

ASSIGNMENT

Surveyor: GUO QIANG

DOI: 29/9/17

Date / Time: 30/5/19

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No.: SKH5006D

Claim No.: S7M00262

Name of Insured: TEE LIAN CHENG

Policy No.: GA079242

Insured Tel No.: HP: 87487590

Make / Model: AUDI A6 AVANT 2.0 TFSI MU

Excess Sec II : S\$ D.O.A: 22/09/2017 06:05

Place of Accident: SLIP RD FROM CTE TOWARDS PIE

Is driver the owner? (YES ☒ NO ☐ Nature of Accident:

If NO, Driver Name / Age: ZHAO YOUNING

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Driver Tel No.: 87487590

(V/L: YES / NO)

Insured Liability: % Final ? Yes / No

SKZ 3382K

INSRS:
WSP: ALLSWELL
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time		STAGE	DATE / PIC
	SKZ 3382K - X	Non-Reporting ltr (1st):	
	SKH 5006D - CC7/AIG13005715/Ka212y; DOA: 19/3/13	Non-Reporting ltr (2nd):	
16/8/19	Email to:	Non-Reporting ltr (Final):	
19/8/19	Rec call to TP cleanup work	Notification ltr (if non-pickup):	
20/8/19	Pending mandate approval (approved)	Call OI:	7 call 16/8/19
	offer \$1030.00 (pending acceptance)	After call ltr to OI:	
	TP reply offer - Re-offer \$1054.16 (pending acceptance)	Documentation Check List:	Handler Typist
21/8/19	Settle @ \$1054.16, DV send (pending DV in)	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
	DV in (File pass Admin to close)	After call ltr to OI:	<input checked="" type="checkbox"/>
		Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		Towing Invoice:	<input checked="" type="checkbox"/>
		LTA / GIA:	<input checked="" type="checkbox"/>
		Medical Bill:	<input checked="" type="checkbox"/>
		PIR:	<input checked="" type="checkbox"/>
		Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
		LOD	<input checked="" type="checkbox"/>
		Payment Breakdown Form:	<input checked="" type="checkbox"/>
		Post-Repair Photos:	<input checked="" type="checkbox"/>
		Others:	<input checked="" type="checkbox"/>
PRELIMINARY ADVICE Date/Time:		Sent By:	

PRELIMINARY ADVICE		Date/Time:	Sent By:	Confirm with:	Confirm by: Guo Qiang
Repair Cost:	S\$ 871.18	(2 days) Reduction:	S\$ 27.79	% 100	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT		Date/Time: 20/8/19/6pm	Confirm with: Ben	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No.:	27		
Repair Cost:	S\$ 932.16				
Loss of Rental (LOR):	S\$ -	(days)			
Loss of Use (LOU):	S\$ 120.00	(5.50 x 2 days)			
Loss of Income (LOI):	S\$ -	(\$ x days)			
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOU <input type="checkbox"/>	[Tick only one]			
GIA/LTA Search:	S\$ 2.00				
Medical:	S\$ -				
Disbursement:	S\$ -	(e.g. Tow/Independent)			
Legal Cost:	S\$ -				
Total:	S\$ 1054.16	Global Sum S\$:			
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>	
Payee 1:	S\$ 1054.16	Name 1:	Allswell Motor Traders		
Payee 2: (Strike if N.A.)	S\$ -	Name 2:			
Payee 3: (Strike if N.A.)	S\$ -	Name 3:			

To cancel/replace invoice
Ac1809538

27/03/2013

ASS. REC. BY:

REF: CS/ASAM17018722/Gibber

Special Instruction:

SUN/VAL/OT

Smart claim

60

ASSIGNMENT (Office)

From (Person):

Flossie Ang

of

AXA

Date/Time: 28/9/2017

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SK2 3382K

Insured:

SKH 5006D

at Workshop m/s

Allswell

Tel:

9147 8515

of

25 De Laune 9

Policy No:

Claim No:

97MD0262

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

22092017

CA / REV / REP. / REV 24 HRS WP

3pm - 3.30pm

H.O.D. Endorsement:

Date/Time: 29/9/2017 4.38am

Person Contacted:

Ben

Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate
	SK2 3382K-X
	SKH 5006D - CC7/AIG13005715/Ka2/2y-D.O.A: 19/3/2013
25-10-17	Received estimate from repairer. don't need check liability
31/11/15 @ 2.22pm	ADVISED to Ernest they via Smart claim.

PRS

REF: AXA

Smart claim

ASSIGNMENT

From: _____ Date: 29/07/18

Estimated Cost: _____

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

To Inspect Vehicle No: SKZ 3382K

at Workshop m/s Allswell

of 25 Defu Lane 9

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

3pm - 330pm

N/S	O/S

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

Bal. or Market Value: _____

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 2 days Res: Yes or No

Lum Sum: 100% 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SKB3382K Yr Regn: 19 Jan 2016

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

Truck / Trailer or

Make: Toyota wish cc 1798

Colour: grey A/C: Insured / Std / NI / NA

Sp Reading: 71347 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD6620W70-J003370

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: 11

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

TOYO / YOKO or

Front

Rear

R/Bal: 7 mm R/Bal: 7 mm

L/Bal: 7 mm L/Bal: 7 mm

D.O.A. D.O.I. 29-09-17

Survey held at W/S 3:30pm

Des. of Damages: Frt / Rear ☒ O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

20/7 10:12 AM \$871.18 with Ben.
(Lum & 12.88.37, 60%)

RECEIVED 1 AUG 2018

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: 2

11/8/18 turn

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$

Survey Fee: 250

Transportation: _____

Report Format: Smart claim

Lump Sum / I.B.I: (\$ 871.18)

☐ : Interview (\$

) Photos

☐ : Tech. Invs (\$

) Others

☐ : Weekend (\$

TOTAL

250



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 31/07/18

Survey Details:

Date of loss	22-Sep-17
Date of appointment	28-Sep-17
Date of survey	29-Sep-17
Location of survey	ALLSWELL

Vehicle Details:

Claim Type:	Third Party
Vehicle number	SKZ 3382K
Make and Model	TOYOTA WISH
Date of registration	19/1/2016
Excess	\$ -
Market Value	\$ -
Part Rebate	\$ -
Nett Loss	\$ -

Repair details:

Initial Estimate	\$ 2,159.95
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Proposed/Revised repair cost:

Parts	\$ 431.18
Check items (estimate)	\$ -
Labour	\$ 440.00
Total	\$ 871.18
Lump Sum(if applicable)	\$

Number of days for repair	<u>2</u>
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Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Remarks:

DAMAGES CONSISTENT.

Mandate:

Liability(TP)	%	
Proposed repair cost	\$	
Loss of use	\$	no. of days
Loss of rental	\$	no. of days
Loss of income	\$	no. of days
LTA search fees	\$	
Others	\$	
Proposed Total	#VALUE!	

**ALLSWELL LEASING & LIMOUSINE PTE LTD**

100 Jalan Sultan #02-41 Sultan Plaza Singapore 199001

Tel: +65 6462 5405 | Fax: +65 6462 4730

Co. Reg. No. / GST No. Reg. No.: 201432541Z

Website: <http://www.car2rent.com.sg> | Email: sales@allswellmotor.com.sg**RENTAL AGREEMENT****No. R17090061**

Date: 18 Sep 2017

SCHEDULE

This is a lease agreement made between us, **Allswell Leasing & Limousine Pte Ltd** (hereinafter referred to as "**THE COMPANY**" which shall include its successors-in-title and assigns), identified as the Lessor and having our registered address 210 Turf Club Lot A18 The Grandstand Singapore 287995 **AND YOU**, the person(s) identified as the Hirer below include (which shall include your successors-in-title and assigns):-

NAME OF HIRER(S) (IN FULL) : RUSLAN BIN MOHD NOOR (S1326249G)
ADDRESS : BLK 416 WOODLANDS STREET 41 #06-153
: SINGAPORE 730416
TELEPHONE : TEL: (R): 92984177 (HP): +6592984177 (F):

NAME OF DRIVER(S) (IN FULL) : RUSLAN BIN MOHD NOOR
NRIC/PASSPORT NO. : S1326249G
DATE OF BIRTH : 16/12/1958
DRIVING LICENSE NO. : S1326249G
PASSING DATE : 15/02/1979
EXPIRY DATE :
NATIONALITY : SINGAPOREAN

NAME OF DRIVER(S) (IN FULL) : MUHAMMAD HELMI BIN RUSLAN
NRIC/PASSPORT NO. : S8719341A
DATE OF BIRTH : 10/07/1987
DRIVING LICENSE NO. : S8719341A
PASSING DATE : 22/06/2016
EXPIRY DATE :
NATIONALITY : SINGAPOREAN

1. DESCRIPTION OF VEHICLE ("THE VEHICLE")

REGISTRATION NO : SKZ3382K (19/01/2016)
MAKE/MODEL : TOYOTA WISH 1.8 CVT
COLOUR : GREY
ENGINE NO : 2ZR1680610
CHASSIS NO : JTDGG20W70J003370
TYPE : 2015-2017 TOYOTA WISH

2. PERIOD OF LEASE

For 53 weeks from 18/09/2017 16:13 ("Commencement Date") to 24/09/2018 16:13 ("Lease Period").

3. LEASE CHARGES

Amount S\$490.00 per week plus Goods and Services Tax ("GST") (if applicable) ("Weekly Lease Charges"). This Lease Agreement is only in respect of the lease of the Vehicle, and does not include the hire or engagement of the drivers.

4. DEPOSIT

Amount S\$500.00 (exclusive of GST)



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Immediate Advice

To : AXA Insurance Pte Ltd

Date: 19/08/2019

Survey Details:

Date of loss	22-Sep-17
Date of appointment	28-Sep-17
Date of survey	29-Sep-17
Location of survey	ALLSWELL MOTOR TRADERS

Vehicle Details:

Claim Type:	Third party
Vehicle number	SKZ 3382K
Make and Model	TOYOTA WISH
Date of registration	19/1/2016
Excess	
Market Value	\$0
Parf Rebate	\$0
Nett Loss	\$0

Repair details:

Initial Estimate	\$ 2,159.95
------------------	-------------

Proposed/Revised repair cost:

Parts	\$ 431.18
Check items (estimate)	\$ -
Labour	\$ 440.00
Total	\$ 871.18
Lump Sum(if applicable)	-

Number of days for repair	2
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Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Remarks:

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Mandate:

Liability(TP)	100%	
Proposed repair cost (W/GST)	\$ 932.16	\$ -
Loss of use (2days x \$60)	\$ 120.00	\$ -
Loss of rental	-	\$ -
Loss of income	-	\$ -
LTA search fees	\$ 2.00	\$ -
Others	-	\$ -
Proposed Total	\$ 1,054.16	\$ -



◀ <MANDATE IA> - S7M00262 {ACCIDENT INVOLVING SKH 5006D (OI) & SKZ 3382K (TP) ON 22/09/2017}

Type

🔍 Question

Message

LIABILITY: 100% BOLA S27: INFORMED OI ABOUT TP CLAIM AND NCD ISSUE. AGREED TO SETTLE AT BEST. WE SEEK YOUR MANDATE AT \$1054.16 (CLAIMING LOU). MANDATE IA HAS BEEN UPLOADED IN SMARTCLAIM. KINDLY LET US HAVE YOUR APPROVAL/INSTRUCTION. THANKS - CECILIA

Reply



ALLSWELL MOTOR TRADERS
25, Defu Lane 9, Singapore 639266
GST Reg No.: 53192889J / Co Reg No. 53192889J
Tel No.: 6679 1146

Email: ben@allswellmotor.com.sg

Bill To : AXA Insurance Pte Ltd
(Motor claims Department)

TAX Invoice Defu-2649
Date 13/8/2018
Terms C.O.D
Ref: 3rd party claim AXA-SKZ3382K

Description	Qty	Amount before GST	GST Amount	Amount include GST
Allswell Leasing & Limousine Pte Ltd				
Vehicle # : SKZ3382K				
Date of accident: 22.09.2017				
Repaired, Replaced and Resprayed	1	\$871.18	\$60.98	\$932.16
Towing	0	NA	NA	NA
TP Insurer Search	1	\$2.00	NA	\$2.00
GIARMC - SAS Report	0	NA	NA	NA
Loss of Use @\$70.00 / per day	2	\$140.00	NA	\$140.00
Pre-Repair Survey Loss of Use \$60.00 / per day	0	NA	NA	NA
Replacement vehicle @\$100.00 / per day	0	NA	NA	NA
Own damage excess	0	NA	NA	NA
Surveyor Report	0	NA	NA	NA
Singapore Dollars :		Sub Total (Excluding GST)		\$1,013.18
ONE thousand seventy four and cents sixteen only		GST payable @7% on \$871.18		\$60.98
		Total (Inclusive of GST)		\$1,074.16

Authorised Signature

Re:<MANDATE IA> - S7M00262 {ACCIDENT INVOLVING
SKH 5006D (OI) & SKZ 3382K (TP) ON 22/09/2017}

Type

🔍 Question

Message

Pls proceed as per your proposed mandate.

