

INSURANCE

INS. CASE OWNER:

CC 3 / QBE1901 5748, Kleber

LICC
IDAC

Surveyor:

Kalun

DOI:

ASSIGNMENT

4/1/19

Date / Time:

4/1/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

SJN 9759T

Claim No.:

Name of Insured:

NOEW ANTONIOWICZ

Policy No.:

8-V00223-MVA

Insured Tel No.:

HP:

Make / Model:

TOYOTA

Excess Sec II :SS

D.O.A.:

3/1/19

Place of Accident:

BATTERY RD TINDS HILLIAST

Is driver the owner? (YES / NO)

(YES / NO)

Nature of Accident:

If NO. Driver Name / Age:

MOHAMAD YASIN BIN ZIKRY

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Driver Tel No.:

(V/L: YES / NO)

Insured Liability:

% Final ? Yes / No

SLA 7251R



INSRS:
WSP:
Tel:
Liability:
RMKS:

LOGE
W



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/Time	STAGE	DATE / PIC
	Non-Reporting hr (1st):	
	Non-Reporting hr (2nd):	
	Non-Reporting hr (Final):	
	Notification hr (if non-pickup):	
	Call OI:	Email 11/10
11-10-19	FILE PASS TO TYPER TO PREPARE REPORT.	
	Documentation Check List:	Handler Typist
	Notification hr (if non-pickup)	<input type="checkbox"/>
	After call hr 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 type="checkbox"/>
	LTA / GIA:	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By:

FINALIZATION Date/Time: Confirm with: Confirm by: *AWC*

Repair Cost: 45 \$5900.00 (2 days) Reduction: 51 % Email Call

FINAL SETTLEMENT Date/Time: 13-12-19 Confirm with: CATHERINE Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 21 IF NO or B 2R. Ass. Lja:

Repair Cost: 40/401 \$5963.00 010 REPAIR ENDED TP

Loss of Rental (LOR): \$5 209.90 (2 days) x +114.95

Loss of Use (LOU): \$5 - (5 x days)

Loss of Income (LOI): \$5 100.00 (5 50 x 2 days)

LOR only LOU only LOR + LOU LOR + LOI (Tick only one)

GIA/LTA Search \$57.99

Medical: \$5 - 1) Claim status: Normal/Reject/Private Settle

Disbursement: \$5 - (e.g. Tow/ Independent) 2) Report Format: TP

Legal Cost: \$5 - 3) Survey fee: +400

Total: \$5 1,500.39 Global Sum \$5: 1,500.00

FINAL PAYMENT Date/Time: 13-12-19 Confirm with: CATHERINE Email Call

Payee 1: \$5 1,500.00 Name 1: COMFORTABLE ENGINEERING PTE LTD

Payee 2: (Strike if N.A.) \$5 Name 2:

Payee 3: (Strike if N.A.) \$5 Name 3:

COPY SENT 2/1/2020

Our Job Ref No : 305330280

Date : 05/09/19

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHIA 7351R

03/09/19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

Z The repair job shall bill to: QBE SJN9759T

2. The finalized amount shall be:

(a) Spare Parts after List discount _____

(b) Labour Charges _____

Total for Part-By-Part Repair Cost _____

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: _____

Final Lumpsum Repair cost \$900.00

3. Estimated normal period for repairs: 2 working days.

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature:  _____

Signature:  _____

Name : CHIANG

Name : Kalvin

Tel : 62148314

Date : 7/9/19

Fax : 65468156

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: JC NO: 305330280

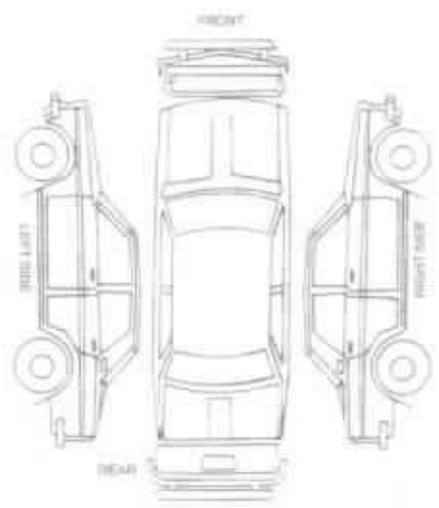
NUMBER: 7010045
 COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755

REGN NO:	SHA7351R	MILEAGE
MAKE:	HYUNDAI	FUEL E _____ 1/2 _____ F
MODEL:	I-40	DATE/TIME IN 04.09.2019 13:15
YR OF MANU:	05.08.2014	TARGET DATE
CHASSIS CODE:	KMHLB41UMEU056192	COMPLETION DATE/TIME

Accident Date: 03.09.2019
 NATURE: 3P 03.09.2019

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



ED & PASSED OUT BY: _____

 SERVICE ADVISOR

 CUSTOMER'S SIGNATURE

Management Slip
 Vehicle No.: **SHA7351R** **CHIANG**
 Service Advisor: _____
 Signature/Date: _____

Exit Pass
 Vehicle No.: **SHA7351R**
 Name of Service Advisor: _____
 Date: _____

Returned to Service Reception upon collection

To be kept by Security Guard



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

Your ref: To Be Advised
Our ref: CC3/QBE19015748/K1eb3

Date: 05.09.2019

The Motor Claims Department
M/s QBE INSURANCE (INTERNATIONAL) LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHA7351R

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 04.09.2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	1,829.36
Revised Estimate Amount	: S\$	1,161.25
"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*

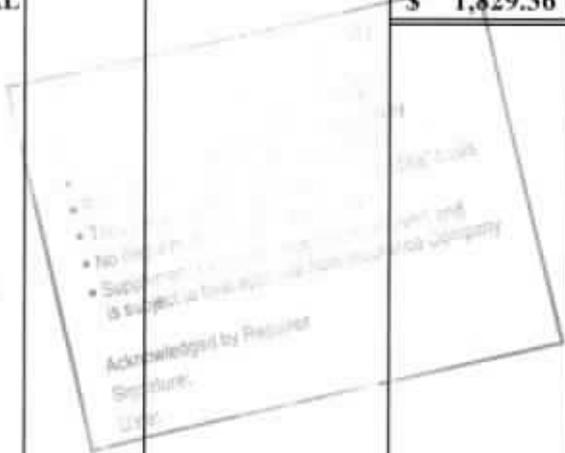
VEHICLE NO : SHA 7351R

DATE 4/9/2019 14:45

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Rear Bumper			\$ 553.00	
	Rear Bumper Clip 10 pcs			\$ 22.00	
	Rear Bumper Bracket		\$ 35.60	\$ 71.20	
	Rear Bumper Under Cover			\$ 228.00	
	SUB TOTAL			\$ 874.20	
	LESS 20% <i>25%</i>			\$ 174.84	
	DISCOUNTED TOTAL			\$ 699.36	
	Rear Bumper Advertisement Logo			\$ 50.00	Nett
	Rear Bumper Rubber Mat			\$ 50.00	Nett
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00	Nett
				\$ 300.00	
	Labour Charge				
	Panel Beating			\$ 400.00 <i>200</i>	
	Spray Painting Charge			\$ 300.00 <i>200</i>	
	Wiring Charge			\$ 50.00 <i>X</i>	
	Remove/Refix Reverse Sensor			\$ 80.00 <i>30</i>	
	TOTAL LABOUR			\$ 830.00	
	ESTIMATE TOTAL			\$ 1,829.36	
	<i>Cabin Ucky</i>				
	<i>4/9/19 1600hr</i>				
	<i>2 Days</i>				
	<i>U/S</i>				
	<i>After Repair photo</i>				



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.

Enquire Vehicle Insurance Details

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SJN9759T	03 Sep 2019 / 19:30:00	Successful	Q01	QBE INSURANCE (SINGAPORE) PTE LTD

Previous OK

SHA 735TR

Shu Pei (LKKAuto)

From: Janice Goh Siew Geok <janice.goh@qbe.com>
Sent: Tuesday, 1 October 2019 4:42 PM
To: Shu Pei (LKKAuto)
Subject: RE: Direct Settlement - Accident Involving SJN9759T (OI : QBE - TBA) AND SHA7351R (TP : LKK REF - CC3/QBE19015748/K1eb3) on 03.09.2019
Attachments: SJN9759T.pdf

Hi Shu Pei

As requested, please refer to the attachment.

Thank you.

Janice Goh

Executive, Claims

Claims | Asia

1 Raffles Quay, #29-10 South Tower, Singapore 048583

+65 6477 1243

Website LinkedIn Twitter



From: Shu Pei (LKKAuto) <shupeil@lkkauto.com>
Sent: Tuesday, 1 October 2019 4:37 PM
To: Janice Goh Siew Geok <janice.goh@qbe.com>
Subject: RE: Direct Settlement - Accident Involving SJN9759T (OI : QBE - TBA) AND SHA7351R (TP : LKK REF - CC3/QBE19015748/K1eb3) on 03.09.2019

Dear Janice,

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)

To: Janice Goh Siew Geok <janice.goh@qbe.com>
Cc: Asher Sng (LKKAuto) <AsherSng@lkkauto.com>
Subject: RE: Direct Settlement - Accident Involving SJN9759T (OI : QBE - TBA) AND SHA7351R (TP : LKK REF - CC3/QBE19015748/K1eb3) on 03.09.2019

Dear Janice,

Enclosed is the SJN 9759T LTA search.

Please verify.

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: Janice Goh Siew Geok <janice.goh@qbe.com>
Sent: Friday, 6 September 2019 8:41 AM
To: Shu Pei (LKKAuto) <shupeil@lkkauto.com>
Cc: Admin A <admin-a@lkkauto.com>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>
Subject: RE: Direct Settlement - Accident Involving SJN9759T (OI : QBE - TBA) AND SHA7351R (TP : LKK REF - CC3/QBE19015748/K1eb3) on 03.09.2019

Hi Shu Pei

SJN9759T is not insured with us.

Thank you.

Janice Goh

Executive, Claims

Claims | Asia

1 Raffles Quay, #29-10 South Tower, Singapore 048583

+65 6477 1243

Website [LinkedIn](#) [Twitter](#)



From: Shu Pei (LKKAuto) <shupeil@lkkauto.com>
Sent: Thursday, 5 September 2019 5:13 PM
To: Jenny Toh <jenny.toh@qbe.com>; Janice Goh Siew Geok <janice.goh@qbe.com>
Cc: Admin A <admin-a@lkkauto.com>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>



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

QBE INSURANCE (SINGAPORE) PTE LTD

Ref : CC3/QBE19015748/K1ea3q2

1 RAFFLES QUAY #29-10 SOUTH
TOWERSINGAPORE 048583

Date : 10-01-2020



Code : QBE

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJN 9759T	Veh. Inspected	SHA 7351R
Policy No.	8-V0022923-MVA	Coverage (\$)	0.00
Claim No.	VC013013	Excess (\$)	0.00
Assign From		Assign Date	04/09/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	KMHLB41UMEU056192	Colour	BLUE
Odometer	893979	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	HANKOOK	7 mm
L/H Front Tyre	205/60 R16	HANKOOK	7 mm
R/H Rear Tyre	205/60 R16	HANKOOK	7 mm
L/H Rear Tyre	205/60 R16	HANKOOK	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	03/09/2019	Inspection Date	04/09/2019
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 7351R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	CRACKED	553.00	553.00
10	REAR BUMPER CLIP	NECESSARY	22.00	22.00
2	REAR BUMPER BRACKET @\$35.60	SERVICEABLE	71.20	-
1	REAR BUMPER UNDER COVER	SERVICEABLE	228.00	-
	LESS 20% DISCOUNT		-174.84	-
	LESS 20% DISCOUNT		-	-143.75
			699.36	431.25
SPECIAL NETT ITEMS				
1	REAR BUMPER ADVERTISEMENT LOGO (SN)	NECESSARY	50.00	50.00
1	REAR BUMPER RUBBER MAT (SN)	NECESSARY	50.00	50.00
2	REAR FENDER ADVERTISEMENT LOGO (LH/RH) @\$100.00 (SN)	NECESSARY	200.00	200.00
			300.00	300.00
LABOUR				
	PANEL BEATING.		400.00	200.00
	SPRAY PAINTING CHARGE.		300.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE /REFIX REVERSE SENSOR .		80.00	30.00
			830.00	430.00
GRAND TOTAL			1,829.36	1,161.25
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				900.00

Report Ref No. CC3/QBE19015748/K1ea3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

HO LEONG CHUAN

Automotive Assessor

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