

INS. CASE OWNER: JMS | CC Y/AXA1900 1806, Heb | LKK IDAC

Surveyor: WAZ | **ASSIGNMENT** | DOI: 25/1/19 | Date/Time: 26/1/19

Pre-assign / CCU / FTE: "VIRTUAL"

Insured Vehicle No.: YP 9667L | Claim No.: S9M01C19/95798

Name of Insured: _____ | Policy No.: _____

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

Excess Sec II :SS _____ | D.O.A.: 25/1/19 | Place of Accident: _____

Is driver the owner? (YES / NO) _____ | Nature of Accident: _____

If NO, Driver Name / Age: _____ | OI GIA REPORT: YES / NO : _____ | TP GIA REPORT: YES / NO _____

Driver Tel No.: _____ | (V/L: YES / NO) _____ | Insured Liability: % _____ | Final ? Yes / No _____

SHB 4167X

	INSRS: WSP: <u>WITE</u> Tel: <u>M</u> Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:		INSRS: WSP: Tel: Liability: RMKS:
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Date/Time	STAGE	DATE/PIC
<u>1/1/19</u> <u>Anker</u>	Non-Reporting hr (1st): Non-Reporting hr (2nd): Non-Reporting hr (Final): Notification hr (if non-pickup): Call OI: After call hr to OI:	
	Documentation Check List: Handler Typist	
	Notification hr (if non-pickup)	<input type="checkbox"/>
	After call hr to OI: (90 mins)	<input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher: OS FORM	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: TPIC

Repair Cost: 42 \$5750 (2 days) Reduction: 47 % Email Call

FINAL SETTLEMENT Date/Time: 19/06/19 Confirm with: WILLIAM Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 27 IF NO or B 28, Ass. Liu: _____

Repair Cost: WAZ \$5900.50 OLD REPAIR INVOICE

Loss of Rental (LOR): \$5411.11 (4 days) x \$1342.5

Loss of Use (LOU): \$5 - (5 x days)

Loss of Income (LOI): \$5200.00 (500 x 4 days)

LOR only LOU only LOR + LOI LOR + LO (Tick only one)

GIA/LTA Search: \$57.44

Medical: \$5 -

Disbursement: \$5 - (e.g. Tow/ Independent)

Legal Cost: \$5 -

Total: \$51451.11 Global Sum SS: _____

1) Claim status: Notified/Reject/Private Settle

2) Report Format: T

3) Survey fee: 7550

FINAL PAYMENT Date/Time: 19/06/19 Confirm with: WILLIAM Email Call

Payee 1: \$51451.11 Name 1: CONSTRUCTION ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) \$5 Name 2: _____

Payee 3: (Strike if N.A.) \$5 Name 3: _____

COPY SENT
26/6/19



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/ASM19001806/Neb3

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811

Date : 28-01-2019



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YP 9667L	Veh. Inspected	SHB 4167X
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	28/01/2019