Reply

Cecilia Chong (LKK Auto)

From: Cecilia Chong (LKK Auto)
Sent: Friday, 16 August 2019 3:21 PM
To: zhaoyouning88@gmail.com
Subject: Your ref: SKH 5006D (Our ref: CS/ASM17018722/Gga3-1) *** ACCIDENT INVOLVING SKH 5006D & SKZ 3382K ON 22/09/2017 *** NO ACTION REQUIRED

16 AUGUST 2019

TEE LIAN CHENG

Dear Sir/ Mdm

OUR REF : CS/ASM17018722/Gga3-1

YOUR REF : SKH 5006D

ACCIDENT INVOLVING SKH 5006D AND SKZ 3382K ALONG/AT SLIP RD FROM CTE TOWARDS PIE ON 22/09/2017

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 **ALL SWELL MOTOR TRADERS** acting on behalf of the owner of SKZ 3382K against your motor insurance policy.

Based on the accident report and accident scenario, we are of the view that liability is not in our favour. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) 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 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to ceciliachong@lkkauto.com within 10 days from the date of this letter **if not provided at our 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)
- Driver's driving license or foreign driving license (if any)
- Driver's Work Permit
- Employment Letter/ Authorisation letter from your company
- 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 6749 4274 or email us at ceciliachong@lkkauto.com.

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

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)

Allswell Leasing & Limousine Pte Ltd

100, Sultan Plaza. #02-41. Singapore 199001

C/o 25, Defu Lane 9. Singapore 539266

Date: 21.08.2019

Discharge Voucher / Payment Authorisation

Our Claim reference number: Defu-2690

Attention: Cecilia Chong (LKE) / AXA INSURANCE PTE LTD

I/We hereby certify that the repairs to my/our vehicles bearing license number plate : SKZ3382K which was involved in an accident on 22/9/17 has been completed by **Allswell Motor Traders** to my/our satisfaction.

I/We agreed that all 3rd party claim payment to the workshop for repairs, replace and re-spray works shall be made solely to **Allswell Motor Traders** at 25, Defu Lane 9. S 539266

Signature: _____



Name: **NG Boon Chin, Edmund**

Company Stamp: _____





AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	8KH 5000D	(Insd veh)	Model: TOYOTA WSH
	5KZ 3382K	(TP veh)	
Date of Accident/ Time:	22/09/2017 / 06:05		

Repair Estimate	: \$	2,589.35	
Final Repair Cost	: \$	832.16	(WGST)
Loss of Use	: \$	120.00	2 days at \$60.00 per day
Rental (if any)	: \$		days at \$ per day
LTA / GIA Search Fee	: \$	2.00	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	1,054.16	

Payee Name: ALLSWELL MOTOR TRADERS

Is Third Party Workshop GIA Registered? ☐ YES ☒ NO (Kindly indicate below)

A)	For Non GIA Registered Workshop:	Agreed Liability <u>100</u> (%)
B)	For GIA Registered Workshop:	BOLA Applicable: Yes/ No BOLA Scenario No: _____
	BOLA Liability: _____ (%)	Assessed Liability (*): _____ (%)

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks:

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- 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.
- 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: Date: 27/8/19	 Signature of Witness / Workshop stamp (if applicable) Name of Witness: TANG CHAI YEE Date: 27/8/19
 Signature of AXA's surveyor/representative: Name of AXA's surveyor / Representative: Date: 27/8/19	

Third Party Insurer Enquiry

Our Ref No: GR-17-142123

Date of Request: 22/09/2017

Your Ref No: Online Purchase

Allswell Motor Traders
25 Defu Lane 9
Singapore 539266

Dear Sir/Madam,

Enquiry Date 22/09/2017

Enquiry By Ooi Kim Beng, Ben

Vehicle No. SKH5006D - TP

Accident Date 22/09/2017 01 - SKZ3382K

Enquiry Result

TP Vehicle No.	Insurer	Period of Insurance	Insurer Tel. No.
SKH5006D	AXA Insurance Pte Ltd	13/12/2016-12/12/2017	6338 7288

Thank You.

The images provided to you are taken from the original reports forwarded to the centre by the members of the General Insurance Association of Singapore and we take no responsibility for their accuracy or contents and shall be under no liability whatsoever for any loss or damage arising out of or in connection with the reports or their images.

This is a computer generated document and requires no signature.

67418434
Carlin
LKK-AXA



RECORDS MANAGEMENT CENTRE

**GENERAL INSURANCE ASSOCIATION OF SINGAPORE
RECORDS MANAGEMENT CENTRE**

6 Raffles Quay #18-00, Singapore 048580
Phone: +65 6224 0010 Fax: +65 6224 0030
Operating Hours: Monday to Friday 9am to 5pm
GST Registration No: M400017735

TAX INVOICE

Our Ref No: GR-17-142123

Date of Request: 22/09/2017

Your Ref No: Online Purchase

Allswell Motor Traders
25 Defu Lane 9
Singapore 539266

Dear Sir/Madam,

Enquiry Date 22/09/2017
Enquiry By Ooi Kim Beng, Ben
☐ Vehicle No. SKH5006D
Accident Date 22/09/2017

DESCRIPTION	AMOUNT (S\$)
TP Insurer Enquiry	1.87
GST Amount	0.13
Total Amount Due (GST Inclusive)	2.00

Thank You.

This is a computer generated document and requires no signature.

For GIARMC Official use:

Date:

☒ GIRO ☐ Cash ☐ Cheque




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 : CS/ASM17018722/Gga3q2-1	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN:KHOR SAW THENG			Date : 09-10-2019	
			Code : ASM	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKH 5006D	Veh. Inspected	SKZ 3382K	
Policy No.	GA079242	Coverage (\$)	0.00	
Claim No.	S7M00262	Excess (\$)	0.00	
Assign From		Assign Date	28/09/2017	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JTDGG20W70J003370	Colour	GREY	
Odometer	71347	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	GOODYEAR	7 mm	
L/H Front Tyre	195/65 R15	GOODYEAR	7 mm	
R/H Rear Tyre	195/65 R15	GOODYEAR	7 mm	
L/H Rear Tyre	195/65 R15	GOODYEAR	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	22/09/2017	Inspection Date	29/09/2017	
Survey held at	25 DEFU LANE 9			
Repairer	ALLSWELL MOTOR TRADERS			
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. SKZ 3382K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER (CONSISTENT)	DEFORMED	✓ 881.95	574.90
4	REAR BUMPER CLIPS / RETAINERS @\$42.00 (CONSISTENT)	NOT NECESSARY	✓ 168.00	-
1	REVERSE SENSOR (CONSISTENT)	NOT NECESSARY	✓ 260.00	-
	LESS 25% DISCOUNT		-	-143.72
			1,309.95	431.18
LABOUR				
	DISMANTLE / ASSEMBLY OF REAR (BUMPER),		✓ 250.00	200.00
	SPRAY UNDERCOAT / SPRAY PAINTING.		✓ 800.00	200.00
	CHECK ELECTRICAL WIRING (REAR).		✓ 60.00	40.00
			1,110.00	440.00
GRAND TOTAL			2,419.95	871.18
RECOMMENDED COST OF REPAIRS				871.18

Report Ref No. CS/ASM17018722/Gga3q2-1

XING GUO QIANG

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	S7N00262
Reference	CS/ASM17018722/Cga3q2-1
Loss Date	22 September 2017
Report Date	23 Sep 2017 12:00:00 AM
Request Date	30 May 2019
Due Date	
Vendor Name	LKX AUTO CONSULTANTS PTE LTD (TPP)
Type of Loss	Third Party Vehicle Damage
Services	Direct settlement

Vehicle Information	
Incident Vehicle Registration #	SKZ3383K
Make	TPVD SKZ3383K TOYOTA
Model	WISH 1.8
Service Address	
40 BEDOK SOUTH ROAD...	460040
Primary Contact/Insured	
TEE LUAN CHENG	
40 BEDOK SOUTH ROAD, #02-687, 460040, Singapore	
69883823	
ZHAOYOUNING88@GMAIL.COM	

Claim Handler	
KH-HR Saw Theng	
6568804754	
sawtheng.khu@axa.com.sg	

PLEASE ACKN RECEIPT OF SERVICE

Additional Instructions

Messages	Invoices	History	Documents	Assessment	Metrics	Notes
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Document Type

Document SubType

+ Upload Documents

NAME	TYPE	SUB-TYPE	AUTHOR	DATE UPLOADED
LKXInvoice1 (1).pdf	Invoice	Surveyor/ Assessor expense	LKX AUTO CONSULTANTS PTE LTD (TPP)	9 October 2019

NAME LINKSquestion 11.pdf	FORMS / Claim Documents	SUB-TYPE Others	LINK AUTO CONSULTANTS PTE LTD (TP)	DATE 9 October unloaded 2019
LINK Adjustment 1.a.pdf	Forms / Claim Documents	Others	LINK AUTO CONSULTANTS PTE LTD (TP)	9 October 2019
LINK PHOTO-2.pdf	Forms / Claim Documents	Others	LINK AUTO CONSULTANTS PTE LTD (TP)	9 October 2019
LINK PHOTO.pdf	Forms / Claim Documents	Others	LINK AUTO CONSULTANTS PTE LTD (TP)	9 October 2019
CIA SEARCH.pdf	Forms / Claim Documents	Others	LINK AUTO CONSULTANTS PTE LTD (TP)	9 October 2019
PAYMENT BREAKDOWN EXPRESS SETTLEMENT FORM.pdf	Forms / Claim Documents	Satisfaction / Discharge Voucher	LINK AUTO CONSULTANTS PTE LTD (TP)	9 October 2019
AUTHORISATION TO ACT FORM.pdf	Forms / Claim Documents	FOA / Authority Letter	LINK AUTO CONSULTANTS PTE LTD (TP)	9 October 2019
LETTER TO OI.pdf	Letters and Correspondence	Policy Holders / Insured	LINK AUTO CONSULTANTS PTE LTD (TP)	9 October 2019
TP EST LIST MARKED.pdf	Reports & Statement	Others	LINK AUTO CONSULTANTS PTE LTD (TP)	19 August 2019
MANDATE JA DO 19082019.pdf	Reports & Statement	Others	LINK AUTO CONSULTANTS PTE LTD (TP)	19 August 2019
LINK Invoice-SK2-2382K.pdf	Invoice	Surveyor/ Assessor expense	LINK AUTO CONSULTANTS PTE LTD (TP)	24 September 2018
SK2-2382K-Resurvey Photo.pdf	Evidence	Photos	LINK AUTO CONSULTANTS PTE LTD (TP)	24 September 2018
TP LOD.mng	Legal	Letter of Demand/Notice of Proceedings	KADRI Mateen	14 August 2018

 SKZ3382 Inspection photo.pdf	Warranty	Eligible	LKK AUTO CONSULTANTS PTE LTD (TP)	31 July 2018 UPLOADED
 AXA Immediate Advice - SKZ 3382K (TP).pdf	Reports & Statement	Others	LKK AUTO CONSULTANTS PTE LTD (TP)	31 July 2018
 SKZ3382 EST.pdf	Reports & Statement	Estimate / Quotation	LKK AUTO CONSULTANTS PTE LTD (TP)	31 July 2018
 GIA079242-Certificate of Insurance.pdf	Forms / Claim Documents	Policy Schedule / Covernote / Certificate of Insurance	ANG Flossie	28 September 2017
 GIA079242-Policy Schedule.pdf	Forms / Claim Documents	Policy Schedule / Covernote / Certificate of Insurance	ANG Flossie	28 September 2017
 SKZ3382K TP GIA RPT.PDF	Reports & Statement	GIA Report	ANG Flossie	28 September 2017
 SKH5006D-INSR GIA RPT.PDF	Reports & Statement	GIA Report	ANG Flossie	28 September 2017
 EMAIL FROM WORKSHOP WITH IMAGES.png	Letters and Correspondence	Workshop	SHATSANG Wungkachul	28 September 2017