

INS. () OWNER:

JOEL GOH

CS3/EQ18000437/Gga3s2-2

LKK:

IDAC:

Surveyor:

GUO QIANG

DOI: 10/01/2018

Date / Time : 08/01/2018

Registered in Merimen: _____

Pre-assign / CCU / FTE



Insured Vehicle No. : GW 3487E

Claim No. : DM18HO00060-JG

Name of Insured : INTERLIFT SALES PTE LTD

Policy No. : DMCPHQ17-000736

Insured Tel No. : _____ HP: _____

Make / Model : _____

Excess Sec II : S\$

D.O.A : 31/12/2017 12:40

Place of Accident : BLK 34 WHAMPOA WEST CARPARK

Is driver the owner?

(YES / NO)

Nature of Accident : _____

If NO, Driver Name / Age : TAN YANG WHEE ANTHONY

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

Driver Tel No. : +65-98161622

(V/L: YES / NO)

Insured Liability : % Final ? Yes / No

SLC 8702Y

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

Date/ Time		STAGE	DATE / PIC
	SLC 8702Y } CS3/EQ18000437/Wbs2; DOA:31/12/17	Non-Reporting ltr (1st):	
	GW 3487E } CS3/EQ18000437/Gqbs2-1; DOA:31/12/17	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:	☒ ☐

29/8	- Email LOI.
	OTO offer to aft 10 days.
2/10	- offer #2126.45 (pending acceptance)
	- settle @ #2126.45. No by required. File
	Pass Admin to close.
2/1	- File pass me to close.

PRELIMINARY ADVICE	Date/Time:	Sent By:
--------------------	------------	----------

PRELIMINARY ADVICE Date/Time:		Sent By:	
FINALIZATION Date/Time:		Confirm with:	
Repair Cost: P/P	S\$ 1854.63 (2 days) Reduction: \$4256.92 % 42	Confirm by: GUO QIANG	
FINAL SETTLEMENT Date/Time: 21/01/19 Confirm with: Ben		Email ☐ Call ☐	
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No. : 22	If NO or B 28, Ass. Lia :	
Repair Cost: (W/BS)	S\$ 1984.45	OLD reversed w/ on	
Loss of Rental (LOR):	S\$ 200.00 (2 days) x \$100	ANTHONY TPV.	
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\$ 2.00		
Medical:	S\$ -	1) Claim status: Normal/Reject/Private Settle	
Disbursement:	S\$ - (e.g. Tow/ Independent)	2) Report Format: TP #4001-	
Legal Cost	S\$ -	3) Survey fee:	
Total:	S\$ 2186.45	Global Sum S\$:	
FINAL PAYMENT Date/Time:		Confirm with:	
Payee 1:	S\$ 2186.45	Email ☐ Call ☐	
Payee 2: (Strike if N.A.)	S\$	Name 1: Allswell Motor Traders	
Payee 3: (Strike if N.A.)	S\$	Name 2:	
		Name 3:	

COPY SENT
21/1/19

23/03/2003

ASS. REC. BY:

REF: CS3/EQI18000437/Ggb-1

Special Instruction:

dunge 2 days

Supervisor:

ASSIGNMENT (Office)

From (Person):

Elaine Cheong

of

EQI

Date/Time:

29.10.2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLC 8702Y

Insured:

GW 3487E

at Workshop m/s

Allswell Motor

Tel:

6679 1146

of

25 Defu Lane

Policy No:

DMCPHQ17-000736

Claim No:

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A.

31/12/17

CA / REV / REP. / REV 24 HRS 'wp'

H.O.D. Endorsement:

Date/Time:

2:13pm @ 08/11/17

Person Contacted:

Yanyee

Vehicle IN (OUT)

Date/Time	Action/Instruction (X) Estimate
	SLC 8702Y - X
	GW 3487E - X
29.10.2018	Received estimate from Allswell

16/8. Finalized \$ 1854.63 with Ben.
 (Cost \$ 1356.97, 42%) 2 days.

/60

PRS
REF: 1522

ASSIGNMENT

Form: _____
Car: _____
Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/INV:
To inspect Vehicle No: SLC 8702 Y
At Workshop No: Allwell
25 Deh blue 9
Insured:
Policy No:
Claims No:
Sum Insured: _____
Excess: _____
(Client's Record)
Make of Van:

(Policy Condition)

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

NS	OS

Sell or Market Value:

JAC Accident Report: _____ Consistent? Yes or No

GIA PR Seen: _____ Consistent? Yes or No

Est Repairs: 2 days Res: Yes or No

Lump Sum: _____ 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

*, Vehicle: IN / OUT

Veh No: SLC 8702 Y - 2016

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

Truck / Trailer or

Make: Toyota Wish 2017

Colour: Black 20 Insured / Std / Nil / NA

Br Reading: 148292 2000 Insured / Std / Nil / NA

Eng No:

CNo: JTOG 25W 5501826

Gen Cond: Good / Fair / Poor / Burnt

Steering: (order) / Jammed / Leaked / Burnt or

Brake: (order) / Jammed / Leaked / Burnt or

Mod: Nil / SRM / STD ARM or

Tyre Size: F: 195/15 R15
R: 195/15 R15

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

TOYO / YOKO or FIRENZA (F) / (C)

Front:

R Bal: 4 mm R Bal: 4 mm

L Bal: 4 mm L Bal: 4 mm

D.O.A:

Survey held at: Allwell @ 1233pm

Des of Damages: (F) / Rear / O/S / N/S / U/C / Roof top or

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

Date/Time: _____ Action: _____ Instruction: _____

10/1/18 Accident Report Not Given

Range - \$2900 - \$3900

3 days

RECEIVED 3 APR 2018

Date/Time For Pass to:

03042018

Date/Time For Return to:

☐: Prelim. Report

☐: Final Report

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transport:

Other:

Add Fee: ☐ Site Insp: \$

☐ Inter. ev: \$

☐ Tech. Insp: \$

☐ Messing: \$

Report Format:

PRS

Lump Sum / L.B. is \$:

Tel : +65 6679 1146 email:ben@allswellmotor.com.sg

Date: _____

Note: if any of the quoted parts are recommended to be repaired, then an additional labour cost will be charged accordingly under supplementary.

Cecilia Chong (LKK Auto)

From: OOI, Ben <ben@allswellmotor.com.sg>
Sent: Monday, 21 October 2019 12:28 PM
To: Cecilia Chong (LKK Auto)
Subject: Re: ACCIDENT INVOLVING SLC 8702Y AND GW 3487E ON 31.12.2017

Dear Cecilia,

We agreed and confirmed **\$2,186.45 (all-in)**

Please issue DV immediately ..

Truly
OOI, Ben

Allswell Motor Traders
25, Defu Lane 9
Singapore 539266
Office: +65 6679 1146
Mobile: +65 9147 8545
Email: ben@allswellmotor.com.sg

On Mon, Oct 21, 2019 at 11:40 AM Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com> wrote:

WITHOUT PREJUDICE

Dear Ben,

We are pleased to offer total amount of \$2,186.45 (all-in).

Kindly confirm acceptance.

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

Cecilia Chong (LKK Auto)

From: account5 leasing <account5@allswellmotor.com.sg>
Sent: Tuesday, 21 January 2020 1:11 PM
To: Cecilia Chong (LKK Auto)
Cc: ben OOI
Subject: Re: ACCIDENT INVOLVING SLC 8702Y AND GW 3487E ON 31.12.2017

Hi Cecilia,

This vehicle is our own car under Allswell Motor Traders and repair under our own workshop Allswell Motor Traders instead of client's vehicle.

Thank You.

Best Regards,
Chai Yee

Allswell Motor Traders
25, Defu Lane 9 Singapore 539266
Office: +65 66791146
Email: account5@allswellmotor.com.sg

On Tue, Jan 21, 2020 at 9:30 AM Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com> wrote:

WITHOUT PREJUDICE

Dear Ben,

We refer to the attached is the DV/Satisfaction letter from workshop. However, we requested for authorisation to act form from workshop to be submitted.

Authorisation to act (stating client's vehicle was repair under your workshop).

Many many 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



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 : CS3/EQ18000437/Gga3s2-2	
5 MAXWELL ROAD #17-00 TOWER BLOCK MND COMPLEXSINGAPORE 069110			Date : 23-01-2020	
			Code : EQI	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	GW 3487E	Veh. Inspected	SLC 8702Y	
Policy No.	DMCPHQ17-000736	Coverage (\$)	0.00	
Claim No.	DM18HO00060-JG	Excess (\$)	0.00	
Assign From	JOEL GOH	Assign Date	08/01/2020	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JTDGG20W00J004263	Colour	BLACK	
Odometer	148292	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65R15	FIRENZA	4 mm	
L/H Front Tyre	195/65R15	FIRENZA	4 mm	
R/H Rear Tyre	195/65R15	FIRENZA	4 mm	
L/H Rear Tyre	195/65R15	FIRENZA	4 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	31/12/2017	Inspection Date	10/01/2018	
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		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLC 8702Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	L/H HEADLAMP (HID)	SCRATCHED	982.50	982.50
1	FRONT BUMPER	CUT	1,067.00	574.90
1	FRONT TOP GRILLE	CRACKED	382.10	382.10
	LESS 25% DISCOUNT		-	-484.87
			2,431.60	1,454.63
LABOUR				
	DISMANTLE & ASSEMBLY OF AFFECTED PARTS.		360.00	200.00
	SPRAY PAINTING ON ALL AFFECTED PARTS.		420.00	200.00
			780.00	400.00
GRAND TOTAL			3,211.60	1,854.63
RECOMMENDED COST OF REPAIRS				1,854.63

Report Ref No. CS3/EQ18000437/Gga3s2-2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

HO LEONG CHUAN

Automotive Assessor

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