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

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5. General Information

Accident Date	25/01/2019	Inspection Date	28/01/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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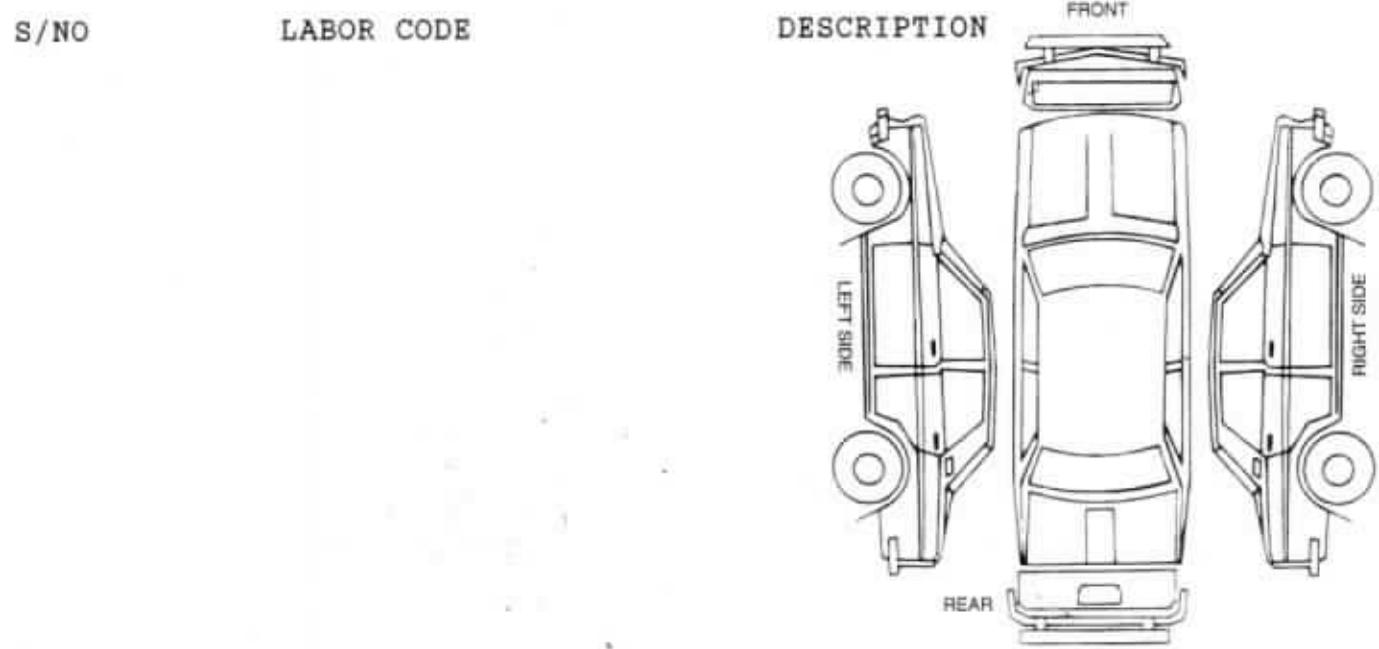
A member of COMFORTDELGRO

Date/Time: 26.01.2019 10:11 Page : 1

Team: ARC Repair TP(CLSO)1		JOB CARD		Sales Order: 3893468	JC NO.: 305263388
CUSTOMER R/MS COMFORT TRANSPORTATION PTE LTD CUSTOMER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 TEL (R) 65508755 (O) (P) SCOUNT CARD NO.	REGN NO.:	SHB4167X	MILEAGE		
	MAKE:	HYUNDAI	FUEL E.....1/2.....F		
	MODEL:	I-40	DATE/TIME IN 26.01.2019 08:10		
	YR OF MANU.	30.05.2015	TARGET DATE		
	CHASSIS CODE	KMHLB41UMFU069444	COMPLETION DATE/TIME:		

JOB DESCRIPTION

Accident Date: 25.01.2019
 NATURE: 3P 25.01.19/B



HECKED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Knowledge Slip

Name: _____

No.: _____

Vehicle No.: SHB4167X FZ AXA

Name of Service Advisor _____
 Signature/Date _____

To be returned to Service Reception upon collection.

Exit Pass

Vehicle No.: SHB4167X

Name of Service Advisor _____
 Date _____

To be kept by Security Guard



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

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

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 10/05/2019

Survey Details:

Date of loss	25-Jan-19
Date of appointment	28-Jan-19
Date of survey	28-Jan-19
Location of survey	COMFORTDELGRO ENGINEERING PTE LTD

Vehicle Details:

Claim Type:	Third party
Vehicle number	SHB 4167X
Make and Model	HYUNDAI I40
Date of registration	30/5/2015
Excess	
Market Value	\$ -
Parf Rebate	\$ -
Nett Loss	\$ -

Repair details:

Initial Estimate	\$ 1,405.70
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Proposed/Revised repair cost:

Parts	\$ 460.00
Check items (estimate)	\$ -
Labour	\$ 450.00
Total	\$ 910.00
Lump Sum(if applicable)	\$ 750.00

Number of days for repair	<u>2DAYS</u>
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Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

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

Remarks:

Liability: Insured rear ended third party vehicle.

Mandate:

Liability(TP)		100%	
Proposed repair cost	\$	802.50	
Loss of use	\$	-	
Loss of rental	\$	477.12	4days x \$119.28
Loss of income	\$	200.00	4days x \$50
LTA search fees	\$	7.49	
Others	\$	-	
Proposed Total	\$	1,487.11	

Asher
Finalized
-Naz

**COMFORTDELGRO
ENGINEERING**

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508669
Fax: 6546 8156

Our Job Ref No : 305263388
Date : 30.01.2019

FINALIZATION FORM

To : LKK Fax : _____
Attn : NAZ
Vehicle Reg No. : SHB4167X Date of Accident : 25.01.2019

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

- The repair job shall bill to: AXA -- YP 9667L
- The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$0.00</u>
Total for Part-By-Part Repair Cost	<u>\$0.00</u>
(c) Lumpsum Repair (If applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$750.00</u>
Final Lumpsum Repair cost	<u>\$750.00</u>

- Estimated normal period for repairs: 2 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and finalized amount

Signature: 
Name : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature: 
Name : NAZ LKK
Date : 31/1/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

◀ Service Request Details

Claim

S9M01C19

ReferenceNone **Loss Date**

January 25, 2019

Request Date

January 28, 2019

NAZ

Due Date

February 4, 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

Vehicle Information

Incident Vehicle Registration #

SHB4167X

Make

TPVD HYUNDAI

Service Address

...

Primary Contact/Insured

AAK LOGISTICS SERVICES PTE LTD
BLK 153 BUKIT BATOK STREET 11, #03-292, 650153, Singapore
63380083
insurance@virtualinvest.biz

Claim Handler

TAN Jas
6568804844
jas.tan@axa.com.sg

Additional Instructions

-VIRTUAL ACC -CDGE -NR-we will send letter -please do not finalise repair

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

Catherine Chong (LKK Auto)

From: Fauzy Bin Mokhtar <fauzy@sparkcarcare.com>
Sent: Saturday, 26 January, 2019 11:30 AM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Subject: SHB4167X - DOA:25.01.19 TP CLAIMS WITH YOUR INSURED > YP9667L (AXA)
Attachments: SHB4167X-126102021-0001.pdf

Categories: Mateen

Hi Motor Claims,

Please refer attached GIA report, the estimate to be advise upon survey the vehicle.

The taxi was grounded at our workshop on 25.01.19.

Best Regards,
Fauzy Mokhtar
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148319 / Fax:65468156

<< MANDATE IA (S9M01C19 / SHB 4167X)

Type

🔗 Question

Message

Liability: Insured rear ended third party vehicle. Settlement: Repair Cost : \$802.50 (w/GST) Loss of Rental: \$477.12 (4days x \$119.28) Loss of Income: \$200.00 (4days x \$50) LTA Search: \$7.49 Total: \$1,487.11

Immediate Advice with Mandate and revert document uploaded for your easy reference. Please kindly let us have your approval / instruction if any. Thank you - Asher Sng (10/05/2019)

[Reply](#)

⏪ Re:MANDATE IA (S9M01C19 / SHB 4167X)

Type

🔔 Question

Message

hi, please offer 2 days for downtime and proceed with COR. thanks.

Reply

<< RE: Re:RE: Re:MANDATE IA (S9M01C19 / SHB 4167X)

Type

🔗 Question

Message

Hi Jas, document uploaded for your reconsideration. Thank you (14.06.19)

[Reply](#)

◀ Re:MANDATE IA (S9M01C19 / SHB 4167X)

Type

🔔 Question

Message

hi, please proceed as IA advised.

Reply

Our Ref : T 0119/ SHB4167X /WT(st)

Your Ref :

Date : 04-Feb-19

CDGE Taxi Claims Dept
59 Loyang Drive 4th Flr
Singapore 508969

ComfortDelGro Engineering Pte Ltd
205 Braddell Road Singapore 579701

Mainline +65 6383 6280
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 199604220

AXA Insurance Pte Ltd
8 Shenton Way
#24-01, AXA Tower
Singapore 068811

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHB4167X YOUR INSURED YP 9667L
AND OTHER _____ ON 25.01.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SHB4167X which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving : YP 9667L we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair		\$	802.50
2	<u>5</u> days Loss of Rental @	\$	119.28	per day
3	Survey Report Fees	(Surveyed by M/s LKK)	\$	-
4	GIA / LTA Search Fee		\$	7.49
5	GIA / Police Report Fees		\$	-
6	Towing Fees		\$	-
Sub Total :				\$ 1,406.39

HIRER'S CLAIM

7	<u>5</u> days Loss of Income @	\$	80.00	per days	\$	400.00
Total Claims:						\$ 1,806.39

We enclose herewith the following documents to support the claims: -

- a) Original repair bill and photocopies of photographs 6 pcs
- b) LTA search slip/s of : YP 9667L
- c) GIA / Police report/s of : SHB4167X
- d) Letter of authority from owner / hirer / operator
 - (X) Photocopie/s of Accident Scene Photo/s (X) Towing receipts
 - () Witness statement/s (x) Rental Rate letter (x) Downtime/Mileage record

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully

William Tan

CDGE Claims Department

Tel: 6214 8737 Fax : 6214 1843 Email : williamtan@cdge.com.sg

This is a computer generated letter. No signature is required.

