

12/03/2018

ASS. REC. BY:

REP:

CS/ASM19000109/ d3

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

From (Person):

Kitty Teo

of

ASM(CAXA)

Date/Time:

03/01/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLE 2087T

Insured:

at Workshop m/s:

Elite AM

Tel:

6339 7378

of

280 Woodlands Ind. park CS #01-17

Policy No:

Claim No:

S8M01810

Sum Insured:

Excess:

NIL

Make of Veh:

(Client's Record)

D.O.A.

25/12/2018

CA / REV /

REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

9:51am 3/1/19

Person Contacted:

Chrissy

Vehicle IN / OUT

Date/Time

Action/Instruction

(✓) Estimate

SLE 2087T - X

4/1/19 -

called Chrissy, owner withdraw owner. change to reporting only.
- Reverted through smartclaim.

Celine 4/1/2019

<< Service Request Details

Claim

S8M01810

Reference

None 

Loss Date

December 25, 2018

Request Date

January 3, 2019

Due Date

January 10, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (OD)

Type of Loss

Own Damage

Services

Accelerated workshop survey

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SLE2087T

Make

HONDA

SERVICE ADDRESS

280 WOODLANDS INDUSTRIAL, . , 757322

Primary Contact/Insured

NEO BOON YAU

06-39, BLK 251 COMPASSVALE STREET, 540251, Singapore

96861413

BOON_YOU@YAHOO.COM.SG

Claim Handler

TEO Kitty

6568804602

kitty.teo@axa.com.sg

Additional Instructions

EXCESS NIL

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

Nivitha (LKK Auto)

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Friday, 4 January 2019 4:18 PM
To: 'Elite AM'; assignments
Subject: RE: Change to Reporting Only For Vehicle No: SLE 2087T

Dear Christy,

Noted, with thanks.

We will close this file at our end.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Elite AM [mailto:eliteamclaim@gmail.com]
Sent: Friday, 4 January 2019 4:17 PM
To: assignments@lkkauto.com
Subject: Change to Reporting Only For Vehicle No: SLE 2087T

Hi Nivitha,

Good day! We noted that client want to withdraw this case, change to "reporting only". Kindly refer to attached amendment report. Thanks!

Regards,

Christy



This email has been checked for viruses by AVG antivirus software.
www.avg.com

◀ WITHDRAW CLAIM

Type

🔗 Question

Message

Dear Sir/Mdm, Please be informed that according to the repairer, owner change to reporting only. We will close this file at our end without billing.

Reply

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	26/12/2018 14:11
Date Of Accident	25/12/2018 15:30
Exact Location Of Accident	WOODLANDS AVE 12
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLE2087T
Insured/Policyholder	
Name Of Registered Owner	NEO BOON YAU (LIANG WENYAO)
NRIC No	S7205340J
Email Address	BOON_YOU@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96861413
Alternative Phone No	OTHERS-96861413

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G A

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? NO

If No, Please state action to be taken REPORTING ONLY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA231802/1
Cover Note Number	

Driver

Name of Driver	NEO BOON YAU (LIANG WENYAO)
NRIC No	S7205340J
Date Of Birth	19/02/1972
Occupation	INDOOR
Date Of Driving Pass	04/12/1990
Driving Experience	28 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96861413
Fax Number	
Contact Number	OTHERS-96861413
Email Address	BOON_YOU@YAHOO.COM.SG

Address	BLK 251 COMPASSVALE STREET #06-39
Postcode	540251
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?	YES
Foreign Vehicle Registration Number	JKS7615 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
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

PLEASE REFER TO THE ATTACHMENT

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	JKS7615
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	