

INS. CASE OWNER:

CC 3 / LCR170

LKK:
IDAC:

ASSIGNMENT

Surveyor:

DOI:

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

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

SHD 204 M



INSRS:

WSP:

Tel:

Liability:

RMKS:

TRANS-CAB



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

20/11/17
20/11/17

9-2-18

EMAILED AIG FOR GIA

OI FILTERED/CHANGED LANE

DOA - 16 NOV THUR
DOI - 17 NOV FRI
SAT
SUN
MON } 3 DAYS

RECEIVED 08 JUN 2018

STAGE

DATE / PIC

Non-Reporting ltr (1st): -20-2-18

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI: 27-4-18 XY

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:

8-6-18

Confirm with:

JASMINE

Email ☒Call ☐

Final Liability:

%

100 (Agreed / Assessed) BOLA S/N No. : 15

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

1,730.31

Loss of Rental (LOR):

S\$

310.80

3

days) X103.60

Loss of Use (LOU):

S\$

150

(\$

50 x 3 days)

Loss of Income (LOI):

S\$

150

(\$

50 x 3 days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

5.35

Medical:

S\$

-

Disbursement:

S\$

-

(e.g. Tow/ Independent)

Legal Cost

S\$

-

Total:

S\$

2,196.46

Global Sum S\$:

FINAL PAYMENT

Date/Time:

2,196.46

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

2,196.46

Name 1:

TRANS. CAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

X

Name 2:

X

Payee 3: (Strike if N.A.)

S\$

X

Name 3:

X

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

ASS. REC. BY:

REF:

AIG /

Kenneth

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. _____

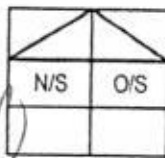
Claims No. _____

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1.6.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD 204MYr Regn: 10, 45

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

Truck / Trailer or

Make: Perodua Myvi c.c. 18P5Colour n. white / Red A/C: Insured / Std / NI / NASp. Reading 259236 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABL15AUC 282373Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/60R16Ling R: Long

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 5 mmL/Bal. 8 mmL/Bal. 5 mmD.O.A. 16/11/17D.O.I. 17/11/17

Survey held at _____

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop orN/S Rre

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

Date / Time

Action / Instruction

20/11File pass to Catherine78/6/17.11

RC \$23,895.25 / 94%

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: _____

1)

☐ : Final Report

Resurvey No. of Trip: _____

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Report Format :

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




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				
AIG ASIA PACIFIC INSURANCE PTE LTD		Ref : CC3/LCR17022096/Kza3		
78 SHENTON WAY #08-16 CHARTIS BUILDINGS SINGAPORE 079120		Date : 20-11-2017		
		Code : LCR		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SLD 6985E	Veh. Inspected	SHD 204M	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	20/11/2017	
2. Vehicle Particulars & Condition				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
4. Description of Damages				
5. General Information				
Accident Date	16/11/2017	Inspection Date	17/11/2017	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

TRANS-CAB AUTO SERVICES PTE LTD

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHD 204M -**AAD1711-178***Not Withheld**Resony B4 part 81617.11*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHD 204M - CANDY

