

15/5/2010

INS. CASE OWNER:

vale

CC# / AXA1901

8274, 1296352

LKK:
IDAC:

Surveyor:

transform

DOI:

ASSIGNMENT

16/10/19

Date / Time:

16/10/19

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No. : SKR 4675B

Name of Insured : GWEE GOH TEE

Insured Tel No. : HP:

Excess Sec II : S\$

D.O.A : 9/10/19

Is driver the owner? (YES / ☒ NO)

Nature of Accident :

If NO, Driver Name / Age : WEE MING XIAN

Driver Tel No. :

(V/L: ☒ YES ☐ NO)

Claim No. : SAM022BW / 14501

Policy No. :

Make / Model :

Place of Accident :

OI GIA REPORT: ☒ YES ☐ NO ; TP GIA REPORT: ☒ YES ☐ NO

Insured Liability : % Final ? Yes / No

SGH 6153C

SKR 4675B

SKC 3612T

INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS: 01INSRS:
WSP: 10mm work
Tel :
Liability :
RMKS: TPINSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time

24/10 - ID submit wp. & close case. As TP want to change independent. (pending est list)

30/10 - Transfer claim no est list. File Pass Shu Kei to close.

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:

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:

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

Cal

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\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ 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\$

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Cal

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

ASS. REC. BY:

REF:

Asm (AKA)

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

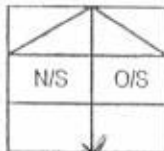
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

\$22K.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

10

days

Res.:

Yes or No

Lum Sum:

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Daren

Veh No:

SKC 3612T

Yr Regn:

2011 Aug

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

Truck / Trailer or

Make:

Chevrolet Cruze

c.c.

1598

Colour:

white

A/C:

Insured / Std / NI / NA

Sp. Reading

16613

T/Radio:

Insured / Std / NI / NA

Eng/No:

KL1JA69E9CK 542596

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

225/40R18

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

TOYO / YOKO or

Front

Rear

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

D.O.I.

16/10/09 3.43pm

Survey held at

Teamwork

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

Inform w/ Daren limit \$6000.

Discontinue: 29/10/2019.

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Rep. Formet:

Lump Sum / F.R. 1%

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

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

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	739G
Vehicle Details	
Vehicle No.:	SKC3612T
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Oct 2019
Vehicle Make:	CHEVROLET
Vehicle Model:	CRUZE 1.6L AUTO ABS D/AB 2WD 4DR
Primary Colour:	White
Manufacturing Year:	2011
Engine No.:	F16D4278988KA
Chassis No.:	KL1JA69E9CK542596
Maximum Power Output:	91.0 kW (122 bhp)
Open Market Value:	\$12,540.00
Original Registration Date:	18 Aug 2011
First Registration Date:	18 Aug 2011
Transfer Count:	2
Actual ARF Paid:	\$12,540.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Aug 2021
PARF Rebate Amount:	\$6,897.00
Intended COE Rebate Details	
COE Expiry Date:	17 Aug 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$48,801.00
COE Rebate Amount:	\$8,959.00
Total Rebate Amount:	\$15,856.00

The information contained herein is correct as at 16 Oct 2019

OK



Service Request Details

Claim

S9M023BW

Reference

None

Loss Date

October 9, 2019

Report Date

Oct 11, 2019 10:45:00 AM

Request Date

October 16, 2019

Due Date

October 16, 2020

Vendor Name

LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss

Third Party Vehicle Damage

Services

Pending verification - Direct Settlement

P: Darren

T: 11.45a.m

V: 1h

E: ✓

Actions

Next Step

Finish the work

[Complete Work](#)[More ▾](#)

Vehicle Information

Incident Vehicle Registration #

SKC3612T

Model

CRUZE 1.6L AUTO ABS

Service Address

...

Primary Contact/Insured

GWEE GOH TEE

37 CHOA CHU KANG LOOP, #09-03, 689675, Singapore

96306199

GWEEGT@GMAIL.COM

Claim Handler

OH Vale

6568804897

vale.oh@axa.com.sg

Additional Instructions

1

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

[New Message](#)

TYPE



SENT

10/16/19 11:41 AM

FROM

OH Vale

SUBJECT

PLS EXPLORE IN DS-VO

BODY



NIKAM Santosh Pandurang

From: TEAMWORK <claims@teamworkgarage.com>
Sent: Tuesday, October 15, 2019 3:39 PM
To: SG AXA Insurance SM AXA SGP - Motor Survey
Cc: TEAMWORK
Subject: [EXTERNAL] OUR REF : 1910-17 // YOUR REF : SKR4675B ACCIDENT INVOLVING SKR4675B AND SKC3612T
Attachments: GIA REPORT.PDF
Categories: Santosh

WITHOUT PREJUDICE

OUR REF : 1910-17
YOUR REF : SKR4675B

Dear Sir / Madam,
PRE-REPAIR INSPECTION FOR SKC3612T
ACCIDENT INVOLVING SKR4675B AND SKC3612T ON 09.10.2019.

