

ASS. REC. BY:

REF:

TP /

CS / TP18000283 / Kgbnz

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 04 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: S1HB 7682E Yr Regn: 06, 12

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

Truck / Trailer or

Make: Chevrolet Epic c.c. 1991

Colour: white 1991 A/C: Insured / Std / NI / NA

Sp. Reading: 34765P T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KL11A69R JBB 09237P

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: 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: 8 mm Rear: 7 mm

R/Bal: 8 mm L/Bal: 7 mm

D.O.A: 29/12/17 D.O.I: 3/1/18

Survey held at

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

O/S Frt & U/C

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

Date / Time Action / Instruction

4/1 File pass to Cashier

SHB 7682E - (C3 / ATG) 13016758 / Kvlb3w2

QA: 050913

L124 @ 305A (Per @ 1700.55, 85/1)

* Invoice send to Trans-Cab First.

RECEIVED 15 JAN 2018

Data/Time, File Pass to?

1) 19/1 Repair

Data/Time, File Return to?

2)

☐ : Prel. Report☐ : Final Report

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

10x15 = 150

170 + 150

50 + 50

23

80

523

Report Format: 7P

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

3050



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/TP18000283/Kqb

NO.2 ANG MO KIO STREET 63SINGAPORE 569111

Date : 04-01-2018



Code : TP378

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SHB 7682E
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	03/01/2018

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	29/12/2017	Inspection Date	03/01/2018
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.
--

Survey Department Check List (Case Handler)

Reference No.: *CG/TP/18000783/K96*
 Policy Type: OD *(TP)* / TP RES / TL / EVA

SHB 7682E

Case Handler

Typist

Admin (*Callan*): 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
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			

Surveyor (*Kenneth*): 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

<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
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<i>✓</i>			
<i>✓</i>			
<i>✓</i>			
<i>✓</i>			

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

<i>✓</i>		
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(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

<i>✓</i>		
<i>✓</i>		

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

<i>✓</i>		
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Check By:

Callan *19/11/18*
 Case Handler Date

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHB7682E
Vehicle to be Exported:	Yes
Intended De-registration Date:	03 Jan 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1454968K
Chassis No.:	KL1LA69RJBB092379
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,430.00
Original Registration Date:	29 Jun 2012
First Registration Date:	29 Jun 2012
Transfer Count:	0
Actual ARF Paid:	\$14,430.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Jun 2020
PARF Rebate Amount:	\$10,101.00
Intended COE Rebate Details	

COE Expiry Date:	28 Jun 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$47,515.00
COE Rebate Amount:	\$14,765.00
Total Rebate Amount:	\$24,866.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 03 Jan 2018

OK

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	02/01/2018 14:13
Date Of Accident	29/12/2017 16:20
Exact Location Of Accident	TOH GUAN ROAD EAST
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7682E
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	SYED MASHOR BIN SYED ABU BAKAR
NRIC No	S2171340F
Date Of Birth	11/05/1958
Occupation	OUTDOOR
Date Of Driving Pass	13/08/1985
Driving Experience	32 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98171760
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 123 BEDOK RESERVOIR ROAD #02-1003
Postcode	470123
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 ON COLLISION
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?	NO
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	GEYLANG N.P.C
Police Station Address	ROAD: 132 PAYA LEBAR ROAD , POSTCODE: 409014 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT.

Attachment(s)

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

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: - 2 JAN 2018

Reporting Centre Personnel's Signature
Name: JASMINE TAN SIEW KUE
NRIC/FIN No.: S74056361

Sketch Plan #2 Pg. 1

SKETCH PLAN

FCH Team Center

A:
B:

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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: - 2 JAN 2010

Reporting Centre Personnel's Signature
Name: ASMINE TAN SILVIA HUI
NRIC/FIN No.: S74056361



