13/6/2010

INS CASE OWNER: Kay - Eng | CC 3 / LCR1702 3844 / Kelvin | LKK: IDAC:

ASSIGNMENT

Surveyor: KENNETH DOI: 14/12/17 Date / Time: 14/12/17

Registered in Merimen: 15/12/17

Pre-assign / CCU / FTE

Insured Vehicle No. : SLQ 5248M Claim No. :

Name of Insured : LCR Policy No. :

Insured Tel No. : HP: Make / Model : Honda Vezel

Excess Sec II :S$ D.O.A : 12/12/17 Place of Accident : Tampines St 11.

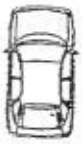
Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age : Abdul Manaf bin Mohd Amin OI GIA REPORT: YES / NO ; TP GIA REPORT YES / NO

Driver Tel No. : (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SHC 5355H →

INSRS:
WSP: Trans-Lab (Amk)
Tel :
Liability :
RMKS:



INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time	
	SHC 5355 H - CC3/AIG0700472A/VAM DOA: 10/10/07
	S - CC3/TP0902721B/Dch DOA: 24/11/09
	SLQ 5248M - X
19/12/17 (Zaye)	* OI NR - TO SEND FIRST EMAIL TO LCR
	TP TO AMEND DOA ON 12.12.2017
	RECEIVED 16 APR 2018

STAGE	DATE / PIC
Non-Reporting ltr (1st):	NA
Non-Reporting ltr (2nd):	
Non-Reporting ltr (Final):	
Notification ltr (if non-pickup):	
Call OI:	JOY 12-2-18
After call ltr to OI:	

Documentation Check List:	Handler	Typist
Notification ltr (if non-pickup)	X	
After call ltr to OI:	✓	
Authorisation To Act:	✓	
Release Voucher:	✓	
Final Repair Bill:	✓	
Car Rental Invoice:	✓	
Towing Invoice	X	
LTA / GIA :	✓	
Medical Bill:	X	
PIR:	X	
Mandate/Reject Instruction:	X	
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: 5-4-18 Confirm with JASMINE RTM Email ☐ Call ☐

Final Liability:	% 100	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia :
Repair Cost: OSI	S$ 3,424.XX		
Loss of Rental (LOR):	S$ 202.92 (2 days)	101.46 OI REVERSED	
Loss of Use (LOU):	S$ – ($ x days)	& HIT PARKED	
Loss of Income (LOI):	S$ 100 ($ 50 x 2 days)	TP VEH.	16/04/18
LOR only ☐ LOU only ☐	LOR + LOU ☐ LOR + LOI ☐ [Tick only one]		
GIA/LTA Search	S$ –		
Medical:	S$ –		1) Claim status: Normal/Reject/Private Settle
Disbursement:	S$ –	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	S$ –		3) Survey fee:
Total:	S$ 3,726.92	Global Sum S$:	

FINAL PAYMENT Date/Time: Confirm with: Email ☐ Call ☐

Payee 1:	S$ 3,726.92	Name 1:	TRANS-LAB SERVICES PTE LTD
Payee 2: (Strike if N.A.)	S$ X	Name 2:	X
Payee 3: (Strike if N.A.)	S$	Name 3:	

ASS. REC. BY: Kenneth

REF: AG1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tans Cob

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHC 5355H Yr Regn: 09, 14

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 314190 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1AB15AUC · 279374

Gen Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or _____

Brake: Inorder / Jammed / Leaked / Burnt or _____

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

Tyre Size: F: Falken 215/60R16

Ling R: Ling

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or _____

Front		Rear	
R/Bal.	6 mm	R/Bal.	5 mm
L/Bal.	6 mm	L/Bal.	5 mm
D.O.A	13/12/17	D.O.I	14/12/17

Survey held at _____

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

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

Date / Time	Action / Instruction
15/12	File pass to Catherine
4	L/Sup @ 3200
1/3	L/Sup @ 3200 Confirmed Tasmine (2 x 101.46 + 100)
	R ($19,741.45/867)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee

Transportation: ___ S + RS ___ SI

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

78 SHENTON WAY #08-16
CHARTIS BUILDINGSINGAPORE 079120

Ref : CC3/LCR17023844/Kza3

Date : 15-12-2017

Code : LCR

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SLQ 5248M	**Veh. Inspected**	SHC 5355H
	Policy No.		**Coverage ($)**	0.00
	Claim No.		**Excess ($)**	0.00
	Assign From		**Assign Date**	15/12/2017

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	13/12/2017	**Inspection Date**	14/12/2017
	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.

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
SHC5355H - AIG

AAD1712-130

Not Authorised
Limit $3200

Vehicle No.:	**SHC5355H - CANDY**
Chassis No.:	VF1ABL15AUC279374
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	13.12.2017
Third Party Insurer :	**AIG**

		PART		LIST	
1	1	BUMPER COVER FRT	$	Buffers 1,259.42	
2	1	BUMPER SPOILER FRT	$	S 181.75	X
3	1	BUMPER ABSORBER FRT	$	S 394.68	X
4	1	BUMPER RETAINER FRT LH	$	D/V 151.41	
5	1	BUMPER SUPPORT FRT	$	S 123.88	
6	1	BUMPER RETAINER FRT RH	$	S 150.77	
7	1	BUMPER SUPPORT FRT	$	S 123.88	
8	1	BUMPER UNDERTRAY FRT	$	S 472.83	
9	1	BUMPER GRILLE LOWER FRT	$	S 266.80	
10	1	BUMPER FOG LAMP GRILLE LH	$	S 207.21	
11	1	BUMPER FOG LAMP GRILLE RH	$	S 207.21	X
12	1	BUMPER BEAM FRT	$	R 914.08	
13	1	TOW COVER FRT	$	S 28.61	
14	1	RADAITOR GRILLE	$	S 1,707.78	
15	1	RADIATOR GRILLE BADGE 'RENAULT'	$	S 225.36	
16	1	RADAITOR GRILLE FRAME	$	S 1,353.75	
17	1	FRAME FULL SUPPORT PANEL	$	S 615.90	
18	1	FRAME FULL SUPPORT BRACKET	$	R 89.79	
19	1	FRONT BRACE PANEL	$	R 177.22	
20	1	HORN	$	S 314.17	
21	1	HORN BRACKET	$	R 40.45	
22	1	HEADLALMP LH	$	Reject 1,184.43	
23	1	HEADLAMP PANEL FRT LH	$	R 152.15	
24	1	BONNET	$	R 1,941.63	
25	1	BONNET INSULATOR	$	S 405.73	
26	1	BONNET STRUT LH	$	S 88.61	
27	1	BONNET STRUT RH	$	S 88.61	X
28	1	BONNET HINGE LH	$	R 348.31	
29	1	BONNET HINGE RH	$	R 348.31	
30	1	BONNET LOCK	$	R 305.48	
31	1	BONNET CABLE	$	S 119.19	
32	1	BONNET CABLE COVER	$	S 161.03	
33	1	BONNET SEAL OUTER	$	S 92.36	
34	1	FENDER PANEL FRT LH	$	Br 783.83	

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
SHC5355H - AIG

AAD1712-130

35	1	WHEELARCH FRT LH	$	278.84 X
36	1	FENDER BRACKET LOWER LH	$	15.79 X
37	1	FENDER INSULATOR LH	$	130.84 X
38	1	AIR CLEANER LOWER	$	271.26 X
39	1	AIR CLEANER HOSE	$	76.14 X

TOTAL	**$**	**15,799.50**
10%	**$**	**1,579.95**
	$	**14,219.55**

Specical Nett

1	1SET	RADAITOR GRILLE FRAME CLIP	$	52.00 X
2	1SET	BUMPER CLIP FRT	$	66.00
3	1	BUMPER BRACKET CLIP FRT LH	$	12.00
4	1	BUMPER SUPPORT CLIP FRT LH	$	10.50
5	1	BUMPER BRACKET CLIP FRT RH	$	12.00
6	1	BUMPER SUPPORT CLIP FRT RH	$	10.50
7	1	TOW COVER FRT	$	14.50 X
8	1SET	RADAITOR GRILLE SCREW	$	16.00
9	1SET	BUMPER GRILLE LOWER CLIP	$	69.00
10	1SET	FRAME FULL SUPPORT PANEL CLIP	$	70.00
11	2	FRAME FULL SUPPORT PANEL NUT	$	20.00
12	2	FRAME FULL SUPPORT PANEL STUD	$	30.00
14	1SET	WHEELARCH CLIP FRT LH	$	29.40
15	1	CAP HUB LH FRT	$	35.00
16	1	RIM LH FRT	$	385.00
17	1	TYRE LH FRT	$	330.00

TOTAL	**$**	**1,161.90**
TOTAL PARTS	**$**	**15,381.45**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	$	2,800.00 40%
Towing Fees.	$	120.00 X
To apply paint protection system (PPS) maintain and enhancement	$	380.00 X
To rust-proofing of the affected areas.	$	170.00 30%

TRANS-CAB AUTO SERVICES PTE LTD
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TEL NO. 6287 6666 FAX NO. 6257 1330
CO/GST REG NO. 201019626G
SHC5355H - AIG

AAD1712-130

Putty and spray painting of the affected portion.	$	3,000.00 4401
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	$	~~~ 380.00 X
To check steering geometry and computer wheel alignment	$	~~ 220.00 X
To transfer of tire, rim and on wheel balancing.	$	~~ 170.00 X
To Check Electrical Lighting Concerned.	$	170.00 201
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	$	~~~ 170.00 X
TOTAL	**$**	**7,580.00**
Over All Total	**$**	**22,961.45**

< parts by parts > Repair Days ~~10~~ **DAYS**
2days

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:

MWA117170695 / World Auto Pte Ltd - HQ
ENTRY DATE & TIME: 29/12/2017 10:34
SUBMITTED BY: Nghiem Thu Tra

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 29/12/2017 10:39

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 witholding 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	29/12/2017 10:34
Date Of Accident	12/12/2017 23:45
Exact Location Of Accident	TAMPINES STREET 11
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ5248M
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201604597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992
Vehicle Particulars	
Manufacturer	HONDA
Model	VEZEL HYBRID-1.5 Z (A)
Exact Purpose for which vehicle was being used at time of accident	
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 HIRE
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995174
Cover Note Number	
Driver	
Name of Driver	ABDUL RAZAK BIN MOHD AMIN
NRIC No	S0082106C
Date Of Birth	02/08/1951
Occupation	OUTDOOR
Date Of Driving Pass	25/03/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	COLLIDED INTO PARKED VEHICLE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	2
Passenger 1	NAME: : NONAME GENDER: : MALE

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

REFER TO SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO OVERWRITTEN
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC5355H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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 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.

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.

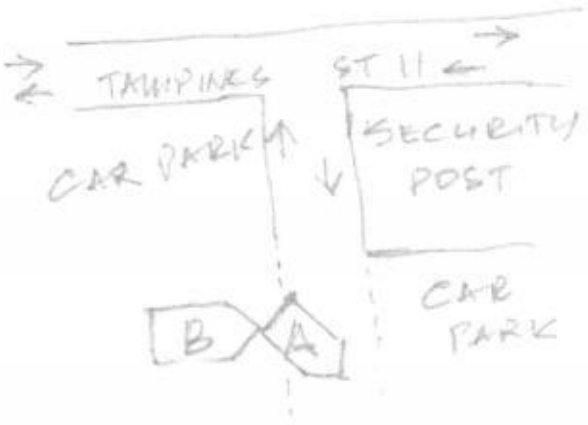
LCRF PTE LTD Reg. No. 201624067K

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time 28/12/17

Witnessed by Reporting Centre Personnel

Sketch Plan



B : SHC 5355 H

A : SLQ 5248 M

Sketch Plan #2

Describe Circumstances of the Accident

ON 12/12/17 AT ABOUT 2335 HRS, I PICK UP A RIDER AT BLK 119 TAMPINES ST. 11 WHEN RECEIVING UBER X REQUEST. AFTER PICKING UP THE RIDER, I REVERSED MY CAR TO EXIT AND ACCIDENTLY HIT THE FRONT LEFT SIDE OF THE VEHICLE SHC5355H.

AS THE RIDER WAS IN A HURRY, I LEFT THE SCENE TO DELIVER RIDER TO DROP OFF POINT AT 72 JLN PARI BURONG. I LATER RETURN TO BLK 119 TAMPINES ST 11 AND INFORM THE SECURITY GUARD OF THE INCIDENT. I THEN GAVE A NOTE STATING MY NAME & CONTACT # TO THE SECURITY GUARD (MR NIZAM) ASKING HIM TO PASS THE NOTE TO OWNER OF SHC5355H ~~AS~~ TO CONTACT ME.

I DO NOT RECEIVED ANY COMMUNICATION OR CALL FROM OWNER SHC5355H SINCE THEN UNTIL E-MAIL NOTIFICATION FROM LCR, MS NUR RAFISSAH.

I RECEIVED IT.

THAT IS ALL. THANK YOU.

Declaration

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

LCRF PTE LTD Reg No. 201626617K

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

25/12/17

Witnessed by Reporting Centre Personnel

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

Express

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	15 Dec 2017 Edit Reg		14 Dec 2017 00:00 Edit Adj Rpt	**S$3,200.00** Edit Estimates	**S$3,200.00** 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.: 201604597K		
Main Claimant:	**TRANS-CAB SERVICES PTE LTD**, Co. Reg. No.: 200303878K		
Vehicle Reg. No.:	**SHC5355H**	Date of Loss:	12/12/2017 23:00 - :59 [**38** Months and **12** Days From LTA Reg Date (Man Yr)]
Claim Type:	**TP** / 2171030121SG	Policy/Cover Note No.:	0999995072 (Comprehensive)
Vehicle Reg. No. (Insured):	**SLQ5248M**	Policy No. (Claimant):	VPX/P1680520
		Excess:	
Repairer:	**Trans-cab Auto Services Pte Ltd (Ang Mo Kio)** 2, Ang Mo Kio Street 63, 569111 Ang Mo Kio - Tel: 62876666		
Handling Insurer:	**AIG Asia Pacific Insurance Pte. Ltd. (Express)** - Tel: 65-6419-3000 ... [Handled by **Khoo, Kay-Eng** - 6419 1026] Kay-Eng.Khoo@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 27/12/2017]		
Driver/Custodian (Insured):	ABDUL RAZAK BIN MOHD AMIN (), NRIC: S0082106C		

ASSOCIATED MAIL RECEIVED View All | Compose Case Mail

- AIG_SG (18/12/2017): **NO OI 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

***SHC5355H (2171030121SG)**
[SLQ5248M]
TP
TRANS-CAB SERVICES PTE LTD
Dec 12 2017 11:00PM
[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**		Edit	

Photos/Images			3 per page		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	19/04/18 13:06	**General View**		Load JPG	
2	19/04/18 13:06	**General View**		Load JPG	
3	19/04/18 13:06	**General View**		Load JPG	
4	19/04/18 13:06	**General View**		Load JPG	
5	19/04/18 13:06	**General View**		Load JPG	
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12	19/04/18 13:06	**General View**		Load JPG	
13	19/04/18 13:06	**General View**		Load JPG	

Documentation			1 per page		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	15/12/17 15:48	**TP GIA REPORT**		Load PDF	
2	15/12/17 15:48	**TP ESTIMATE- MARKED**		Load PDF	
3	12/02/18 09:29	**LETTER TO LCRF**		Load PDF	
4	16/04/18 11:51	**TP amended GIA**		Load PDF	
5	19/04/18 13:14	**AUTHORISATION TO ACT**		Load PDF	
6	19/04/18 13:14	**RELEASE VOUCHER**		Load PDF	
7	19/04/18 13:14	**RENTAL RECEIPT**		Load PDF	
8	19/04/18 13:14	**WORKSHOP INVOICE**		Load PDF	
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)		Thumbnail	Print
1	23/01/18 17:54	**OI GIA REPORT**		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:	**SLQ5248M (Insd veh)**	**Model:**	**RENAULT LATITUDE 2.0 L (A)**
	SHC5355H (TP veh)		
Date of Accident:	**12/12/2017**		

Global Sum Settlement	:	[ ] Yes	[X] No	
Repair Estimate	: $	24,568.74		
Final Repair Cost	: $	3,424.00		
Loss of Use	: $	100.00	2.00 days at $50.00 per day	
Rental (if any)	: $	202.92	2 days	
LTA / GIA Search Fee	: $			
Others:	: $			
	: $			
Final Settlement Sum	: $	3,726.92		

