

INS. CASE OWNER

100 | CC4, Asm 1900 2816, 1/20/19

LKK: 98325
IDAC:

Surveyor:

Anne (Kalam)

ASSIGNMENT

DOI:

14/1/19

Date / Time:

14/1/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

6BE 2918P

Claim No.:

59m010ms

Name of Insured:

How Yen Foodstuffs Pte

Policy No.:

6x

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

10/2/19

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

SH 7044K



INSRS:

WSP:

Tel:

Liability:

RMKS:

CD266
logas.



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date / Time

1/3
1/19

SH 7044K - CC4 / 10/1/19 5014 / (un) 52 / 0A - 10/1/19

6BE 2918P - X

SEE INSTRUCTION FROM AEA TO REJECT CLAIM.
(Approved Reject)

16/4/19 -> Direction Email send to TP

6/6/19 -> File PASS CHT.

7/6 - File PASS to Admin to close.

cc:tin

10-08-19

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:

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

FINAL SETTLEMENT Date/Time: Confirm with: Email Call

Final Liability: % 0 (Agreed / Assessed) BOLA S/N No.: 15
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 LOR + LOU LOR + LOI [Tick only one]

If NO or B 28, Ass. Lta:
OI driving straight TP into hit lane
10/6/19

GIA/LTA Search: S\$
Medical: S\$
Disbursement: S\$ (e.g. Tow/ Independent)
Legal Cost: S\$

1) Claim status: Not Settled/Private Settle
2) Report Format:
3) Survey fee: 350.00

Total: S\$ 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:

10/7/19

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 7044K

DATE 13/2/2019 16:48

MAKE :

AXA / FZ PP

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper <i>X repair</i>			S 553.00	
	Rear Wheel Hup-Cap (LH) <i>X repair</i>			S 107.10	
	SUB TOTAL			S 660.10	
	LESS 20%			S 132.02	
	DISCOUNTED TOTAL			S 528.08	
	Rear Bumper Rubber Mat <i>X</i>			S 50.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>me</i>			S 80.00	Nett
				S 130.00	
	Labour Charge				
	Panel Beating-Repair Rear LH Fender & Rear LH Door			S 350.00 <i>200</i>	
	Spray Painting Charge			S 250.00 <i>600</i>	
	Wiring Charge			S 30.00 <i>X</i>	
	Remove/Refix Reverse Sensor			S 80.00 <i>X</i>	
	Rear Wheel Alignment			S 80.00 <i>X</i>	
	TOTAL LABOUR			S 1,290.00	
	ESTIMATE TOTAL			S 1,948.08	
	<i>Kalvin 11/11/19</i>				
	<i>M 14/2/19 11:40 hr.</i>				
	<i>2 Days</i>				
	<i>PIP</i>				
	<i>After Repair p LH</i>				

I/We, the undersigned, hereby certify that the above estimate is based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Acknowledged by Repairer
 Signature: _____
 Date: _____

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order: 3897846

JC NO.: 305268571

OMER	REGN NO.: SH 7044K	MILEAGE
IS COMFORT TRANSPORTATION PTE LTD 7010045	MAKE: HYUNDAI	FUEL E.....1/2.....F
OMER NO. 383 SIN MING DRIVE Singapore SINGAPORE 575717	MODEL: I-40	DATE/TIME IN 13.02.2019 14:45
RESS 65508755 (P) (C)	YR OF MANU 28.04.2016	TARGET DATE
OUNT CARD NO.	CHASSIS CODE KMHLB41UMGU087834	COMPLETION DATE/TIME

Accident Date: 10.02.2019
NATURE: 3P 10.02.19/B-

JOB DESCRIPTION

Left Rear

*AXA
G+BE2918P*

S/NO	LABOR CODE	DESCRIPTION

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip
K
P.
Vehicle No.: SH 7044K FZ AXA
Signature/Date

Exit Pass
Vehicle No.: SH 7044K
Name of Service Advisor
Date
To be kept by Security Guard

returned to Service Reception upon collection

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 7044K

DATE 13/2/2019 16:48

MAKE :

AXA / FZ PP

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
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	Rear Wheel Hup-Cap (LH) <i>/</i>			\$ 107.10	
	SUB TOTAL			\$ 660.10	
	LESS 20%			\$ 132.02	
	DISCOUNTED TOTAL			\$ 528.08	
	Rear Bumper Rubber Mat <i>X</i>			\$ 50.00	Nett
	Rear Door Comfortdelgro & Apps Sticker (LH) <i>/</i>			\$ 80.00	Nett
				\$ 130.00	
	Labour Charge				
	Panel Beating-Repair Rear LH Fender & Rear LH Door			\$ 350.00 <i>200</i>	
	Spray Painting Charge			\$ 250.00 <i>600</i>	
	Wiring Charge			\$ 30.00 <i>X</i>	
	Remove/Refix Reverse Sensor			\$ 80.00 <i>X</i>	
	Rear Wheel Alignment			\$ 80.00 <i>X</i>	
	TOTAL LABOUR			\$ 1,290.00	
	ESTIMATE TOTAL			\$ 1,948.08	
	<i>Kalin 1004</i>				
	<i>M 14/2/19 11:40h.</i>				
	<i>2 hrs</i>				
	<i>P/P</i>				
	<i>After Repair p Lt</i>				

I hereby certify that the above estimate is correct and true to the best of my knowledge and belief.
 Signature: _____
 Date: _____

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305268571
Date : 16.02.2019

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508909
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH 7044K

Fax : _____
Date of Accident : 10.02.2019

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

1. The repair job shall bill to: AXA --- GBE2918P
2. 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>\$700.00</u>
Final Lumpsum Repair cost		<u>\$700.00</u>

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

We confirm the estimates and finalized amount

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

Signature : 
Name : Calvin
Date : 18/2/19

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:

Final Amount Subject to Invoice Approval



<SEEK INSTRUCTION ON REJECTION OF TP CLAIM> S9M01DMS - ACCIDENT INVOLVING GBE 2918P (OI) & SH 7044K (TP) ON 10/02/2019

Type

🔍 Question

Message

OI reported that he is driving at own lane and TP cut into his lane and collided. TP reported that OI was stationery at 1st lane so he change to 1st lane from 2nd lane and suddenly OI move and collided onto him. Kindly let us have your comments / instruction. Thanks

Reply



Re:<INSTRUCTION NEED> S9M01DMS * ACCIDENT INVOLVING GBE 2918P & SH 7044K ON 10/02/2019 *****

Type

 Question

Message

PLS PROCEED TO REJECT CLAIM

Reply

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Tuesday, 16 April 2019 2:35 PM
To: William Tan Thoo Seng
Cc: Hsiao Tong (LKKAuto); Admin A
Subject: Your ref: SH 7044K (Our ref: CC4/ASM19002816/K1ga3) *** ACCIDENT INVOLVING GBE 2918P & SH 7044K ON 10/02/2019 ***
Attachments: OI REPORT.pdf

Your Ref: **SH 7044K** Without Prejudice
Our Ref: CC4/ASM19002816/K1ga3

Dear Sirs/Madam,

ACCIDENT INVOLVING GBE 2918P & SH 7044K ON 10/02/2019

We refer to the above matter.

Attached is a copy of our insured accident statement for your easy reference. We have reviewed the matter and we are of the view that our driver is not liable for the accident. Our Insured was driving at his own lane and your driver came from the right cut into my insured lane. In addition, your driver's statement also state that he change to my insured lane.

In view of the above, we have our principal instruction to deny liability and unable to look into your client's matter.

Thank you.

"Please note that our proposal and correspondence with you is strictly on a without prejudice basis and should not be construed as an admission of liability on our part and/or that of our policyholder and/or the authorised driver. The terms of our without prejudice engagement should not be disclosed in any other related matter(s) in respect of this accident nor should it be binding in any other related claims."

Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

LKK

Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

Our Ref : T 0219/ SH 7044K /WT(st)

Your Ref :

Date : 22-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 6288
Facsimile +65 6280 6755

www.cdge.com.sg

Company Registration No: 199900009

Workshops

Braddell
205 Braddell Road
Singapore 579701

Loyang
59 Loyang Drive
Singapore 508969

Sin Ming
383 Sin Ming Drive
Singapore 576717

Pandan
45 Pandan Road
Singapore 602886

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 768732

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 SH 7044K YOUR INSURED GBE2918P
AND OTHER _____ ON 10.02.19**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : SH 7044K 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 : GBE2918P we are submitting these claim for your consideration on behalf of the claimants.

TAXI OWNER'S CLAIM

1	Cost of Repair	\$	749.00
2	<u>3</u> days Loss of Rental @ \$ <u>115.00</u> per day	\$	345.00
3	Survey Report Fees <i>(Surveyed by M/s LKK)</i>	\$	-
4	GIA / LTA Search Fee	\$	7.49
5	GIA / Police Report Fees	\$	-
6	Towing Fees	\$	-
Sub Total :			\$ 1,101.49

HIRER'S CLAIM

7	<u>2</u> days Loss of Income @ \$ <u>80.00</u> per days	\$	160.00
Total Claims:			\$ 1,261.49

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

- a) Original repair bill and photocopies of photographs 7 pcs
- b) LTA search slip/s of : GBE2918P
- c) GIA / Police report/s of : SH 7044K
- 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.

TAX INVOICE

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

VEHICLE NO: SH 7044K NO/DATE: 91427016 19.02.2019
 MAKE: HYUNDAI JOB NO: 305268571
 MODEL: I-40 ODOMETER READING:
 DATE OF REG: 28.04.2016
 CHASSIS CODE: KMHLB41UMGU087834 JOB TYPE:

Description : 3P 10.02.19

Invoice for Lump Sum Repair

Total Lump Sum Repair Amt.	700.00
Add GST @ 7.000 %	49.00
Total Invoice amount	749.00

Issued by : KATHERINETAN 19.02.2019 14:16:34
 Repair Type : CI/50/57/57
 Payment Type/Term : /Credit 30 days

WHILE TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE THEFT OR ACCIDENTAL DAMAGE THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARE OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND STORED AT OWNERS RISK.

CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND RAISE CLAIMS PRIOR TO DEPARTURE AND NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS IMMEDIATELY. 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 UNPAID OVER DUE AMOUNT TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OR OTHERWISE AS APPLICABLE TO THE TERMS AND CONDITIONS OF THE PERIOD OF DEFAULT.

PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 72 HOURS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER THE COMPANY WILL TREAT THIS INVOICE AS 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: CT19020265

Date: 19 February 2019



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON 10/02/2019 @ 14:50 hrs
ALONG CANBERRA LINK TWDS YISHUN
INVOLVING GBE2918P

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 **SH7044K** (the "Taxi"). The Taxi was hired to **JUMADI BIN HAMID IC NO S1569661C** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$115.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte 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.

LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING
ALONGI 40 SH7044K , GBE2918P
CANBERRA LINK TWDS YISHUN

ON 10-Feb-19 14:50

I / We

JUMADI BIN HAMID

(Hirer) NRIC No.:

S1569661C

and/or

(Relief) NRIC No.:

Taxi Number

SH7044K

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

11-Feb-2019

Name of Hirer

JUMADI BIN HAMID

Hirer NRIC

S1569661C

Signature :



Address

193 EDGEFIELD PLAINS #05-218
820193

Contact No.

93651307

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
GBE2918P	10 Feb 2019 / 14:50:00	Successful	A12	AXA INSURANCE PTE LTD

Previous OK



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/ASM19002816/K1ga3q2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN:KIAN CHUAN

Date : 12-06-2019



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBE 2918P	Veh. Inspected	SH 7044K
Policy No.	VCA/P1836254	Coverage (\$)	0.00
Claim No.	S9M01DMS	Excess (\$)	0.00
Assign From		Assign Date	14/02/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	KMHLB41UMGU087834	Colour	BLUE
Odometer	308251	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	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

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

5. General Information

Accident Date	10/02/2019	Inspection Date	14/02/2019
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
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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. SH 7044K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER (CONSISTENT)	TO REPAIR SEE LABOUR	553.00	-
1	REAR WHEEL HUP-CAP (LH) (CONSISTENT)	TO REPAIR SEE LABOUR	107.10	-
	LESS 20% DISCOUNT		-132.02	-
			528.08	-
SPECIAL NETT ITEMS				
1	REAR BUMPER RUBBER MAT (SN) (CONSISTENT)	NOT NECESSARY	50.00	-
1	REAR DOOR COMFORTDELGRO & APPS STICKER (LH) (SN) (CONSISTENT)	NECESSARY	80.00	80.00
			130.00	80.00
LABOUR				
	PANEL BEATING -REPAIR REAR LH FENDER & REAR LH DOOR .INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR WHEEL HUP-CAP (LH) .		350.00	200.00
	SPRAY PAINTING CHARGE .		750.00	600.00
	WIRING CHARGE.	NOT NECESSARY	30.00	-
	REMOVE/REFIX REVERSE SENSOR .	NOT NECESSARY	80.00	-
	REAR WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,290.00	800.00
GRAND TOTAL			1,948.08	880.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				700.00

Report Ref No. CC4/ASM19002816/K1ga3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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	S9M01DMS
Reference	CC4/ASM19002816/K1pa3a2
Loss Date	10 February 2019
Report Date	14 Feb 2019 9:34:00 AM
Request Date	14 February 2019
Due Date	
Vendor Name	LKK AUTO CONSULTANTS PTE LTD (ITP)
Type of Loss	Third Party Vehicle Damage
Services	Pending verification - Direct Settlement

Actions

Next Step: Wait for Approve Invoice

Add Remarks

Vehicle Information

Incident Vehicle Registration #	SHT044K
Make	TPVD HYUNDAI
Model	140
Service Address	

...

Primary Contact/Insured

THOW YEN FOODSTUFFS PTE LTD
 3017 BEDOK NORTH STREET 5, #02-25/26
 GOURMET EAST KITCHEN, 486121, Singapore
 62465515

Claim Handler

CHIAN Kian Chuan
 6568804269
 kianchuan.chan@axa.com.sg

Additional Instructions

Messages Invoices History Documents Assessment Metrics Notes

Document Type

+ Upload Documents

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
LKKInvoice1 (3).pdf	Invoice	Surveyor/ Assessor expense	LKK AUTO CONSULTANTS PTE LTD (ITP)	14 June 2019

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
LKXInspection (1).pdf	Forms / Claim Documents	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
LKXAdjustment1s (1).pdf	Forms / Claim Documents	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
LKX PHOTO-2.pdf	Forms / Claim Documents	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
LKX PHOTO.pdf	Forms / Claim Documents	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	14 June 2019
INSTRUCTION TO REJECT TP CLAIM.pdf	Letters and Correspondence	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	6 June 2019
REJECTION EMAIL TO TP.pdf	Letters and Correspondence	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	6 June 2019
TP ESTIMATE - MARKED.pdf	Reports & Statement	Estimate / Quotation	LKX AUTO CONSULTANTS PTE LTD (TP)	25 February 2019
GIA REPORT OF SH7044K (TP).PDF	Reports & Statement	GIA Report	KADRI Matern	14 February 2019
GIA REPORT OF GRE271BP (INGD).PDF	Reports & Statement	GIA Report	KADRI Matern	14 February 2019
EMAIL FROM WORKSHOP (THIRD PARTY).msg	Letters and Correspondence	Workshop	KADRI Matern	14 February 2019
P1836254_IH_00004_1.pdf	Forms / Claim Documents	Policy Schedule / Covernote / Certificate of Insurance	CHAN Kian Chuan	14 February 2019
P1836254_CI_00004_1.pdf	Forms / Claim Documents	Policy Schedule / Covernote / Certificate of Insurance	CHAN Kian Chuan	14 February 2019