

1555000

INS. CASE OWNER:

CC 6/AIG1901 6004, Udb3

LKK:

IDAC:

Surveyor:

marcus

DOI:

ASSIGNMENT

10/11/19

Date / Time:

10/11/19

Registered in Merimen:

10/11/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SLK 323T

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$S

D.O.A.:

2/11/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SMC 4527B

INSRS:
WSP:
Tel:
Liability:
RMKS:Hook
w/mINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

12/09 Sent NR letter To OI

12/11/19 - FILE PMS TO LAP TO CLORIS

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:

Authorization 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:

PRELIMINARY ADVICE

Date/Time:

Sent By:

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

(5 x days)

Loss of Income (LOI):

\$S

(5 x days)

LOR only ☐ LOU only ☐LOR + LOU ☐ LOR + LO ☐ (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 1:

Payee 2: (Strike if N.A.)

\$S

Name 2:

Payee 3: (Strike if N.A.)

\$S

Name 3:

INV No: AC1910748

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

\$320

100/11/13 wef
ASS. REC. BY: Marcus

REF:

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
To inspect Vehicle No: SMC4527B
at Workshop m/s honda honda
of _____
Insured: _____
Policy No. _____
Claims No. _____
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

2 days

Res.: Yes or No

Lum Sum: _____

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

21A 41078

Vehicle: IN / OUT

Date: _____

Person Contacted: _____

Veh No: SMC4527B Yr Regn: 6/18
Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or C.B.
Make: Honda Shuttle C.C. 1496
Colour: Black A/C: Insured / Std / NI / NA
Sp. Reading: 21744 T/Radio: Insured / Std / NI / NA
Eng/No: _____
C/No: GK8 1200267
Gen. Cond: Good / Fair / Poor / Burnt
Steering: Good / Jammed / Leaked / Burnt or
Brake: Good / Jammed / Leaked / Burnt or
Modi: Nil / S/Rim / STD A/Rim or
Tyre Size: F: 185/60 R15
R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal. S mm

R/Bal. S mm

L/Bal. S mm

L/Bal. S mm

D.O.A. 2/9/19

D.O.A. 10/9/19

Survey held at

Tampine

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

Rt.

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

Date / Time Action / Instruction

PIP - \$380 (Red \$1595.20/812)

Date/Time, File Pass to?

☐ : Preli. Report

Days Of Repair:

1) Date/Time, File Return to?

☐ : Final Report

Resurvey No. of Trip: _____

Survey Fee: _____

2) _____

Add Fee: ☐ : Site Insp (\$ _____) \$ + RS \$ _____

Transportation: _____

☐ : Interview (\$ _____) Photos _____

☐ : Tech. Invs (\$ _____) Others _____

☐ : Weekend (\$ _____)

Report Format : _____

Lump Sum / I.B.I. (\$) _____

TOTAL

HOCK WAH MOTOR WORKSHOP PTE LTD

BLK 9006 TAMPINES ST 93 #01-204
SINGAPORE 528840
TEL : 67853933 FAX: 67883933
R.O.C No. 200104141D GST Reg No. 20-0104141-D

TO : S9433218D
LIM SHAN WE
BLK 53 TAMPINES AVE 1
08-04
SINGAPORE 529772
TEL : FAX :
PH : 91133020
ATTN :

ESTIMATE BILL

Number : EBK0000282
Date : 10/09/2019
Case No : ADK0000356
Vehicle No : SMC4527B
Chassis : GK81200267
Year of Mfr : 2017
Policy No :
Model : HONDA SHUTTLE

Term:

Sn	DESCRIPTION	QTY	U PRICE	DISC	AMOUNT
1	FRT BUMPER	1.0	1,050.30	20	840.24
2	FRT BUMPER CLIPS	10.0	3.90	20	31.20
3	FRT BUMPER LOWER GRILLE	1.0	140.00	20	112.00
4	FRT BUMPER SIDE RETAINER RH	1.0	95.00	20	76.00
5	FRT BUMPER TOW COVER	1.0	19.70	20	15.76
List Price - Parts Sub Total					1,075.20
Parts Total					1,075.20
6	LABOUR TO REMOVE AND REFIT NECESSARY PARTS	1.0	500.00	0	500.00
7	SPRAY PAINT ON THE AFFECTED AREAS	1.0	400.00	0	400.00
Labour 1 Sub Total					900.00
SINGAPORE DOLLARS : TWO THOUSAND ONE HUNDRED THIRTEEN AND CENTS FORTY-SIX ONLY					2,113.46
Less Excess					0.00
SUBTOTAL					1,975.20
GST 7.00%					138.26
TOTAL					2,113.46

Not Attached
10/9/19
24/9/19
Theophilus
p/p # 3801

UK Auto Consultants hence notify
the following:
1. The following information is provided:
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100. The following information is provided:

Date of accident : 02/09/2019 07:15 PM. Place : TELOK AYER STREET PARALLEL PARKING IN FRONT SHOP

E. & O. E.

HOCK WAH MOTOR WORKSHOP PTE LTD

CUSTOMER SIGNATURE

AUTHORISED SIGNATURE

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	218D
Vehicle Details	
Vehicle No.:	SMC4527B
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Sep 2019
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE 1.5G CVT
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	L15B5460330
Chassis No.:	GK81200267
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$19,728.00
Original Registration Date:	29 Jun 2018
First Registration Date:	29 Jun 2018
Transfer Count:	1
Actual ARF Paid:	\$9,728.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jun 2028
PARF Rebate Amount:	\$7,296.00
Intended COE Rebate Details	
COE Expiry Date:	28 Jun 2028
COE Category:	E - Open - all except motorcycle
COE Period(Years):	10
QP Paid:	\$38,389.00
COE Rebate Amount:	\$33,782.00
Total Rebate Amount:	\$41,078.00

The information contained herein is correct as at 10 Sep 2019

OK



Auto
Consultants
Pte Ltd

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

Our Ref: CC6/AIG19016004/Udb3

12 September, 2019

TOH PENG HUAT

6A Simon Lane
#03-23 Bliss @ Kovan
Singapore 546056

Dear Sirs,

**ACCIDENT INVOLVING SLK 323T AND SMC 4527B ON 02/09/2019 ALONG/
AT TELOK AYER STREET PARALLEL PARKING IN FRONT SHOP**

We, LKK Auto Consultants Pte Ltd has been appointed to act on the behalf of your insurer, AIG Asia Pacific Insurance Pte Ltd (AIG) to settle a THIRD PARTY claim against you for an accident which happened on the above-mentioned date and location.

Kindly proceed to lodge your GIA report within five (05) working days of receipt of this letter, giving the version of the accident amongst other things related to the accident. The GIA report can be lodged at any of AIG reporting centres. You may refer to your Certificate of Insurance for the list of the reporting centres.

If you have any information to add or any amendments to make, please contact the undersigned within five days from the date of this letter.

Please note that the standing of your insurance policy such as NCD, premium & etc would be affected.

Yours faithfully,

Carlor Chan

Claims

Tel : 6841 5792

Fax: 6741 4108

Email : Jiale@lkkauto.com

c.c. *Claims Manager*
AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)

**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

TAX INVOICE

TOH PENG HUAT
6A SIMON LANE #03-23
SINGAPORE 546056

INV No. AC1910748
INV Date 21/10/2019
Reference CC6/AIG19016004/Udb3q2
Code TP2

**PROFESSIONAL SERVICE FEE**

Vehicle No. SMC 4527B
Insured Veh. SLK 323T
Claim No. 9694720416SG
Policy No.
Accident Date 02/09/2019
Inspection Date 10/09/2019

Description	Total
Third Party Express Settlement	320.00
Subtotal	320.00
GST (7%)	22.40
Grand Total	342.40

We shall be glad if you could forward the payment at your early convenience.

Cheque should be crossed and made payable to 'LKK Auto Consultants Pte Ltd'

LKK Auto Consultants Pte Ltd

CJL



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

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

OFFICIAL RECEIPT

No. 2920

Date 21-10-19

Received from Toh Peng Huat

the sum of Dollars Three Hundred Forty Two And Cents Forty only

in payment of Survey Fee - SMC 4527B / SLK 323T DOA 2/9/2019

LKK Auto Consultants Pte Ltd

\$ 342-40

CASH / CHEQUE POSB 150139



NOT NEGOTIABLE
A/C PAYEE ONLY

Date

1	4	1	0	1	9
D	D	M	M	Y	Y

LKK AUTO CONSULTANTS PTE LTD

Pay

Singapore
Dollars

\$342.40

or Bearer

S\$

TOH PENG HUAT

Cheque No.

Bank/Branch Code

Account No.

Please sign above this line

⑈6⑈150139⑈717⑈195⑈815111249⑈

MUTUAL SETTLEMENT FORM FOR MOTOR ACCIDENT

AIG

1. WE, THE UNDERSIGNED HEREBY AGREE TO MUTUALLY SETTLE AMONG OURSELVES A MOTOR ACCIDENT AS FOLLOWS:

Date / Time:	02/09/2019
Along:	TELOK AYER STREET PARALLEL PARKING IN FRONT SHOP
Involving Vehicle Number(s):	SLK 323T & SMC 4527B

2. BOTH PARTIES HAVE AGREED TO SETTLE THIS MATTER AMICABLY AS FOLLOWS:

*Delete (A) and (B) as applicable.

(A) ~~Neither party shall be liable to compensate the party for any loss or damages (direct or indirect) incurred or to be incurred as a result of the accident.~~

(B) Without admission of liability, TOH PENG HUAT (Name) (Party paying compensation) has paid a sum of S\$ 800.00 (Amount) which LIM SHAN WEN (Owner of vehicle receiving compensation) herewith acknowledge receipt in full and final settlement of damages and costs incurred as a result of this accident.

Signature: 	Signature: 
Name: <u>Toh Peng Huat</u>	Name: <u>LIM SHAN WEN</u>
I/C No: <u>S1348115A</u>	I/C No: <u>S9433218D</u>
Address: <u>6A Simonlane #03-23</u>	Address: <u>53 Tampines Ave 1 #08-04</u>
Vehicle No.: <u>SLK 323T</u>	Vehicle No.: <u>SMC 4527B</u>
Contact No.: <u>91792591</u>	Contact No.: <u>91183020</u>
Date: <u>13-10-2019</u>	Date: <u>6/11/2019</u>

Jia Le (LKK Auto)

From: Jia Le (LKK Auto)
Sent: Monday, 18 November 2019 9:12 AM
To: Md Noor, Norsiah
Subject: Your ref: 9694720416SG [ACCIDENT INVOLVING VEHICLES SLK323T AND SMC4527B ON 02/09/2019]
Attachments: MUTUAL SETTLEMENT FORM.pdf

Dear Norsiah,

Insured and Third Party has signed the private settlement form and we will cancel the Merimen.

Thank you.

Best Regards,

Chan Jia Le | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749 5792 | email: Jiale@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)