Is Third Party Workshop GIA Registered? [ ] **YES** [X] **NO** (Kindly indicate below)

A) For **Non GIA Registered Workshop:** Agreed Liability _____100_____(%)

B) For **GIA Registered Workshop:** 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	: $	3,726.92
2)		: $	
3)		: $	
4)		: $	

NUR SHAQILAH BTE ABDOL WAHAB
LKK Auto Consultants Pte Ltd

19 Apr 2018
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/LCR17023844/KJA3S2
Date: 19/04/2018

REFERENCE

Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd.	Policy No:	0999995072		
Claimant Vehicle No :	SHC5355H	**Insured Vehicle No :**	SLQ5248M		
Date of Loss:	12/12/2017	Nature of Claim:	TP	Claim No:	2171030121SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	**SHC5355H**		
Make & Model:	RENAULT LATITUDE, 2.0 L (A)	Engine No:	M9R8839C001936
Reg. Date:	30/09/2014 (Man. Year: 2014)	Chassis No:	VF1ABL15AUC279374
Colour:	Metallic White/Red	Odometer:	314190 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:	Falken 6 mm	Rear Left Side:	Linglong 5 mm
Front Right Side:	Falken 6 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	15,381.44	3,107.18	12,274.26	79.80
Miscellaneous Items	0.00	0.00	0.00	
Labour	7,580.00	890.00	6,690.00	88.26
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S$)	**22,961.44**	**3,997.18**	**18,964.26**	**82.59**
Approved Total (Overridden) (S$)		**3,200.00**		
(S$)	22,961.44	3,200.00	19,761.44	86.06
+ GST 7.00/7.00% (S$)	1,607.30	224.00	1,383.30	86.06
Nett Amount (S$)	**24,568.74**	**3,424.00**	**21,144.74**	**86.06**
+ Loss of Use (2.0 x S$50.00/day) (S$)		100.00		
+ Car Rental (2.0 x S$101.46/day) (S$)		202.92		
Nett Liability (S$)		**3,726.92**		

INSPECTION

Date of Assignment: 14/12/2017

Date Inspected: 14/12/2017 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:** 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 FRT	Buckled / Cracked	1,259.42 FL	*1,259.42 FL
2	1		*BUMPER SPOILER FRT	Serviceable	181.75 FL	*- FL
3	1		*BUMPER ABSORBER FRT	Serviceable	394.68 FL	*- FL
4	1		*BUMPER RETAINER FRT LH	Distorted	151.41 FL	*151.41 FL
5	1		*BUMPER SUPPORT FRT	Serviceable	123.88 FL	*- FL
6	1		*BUMPER RETAINER FRT RH	Serviceable	150.77 FL	*- FL
7	1		*BUMPER SUPPORT FRT	Serviceable	123.88 FL	*- FL
8	1		*BUMPER UNDERTRAY FRT	Serviceable	472.83 FL	*- FL
9	1		*BUMPER GRILLE LOWER FRT	Serviceable	266.80 FL	*- FL
10	1		*BUMPER FOG LAMP GRILLE LH	Serviceable	207.21 FL	*- FL
11	1		*BUMPER FOG LAMP GRILLE RH	Serviceable	207.21 FL	*- FL
12	1		*BUMPER BEAM FRT	Repair	914.08 FL	*- FL
13	1		*TOW COVER FRT	Serviceable	28.61 FL	*- FL
14	1		*RADIATOR GRILLE	Serviceable	1,707.78 FL	*- FL
15	1		*RADIATOR GRILLE BADGE RENAULT	Serviceable	225.36 FL	*- FL
16	1		*RADIATOR GRILLE FRAME	Serviceable	1,353.75 FL	*- FL
17	1		*FRAME FULL SUPPORT PANEL	Serviceable	615.90 FL	*- FL
18	1		*FRAME FULL SUPPORT BRACKET	Repair	89.79 FL	*- FL
19	1		*FRONT BRACE PANEL	Repair	177.22 FL	*- FL
20	1		*HORN	Serviceable	314.17 FL	*- FL
21	1		*HORN BRACKET	Repair	40.45 FL	*- FL
22	1		*HEADLAMP LH	Mtg Cracked	1,184.43 FL	*1,184.43 FL
23	1		*HEADLAMP PANEL FRT LH	Repair	152.15 FL	*- FL
24	1		*BONNET	Repair	1,941.63 FL	*- FL
25	1		*BONNET INSULATOR	Serviceable	405.73 FL	*- FL
26	1		*BONNET STRUT LH	Serviceable	88.61 FL	*- FL
27	1		*BONNET STRUT RH	Serviceable	88.61 FL	*- FL
28	1		*BONNET HINGE LH	Repair	348.31 FL	*- FL
29	1		*BONNET HINGE RH	Repair	348.31 FL	*- FL
30	1		*BONNET LOCK	Repair	305.48 FL	*- FL
31	1		*BONNET CABLE	Serviceable	119.19 FL	*- FL
32	1		*BONNET CABLE COVER	Serviceable	161.03 FL	*- FL
33	1		*BONNET SEAL OUTER	Serviceable	92.36 FL	*- FL
34	1		*FENDER PANEL FRT LH	Buckled	783.83 FL	*783.83 FL
35	1		*WHEELARCH FRT LH	Serviceable	278.84 FL	*- FL
36	1		*FENDER BRACKET LOWER LH	Serviceable	15.79 FL	*- FL
37	1		*FENDER INSULATOR LH	Serviceable	130.84 FL	*- FL
38	1		*AIR CLEANER LOWER	Serviceable	271.26 FL	*- FL
39	1		*AIR CLEANER HOSE	Serviceable	76.14 FL	*- FL
40	1		*SET RADIATOR GRILLE FRAME CLIP	Not Necessary	52.00 FS	*- FS
41	1		*SET BUMPER CLIP FRT	Necessary	66.00 FS	*66.00 FS
42	1		*BUMPER BRACKET CLIP FRT LH	Not Necessary	12.00 FS	*- FS
43	1		*BUMPER SUPPORT CLIP FRT LH	Not Necessary	10.50 FS	*- FS
44	1		*BUMPER BRACKET CLIP FRT RH	Not Necessary	12.00 FS	*- FS
45	1		*BUMPER SUPPORT CLIP FRT RH	Not Necessary	10.50 FS	*- FS
46	1		*TOW COVER FRT	Serviceable	14.50 FS	*- FS
47	1		*SET RADIATOR GRILLE SCREW	Not Necessary	16.00 FS	*- FS
48	1		*SET BUMPER GRILLE LOWER CLIP	Not Necessary	69.00 FS	*- FS
49	1		*SET FRAME FULL SUPPORT PANEL CLIP	Not Necessary	70.00 FS	*- FS
50	2		*FRAME FULL SUPPORT PANEL NUT	Serviceable	20.00 FS	*- FS
51	2		*FRAME FULL SUPPORT PANEL STUD	Serviceable	30.00 FS	*- FS

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
52	1		***SET WHEELARCH CLIP FRT LH**	Not Necessary	29.40 FS	*- FS
53	1		***CAP HUB LH FRT**	Serviceable	35.00 FS	*- FS
54	1		***RIM LH FRT**	Serviceable	385.00 FS	*- FS
55	1		***TYRE LH FRT**	Serviceable	330.00 FS	*- FS

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

Sub Total (S$)	**16,961.39**	**3,445.09**
- List Item Discount on L Items 10.00/10.00% (S$)	1,579.95	337.91
Total Parts (S$)	**15,381.44**	**3,107.18**

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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	**TOWING FEES.**	New	120.00	0.00
3	**TO APPLY PAINT PROTECTION SYSTEM (PPS) MAINTAIN AND ENHANCEMENT.**	New	380.00	0.00
4	**TO RUST-PROOFING OF THE AFFECTED AREAS**	New	170.00	30.00
5	**PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.**	New	3,000.00	440.00
6	**TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.**	New	380.00	0.00
7	**TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.**	New	220.00	0.00
8	**TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.**	New	170.00	0.00
9	**TO CHECK ELECTRICAL LIGHTING CONCERNED.**	New	170.00	20.00
10	**TO TRANSFER OF FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.**	New	170.00	0.00
	Gross Labour Cost (S$)		**7,580.00**	**890.00**

Report was unsubmitted during this print-out.

< END OF ESTIMATES >