

ASSIGNMENT

Surveyor:

MTH

DOI:

15/5/19

Date / Time:

8/5/2019

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SME 5046E

Name of Insured:

Wong Wei Chi BEUNDA

Insured Tel No.:

HP:

615/19

Excess Sec II : \$5

D.O.A.:

Is driver the owner?

(YES / NO)

Nature of Accident:

Claim No.:

Sgm 01MNB

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

SLP 7344K



INSRS:

WSP:

Tel:

Liability:

RMKS:

76 Autoclone



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SLP 7344K. 05/11/19 22:01/11/19 17:19
SME 5046E. X

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:

* TP video uploaded in SMART.

9/5/19
-klanchu-Spoke to OI. OI confirm change filter line
at Informal OI on TP claim, agreed to settle
and advise NCD will be affected.

-Sent e-mail to v/lkup.

20/6/19

Seek mandate via SMART

12/7/19

Mandate approve via SMART

PRELIMINARY ADVICE

Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

\$5

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

15/7/19. Confirm with Shawn.

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

\$5 3811.16

COI FILTER / CHANGE LAMP

Loss of Rental (LOR):

\$5

(

days)

Loss of Use (LOU):

\$5 300.00

(562 x 5 days)

Loss of Income (LOI):

\$5

(3 x days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

\$5

Medical:

\$5

Disbursement:

\$5

(e.g. Tow/ Independent)

Legal Cost

\$5

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

\$5 4111.16

Global Sum \$5:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5

Name 1:

TC Autoclone Pte Ltd

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

Surveyor: *Taufik*

REF:

ASm (AXA)

8086/110

ASSIGNMENT

From:

Date: 15.5.2019

Estimated Cost:

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

To Inspect Vehicle No: SLP 7344 K

at Workshop m/s TC Autoclinic

of 25 Long Kee Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

10.00-12.00 PM

(Policy Condition)

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



Bal. or Market Value:

\$80K.

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

S

days

Res:

Yes or No

Lum Sum:

2.8.7

%

3 Val:

Yes or No

CA / REV / REP. / 24 HRS

"w/p"

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SLP 7344 K

Yr Regn:

2017, June

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

Truck / Trailer or

Make:

Nissan Qashqai

cc 1197

Colour:

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading:

26302

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

CSNFEA JH41955314

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:

215/60R17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

15/5/19

Survey held at

TC Autoclinic Long Kee

Des. of Damages: ☐ Fnt / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or

o/s Front

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

Date / Time

Action / Instruction

20/6/19

Confirm 2.B.2 \$3561.83 with 5 working days

(Ref = \$3207.50
47%)

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

1) \$ + RS. 04

2) Photos

3) Others

4) TOTAL

Report Format :

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

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO : 67038511
REFERENCE : 053/IC/TCAC/CCR/2019
DATE : 07-MAY-2019

AXA INSURANCE PTE LTD
8 SHENTON WAY
#27-01 AXA TOWER
S(068811)
TEL : 68804741
FAX : 68804838
ATTN:MOTOR CLAIM MANAGER VALENCIA

OWNER'S NAME : MR QUEK CHOR CHYE
ADDRESS : 250 LORONG CHUAN
#13-01
S(556748)
TELEPHONE NO : 96864275

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM
POLICY NO : 1700017364-01
VEHICLE NO : SLP7344K
MODEL CODE : FRLARBZJ11UEA--A--
MODEL/YEAR : NISSAN QASHQAI 1.2
ENGINE NO : HRA2426286A
CHASSIS NO : SJNFEAJ11U1958314
MILEAGE : 26081 KM
DATE IN : 07/05/2019
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : SHAWN CHUA CHU RONG
ACCIDENT DATE : 06/05/2019

Tanj. LK @ 97495719.
WP
15/5/19 @ 1050
Resurvey before paint
05 days
surellikantowm.