**SINGAPORE
POLICE FORCE**



T/20171230/2001

1 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20171230/2001

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 30/12/2017 00:34		Vide Report No.: D/20171229/0108		Station Diary No.: 13	
Informant's Particulars					
Name of Informant: SYED MASHOR BIN SYED ABU BAKAR			Address: APT BLK 123 BEDOK RESERVOIR ROAD #02-1003 SINGAPORE 470123		
ID Type / ID No.: NRIC NO / S2171340F			Contact No.: Home/Office: Mobile: 98171760		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 11/05/1958	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 29/12/2017 16:20	Type of Location: Bend
Location: Along Road 1 TOH GUAN ROAD EAST 80 Toh Guan Road East				
Weather: Sunny		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No. of Passenger
JQM2057	Motorcycle				Slightly Damaged	0
SHB7682E	Car				Seriously Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171230/2001

2 of 3

Police Station Of Origin:

Geylang N.P.C

1 32 Paya Lebar Road SINGAPORE 409014

Tel No: 1800-8486999

Report No. T/20171230/2001

CONTINUATION OF REPORT

Driver			
Name	SYED MASHOR BIN SYED ABU BAKAR		ID No. S2171340F
Related Vehicle	SHB7682E (Car)		Contact No. 98171760
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 29/12/2017 at around 1620hrs, I was driving my vehicle along Toh Guan road east and I spotted a customer waved for my taxi, thus I made a right turn after checking that the traffic was clear. While I was making the right turn, the right side of the taxi was suddenly hit by a motorcycle.



**SINGAPORE
POLICE FORCE**



T/20171230/2001

3 of 3

Police Station Of Origin:
Geylang N.P.C
132 Paya Lebar Road SINGAPORE 409014
Tel No: 1800-8486999

Report No. T/20171230/2001

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:

G /

Sgt 2 LING JUNXIAN

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GT /

Cont  **SINGAPORE
POLICE FORCE**

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

30/12/2017 00:34

Classification Of Case:

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 7682E**AAD1801-019***Not Authorised
L/Sy @ 3050h*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHB 7682E

KL1LA69RJB092379

CHEVROLET

EPICA 2.0

29.12.2017

MALAYSIA**PART****LIST**

1	1	Front Bumper	\$	R	1,202.00	X
2	1	Front Bumper Retainer RH	\$	Sn	102.00	X
3	1	Headlamp RH	\$	Sn	816.00	X
4	1	Headlamp RH inner panel	\$	R	611.16	X
5	1	Front headlamp bracket	\$	Sn	85.00	X
6	1	Indicator light switch	\$	Sn	420.00	X
7	1	Front Shock Absorber Assy RH	\$	B	216.17	✓
8	1	Front Shock Absorber Top Mounting RH	\$	B	48.32	✓
9	1	Front Lower Arm RH	\$	D/S	283.00	✓
10	1	Front Knuckle Arm RH	\$	B	230.00	✓
11	1	Front Hub Unit	\$	B	376.00	✓
12	1	Front Door RH	\$	R	1,133.00	X
13	1	Front Door Hinge Upper	\$	R	65.00	X
14	1	Front Door Hinge Lower	\$	R	65.00	X
15	1	Front Door inner lock	\$	R	586.00	X
16	1	Front Door Inner Lock Latch RH	\$	R	206.00	X
17	1	Front Door Check / Arrestor	\$	Sn	67.50	X
18	1	Front Door Weatherstrip RH	\$	Sn	138.79	X
19	1	Front Side View Mirror RH	\$	Sn	939.00	X
20	1	Front Fender RH	\$	B	837.60	✓
21	1	Front Fender Liner RH	\$	D/S	47.00	✓
22	1	Fender Insulation RH	\$	Sn	39.00	X
23	1	Front Fender RR Bracket RH	\$	Sn	7.10	X
24	1	Front Fender Inner Wheel House Panel RH	\$	R	1,437.00	X

TOTAL	\$	9,957.64
10%	\$	995.76
	\$	8,961.88

Trans-cab Auto Services Pte Ltd

AAD1801-019

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 7682E

Specical Nett

1 Set Front Bumper Fastener Clip	\$	nn	24.00	X
1 Set Front licence plate with holder	\$	sn	192.00	X
1 Set Radiator Grille clip	\$	nn	35.00	X
1 Set Front Fender Liner clip	\$	nn	30.00	✓
1 Front Wheel Rim Hub Cap RH	\$	sn	166.30	X
1 Front Tyre RH	\$	sn	180.00	X
1 Front Tyre Rim RH	\$	l.p. net	126.00	5000