VF1ABL15AUC282373

RENAULT

LATITUDE

16.11.2017

*Alt***PART****LIST**

1	1	BUMPER COVER REAR	\$	<i>Bulldozer</i> 1,108.46 ✓
2	1	BUMPER LOWER REAR	\$	<i>Sn</i> 768.84 ✓
3	1	BUMPER BRACKET CTR REAR	\$	<i>Sn</i> 113.47 ✓
4	1	BUMEPR BRACKET SIDE LH REAR	\$	<i>Sn</i> 135.97 ✓
5	1	BUMEPR RETAINER LH REAR	\$	<i>Di</i> 44.99 ✓
6	1	BUMPER REFLECTOR LH	\$	<i>Sn</i> 43.61
7	1	BUMEPR BRACKET SIDE LH REAR	\$	<i>Sn</i> 135.97
8	1	BUMPER RETAINER LH REAR	\$	<i>Sn</i> 44.99
9	1	ROCKER PANEL OUTER LH	\$	<i>R</i> 987.49
10	1	FENDER PANEL REAR LH	\$	<i>R</i> 3,299.13
11	1	WHEELARCH REAR LH	\$	<i>Sn</i> 543.47
12	1	TAILLAMP LH	\$	<i>Sn</i> 552.55
13	1	TAILLAMP PANEL LH	\$	<i>R</i> 986.70
14	1	BOOT REAR	\$	<i>R</i> 2,872.68
15	1	BOOT REFLECTOR LAMP LH	\$	<i>Sn</i> 493.35
16	1	BOOT STRUT LH	\$	<i>Sn</i> 276.08
17	1	BOOT HINGE LH	\$	<i>R</i> 367.84
18	1	DOOR PANEL REAR LH	\$	<i>R</i> 2,844.66
19	1	DOOR MOULDING REAR LH	\$	<i>Sn</i> 176.82
20	1	DOOR LOCK REAR LH	\$	<i>R</i> 908.75
21	1	DOOR GRAB HANDLE REAR LH	\$	<i>Sn</i> 210.96
22	1	DOOR HANDLE OUTER REAR LH	\$	<i>Sn</i> 126.49
23	1	DOOR HANDLE CAP REAR LH	\$	<i>Sn</i> 35.52
24	1	DOOR HANDLE SEAL REAR LH	\$	<i>Sn</i> 7.89
25	1	DOOR HANDLE COVER REAR LH	\$	<i>Sn</i> 13.22
26	1	DOOR HANDLE MODULE REAR LH	\$	<i>Sn</i> 133.60

TOTAL	\$	17,233.51
10%	\$	1,723.35
	\$	15,510.16

Special Nett

1 1SET PARKING AID

\$

Sn 700.00 X

TRANS-CAB AUTO SERVICES PTE LTD**AAD1711-178**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHD 204M -

2	1SET	REAR BUMPER CLIP	\$	66.00	—
3	1SET	BUMPER BRACKET CTR CLIP	\$	33.00	—
4	1SET	BUMEP R BRACKET SIDE CLIP LH RR	\$	10.00	}
5	1SET	BUMEP R RETAINER LH CLIP RR	\$	20.00	
6	1SET	BUMPER LOWER REAR RIVET	\$	22.00	
7	1SET	BUMPER LOWER REAR CLIP	\$	66.00	
8	1SET	BOOT FINISHER CLIP	\$	24.20	
9	1	BOOT STICKER "Trans-cab"	\$	30.00	
10	1	BOOT STICKER "6555-3333"	\$	30.00	
11	1	TAILLAMP CLIP LH	\$	5.00	
12	1SET	WHEELARCH CLIP RR LH	\$	66.00	
13	2	REAR WINDSCREEN SELANT	\$	80.00	}
14	1	WINDSCREEN MOULDING	\$	100.00	
15	1	REAR WINDSCREEN INNER SPONGE SEAL	\$	100.00	
16	1	CAP HUB LH RR	\$	35.00	
17	1	RIM LH RR	\$	385.00	
18	1	TYRE LH RR	\$	330.00	
19	1	DOOR STICKER "Trans-cab"	\$	80.00	
20	1	DOOR STICKER "Classic"	\$	30.00	
21	1	DOOR STICKER "6555-3333"	\$	80.00	

TOTAL	\$	2,292.20
TOTAL PARTS	\$	17,802.36

Putty And Spray Painting Of The Affected Portion.

\$ 3,000.00 2201

To reinstall rear bumper parking sensor.

\$ 170.00 601

To Rust-Proofing Of The Affected Areas.

\$ 170.00 X

To transfer of bootlid fittings, attachments and perform water seepage test.

\$ 170.00 X

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 2,800.00 2001

To repair and realign rear exhaust pipe.