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:

Signature:

Date:

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SLP7344K

S/NO JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1 RPI	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	240.00	120
2 SEAL1	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	200.00	X
3 WAPI	ELECTRONIC 4 WHEEL ALIGNMENT & ADJUST STRG ANGLES TO STANDARD SPECIFICATION- PASSENGER	93.00	/
4 ZZ/001	REPLACE FRONT BUMPER,RIGHT GHEADLAMP,FRONT RIGHT FENDER & TRIM,FRONT RIGHT DOOR,RIGHT WING MIRROR		625
5 ZZ/002	COVER ETC REPAIR PANELS	250 1000.00	
6 ZZ/003	REPLACE FRONT RIGHT RIM & CAP	30.00	✓
7 ZZ/004	RESPRAY FRONT BUMPER,FRONT RIGHT FENDER,FRONT RIGHT DOOR,RIGHT WING MIRROR COVER ETC	200 1000.00	700
8 ZZ/005	OC. RETUNE & CONSULT CHECK		
9 ZZ/006	COMPLIMENTARY WASH & VACUUM		
	TOTAL LABOUR CHARGES	2563.00	

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SLP7344K

		DAMAGED PARTS & PRICES		
S/NO	PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST S/NETT REMARKS
1	WHEEL CAP	40342-BR01A		32.90 X <i>ny</i>
2	FRONT RIGHT RIM	00300-4EA1B		1231.90 <i>at</i>
3	FENDER TRIM	63810-4EA0A	483.00	<i>at</i> 386.40
4	RIGHT WING MIRROR COVER	96373-4EA8E	105.70	<i>Rx</i>
5	DOOR TOP CHROME MOULDING	80282-4EA1B	100.70	X
6	DOOR CENTER MOULDING	80820-4EA0A	188.90	X } <i>nx</i>
7	DOOR B-PILLAR TAPE	80812-4EA0A	29.90	X }
8	FRONT RIGHT DOOR	H0100-HV0MA	1104.80	<i>Rx</i>
9	FRONT RIGHT FENDER	F3100-4EAMB	622.70	<i>bl</i> 498.16
10	RIGHT BUMPER BRACKET	62222-4EA0A	20.90	X <i>ny</i>
11	FRONT BUMPER	62022-4EA0H	614.60	<i>Rx</i>
12	RIGHT HEADLAMP	26010-4EA0A	559.00	X <i>ny</i>
SUB TOTAL			3830.20	0.00 1264.80
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)			766.04	0.00 0.00
GRAND TOTAL			3064.16	0.00 1264.80
OVERALL TOTAL			4328.96	

LEGEND: REMARKS(OK) = APPROVED, REMARKS(X) = NOT APPROVED

ny

TC AUTOCLINIC PTE LTD
25 LENG KEE ROAD
SINGAPORE 159097

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SLP7344K

TOTAL LABOUR CHARGES	2563.00
TOTAL SPARE PARTS CHARGES	4328.96

GRAND TOTAL	6891.96 *

* All charges do not include GST.

SURVEYOR'S PARTICULARS

NAME	:	
SURVEYED DATE	:	
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	0.00
LIABILITY	:	0.00
REMARKS	:	

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

2021 23



Service Request Details

Claim

S9M01MNB

Reference

None

Loss Date

6 May 2019

Report Date

7 May 2019 4:00:00 PM

Request Date

8 May 2019

Due Date

15 May 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

Person: Shawn
Time: 11.00a.m
V: Out
E: ✓

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SLP7344K

Model

NISSAN QASHQAI

Service Address

...

