

ASS. RECEIPT

REP

C83/ASM19003856/Gcd307

Record Instruction

Sally Veyo

ASSIGNMENT (Office)

From (Person)

Ben Jun Hong

of

AXA

Date/Time

28/2/2019 @ 4:07pm

Estimated Cost

Bill to:

OD / TP / WS / TP RES / OD RES / EVA / INV / MYTCS

To Inspect Vehicle No

SLG 4826D

Insured

SLV1268E

at Workshop m/s

Monster Tune

Tel

9018 4170

of

25 kaki Blk Rd 4 # 06-37 Synergy

Policy No

Claim No

S9M01FG1

Sum Insured

Excess

Make of Veh

(Client's Record)

D.O.A

18/02/19

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement

Date/Time

10:29am @ 1/3/19

Person Contacted

Demick

Vehicle

IN/OUT

Date/Time

Action/Instruction ( X ) Estimate

SLG 4826D-X

SLV 1268E-X

REF: AXA  
 ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD (TP/WS/TP RES/OD RES/EVA/INV/MV)  
 To Inspect Vehicle No: SLG 48260.  
 at Workshop m/s Monster Tune  
 of SS Kaki Bukit Rd 4 #06-37.  
 Insured: \_\_\_\_\_  
 Policy No. \_\_\_\_\_  
 Claims No. \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record)  
 Make of Veh: 4pm.  
 (Policy Condition)  
 Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No  
 GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No  
 Est. Repairs: 3 days Res.: Yes or No  
 Lum Sum: 20 % 3 Val.: Yes or No  
 CA / REV / REP. / 24 HRS  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SLG 48260 Yr Regn: - / No record  
 Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or  
 Make: Infiniti Q30 1.5 c.c 1461  
 Colour: Silver A/C: Insured / Std / NI / NA  
 Sp. Reading: 59710 T/Radio: Insured / Std / NI / NA  
 Eng/No: \_\_\_\_\_  
 C/No: SJKDAAH154 1011824  
 Gen. Cond: Good / Fair / Poor / Burnt  
 Steering: In order / Jammed / Leaked / Burnt or  
 Brake: In order / Jammed / Leaked / Burnt or  
 Mod: Nil / S/Rim / STD A/Rim or  
 Tyre Size: F: 235/50 R18  
 R: 11  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or  
 Front Rear  
 R/Bal. 6 mm 6 mm  
 L/Bal. 6 mm 6 mm  
 D.O.A. D.O.I. 04-03-19  
 Survey held at w/s 4pm  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction  
 \$ 2000 - \$ 3000

Date/Time, File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time, File Return to?

2)

Report Format : PRS

Lump Sum / L.B.I: (\$)

Days Of Repair: 3

Resurvey No. of Trip: -

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech Invs (\$)

☐ Weekend (\$)

Survey Fee.

Transportation

) S + RS - SI

) Photos

) Others

TOTAL

100

100



## Service Request Details

Claim

S9M01FGI

Reference

CS3/ASM19003856/T1cd3 

Loss Date

February 18, 2019

Report Date

Feb 28, 2019 1:54:15 PM

Request Date

February 28, 2019

Due Date

February 28, 2020

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pre-Repair Survey

### Actions

Next Step

Finish the work

Complete Work

More ▾

### Vehicle Information

Incident Vehicle Registration #

SLG4826D

Model  
INFINITI

### Service Address

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...

### Primary Contact/Insured

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QUAH SUAT HONG (KE XUEFANG)  
6 JALAN TELITI, 537291, Singapore

ryanquah@gmail.com

### Claim Handler

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TAN Jun Hong

junhong.tan@axa.com.sg

Additional Instructions

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

New Message

## Nivitha (LKK Auto)

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**From:** Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>  
**Sent:** Thursday, 28 February 2019 4:07 PM  
**To:** assignments  
**Subject:** FW: Notice to Conduct Pre-repair Survey - Our Ref: SLG 4826/MT/jp/ps - Your Ref: SLV 1268E  
**Attachments:** 1st PRS. AXA - MT.pdf; 20190228132236.pdf

Hi Nivitha,

*TP SMART – pri.*

Thank you.

Best Regards,

**Mei Kwan** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6366 0055 | email: [MeiKwan@lkkauto.com](mailto:MeiKwan@lkkauto.com) | fax: 67414108

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

**From:** Accident@kscgp.com <Accident@kscgp.com>  
**Sent:** Thursday, 28 February, 2019 1:28 PM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>  
**Cc:** jiapei@kscgp.com  
**Subject:** Notice to Conduct Pre-repair Survey - Our Ref: SLG 4826/MT/jp/ps - Your Ref: SLV 1268E

Dear Sirs,

We refer to the subject matter.

Please find the enclosed Notice to Conduct Pre-repair Survey herewith.

Thank you.

Regards,

Sampu

for and on behalf of Mr Gurdeep Singh Sekhon

KSCGP Juris LLP

10 Hoe Chiang Road

#13-03A Keppel Towers

Singapore 089315

Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708

Email: [accident@kscgp.com](mailto:accident@kscgp.com)

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Your Ref : S9M01FGlmc/jh

Our Ref : **SLG 4826D/MT/jp/ps**

Date : 28 February 2019

Fax : **6538 3708**

Tel : **3152 0984**

Email : **jiapei@kscgp.com**

AXA Insurance Pte Ltd

BY EMAIL ONLY

**DATE OF ACCIDENT: 18 FEBRUARY 2019**

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email dated 28 February 2019.

Please be informed that our client is not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our client's list of surveyors as appended below:-

S/No.	Name of Surveyor
1	Ho Joo Loong, Danny
2	Lee Kok Weng
3	Seah Kwang Boon

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our client's list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which our client will commence repairs thereafter without any further notice or reference to you. Please be informed that the said vehicle can be surveyed / inspected at:

Address : Monster Tune  
25 Kaki Bukit Road 4  
#06-37 Synergy @ Kaki Bukit  
Singapore 417800

Contact Person/Tel : Mr Derrick / 9018 4170

Yours faithfully,

*PS*



Address  
 Postcode  
 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? NO  
 Number of vehicles (including own vehicle) involved in the accident 2  
 Was any body injured in the Accident? YES  
 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? YES  
 If Yes, Please state which Police Station  
 Police Station Name BISHAN NEIGHBOURHOOD POLICE CENTRE  
 Police Station Address ROAD: 20 BISHAN STREET 23 , POSTCODE: 579757 , COUNTRY: SINGAPORE  
 Police Station Contact TEL NO: 1800-5529999 - FAX NO: 65561905  
 Was notice of intended Prosecution given? NO  
 If Yes, against whom?

#### Circumstances of Accident

REFER TO SKETCH PLAN

#### 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 SLV1268E  
 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)

SKETCH PLAN

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. The 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 lodgment 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.

**8. Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
  - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - (i) to all Insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.



Policyholder's Signature  
Date & Time:

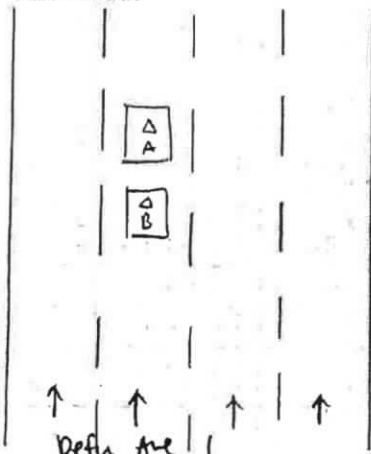
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

# Sketch Plan Pg. 2

## SKETCH PLAN



A = SL 64826D

B = SLV1268 E

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

*[Signature]*

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time:



*[Signature]*

Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

**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

**PRE-REPAIR INSPECTION REPORT**

AXA INSURANCE PTE LTD

Ref: CS3/ASM19003856/Gcd3e2

8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE Date: 05-04-2019  
068811

ATTN : TAN JUN HONG

Code: ASM

**1. Policy Particulars :- (THIRD PARTY CLAIM)**

Insured Veh.	SLV 1268E	Veh. Inspected	SLG 4826D
Policy No.		Coverage (\$)	0.00
Claim No.	S9M01FGI	Excess (\$)	0.00
Assign From	TAN JUN HONG	Assign Date	28/02/2019

**2. Vehicle Particulars & Condition**

Make & Model	INFINITI Q30 1.5	c.c	1461
Engine No.	HIDDEN	Year of Reg.	
Chassis No.	SJKDAAH15U1011824	Colour	SILVER
Odometer	59710 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	235/50 R18	YOKOHAMA	6 mm
L/H Front Tyre	235/50 R18	YOKOHAMA	6 mm
R/H Rear Tyre	235/50 R18	YOKOHAMA	6 mm
L/H Rear Tyre	235/50 R18	YOKOHAMA	6 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.	
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**5. General Information**

Accident Date	18/02/2019	Inspect Date / Time	04/03/2019 ( 04:00 PM )
Survey held at	MONSTER TUNE-25 KAKI BKT RD 4# 06-37		
Repairer	-		

**5a. Remarks**

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$2,000-\$3,000
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**5b. Estimate Days of Repair**

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working Days
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Report Ref No. CS3/ASM19003856/Gcd3e2

**Inspected By**

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEMASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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