

ASS. REC. BY:

REF:

Tm1 / CC3 / Tm17022995 / Kvbz

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: SKJ 9694E

Policy No. MY008399

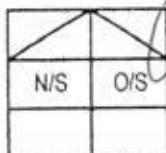
Claims No. M1706148

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 No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S140 528D Yr Regn: 11, 17

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

Truck / Trailer or _____

Make: Renault Latitude c.c. 1995

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

Sp. Reading: 32 FF T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1AB615AUC 283512

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or

Front Rear

R/Bal. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 30/11/17 D.O.I. 4/12/17

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
5/12/17	File pass to Catherine
4	83021.19 (Red 21,737.79, 870)
	SHD 528D - X
	SKJ 9694E - NBA / INC 16008170 / Y
	DPA: 020516
5/12/17	Email GIA to Shirley

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 6/12 - typist

Days Of Repair: 2

Resurvey No. of Trip: _____

Report Format: Mktimen

Lump Sum / I.B.I: (\$ 3021.19)

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

Survey Fee: 250

Transportation:

S + RS: SI

Photos

Others

TOTAL

260

Survey Department Check List (Case Handler)

Reference No.: CC3/TMI17033995/Kvb

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

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			

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

6/10/17

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

TOKIO MARINE INSURANCE SINGAPORE LTD

Ref : CC3/TMI17022995/Kvb

20 MCCALLUM STREET #09-01
TOKIO MARINE CENTRESINGAPORE 069046

Date : 05-12-2017



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKJ 9694E	Veh. Inspected	SHD 528D
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	04/12/2017

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	30/11/2017	Inspection Date	04/12/2017
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.
--

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	05 Dec 2017		06 Dec 2017 10:56 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All																																								
<div style="display: flex; justify-content: space-between;"> <div> CLAIM SUBFOLDER DETAILS <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>Insured:</td> <td colspan="3">SIN HIAP MUI PTE LTD, Co. Reg. No.: 200406735E</td> </tr> <tr> <td>Main Claimant:</td> <td colspan="3">TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K</td> </tr> <tr> <td>Vehicle Reg. No.:</td> <td>SHD528D</td> <td>Date of Loss:</td> <td>30/11/2017 16:00 - :59</td> </tr> <tr> <td>Claim Type:</td> <td>TP / M1706148</td> <td>Policy/Cover Note No.:</td> <td>MY008399 (Comprehensive) Coverage: 28/01/2017 - 27/01/2018</td> </tr> <tr> <td>Vehicle Reg. No. (Insured):</td> <td>SKJ9694E</td> <td>Policy No. (Claimant):</td> <td>VPX/P1680520</td> </tr> <tr> <td></td> <td></td> <td>Excess:</td> <td>S\$2,300.00</td> </tr> <tr> <td>Repairer:</td> <td colspan="3">Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63, 569111 Ang Mo Kio - Tel: 62876666</td> </tr> <tr> <td>Handling Insurer:</td> <td colspan="3">Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Dillen Senthilan so Selvarajoo]</td> </tr> <tr> <td>Claimant's Insurer:</td> <td colspan="3">AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288</td> </tr> <tr> <td>Adjuster:</td> <td colspan="3">LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 15/12/2017]</td> </tr> </table> </div> <div> [Created by insurer] </div> </div>					Insured:	SIN HIAP MUI PTE LTD, Co. Reg. No.: 200406735E			Main Claimant:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K			Vehicle Reg. No.:	SHD528D	Date of Loss:	30/11/2017 16:00 - :59	Claim Type:	TP / M1706148	Policy/Cover Note No.:	MY008399 (Comprehensive) Coverage: 28/01/2017 - 27/01/2018	Vehicle Reg. No. (Insured):	SKJ9694E	Policy No. (Claimant):	VPX/P1680520			Excess:	S\$2,300.00	Repairer:	Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63, 569111 Ang Mo Kio - Tel: 62876666			Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Dillen Senthilan so Selvarajoo]			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 15/12/2017]		
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No results.																																												

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 5 December, 2017 12:28 PM
To: 'Too Joon Hwa'
Cc: priscilla@tokiomarine.com.sg; SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 30/11/2017, SHD 528D (TP VEHICLE),SKJ 9694E (OI VEHICLE)
Attachments: EST.pdf; GIA.pdf; POLICE REPORT.pdf

Dear Shirley,

Please be informed that we had inspected the vehicle SHD 528D M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63, SINGAPORE 569111 on 4/12/2017

Enclosed herewith a copy of TP's GIA report, police report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

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)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	3878K
Vehicle Details	
Vehicle No.	SHD528D
Vehicle to be Exported	Yes
Intended De-registration Date	01 Dec 2017
Vehicle Make	RENAULT
Vehicle Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour	Red
Manufacturing Year	2016
Engine No.	M9R8839C003192
Chassis No.	VF1ABL15AUC283512
Maximum Power Output	127.0 kW (170 bhp)
Open Market Value	\$19,998.00
Original Registration Date	17 Nov 2017
First Registration Date	17 Nov 2017
Transfer Count	0
Actual ARF Paid	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	16 Nov 2025
PARF Rebate Amount	\$14,998.00
Intended COE Rebate Details	
COE Expiry Date	16 Nov 2025
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$33,596.00
COE Rebate Amount	\$26,876.00
Total Rebate Amount	\$41,874.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon	

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	01/12/2017 10:25
Date Of Accident	30/11/2017 16:45
Exact Location Of Accident	EAST COAST ROAD TOWARDS MOUNTBATTEN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD528D
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	RENAULT
Model	LATITUDE-2.0 L (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	NEOH AH BAH@ NG AH BAH
NRIC No	S1243088D
Date Of Birth	13/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	16/10/1973
Driving Experience	44 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96669662
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 460 HOUGANG AVENUE 10 #12-986
Postcode	530460
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20171130/2147

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	SKJ9694E
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	OH JI CHUAN
NRIC/Passport Number	S8812107D
Contact Number	81276343
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

NEOH AH BAH@ NG AH BAH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD528D

Were seat belts worn?

YES

Was injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

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.

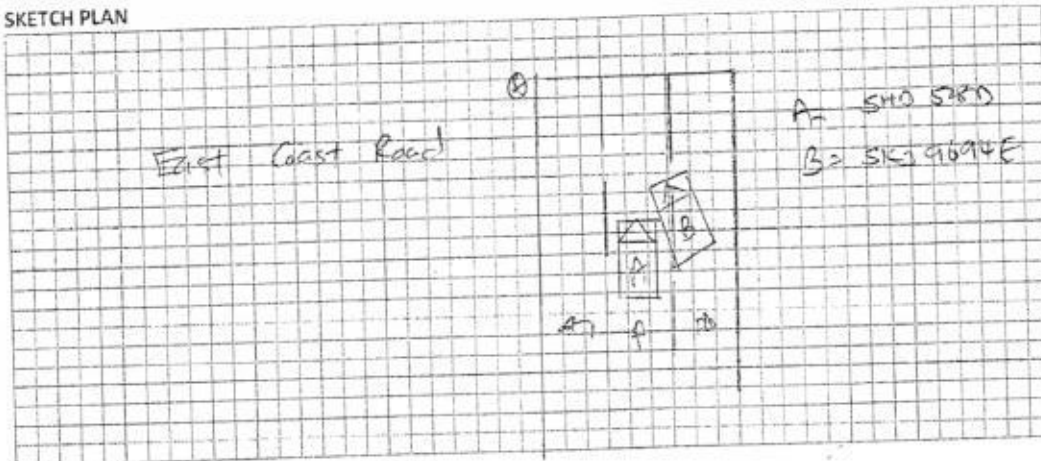
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Dis see attach police report

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/FIN No.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171130/2147

1 of 3

Report No. T/20171130/2147

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/11/2017 19:23	Vide Report No.:	Station Diary No.: 178
--	------------------	---------------------------

Informant's Particulars

Name of Informant: NEOH AH BAH			Address: APT BLK 460 HOUGANG AVENUE 10 #12-986 SINGAPORE 530460	
ID Type / ID No.: NRIC NO / S1243088D			Contact No.:	Mobile: 96669662
Nationality: SINGAPORE CITIZEN			Home/Office:	
			Email:	
Sex: Male	Age: 62	Date of Birth: 13/10/1955	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3	Date of Expiry:

General Information of the Accident

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 30/11/2017 16:45	Type of Location: Straight Road
Location: Along Road 1 EAST COAST ROAD				
Towards Mountbatten Road before Junction Joo Chiat Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD528D	Car					0
SKJ9694E	Car					0

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20171130/2147

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Report No. T/20171130/2147

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	NEOH AH BAH	ID No.	S1243088D
Related Vehicle	SHD528D (Car)	Contact No.	96669662
Hospital/Clinic	MOUNT ALVERNIA HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	30/11/2017	Date Discharge	NIL
No. of Days granted Medical Leave	05	Degree of Injury	NIL
Driver			
Name	Oh Ji Chuan	ID No.	S8812107D
Related Vehicle	NIL	Contact No.	81276343
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date and time, I was traveling along East Coast Road towards Mountbatten Road before junction of Joo Chiat Road along the 2nd lane of the 3 lane road. When coming near to the traffic light junction, one vehicle SJK9694E suddenly from my right cut into my lane, I jammed brake but unable to stop in time, my vehicle front right collided into the left side of the vehicle. No one was injured at the point of time. We exchange particulars and left after which. Subsequently I felt pain on my back area and had went to seek medical treatment at Mount Alvernia Hospital and was given outpatient treatment with 5 days MC.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20171130/2147

3 of 3

Report No. T/20171130/2147

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

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:

E /

Staff Sgt LOCK KANG WEI

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
Sgt 2 YEO KIA HUAT
Contact No.: 65476325

Authentication Stamp
NP168



Singapore Police Force

Signature Of Informant:

Date/Time:
30/11/2017 19:23

Classification Of Case:

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
SHD528D - TOKIO

AAD1712-002

Not Authored
Resurvey B4 pain 83021.19

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

SHD528D - CANDY
VF1ABL15AUC283512
RENAULT
LATITUDE
30.11.2017
TOKIO

		PART	LIST	
			<i>Bu/um</i>	
1	1	BUMPER COVER FRT	\$	1,259.42 ✓
2	1	BUMPER ABSORBER FRT	\$	<i>Sm</i> 394.68 X
3	1	BUMPER BEAM FRT	\$	<i>R</i> 914.08 X
4	1	BUMPER SPOILER FRT	\$	<i>Sm</i> 181.75 X
5	1	BUMPER GRILLE LOWER FRT	\$	<i>Sm</i> 266.80 X
6	1	BUMPER FOG LAMP GRILLE RH	\$	<i>Sm</i> 207.22 X
7	1	BUMPER RETAINER FRT RH	\$	<i>Di</i> 151.41 ✓
8	1	BUMPER SUPPORT FRT RH	\$	<i>Sm</i> 123.88 X
9	1	BUMPER RETAINER FRT LH	\$	<i>Sm</i> 151.41 X
10	1	BUMPER SUPPORT FRT LH	\$	<i>Sm</i> 123.88 X
11	1	HEADLAMP RH	\$	<i>Sm</i> 1,184.43 X
12	1	HEADLAMP PANEL FRT RH	\$	<i>R</i> 152.15 X
13	1	FENDER PANEL FRT RH	\$	<i>B</i> 783.83 ✓
14	1	FENDER BRACKET FRT RH	\$	<i>Sm</i> 13.02
15	1	FENDER WHEELARCH FRT RH	\$	<i>Sm</i> 278.84
16	1	FENDER PANEL BRACKET FRT RH	\$	<i>Sm</i> 177.41
17	1	WIPER RESERVOIR	\$	<i>Sm</i> 348.25
18	1	WIPER RESERVOIR NECK	\$	<i>Sm</i> 136.11
19	1	WIPER RESERVOIR MOTOR	\$	<i>Sm</i> 270.06
20	1	RADAIOR GRILLE	\$	<i>Sm</i> 1,707.78
21	1	RADAIOR GRILLE BADGE 'RENAULT'	\$	<i>Sm</i> 173.36 X
22	1	RADAIOR GRILLE FRAME	\$	<i>Sm</i> 1,353.75
23	1	FRAME FULL SUPPORT PANEL	\$	<i>R</i> 615.90
24	1	FRAME FULL SUPPORT BRACKET	\$	<i>R</i> 89.79
25	1	BONNET	\$	<i>R</i> 1,941.63
26	1	DOOR MIRROR RH	\$	<i>Sm</i> 1,483.40
27	1	DOOR MIRROR GLASS RH	\$	<i>Sm</i> 242.33
28	1	DOOR MIRROR BACK COVER RH	\$	<i>Sm</i> 218.46
29	1	DOOR MIRROR LAMP RH	\$	<i>Sm</i> 194.18
30	1	DOOR PANEL FRT RH	\$	<i>R</i> 2,844.66
			1	
TOTAL			\$	17,983.89
10%			\$	1,798.39

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SHD528D - TOKIO

AAD1712-002

\$ 16,185.50

Special Nett

1	1SET	FRONT BUMPER CLIP	\$	<i>nn</i> 66.00 ✓
2	1SET	WHEELARCH CLIP RH	\$	<i>nn</i> 66.00 X
3	1	TOW COVER FRT	\$	<i>nn</i> 14.50 X
4	1	CAP HUB RH FRT	\$	<i>nn</i> 35.00 ✓
5	1	RIM RH FRT	\$	<i>nn</i> 385.00 X
6	1	TYRE RH FRT	\$	<i>nn</i> 330.00 X
7	1	DOOR SEAL CLIP FRT RH	\$	<i>nn</i> 4.68 X
8	1	DOOR STICKER "Trans-cab"	\$	<i>nn</i> 80.00 X
9	1	DOOR STICKER "Classic"	\$	<i>nn</i> 30.00 X
10	1SET	BUMPER SUPPORT FRT CLIP RH	\$	<i>nn</i> 9.80 X
11	1SET	BUMEPR RETAINER FRT CLIP RH	\$	<i>nn</i> 12.50 X

TOTAL	\$	1,033.48
TOTAL PARTS	\$	17,218.98

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,800.00 <i>400</i>
To Check Electrical Lighting Concerned.	\$	170.00 <i>150</i>
Putty and spray painting of the affected portion.	\$	3,000.00 <i>440</i>
To rust-proofing of the affected areas.	\$	170.00 <i>300</i>
To check steering geometry and computer wheel alignment	\$	220.00 <i>60</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00 X
To transfer of door fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00 X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00 X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	<i>nn</i> 170.00 X

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AAD1712-002

Towing fees

\$ *nn* 120.00 X

To Remove And Refit Front W/Screen Glass To
Facilitate Bodywork Repair.

\$ *nn* 170.00 X

TOTAL	\$	7,540.00
Over All Total	\$	24,758.98 <i>6</i>

(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:

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/TMI17022995/KVBN2
Date: 14/12/2017

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MY008399
Claimant	SHD528D	Insured Vehicle No :	SKJ9694E
Vehicle No :		Nature of Claim:	TP
Date of Loss:	30/11/2017	Claim No:	M1706148

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD528D	Engine No:	M9R8839C003192
Make & Model:	RENAULT LATITUDE, 2.0 L (A)	Chassis No:	VF1ABL15AUC283512
Reg. Date:	17/11/2017 (Man. Year: 2016)	Odometer:	3277 km
Colour:	Metallic White/Red		
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:	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:	Goodyear 9 mm	Rear Left Side:	Goodyear 9 mm
Front Right Side:	Goodyear 9 mm	Rear Right Side:	Goodyear 9 mm

The above values represent the remaining tyre treads depth

	Repairer's	Adjuster's	Difference	Diff %
COST OF CLAIMS				
Parts	17,218.96	2,076.19	15,142.77	87.94
Miscellaneous Items	0.00	0.00	0.00	
Labour	7,540.00	945.00	6,595.00	87.47
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	24,758.96	3,021.19	21,737.77	87.80
+ GST 7.00/7.00% (S\$)	1,733.13	211.48	1,521.65	87.80
Nett Amount (S\$)	26,492.09	3,232.67	23,259.42	87.80

INSPECTION

Date of Assignment:	06/12/2017	
Date Inspected:	04/12/2017	Inspected At:
		Trans-cab Auto Services Pte Ltd (Ang Mo Kio)
		2, Ang Mo Kio Street 63
		Singapore 569111

Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG

Manager: VERON CHEN

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

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 14 Dec 2017)
Parts:	143	RENAULT LATITUDE 2.0 L (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD528D)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*BUMPER COVER FRT	Buckled/Cracked	1,259.42 FL	*1,259.42 FL
2	1		*BUMPER ABSORBER FRT	Serviceable	394.68 FL	*- FL
3	1		*BUMPER BEAM FRT	Repair	914.08 FL	*- FL
4	1		*BUMPER SPOILER FRT	Serviceable	181.75 FL	*- FL
5	1		*BUMPER GRILLE LOWER FRT	Serviceable	266.80 FL	*- FL
6	1		*BUMPER FOG LAMP GRILLE RH	Serviceable	207.22 FL	*- FL
7	1		*BUMPER RETAINER FRT RH	Distorted	151.41 FL	*151.41 FL
8	1		*BUMPER SUPPORT FRT RH	Serviceable	123.88 FL	*- FL
9	1		*BUMPER RETAINER FRT LH	Serviceable	151.41 FL	*- FL
10	1		*BUMPER SUPPORT FRT LH	Serviceable	123.88 FL	*- FL
11	1		*HEADLAMP RH	Serviceable	1,184.43 FL	*- FL
12	1		*HEADLAMP PANEL FRT RH	Repair	152.15 FL	*- FL
13	1		*FENDER PANEL FRT RH	Bent	783.83 FL	*783.83 FL
14	1		*FENDER BRACKET FRT RH	Serviceable	13.02 FL	*- FL
15	1		*FENDER WHEELARCH FRT RH	Serviceable	278.84 FL	*- FL
16	1		*FENDER PANEL BRACKET FRT RH	Serviceable	177.41 FL	*- FL
17	1		*WIPER RESERVOIR	Serviceable	348.25 FL	*- FL
18	1		*WIPER RESERVOIR NECK	Serviceable	136.11 FL	*- FL
19	1		*WIPER RESERVOIR MOTOR	Serviceable	270.06 FL	*- FL
20	1		*RADIATOR GRILLE	Serviceable	1,707.78 FL	*- FL
21	1		*RADIATOR GRILLE BADGE RENAULT	Serviceable	173.36 FL	*- FL
22	1		*RADIATOR GRILLE FRAME	Serviceable	1,353.75 FL	*- FL
23	1		*FRAME FULL SUPPORT PANEL	Repair	615.90 FL	*- FL
24	1		*FRAME FULL SUPPORT BRACKET	Repair	89.79 FL	*- FL
25	1		*BONNET	Repair	1,941.63 FL	*- FL
26	1		*DOOR MIRROR RH	Serviceable	1,483.40 FL	*- FL
27	1		*DOOR MIRROR GLASS RH	Serviceable	242.33 FL	*- FL
28	1		*DOOR MIRROR BACK COVER RH	Serviceable	218.46 FL	*- FL
29	1		*DOOR MIRROR LAMP RH	Serviceable	194.18 FL	*- FL
30	1		*DOOR PANEL FRT RH	Repair	2,844.66 FL	*- FL
31	1		*SET FRONT BUMPER CLIP	Necessary	66.00 FS	*66.00 FS
32	1		*SET WHEELARCH CLIP RH	Not Necessary	66.00 FS	*- FS
33	1		*TOW COVER FRT	Serviceable	14.50 FS	*- FS
34	1		*CAP HUB RH FRT	Dented	35.00 FS	*35.00 FS
35	1		*RIM RH FRT	Serviceable	385.00 FS	*- FS
36	1		*TYRE RH FRT	Serviceable	330.00 FS	*- FS
37	1		*DOOR SEAL CLIP FRT RH	Not Necessary	4.68 FS	*- FS
38	1		*DOOR STICKER TRANS-CAB	Not Necessary	80.00 FS	*- FS
39	1		*DOOR STICKER CLASSIC	Not Necessary	30.00 FS	*- FS
40	1		*SET BUMPER SUPPORT FRT CLIP RH	Not Necessary	9.80 FS	*- FS
41	1		*SET BUMPER RETAINER FRT CLIP RH	Not Necessary	12.50 FS	*- FS

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

Sub Total (\$\$) 19,017.35 2,295.66

- List Item Discount on L Items 10.00/10.00% (\$\$) 1,798.39 219.47

Report was unsubmitted during this print-out.

Adjuster Report

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
					Total Parts (S\$)	17,218.96
						2,076.19

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	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	2,800.00	400.00
2	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	15.00
3	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	440.00
4	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	30.00
5	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	60.00
6	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	-
7	TO TRANSFER OF DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	170.00	-
8	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR	New	380.00	-
9	TO TRANSFER OF FENDER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	-
10	TOWING FEES	New	120.00	-
11	TO REMOVE AND REFIT FRONT W/SCREEN GLASS TO FACILITATE BODYWORK REPAIR	New	170.00	-
Gross Labour Cost (S\$)			7,540.00	945.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >