

INS. CASE OWNER:

Jas /m

CCP, ASM

1900

5999,

02/3/19

LKK:

108586

Survivor:

Starke

DOB:

ASSIGNMENT

1/1/19

4/4/2019

Pre-assign / CCU / FTE

Yp7701J

"VIRTUAL"

Sgma J4A



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

3/4/2019

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

Yp6624E



INSRS:

WSP:

Tel:

Liability:

RMKS:

VIX



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

18/4

After

Yp7701J, X ; Yp6624E - X

DNR

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)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

27/8/19

250.00

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:

ASSIGNMENT

From: Date: 15/4/19

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: YP 6624 E

at Workshop n/s ✓ FIX AUTO

of 60 Kaki Bukit Ave 6 ARK @

Insured: KRB

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: 9am-10am

Virtual case

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

Bal. or Market Value:

IDAC Accident Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 4 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:

YP 6624 E

Yr Regn:

3/7/17

Type: M.Car / M.Cycle / Bus / Van Lorry Taxi / Prime Mover /

Truck / Trailer or

Make:

Marcedes Benz Atego 1524 cc 6374

Colour:

White

A/C: Insured / Std / NI / NA

Sp. Reading:

72853

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

W0897007820113889

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 275/70R22.5

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 7/7 mm

L/Bal. 7 mm

L/Bal. 7/7 mm

D.O.A. 3/4/17

D.O.L. 15/4/19

Survey held at VFIX

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

MV - 100K

Do Not Finalise

21/8/19. Submit US \$7700.00 with 4 working days.

(Net: \$6834.00 47%)

Date/Time, File Pass to?

☐ : Preli. Report

☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Others

TOTAL

Report Format :

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

SINGAPORE ACCIDENT STATEMENT

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. This 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 lodgement 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.

ACCIDENT STATEMENT

Date Of Report	04/04/2019 12:57
Date Of Accident	03/04/2019 14:25
Exact Location Of Accident	543 YISHUN INDUSTRIAL PARK A
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6624E
Insured/Policyholder	
Name Of Registered Owner	LLMS LOGISTICS PTE LTD
Co Reg No	200818781K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66595316
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	ATEGO 1524 4X2 5360 AUTO ABS
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA380472
Cover Note Number	

Driver

Name of Driver	THANGAVEL SENTHIL KUMAR
NRIC No	G7759318M
Date Of Birth	10/09/1975
Occupation	OUTDOOR
Date Of Driving Pass	05/12/2008
Driving Experience	10 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84311447
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address -
 Postcode
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
 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? NO
 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? NO
 If Yes, Please state which Police Station
 Was notice of intended Prosecution given? NO
 If Yes, against whom?

Circumstances of Accident

ON 03/04/2019 AT ABOUT 2.25PM, MY VEHICLE WAS STATIONARY AT 543 YISHUN INDUSTRIAL PARK A. SUDDENLY, VEHICLE IN FRONT OF ME REVERSED AND HIT ONTO MY PARKED VEHICLE. NO INJURY INVOLVED.

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 YP7701J
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category COMMERCIAL VEHICLE
 Name of Driver MANOJKUMAR VELAYANATHAM
 NRIC/Passport Number
 Contact Number 86708057
 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:

[Handwritten Signature]

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

[Handwritten Signature]

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

V-TX

SKETCH PLAN

A) YP 6624E

B) YP 7701 J



543 Yishun Ind. Park A :

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 03/04/2019 at about 225 pm, my vehicle was stationary at 543 Yishun Industrial Park A. Suddenly vehicle B in front of me reversed and hit on my parked vehicle. No injury involved.

DECLARATION

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



Police Officer's Signature
Date & Time:

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

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

Form 10 (Rev 1) 1-1-2018

M/S AXA INSURANCE (S'PORE) PTE LTD
8 SHENTON WAY 8322 8813
#27-01 AXA TOWER
SINGAPORE 068811

ESTIMATE

DATE : 04/04/2019
ACC DATE : 03/04/2019
REF NO : VFIX - TP20190631
POLICY NO :

Attention: Motor Claim Department

RE : VEHICLE NO YP6624E BENZ ATECO

	DESCRIPTION	UNIT PRICE	AMOUNT S\$
	LIST ITEM		
1	1 FRONT BONNET / NR		4,225.00
2	1 FRONT BONNET HINGE LH X NAI		198.00
3	1 FRONT BONNET LOGO / NR ALC		155.00
4	1 FRONT BONNET EMBLEM (ATECO) / NR ALC		221.00
5	1 FRONT BONNET LOCK X NAI		355.00
6	1 PULL HANDLE LH X NAI		314.00
7	1 FRONT GRILLE TOP / NR (W/ H)		522.00
8	1 FRONT GRILLE LOWER X NAI		588.00
9	1 FRONT GRILLE LOGO / NR		314.00
10	1 FRONT GRILLE PANEL / NR		652.00
11	1 CORNER PANEL LH X NAI		1,102.00
12	1 SIGNAL LAMP LH X ? X NAI		452.00
13	1 FRONT BUMPER CENTER / CMT		1,851.00
14	1 FRONT BUMPER SIDE LH / CMT		755.00
			<hr/> \$ 11,704.00

LABOUR & MISCELLANEOUS:		AMOUNT S\$	
1	To remove damaged body panels with all necessary components/attachments apply hot-works where necessary straighten front panel repair/reshape dented panels in accordance with factory specifications,replace new parts refit align into position refit all necessary components/attachments	600	1,600.00
2	To spray paint replaced/repaired body panels inclusive of preparatory works and painting materials	300	1,200.00
3	To conduct headlamp alignment		30.00
		\$	2,830.00

GRAND TOTAL : \$ 14,534.00

SINGAPORE DOLLARS: FOURTEEN THOUSAND FIVE HUNDRED
& THIRTY FOUR ONLY.

Vfix Auto Pte Ltd

[illegible]

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	8781K
Vehicle Details	
Vehicle No.:	YP6624E
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Apr 2019
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	ATEGO 1524 4X2 5360 AUTO ABS
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	902916C1126310
Chassis No.:	WDB97007820113880
Maximum Power Output:	-
Open Market Value:	\$73,215.00
Original Registration Date:	03 Jul 2017
First Registration Date:	03 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$3,661.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	02 Jul 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$38,501.00
COE Rebate Amount:	\$31,623.00
Total Rebate Amount:	\$31,623.00

The information contained herein is correct as at 15 Apr 2019

OK

Nivitha (LKK Auto)

From: Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>
Sent: Thursday, 4 April 2019 11:58 AM
To: assignments
Subject: FW: ACCIDENT INVOLVING YP6624E & YP7701J ON 03/04/2019
Attachments: NOA.docx

12.56pm @ 4/4/19
Irene
vehicle not in

Hi team

TP smart. Kindly assist.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

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

From: irenelisk@vfixauto.com.sg <irenelisk@vfixauto.com.sg>
Sent: Thursday, 4 April, 2019 9:20 AM
To: SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>
Cc: kentsh@vfixauto.com.sg; SG AXA Insurance SM Claims Service Team <cst@axa.com.sg>
Subject: ACCIDENT INVOLVING YP6624E & YP7701J ON 03/04/2019

Dear Sir

Please find attached copy for your arrangement.

Thanks & Best regards,

Irene Lee

Vfix Auto Pte Ltd

60 Kaki Bukit Ave 6 Ark@KB Singapore 417892 |

E: contact@vfixauto.com.sg |

T: +65 6455 2957 (Line 1) ; +65 6385 4138 (Line 2) ; +65 6448 9268 (Line 3) |

F: +65 6445 2368 |

Vivian Lau (LKKAuto)

From: Vivian Lau (LKKAuto)
Sent: Monday, 26 August, 2019 4:10 PM
To: wskoh@vfixauto.com.sg
Cc: ybsim@vfixauto.com.sg; jessicassy@vfixauto.com.sg; jeffbz@vfixauto.com.sg; alancik@vfixauto.com.sg; Admin A
Subject: Your Ref: YP 6624E, Our Ref: CC4/ASM1905999/Ewa3, ACCIDENT ON 03/04/2019 INVOLVING VEHICLES YP 6624E AND YP 7701J

'WITHOUT PREJUDICE'
SAVE AS TO COSTS

Your Ref: YP 6624E
Our Ref: CC4/ASM1905999/Ewa3

Dear Jason,

ACCIDENT ON 03/04/2019 INVOLVING VEHICLES YP 6624E AND YP 7701J

We refer to the above matter.

We were informed by our principal M/s AXA Insurance Pte Ltd that they have repudiated claim for this accident due to insured had breached the policy terms and conditions .

Please re-direct your client's claim to our insured for redress.

Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement.

Thank you

Best Regards,

Vivian Lau | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-8625 | email: Vivianlau@lkkauto.com | fax: 6741-4108

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

<< Re:Virtual acc - repudiated liab

Type

🔔 Question

Message

Hi, we have repudiated liab. please inform TP and close your file. thanks.

Reply

**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/ASM19005999/Ewa3q2

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

Date : 03-09-2019



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	YP 7701J	Veh. Inspected	YP 6624E
Policy No.		Coverage (\$)	0.00
Claim No.	S9M01J4A	Excess (\$)	0.00
Assign From		Assign Date	04/04/2019

2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ ATEGO 1524	c.c	6374
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	WDB97007820113880	Colour	WHITE
Odometer	72883	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	GOODYEAR	7 mm
L/H Front Tyre	275/70 R22.5	GOODYEAR	7 mm
R/H Rear Tyre	275/70 R22.5 (D)	GOODYEAR	7/7 mm
L/H Rear Tyre	275/70 R22.5 (D)	GOODYEAR	7/7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	03/04/2019	Inspection Date	15/04/2019
Survey held at	VFIX AUTO SERVICE PTE LTD 60 KAKI BUKIT AVE 6, ARK@KB, 417892 KAKI BUKIT SINGAPORE 417892		

