

INS. CASE OWNER:

LKK:

IDAC:

INS. CASE OWNER: KE S3 CC 4 Asm 1900 7274 Ua3 12412

Surveyor: mapus DOI: 24/4/19 Date/Time: 24/4/19

Registered in Merimen: 59m01167H

Pre-assign / CCU / FTE



Insured Vehicle No. : G881482

Name of Insured : BSRIC

Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_

Excess Sec II :SS \_\_\_\_\_ D.O.A : 17/4/19

Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_

Claim No. : \_\_\_\_\_

Policy No. : \_\_\_\_\_

Make / Model : \_\_\_\_\_

Place 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

SMA 4016 U

INSRS: Acc Auto/Insur.

WSP: \_\_\_\_\_

Tel: \_\_\_\_\_

Liability: \_\_\_\_\_

RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_

WSP: \_\_\_\_\_

Tel: \_\_\_\_\_

Liability: \_\_\_\_\_

RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_

WSP: \_\_\_\_\_

Tel: \_\_\_\_\_

Liability: \_\_\_\_\_

RMKS: \_\_\_\_\_



INSRS: \_\_\_\_\_

WSP: \_\_\_\_\_

Tel: \_\_\_\_\_

Liability: \_\_\_\_\_

RMKS: \_\_\_\_\_

Date/Time

SMA 4016 U - x G881482 - xTO GET OI LOA.

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: 20/5/19

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:

PROBATIONARY SERVICE 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: % 100 (Agreed / Assessed) BOLA S/N No. : 24

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\$ \_\_\_\_\_

Legal Cost

S\$ \_\_\_\_\_

Total:

S\$ \_\_\_\_\_

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

S\$ \_\_\_\_\_

Name 1:

Payee 2: (Sir/ke if P.A.)

S\$ \_\_\_\_\_

Name 2:

Payee 3: (Sir/ke if P.A.)

S\$ \_\_\_\_\_

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

(08/11/13) web

ASS. REC. BY: Marcus

REF:

**ASSIGNMENT**

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

**CA / REV / REP. / 24 HRS**

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

Yr Regn:

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

Truck / Trailer or

Make:

c.c

Colour:

A/C: Insured / Std / NI / NA

Sp. Reading:

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

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:

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

Survey held at

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

COR 11-1-2024

6-7/2.

25/4/2019 Dishamble

26/4/2019 After Repair

Date/Time, File Pass to?

☐

Preli. Report

☐

Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

) S + RS, SI

☐

Interview (\$

) Photos

☐

Tech. Invs (\$

) Others

☐

Weekend (\$

)

Report Format :

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

TOTAL

## Nivitha (LKK Auto)

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**From:** Mei Kwan (LKKAuto) <Meikwan@lkkauto.com>  
**Sent:** Wednesday, 24 April 2019 10:05 AM  
**To:** assignments  
**Subject:** RE: SMA4061U D.O.A 17/4/19  
**Attachments:** 23042019174324-0001.pdf

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](mailto:MeiKwan@lkkauto.com) | fax: 67414108

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

**From:** Ace Autolution <admin@aceauto.com.sg>  
**Sent:** Tuesday, 23 April, 2019 5:35 PM  
**To:** SG AXA Insurance SM AXA SGP - Motor Survey <motor.survey@axa.com.sg>  
**Subject:** SMA4061U D.O.A 17/4/19

Hi ,

Please take noted the attached file for your reference .  
Thank you .

Regards ,

Anna / Shu Wen

ACE AUTOLUTION PTE LTD

13 KAKI BUKIT ROAD 4 ,

#03-29 BARTLEY BIZ CENTRE

SINGAPORE 417807

Tel : 6844 1184 / 9657 2134

SMA4061U - TP (AXA)

Veh In  
Marcue

## Report Remarks Entry - CC4/ASM19007274/Ufa3

Remarks

Remarks

MARCUS CALLED IN\*\*\*\*\*THIS CASE PRS -NO EST

Add

New remarks Added

Remarks 1	By	On
<input type="checkbox"/> SMA 4016U ; GBB 148Z	HMK	24/4/2019 7:51:01 PM
<input type="checkbox"/> EST : \$ --- SUR : CKS --- WKSP : ACE AUTO SOLUTION	HMK	29/4/2019 7:43:56 PM
<input type="checkbox"/> S9M01KNH // 112412 // KC // 24/4/19	HMK	24/4/2019 7:51:23 PM
<input type="checkbox"/> Services Pending verification - Direct Settlement	HMK	24/4/2019 7:51:27 PM
<input type="checkbox"/> 25/4/19 11:16 AM *** REQ DOC *** Message INSURED DRIVER LETTER OF EMPLOYMENT/ LETTER OF AUTHORIZATION. - CHAN Kian Chuan	HMK	25/4/2019 11:58:10 AM
<input type="checkbox"/> PENDING EST	HMK	29/4/2019 7:43:54 PM
<input type="checkbox"/> FILE PASS TO VIC	HMK	2/5/2019 9:58:43 AM
<input type="checkbox"/> 220519 File pass to Jia Le to call OID and get LOA.-Vic	VAS	22/5/2019 2:54:07 PM
<input type="checkbox"/> INFORMED OID ABOUT TP CLAIM AND AWARE NCD ISSUES. EMAIL TO OID TO REQUEST LOA	CJL	28/5/2019 10:14:08 AM
<input type="checkbox"/> 070619 File transferred to Poh Kin to handle.-Vic	VAS	7/6/2019 1:37:30 PM
<input type="checkbox"/> ***PENDING COR FINALIZATION	VAS	7/6/2019 1:37:49 PM
<input type="checkbox"/> MARCUS CALLED IN*****THIS CASE PRS -NO EST	LSP	28/6/2019 12:10:01 PM

## Jia Le (LKK Auto)

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**From:** Jia Le (LKK Auto)  
**Sent:** Thursday, 23 May 2019 3:06 PM  
**To:** ESRIC@YAHOO.COM  
**Subject:** ACCIDENT INVOLVING GBB148Z AND SMA4016U ALONG CTE (CITY) BEFORE PIE EXIT ON 17/04/2019

Dear Sir/ Mdm

**OUR REF : CC4/ASM19007274/Uha3**  
**YOUR REF : GBB148Z**  
**ACCIDENT INVOLVING GBB 148Z AND SMA 4016U ALONG CTE (CITY) BEFORE PIE EXIT ON 17/04/2019**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Singapore Pte Ltd to deal with the third party claim against your policy.

We have received a claim from Ace Autolution Pte Ltd acting on behalf of the owner of SMA 4016U against your motor insurance policy.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to [JiaLe@lkkauto.com](mailto:JiaLe@lkkauto.com) within 10 days if not provided at our reporting centre. The list below is not all inclusive and further document may be required:

- Letter of Authorisation / Letter of Employment
- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without our prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6749 5792 or email us at [JiaLe@lkkauto.com](mailto:JiaLe@lkkauto.com).

Please quote the claim reference when you contact us that we can assist you more effectively.

Best Regards,

**Carlor Chan** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6749 5792 | email: [Jiale@lkkauto.com](mailto:Jiale@lkkauto.com) | fax: 6741-4108

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


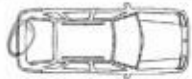
**LKK Auto Consultants Pte Ltd**

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/ASM19007274/Ua3s2		
8 SHENTON WAY #24-01		Date: 03-07-2019		
AXA TOWERSINGAPORE 068811				
ATTN: KIAN CHUAN		Code: ASM		
<b>1. Policy Particulars :- (THIRD PARTY CLAIM)</b>				
Insured Veh.	GBB 148Z	Veh. Inspected	SMA 4016U	
Policy No.	GA336377/1	Coverage (\$)	0.00	
Claim No.	S9M01KNH	Excess (\$)	0.00	
Assign From	KIAN CHUAN	Assign Date	24/04/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HONDA STREAM (A)	c.c	1799	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	RN61069327	Colour	GREY	
Odometer	140889 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	205/65R15	KUMHO	6 mm	
L/H Front Tyre	205/65R15	KUMHO	6 mm	
R/H Rear Tyre	205/65R15	KUMHO	6 mm	
L/H Rear Tyre	205/65R15	KUMHO	6 mm	
<b>4. Description of Damages</b>				
THW VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
<b>5. General Information</b>				
Accident Date	17/04/2019	Inspect Date / Time	24/04/2019 ( 12:47 PM )	
Survey held at	ACE AUTO SOLUTION 23 KAKI BUKIT AVE 4, #04-01 (SOUTH WING) SINGAPORE 415933			
<b>5a. Remarks</b>				
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 \$6,000-\$7,000				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		

Report Ref No. CS3/ASM19007274/Ua3s2

Inspected By



CHUA KANG SENG

Licensed Appraiser



K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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