

INS. CASE OWNER: WINNIE ONALILI CC31AXA120 19584/KVI pt ^{b3C3} LER IDAC vic

ASSIGNMENT

Surveyor: KENNETH DOI: 08/10/2012 Date/Time: 08/10/2012

Pre-assign / CCU / PTE: _____ Registered in Meritina: _____

Insured Vehicle No.: SFN 4676D Claim No.: C0236179 MC/OLL
 Name of Insured: LIM LUNG HUK BENJAMIN Policy No.: P0565078
 Insured Tel No.: _____ HP: 97576688 Make / Model: _____
 Excess Sec II :SS _____ D.O.A: 06/10/2012 Place of Accident: _____
 Is driver the owner? (YES / NO) Nature of Accident: _____
 HNO, Driver Name / Age: _____ OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No.: _____ (V/L: YES / NO Insured Liability: _____ % Final? Yes / No

SAC 5309S

	INSRS: <u>FIRST CAPITAL</u>		INSRS:		INSRS:		INSRS:
	WSP: <u>TRANS-CAB</u>		WSP:		WSP:		WSP:
	Tel:		Tel:		Tel:		Tel:
	Liability:		Liability:		Liability:		Liability:
	RMKS:		RMKS:		RMKS:		RMKS:

Date/Time	FOR CSO ONLY:	STAGE	DATE / PIC
	Is driver the owner? (YES / NO)	Finalisation:	
	If NO, Driver Name / Age :	Email AIG for OI GIA:	
	Driver's Own Vehicle Number: _____ Insurance Company: _____	Apt letter to OI:	
	<u>SAC 5309S - X</u>	Call OI:	
	<u>SFN 4676D - / 027/461200496/KPVR</u>	After call ltr to OI: <u>027/461200496/KPVR</u>	<input checked="" type="checkbox"/> (LTA) (OAI)
		Type Report:	<u>ICCh</u>
		Prepare Invoice:	<u>8/11</u>
		Others:	
		Documentation Check List:	Handler Typist
		OI Apt Ltr:	<input type="checkbox"/> <input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/> <input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/> <input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/> <input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/> <input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/> <input type="checkbox"/>
		Approval Email:	<input type="checkbox"/> <input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/> <input type="checkbox"/>
		Others:	<input type="checkbox"/> <input type="checkbox"/>
<u>08/10/12</u>	<u>call OI - TX. REPAIR-UP.</u>		
<u>08/10/12</u>	<u>TRLY PIC BY EMAIL.</u>		
<u>02/10/2012</u>	<u>spoke to OI. HE COMMENTED ACCIDENT DETAILS. COMMENTED THAT LORRY HIT ANOTHER VEHICLE THEN REAR-ENDED HIM & HIS VEHICLE MOVED FORWARD & HIT TP. INFORMED TP CLAIM & WCT. AGREED TO SETTLE & AWARDS NCD WILL BE WITHHELD FOR THE TIME BEING.</u>		
	<u>DO PIC YET.</u>		
	<u>WHD HIS, DO NOT REPORT LIABILITY UNTIL PIC IS AVAILABLE.</u>		
<u>08/02/12</u>	<u>REMOVED PIC BY EMAIL.</u>		
<u>17/02/12</u>	<u>NO PIC YET. TO GET OIA OF LORRY YH1989H & GSE 897H.</u>		
	<u>GET OIA OF OFIS 9692.</u>		
<u>29/10/13</u>	<u>File pass to typist to close.</u>		

COPY SENT
29/10/2013

FINAL SETTLEMENT	Date :	Confirm with	BOLA S/N No. :
Repair Cost:	\$\$	Final Liability 10-20 % (Agreed / Assessed)	<u>WIL</u>
Loss of Rental:	\$\$	(days)	If NO or B 28, Ass. Lia : 10-20%
Loss of Use:	\$\$	(\$ x days)	<u>Check TP TO CLAIM 80-90% FROM THE LORRY</u>
Disbursement:	\$\$		
Total:	\$\$	Global Sum: \$\$	<u>Redirect claim: Submit wp - \$250</u>

ASS. REC. BY:

REF: ALA/

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

OD TP WS TP RES OD RES EVA INV MV

To inspect Vehicle No: _____

at Workshop m/s Tans Cob

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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res: Yes or No

Lum Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No SH05309S Yr Regn: 09, 05

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

Truck / Trailer or _____

Make: Toy Crown C.C. 2986

Colour White / Red A/C. Insured / Std / NI / NA

Sp. Reading 158843 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LX512-0020733

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: 175/80R14

R: _____

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

TOYO / YOKO or Westlake

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 7 mm

L/Bal. 8 mm L/Bal. 7 mm

D.O.A. 8/10/12 D.O.I. 8/10/12

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	confirmed RC \$2150 IS WITH 3 w/day
	Red: \$7779.95 / 757.

Date/Time, File Pass to?	Date/Time, File Return to?
1) _____	2) _____
3) _____	4) _____
5) _____	6) _____
Prel. Report	
Final Report	

TOTAL LOSS	<input type="text"/>	<input type="text"/>
KIV FOR LOD	<input type="text"/>	<input type="text"/>

Survey Fee:	Date:
Basic & Add	<input type="text"/>
___ S + RS. ___ \$	<input type="text"/>
Photos	<input type="text"/>
Others	<input type="text"/>
TOTAL	<input type="text"/>

TRANS-CAB AUTO SERVICES PTE LTD

NO.58 DEFU LANE 1 SINGAPORE 539498
 TEL NO.6287 6666 FAX NO.6281 1400
 CO/GST REG NO.201019626G
SHC5309S -

Not Authorised
11/10/12 @ 2150/1

Vehicle No.:
 Chassis No.:
 Vehicle Make:
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :

SHC 5309S - ROEL
 LXS12-0020733*
 TOYOTA
 CROWN TAXI
 06.10.2012
 AXA

PART			LIST
1	1	Rear Bumper Assembly	\$ <i>Pr</i> 460.12 ✓
2	1	Rear Bumper Beam	\$ <i>Pr</i> 119.97 ✓
3	1	Rear Bumper Centre Absorber Foam	\$ <i>Sm</i> 125.00 X
4	1	Rear End Panel	\$ <i>R</i> 427.75 X
5	1	Rear End Panel Inner Trim Cover	\$ <i>Pr</i> 193.80 ✓
6	1	Rear Lamp (Tail Lamp) LH	\$ <i>Sm</i> 298.49 X
7	1	Rear Lamp Panel LH	\$ <i>R</i> 90.64 X
8	1	Bootlid	\$ <i>Pr</i> 791.04 ✓
9	1	Bootlid Weatherstrip	\$ <i>Gr</i> 204.15 <i>50/1m</i> ✓
10	1	Bootlid 'TOYOTA' Badge	\$ <i>Pr</i> 35.53 ✓
11	1	Bootlid 'CROWN' Badge	\$ <i>Pr</i> 39.49 ✓
12	1	Bootlid Centre Logo Badge	\$ <i>Pr</i> 32.23 ✓
			\$ 2,818.21
		25%	\$ 704.55
TOTAL			\$ 2,113.66

Special Nett

1	Rear Bumper Parking Sensor	\$ <i>Pr</i> 300.00 <i>220/1m</i> ✓
1 SET	Rear Bumper Side Clip	\$ <i>Pr</i> 5.00 ✓
1 SET	Rear Bumper Side Clip Holder	\$ <i>Pr</i> 9.29 ✓
1 SET	Rear Bumper Fastener Clip	\$ <i>Pr</i> 12.00 ✓
1	Rear Boot Sticker 'Trans-Cab'	\$ <i>Pr</i> 30.00 ✓
1	Rear Boot Sticker 'Trans-Link'	\$ <i>Pr</i> 30.00 ✓
1	Rear Boot Sticker '6555-3333'	\$ <i>Pr</i> 30.00 ✓

TOTAL \$ **416.29**

TOTAL PARTS \$ 2,529.95

TRANS-CAB AUTO SERVICES PTE LTD

NO.58 DEFU LANE 1 SINGAPORE 539498

TEL NO.6287 6666 FAX NO.6281 1400

CO/GST REG NO.201019626G

SHC5309S -

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And renewal Of Parts, Adjust And Realign The Same	\$	2,500.00	400
To Rust-Proofing Of The Affected Areas.	\$	200.00	30
To Check Electrical Lighting Concerned.	\$	100.00	15
To Reinstall Rear Bumper Parking Sensor.	\$	150.00	50
To Remove And Replace Corporate Sticker	\$	150.00	X
To Remove And Refit Interior Fittings, Trimings, Garnish, Fittings And Other, To Enable Repair.	\$	250.00	60
To Transfer Of Bootlid Fittings, Attachments And Perform Water Seepage Test.	\$	150.00	50
Putty And Spray Painting Of The Affected Portion.	\$	1,800.00	400
TOTAL	\$	5,300.00	

Over All Total \$ 7,829.95Total Repair days 10 Days
2 days

Jesslyn Soh

From: Ong Li Li [lili.ong@axa.com.sg]
Sent: Tuesday, 29 October, 2013 11:25 AM
To: Jesslyn Soh
Subject: RE: 06/10/2012 - Your ref: C0236179 - ACCIDENT INVOLVED SFN 4676D & SHC 5309S
Attachments: TP GIA.PDF; OI GIA.PDF

Dear Jesslyn

Agree that this is not a clear-out case.

Yes, maybe you can re-direct the claim to the lorry who is the proximate cause of the accident.

Regards,

Ong Li Li
Executive - Motor Claims
AXA Insurance Singapore Pte Ltd
8 Shelton Way #27-01, Singapore 068811
lili.ong@axa.com.sg
Tel : 6880 4032 Fax: (65) 6880 4838
Website: www.axa.com.sg



redefining / insurance

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Please consider the environment before printing this email

From: Jesslyn Soh [<mailto:jesslynsoh@lkkauto.com>]
Sent: Wednesday, October 23, 2013 4:39 PM
To: Ong Li Li
Subject: DOA: 06/10/2012 - Your ref: C0236179 - ACCIDENT INVOLVED SFN 4676D & SHC 5309S

Your ref: C0236179
Our ref: CC3/AXA12019584/Kv1p1

ACCIDENT INVOLVED SFN 4676D & SHC 5309S ON 06/10/2012

Both TP and Insured reported that the last vehicle, a lorry YM 1389H had rear ended our Insured 's vehicle and was pushed forward and hit TP. However, the lorry had also rear ended another vehicle which also resulted into another chain collision. Please refer to report attached.

Kindly advise if we settle the matter as per Bola, contribution or to redirect the claim to the lorry.

Thank you.

Best Regards,
Jesslyn Soh
LKK Auto Consultants Pte Ltd
DID : 6841 6051

Fax : 6741 4108

Email : jesslynsoh@lkkauto.com

Jesslyn Soh

From: Jesslyn Soh
Sent: Tuesday, 29 October, 2013 12:46 PM
To: 'Jasmine Tan'; 'Yu Ping'
Cc: 'claims@transcabservices.com.sg'
Subject: DOA: 06/10/2012- Your ref: SHC 5309S - ACCIDENT INVOLVED SFN 4676D & SHC 5309S

WITHOUT PREJUDICE

Your ref: SHC 5309S
Our ref: EC3/AXA12019584/Kv1p1

Dear Jasmine / Yu Ping,

ACCIDENT INVOLVED SFN 4676D & SHC 5309S ON 06/10/2012

We refer to the above matter.

We have our principal instruction to close file at our end.

Kindly re-direct your client's claim to the lorry who is the proximate cause of the accident for redress.

Thank you.

Best Regards,

Jesslyn Soh

LKK Auto Consultants Pte Ltd

DID : 6841 6051

Fax : 6741 4108

Email : jesslynsoh@lkkauto.com