

ASS. REC. BY:

REF:

TP 1

CS/TP18000JAH/Kgbnz

## 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:

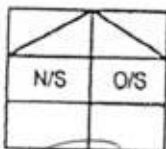
Excess:

(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 Report:

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:

SHB 7616Y

Yr Regn:

05, 12

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

Truck / Trailer or

Make:

Chevrolet

Epiz 9

c.c

1991

Colour

White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

271613

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KL1LA69RTBB 092519

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: Giti

195/65R15

R: Falken

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

Front

R/Bal.

5

mm

Rear

R/Bal.

6

mm

L/Bal.

5

mm

L/Bal.

6

mm

D.O.A.

37.118

D.O.I.

4/1/18

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

5/11

File pass to Catherine

SHB 7616Y - CS/AXA 11016007/Krb3c3

DR:0508291

U/B & 2100 (RED to 18487.43, 90%)  
no resurvey photo

RECEIVED 19 JAN 2018

19/1/2018

Date/Time, File Pass to?



: Prel. Report

11/19/11 11:00



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



Tech Invs (\$



Weekend (\$

Survey Fee:

Transportation:

Photos

Others

TOTAL

10x15:

170 + 150

50

17

80

467

Report Format:

TP

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

2100




# 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/TP18000294/Kqb	
NO.2 ANG MO KIO STREET 63 SINGAPORE 569111		Date : 05-01-2018	
		Code : TP378	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	Veh. Inspected		SHB 7616Y
Policy No.	Coverage (\$)		0.00
Claim No.	Excess (\$)		0.00
Assign From	Assign Date		04/01/2018
<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	03/01/2018	Inspection Date	04/01/2018
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.			

# Survey Department Check List (Case Handler)

Reference No. : C3/18000294/K93  
Policy Type: OD / TP / RES / TL / EVA

SHB 7216Y

Case Handler

Typist

Admin ( Cath ): 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 ( 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

✓			
✓			
✓			
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✓			
✓			

## (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: Chen

Case Handler

Date

19/1/18

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHB7616Y
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.:	Z20S1455222K
Chassis No.:	KL1LA69RJBB092519
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,281.00
Original Registration Date:	15 May 2012
First Registration Date:	15 May 2012
Transfer Count:	0
Actual ARF Paid:	\$14,281.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 May 2020
PARF Rebate Amount:	\$9,996.00
Intended COE Rebate Details	

COE Expiry Date:	14 May 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$46,077.00
COE Rebate Amount:	\$13,609.00
<b>Total Rebate Amount:</b>	<b>\$23,605.00</b>
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	03/01/2018 16:30
Date Of Accident	03/01/2018 11:55
Exact Location Of Accident	TPE SLIP ROAD TOWARDS KPE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7616Y
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	
<b>Driver</b>	
Name of Driver	WONG LOONG HOI
NRIC No	S1302805B
Date Of Birth	25/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	25/07/1958
Driving Experience	59 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91267337
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 106C PUNGGOL FIELD  
#09-520  
Postcode 823106  
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 -  
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 JRH6873 (COMMERCIAL VEHICLE)  
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: ALVIN LEE  
GENDER: MALE

#### Details of Police Action

Was the accident reported to the police? YES  
If Yes, Please state which Police Station  
Police Station Name TAMPINES NORTH NPP  
Police Station Address ROAD: 461 TAMPINES ST 44 #01-56, POSTCODE: 520461, COUNTRY: SINGAPORE  
Police Station Contact TEL NO: - FAX NO:  
Was notice of intended Prosecution given? NO  
If Yes, against whom?

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20180103/2093

#### 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 JRH6873  
Vehicle Make/Model/Colour  
Details Of Properties  
Vehicle Category COMMERCIAL VEHICLE  
Name of Driver MOHD SOBRI BIN ZAKARIA  
NRIC/Passport Number 8404090653390201  
Contact Number 0176813670

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name

WONG LOONG HOI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHB7616Y

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode



## Sketch Plan Pg. 1

### SKETCH PLAN

#### IMPORTANT NOTICE

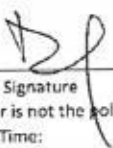
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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

Handwritten text on grid: "pls see attachmost"

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Handwritten text on lined area: "pls see attach police Report"

DECLARATION

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

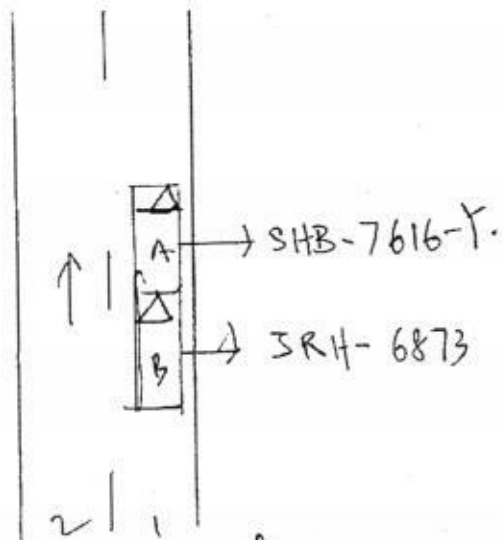
Policyholder's Signature  
Date & Time:

GIARMC SketchPlanForm\_V3

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

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

Date: 03012018  
Time 1155 hr



TPE Slip Rd toward  
KPE

## POLICE REPORT Pg. 1



**SINGAPORE  
POLICE FORCE**



T/20180103/2093

2 of 4

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20180103/2093

## CONTINUATION OF REPORT

<b>Driver:</b>			
Name	MOHD SOBRI BIN ZAKARIA	ID No.	840409-06-5339-02-01
Related Vehicle	JRH6873 (Lorry)	Contact No.	0176813670
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
<b>Driver:</b>			
Name	WONG LOONG HOI	ID No.	S1302805B
Related Vehicle	SHB7616Y (Car)	Contact No.	91267337
Hospital/Clinic	CARE MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	03/01/2018	Date Discharge	03/01/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger:</b>			
Name	ALVIN LEE	ID No.	NIL
Related Vehicle	SHB7616Y (Car)	Contact No.	90284518
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 03/01/2018 at about 1155hrs, I was driving my taxi (SHB7616Y) along TPE slip road towards KPE with one passenger. I was driving along lane 1 and noticed that there was a SBS bus that had broken down on lane 2. There were some uniformed officers and a recovery vehicle attending to the bus.

Traffic on lane 1 was slow due to the broken down bus. As I was moving slowly past the bus, I suddenly felt an impact from the rear.

I alighted to make a check and saw that a Malaysian registered lorry (JRH6873) had collided into the rear of my taxi, causing the rear portion of my taxi to be damaged. The uniformed officers came to assist and seeing that no one was visibly injured, took some photos of our vehicles. I then exchanged particulars with the driver of the lorry and we both continued on our separate journeys.



**SINGAPORE  
POLICE FORCE**



T/20180103/2093

1 of 4

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

Report No. T/20180103/2093

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/01/2018 15:13	Vide Report No.:	Station Diary No.: 17
--	------------------	--------------------------

## Informant's Particulars

Name of Informant: WONG LOONG HOI			Address: APT BLK 106C PUNGGOL FIELD #09-520 SINGAPORE 823106	
ID Type / ID No.: NRIC NO / S1302805B			Contact No.: Home/Office:	Mobile: 91267337
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 59	Date of Birth: 25/07/1958	Type of Informant: Driver	
Race: Chinese			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 Foreign Vehicle	Drink Drive: No	Date/Time of Accident: 03/01/2018 11:55	Type of Location:
Location: Along Road 1 Traveling Toward Road 2 TAMPINES EXPRESSWAY KALLANG PAYA LEBAR EXPRESSWAY TPE slip road towards KPE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
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
JRH6873	Lorry				Slightly Damaged	0
SHB7616Y	Car				Slightly Damaged	1

## Details of Person Involved

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



**SINGAPORE  
POLICE FORCE**



T/20180103/2093

3 of 4

Report No. T/20180103/2093

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

**CONTINUATION OF REPORT**

At the time of the accident, my passenger informed that he was feeling uncomfortable due to the impact. I then advised him to see doctor.

Later in the day, I decided to see a doctor myself due to discomfort as a result of the accident. I was given 3 days medical leave.

**SINGAPORE  
POLICE FORCE**

T/20180103/2093

4 of 4

Report No. T/20180103/2093

Police Station Of Origin:  
Tampines North NPP  
461 Tampines Street 44 #01-56 SINGAPORE  
520461  
Tel No: 1800-7818999

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 /

Staff Sgt MUHAMMAD NOOR AZRI BIN  
MOHAMED SALLEH

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt LEE SOON LYE

Contact No: 65476239

 SINGAPORE  
POLICE FORCE

Authentication Stamp

NP158

SIGNATURE

Signature Of Informant:

Date/Time:

03/01/2018 15:13

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 7616Y****AAD1801-056***Not Authorised  
L1 Sy B2100*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

**SHB 7616Y - CANDY**

KL1LA69RJB092519

CHEVROLET

EPICA 2.0

3.1.2018

**PART****LIST**

1	1	Rear Bumper	\$	<i>Ru</i> 1,202.00	✓
2	1	Rear Bumper Beam	\$	<i>R</i> 239.94	} X
3	1	Rear Bumper Centre Absorber	\$	<i>Sm</i> 260.00	
4	1	Rear Bumper Side Retainer RH	\$	<i>Sm</i> 68.76	
5	1	Rear Bumper Side Retainer LH	\$	<i>Sm</i> 68.76	
6	1	Rear Bumper Reflectors RH	\$	<i>Sm</i> 119.74	
7	1	Rear Bumper Reflectors LH	\$	<i>Sm</i> 119.74	
8	1	Rear Bumper Tow Hook Cover	\$	<i>Sm</i> 93.00	
9	1	Rear End Panel Outer	\$	<i>R</i> 623.76	
10	1	Rear End Panel Inner Trim	\$	<i>Sm</i> 263.84	
11	1	Rear Luggage Floor Panel	\$	<i>R</i> 973.00	} X
12	1	Rear Luggage Floor Panel Insulator	\$	<i>Sm</i> 63.50	
13	1	Rear Luggage Floor Panel Trim Board	\$	<i>Sm</i> 378.00	
14	1	Bootlid	\$	<i>R</i> 973.00	
15	1	Bootlid inner trim board	\$	<i>Sm</i> 400.00	
16	1	Bootlid Weatherstrip	\$	<i>Sm</i> 344.28	
17	1	Bootlid Lock - Top	\$	<i>R</i> 466.56	
18	1	Bootlid 'CHEVROLET' Badge	\$	<i>Ru</i> 120.62	✓
19	1	Bootlid Logo	\$	<i>Ru</i> 138.84	✓
20	1	Bootlid 'EPICA LT' Badge	\$	<i>Ru</i> 119.84	✓
21	1	Bootlid Reflector Centre	\$	<i>CMS</i> 217.97	✓
22	1	Bootlid Reflector RH	\$	<i>CMS</i> 128.40	✓
23	1	Bootlid Reflector LH	\$	<i>Sm</i> 128.40	} X
24	1	Rear Tail Lamp RH	\$	<i>Sm</i> 479.30	
25	1	Rear Tail Lamp LH	\$	<i>Sm</i> 479.30	
26	1	Rear Exhaust Box (Muffler A-EXH,RR)	\$	<i>R</i> 1,110.00	
27	1	Rear Fender RH	\$	<i>R</i> 1,145.00	
28	1	Rear Fender Inner Trim RH	\$	<i>Sm</i> 418.44	
29	1	Rear Fender LH	\$	<i>R</i> 1,145.00	

**Trans-cab Auto Services Pte Ltd****AAD1801-056**



No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHB 7616Y**

30 1 Rear Fender Inner Trim LH

\$ *Sm* 418.44 X

**TOTAL \$ 12,707.43**

**10% \$ 1,270.74**

**\$ 11,436.69**

**Specical Nett**

1 1Set Bootlid inner trim board Clip

\$ *nn* 40.00 X

2 1Set Rear Bumper Parking Sensor

\$ *Sm* 300.00 X

3 1Set Rear Bumper Fastener Clip

\$ *nn* 44.00 ✓

4 1Set Rear Fender Inner Trim Clip LH

\$ *nn* 30.00 X

5 1Set Rear Bumper End Dust Cover Clip

\$ *nn* 30.00 X

6 1 Rear Boot Sticker 'Trans-cab'

\$ *nn* 30.00 —

7 1 Rear Boot Sticker '6555-3333'

\$ *nn* 30.00 —

8 1 Rear Exhaust Mounting

\$ *Sm* 10.00 X

9 2 Rear Windscreen Sealant

\$ *nn* 80.00 X

10 1 Rear Windscreen Inner Sponge Seal

\$ *nn* 100.00 X

11 1 Spare Tyre

\$ *Sm* 180.00 X

12 1 Spare Wheel Rim

\$ *Sm* 126.74 X

**TOTAL \$ 1,000.74**

**TOTAL PARTS \$ 12,437.43**

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

\$ 3,500.00 *3000*

To Check Electrical Lighting Concerned.

\$ 170.00 *200*

To Rust-Proofing Of The Affected Areas.

\$ *nn* 170.00 X

Putty And Spray Painting Of The Affected  
Portion.

\$ 3,200.00 *4000*

To reinstall rear bumper parking sensor.

\$ 170.00 *600*

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To transfer of end panel fittings and conduct  
water seepage test. \$ *na* 170.00 X

To transfer of boot fittings and conduct water  
seepage test. \$ *na* 170.00 X

To remove and refit interior fittings, trimings,  
garnish, fittings and other, to enable repair. \$ *na* 380.00 X

To check steering geometry and computer  
wheel alignment \$ *na* 220.00 X

**\$ 8,150.00**

**TOTAL \$ 20,587.43**

**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

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/TP18000294/Kqbn2	
NO.2 ANG MO KIO STREET 63SINGAPORE 569111		Date : 23-01-2018	
		Code : TP378	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	Veh. Inspected		SHB 7616Y
Policy No.	Coverage (\$)		0.00
Claim No.	Excess (\$)		0.00
Assign From	Assign Date		04/01/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	CHEVROLET EPICA (A)	c.c	1991
Engine No.	HIDDEN	Year of Reg.	2012
Chassis No.	KL1LA69RJBB092519	Colour	WHITE / RED
Odometer	271613	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	GITI	5 mm
L/H Front Tyre	195/65 R15	GITI	5 mm
R/H Rear Tyre	195/65 R15	FALKEN	6 mm
L/H Rear Tyre	195/65 R15	FALKEN	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	03/01/2018	Inspection Date	04/01/2018
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.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>	



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 7616Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	BUCKLED	1,202.00	1,202.00
1	REAR BUMPER BEAM	TO REPAIR SEE LABOUR	239.94	-
1	REAR BUMPER CENTRE ABSORBER	SERVICEABLE	260.00	-
1	REAR BUMPER SIDE RETAINER RH	SERVICEABLE	68.76	-
1	REAR BUMPER SIDE RETAINER LH	SERVICEABLE	68.76	-
1	REAR BUMPER REFLECTORS RH	SERVICEABLE	119.74	-
1	REAR BUMPER REFLECTORS LH	SERVICEABLE	119.74	-
1	REAR BUMPER TOW HOOK COVER	SERVICEABLE	93.00	-
1	REAR END PANEL OUTER	TO REPAIR SEE LABOUR	623.76	-
1	REAR END PANEL INNER TRIM	SERVICEABLE	263.84	-
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	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	NECESSARY	120.62	120.62
1	BOOTLID LOGO	NECESSARY	138.84	138.84
1	BOOTLID "EPICA LT" BADGE	NECESSARY	119.84	119.84
1	BOOTLID REFLECTOR CENTRE	CRACKED	217.97	217.97
1	BOOTLID REFLECTOR RH	CRACKED	128.40	128.40
1	BOOTLID REFLECTOR LH	SERVICEABLE	128.40	-
1	REAR TAIL LAMP RH	SERVICEABLE	479.30	-
1	REAR TAIL LAMP LH	SERVICEABLE	479.30	-
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	-

Report Ref No. CS/TP18000294/Kqbn2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR FENDER INNER TRIM LH	SERVICEABLE	418.44	-
	LESS 10% DISCOUNT		-1,270.74	-192.77
			11,436.69	1,734.90
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET BOOTLID INNER TRIM BOARD CLIP (SN)	NOT NECESSARY	40.00	-
1	SET REAR BUMPER PARKING SENSOR (SN)	SERVICEABLE	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 BUMPER END DUST COVER CLIP (SN)	NOT NECESSARY	30.00	-
1	REAR BOOT STICKER "TRANS-CAB" (SN)	NECESSARY	30.00	30.00
1	REAR BOOT STICKER "6555-3333" (SN)	NECESSARY	30.00	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	-
			1,000.74	104.00
	<b><u>LABOUR</u></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 END PANEL OUTER,REAR LUGGAGE FLOOR PANEL,BOOTLID,BOOTLID LOCK-TOP,REAR EXHAUST BOX (MUFFLER A-EXH,RR),REAR FENDER RH AND REAR FENDER LH.		3,500.00	300.00
	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.		3,200.00	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 BOOT FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH, FITTINGS AND OTHER,TO ENABLE REPAIR.	NOT NECESSARY	380.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
			8,150.00	780.00
	GRAND TOTAL		20,587.43	2,618.90
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,100.00

Report Ref No. CS/TP18000294/Kqbn2

KONG SENG CHEONG

Licensed Appraiser

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