

15/5/2010

INS. CASE OWNEK:

celine

CC

KSM
AXA1900

3287, 12/13/10

LKK:

IDAC:

Surveyor:

Tunfian

DOI:

ASSIGNMENT

28/1/10

Date / Time:

2/02/10

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

public liability

Claim No.:

S96W1320 / 0074

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

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

Insured Liability:

%

Final ? Yes / No

SUP BROK

INSRS:
WSP:
Tel:
Liability:
RMKS:M.S
panelINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

sup brok - x public liability - x

stamped down

- celine give instruction to K & C 12

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

Cal

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\$

(S x days)

Loss of Income (LOI):

S\$

(S x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$250

WP

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

REF: ARM(CAA)

ASSIGNMENT

Pls call 1 hour before going.

Date: 27/2/19

SLR 6201K 22-8-2017

Insured Co: SLR 6201K
 Insured Vehicle No: 20 anchorvale link
 at Workshop: 20 anchorvale link

Veh No: SLR 6201K
 Type: Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Honda, Vezel
 Colour: Gold
 Sp Reading: 048579
 Insured / Std / NI / NA
 I/Radio: Insured / Std / NI / NA

Policy No:
 Claim No:
 Sum Insured:
 Excess:
 (Client's Record)
 Make of Veh: Hufiz @ 9274 7995

Eng No:
 C/Ho: R41/203175
 Gen Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / STD / STD A/Rim or
 Tyre Size: F: 215/60K16
 R: 215/60K16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or

(Policy Condition)
 Remark: The veh had commenced its repair at the time of inspection.

X	
N/S	O/S

Bal. or Market Value:
 IDAC Accident Report: Consistent? Yes or No
 GIA / PR Seen: Consistent? Yes or No
 Est. Repair: 2 days Res: Yes or No
 Lum Sum: % 3 Val: Yes or No

Front Rear
 R/Bal: 6 mm R/Bal: 6 mm
 L/Bal: 6 mm L/Bal: 6 mm

CA / REV / REP. / 24 HRS

D.O.A. D.O.I. 27/2/19 @ 330pm
 Survey held at: 20 Anchorvale link
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Date: Person Contacted:

Vehicle: IN / OUT

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

M.S. Panel beating

Date / Time Action / Instruction No GIA.

\$ 972.22 x 1,012. x /

R(\$668/417.)

Date/Time, File Pass 697

☐ : Preli. Report
☐ : Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Date/Time, File Return 697

Add Fee: ☐ Site Insp. (\$)
☐ Interview (\$)
☐ Tech. adv (\$)
☐ Weekend (\$)

Report Format:

Lump Sum / LB (\$)

Transportation

5 x PS

Photo

Other

Final

M.S PANEL BEATING WORKSHOP

Co. Reg.No: 53182546M

Scanned with CamScanner

This is a TP case -
against public liability.

VNI
parson @ celine (AXN).
10.30am @ 21/2/19

- arrange m/z
marins



Service Request Details

Claim

S9C01BQD

Reference

None

Loss Date

November 26, 2018

Request Date

February 20, 2019 3:34 PM

Due Date

February 27, 2019

Contract Type

SML

Contract Name

COMMERCIAL PACKAGE PROGRAM

Type of Loss

Third Party General Loss

Services

Accelerated workshop survey

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Service Address

METRO PARKING (S) PTE LTD

1 LORONG 2 TOA PAYOH, #02-01, 319637, Singapore

63347773

LYN@METROPARKING.COM.SG

Claim Handler

GOH Celine

6568804874

celine.goh@axa.com.sg

Additional Instructions

TP quotation is attached. Pls survey vehicle on without prejudice basis.

Messages

Invoices

History

Documents

Notes

New Message



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/ASM19003287/T1jb3s2		
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN: CELINE GOH		Date : 07-06-2019 Code : ASM		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	PUBLIC LIABILITY	Veh. Inspected	SLR 6201K	
Policy No.		Coverage (\$)	0.00	
Claim No.	S9C01BQD	Excess (\$)	0.00	
Assign From	CELINE GOH	Assign Date	21/02/2019	
2. Vehicle Particulars & Condition				
Make & Model	HONDA VEZEL	c.c	0	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	RU11203175	Colour	GOLD	
Odometer	048579	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60R16	MICHELIN	6 mm	
L/H Front Tyre	215/60R16	MICHELIN	6 mm	
R/H Rear Tyre	215/60R16	MICHELIN	6 mm	
L/H Rear Tyre	215/60R16	MICHELIN	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	26/11/2018	Inspection Date	27/02/2019	
Survey held at	20 ANCHORVALE LINK			
Repairer	M.S. PANEL BEATING WORKSHOP			
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

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLR 6201K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	DENTED		
	FRONT BONNET VEZEL (CONSISTENT)		890.00	890.00
	LESS 20% DISCOUNT		-	-178.00
			890.00	712.00
	LABOUR			
	SPRAY PAINTING.		350.00	200.00
	LABOUR CHARGES.		100.00	100.00
			450.00	300.00
GRAND TOTAL			1,340.00	1,012.00
RECOMMENDED COST OF REPAIRS				1,012.00

Report Ref No. CC4/ASM19003287/T1jb3s2

MOHAMAD TAUFIKH**M.MATAI, AMSAE-A****Automotive Assessor****HO LEONG CHUAN****Automotive Assessor**

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