15/5/2010

⑤

INS. CASE OWNER: VD | cc 4, ASM 1900 0702, ea3 | LKK: 91092   IDAC:

Surveyor: _____   DOI: _____   Date / Time: 8/1/2019

ASSIGNMENT

Pre-assign / CCU / FTE   XD1900R "VIRTUAL"   Registered in Merimen: _____   SEM 018PM

Insured Vehicle No. : _____   Claim No. : _____

Name of Insured : _____   Policy No. : _____

Insured Tel No. : _____   HP: _____   Make / Model : _____

Excess Sec II :SS   D.O.A : 26/12/2018   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

SLL666J   Insured Liability : ___ %   Final ? Yes / No

INSRS:
WSP: kite.
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

SLL666J - X
XD1900R - 6/66J/7701584/Uber : DOA -18/1/7

3/1 VIRTUAL case - no m/s - under investigation

2/12 to cancel case. No survey done.

21/5/19 TO CANCEL FILE, NO Survey done

STAGE	DATE / PIC
Non-Reporting ltr (1st):	
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)		
After call ltr 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: _____

Repair Cost: S$ ___ (___ days) Reduction: ___ %   Email ☐ Call ☐

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

Final Liability: ___ %   (Agreed / Assessed) BOLA S/N No. :   If NO or B 28, Ass. Lia :

Repair Cost: S$

Loss of Rental (LOR): S$ (___ days)

Loss of Use (LOU): S$ ($ x ___ days)

Loss of Income (LOI): S$ ($ x ___ days)

LOR only ☐ LOU only ☐ LOR + LOU ☐ LOR + LOI ☐ [Tick only one]

GIA/LTA Search: S$

Medical: S$

Disbursement: S$ (e.g. Tow/ Independent)   1) Claim status: Normal/Reject/Private Settle

Legal Cost: S$ 2) Report Format:

Total: S$ 3) Survey fee:

Global Sum S$:

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

Payee 1: S$ Name 1:

Payee 2: (Strike if N.A.) S$ Name 2:

Payee 3: (Strike if N.A.) S$ Name 3:

≪ Service Request Details

Claim
S8M018FM

Reference
None ✏

03012019 @ 9.51am

Christty veh nvl in

'Virtual'

Loss Date
26 December 2018

Request Date
3 January 2019

Due Date
10 January 2019

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 #
SGG666J

Make
TPVD

Service Address

...

Primary Contact/Insured

KKB ENGINEERING PTE. LTD.
10 BUKIT BATOK CRESCENT, #08-04 THE SPIRE, 658079, Singapore
63380083

Claim Handler

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

Additional Instructions
VIRTUAL CASE UNDER INVESTIGATION

Messages	Invoices	History	Documents	Assessment	Metrics	Notes

New Message

TYPE	❓
SENT	3/1/19 9:47 AM
FROM	OH Vale
SUBJECT	NO DS - VIRTUAL CASE
BODY	Hi Under investigation. Pls advise TP to do deem...

↩

Catherine Chong (LKK Auto)

From:	Elite Automotive <elite.automotive13@gmail.com>
Sent:	Friday, 28 December, 2018 5:38 PM
To:	SG AXA Insurance SM AXA SGP - Motor Survey
Cc:	SG AXA Insurance SM Claims Service Team
Subject:	Accident Involving Of Vehicle No: SGG 666J and XD 1900R
Attachments:	SGG666J - GIA REPORT.PDF; PRI.pdf

Categories: Shailendra

Hi,

Please arrange for pre-repair inspection of vehicle SGG 666J.

Would appreciate if you could also advise on the liability.

Regards,
Lin

ELITE AUTOMOTIVE PTE LTD

280 Woodlands Industrial Park E5 #01-17, Harvest@Woodlands S(757322)

TEL : 63397378/86606722   FAX : 63397475

Date :

Pre-repair Inspection

M/s AXA Insurance Pte Ltd
8 Shenton Way
#27 - 01
Singapore 068811

By Fax 6880 4838 Only

Dear Sir,

ACCIDENT INVOLVING _SGG666J_ AND _XD1900R_ ON _26/12/18 @ 15:30_

We refer to the above matter.

We are the appointed repair workshop of vehicle no. _SGG666J_ .

We understand that you are the insurer of vehicle no. _XD1900R_ .

The owner of vehicle no. _SGG666J_ Has authorised us to carry out the repairs to his vehicle which was damaged by your insured's vehicle. The owner intends to make a claim againts you insured and/or insured's authorised driver for the accident which is caused wholly and/or contributed by your insured and/or your insured's authorised driver's negligence.

We hereby give you notice of the accident and an apportunity to inspect the damaged to the vehicle priorto the commencement of the repairs.

Kindly take note that we hereby give you 2 days' notice to conduct a pre-repair inspection of vehicle no. _SGG666J_ at my premises.

Your faithfully