We refer to the above matter and enclosed herewith our client's GIA report and notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction-Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention.

Thank you and have a nice day.

Regards,

Shu Shan

Teamwork Garage Pte Ltd
Blk 53 Ubi Avenue 1
#01-24
Paya Ubi Industrial Park
Singapore 408934
Tel: 6844 2475
Fax: 6844 2474

AUTHORIZATION LETTER

AUTHORIZATION LETTER

Date: 10/10/17

To: Axa Insurance

Cc: Borneo Motors (S) Pte Ltd

Attn: To Whom It May Concern

Dear Sir / Madam,

RE: **Authorization to Act on Behalf for Insurance Claims Documentation**

I/we, (full name) Gwee Goh Tee NRIC No. S12149771
hereby authorized my/our (relationship) Son (full name)
Wei Ming Xian NRIC No. S9031156E to drive my
vehicle at time of accident.

He / She is also authorize to exercise and execute to sign all / any necessary transaction
documentation pertaining to my registration vehicle number SKR 46773, as I am
currently having tight official business schedules / away from Singapore on duty overseas travel.

Please do not hesitate to contact me should you require any further clarification on the above.

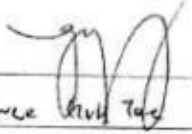
Thank You

Yours truly,

Signature :

Name :

Contact No :


Gwee Goh Tee
96306199



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: 30/10/2019

Survey Details:

Date of loss	9-Oct-19
Date of appointment	16-Oct-19
Date of survey	16-Oct-19
Location of survey	TEAMWORK GARAGE PTE LTD

Vehicle Details:

Claim Type:	Third party
Vehicle number	SKC 3612T
Make and Model	CHEVROLET CRUZE
Date of registration	18/8/2011
Excess	
Market Value	\$22,000
Parf Rebate	\$15,856
Nett Loss	\$6,144

Repair details:

Initial Estimate	\$ 5,055.35
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Proposed/Revised repair cost:

Parts	\$ -
Check items (estimate)	\$ -
Labour	\$ -
Total	\$ 6,000.00
Lump Sum(if applicable)	-

Number of days for repair	5
---------------------------	---



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:

REPAIR LIMIT \$6000.00. WORKSHOP DOES NOT WANT TO DO DIRECT
THUS WE SUBMITTING FOR PRS ONLY.

Mandate:

Liability(TP)		100%
Proposed repair cost (W/GST)	\$	-
Loss of use (6days x \$50)	\$	-
Loss of rental	\$	-
Loss of income	\$	-
LTA search fees	\$	-
Others	\$	-
Proposed Total	\$	-



SUBMIT OF WP REPORT AND CLOSE CASE

Type

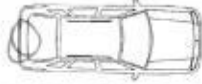
🔗 Question

Message

Dear Vale, TP repairer does not wish to do Direct thus, we submitting for PRS only. We will then proceed to submit WP and close off the case. Survey photos and IA has been uploaded in Smartclaim. Thanks - CCL

Reply



PRE-REPAIR INSPECTION REPORT			
AXA INSURANCE PTE LTD		Ref: CS3/ASM19018274/T1gb3s2	
8 SHENTON WAY #24-01 AXA TOWERS SINGAPORE 068811		Date: 31-10-2019	
ATTN: VALE OH		Code: ASM	
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SKR 4675B	Veh. Inspected	SKC 3612T
Policy No.	VPA/P2037317	Coverage (\$)	0.00
Claim No.	S9M023BW	Excess (\$)	0.00
Assign From	VALE OH	Assign Date	16/10/2019
2. Vehicle Particulars & Condition			
Make & Model	CHEVROLET CRUZE	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KL1JA69E9CK542596	Colour	WHITE
Odometer	161613 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/40 R18	DUNLOP	6 mm
L/H Front Tyre	225/40 R18	DUNLOP	6 mm
R/H Rear Tyre	225/40 R18	DUNLOP	6 mm
L/H Rear Tyre	225/40 R18	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	09/10/2019	Inspect Date / Time	16/10/2019 (03:43 PM)
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS REPAIR LIMIT OF \$6,000.00			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		10 Working Days	

Report Ref No. CS3/ASM19018274/T1gb3s2

Inspected By



MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor



K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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