Primary Contact/Insured

WONG WEI CHI BELINDA
23 LORONG 3 TOA PAYOH, #18-09, 319582, Singapore
96818413
BEKINDAWONG13@GMAIL.COM

Claim Handler

OH Vale
6568804897
vale.oh@axa.com.sg

Additional Instructions

Messages Invoices History Documents Assessment Metrics Notes

New Message

Khanchna (LKK Auto)

From: Khanchna (LKK Auto)
Sent: Thursday, 9 May 2019 5:57 PM
To: shawnychua@tanchong.com; kelvinheng@tanchong.com
Cc: Hsiao Tong (LKKAuto); Admin A
Subject: Accident Involving SLP7344K & SME5046E On 06/05/19 *** LKK REF: CC4/ASM19008086/pa3

Tracking:	Recipient	Delivery
	shawnychua@tanchong.com	
	kelvinheng@tanchong.com	
	Hsiao Tong (LKKAuto)	
	Admin A	
	Meikwan@lkkauto.com	Delivered: 9/5/2019 5:57 PM
	shupeil@lkkauto.com	Delivered: 9/5/2019 5:57 PM
	olivialau@lkkauto.com	Delivered: 9/5/2019 5:57 PM

Your Ref: SLP7344K
Our Ref: CC4/ASM19008086/pa3

Without Prejudice

Dear Sirs/Madam,

ACCIDENT INVOLVING SLP7344K & SME5046E ON 06/05/19

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both parties, the liability is clear / under BOLA (subject to BOLA guideline settlement) and shall proceed with direct settlement for the above mentioned case.

Please note that this e-mail is on without prejudice basis which does not amount to an authorisation of repair to your client's vehicle.

The final repair cost is subjected to the consistency of the damages according to the nature of the accident.

And the days of LOU/ LOR will be based on the number of days of repair as recommended by our surveyor.

Please note that all finalisation subject insurer's approval.

"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,
Khanchna Case Handler
LKK Auto Consultants Pte Ltd
DID: 6841 2360 | email: Khanchna@lkkauto.com | Fax: 6741-4108

<< RE: Re:TP MANDATE IA- S9M01MNB

Type

🔔 Question

Message

Hi Vivian, noted to proceed as proposed quantum. Thanks

[Reply](#)

Letter of Claim for Third Party

Insurance Company: AXA Insurance Pte Ltd
Address: 8 Shenton Way
#27-01 AXA Tower
5068811

Date:

Attention: Claims Department - Motor Claims Manager

Dear Sir/Madam,

Subject: Accident involving vehicle number SLP 7344 K & SME 5046 E at CTE
to Ang Mo Kio after Exit 8B on 06-05-19.

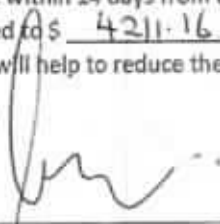
I am the owner of vehicle number SLP 7344 K which was involved with the accident as mentioned above. As the accident was solely caused by your insured vehicle bearing registration number SME 5046 E, I hereby submit my claim against your company for the uninsured loss which are as follows:

Excess Payment for OD Claim	\$ <u> </u>
Loss of Use (\$\$ <u>80</u>) for <u>5</u> days	\$ <u>400</u>
Car Rentals as per invoice attached	\$ <u> </u>
Search Fee	\$ <u> </u>
Cost of Repair	\$ <u>3811.16</u>
Others <u> </u>	\$ <u> </u>
Total Claim Amount	\$ <u>4211.16</u>

Enclosed please find copies of GIA report, invoices & certificate of insurance for your necessary review.

Kindly reply me within 14 days from the date hereof or alternatively let me have the full & final settlement for all uninsured loss which amounted to \$ 4211.16, failing which I will have to recover all losses via legal action. Please also note your prompt action will help to reduce the claim cost.

Yours sincerely



Name:

Address:

Tel No:

Khanchna (LKK Auto)

From: Khanchna (LKK Auto)
Sent: Thursday, 9 May 2019 5:48 PM
To: belindawong13@gmail.com
Subject: ACCIDENT INVOLVING SME5046E AND SLP7344K ALONG CTE TOWARD SLE BEFORE BRADDELL ROAD EXIT ON 06/05/2019

MS. WONG WEI CHI BELINDA

Dear Madam,

OUR REF : CC4/ASM19008086/pa3
YOUR REF : SME5046E
ACCIDENT INVOLVING SME5046E AND SLP7344K ALONG CTE TOWARD SLE BEFORE BRADDELL ROAD EXIT ON 06/05/2019

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 Pte Ltd** to deal with the third-party claim against your policy.

We have received a claim from M/s **TC AUTOCLINIC PTE LTD** acting on behalf of the owner of SLP7344K against your motor insurance policy.

Based on the accident report and accident, it was reported that your vehicle had collided to the Third Party vehicle SLP7344K.

As such, liability is down against us.

Please be informed that your No Claim Discount (NCD – if applicable) 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 7 days from the date of this letter.

Your full co-operation in the handling of the claim is required and kindly submit the following to khanchna@lkkauto.com within 7 days from the date of this letter **if not provided at AXA's reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Authorization Letter for the Driver to drive the vehicle
- Driver's driving license or foreign driving license
- Driver's work permit/pass
- 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 AXA's 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 6841 2360 or email us at khanchna@lkkauto.com.

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

Best Regards,

Khanchna | Case Handler

LKK Auto Consultants Pte Ltd

DID: **6841 2360** | email: Khanchna@lkkauto.com | Fax: 6741-4108

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



LETTER OF AUTHORITY AND INDEMNITY

- ☐ Tan Chong Motor Sales Pte Ltd, 913, Bukit Timah Road, Singapore 589623
☐ Tan Chong Motor Sales Pte Ltd, 17, Lorong B, Toa Payoh, Singapore 319254
☐ Autolution Industrial Pte Ltd, 19, Ubi Road 4, Singapore 408623
☒ TC Autoclinic Pte Ltd, 25, Leng Kee Road, Singapore 159097
☐ TC Autoclinic Pte Ltd, 1, Sixth Lok Yang Road, Singapore 628099

Type of Claim:

- ☒ Third Party (Direct Settlement)
☐ Own Damage (Recovery Claim)

ACCIDENT INVOLVING VEHICLE REGISTRATION No. SF 7344 K AND SME 5046 E
ON 06-05-19 AT CTE to Ang Mo Kio after Exit 8B

1. I, the owner of vehicle no. SF 7344 K hereby instruct you and authorise you to act for me with respect to the following: -
- (a) To submit my claims for all losses including uninsured loss, rental car charges, medical fees, excess payment and cost of repairs.
 - (b) To settling my claim as they deem fit, including settling the matter on basis of my contributory negligence if any.
 - (c) To receive payment for settlement of my claim where all payment is to be made payable to the repair workshop for cost of repairs and other uninsured losses.
 - (d) To sign discharge voucher on my behalf.
2. I further acknowledge that any settlement that workshop may reach on my behalf is on a without prejudice basis and without admission of liability basis insofar as the driver/owner/insurers of the other vehicle is concerned.
3. In the event that I am required to attend meetings, interviews, court and/or provide statements or any information in connection with my claim, I shall render full cooperation.
4. In the event that my claim against the third party or his insurers is not successful or cannot be proceeded with or if any settlement is not honoured or satisfied by the third party or his insurers, I authorise you to revert to my own insurers for the cost of repairs and any losses recoverable under my policy of insurance. In this respect, I understand and accept that the excess amount applicable under the policy of insurance shall be borne by me.
5. If for whatever reason, my insurers reject my claim for indemnity for the cost of repairs and/or any other losses recoverable under the policy of insurance or make an offer to pay less than the amount claimed by you, I agree and undertake to pay the difference between what was claimed and paid out by the insurers or the full amount of my repair bill and survey fees and any other expenses reasonably incurred on my behalf or to pay you the difference in amount, as the case may be.
6. I undertake to state truthfully and to make full and frank disclosure of all facts leading up to and of the accident and of any action and/or omissions in connection with my part in the accident. If any facts stated are inaccurate and my claim cannot be paid out or fails, I agree that I shall be liable to you for the repair and other costs incurred by you.
7. I further undertake to sign any document or discharge voucher that is required for the purposes of my claim and if as a result of my failure to do so, my claim cannot be paid out or is delayed, I agree that I shall be liable to you for the repair and other costs incurred by you.
8. I understand that the claim for loss of use of my vehicle will be based on the number on the days estimated by the surveyor in his report for the required repair. The actual number of days may be more due to unavailability of parts, weekend, holidays and other operational exigencies and I accept that it may not be possible to claim for these extra days. In addition, any contributory negligence part of my claim can also affect portion of my claim for loss of usage.
9. I shall keep you informed of any correspondence and/or summons that I may receive in connection with the accident before agreeing to pay or receive any monies due under this claim.
10. In the event, the insurers pay the claimed amount to me instead of you, I will inform you as soon as possible and reimburse you for the repair and other costs incurred by you.
11. For successful recovery of upfront Excess payment by claimant, the workshop shall effect refund accordingly to the mode of upfront payment.
- a) For upfront Excess payment by credit card, the refund shall be credited to the respective Credit Card Account via Credit Card Company handling the transaction.
 - b) For Excess payment by cash, the workshop shall refund the amount to the claimant via cheque payment.

Claimant's Particulars		Authorized Workshop	
Name	<u>Quek Chor Chye</u>	Company Name	<u>TC Autoclinic Pte Ltd</u>
Address		Claim Officer's Name	<u>Sharon Chye</u>
Telephone No	<u>96864276</u>	Telephone No	<u>96450023</u>
Date		Date	
Company Stamp [For Co Regn Vehicle]	Authorized Signature 	Claim Officer Signature 	



AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SME 5046E (Insd veh)	Model: <u>MUSAN BA SHDRI-1197cc</u>
	SLP 7344K (TP veh)	
Date of Accident/ Time:	06/05/2019	

Repair Estimate	: \$	<u>7,324.40</u>	
Final Repair Cost	: \$	<u>3,811.16</u>	
Loss of Use	: \$	<u>300.00</u>	<u>05</u> days at \$ <u>60.00</u> per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$		
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	<u>4,111.16</u>	
Payee Name: <u>TC AUTOCLINIC PTE LTD</u>			
Is Third Party Workshop GIA Registered? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (Kindly indicate below)			
A)	For Non GIA Registered Workshop:	Agreed Liability _____ (%)	
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/No BOLA Scenario No: <u>15</u>	
	BOLA Liability: <u>100</u> (%)	Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks:			

NOTE:

1. PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
2. THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTFEASOR IN ANY MANNER WHATSOEVER.
3. AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are *not received within 7 days* of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a **full and final settlement** that we and or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the **authority** of our client to act for and on their behalf in this accident.

 Signature of workshop representative / Workshop stamp Name of Representative: <u>Shawn Chua</u> Date: <u>15-07-19</u>	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: <u>WTH</u> Date: <u>15/7/19</u>
 Signature of AXA's supervisor/representative: Name of AXA's supervisor/representative: Date: <u>15/7/19</u>	

TAX INVOICE

CO. REG: 19-9105199-R

NAME : AXA INSURANCE PTE LTD
ADDRESS : 8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : FRLARBZJ11UEA--A--
CHASSIS NO : HRA2426286A
VEHICLE NO : SJNFEAJ11U1958314
SLP7344K

INVOICE NO :
INVOICE DATE : WE2102937
TERMS : 04-JUN-2019
DATE REC'D : CREDIT
SA/SE : 15-MAY-2019
JOB NO : CCR
MILEAGE : EG153923
YOUR REFERENCE : 026081
053/IC/TCAC/CCR/2019

ITEMS	JOB DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1	LABOUR PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL			120.00
2	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA			NC
3	ELECTRONIC 4 WHEEL ALIGNMENT & ADJUST STRG ANGLES TO STANDARD SPECIFICATION- PASSENGER			93.00
4	REPLACE FRONT RIGHT FENDER, TRIM, REPAIR FRONT BUMPER, RIGHT WING MIRROR COVER, FRONT RIGHT DOOR			625.00
5	REPLACE FRONT RIGHT RIM			30.00
6	RESPRAY FRONT BUMPER, FRONT RIGHT FENDER, FRONT RIGHT DOOR, RIGHT WING MIRROR COVER			700.00
	SUBTOTAL			1568.00
1	PARTS FENDER TRIM			386.40
	Qty:1 @ \$483.00 each (Disc:20.00% After Disc:\$386.40each)			
2	FRONT RIGHT RIM			1231.90
	Qty:1 @ \$1231.90 each (Special Nett Item)			
3	FRONT RIGHT FENDER			498.16
	Qty:1 @ \$622.70 each (Disc:20.00% After Disc:\$498.16each)			
	SUBTOTAL			2116.46

DOLLARS:

WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this Invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this Invoice must be made within seven (7) days from the date of this Invoice, otherwise it shall be assumed that this Invoice has been accepted as correct and conclusive.

CUSTOMER

TO SECURITY GUARD

PLEASE TEAR ALONG PERFORATED LINE

DATE

TIME

VEHICLE NO :

RELEASE BY

TAX INVOICE

CO. REG: 19-9105199-R

NAME :
ADDRESS : AXA INSURANCE PTE LTD
8 SHENTON WAY
TELEPHONE : #27-01 AXA TOWER S(068811)
MODEL : 68804741
ENGINE NO : FRLARBZJ11UEA--A--
CHASSIS NO : HRA2426286A
VEHICLE NO : SJNFEAJ11U1958314
SLP7344K

INVOICE NO :
INVOICE DATE : WE2102937
TERMS : 04-JUN-2019
DATE REC'D : CREDIT
SA/SE : 15-MAY-2019
JOB NO : CCR
MILEAGE : EG153923
YOUR REFERENCE : 026081
053/IC/TCAC/CCR/2019

ITEMS	JOB DESCRIPTION	AMOUNT
1	REMARKS ACCIDENT INVOLVING SLP7344K & SME5046E ON 06/05/19 AT CTE TO ANG MO KIO AFTER EXIT 8B	
2	3RD PARTY & LOSS OF USE CLAIM AGAINST AXA VIA TCAC	
3	SURVEYED BY MR TAUFIKH FROM LKK ASSIGNED BY AXA LKK REF: CC4/ASM19008086/PA3	
4	OUR REF: SLP7344K	
5	ATTACHED DIRECT SETTLEMENT EMAIL BY MR/MS KHANCHNA FROM LKK	
6	ATTACHED LETTER OF AUTHORITY & INDEMNITY ATTACHED LETTER OF CLAIM FOR THIRD PARTY ATTACHED SATISFACTORY NOTE: 053/IC/TCAC/CCR/2019	
	Insurance Co : AXA INSURANCE PTE LTD Policy No....: 1700017364-01 Claim Type ...: DIRECT SETTLEMENT / THIRD PARTY CLAIM DOA.....: 06-MAY-2019 Our Ref.....: 053/IC/TCAC/CCR/2019 Surveyor.....: M/S LKK ENGINEERING & MANAGEMENT SERVICES	
	LABOUR :	1588.00
	PARTS :	2116.46
	SUBTOTAL :	3684.46
	ADD. DISCOUNT :	122.63
	TOTAL :	3561.83
	GST(7%) :	249.33
	AMOUNT DUE :	3811.16

DOLLARS: (NB : NC=No Charge;P=Included in Package;W=Warranty;G=Goodwill)
THREE THOUSAND EIGHT HUNDRED ELEVEN
AND CENTS SIXTEEN ONLY.

WORKSHOP MANAGER

The General Terms and Conditions of Service (the "Conditions") printed overleaf or attached to this invoice shall apply to all Services set out above. Any claims relating the Services shall be subject to the Conditions. Any objections to the charges in this invoice must be made within seven (7) days from the date of this invoice, otherwise it shall be assumed that this invoice has been accepted as correct and conclusive.

CUSTOMER

TO SECURITY GUARD

PLEASE TEAR ALONG PERFORATED LINE

DATE

TIME

VEHICLE NO :

RELEASE BY

SLP7344K (EG153923/WE2102937)

**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/ASM19008086/T1wa3q2

8 SHENTON WAY #24-01
AXA TOWERSINGAPORE 068811
ATTN:LYNN KHONG

Date : 01-08-2019



Code : ASM

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SME 5046E	Veh. Inspected	SLP 7344K
Policy No.	P2185135	Coverage (\$)	0.00
Claim No.	S9M01MNB	Excess (\$)	0.00
Assign From		Assign Date	08/05/2019

2. Vehicle Particulars & Condition

Make & Model	NISSAN QASHQAI	c.c	1197
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	SJNFEAJ11U1958314	Colour	GREY
Odometer	26302	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R17	GOODYEAR	6 mm
L/H Front Tyre	215/60 R17	GOODYEAR	6 mm
R/H Rear Tyre	215/60 R17	GOODYEAR	6 mm
L/H Rear Tyre	215/60 R17	GOODYEAR	6 mm

4. Description of DamagesTHE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.
DAMAGES SEE DETAILS.**5. General Information**

Accident Date	06/05/2019	Inspection Date	15/05/2019
Survey held at	TC AUTOCLINIC PTE LTD 25 LENG KEE RD SINGAPORE 159097		

5a. RemarksA)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:	5 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. SLP 7344K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FENDER TRIM (N) (CONSISTENT)	CUT	483.00	483.00
1	RIGHT WING MIRROR COVER (N) (CONSISTENT)	TO REPAIR SEE LABOUR	105.70	-
1	DOOR TOP CHROME MOULDING (N) (CONSISTENT)	NOT NECESSARY	100.70	-
1	DOOR CENTER MOULDING (N) (CONSISTENT)	NOT NECESSARY	188.90	-
1	DOOR B-PILLAR TAPE (N) (CONSISTENT)	NOT NECESSARY	29.90	-
1	FRONT RIGHT DOOR (N) (CONSISTENT)	TO REPAIR SEE LABOUR	1,104.80	-
1	FRONT RIGHT FENDER (N) (CONSISTENT)	BENT	622.70	622.70
1	RIGHT BUMPER BRACKET (N) (CONSISTENT)	NOT NECESSARY	20.90	-
1	FRONT BUMPER (N) (CONSISTENT)	TO REPAIR SEE LABOUR	614.60	-
1	RIGHT HEADLAMP (N) (CONSISTENT)	NOT NECESSARY	559.00	-
	LESS 20% DISCOUNT		-766.04	-221.14
	ADDITIONAL 5% DISCOUNT		-	-44.23
			3,064.16	840.33
SPECIAL NETT ITEMS				
1	WHEEL CAP (SN) (CONSISTENT)	NOT NECESSARY	32.90	-
1	FRONT RIGHT RIM (SN) (CONSISTENT)	CUT	1,231.90	1,231.90
			1,264.80	1,231.90
LABOUR				
	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL.		240.00	120.00
	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA.	NOT NECESSARY	200.00	-
	ELECTRONIC 4 WHEEL ALIGNMENT & ADJUST STRG ANGLES TO STANDARD SPECIFICATION -PASSENGER.		93.00	93.00
	REPLACE FRONT BUMPER ,RIGHT GHEADLAMP ,FRONT RIGHT FENDER & TRIM ,FRONT RIGHT DOOR ,RIGHT WING MIRROR COVER ETC REPAIR PANELS.INCLUSIVE OF THE REPAIR OF RIGHT WING MIRROR COVER ,FRONT RIGHT DOOR AND FRONT BUMPER.		1,000.00	625.00
	REPLACE FRONT RIGHT RIM & CAP.		30.00	30.00

Report Ref No. CC4/ASM19008086/T1wa3q2



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.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	RESPRAY FRONT BUMPER ,FRONT RIGHT FENDER ,FRONT RIGHT DOOR ,RIGHT WING MIRROR COVER ETC. ADDITIONAL 5% DISCOUNT		1,000.00 - 2,563.00	700.00 -78.40 1,489.60
GRAND TOTAL			6,891.96	3,561.83
RECOMMENDED COST OF REPAIRS				3,561.83

Report Ref No. CC4/ASM19008086/T1wa3q2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

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	S9M015048
Reference	CC4/ASM19008086/T1 wa362 
Loss Date	6 May 2019
Report Date	7 May 2019 4:00:00 PM
Request Date	8 May 2019
Due Date	

Vendor Name	LKX AUTO CONSULTANTS PTE LTD (TP)
Type of Loss	Third Party Vehicle Damage
Services	Pending verification - Direct Settlement

Actions

Next Step

Wait for Approve Invoice

Add Invoice

Vehicle Information	
Incident Vehicle Registration #	SLP7744K
Make	TPVD
Model	NISSAN QASHQAI
Service Address	
...	

Primary Contact/Insured	
WONG WEI CHI BELINDA	
23 LOHONG 3 TOA PAYOH, #18-09, 319582	
Singapore	
96818413	
BELINDAWONG13@GMAIL.COM	

Claim Handler	
KH-HONG Lynn	
68804892	
lynn.khong@axa.com.sg	















Additional Instructions

- Messages Invoices History Documents Assessment Metrics Notes

Document Type Document SubType

+ Upload Document

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
Accident Statement				
Reports & Statement				
Mortgage				

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 LKXInvoice1 (1).pdf	Invoice	Surveyor/ Assessor expense	LKX AUTO CONSULTANTS PTE LTD (TP)	7 August 2019
 LKXInspection (A).pdf	Forms / Claim Documents	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	7 August 2019
 LKXAdjustment La (A).pdf	Forms / Claim Documents	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	7 August 2019
 PAYMENT BREAKDOWN EXPRESS SETTLEMENT FORM.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LKX AUTO CONSULTANTS PTE LTD (TP)	7 August 2019
 AUTHORISATION TO ACT FORM.pdf	Forms / Claim Documents	PCA / Authority Letter	LKX AUTO CONSULTANTS PTE LTD (TP)	7 August 2019
 WORKSHOP INVOICE.pdf	Invoice	Repairs	LKX AUTO CONSULTANTS PTE LTD (TP)	7 August 2019
 LETTER TO OLA.pdf	Letters and Correspondence	Policy Holder / Insured	LKX AUTO CONSULTANTS PTE LTD (TP)	7 August 2019
 TP MANDATE (A-SLP 7344K).pdf	Reports & Statement	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	20 June 2019
 MARKED ESTIMATE.pdf	Reports & Statement	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	20 June 2019
 LKX Reinspection Photos.pdf	Reports & Statement	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	20 June 2019
 LKX Inspection Photos.pdf	Reports & Statement	Others	LKX AUTO CONSULTANTS PTE LTD (TP)	20 June 2019
 TP ESTIMATE - MARKED.pdf	Reports & Statement	Estimate / Quotation	LKX AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 LA.pdf	Forms / Claim Documents	Assessment	LKX AUTO CONSULTANTS PTE LTD (TP)	16 May 2019
 PRI FROM WORKSHOP WITH TP GIA & ESTIMATE SLP7344K.mug	Letters and Correspondence	Workshop	KUMAR Shalendra	8 May 2019

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
 SLP7344K TP V8 M94	Evidence	Victims	IKHONG Lynn	7 May 2019
 P2185135_IP5.pdf	Forms / Claim Documents	Policy Schedule / Covernote / Certificate of Insurance	IKHONG Lynn	7 May 2019
 SLP7344K TP GIA.HDF	Reports & Statement	GIA Report	CHHWAR Namzda	7 May 2019