

ASS. REC. BY:

REF:

TP / CS/TP17024511/Kvb02

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s \_\_\_\_\_

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

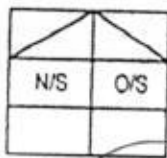
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHD 9145R Yr Regn: 09.11

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

Truck / Trailer or

Make: Chevrolet c.c. 1991

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 580280 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: K211A69R5BB 058047

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: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 6 mm R/Bal. 9 mm

L/Bal. 6 mm L/Bal. 9 mm

D.O.A. 21/12/17 D.O.I. 26/12/17

Survey held at \_\_\_\_\_

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

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

Date / Time Action / Instruction

21/12 5th para to C+K  
 21/12 82600 (Red 21,057.51, 8870)  
 SHD 9145R - (C3/A76) 13003843 / K6312

DUT: 22013

RECEIVED 20-12-2017

Date/Time, File Pass to?

☐ : Prell. Report☐ : Final Report

1)

Date/Time, File Return to?

2) 28/12 - typist

Report Format :

Lump Sum / I.B.I. (\$) TP 2800/-

Days Of Repair: 3

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

13x15-195

170+195

50

17

80

512

# Survey Department Check List (Case Handler)

Reference No.: CS/TP17024511/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

		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 28/12/17  
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			
TRANS-CAB AUTO SERVICES PTE LTD		Ref : CS/TP17024511/Kvb	
NO.2 ANG MO KIO STREET 63SINGAPORE 569111		Date : 27-12-2017	
		Code : TP378	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	Veh. Inspected		SHD 9145R
Policy No.	Coverage (\$)		0.00
Claim No.	Excess (\$)		0.00
Assign From	Assign Date		26/12/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	c.c		0
Engine No. HIDDEN	Year of Reg.		
Chassis No.	Colour		
Odometer -	Steering		
Brakes	Modification		
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	21/12/2017	Inspection Date	26/12/2017
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHD9145R
Vehicle to be Exported:	Yes
Intended De-registration Date:	22 Dec 2017
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1443330K
Chassis No.:	KL1LA69RJBB058047
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,178.00
Original Registration Date:	09 Sep 2011
First Registration Date:	09 Sep 2011
Transfer Count:	0
Actual ARF Paid:	\$14,178.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	08 Sep 2019
PARF Rebate Amount:	\$9,215.00
Intended COE Rebate Details	

## 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	22/12/2017 08:52
Date Of Accident	21/12/2017 22:00
Exact Location Of Accident	NICOLL HIGHWAY TOWARDS KPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9145R
<b>Insured/Policyholder</b>	
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-62866666

### 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	ZULKEFLI BIN ZAKARIA
NRIC No	S1709106I
Date Of Birth	29/12/1965
Occupation	OUTDOOR
Date Of Driving Pass	18/09/1986
Driving Experience	31 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97270224
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 456 TAMPINES STREET 42 #12-284
Postcode	520456
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	JNG2677 (MOTORCYCLE)
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	YES
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: : ALFIAS GENDER: : MALE

#### 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 SEE ATTACH POLICE REPORT : T/20171222/2022

#### 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	JNG2677
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

MOTORCYLIST

Approximate Age

Injuries Sustain

Injured person in which vehicle?

JNG2677

Were seat belts worn?

NO

Was this 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:

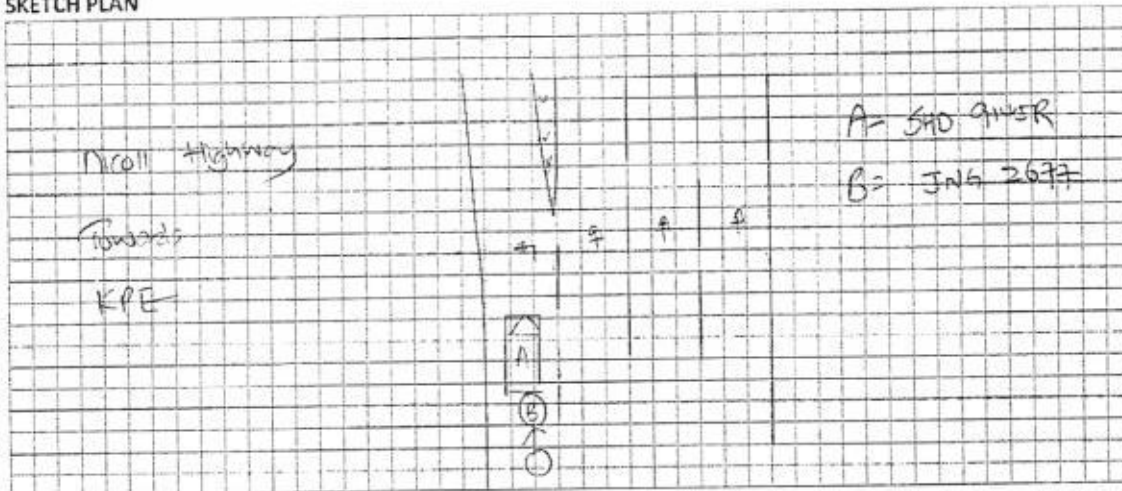
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Sketch Plan #2 Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls 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/20171222/2022

1 of 3

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

Report No. T/20171222/2022

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/12/2017 09:50		Vide Report No.:		Station Diary No.: 29	
<b>Informant's Particulars</b>					
Name of Informant: ZULKEFLI BIN ZAKARIA			Address: APT BLK 456 TAMPINES STREET 42 #12-284 SINGAPORE 520456		
ID Type / ID No.: NRIC NO / S17091061			Contact No.: Home/Office:		Mobile: 97270224
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 51	Date of Birth: 29/12/1965	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4		Date of Expiry:

## General Information of the Accident

Type of Accident:	Injury Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 21/12/2017 22:00	Type of Location: Straight Road
Location: Along Road 1 NICOLL HIGHWAY KALLANG PAYA LEBAR EXPRESSWAY Nicoll Highway before KPE exit				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 30 Km/h	
Traffic Flow:		Traffic Control:	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

## Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
JNG2677	Motorcycle					0
SHD9145R	Taxi				Seriously Damaged	1

## Details of Person Involved

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

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20171222/2022

2 of 3

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

Report No. T/20171222/2022

## CONTINUATION OF REPORT

<b>Driver:</b>			
Name	ZULKEFLI BIN ZAKARIA	ID No.	S1709106I
Related Vehicle	SHD9145R (Taxi)	Contact No.	97270224
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

**Brief Details.**

On 21/12/2017 at 2200hrs, I was driving taxi of plate number SHD9145R along Nicoll Highway before KPE exit with one passenger on board of the name Mr Alfias (HP: 81866203), at the extreme left lane when one Malaysia motorcycle of plate number JNG2677 knocked onto the rear of my taxi. He then fell off from his bike. I got down and made a check on him, asking him if he need any medical assistance, but he informed that he does not required. I made a check on my passenger Mr Alfias, he informed that he suffered neck pain but he does not required medical assistance. I checked with the Malaysia male rider and he informed me to claim through insurance. My rear bumper dropped out, suffered dent and crack but still able to move. My left shoulder is pain due to the accident. I double check wit the rider and he affirmed that he does not required medical attention. I tried to get his particular and contact number but he refused to give.

I wish to state that at that point of time, I was moving slowly and the bike knocked onto my vehicle from behind. I believed the rider was looking the GPS in his hand phone as I spotted his hand phone was on the floor with the GPS on. If my left shoulder is still unwell, I will proceed to hospital/ Polyclinic to see a doctor.

I am lodging this Traffic police report for assistance. That's all.

**SINGAPORE  
POLICE FORCE**

T/20171222/2022

3 of 3

Report No. T/20171222/2022

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

**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 /

Sgt 1 TAN CHING LIN



Signature :

SN 085

Signature Of Interpreter  
Not applicable

Officer In Charge Of Case:  
TP / AEIT /  
SSI GOH GEOK LYE  
Contact No.: 65476148

Authentication Stamp  
NP168

Signature Of Informant:

Date/Time:  
22/12/2017 09:50

Classification Of Case:

Not Notified  
11/11/2017

Vehicle No.:	SHD9145R - CANDY
Chassis No.:	KL1LA69RJB058047
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0
Date of Accident :	21.12.2017
Third Party Insurer :	Malay Air

PART			LIST		
1	1	Rear Bumper	\$	R 1,202.00	✓
2	1	Rear Bumper Beam	\$	R 239.94	X
3	1	Rear Bumper Centre Absorber	\$	CM 260.00	✓
4	1	Rear Bumper Side Retainer RH	\$	CM 68.76	✓
5	1	Rear Bumper Side Retainer LH	\$	CM 68.76	✓
6	1	Rear Bumper Reflectors RH	\$	BR 119.74	✓
7	1	Rear Bumper Reflectors LH	\$	SL 119.74	X
8	1	Rear Bumper Tow Hook Cover	\$	SL 93.00	X
9	1	Rear Luggage Floor Panel	\$	R 973.00	} X
10	1	Rear Luggage Floor Panel Insulator	\$	SL 63.50	
11	1	Rear Luggage Floor Panel Trim Board	\$	SL 378.00	
12	1	Rear End Panel Outer	\$	R 623.76	
13	1	Rear End Panel Inner Trim	\$	SL 263.84	
14	1	Bootlid	\$	R 973.00	
15	1	Bootlid inner trim board	\$	SL 400.00	
16	1	Bootlid Weatherstrip	\$	SL 344.28	
17	1	Bootlid Lock - Top	\$	R 466.56	
18	1	Bootlid 'CHEVROLET' Badge	\$	BR 120.62	
19	1	Bootlid Logo	\$	BR 138.84	
20	1	Bootlid 'EPICA LT' Badge	\$	BR 119.84	
21	1	Bootlid Reflector Centre	\$	SL 217.97	
22	1	Bootlid Reflector RH	\$	CM 128.40	✓
23	1	Bootlid Reflector LH	\$	SL 128.40	X
24	1	Bootlid Hinge RH	\$	R 120.00	X
25	1	Bootlid Hinge LH	\$	R 120.00	X
26	1	Rear Tail Lamp RH	\$	BR 479.30	✓
27	1	Rear Tail Lamp Panel RH	\$	R 359.00	X
28	1	Rear Tail Lamp LH	\$	SL 479.30	X
29	1	Rear Tail Lamp Panel LH	\$	R 359.00	X
30	1	Rear Exhaust Box (Muffler A-EXH,RR)	\$	R 1,110.00	X

31	1	Rear Fender RH	\$	R	1,145.00	X
32	1	Rear Fender Inner Trim RH	\$	Sm	418.44	X
33	1	Rear Fender LH	\$	R	1,145.00	X
34	1	Rear Fender Inner Trim LH	\$	Sm	418.44	X
35	1	Rear Fender Inner Cowling RH	\$	CRA Pa	76.60	X
36	1	Rear Fender Inner Cowling LH	\$	Pa	76.60	X

<b>TOTAL</b>	\$	<b>13,818.63</b>
<b>10%</b>	\$	<b>1,381.86</b>
	\$	<b>12,436.77</b>

### Special Nett

1	1Set	Licence Plate With Holder	\$	Sm	60.00	X
2	1Set	Bootlid inner trim board Clip	\$	nn	40.00	X
3	1Set	Rear Bumper Parking Sensor	\$	nn	300.00	X
4	1Set	Rear Bumper Fastener Clip	\$	nn	44.00	X
5	1Set	Rear Fender Inner Trim Clip LH	\$	nn	30.00	X
6	1Set	Rear Fender Inner Trim Clip RH	\$	nn	30.00	X
7	1Set	Rear Bumper End Dust Cover Clip	\$	nn	30.00	X
8	1	Rear Boot Sticker 'Trans-cab'	\$	nn	30.00	X
9	1	Rear Boot Sticker '6555-3333'	\$	nn	30.00	X
10	1	Rear Exhaust Mounting	\$	Sm	10.00	X
11	2	Rear Windscreen Sealant	\$	nn	80.00	X
12	1	Rear Windscreen Inner Sponge Seal	\$	nn	100.00	X
13	1	Spare Tyre	\$	Sm	180.00	X
14	1	Spare Wheel Rim	\$	Sm	126.74	X

<b>TOTAL</b>	\$	<b>1,090.74</b>
<b>TOTAL PARTS</b>	\$	<b>13,527.51</b>

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

\$ 4,050.00 *4000*

To Check Electrical Lighting Concerned.

\$ 170.00 *200*

To Rust-Proofing Of The Affected Areas.

\$ 170.00 *X*

Putty And Spray Painting Of The Affected  
Portion.

\$ 4,200.00 *4000*

To reinstall rear bumper parking sensor.

\$ 170.00 *600*

To transfer of end panel fittings and conduct water seepage test.	\$	<i>nn</i> 170.00 X
To transfer of luggage floor panel fittings and conduct water seepage test.	\$	<i>nn</i> 170.00 X
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	<i>nn</i> 170.00 X
To transfer of boot fittings and conduct water seepage test.	\$	<i>nn</i> 170.00 X
Towing fees	\$	<i>nn</i> 120.00 X
To transfer of Fender fittings, attachments and perform water seepage test.	\$	170.00 <i>del</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00 X
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00 X
	\$	<u>10,330.00</u>
<b>TOTAL</b>	\$	<u>23,857.51</u>

Repair Days

~~15 Days~~  
3 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

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

TRANS-CAB AUTO SERVICES PTE LTD

Ref : CS/TP17024511/Kvbn2

NO.2 ANG MO KIO STREET 63 SINGAPORE 569111

Date : 05-01-2018



Code : TP378

### 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SHD 9145R
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	26/12/2017

### 2. Vehicle Particulars & Condition

Make & Model	CHEVROLET EPICA (A)	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	KL1LA69RJBB058047	Colour	WHITE / RED
Odometer	580280	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	GITI	6 mm
L/H Front Tyre	195/65 R15	GITI	6 mm
R/H Rear Tyre	195/65 R15	GITI	9 mm
L/H Rear Tyre	195/65 R15	GITI	9 mm

### 4. Description of Damages

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

### 5. General Information

Accident Date	21/12/2017	Inspection Date	26/12/2017
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.
---

### 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 Working 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

Page No.:1 of 3

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 9145R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	REAR BUMPER	BENT	1,202.00	1,202.00
1	REAR BUMPER BEAM	TO REPAIR SEE LABOUR	239.94	-
1	REAR BUMPER CENTRE ABSORBER	CRACKED	260.00	260.00
1	REAR BUMPER SIDE RETAINER RH	CRACKED	68.76	68.76
1	REAR BUMPER SIDE RETAINER LH	DISTORTED	68.76	68.76
1	REAR BUMPER REFLECTORS RH	BROKEN	119.74	119.74
1	REAR BUMPER REFLECTORS LH	SERVICEABLE	119.74	-
1	REAR BUMPER TOW HOOK COVER	SERVICEABLE	93.00	-
1	REAR LUGGAGE FLOOR PANEL	TO REPAIR SEE LABOUR	973.00	-
1	REAR LUGGAGE FLOOR PANEL INSULATOR	SERVICEABLE	63.50	-
1	REAR LUGGAGE FLOOR PANEL TRIM BOARD	SERVICEABLE	378.00	-
1	REAR END PANEL OUTER	TO REPAIR SEE LABOUR	623.76	-
1	REAR END PANEL INNER TRIM	SERVICEABLE	263.84	-
1	BOOTLID	TO REPAIR SEE LABOUR	973.00	-
1	BOOTLID INNER TRIM BOARD	SERVICEABLE	400.00	-
1	BOOTLID WEATHERSTRIP	SERVICEABLE	344.28	-
1	BOOTLID LOCK-TOP	TO REPAIR SEE LABOUR	466.56	-
1	BOOTLID "CHEVROLET" BADGE	NOT NECESSARY	120.62	-
1	BOOTLID LOGO	NOT NECESSARY	138.84	-
1	BOOTLID "EPICA LT" BADGE	NOT NECESSARY	119.84	-
1	BOOTLID REFLECTOR CENTRE	SERVICEABLE	217.97	-
1	BOOTLID REFLECTOR RH	CRACKED	128.40	128.40
1	BOOTLID REFLECTOR LH	SERVICEABLE	128.40	-
1	BOOTLID HINGE RH	TO REPAIR SEE LABOUR	120.00	-
1	BOOTLID HINGE LH	TO REPAIR SEE LABOUR	120.00	-
1	REAR TAIL LAMP RH	BROKEN	479.30	479.30
1	REAR TAIL LAMP PANEL RH	TO REPAIR SEE LABOUR	359.00	-
1	REAR TAIL LAMP LH	SERVICEABLE	479.30	-

Report Ref No. CS/TP17024511/Kvbn2



# 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

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR TAIL LAMP PANEL LH	TO REPAIR SEE LABOUR	359.00	-
1	REAR EXHAUST BOX (MUFFLER A-EXH,RR)	TO REPAIR SEE LABOUR	1,110.00	-
1	REAR FENDER RH	TO REPAIR SEE LABOUR	1,145.00	-
1	REAR FENDER INNER TRIM RH	SERVICEABLE	418.44	-
1	REAR FENDER LH	TO REPAIR SEE LABOUR	1,145.00	-
1	REAR FENDER INNER TRIM LH	SERVICEABLE	418.44	-
1	REAR FENDER INNER COWLING RH	CRACKED	76.60	76.60
1	REAR FENDER INNER COWLING LH	TORN	76.60	76.60
	LESS 10% DISCOUNT		-1,381.86	-248.02
			12,436.77	2,232.14
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET LICENCE PLATE WITH HOLDER (SN)	SERVICEABLE	60.00	-
1	SET BOOTLID INNER TRIM BOARD CLIP (SN)	NOT NECESSARY	40.00	-
1	SET REAR BUMPER PARKING SENSOR (SN)	DENTED	300.00	300.00
1	SET REAR BUMPER FASTENER CLIP (SN)	NECESSARY	44.00	44.00
1	SET REAR FENDER INNER TRIM CLIP LH (SN)	NOT NECESSARY	30.00	-
1	SET REAR FENDER INNER TRIM CLIP RH (SN)	NOT NECESSARY	30.00	-
1	SET REAR BUMPER END DUST COVER CLIP (SN)	NOT NECESSARY	30.00	-
1	REAR BOOT STICKER "TRANS-CAB" (SN)	NOT NECESSARY	30.00	-
1	REAR BOOT STICKER "6555-3333" (SN)	NOT NECESSARY	30.00	-
1	REAR EXHAUST MOUNTING (SN)	SERVICEABLE	10.00	-
2	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	80.00	-
1	REAR WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	100.00	-
1	SPARE TYRE (SN)	SERVICEABLE	180.00	-
1	SPARE WHEEL RIM (SN)	SERVICEABLE	126.74	-
			1,090.74	344.00

Report Ref No. CS/TP17024511/Kvbn2



# 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

Page No.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b>			
	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF REAR BUMPER BEAM,REAR LUGGAGE FLOOR PANEL,REAR END PANEL		4,050.00	400.00
	OUTER,BOOTLID,BOOTLID LOCK-TOP,BOOTLID HINGE RH,BOOTLID HINGE LH,REAR TAIL LAMP PANEL RH,REAR TAIL LAMP PANEL LH,REAR EXHAUST BOX (MUFFLER A-EXH,RR),REAR FENDER RH AND REAR FENDER LH.			
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		4,200.00	400.00
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	60.00
	TO TRANSFER OF END PANEL FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF LUGGAGE FLOOR PANEL FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO REMOVE AND REFIT REAR W/SCREEN GLASS TO FACILITATE BODYWORK REPAIR.	NOT NECESSARY	170.00	-
	TO TRANSFER OF BOOT FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TOWING FEES.	NOT NECESSARY	120.00	-
	TO TRANSFER OF FENDER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.		170.00	60.00
	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH, FITTINGS AND OTHER,TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
			10,330.00	940.00
	<b>GRAND TOTAL</b>		<b>23,857.51</b>	<b>3,516.14</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>2,800.00</b>

Report Ref No. CS/TP17024511/Kvbn2

KONG SENG CHEONG

Licensed Appraiser

**DISCLAIMER OF LIABILITY TO THIRD PARTIES:-** This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.