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:	4 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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. YP 6624E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BONNET (CONSISTENT)	BROKEN	4,225.00	4,225.00
1	FRONT BONNET HINGE LH (CONSISTENT)	NOT NECESSARY	198.00	-
1	FRONT BONNET LOGO (CONSISTENT)	NECESSARY	155.00	155.00
1	FRONT BONNET EMBLEM (ATECO) (CONSISTENT)	NECESSARY	221.00	221.00
1	FRONT BONNET LOCK (CONSISTENT)	NOT NECESSARY	355.00	-
1	PULL HANDLE LH (CONSISTENT)	NOT NECESSARY	314.00	-
1	FRONT GRILLE TOP (CONSISTENT)	BROKEN	522.00	522.00
1	FRONT GRILLE LOWER (CONSISTENT)	NOT NECESSARY	588.00	-
1	FRONT GRILLE LOGO (CONSISTENT)	BROKEN	314.00	314.00
1	FRONT GRILLE PANEL (CONSISTENT)	BROKEN	652.00	652.00
1	CORNER PANEL LH (CONSISTENT)	NOT NECESSARY	1,102.00	-
1	SIGNAL LAMP LH (CONSISTENT)	NOT NECESSARY	452.00	-
1	FRONT BUMPER CENTER (CONSISTENT)	CUT	1,851.00	1,851.00
1	FRONT BUMPER SIDE LH (CONSISTENT)	CUT	755.00	755.00
			11,704.00	8,695.00
LABOUR				
	TO REMOVE DAMAGED BODY PANESL WITH ALL NECESSARY COMPONENTS /ATTACHMENTS APPLY HOT-WORKS WHERE NECESSARY STRAIGHTEN FRONT PANEL REPAIR /RESHAPE DENTED PANELS IN ACCORDANCE WITH FACTORY SPECIFICATIONS ,REPLACE NEW PARTS REFIT ALIGN INTO POSITION REFIT ALL NECESSARY COMPONENTS/ATTACHMENTS.		1,600.00	600.00
	TO SPRAY PAINT REPLACED/ REPAIRED BODY PANELS INCLUSIVE OF PREPARATORY WORKS AND PAINTING MATERIALS.		1,200.00	300.00
	TO CONDUCT HEADLAMP ALIGNMENT.		30.00	30.00
			2,830.00	930.00
GRAND TOTAL			14,534.00	9,625.00
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				7,700.00

Report Ref No. CC4/ASM19005999/Ewa3q2



Report Ref No. CC4/ASM19005999/Ewa3q2

A handwritten signature in black ink, appearing to read 'Chen Tsue Yee'.

CHEN TSUE YEE

Automotive Assessor

A handwritten signature in black ink, appearing to read 'Ho Leong Chuan'.

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

59H01JAA

Reference

CCA/ASM19005999/Ewa3q2

Loss Date

3 April 2019

Report Date

4 Apr 2019 10:04:43 AM

Request Date

4 April 2019

Due Date

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Vehicle Information

Incident Vehicle Registration #

YP6624E

Make

TPND

Model

UNKNOWN

Service Address

Actions

Next Step

Wait for: Approve Invoice

Add Invoice

Primary Contact/Insured

SAM SIAM EXPRESS LOGISTICS PTE. LTD.

364 YISHUN RING ROAD, #01-15&2 YISHUN GLORY, 760364, Singapore

63380083

INSURANCE@VIRTUALINVEST.BIZ

Claim Handler

TAN Jas


6568804844

jas.tan@axa.com.sg

Additional Instructions

NON-REPORTED

Messages	Invoices	History	Documents	Assessment	Mobiles	Notes
Document Type		Document SubType				
<div>Upload Documents</div>						
NAME		TYPE	SUB-TYPE	AUTHOR		DATE UNLOADED
LKKInvoice1 (1).pdf		Invoice	Surveyor/ Assessor expense	LKK AUTO CONSULTANTS PTE LTD (TP)		13 September 2019

 LKK Inspection (7).pdf	Forms / Claim Documents	2019 Type Others	LKK AUTO CONSULTANTS PTE LTD (TP)	13 September 2019
 LKK Adjustment 1a.pdf	Forms / Claim Documents	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	13 September 2019
 Email to workshop AXA requested claim 26.8.pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	26 August 2019
 TP ESTIMATE - MARKED.pdf	Reports & Statement	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	17 April 2019
 TP GIA REPORT.pdf	Reports & Statement	GIA Report	LKK AUTO CONSULTANTS PTE LTD (TP)	17 April 2019
 LKK SURVEY PHOTO.pdf	Forms / Claim Documents	Assessment	LKK AUTO CONSULTANTS PTE LTD (TP)	17 April 2019
 LA.pdf	Forms / Claim Documents	Assessment	LKK AUTO CONSULTANTS PTE LTD (TP)	17 April 2019
 TP VFOX-PRI FROM WORKSHOP.msg	Letters and Correspondence	Workshop	KUMAR Shalindra	4 April 2019