

SS REC BY: _____ REF: CS/CHAU 7022373 / Kvb72 Special Instruction: _____
 Surveyor: Kenneth ASSIGNMENT (Office)
 From (Person): Sharm Ng of GAI Date/Time: 23.11.2017 11:22am
 Estimated Cost: _____ Bill to: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No: SHB 9558T Insured: SLN 98276
 at Workshop m/s Trans Gab Tel: 613 0993.
 of No. 2 Amk St 63
 Policy No: _____ Claim No: CLMOMVC000001909
 Sum Insured: _____ Excess: _____
 Make of Veh: _____ D.O.A. 22.11.2017
 (Client's Record)
 CA / REV / REP. / REV 24 HRS 'Wp' R.O.D. Enforcement: _____
 Date/Time: 23.11.2017 11:58am Person Contacted: Jiong How Vehicle: IN OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 9558T - C03 H-XA 13015284 / Key311 DIA: 170813
	SLN 98276 - x
13/6/18	LS \$ 5450 (Red 20,487.07, 7816)

REF: GAL

ASSIGNMENT

From _____ Date **23/11/2017**

Estimated Cost:

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MYTo inspect Vehicle No: **SHB 9558T**

at Workshop No:

**Trans Gb
No. 2 AMK St 63**

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.

Bel. or Market Value:

IDAO Accident Report: Consistent? Yes or No

GIA / PR Seen: Consistent? Yes or No

Est. Repairs: **05** days Res: Yes or NoLump Sum: **20** % 3 Val: Yes or No

OA / REV / REP: / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: **SHB 9558T** Reg: **01 13**

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

Truck / Trailer or

Make: **Chvrolet** **1991**Colour: **White / Red** A/C Insured / Std / NI / NASe Reading: **352 767** T Radio Insured / Std / NI / NA

Eng No:

C No: **KLILA68RTBB 122769**Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ Inorder / Jammed / Leaked / Burnt orBrake: ☒ Inorder / Jammed / Leaked / Burnt orMod: ☒ Nil / S/Rim / STD A/Rim orTyre Size: **Goodyear 195/65R15**R: **Falken**

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

TOYO / YOKO or

Front:

R/Bal: **3** mm

Rear:

R/Bal: **6** mmL/Bal: **3** mmL/Bal: **6** mmD/OA: **22/11/17**D/OI: **23/11/17**

Survey held at:

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

O/S Frt

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

Date / Time Action / Instruction

24/11 15h 15m to Carhome

RECEIVED 13 JUN 2018

Date/Time File Pass to:

☐ : Prel. Report
☐ : Final Report
Days Of Repair: **5**Resurvey No. of Trip: **-**

Survey Fee:

Transportation:

Fuel & Parking:

Photos:

Others:

Date/Time File Return to:

13/6 - typist

Report Format:

Lump Sum / L.B. / G

**TP
5450/p**

Add Fee:

☐ Site Ins: \$
☐ Interf: \$
☐ Tech: \$
☐ Misc: \$

450

Survey Department Check List (Case Handler)

Reference No.: CS/GAI/7022273/Krb

Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all information created by the assignment team are ACCURATE.

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No				
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
---	--------------------------------------	---	--	--	--

(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)	✓			
C	Days of repair				
C	Finalised Amount				
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded				
---	-------------------------	--	--	--	--

Check By: VERON 13/6/18
Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014




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			
GREAT AMERICAN INSURANCE COMPANY		Ref : CS/GAI17022373/Kvb	
3 TEMASEK AVENUE #16-01 CENTENNIAL TOWER SINGAPORE 039190		Date : 23-11-2017	
		Code : GAI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLN 9827G	Veh. Inspected	SHB 9558T
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	SHARON NG	Assign Date	23/11/2017
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	22/11/2017	Inspection Date	23/11/2017
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.			

Veron Chen (LKKAUTO)

From: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Sent: Tuesday, 12 June 2018 11:13 AM
To: Veron Chen (LKKAUTO); SUR
Subject: RE: TP survey for SHB9558T - Our ref: SLN9827G - DOA: 22.11.2017

CLMOMVC000001909

From: Veron Chen (LKKAUTO) <veronchen@lkkauto.com>
Sent: Tuesday, June 12, 2018 10:46 AM
To: Ng, Sharon <Sharon.Ng@sg.gaig.com>; SUR <sur@lkkauto.com>
Subject: [External] RE: TP survey for SHB9558T - Our ref: SLN9827G - DOA: 22.11.2017

Dear Sharon,

Kindly provides us the claim number.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAUTO)
Sent: Thursday, 23 November 2017 11:46 AM
To: 'Ng, Sharon' <Sharon.Ng@sg.gaig.com>; SUR <sur@lkkauto.com>
Cc: assignments <assignments@lkkauto.com>
Subject: RE: TP survey for SHB9558T - Our ref: SLN9827G - DOA: 22.11.2017

Dear Sharon,

Thank you for the assignment.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Ng, Sharon [<mailto:Sharon.Ng@sg.gaig.com>]
Sent: Thursday, 23 November, 2017 11:22 AM
To: SUR <sur@lkkauto.com>
Cc: assignments <assignments@lkkauto.com>
Subject: TP survey for SHB9558T - Our ref: SLN9827G - DOA: 22.11.2017

Dear Catherine

Please arrange to survey TP taxi today.

Regards
Sharon Ng
Great American

From: jionghow.ng [mailto:jionghow.ng@transcab.com.sg]
Sent: Thursday, November 23, 2017 10:27 AM
To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>; Ng, Sharon <Sharon.Ng@sg.gaig.com>
Cc: candy.kong@transcab.com.sg
Subject: arrange survey for SHB9558T

Hi all,

Please arrange survey for SHB9558T

Third party: SLN9827G
Accident Date: 22.11.2017
Accident time: 1400hours

Please refrain visiting during our lunch time (12pm to 1pm)

You may contact me by EMAIL or CALL 62130993

Thank you

Jionghow Transcab.

Address: No.2 Ang mo kio street 63 Singapore 569111

The content of this e-mail message and any attachments are confidential and may be legally privileged, intended solely for the addressee. If you are not the intended recipient, be advised that any use, dissemination, distribution, or copying of this e-mail is strictly prohibited. If you receive this message in error, please notify the sender immediately by reply email and destroy the message and its attachments.

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Catherine Chong (LKK Auto)

From: Ng, Sharon <Sharon.Ng@sg.gaig.com>
Sent: Thursday, 23 November, 2017 11:22 AM
To: SUR
Cc: assignments
Subject: TP survey for SHB9558T - Our ref: SLN9827G - DOA: 22.11.2017
Attachments: img-Y23102052.pdf

Dear Catherine

Please arrange to survey TP taxi today.

Regards
Sharon Ng
Great American

From: jionghow.ng [mailto:jionghow.ng@transcab.com.sg]
Sent: Thursday, November 23, 2017 10:27 AM
To: Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>; Ng, Sharon <Sharon.Ng@sg.gaig.com>
Cc: candy.kong@transcab.com.sg
Subject: arrange survey for SHB9558T

Hi all,

Please arrange survey for SHB9558T

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Jionghow Transcab.

Address: No.2 Ang mo kio street 63 Singapore 569111

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Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	3878K

Vehicle Details

Vehicle No.	SHB9558T
Vehicle to be Exported	Yes
Intended De-registration Date	22 Nov 2017
Vehicle Make	CHEVROLET
Vehicle Model	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour	Red
Manufacturing Year	2011
Engine No.	Z20S1461213K
Chassis No.	KL1LA69RJBB122769
Maximum Power Output	110.0 kW (147 bhp)
Open Market Value	\$13,971.00
Original Registration Date	29 Jan 2013
First Registration Date	29 Jan 2013
Transfer Count	0
Actual ARF Paid	\$13,971.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	28 Jan 2021
PARF Rebate Amount	\$10,478.00

Intended COE Rebate Details

COE Expiry Date	28 Jan 2021
COE Category	A - Car (1600cc & below)
COE Period(Years)	8
PQP Paid	\$60,655.00
COE Rebate Amount	\$24,131.00
Total Rebate Amount	\$34,609.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 22 Nov 2017

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	22/11/2017 15:59
Date Of Accident	22/11/2017 14:00
Exact Location Of Accident	PAYA LEBAR RD X UBI AVE 3
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9558T
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	EPICA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	HAN HOW KIN
NRIC No	S1337926B
Date Of Birth	10/08/1958
Occupation	OUTDOOR
Date Of Driving Pass	28/12/1981
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98177788
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address

BLK 421 SERANGOON CENTRAL
#08-382

Postcode

550421

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 - CROSS JUNCTION

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? YES

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) 4

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT : T/20171122/2141

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

SLN9827G

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

CHUA SIEW SIONG

NRIC/Passport Number

S0146984C

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name

HAN HOW KIN

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHB9558T

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

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 repudiate 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:

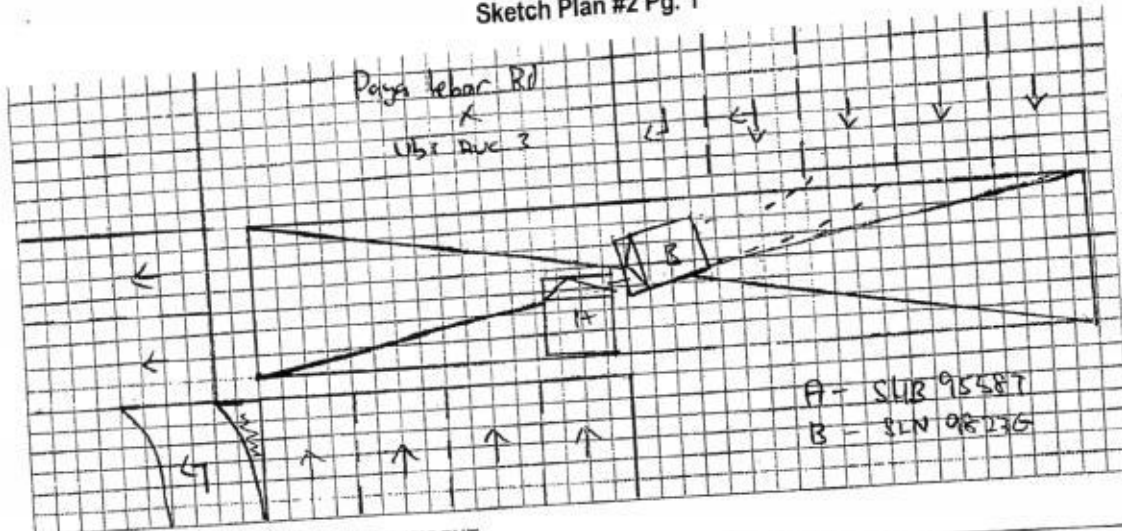
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:

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

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Please refer to police report -

DECLARATION

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

Policyholder's Signature
Date & Time:

GLARNAC SketchPlanForm V3

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

Pingston
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 2

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171122/2141

1 of 3

Report No. T/20171122/2141

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:
22/11/2017 17:54

Vide Report No.:
G/20171122/0134

Station Diary No.:
74

Informant's Particulars

Name of Informant:
HAN HOW KIN

Address:
APT BLK 421 SERANGOON CENTRAL #08-382 SINGAPORE
550421

ID Type / ID No.:
NRIC NO / S1337926B

Contact No.:
Home/Office: Mobile: 98177788

Nationality:
SINGAPORE CITIZEN

Email:

Sex: Age: Date of Birth:
Male 59 10/08/1958

Type of Informant:
Driver

Race:
Chinese

Language:
Mandarin

Institution / School Name:

Occupation:
TRANS CAB DRIVER

Driving Licence Information:
Class: 3,4

Date of Expiry:

General Information of the Accident

Type of
Accident:

Injury
Attended by Police

Drink
Drive:
No

Date/Time of
Accident:
22/11/2017 14:00

Type of Location:
T-Junction

Location:
Junction of Road 1 and Road 2
PAYA LEBAR ROAD
UBI AVENUE 3
At the traffic light junction

Weather:
Clear

Road Surface:
Dry

Road Speed Limit:

Traffic Flow:

Traffic Control:
Traffic Light - Working

Traffic Volume:
Heavy

Type of Collision:
Between Moving Vehicles - Head To Side

Anyone conveyed by
ambulance:
Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHB9558T	Car	CHEVROLET		Red	Seriously Damaged	3
SLN9827G	Car	TOYOTA		Silver	Seriously Damaged	2

Details of Person Involved

Any Pedestrian Involved: No

Police Officer's Name: N/A

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20171122/2141

2 of 3

Report No. T/20171122/2141

CONTINUATION OF REPORT

Driver		ID No.	S1337926B
Name	HAN HOW KIN		Contact No. 98177788
Related Vehicle	SHB9558T (Car)		Class of Driving Licence & Expiry Date Class: 3,4 Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
Driver		ID No.	S0146984C
Name	CHUA SIEW SIONG JOHN		Contact No. NIL
Related Vehicle	SLN9827G (Car)		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Hospital/Clinic	NIL		
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22.11.2017 at about 1400hrs, I was driving my taxi bearing registration number SHB9558T along paya lebar road. I was approaching the traffic junction of paya lebar road and ubi avenue 3 and as the traffic light was in my favor, did not stop my car. When I was halfway through the junction, a vehicle bearing registration number SLN9827G from the opposite side turned right and collided into my taxi. The car was on the 3rd lane that can only go straight. My taxi suffered damages on the right side while the car suffered damages on the front and left side. I felt slight pain on my right hand. The ambulance came and checked on all the involved parties. I was not conveyed to hospital. However the two passengers of the other vehicle was conveyed by the ambulance. Traffic police had came down to the accident as well. I am lodging this report for my company's record.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999



T/20171122/2141

3 of 3

Report No. T/20171122/2141

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
F /
Sr Staff Sgt CHONG WENG TSE

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIT /
Sr Staff Sgt MOHAMMAD ABDILLAH BIN PALIL
Contact No.: 65476246

Authentication Stamp



Signature Of Informant:

[Handwritten Signature]

Date/Time:
22/11/2017 17:54

Classification Of Case:

SN 085

Signature:

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
SHB 9558T - GREAT AMERICAN

AAD1711-253

Not Authored
1/1/17

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

SHB9558T - JHOW
KL1LA69RJB122769
CHEVROLET
CHEVROLET EPICA 2.0
22.11.2017
GREAT AMERICAN

		PART		LIST
1	1	Front Bumper	\$	CRA 1,202.00 ✓
2	1	Front Bumper Lower Absorber	\$	CRA 180.00 ✓
3	1	Front Bumper Reinforcement	\$	R 356.00 X
4	1	Front Bumper Retainer RH	\$	CRA 102.00 ✓
5	1	Front Bumper Retainer LH	\$	Sm 102.00 X
6	1	Front Bumper Lower Grille	\$	Sm 78.00 X
7	1	Front Bumper Lower Stiffener	\$	R 134.37 X
8	1	Bumper Fog Lamp Cover RH	\$	Sm 32.40 X
9	1	Front Headlamp RH	\$	CRA 816.00 ✓
10	1	Front Fender RH	\$	B 837.60 ✓
11	1	Front Fender Liner RH	\$	D 47.00 ✓
12	1	Fender Insulation RH	\$	Sm 39.00 X
13	1	Front Fender Inner Wheel House Panel RH	\$	R 1,437.00 X
14	1	Windscreen Washer Tank - Filler Neck	\$	na 4.80 ✓
15	1	Windscreen Washer Tank	\$	na 62.00 ✓
16	1	Windscreen Washer Tank Motor	\$	Sm 51.00 X
17	1	Front Shock Absorber Assy RH	\$	Sm 216.17 X
18	1	Front Lower Arm RH	\$	Sm 283.00 X
19	1	Front Knuckle Arm RH	\$	Sm 230.00 X
20	1	Front Stabilizer Bar Link RH	\$	Sm 51.79 X
21	1	Drive Shaft RH	\$	R 900.00 X
22	1	Front Stabilizer Bar Bracket RH	\$	R 105.75 X
23	1	Front Stabilizer Bar Bush RH	\$	Sm 66.00 X
24	1	Radiator Assembly	\$	Sm 618.00 X
25	1	Bonnet	\$	Blower 1,250.00 ✓
26	1	Bonnet Moulding	\$	Sm 161.97 X
27	1	Bonnet hinge RH	\$	R 36.00 X
28	1	Bonnet hinge LH	\$	R 36.00 X
29	1	Front Support Panel Assy	\$	B 1,222.32 ✓
30	1	Radiator Grille (Grille A-Rad)	\$	Sm 367.00 X

31	1	Radiator Grille Top Cover	\$	Sm 45.02 X
32	1	Aircon Condenser	\$	Sm 600.00 X
33	1	Air Intercooler	\$	Sm 652.00 X
34	1	Front Door RH	\$	N 1,133.00 X
35	1	Front Side View Mirror RH	\$	Sm 939.00 X

TOTAL	\$	14,394.19
10%	\$	1,439.42
	\$	12,954.77

Specical Nett

1	1 Set	Front Bumper Fastener Clip	\$	Sm 30.00 ✓
2	1 Set	Front Fender Liner Clip RH	\$	Sm 30.00 ✓
3	1	Front Wheel Rim Hub Cap RH	\$	Sm 166.30 X
4	1	Front Tyre RH	\$	Sm 180.00 X
5	1	Front Tyre Rim RH	\$	Sm 126.00 X
6	1	Door Sticker "Trans-cab" RH	\$	Sm 80.00 X

TOTAL	\$	612.30
TOTAL PARTS	\$	13,567.07

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

\$ 5,400.00 600

To Rust-Proofing Of The Affected Areas.

\$ 220.00 60

Putty and Spray Painting Of The Affected
 Portion.

\$ 5,350.00 800

To Check Electrical Lighting Concerned.

\$ 170.00 20

To check steering geometry and computer wheel
 alignment

\$ 220.00 60

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

\$ 170.00 X

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
SHB 9558T - GREAT AMERICAN

AAD1711-253

Towing Fees.	\$	120.00	<i>50</i>
To dismantle and refit front end suspension, undercarriage parts, final checking and testing.	\$	<i>nn</i> 380.00	<i>X</i>
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	<i>nn</i> 170.00	<i>X</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00	<i>X</i>

TOTAL	\$	12,370.00
Over All Total	\$	25,937.07

REPAIR DAYS

~~15 DAYS~~

5 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

Affiliated to Federation Internationale Des Experts En Automobile

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI17022373/Kvbn2

3 TEMASEK AVENUE
#16-01 CENTENNIAL TOWER
SINGAPORE 039190

Date : 19-06-2018



Code : GAI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLN 9827G	Veh. Inspected	SHB 9558T
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVC000001909	Excess (\$)	0.00
Assign From	SHARON NG	Assign Date	23/11/2017

2. Vehicle Particulars & Condition

Make & Model	CHEVROLET EPICA (A)	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KL1LA69RJBB122769	Colour	WHITE / RED
Odometer	352767	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	GREMAX	3 mm
L/H Front Tyre	195/65 R15	GREMAX	3 mm
R/H Rear Tyre	195/65 R15	FALKEN	6 mm
L/H Rear Tyre	195/65 R15	FALKEN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	22/11/2017	Inspection Date	23/11/2017
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 9558T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	CRACKED	1,202.00	1,202.00
1	FRONT BUMPER LOWER ABSORBER	CRACKED	180.00	180.00
1	FRONT BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	356.00	-
1	FRONT BUMPER RETAINER RH	CRACKED	102.00	102.00
1	FRONT BUMPER RETAINER LH	SERVICEABLE	102.00	-
1	FRONT BUMPER LOWER GRILLE	SERVICEABLE	78.00	-
1	FRONT BUMPER LOWER STIFFENER	TO REPAIR SEE LABOUR	134.37	-
1	BUMPER FOG LAMP COVER RH	SERVICEABLE	32.40	-
1	FRONT HEADLAMP RH	CRACKED	816.00	816.00
1	FRONT FENDER RH	BENT	837.60	837.60
1	FRONT FENDER LINER RH	DISTORTED	47.00	47.00
1	FENDER INSULATION RH	SERVICEABLE	39.00	-
1	FRONT FENDER INNER WHEEL HOUSE PANEL RH	TO REPAIR SEE LABOUR	1,437.00	-
1	WINDSCREEN WASHER TANK-FILLER NECK	DENTED	4.80	4.80
1	WINDSCREEN WASHER TANK	DENTED	62.00	62.00
1	WINDSCREEN WASHER TANK MOTOR	SERVICEABLE	51.00	-
1	FRONT SHOCK ABSORBER ASSY RH	SERVICEABLE	216.17	-
1	FRONT LOWER ARM RH	SERVICEABLE	283.00	-
1	FRONT KNUCKLE ARM RH	SERVICEABLE	230.00	-
1	FRONT STABILIZER BAR LINK RH	SERVICEABLE	51.79	-
1	DRIVE SHAFT RH	TO REPAIR SEE LABOUR	900.00	-
1	FRONT STABILIZER BAR BRACKET RH	TO REPAIR SEE LABOUR	105.75	-
1	FRONT STABILIZER BAR BUSH RH	SERVICEABLE	66.00	-
1	RADIATOR ASSEMBLY	SERVICEABLE	618.00	-
1	BONNET	BENT / WARPED	1,250.00	1,250.00
1	BONNET MOULDING	SERVICEABLE	161.97	-
1	BONNET HINGE RH	TO REPAIR SEE LABOUR	36.00	-
1	BONNET HINGE LH	TO REPAIR SEE LABOUR	36.00	-
1	FRONT SUPPORT PANEL ASSY	BENT	1,222.32	1,222.32

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	RADIATOR GRILLE (GRILLE A-RAD)	SERVICEABLE	367.00	-
1	RADIATOR GRILLE TOP COVER	SERVICEABLE	45.02	-
1	AIRCON CONDENSER	SERVICEABLE	600.00	-
1	AIR INTERCOOLER	SERVICEABLE	652.00	-
1	FRONT DOOR RH	TO REPAIR SEE LABOUR	1,133.00	-
1	FRONT SIDE VIEW MIRROR RH	SERVICEABLE	939.00	-
	LESS 10% DISCOUNT		-1,439.42	-572.37
			12,954.77	5,151.35
	<u>SPECIAL NETT ITEMS</u>			
1	SET FRONT BUMPER FASTENER CLIP (SN)	NECESSARY	30.00	30.00
1	SET FRONT FENDER LINER CLIP RH (SN)	NECESSARY	30.00	30.00
1	FRONT WHEEL RIM HUB CAP RH (SN)	SERVICEABLE	166.30	-
1	FRONT TYRE RH (SN)	SERVICEABLE	180.00	-
1	FRONT TYRE RIM RH (SN)	SERVICEABLE	126.00	-
1	DOOR STICKER "TRANS-CAB" RH (SN)	NOT NECESSARY	80.00	-
			612.30	60.00
	<u>LABOUR</u>			
	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF FRONT BUMPER REINFORCEMENT,FRONT BUMPER LOWER STIFFENER,FRONT FENDER INNER WHEEL HOUSE PANEL RH,DRIVE SHAFT RH,FRONT STABILIZER BAR BRACKET RH,BONNET HINGE RH,BONNET HINGE LH ANFD FRONT DOOR RH.		5,400.00	600.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		220.00	60.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		5,350.00	800.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.		220.00	60.00
	TO TRANSFER OF DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TOWING FEES.		120.00	50.00
	TO DISMANTLE AND REFIT FRONT END SUSPENSION,UNDERCARRIAGE PARTS,FINAL CHECKING AND TESTING.	NOT NECESSARY	380.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO TRANSFER OF FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
			12,370.00	1,590.00
	GRAND TOTAL		25,937.07	6,801.35
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,450.00

Report Ref No. CS/GAI17022373/Kvbn2

KONG SENG CHEONG

Licensed Appraiser

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