bukit Autohub Singapore 417921
Tel: 67412845 Fax: 67412170

26/03/2019

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

Sirs / Madams

RE: ACCIDENT INVOLVING VEHICLE(S) SLJ5467J & YP1714L ALONG INFRT OF 77
LORONG MARICAN ON 28/10/2018.

We understand that you are the insurer of vehicle YP1714L.

I/We wish to inform you that my/our vehicle SLJ5467J have been completed repairs to my/our satisfaction by ZERO GRAVITY. I/We therefore propose to claim from you as follows:

1. Cost of Repair	S\$2100.00
2. LTA Search Fee	S\$7.45
3. Loss of Use (S\$200.00 x 3 Days)	S\$600.00

Please let us have your reply soonest possible.

Thank you.

Yours faithfully

Tiffany

LETTER OF AUTHORITY

ACCIDENT ON: 28/10/2018

INVOLVING VEHICLE(S) NO.: SLJ5467J & YP1714L

AT/ALONG: Infront of 77 Lorong Marican

I, KHAIRUL BIN ABDEL RAHMAN NRIC No/Co Reg. No.: S17217502 of
77 Lorong Marican Singapore 417271

Owner/Driver of motor vehicle registration no: SLJ 5467 J insured by

MS M74 under policy no: 2100496612 do hereby
authorize **m/s Zero Gravity** ("my Repairer") of 2 Kaki Bukit Ave 2, # 01-25 Kaki Bukit
Autohub, Singapore 417921, to act as my representative in my claim ~~against my insurance~~
~~and/or~~ against the owner(s) / driver(s) of motor vehicle(s) registration no(s):
YP 1714L in respect of the above-mentioned accident.

I also hereby authorize my repairer to proceed repair to my vehicle, give all further instructions
on my behalf concerning the said claim and as such, all future correspondences should be
addressed to my repairer.

My repairer is further authorized to receive on my behalf monies claims, correspondence and
to give a valid discharge and I also hereby appoint my repairer as my attorney and to sign any
discharge voucher or any other documents in connection with this matter on and for my behalf.

I confirm that in the event of unsuccessful claim against the negligent party and/or my own
insurer (if only under comprehensive cover) for the damages caused to my vehicle, I agree to
pay for all the costs and incidentals incurred by my repairer.

I the above-mentioned vehicle owner/driver hereby affirm the above-mentioned statement to be
true and correct.

Date this 7th day of Nov Year 2018

Signature : [Signature]
(Company Stamp if applicable)

Full Name : KHAIRUL BIN ABDEL RAHMAN

NRIC No : S17217502

Contact No : (HP) 96644614 (O) 64693455 (H) 66698716



redefining / insurance

CLAIM REF : S8M011DE
INSURED : DCH FOTON AUTO PTE LTD

DISCHARGE VOUCHER

We/I [KHAIRUL BIN ABDUL RAHMAN, NRIC NO. 517217502] hereby agree to accept the sum of [TWO THOUSAND FOUR HUNDRED SEVEN AND CENTS FORTY FIVE ONLY.] [S\$2,407.45] 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 and all costs and expenses that we/I have or may have against the said AXA INSURANCE PTE LTD or their Insured or the driver of motor vehicle no. [YP 1714L] as a result of an accident at [INFRT OF 77 LORONG MARICAN] on [28/10/2018] of which we/I were/was the hirer/owner/driver/pillion/Passenger/ insurer of motor vehicle [SLJ 5467J].

We/I hereby declare that the said insurer or owner and/or driver of insured vehicle shall not be liable for all claim(s) whatsoever and whosoever present or future that we/I have or may have against the said Insurer, owner and/or driver of vehicle no. [YP 1714L] 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. [YP 1714L]

Dated this 22 day of April 2019

Claimant's Signature : [Signature]

NRIC no./ Company Stamp : 517217502

Occupation/ Business : Doctor

Address : 77 Lorong Marican SINGAPORE 417271

Telephone No. : 96644614

Witness's Name : YEO YEE

Witness's Signature : [Signature]

Witness's NRIC No. : S7309392 / E



ZERO GRAVITY

2 Kaki Bukit Avenue 2, #01-25 Kaki Bukit Autohub, Singapore 417921

Tel: +65 67412845 Fax No: +65 67412170

Email: zero_gravity@singnet.com.sg

Buss.Reg.No.: 52888887X

FINAL REPAIR BILL

No : I-007120

AXA INSURANCE SINGAPORE PTE LTD

8 SHENTON WAY

#24-01 AXA TOWER

SINGAPORE 068811

Attention: Motor Claim Department

TEL : 63387288

FAX : 63382522

Your Ref. : YP1714L

Vehicle No. : SLJ5467J

Make & Model : JAGUAR F-PACE

Chassis No. : SADCA2AV5HA079403

Engine No. : 16081803484306PS

Accident Date : 28-10-2018

Policy No. : 2100496612-01

Date : 26-03-2019

Page : 1 of 1

Thank you for your inquiry. We are pleased to submit our quote as follows:

Item	Description	Qty	U/ Price S\$	Amount S\$
1	Lumpsum	1.0 X		2,100.00

SINGAPORE DOLLAR TWO THOUSAND ONE HUNDRED ONLY

E. & O.E

Total S\$ 2,100.00

Discount S\$ 0.00

Net Total S\$ 2,100.00

Customer's Signature/Co. Stamp

ZERO GRAVITY

Terms: C.O.D.

Any claim for faulty workmanship is limited solely to the rectification free of cost of such work, no claim for loss consequential or otherwise being admissible. Any objections to the validity of these charges must be made seven (7) days from the date of this invoice otherwise it is assumed that this bill is accepted as correct.

[> Back to OneMotoring](#)


Land Transport Authority

10 Sin Ming Drive

Singapore 575701

GST Registration No. : M4-0006529-2

Print Date/Time : 02 Nov 2018 / 13:33:30

Receipt Date/Time : 02 Nov 2018 / 13:33:30

Tax Invoice/Receipt

Receipt No. : ITNET-00000-181102-001183

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - YP1714L				
As at 28 Oct 2018/17:13:00				
Insurance Co: AXA INSURANCE PTE LTD				
1	Insurance Enquiry - YP1714L Enquiry Fee 20181102133140135914	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxxx5595	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	YP 1714L ✓ (Insd veh)	Model:	JAGUAR F-PACE
	SLJ 5467J (TP veh)		
Date of Accident:	28/10/2018 ✓		

Global Sum Settlement	:	☐ Yes	☒ No
Repair Estimate	:	\$	6,300.00 ✓
Final Repair Cost	:	\$	2,100.00 ✓
Loss of Use	:	\$	300.00 ✓ 3days at \$100.00 per day
Rental (if any)	:	\$	days ✓
LTA / GIA Search Fee	:	\$	7.45 ✓
Others:	:	\$	0.00 ✓

	:	\$	
Final Settlement Sum	:	\$	2,407.45 ✓
Is Third Party Workshop GIA Registered? ☐ YES ☒ NO (Kindly indicate below)			
A) For Non GIA Registered Workshop: Agreed Liability ___100___ (%) ✓			
B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: ✓			
BOLA Liability: _____ (%) Assessed Liability (*): _____ (%)			
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks _____			

Payment Instruction: Payee's Breakdown			
1)	ZERO GRAVITY	:	\$ 2,407.45 ✓

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

13/05/2019
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))

**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/ASM18020321/Aeb3q2	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN:VALE OH			Date : 13-05-2019	
			Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YP 1714L	Veh. Inspected	SLJ 5467J	
Policy No.		Coverage (\$)	0.00	
Claim No.	S8M011DE	Excess (\$)	0.00	
Assign From		Assign Date	09/11/2018	
2. Vehicle Particulars & Condition				
Make & Model	JAGUAR F-PACE	c.c	2995	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	SADCA2AV5HA079403	Colour	RED	
Odometer	36413	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	265//40 R22	PIRELLI	6 mm	
L/H Front Tyre	265//40 R22	PIRELLI	6 mm	
R/H Rear Tyre	265//40 R22	PIRELLI	6 mm	
L/H Rear Tyre	265//40 R22	PIRELLI	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	28/10/2018	Inspection Date	09/11/2018	
Survey held at	ZERO GRAVITY 2 KAKI BUKIT AVE 2 #01-25 KAKI BUKIT AUTOHUB SINGAPORE 417921			
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:		2 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. SLJ 5467J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	DOOR (R/H/F) (CONSISTENT)	TO REPAIR SEE LABOUR	3,150.00	-
1	SIDE MIRROR (R/H) (CONSISTENT)	DAMAGED	1,506.00	1,506.00
1	SIDE MIRROR GLASS (R/H) (CONSISTENT)	SHATTERED	665.00	665.00
1	SIDE MIRROR COVER (R/H) (CONSISTENT)	TO REPAIR SEE LABOUR	179.00	-
	LESS 10% DISCOUNT		-550.00	-217.10
			4,950.00	1,953.90
	<u>LABOUR</u>			
	TO REMOVE,TRANSFER & INSTALL RELATED COMPONENT.		150.00	80.00
	TO REMOVE AND REFIT COMPONENTS /FACILITATE THE REPAIR.		180.00	100.00
	TO CHECK WIRING SYSTEM & ENSURE FUNCTION OF COMPONENT.		120.00	30.00
	CONTROL UNIT ADAPTATION AND REPROGRAMMING.		250.00	100.00
	TO REMOVE,REPAIR & REPLACE DAMAGE PARTS.INCLUSIVE OF THE REPAIR OF DOOR (R/H/F) AND SIDE MIRROR COVER (R/H)		300.00	100.00
	TO PUTTY AND RE-SPRAY AFFECTED PORTION.		350.00	300.00
			1,350.00	710.00
	GRAND TOTAL		6,300.00	2,663.90
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,100.00

Report Ref No. CC4/ASM18020321/Aeb3q2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

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

SAM011DE

Reference

CCA/ASAM18020321/Amb3q2

Loss Date

28 October 2018

Report Date

5 Nov 2018 3:49:00 PM

Request Date

9 November 2018

Due Date

Vendor Name

LKX AUTO CONSULTANTS PTE LTD (119)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Vehicle Information

Incident Vehicle Registration #

SLJ5467J

Make

TRVD JAGUAR

Model

F-PACE

Service Address

...

Primary Contact/Insured

LEGEND MOTORS & LEASING PTE LTD
49 UBI ROAD 1 OXLEY BIZHUB, #10-13, 408731, Singapore
63380083

Claim Handler

OH Vale
6568904897
vale.oh@axa.com.sg

Actions

Next Step

Wait for Approve Invoice

Add Evidence

Additional Instructions

VIRTUAL

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

Document Type

Document SubType

Upload Documents

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
Accident Statement	Reports & Statements		Merimen	

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 LKKInvoice1.pdf	Invoice	Surveyor/ Assessor expense	LKK AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 payment breakdown.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 LTA SEARCH.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 LOD.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 LKKInspection.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 LKKAdjustment1a (1).pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 DISCHARGE VOUCHER.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LKK AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 AUTHORITY TO ACT FORM.pdf	Forms / Claim Documents	POA / Authority Letter	LKK AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 WORKSHOP INVOICE.pdf	Invoice	Repairs	LKK AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 Immediate Advice with Mandate.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	25 March 2019
 TP ESTIMATE - MARKED.pdf	Reports & Statement	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	25 March 2019
 LKK Survey Photo.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	25 March 2019
 SLJ 5467 RR VIDEO.mp4	Evidence	Videos	LKK AUTO CONSULTANTS PTE LTD (TP)	21 March 2019
 P1847906_C1_00072_0024_1.pdf	Forms / Claim Documents	Policy Schedule / Covernote / Certificate of insurance	OH Vale	9 November 2018

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 P1847906_SIN_00072_1.pdf	Forms / Claim Documents	Policy Schedule / Covernote / Certificate of Insurance	OH Vole	9 November 2018
 SLJ54627 TP GIA REPORT.PDF	Reports & Statement	GIA Report	DHAKAL Raghav	5 November 2018
 YP1714L INSD GIA REPORT.PDF	Reports & Statement	GIA Report	DHAKAL Raghav	5 November 2018
 TP PRI FROM WORKSHOP.mig	Letters and Correspondence	Workshop	DHAKAL Raghav	5 November 2018