

INS. CASE OWNER:

Ho Winnie

CS3, Asm 190 10893, A pass

LKK:
IDAC:

12385

Survivor:

Wup

DOI:

ASSIGNMENT

19/6/2019

Date / Time:

19/6/2019

Registered in Merimen:

Pre-assign / CCU / FTE

SKH 5196M

S9 morqu12



Insured Vehicle No.:

Claim No.:

Name of Insured:

Ang Lay Hoon

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

16/6/2019

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

SUF 67962



INSRS:

WSP:

Tel:

Liability:

RMKS:

96

motorcycle



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

SUF 67962 - X; SKH 5196M - X

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:

PRELIMINARY ADVICE

Date/Time:

Sent By:

Post-Repair Photos:

Others:

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\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name:

Payee 2: (Strike if N/A)

S\$

Name:

Payee 3: (Strike if N/A)

S\$

Name:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

ppm - \$100

ASSIGNMENT

Date/Time, File Pass to?	Date/Time, File Return to?	Part Prices Check:		Survey Fee:	Date:
1)	2)	IN	OUT	Basic & Add.	
3)	4)			___ S + RS, ___ SI	
5)	6)			Photos	
Prel. Report:				Others	
Final Report:				TOTAL	



Service Request Details

Claim

S9M01QU2

Reference

None

Loss Date

June 16, 2019

Report Date

Jun 18, 2019 12:26:00 PM

Request Date

June 19, 2019

Due Date

June 26, 2019

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

P: Jade

T: 1.08 p.m

v: In

E: ✓

Actions

Next Step

Agree to perform service

Decline Work

Accept Work

Vehicle Information

Incident Vehicle Registration #

SLF6796Z

Model

UNKNOWN

Service Address

...

Primary Contact/Insured

ONG LAY HOON

BLK 20 WOODLANDS CRESCENT, #06-46 NORTH POST, 738081, Singapore

96369269

JABBATHESHARK@GMAIL.COM

Claim Handler

HO Winnie

6568804833

winnie.ho@axa.com.sg

Additional Instructions

[Messages](#)[Invoices](#)[History](#)[Documents](#)[Assessment](#)[Metrics](#)[Notes](#)[New Message](#)

Catherine Chong (LKK Auto)

From: claims@96motorsports.com
Sent: Tuesday, 18 June, 2019 2:11 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Cc: Andyson; Gary 96; vincent.lee@96motorsports.com
Subject: PRI FOR SLF 6796Z; YOUR INSURED SKH 5196M

Categories: Santosh

WITHOUT PREJUDICE

Dear AXA ,

**ACCIDENT INVOLVING SLF 6796Z and SKH 5196M on 16.06.2019
AT / ALONG ANDERSON ROAD (OUTSIDE AVALON CONDO)**

We act for LEE GUAN CHEN, whose vehicle registration number SLF 6796Z was damaged in the above accident.

Kindly let us have your list of surveyors within 2 working days of your receipt of this notice should you like to conduct a pre-repair survey of the vehicle.

If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Thank you,
Jade Lim

96 MOTORSports
62/64 Kaki Bukit Avenue 6
Ark @ KB Singapore 417893
Tel : 6702 6996
Fax : 6384 6996
Email : claims@96motorsports.com
Website: www.96motorsports.com



REJECT TP CLAIM

Type

🔗 Question

Message

Hi all, pls reject TP claim. as per OI's report, OI travelling straight, TP on the left intention to turn right into condo and collide with OI. OI scene photo attached.

Reply

Hsiao Tong (LKKAuto)

From: Hsiao Tong (LKKAuto)
Sent: Friday, 21 June 2019 4:58 PM
To: claims@96motorsports.com
Subject: <REJECTION> Your Ref: SLF 6796Z *Our Ref: CC4/ASM19010893/pa3 [ACCIDENT INVOLVING SKH 5196M(AXA) & SLF 6796Z ON 16/06/2019]
Attachments: Statement of SKH5196M.pdf; Scene photo from OI.pdf

Your Ref: **SLF 6796Z** Without Prejudice
Our Ref: CC4/ASM19010893/pa3

Dear Sirs/Madam,

ACCIDENT INVOLVING SKH 5196M(AXA) & SLF 6796Z ON 16/06/2019

We refer to the above matter.

Our insured has reiterated that the accident was caused due to the entire negligence of your client. Our insured reported that he was travelling straight, your client who was on the left intention to turn right into the condo and collided with our insured. Attached is a copy of our insured accident statement and scene photo for your reference.

In view of the above, we have our principal instruction to deny liability and unable to look into your client's matter.

Thank you.

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@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

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PRE-REPAIR INSPECTION REPORT

AXA INSURANCE PTE LTD

Ref: CS3/ASM19010893/Apa3s2

8 SHENTON WAY #24-01 AXA TOWER S068811

Date: 23-07-2019



ATTN: WINNIE HO

Code: ASM

1. Policy Particulars :- (THIRD PARTY CLAIM)

Insured Veh.	SKH 5196M	Veh. Inspected	SLF 6796Z
Policy No.		Coverage (\$)	0.00
Claim No.	S9M01QU2	Excess (\$)	0.00
Assign From	WINNIE HO	Assign Date	19/06/2019

2. Vehicle Particulars & Condition

Make & Model	HONDA VEZEL	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	RU11117022	Colour	WHITE
Odometer	96977 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/55R17	CONTINENTAL	6 mm
L/H Front Tyre	215/55R17	CONTINENTAL	6 mm
R/H Rear Tyre	215/55R17	CONTINENTAL	6 mm
L/H Rear Tyre	215/55R17	CONTINENTAL	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY.

**5. General Information**

Accident Date	16/06/2019	Inspect Date / Time	19/06/2019 (02:20 PM)
Survey held at	96 MOTORSPORTS PTE LTD 62/64 KAKI BUKIT AVENUE 6 SINGAPORE 417893		

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 \$12,000

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	11 Working Days
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Report Ref No. CS3/ASM19010893/Apa3s2

Inspected By

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE,A.M.MATAI

Licensed Appraiser

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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