\$ 170.00 X

To transfer of rear fender fittings, attachment and perform water seepage test.

\$ 380.00 X

TRANS-CAB AUTO SERVICES PTE LTD**AAD1711-178**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHD 204M -

Towing Fees	\$	<i>~ 120.00</i> X
To transfer of rear windscreen fittings and conduct water seepage test.	\$	<i>~ 170.00</i> X
To check steering geometry and computer wheel alignment	\$	<i>~ 220.00</i> X
To transfer of door fittings, attachment and perform water seepage test.	\$	<i>~ 170.00</i> X
To transfer of tire, rim and on wheel balancing.	\$	<i>~ 170.00</i> X

TOTAL	\$	7,710.00
Over All Total	\$	25,512.36

(PARTS BY PARTS)**Repair Days****10 Days***2 days*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

View Received Message

This mail is associated with :

***SHD204M (3429360006SG)**
[SLD6985E]

TP
TRANS-CAB SERVICES PTE LTD
Nov 16 2017 4:00AM
[LCRF Pte Ltd]
Trans-cab Auto Services Pte Ltd

[Reply](#) [Reply All](#) [Mark as Unread](#) [Print Message](#) [Delete Message](#) [Forward](#)

From AIG Asia Pacific Insurance Pte. Ltd. (AIG_SG), sent on **21/11/2017 10:17 AM.**
To LKK_HQ
Subject No OI GIA Report

Hi

*Pls be advice that no OI GIA report received
Pls find OI details below for your further actions*

OI name : LCRF Pte Ltd

*Address :
60 Anson Road
#11-01 Mapletree Anson
Singapore 077914*

Thank you.

*Regards,
Sheng Yang*

DOCUMENTS SUMMARY

There are no documents.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	05/12/2017 18:17
Date Of Accident	16/11/2017 04:40
Exact Location Of Accident	BISHAN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLD6985E
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	Office-66944919

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
Exact Purpose for which vehicle was being used at time of accident	HIRER
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995042
Cover Note Number	

Driver

Name of Driver	TAN EE SAN
NRIC No	S8132283Z
Date Of Birth	30/09/1981
Occupation	OUTDOOR
Date Of Driving Pass	21/05/2003
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address
Postcode

Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
-
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLISION - CHANGE/CROSS LANE
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? NO
Was any other material or property damaged? YES
I have been approached by unknown person(s)
soliciting/offering accident claims assistance. NO
Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO
If Yes, Please state which Police Station
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO PHOTO AS ATTACHED, THANK YOU.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SHD204M
Vehicle Make/Model/Colour
Details Of Properties VEH. B
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Details of Witness

Name
Phone Number
Email Address

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to rescind policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

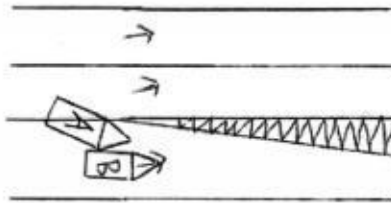
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Bishan Road

SKETCH PLAN



A - SLD 6985E
B - SHD 209M

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I WAS driving along Bishan Road on the 2nd lane, I
vehicle B is far away hence I filter to the 3rd lane, suddenly
vehicle B sped towards me and his vehicle rear portion collided
in to my vehicle front right portion.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:

Reporting Centre Personnel's Signature
Name:
NRIC/FBI No.:

...CLAIM SUBFOLDER...(Pending for Survey Report)

Express

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	20 Nov 2017 Edit Reg		17 Nov 2017 00:00 Edit Adj Rpt	S\$1,617.11 Edit Estimates	S\$1,617.11 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:	LCRF PTE LTD, Co. Reg. No.: 201624597K		
Main Claimant:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K		
Vehicle Reg. No.:	SHD204M	Date of Loss:	16/11/2017 04:00 - :59 [25 Months and 14 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 3429360006SG	Policy/Cover Note No.:	0999995064
Vehicle Reg. No. (Insured):	SLD6985E	Policy No. (Claimant):	VPX/P1680520
		Excess:	
Repairer:	Trans-cab Auto Services Pte Ltd () No 2 Ang Mo Kio Street 63, 569111 Ang Mo Kio - Tel:		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Chew, Mavis] Chew.Mavis@aig.com		
Claimant's Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 29/11/2017]		
Driver/Custodian (Insured):	TAN EE SAN (), NRIC: S8132283Z		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