TOTAL \$ 753.30**TOTAL PARTS \$ 9,715.18****LABOUR**

To Check Electrical Lighting Concerned.	\$	170.00	150
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	3,500.00	3000
Putty and spray painting of the affected portion.	\$	3,200.00	4000
Towing Fees.	\$	120.00	500
To dismantle and refit front end suspension, undercarriage parts, final checking and testing.	\$	380.00	2000
To check steering geometry and computer wheel alignment	\$	220.00	600
To transfer of tire, rim and on wheel balancing.	\$	170.00	200
To rust-proofing of the affected areas.	\$	170.00	300
To check steering geometry and computer wheel alignment	\$	220.00	X

Trans-cab Auto Services Pte Ltd**AAD1801-019**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 7682E

To transfer of tire, rim and on wheel balancing.	\$	<i>Repair</i> 170.00	X
To transfer of door fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00	X
To transfer of fender fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00	X

TOTAL \$ 8,660.00**Over All Total \$ 18,375.18****Repair Days****10 Days***4 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:

26756.53

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
SHB7682E - MALAYSIAN

AAD1801-019

Vehicle No.:	SHB7682E - JASMINE
Chassis No.:	KL1LA69RJBB092379
Vehicle Make:	CHEVROLET
Vehicle Model:	CHEVROLET EPICA 2.0
Date of Accident :	29.12.2017
Third Party Insurer :	MALAYSIAN

SUPPLEMENTARY PART

LIST

- | | | |
|---|---|------------------------------|
| 1 | 1 | Front Side View Mirror RH |
| 2 | 1 | Front Lower Arm RH |
| 3 | 1 | Front Shock Absorber Assy RH |
| 4 | 1 | Front Knuckle Arm RH |

\$	<i>RM</i>	939.00	✓
\$	<i>Repair Rep</i>	283.00	✗
\$	<i>Repair Rep</i>	216.17	✗
\$	<i>✓ Rep</i>	230.00	✗

TOTAL	\$	<u>1,668.17</u>
10%	\$	<u>166.82</u>
	\$	<u>1,501.35</u>

Special Nett

TOTAL	\$	<u>-</u>
TOTAL PARTS	\$	<u>1,501.35</u>

To dismantle and refit front end suspension,
 undercarriage parts, final checking and testing. \$ *Repair* 380.00 ✗

TOTAL	\$	<u>380.00</u>
Over All Total	\$	<u>1,881.35</u>

REPAIR DAYS

0 DAYS



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
TRANS-CAB AUTO SERVICES PTE LTD			Ref : CS/TP18000283/Kqbn2	
NO.2 ANG MO KIO STREET 63 SINGAPORE 569111			Date : 23-01-2018	
			Code : TP378	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHB 7682E	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		03/01/2018	
2. Vehicle Particulars & Condition				
Make & Model	CHEVROLET EPICA (A)	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2012	
Chassis No.	KL1LA69RJBB092379	Colour	WHITE / RED	
Odometer	347658	Steering	JAMMED	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	LING LONG	8 mm	
L/H Front Tyre	195/65 R15	LING LONG	8 mm	
R/H Rear Tyre	195/65 R15	LING LONG	7 mm	
L/H Rear Tyre	195/65 R15	LING LONG	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION AND UNDERCARRIAGE. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	29/12/2017	Inspection Date	03/01/2018	
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:		4 Working Days		



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 7682E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	FRONT BUMPER	TO REPAIR SEE LABOUR	1,202.00	-
1	FRONT BUMPER RETAINER RH	SERVICEABLE	102.00	-
1	HEADLAMP RH	SERVICEABLE	816.00	-
1	HEADLAMP RH INNER PANEL	TO REPAIR SEE LABOUR	611.16	-
1	FRONT HEADLAMP BRACKET	SERVICEABLE	85.00	-
1	INDICATOR LIGHT SWITCH	SERVICEABLE	420.00	-
1	FRONT SHOCK ABSORBER ASSY RH	BENT	216.17	216.17
1	FRONT SHOCK ABSORBER TOP MOUNTING RH	BENT	48.32	48.32
1	FRONT LOWER ARM RH	DISTORTED	283.00	283.00
1	FRONT KNUCKLE ARM RH	BENT	230.00	230.00
1	FRONT HUB UNIT	BENT	376.00	376.00
1	FRONT DOOR RH	TO REPAIR SEE LABOUR	1,133.00	-
1	FRONT DOOR HINGE UPPER	TO REPAIR SEE LABOUR	65.00	-
1	FRONT DOOR HINGE LOWER	TO REPAIR SEE LABOUR	65.00	-
1	FRONT DOOR INNER LOCK	TO REPAIR SEE LABOUR	586.00	-
1	FRONT DOOR INNER LOCK LATCH RH	TO REPAIR SEE LABOUR	206.00	-
1	FRONT DOOR CHECK/ARRESTOR	SERVICEABLE	67.50	-
1	FRONT DOOR WEATHERSTRIP RH	SERVICEABLE	138.79	-
1	FRONT SIDE VIEW MIRROR RH	SERVICEABLE	939.00	-
1	FRONT FENDER RH	BENT	837.60	837.60
1	FRONT FENDER LINER RH	DISTORTED	47.00	47.00
1	FENDER INSULATION RH	SERVICEABLE	39.00	-
1	FRONT FENDER RR BRACKET RH	SERVICEABLE	7.10	-
1	FRONT FENDER INNER WHEEL HOUSE PANEL RH	TO REPAIR SEE LABOUR	1,437.00	-
1	FRONT SIDE VIEW MIRROR RH	DENTED	939.00	939.00
1	FRONT LOWER ARM RH	REPEATED	283.00	-
1	FRONT SHOCK ABSORBER ASSY RH	REPEATED	216.17	-
1	FRONT KNUCKLE ARM RH	REPEATED	230.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 10% DISCOUNT		-1,162.58	-297.71
			10,463.23	2,679.38
	<u>SPECIAL NETT ITEMS</u>			
1	SET FRONT BUMPER FASTENER CLIP (SN)	NOT NECESSARY	24.00	-
1	SET FRONT LICENCE PLATE WITH HOLDER (SN)	SERVICEABLE	192.00	-
1	SET RADIATOR GRILLE CLIP (SN)	NOT NECESSARY	35.00	-
1	SET FRONT FENDER LINER CLIP (SN)	NECESSARY	30.00	30.00
1	FRONT WHEEL RIM HUB CAP RH (SN)	SERVICEABLE	166.30	-
1	FRONT TYRE RH (SN)	SERVICEABLE	180.00	-
1	FRONT TYRE RIM RH (LOCAL PURCHASE)(SN)	DENTED	126.00	50.00
			753.30	80.00
	<u>LABOUR</u>			
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	15.00
	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF FRONT BUMPER,HEADLAMP RH INNER PANEL,FRONT DOOR RH,FRONT DOOR HINGE UPPER,FRONT DOOR HINGE LOWER,FRONT DOOR INNER LOCK,FRONT DOOR INNER LOCK LATCH RH AND FRONT FENDER INNER WHEEL HOUSE PANEL RH.		3,500.00	300.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		3,200.00	400.00
	TOWING FEES.		120.00	50.00
	TO DISMANTLE AND REFIT FRONT END SUSPENSION,UNDERCARRIAGE PARTS,FINAL CHECKING AND TESTING.		380.00	200.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.		220.00	60.00
	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING.		170.00	20.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	30.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	REPEATED	220.00	-
	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING.	REPEATED	170.00	-
	TO TRANSFER OF DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO DISMANTLE AND REFIT FRONT END SUSPENSION, UNDERCARRIAGE PARTS, FINAL CHECKING AND TESTING.	REPEATED	380.00	-
			9,040.00	1,075.00
	GRAND TOTAL		20,256.53	3,834.38
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,050.00

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KONG SENG CHEONG

Licensed Appraiser

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