

22/03/2012

ASS. REC. BY:

REF:

CS/SMO/9012624/ATF⁵²

Special Instruction:

Surveyor: AdrianASSIGNMENT (Office)From (Person): Ruth Chua Geliang of SMODate/Time: 17.7.19 14.41 p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLM 92885Insured: SGX 8838Mat Workshop m/s 96 motor sportsTel: 67026996of 62 kaki Bukit Mre 6, The Ark @ KBPolicy No: D18MTPV01016944Claim No: CMTD 1903420

Sum Insured:

Excess:

Make of Veh:

D.O.A. 16.7.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 17.7.19 3.10 p.m

Person Contacted:

RoyceVehicle IN OUT

Date/Time

Action/Instruction (☒) EstimateSLM 92885 CVI/VAL/8020564/BVSGX 8838M X18/7/19Informed Ruth pending workshop est by merimen4/9/19Send preli revised via merimen4/9/19LS \$18000 confirmed by email (Ref 21,544.45, 5449)

REF: SMO

ASSIGNMENT

From:

Date: 17.7.2019

Veh No:

SLM 92885

Yr Regn:

2017 March

Estimated Cost:

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

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

Truck / Trailer or

To inspect Vehicle No: SLM 92885

Make:

Mazda 3

c.c 1496

at Workshop n/s

96 motorsports

Colour:

white

A/C: Insured / Std / NI / NA

of 62 Kaki Bukit Ave L, The Arcade @ KB

Sp. Reading

33944

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No:

C/No:

JM6BN22A8H0148834

Claims No:

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

Modi: Nil / S/Rim / STD A/Rim or

(Policy Condition)

N/S	O/S

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

Tyre Size:

F:

205/60R16

R:

205/60R16

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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

dp

mm

R/Bal.

dp

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

dp

mm

L/Bal.

dp

mm

Est. Repairs:

days

Res.: Yes or No

D.O.A.

D.O.I.

17/07/19

Lum Sum:

%

3 Val.: Yes or No

Survey held at

96 motorsports

CA / REV / REP. / 24 HRS

map

Vehicle: IN / OUT

Date:

Person Contacted:

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

Date / Time

Action / Instruction

TP Sampo.

RECEIVED 04 SEP 2019

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

14

1)

☐

Final Report

Resurvey No. of Trip:

2

Survey Fee:

450

Date/Time, File Return to?

Transportation:

2) 4/9 - typist

Add Fee:

☐

Site Insp (\$)

S + RS, SI

☐

Interview (\$)

Photos

☐

Tech. Invs (\$)

Others

☐

Weekend (\$)

TOTAL

TOTAL

Report Format:

MEMO

Lump Sum / I.B.I. (\$ 18,000)

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	17 Jul 2019		17 Jul 2019 14:41 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	----------

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	TAN KHAR HOON, ID: S1778600H		
Main Claimant:	TERESA HONG GUAT KUAN		
Vehicle Reg. No.:	SLM9288S	Date of Loss:	16/07/2019 00:00 - :59
Claim Type:	TP / CMTD1903420	Policy/Cover Note No.:	D18MTPV01016944 (Comprehensive)
Vehicle Reg. No. (Insured):	SGX8838M	Policy No. (Claimant):	
		Excess:	
Repairer:	96 Motorsports Pte Ltd (HQ) 62 Kaki Bukit Avenue 6, The Ark@KB, 417893 Kaki Bukit - Tel: 6702 6996		
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by Ruth Chua Gek Tiang - 6329 5153]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 26/07/2019]		
Adj Asg. Remarks:	WS: 6702 6996 ROYCE -PLEASE BE INFORMED THAT OUR INSURED HAS NOT REPORTED THE ACCIDENT -NO TP SAS SUBMITTED		

ASSOCIATED MAIL RECEIVED

View All

Compose Case Mail

There are no mail for this case.



ALL ASSOCIATED TASKS

View All

Search Tasks

Create New Task

Complete

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

To: Somp Insurance Singapore Pte. Ltd.
50 Raffles Place
#05-01/06, Singapore Land Tower
Singapore 048623

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Ruth Chua Gek Tiang

Date: 04 Sep 2019

Preliminary Advice

Insured Vehicle No	: SGX8838M	Accident Date	: 16/07/2019
TP Vehicle No	: SLM9288S	Assignment Date	: 17/07/2019
Make	: MAZDA 3	Est. Duration of Repair	: 14
Date of Inspection	: 17/7/2019		
Inspection At	: 96 MOTORSPORTS PTE LTD		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	39,544.45
Revised Amount	:S\$	22,580.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	22,580.00

Lump Sum Repair	:S\$	
-----------------	------	--

Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- (X) Other comments : The above survey was conducted on a 'Without Prejudice' basis.

View Sent Message

This mail is associated with :

***SLM9288S (CMTD1903420)**
[SGX8838M]

TP

TERESA HONG GUAT KUAN

Jul 16 2019 12:00AM

[TAN KHAR HOON]

95 Motorsports Pte Ltd

[Resend](#)[View Recipients](#)[Print Message](#)[Delete Message](#)[Forward](#)

From LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 18/07/2019 17:22 PM.
To ruth.chua@sompo.com.sg
Subject TP SURVEY SLM 9288S

Dear Ruth,

Please be informed that we have inspected the vehicle SLM 9288S on 17/7/2019.

We are pending estimate from repairer.

Best Regards,
Veron Chen

DOCUMENTS SUMMARY

There are no documents.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	17/07/2019 11:33
Date Of Accident	16/07/2019 15:55
Exact Location Of Accident	AYE TWDS TUAS BEFORE BUONA VISTA EXIT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLM9288S
Insured/Policyholder	
Name Of Registered Owner	TERESA HONG GUAT KUAN
NRIC No	S2559251D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96997888
Alternative Phone No	OTHERS-96997888

Vehicle Particulars

Manufacturer	MAZDA
Model	MAZDA3 4-DOOR SEDAN 1.5L SP.6EAT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA181505/1
Cover Note Number	

Driver

Name of Driver	KOH YONG WEI,BRYAN
NRIC No	S9335932A
Date Of Birth	28/09/1993
Occupation	INDOOR
Date Of Driving Pass	24/09/2012
Driving Experience	6 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	+65-96996199
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	17 UPPER NERAM ROAD SINGAPORE 805980
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	3
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGX8838M
Vehicle Make/Model/Colour	HONDA / VEZEL 1.5X CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKP3330M
-----------------------------	----------

Vehicle Make/Model/Colour	JAGUAR / XJ 2.0 TSS SWB SR
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	