

INSURER:

INS. CASE OWNER:

CC 3/EQ1900

9879, T2gh352

LKK:

IDAC:

Surveyor:

Taufik.

DOI:

ASSIGNMENT

7/6/19

Date / Time:

3/6/19.

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

PC 5852M

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A.:

1/6/19

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

SHA 7001C

INSRS:
WSP:
Tel:
Liability:
RMKS:CMBE
ININSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time

SHA 7001C - (14/11/19) 68/27/19

PC 5852M - X

inform tp wls to send us their LOD.

- WEIYIN

7/6/19

File pass Admin to close.
OIR. Submit wp report.

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:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Taufik.

Repair Cost:

P/P

SS 970.00

(2

days)

Reduction: \$250

% 27

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:

SS

Loss of Rental (LOR):

SS

(

days)

Loss of Use (LOU):

SS

(S

x

days)

Loss of Income (LOI):

SS

(S

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost:

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

Global Sum \$S:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

Name 1:

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

COPY SENT
8/6/19

Tanjah

REL

EQ

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / ☒ P / RES / OD RES / EVA / RV / MV
To inspect Vehicle No: _____
at Workshop no: Comfort Luyang.
of _____
Insured: _____
Policy No: _____
Claim No: _____
Car Insured: _____
(Client's Record)
Make of Veh: _____



(Policy Condition)
Remark: The veh had commenced its repair at the time of inspection.

Est. or Market Value: _____
IDAC Accident Report: _____ Consistent? Yes or No
GIA / PR: _____ Consistent? Yes or No
Est. Repair: 2 days Res: Yes or No
Lump Sum: 1-8-1 % 3 Val: Yes or No
CA / REV / REP. / 24 HRS
WP
Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SM9309C Date: 20/7 Dec
Type: ☒ M Car / ☐ M Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /
Truck / Trailer of _____
Make: Hyundai I40 No: 1685
Colour: Blue W/O: Insured / Std / BI / NA
Cap Branding: 233713 I/Side: Insured / Std / BI / NA
Engine: _____
C/P: 1CMHCB414MM099945
Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ Burnt
Steering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Brake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or
Mod: 205/60R16 / STD / M / or
Tyre Size: F: _____ R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or Michelin
Front: _____ Rear: _____
R/Bal: 6 mm L/Bal: 6 mm
L/Bal: 6 mm D.O.A: _____
Survey held at: Comfort Luyang
Des. of Damages: Fd / ☒ Rear / ☐ O/S / ☐ H/S / ☐ W/C / ☐ Rooftop or
The W/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

P/P 2970 (Red = \$350/- 127%)

Date/Time, File Pass to? ☐ : Prel. Report
1) ☐ : Final Report
Date/Time, File Return to?

Report Format :
Lump Sum / LBJ: (\$)

Days Of Repair:
Resurvey No. of Trip:
Add Fee: ☐ Site Insp (\$)
☐ Interview (\$)
☐ Tech. Insp (\$)
☐ Weekend (\$)

Survey Fee:
Transportation: _____
1) 3 + 10 = \$
2) Photo: _____
3) Others: _____
TOTAL

COMFORT

Issue Time: 01.06.2019 at 12:14pm Page 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

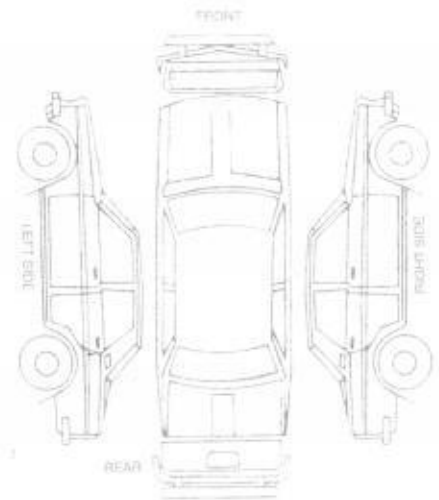
JC NO. 305300285

STOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO. SHA3001C	MILEAGE
I/MS	7010045	MAKE: HYUNDAI	FUEL
ISTOMER NO.	383 SIN MING DRIVE	MODEL: I-40	E.....1/2.....F
DRESS	Singapore SINGAPORE 575717	YR OF MANU. 20.12.2017	DATE/TIME IN 01.06.2019 22:30
L (R)	65508755 (O)	CHASSIS CODE KMHLB41UMHU099945	TARGET DATE
(R)			COMPLETION DATE/TIME
3COUNT CARD NO.			

Accident Date: 01.06.2019
NATURE: 3P 01.06.2019

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

No. 18:
No. 19: SHA3001C CHIANG
No. 20:

Vehicle No.: SHA3001C

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

To be returned to Service Reception upon collection

To be kept by Security Guard



Auto
Consultants
Pte Ltd

Company Registration No: 199607198R

51 CUBA AVE L#02-25 PAYA LEBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: To Be Advised
Our ref: CC3/EQI19009879/T1gb3

Date: 04.06.2019

The Motor Claims Department
M/s EQ INSURANCE COMPANY LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHA3001C

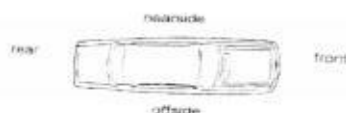
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 03.06.2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	1,320.00
Revised Estimate Amount	: S\$	970.00
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
Rear portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2 days

Yours faithfully,

KALVIN ANG
Licensed Appraiser

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 3001C

DATE 3/6/2019 10:13

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper		de	\$ 553.00	
	Rear Bumper Clip 10 pcs		ue	\$ 22.00	
	SUB TOTAL			\$ 575.00	
	LESS 20%			\$ 115.00	
	DISCOUNTED TOTAL			\$ 460.00	
	Rear Bumper Rubber Mat		ue	\$ 50.00	Nett
				\$ 50.00	
	Labour Charge				
	Panel Beating		200	\$ 400.00	
	Spray Painting Charge		200	\$ 300.00	
	Wiring Charge		✓	\$ 30.00	
	Remove/Refix Reverse Sensor		30	\$ 80.00	
	TOTAL LABOUR			\$ 810.00	
	ESTIMATE TOTAL			\$ 1,320.00	
<p>Tanjun 97495749</p> <p>WP</p> <p>3/6/19 @ 5:20 pm</p> <p>Resurvey before paint</p> <p>part by part.</p> <p>sure lkhanta.com</p> <p>02 days.</p>					
<p>LKK Auto Consultants hereby notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before and after painting • To display damaged areas during survey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No illegal modifications are allowed • Supplementary charges must be resurveyed and are subject to final approval from Insurance Company <p>Acknowledged by Repairer</p> <p>Signature:</p> <p>Date:</p>					
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.					

Shu Pei (LKKAUTO)

From: Tan Wei Yin <weiyin.tan@eqinsurance.com.sg>
Sent: Monday, 5 August 2019 1:27 PM
To: Shu Pei (LKKAUTO)
Subject: RE: Direct Settlement - Accident Involving PC5852U (OI : EQI - DM19HO02176) AND SHA3001C (TP : LKK REF - CC3/EQI19009879/T1gb3) on 01.06.2019

Dear Shu Pei,

Oi yet to report.

Suggest you proceed to finalise and let us have your WP report.

Please inform TP w/s to send us their LOD directly while we continue to get insured to report the accident.

Thank you.

Regards,

Tan Wei Yin
Executive | Claims



EQ Insurance Company Limited

11 Maxwell Road #17-00 Tower Block MND Complex Singapore 069110
did 65 64969882 | tel 65 6223 9433 ext 882 | fax 65 6223 4190
www.eqinsurance.com.sg



Privileged/Confidential information may be contained in this message. If you are not the intended recipient, please notify the sender immediately and delete all copies of it.

From: Shu Pei (LKKAUTO) [mailto:shupeil@lkkauto.com]
Sent: Monday, August 5, 2019 9:44 AM
To: Tan Wei Yin <weiyin.tan@eqinsurance.com.sg>
Subject: RE: Direct Settlement - Accident Involving PC5852U (OI : EQI - TBA) AND SHA3001C (TP : LKK REF - CC3/EQI19009879/T1gb3) on 01.06.2019

WITHOUT PREJUDICE

Dear Sir/ Madam,

We refer to the above matter.

Kindly advice whether insured has reported. If so, kindly let us have a copy of insured's accident report for our necessary action.

Thank You

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Shu Pei (LKKAuto)

Sent: Thursday, 4 July 2019 9:36 AM

To: Tan Wei Yin <weiyin.tan@eqinsurance.com.sg>

Subject: RE: Direct Settlement - Accident Involving PC5852U (OI : EQI - TBA) AND SHA3001C (TP : LKK REF - CC3/EQI19009879/T1gb3) on 01.06.2019

WITHOUT PREJUDICE

Dear Sir/ Madam,

We refer to the above matter.

Kindly advice whether insured has reported. If so, kindly let us have a copy of insured's accident report for our necessary action.

Thank You

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

From: Shu Pei (LKKAuto)

Sent: Tuesday, 4 June 2019 5:30 PM

To: eqiprs@eqinsurance.com.sg; Joel Goh <joel.goh@eqinsurance.com.sg>; 'Janet Tan'

<janet.tan@eqinsurance.com.sg>

Cc: Admin A <admin-a@lkkauto.com>; Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>

Subject: Direct Settlement - Accident Involving PC5852U (OI : EQI - TBA) AND SHA3001C (TP : LKK REF - CC3/EQI19009879/T1gb3) on 01.06.2019

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SHA 3001C at M/s ComfortDelGro Engineering Pte Ltd – Loyang on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:

- TP's GIA report
- Estimated cost of repair
- Preliminary advice

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge is Cecilia and she can be contacted at DID: 6749 4274.

Thank you.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeei@lkkauto.com | fax: 6741-4108

Blk S1, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Wednesday, 7 August 2019 11:50 AM
To: Jim Wong See Pah
Subject: YOUR REF: T 0619/SHA3001C /JW(St) (OUR REF: CC3/EQI19009879/T1gb3) ***
ACCIDENT INVOLVING PC 5852U & SHA 3001C ON 01/06/2019 ***

WITHOUT PREJUDICE

Dear Jim,

We refer to the above matter.

Our principal would take over to conduct the claim.

Thus, we shall close the case at our end.

Kindly send your LOD and other documents to our principal.

Thanks

"Please note that our above settlement is made on a without prejudice basis, and should not be construed as an admission of liability on our part or on the part of our insured/driver. Terms of such settlement should also not be disclosed in any other related matter(s) in respect of the accident. Our offer made in respect of this present matter is made solely to resolve this matter only. No reference shall be made to this offer or any settlement arising from this offer in any other related matters.

Settlement and payment are subject to production of original documents on demand at any time and execution of Discharge Voucher (for settlement sum above \$20,000/-) by the Plaintiff/Claimant. Further all original documents shall be retained by us after we have made payment on the settlement sum."

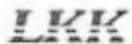
Best Regards,

Cecilia Chong | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749-4274 | email: CeciliaChong@lkkauto.com | fax: 6741-4108

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



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.



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				
EQ INSURANCE COMPANY LTD		Ref : CC3/EQ19009879/T1gb3s2		
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110		Date : 18-09-2019		
		Code : EQI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	PC 5852U	Veh. Inspected	SHA 3001C	
Policy No.		Coverage (\$)	0.00	
Claim No.	DM19HO02176	Excess (\$)	0.00	
Assign From		Assign Date	03/06/2019	
2. Vehicle Particulars & Condition				
Make & Model	HYUNDAI I40	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	KMHLB41UMHU099945	Colour	BLUE	
Odometer	233713	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	HANKOOK	6 mm	
L/H Front Tyre	205/60 R16	HANKOOK	6 mm	
R/H Rear Tyre	205/60 R16	HANKOOK	6 mm	
L/H Rear Tyre	205/60 R16	HANKOOK	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	01/06/2019	Inspection Date	03/06/2019	
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969			
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:		2 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHA 3001C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	DEFORMED	553.00	553.00
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
	LESS 20% DISCOUNT		-115.00	-115.00
			460.00	460.00
	<u>SPECIAL NETT ITEMS</u>			
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
			50.00	50.00
	<u>LABOUR</u>			
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.		30.00	30.00
	REMOVE / REFIX REVERSE SENSOR.		80.00	30.00
			810.00	460.00
	GRAND TOTAL		1,320.00	970.00
RECOMMENDED COST OF REPAIRS				970.00

Report Ref No. CC3/EQ19009879/T1gb3s2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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