- AIG_SG (21/11/2017): No OI GIA Report
- AIG_SG (21/11/2017): Request To Upload TP GIA Report

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SHD204M (3429360006SG)**
[SLD6985E]

TP

TRANS-CAB SERVICES PTE LTD

Nov 16 2017 4:00AM

[LCRF PTE LTD]

Trans-cab Auto Services Pte Ltd

Upload Documents	Upload Photos	Compose New Letter	Upload Video	Upload Audio	View View in Browser ▼
------------------	---------------	--------------------	--------------	--------------	-------------------------------

Letters/Correspondences					1 per page ▼	✓
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print	
1	(Draft)	Third Party Express Settlement - Payment Breakdown	1	Edit		

Photos/Images					3 per page ▼	✓
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print	
1	27/04/18 10:53	General View	1	Load JPG	✓	
2	27/04/18 10:53	General View	1	Load JPG	✓	
3	27/04/18 10:53	General View	1	Load JPG	✓	
4	27/04/18 10:53	General View	1	Load JPG	✓	
5	27/04/18 10:53	General View	1	Load JPG	✓	
6	27/04/18 10:53	General View	1	Load JPG	✓	
7	27/04/18 10:53	General View	1	Load JPG	✓	
8	27/04/18 10:53	General View	1	Load JPG	✓	
9	27/04/18 10:53	General View	1	Load JPG	✓	
10	27/04/18 10:53	General View	1	Load JPG	✓	

Documentation					1 per page ▼	✓
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print	
1	22/11/17 10:56	TP ESTIMATE - MARKED	1	Load PDF		
2	22/11/17 10:56	TP GIA REPORT	1	Load PDF		
3	27/04/18 10:52	LETTER TO LCRF	1	Load PDF		
4	11/06/18 13:22	AUTHORISATION TO ACT	1	Load PDF		
5	11/06/18 13:22	LTA SEARCH	1	Load PDF		
6	11/06/18 13:22	RELEASE VOUCHER	1	Load PDF		
7	11/06/18 13:22	RENTAL RECEIPT	1	Load PDF		
8	11/06/18 13:22	WORKSHOP INVOICE	1	Load PDF		
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)		Thumbnail	Print	
1	21/02/18 10:27	Singapore Accident Statement OI's Report	1	Load PDF		

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SLD6985E (Insd veh)	Model:	RENAULT LATITUDE 2.0 DCI
	SHD204M (TP veh)		AUTO D/AB 4DR (A)
Date of Accident:	16/11/2017		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Repair Estimate	: \$	27,298.21	
Final Repair Cost	: \$	1,730.31	
Loss of Use	: \$	150.00	3.00 days at \$50.00 per day
Rental (if any)	: \$	310.80	3 days
LTA / GIA Search Fee	: \$	5.35	
Others:	: \$		
	: \$		
Final Settlement Sum	: \$	2,196.46	
Is Third Party Workshop GIA Registered? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (Kindly indicate below)			
A) For <u>Non GIA Registered Workshop</u> :		Agreed Liability _____ 100 (%)	
B) For <u>GIA Registered Workshop</u> :		BOLA Applicable: Yes/ No BOLA Scenario No: _____	
BOLA Liability: _____ (%)		Assessed Liability (*): _____ (%)	
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.			
Remarks _____			

Payment Instruction: Payee's Breakdown			
1)	Trans-Cab Auto Services Pte Ltd	: \$	2,196.46
2)		: \$	
3)		: \$	
4)		: \$	

NUR SHAQILAH BTE ABDOL WAHAB

11 Jun
2018

LKK Auto Consultants Pte Ltd

Date

Please attach all the supporting documents to the form.

(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park

Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/LCR17022096/KJA3S2

Date: 11/06/2018

REFERENCE

Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd.	Policy No:	0999995064
Claimant Vehicle No :	SHD204M	Insured Vehicle No :	SLD6985E
Date of Loss:	16/11/2017	Nature of Claim:	TP
		Claim No:	3429360006SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD204M		
Make & Model:	RENAULT LATITUDE, 2.0 DCI AUTO D/AB 4DR (A)	Engine No:	M9R8839C002958
Reg. Date:	02/10/2015 (Man. Year: 2015)	Chassis No:	VF1ABL15AUC282373
Colour:	Metallic White/Red	Odometer:	259236 km
Engine Capacity:	1995 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	Giti 8 mm	Rear Left Side:	Linglong 5 mm
Front Right Side:	Giti 8 mm	Rear Right Side:	Linglong 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	17,802.35	1,137.10	16,665.25	93.61
Miscellaneous Items	0.00	0.00	0.00	
Labour	7,710.00	480.00	7,230.00	93.77
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	25,512.35	1,617.10	23,895.25	93.66
Approved Total (Overridden) (S\$)		1,617.11		
(S\$)	25,512.35	1,617.11	23,895.24	93.66
+ GST 7.00/7.00% (S\$)	1,785.86	113.20	1,672.66	93.66
Nett Amount (S\$)	27,298.21	1,730.31	25,567.90	93.66
+ Loss of Use (3.0 x S\$50.00/day) (S\$)		150.00		
+ Car Rental (3.0 x S\$103.60/day) (S\$)		310.80		
+ Doc/Search Fee (S\$)		5.35		
Nett Liability (S\$)		2,196.46		

INSPECTION

Date of Assignment:	17/11/2017		
Date Inspected:	17/11/2017	Inspected At:	Trans-cab Auto Services Pte Ltd No 2 Ang Mo Kio Street 63 Singapore 569111
Estimated Period of Repair:	2.0 days		

Adjuster: KENNETH KONG

Manager: Joy Irene Bascao

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*BUMPER COVER REAR	Buckled / Mtg Cracked	1,108.46 FL	*1,108.46 FL
2	1		*BUMPER LOWER REAR	Serviceable	768.84 FL	*- FL
3	1		*BUMPER BRACKET CTR REAR	Serviceable	113.47 FL	*- FL
4	1		*BUMPER BRACKET SIDE LH REAR	Serviceable	135.97 FL	*- FL
5	1		*BUMPER RETAINER LH REAR	Distorted	44.99 FL	*44.99 FL
6	1		*BUMPER REFLECTOR LH	Serviceable	43.61 FL	*- FL
7	1		*BUMPER BRACKET SIDE LH REAR	Serviceable	135.97 FL	*- FL
8	1		*BUMPER RETAINER LH REAR	Serviceable	44.99 FL	*- FL
9	1		*ROCKER PANEL OUTER LH	Repair	987.49 FL	*- FL
10	1		*FENDER PANEL REAR LH	Repair	3,299.13 FL	*- FL
11	1		*WHEELARCH REAR LH	Serviceable	543.47 FL	*- FL
12	1		*TAILLAMP LH	Serviceable	552.55 FL	*- FL
13	1		*TAILLAMP PANEL LH	Repair	986.70 FL	*- FL
14	1		*BOOT REAR	Repair	2,872.68 FL	*- FL
15	1		*BOOT REFLECTOR LAMP LH	Serviceable	493.35 FL	*- FL
16	1		*BOOT STRUT LH	Serviceable	276.08 FL	*- FL
17	1		*BOOT HINGE LH	Repair	367.84 FL	*- FL
18	1		*DOOR PANEL REAR LH	Repair	2,844.66 FL	*- FL
19	1		*DOOR MOULDING REAR LH	Serviceable	176.82 FL	*- FL
20	1		*DOOR LOCK REAR LH	Repair	908.75 FL	*- FL
21	1		*DOOR GRAB HANDLE REAR LH	Serviceable	210.96 FL	*- FL
22	1		*DOOR HANDLE OUTER REAR LH	Serviceable	126.49 FL	*- FL
23	1		*DOOR HANDLE CAP REAR LH	Serviceable	35.52 FL	*- FL
24	1		*DOOR HANDLE SEAL REAR LH	Serviceable	7.89 FL	*- FL
25	1		*DOOR HANDLE COVER REAR LH	Serviceable	13.22 FL	*- FL
26	1		*DOOR HANDLE MODULE REAR LH	Serviceable	133.60 FL	*- FL
27	1		*SET PARKING AID	Serviceable	700.00 FS	*- FS
28	1		*SET REAR BUMPER CLIP	Necessary	66.00 FS	*66.00 FS
29	1		*SET BUMPER BRACKET CTR CLIP	Necessary	33.00 FS	*33.00 FS
30	1		*SET BUMPER BRACKET SIDE CLIP LH RR	Not Necessary	10.00 FS	*- FS
31	1		*SET BUMPER RETAINER LH CLIP RR	Not Necessary	20.00 FS	*- FS
32	1		*SET BUMPER LOWER REAR RIVET	Not Necessary	22.00 FS	*- FS
33	1		*SET BUMPER LOWER REAR CLIP	Not Necessary	66.00 FS	*- FS
34	1		*SET BOOT FINISHER CLIP	Not Necessary	24.20 FS	*- FS
35	1		*BOOT STICKER TRANS-CAB	Not Necessary	30.00 FS	*- FS
36	1		*BOOT STICKER 6555-3333	Not Necessary	30.00 FS	*- FS
37	1		*TAILLAMP CLIP LH	Not Necessary	5.00 FS	*- FS
38	1		*SET WHEELARCH CLIP RR LH	Not Necessary	66.00 FS	*- FS
39	2		*REAR WINDSCREEN SEALANT	Not Necessary	80.00 FS	*- FS
40	1		*WINDSCREEN MOULDING	Not Necessary	100.00 FS	*- FS
41	1		*REAR WINDSCREEN INNER SPONGE SEAL	Not Necessary	100.00 FS	*- FS
42	1		*CAP HUB LH RR	Serviceable	35.00 FS	*- FS
43	1		*RIM LH RR	Serviceable	385.00 FS	*- FS
44	1		*TYRE LH RR	Serviceable	330.00 FS	*- FS
45	1		*DOOR STICKER TRANS-CAB	Not Necessary	80.00 FS	*- FS
46	1		*DOOR STICKER CLASSIC	Not Necessary	30.00 FS	*- FS
47	1		*DOOR STICKER 6555-3333	Not Necessary	80.00 FS	*- FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	19,525.70	1,252.45
- List Item Discount on L Items 10.00/10.00% (\$\$)	1,723.35	115.35

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
Total Parts (S\$)					17,802.35	1,137.10

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.	New	3,000.00	220.00
2	TO REINSTALL REAR BUMPER PARKING SENSOR.	New	170.00	60.00
3	TO RUST-PROOFING OF THE AFFECTED AREAS.	New	170.00	0.00
4	TO TRANSFER OF BOOTLID FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	New	170.00	0.00
5	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME.	New	2,800.00	200.00
6	TO REPAIR AND REALIGN EXHAUST PIPE.	New	170.00	0.00
7	TO TRANSFER OF REAR FENDER FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	New	380.00	0.00
8	TOWING FEES.	New	120.00	0.00
9	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST.	New	170.00	0.00
10	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	New	220.00	0.00
11	TO TRANSFER OF DOOR FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	New	170.00	0.00
12	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	New	170.00	0.00
Gross Labour Cost (S\$)			7,710.00	480.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >