1552010

INS. CASE OWNER: Peter | C83 ~~ee4~~ ksm /AXA1900 8536 , G 1352 | LKK:

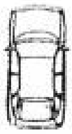
IDAC:

ASSIGNMENT

Surveyor: EGA DOI: 14/5/19. Date / Time : 14/5/19.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : GU 7757A Claim No. : 59M02W3C | 115683

Name of Insured : Policy No. :

Insured Tel No. : HP: Make / Model :

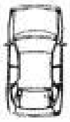
Excess Sec II :S$ D.O.A : 9/5/19. Place of Accident :

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

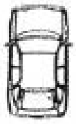
If **NO**, Driver Name / Age : OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % **Final ? Yes / No**

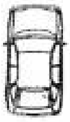
GBC 9944P ⟶ ⟶ ⟶



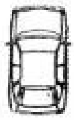
INSRS:
WSP: W-51
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	GBC 9944P } [illegible] 9/5/19
	GU 7757A }
	* Smartharm.
	- pics

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)	COPY AGENT 11/6/19
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$	1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ (e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$	3) Survey fee: $100
Total:	**S$** **Global Sum S$:**	

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:

(08/11/19) Surveyor PRS Cal

REF: Asm (AxA)

6193k
C ~~07601~~

ASSIGNMENT

From:

Date: 14-5.2019

Estimated Cost:

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

To Inspect Vehicle No: GBC 9949P

at Workshop m/s N-51 Automotive

of 2 Kaki Bukit Ave 2 #01-18

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.**

N/S	O/S

Bal. or Market Value: $33K

IDAC Accident Rport: Consistent? : **Yes or No**

GIA / PR Seen: Consistent? : **Yes or No**

Est. Repairs: 8 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS TWP11

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: GBC9949P Yr Regn: 28 Mar 2014

Type: **M.Car / M.Cycle / Bus / Van / (Lorry) / Taxi / Prime Mover / Truck / Trailer** or

Make: Nissan Cabstar 3.0 c.c 2953

Colour: silver A/C: **Insured / Std / NI / NA**

Sp.Reading: 247514 T/Radio: **Insured / Std / NI / NA**

Eng/No:

C/No: JN1SC2F24Z0855621

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: 195 R15

R: 165 R13

Frt **(BS) / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO** or Journey (Rear)

	Front		Rear	
R/Bal.	5	mm	5	mm
L/Bal.	5	mm	5	mm

D.O.A. D.O.I. 14-05-19

Survey held at w/s 5:20pm

Des. of Damages: **Frt / (Rear) / O/S / N/S / U/C / Rooftop** or Rear O/S

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

Date / Time	Action / Instruction
	$8000 - $10K
17/5/19	Dismantle
28/5/19	After Repair

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:

__S + RS, __SI

Photos

Others

TOTAL

Report Format :

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

LKK AUTO CONSULTANTS PTE LTD (TP) Menu

Service Request Details

Claim
S9M01N3C

Reference
None

Loss Date
9 May 2019

Report Date
13 May 2019 11:38:00 AM

Request Date
14 May 2019

Due Date
22 May 2019

Vendor Name
LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss
Third Party Vehicle Damage

Services
Pending verification - Direct Settlement

P: Zi Ting
T: 9.43 A.m
V: in
E: ✓

Actions

Next Step
Agree to perform service

Decline Work | Accept Work

Vehicle Information

Incident Vehicle Registration #
GBC9949P

LKK AUTO CONSULTANTS PTE LTD (TP) Menu

Model

V

Service Address

, , ,

Primary Contact/Insured

ABLE RESOURCES ENGINEERING PTE. LTD.
108 WOODLANDS IND PARK E3, 757841, Singapore
63681355
sales@ableresources.com.sg

Claim Handler

WANG Peter

peter.wang@axa.com.sg

Additional Instructions

Messages Invoices History Documents Assessment Metrics Notes

New Message

Catherine Chong (LKK Auto)

From: Chio Ziting <ziting@n51.com.sg>
Sent: Monday, 13 May, 2019 10:47 AM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Subject: GBC9949P & GU7252A - NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 3 WORKING DAYS
Attachments: 13052019104553-0001.pdf

Categories: Raghav

Dear Sir/Madam,

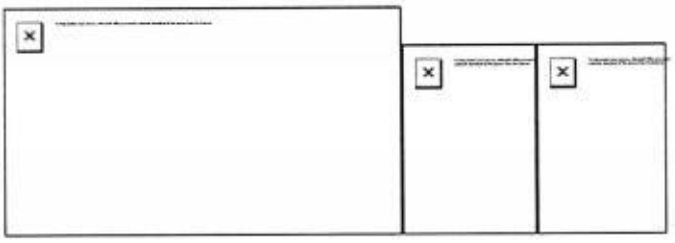
As per above subject,

Please refer attachment and:-

Kindly propose / provide your 10 surveyors

Thank you.

Regards,
Zi Ting
N-51 Automotive Pte Ltd
Office: 6842 0051
Fax: 6741 0510
www.n51.com.sg



PRS CASE.

Type
Question

Message
Hi Peter, Please be informed that this is a PRS case. No DS. We will proceed to close file and submit PRS report to your good office. Thank you. SHU PEI - 06 June 2019

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

PRE-REPAIR INSPECTION REPORT

AXA INSURANCE PTE LTD
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811
ATTN: PETER WANG

Ref: CS3/ASM19008536/Gb3s2
Date: 25-06-2019
Code: ASM

1. Policy Particulars :- (THIRD PARTY CLAIM)

	Insured Veh.	GU 7252A	**Veh. Inspected**	GBC 9949P
	Policy No.	P1682475	**Coverage ($)**	0.00
	Claim No.	S9M01N3C	**Excess ($)**	0.00
	Assign From	PETER WANG	**Assign Date**	14/05/2019

2. Vehicle Particulars & Condition

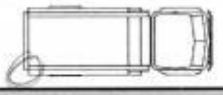
	Make & Model	NISSAN CABSTAR 3.0	**c.c**	2953
	Engine No.	HIDDEN	**Year of Reg.**	2014
	Chassis No.	JN1SC2F24Z0855621	**Colour**	SILVER
	Odometer	247514 KM	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	NIL
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	195 R15	BRIDGESTONE	5 mm
	L/H Front Tyre	195 R15	BRIDGESTONE	5 mm
	R/H Rear Tyre	165 R13	JOURNEY	5 mm
	L/H Rear Tyre	165 R13	JOURNEY	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION.



5. General Information

	Accident Date	09/05/2019	**Inspect Date / Time**	14/05/2019 (05:20 PM)
	Survey held at	N-51 AUTOMOTIVE PL 2 KAKI BUKIT AVE 2 #01-17 KAKI BUKIT AUTOHUB SINGAPORE 417921		

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 $8,000 - $10,000

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **8 Working Days**

Report Ref No. CS3/ASM19008536/Gb3s2

Inspected By

XING GUO QIANG
M.MATAI, AMSAE-A
Automotive Assessor

K.K.LAU CPT(RET)
BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE
REGD Auto Consultant-SAE, Licensed Appraiser