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 575717

Pandan
45 Pandan Road
Singapore 609286

Ubi
320 Ubi Road 3
Singapore 408649

Senoko
24 Senoko Loop
Singapore 758158

Sungei Kadut
7 Sungei Kadut Way
Singapore 728791

Yishun
Yishun Industrial Park A
Singapore 765732

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONG

I 40 SHB4167X , YP9667L

ON 25-Jan-19 21:00

ALONG TPE TWDS PIE CHANGI BEFORE PASIR RIS 12 EXIT

I / We

TEO HOW HIA

(Hirer) NRIC No.: S16345701

and/or

LIM TIONG HO

(Relief) NRIC No.: S1329131D

Taxi Number

SHB4167X

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of "ComfortDelGro Engineering Pte Ltd".

Date

26-Jan-2019

Name of Hirer

TEO HOW HIA

Hirer NRIC

S16345701

Signature :



Address

253A ANG MO KIO STREET 21 #06-...
561253

Contact No.

91503410

Name of Relief

LIM TIONG HO

Relief NRIC

S1329131D

Signature :



Address

559 ANG MO KIO AVENUE 10 03-1850
560559

Contact No.



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	YP 9667L ✓	(Insd veh)	Model: HYUNDAI I40
	SHB 4167X	(TP veh)	
Date of Accident/ Time:	25/01/2019 / 21:00		

Repair Estimate	S	1,507.10 ✓	
Final Repair Cost	S	802.50	
Loss of use / Income ✓	S	200.00	4 days at \$50.00 per day
Rental (if any)	S	477.12	4 days at \$119.28 per day
LTA / GIA Search Fee	S	7.49	
Others	S	-	
	S		
Final Settlement Sum	S	1,487.11	

Payee Name : COMFORTDELORO ENGINEERING PTE LTD

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

A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: <u>27</u>
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): _____ (%)

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

Remarks:

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

<p> 14-6-19</p> <p>Signature of workshop representative / Workshop stamp Name of Representative: COMFORTDELORO ENGINEERING PTE LTD Date: 14-6-19</p> <p></p>	<p></p> <p>Signature of Witness / Workshop stamp (if applicable) Name of Witness: COMFORTDELORO ENGINEERING PTE LTD Date: 14-6-19</p> <p></p>
<p>Signature of AXA's surveyor/representative: Name of AXA's surveyor /Representative: Date:</p>	

Please forward your cheque made payable to: COMFORTDELORO ENGINEERING PTE LTD

The contents of this document apply to vehicle damages only. All personal injuries and damages arising therefrom are excluded from the ambit and application of this document.

TAX INVOICE

8010010
 AXA INSURANCE PTE LTD
 8 SHENTON WAY AXA TOWER #24-01
 SINGAPORE 068811
 CONTACT NO: 63387288

VEHICLE NO
 SHB4167X
 NO/DATE
 91424193 04.02.2019
 MAKE
 HYUNDAI
 JOB NO.
 305263388
 MODEL
 I-40
 ODOMETER READING

 DATE OF REG
 30.05.2015
 CHASSIS CODE
 KMHLB41UMFU069444
 JOB TYPE

Description : 3P 25.01.19

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	750.00
Add GST @ 7.000 %	52.50
Total Invoice amount.	802.50

Issued by : KATHERINE TAN 04.02.2019 08:16:34
 Repair type : CLSO/57/57
 Payment type/Term : /Credit 30 days

WHILEST TAKING ALL REASONABLE PRECAUTIONS, WE CANNOT PRE-TEST OR GUARANTEE DAMAGE. THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARE OR OTHER PRELIMINARY BELONGING TO CUSTOMERS AND WEATHER AND OTHER RISK TAKEN BY OWNERS RISK.
 CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE, THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.
 INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND UNPAID BY THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE DATE OF THE PERIOD OF DEFAULT).
 PLEASE EXAMINE THE INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY BY 3000 HOURS LHO DAILY/WHILE/2 WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL THEREAFTER BE A CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd
 A member of COMFORTDELGRO

Head Office:
 205 Braddell Road
 Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.

Our Ref: CT19010754

Date: 31 January 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 25/01/2019 @ 21:00 hrs
ALONG ALONG TPE TWDS PIE CHANGI BEFORE PASIR RIS
12 EXIT
INVOLVING YP9667L

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHB4167X** (the "Taxi"). The Taxi was hired to **TEO HOW HIA IC NO S1634570I** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$119.28** per day (inclusive of GST).

Please be advised that the Taxi was insured with **MS First Capital Insurance Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.

SHR AIGIX

DATE	NAME OF DRIVER	MILEAGE READING						MILEAGE TRAVELLED (KM)	HOURS OPERATED (H)		DATE	NAME OF DRIVER
		5	5	6	5	6	9		FROM	TO		
24/01/2019	760 How H/A	5	5	6	5	6	9	260	0600	1620		
24/1	HO	5	5	6	6	9	7	128	1839	0539		
25/01/2019	760 How H/A	5	5	6	8	9	6	199	0600	1625		
25/1	HO	5	5	7	0	7	2	175	1845	0818		
26-01-19	Accident?											
30-01-19	Repair								0810			
									1015			

Y ~~ANNUNY~~

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
YP9667L	25 Jan 2019 / 21:00:00	Successful	A12	AXA INSURANCE PTE LTD

Previous

OK

SHB4157t



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/ASM19001806/Neb3q2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN:JAS TAN

Date : 05-07-2019



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YP 9667L	Veh. Inspected	SHB 4167X
Policy No.	VCX/P2219280	Coverage (\$)	0.00
Claim No.	S9M01C19	Excess (\$)	0.00
Assign From		Assign Date	28/01/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU069444	Colour	BLUE
Odometer	557072	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	WEST LAKE	5 mm
L/H Front Tyre	205/60 R16	WEST LAKE	5 mm
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	25/01/2019	Inspection Date	28/01/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 4167X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER (CONSISTENT)	CRACKED	553.00	553.00
10	REAR BUMPER CLIP (CONSISTENT)	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-115.00	-115.00
			460.00	460.00
SPECIAL NETT ITEMS				
1	REAR BUMPER REVERSE SENSOR (SN) (CONSISTENT)	SERVICEABLE	135.70	-
			135.70	-
LABOUR				
	PANEL BEATING (REPAIR)		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		30.00	30.00
	REMOVE/REFIX REVERSE SENSOR.		80.00	20.00
			810.00	450.00
GRAND TOTAL			1,405.70	910.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				750.00

Report Ref No. CC4/ASM19001806/Neb3q2

MUHAMMAD NAZRIL BIN ABDULLAH

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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	SRW001C19
Reference	CC4/AUM19001006/NE002
Loss Date	25 January 2019
Report Date	28 Jan 2019 9:07:30 AM
Request Date	28 January 2019
Due Date	
Vendor Name	LKK AUTO CONSULTANTS PTE LTD (TP)
Type of Loss	Third Party Vehicle Damage
Services	Pending verification - Direct Settlement

Actions

Next Step Wait for Approve Invoice

[Add Evidence](#)

Vehicle Information	
Incident Vehicle Registration #	3HB4167X
Make	TPWD HYUNDAI
Model	I40
Service Address	

Primary Contact/Insured	
AAK LOGISTICS SERVICES PTE LTD	
BLK 153 BUKIT BATAK STREET 11, #03-292,	
650153, Singapore	
63380083	
insurance@virtuallinvest.biz	

Claim Handler	
TAN Jas	
6568004844	
jas.tan@avaa.com.sg	

Additional Instructions -VIRTUAL_ACC_CDGE -VIR-we will send letter -please do not trouble repair

Messages Invoices History Documents Assessment Metrics Notices

Document Type

[+ Upload Documents](#)

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
Accident Statement	Reports & Statement		Meyman	

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 LKX Survey Photo.pdf	Reports & Statement	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 Immediate Advice with Mindate.pdf	Forms / Claim Documents	Assessment	LKX AUTO CONSULTANTS PTE LTD (TP)	10 May 2019
 TP CDGE-EMAIL FROM WORKSHOP (THIRD PARTY PRT).msg	Letters and Correspondence	Workshop	KADRI Maleni	28 January 2019