

ASS. REC. BY:

REF:

TMI /

CC3/TMI18004357/Kqbz

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:

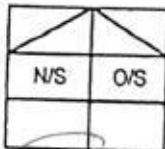
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

05 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 7583D

Yr Regn:

04, 12

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

Truck / Trailer or

Make:

Chevrolet

Epic

c.c

1991

Colour

White/Red

A/C:

Insured / Std / NI / NA

Sp. Reading

750715

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KL1LA 89RTBB

089179

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:

195/65R15

R:

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

TOYO / YOKO or

Giti

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

213118

D.O.I.

6/3/18

Survey held at

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

7/13

File pass to Catherine Got injury

1 Rmp @ 38501 (Red B 17119.03, 80%)

SHB 7583D - IS/TP170U9637/Kqbz

SDX 6008R - NA/RSE13121917/et

DIA: 160517

DIA: 10-11-12

07/3/18 @ 2:22pm Email GIA report, police report & estimate to Shirley.

RECEIVED 0 0 14 2 2018

Date/Time, File Pass to?



: Prell. Report

1) 08/3 TMI



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

5

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

\$ + RS \$1

Photos

Others

TOTAL

250

10

260

Report Format:

MER-TP

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

3850



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
TOKIO MARINE INSURANCE SINGAPORE LTD		Ref : CC3/TMI18004357/Kqb		
20 MCCALLUM STREET #09-01 TOKIO MARINE CENTRESINGAPORE 069046		Date : 07-03-2018		
		Code : TMI		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SDX 6008R	Veh. Inspected	SHB 7593D	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From		Assign Date	06/03/2018	
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	02/03/2018	Inspection Date	06/03/2018	
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.: *CE3/M118004357/1096*
 Policy Type: OD / TP / TP RES / TL / EVA

SHB 7593D

Case Handler

Typist

Admin (*Cath*): 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.	<input checked="" type="checkbox"/>			
C Customer Code	<input checked="" type="checkbox"/>			
N Assign From				
C Assign Date	<input checked="" type="checkbox"/>			
C Veh No (Inspected)	<input checked="" type="checkbox"/>			
C Veh No (Insured)	<input checked="" type="checkbox"/>			
C D.O.A	<input checked="" type="checkbox"/>			
C Policy No	<input checked="" type="checkbox"/>			
C Claim No	<input checked="" type="checkbox"/>			
C Insurance Authorisation (CA /REV/REP)				
C Report Type	<input checked="" type="checkbox"/>			
C Weekend Charges				
N Survey held at/Repairer	<input checked="" type="checkbox"/>			
C Excess				

Surveyor (*Kenneth*): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C Vehicle No	<input checked="" type="checkbox"/>			
C Regn Month/Year	<input checked="" type="checkbox"/>			
N Vehicle Type	<input checked="" type="checkbox"/>			
N Make & Model	<input checked="" type="checkbox"/>			
C Engine Capacity. (C.C)	<input checked="" type="checkbox"/>			
N Colour	<input checked="" type="checkbox"/>			
C Odometer. (Sp.Reading)	<input checked="" type="checkbox"/>			
C Chassis No	<input checked="" type="checkbox"/>			
N General Condition	<input checked="" type="checkbox"/>			
N Steering	<input checked="" type="checkbox"/>			
N Brake	<input checked="" type="checkbox"/>			
N Modification (Modi)	<input checked="" type="checkbox"/>			
C Tyre Size	<input checked="" type="checkbox"/>			
N Tyre Make	<input checked="" type="checkbox"/>			
C Tyre Balance	<input checked="" type="checkbox"/>			
C Date of Inspection	<input checked="" type="checkbox"/>			
N Survey held	<input checked="" type="checkbox"/>			
N Des.of Damages	<input checked="" type="checkbox"/>			

(2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>		
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(3) Workshop Estimate/Assignment Form

N ALL Parts condition	<input checked="" type="checkbox"/>		
C Market Value for OD cases			
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)			
C Days of repair	<input checked="" type="checkbox"/>		
C Finalised Amount			
C Re-inspection Cases to Finalize within 5 Days			

(4) System - (Views/Merimen)

C Resurvey photo Uploaded			
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Check By:

[Signature] *08/3/18*

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 7 March 2018 2:22 PM
To: Too Joon Hwa
Cc: Priscilla Tan; SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 02/03/2018, SHB 7593D (TP VEHICLE), SDX 6008R (OI VEHICLE)
Attachments: SHB7593 POLICE REPORT.pdf; SHB7593 GIA.pdf; SHB7593 EST.pdf

Dear Shirley,

Please be informed that we had inspected the vehicle SHB 7593D M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 06/03/2018

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

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

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHB7593D
Vehicle to be Exported:	Yes
Intended De-registration Date:	05 Mar 2018
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour:	Red
Manufacturing Year:	2011
Engine No.:	Z20S1454848K
Chassis No.:	KL1LA69RJBB089179
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,281.00
Original Registration Date:	30 Apr 2012
First Registration Date:	30 Apr 2012
Transfer Count:	0
Actual ARF Paid:	\$14,281.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Apr 2020
PARF Rebate Amount:	\$9,996.00
Intended COE Rebate Details	

COE Expiry Date:	29 Apr 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$42,384.00
COE Rebate Amount:	\$11,390.00
Total Rebate Amount:	\$21,386.00
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 05 Mar 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 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	05/03/2018 11:06
Date Of Accident	02/03/2018 16:30
Exact Location Of Accident	PIE TOWARDS JURONG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7593D
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-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	HSIA LEH CHANG
NRIC No	S1251512Z
Date Of Birth	13/04/1957
Occupation	OUTDOOR
Date Of Driving Pass	11/08/1977
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94693211
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 170 LORONG 1 TOA PAYOH #02-1098
Postcode	310170
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?	NO
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , 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/20180303/2046

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	SDX6008R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 HSIA LEH CHANG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHB7593D

Were seat belts worn? YES

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

" ps see attachment ?

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ps see attach police Report

DECLARATION

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

Policyholder's Signature
Date & Time:

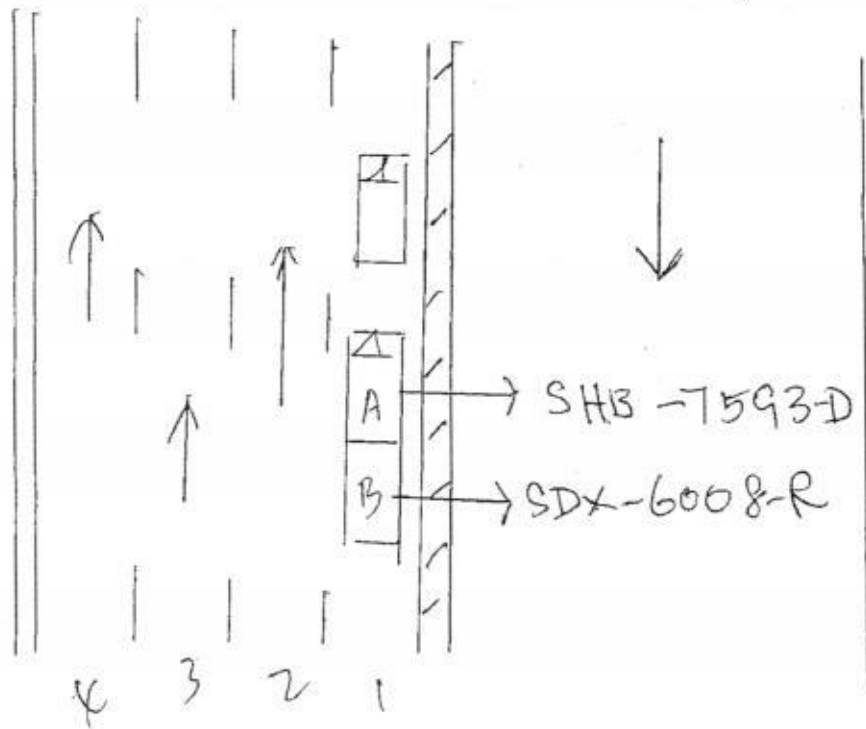
GLARMC SketchPlanForm_V3

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

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

2

PIE toward Suway.



02/03/2018

16.30 PM

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180303/2046

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180303/2046

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/03/2018 11:54	Vide Report No.:	Station Diary No.: 34
--	------------------	--------------------------

Informant's Particulars

Name of Informant: HSIA LEH CHANG			Address: APT BLK 170 LORONG 1 TOA PAYOH #02-1098 SINGAPORE 310170	
ID Type / ID No.: NRIC NO / S1251512Z			Contact No.: Home/Office:	Mobile: 94693211
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 60	Date of Birth: 13/04/1957	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/03/2018 16:30	Type of Location: Straight Road
Location: Along Road 1 PAN ISLAND EXPRESSWAY				
PIE TOWARDS JURONG AFTER PAYA LEBAR EXIT				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 90 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
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
SDX6008R	Car	HONDA				0
*SHB7593D	TAXI	CHEVROLET	CHEVROLET EPICA	Red	Slightly Damaged	2

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180303/2046

2 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20180303/2046

CONTINUATION OF REPORT

Driver			
Name	HSIA LEH CHANG	ID No.	S1251512Z
Related Vehicle	SHB7593D (TAXI)	Contact No.	94693211
Hospital/Clinic	SUNSHINE CLINIC FAMILY PRACTICE & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/03/2018	Date Discharge	03/03/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

ON 02/03/2018 AT ABOUT 1620HRS I WAS DRIVING ALONG PIE TOWARDS JURONG AS I WAS SENDING MY PASSENGER TO BUKIT PANJANG. ON THE SAME DAY AT ABOUT 1630HRS WHILE DRIVING ON LANE 1 ON PIE TOWARDS JURONG(AFTER PAYA LEBAR EXIT), MY TAXI WAS HIT FROM THE REAR BY A HONDA CAR BEARING VEHICLE REGISTRATION NUMBER SDX6008R AND THE ACCIDENT CAUSED DAMAGED TO THE REAR OF MY BUMPER. BOTH OF US THEN STOPPED AND EXCHANGE PARTICULARS.

I THEN CONTINUED ON MY JOURNEY TO SEND MY TWO PASSENGERS AT THAT POINT OF TIME AND ONE OF MY PASSENGER HAD COMPLAINT OF BACK PAIN THUS I ADVISED HER TO SEEK MEDICAL ATTENTION AND SHE ACKNOWLEDGED. I FELT A SLIGHT PAIN ON MY BACK AT THAT POINT OF TIME BUT I CONTINUED DRIVING.

ON 3/3/2018 AT 0800HRS I WOKE UP AND THE PAIN ON MY BACK STARTED TO GET WORSE AND MY HANDS FELT NUMB THUS I SEEK MEDICAL ATTENTION AND WAS GIVEN 5 DAYS MC.



**SINGAPORE
POLICE FORCE**



T/20180303/2046

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20180303/2046

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 HAIRUL AZLY BIN HANAFFI

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

03/03/2018 11:54

Officer In Charge Of Case:

TP / AEIT /

SI ANG YI TING / STERMANIE

Contact No.: 6443 6414

SINGAPORE
POLICE FORCE

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

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

SHB7593D - TOKIO**AAD1803-027***Not Authorised*
11 Sep @ 38501

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHB7593D - CANDY

KL1LA69RJB089179

CHEVROLET

EPICA 2.0

02.03.2018

TOKIO

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

TRANS-CAB AUTO SERVICES PTE LTD

AAD1803-027

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHB7593D - TOKIO

31	1	Rear Fender RH	\$	<i>R</i> 1,145.00 X
32	1	Rear Fender Inner Trim RH	\$	<i>Sn</i> 418.44 X
33	1	Rear Fender LH	\$	<i>R</i> 1,145.00 X
34	1	Rear Fender Inner Trim LH	\$	<i>Sn</i> 418.44 X

TOTAL	\$	13,665.43
10%	\$	1,366.54
	\$	12,298.89

Special Nett

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

TOTAL	\$	1,090.74
TOTAL PARTS	\$	13,389.63

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

\$ 2,700.00 *600*

To Check Electrical Lighting Concerned.

\$ 170.00 *200*

To Rust-Proofing Of The Affected Areas.

\$ 170.00 *600*

Putty And Spray Painting Of The Affected
Portion.

\$ 2,800.00 *600*

TRANS-CAB AUTO SERVICES PTE LTD**AAD1803-027**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHB7593D - TOKIO

To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of end panel fittings and conduct water seepage test.	\$	170.00	} 601
To transfer of luggage floor panel fittings and conduct water seepage test.	\$	170.00	
To Remove And Refit Rear W/Screen Glass To Facilitate Bodywork Repair.	\$	170.00	~ 170.00 X
To transfer of boot fittings and conduct water seepage test.	\$	170.00	601
Towing fees	\$	120.00	~ 120.00 X
To transfer of Fender fittings, attachments and perform water seepage test.	\$	170.00	~ 170.00 X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	~ 380.00 X
To check steering geometry and computer wheel alignment	\$	220.00	~ 220.00 X

	\$	7,580.00
TOTAL	\$	20,969.63

Repair Days~~10 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

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/TMI18004357/KQBN2

Date: 12/03/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MV000385
Claimant Vehicle No :	SHB7593D	Insured Vehicle No :	SDX6008R
Date of Loss:	02/03/2018	Nature of Claim:	TP
		Claim No:	M1801184

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB7593D	Engine No:	Z20S1454848K
Make & Model:	CHEVROLET EPICA, 2.0 2.0DSL AT ABS D/AB 2WD 4DR TUR (A)	Chassis No:	KL1LA69RJBB089179
Reg. Date:	30/04/2012 (Man. Year: 2011)	Odometer:	750715 km
Colour:	Red/White		
Engine Capacity:	1991 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Giti 9 mm	Rear Left Side:	Giti 9 mm
Front Right Side:	Giti 9 mm	Rear Right Side:	Giti 9 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	13,389.63	3,349.85	10,039.78	74.98
Miscellaneous Items	0.00	0.00	0.00	
Labour	7,580.00	1,460.00	6,120.00	80.74
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	20,969.63	4,809.85	16,159.78	77.06
Approved Total (Overridden) (S\$)		3,850.00		
(S\$)	20,969.63	3,850.00	17,119.63	81.64
+ GST 7.00/7.00% (S\$)	1,467.87	269.50	1,198.37	81.64
Nett Amount (S\$)	22,437.50	4,119.50	18,318.00	81.64

INSPECTION

Date of Assignment: 08/03/2018

Date Inspected: 06/03/2018 Inspected At:

Trans-cab Auto Services Pte Ltd (Ang Mo Kio)
2, Ang Mo Kio Street 63
Singapore 569111

Estimated Period of Repair: 5.0 days

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 09 Mar 2018)
Parts:	143	CHEVROLET EPICA 2.0 2.0DSL AT ABS D/AB 2WD 4DR TUR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB7593D)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*REAR BUMPER	Buckled/Cracked	1,202.00 FL	*1,202.00 FL
2	1	*REAR BUMPER BEAM	Bent	239.94 FL	*239.94 FL
3	1	*REAR BUMPER CENTRE ABSORBER	Serviceable	260.00 FL	*- FL
4	1	*REAR BUMPER SIDE RETAINER RH	Serviceable	68.76 FL	*- FL
5	1	*REAR BUMPER SIDE RETAINER LH	Distorted	68.76 FL	*68.76 FL
6	1	*REAR BUMPER REFLECTORS RH	Serviceable	119.74 FL	*- FL
7	1	*REAR BUMPER REFLECTORS LH	Broken	119.74 FL	*119.74 FL
8	1	*REAR BUMPER TOW HOOK COVER	Serviceable	93.00 FL	*- FL
9	1	*REAR LUGGAGE FLOOR PANEL	Repair	973.00 FL	*- FL
10	1	*REAR LUGGAGE FLOOR PANEL INSULATOR	Serviceable	63.50 FL	*- FL
11	1	*REAR LUGGAGE FLOOR PANEL TRIM BOARD	Serviceable	378.00 FL	*- FL
12	1	*REAR END PANEL OUTER	Bent	623.76 FL	*623.76 FL
13	1	*REAR END PANEL INNER TRIM	Serviceable	263.84 FL	*- FL
14	1	*BOOTLID	Buckled	973.00 FL	*973.00 FL
15	1	*BOOTLID INNER TRIM BOARD	Serviceable	400.00 FL	*- FL
16	1	*BOOTLID WEATHERSTRIP	Serviceable	344.28 FL	*- FL
17	1	*BOOTLID LOCK-TOP	Repair	466.56 FL	*- FL
18	1	*BOOTLID CHEVROLET BADGE	Necessary	120.62 FL	*120.62 FL
19	1	*BOOTLID LOGO	Necessary	138.84 FL	*138.84 FL
20	1	*BOOTLID EPICA LT BADGE	Necessary	119.84 FL	*119.84 FL
21	1	*BOOTLID REFLECTOR CENTRE	Serviceable	217.97 FL	*- FL
22	1	*BOOTLID REFLECTOR RH	Serviceable	128.40 FL	*- FL
23	1	*BOOTLID REFLECTOR LH	Serviceable	128.40 FL	*- FL
24	1	*BOOTLID HINGE RH	Repair	120.00 FL	*- FL
25	1	*BOOTLID HINGE LH	Repair	120.00 FL	*- FL
26	1	*REAR TAIL LAMP RH	Serviceable	479.30 FL	*- FL
27	1	*REAR TAIL LAMP PANEL RH	Repair	359.00 FL	*- FL
28	1	*REAR TAIL LAMP LH	Serviceable	479.30 FL	*- FL
29	1	*REAR TAIL LAMP PANEL LH	Repair	359.00 FL	*- FL
30	1	*REAR EXHAUST BOX (MUFFLER A-EXH,RR)	Repair	1,110.00 FL	*- FL
31	1	*REAR FENDER RH	Repair	1,145.00 FL	*- FL
32	1	*REAR FENDER INNER TRIM RH	Serviceable	418.44 FL	*- FL
33	1	*REAR FENDER LH	Repair	1,145.00 FL	*- FL
34	1	*REAR FENDER INNER TRIM LH	Serviceable	418.44 FL	*- FL
35	1	*SET LICENCE PLATE WITH HOLDER	Serviceable	60.00 FS	*- FS
36	1	*SET BOOTLID INNER TRIM BOARD CLIP	Not Necessary	40.00 FS	*- FS
37	1	*SET REAR BUMPER PARKING SENSOR	Serviceable	300.00 FS	*- FS
38	1	*SET REAR BUMPER FASTENER CLIP	Necessary	44.00 FS	*44.00 FS
39	1	*SET REAR FENDER INNER TRIM CLIP LH	Not Necessary	30.00 FS	*- FS
40	1	*SET REAR FENDER INNER TRIM CLIP RH	Not Necessary	30.00 FS	*- FS
41	1	*SET REAR BUMPER END DUST COVER CLIP	Not Necessary	30.00 FS	*- FS
42	1	*REAR BOOT STICKER TRANS-CAB	Necessary	30.00 FS	*30.00 FS
43	1	*REAR BOOT STICKER 6555-3333	Necessary	30.00 FS	*30.00 FS

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
44	1		*REAR EXHAUST MOUNTING	Serviceable	10.00 FS	*-FS
45	2		*REAR WINDSCREEN SEALANT	Not Necessary	80.00 FS	*-FS
46	1		*REAR WINDSCREEN INNER SPONGE SEAL	Not Necessary	100.00 FS	*-FS
47	1		*SPARE TYRE	Serviceable	180.00 FS	*-FS
48	1		*SPARE WHEEL RIM	Serviceable	126.74 FS	*-FS

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

Sub Total (\$)	14,756.17	3,710.50
- List Item Discount on L Items 10.00/10.00% (\$)	1,366.54	360.65
Total Parts (\$)	13,389.63	3,349.85

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	2,700.00	600.00
2	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	20.00
3	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	60.00
4	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	2,800.00	600.00
5	TO REINSTALL REAR BUMPER PARKING SENSOR	New	170.00	60.00
6	TO TRANSFER OF END PANEL FITTINGS AND CONDUCT WATER SEEPAGE TEST }	New	170.00	60.00
7	TO TRANSFER OF LUGGAGE FLOOR PANEL FITTINGS AND CONDUCT WATER SEEPAGE TEST }	New	170.00	-
8	TO REMOVE AND REFIT REAR W/SCREEN GLASS TO FACILITATE BODYWORK REPAIR	New	170.00	-
9	TO TRANSFER OF BOOT FITTINGS AND CONDUCT WATER SEEPAGE TEST	New	170.00	60.00
10	TOWING FEES	New	120.00	-
11	TO TRANSFER OF FENDER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	-
12	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR	New	380.00	-
13	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	-
Gross Labour Cost (S\$)			7,580.00	1,460.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >