

ASS. REC. BY:

REF:

TMI / CC3/TMI18008167/Krb

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

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 9974P

Yr Regn:

06.14

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

Truck / Trailer or

Make:

Renault Logan c.c.

1995

Colour:

M. White

A/C:

Insured / Std / NI / NA

Sp. Reading

477295

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL 15AUC 278291

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: K11 / S/Rlm / STD A/Rlm or

Tyre Size:

F:

215/60R16

R:

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

Giti

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.A.

Survey held at

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

Rear O/S

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

Date / Time

Action / Instruction

4/5

File pass to Corrine

11 Rpt 873001

SHD 9974P - CC3/TMI16001390/Kyngg2

PKP 5153D - RA/MS617011176/h4

04/5/18

Sent EST and GIA to TMI

7/5/18

Annelinda ask to check is the claim against TMI

18/9/18

Shirley officially write for reject claim

14/8/18

Inform Wai Yin, TMI reject claim

05/11/18

Check with Wai Yin status. TMI ask them to sent LOP. Called Fiona to check the case.
Fiona said if at first reject the claim, they will sent Reject mail back.
Pending Transcab.

4/1/19

Temporarily closed Site. (Transcab said RV Street).
Closed 4/1/2019.

TOTAL

Janice Lee (LKKAuto)

From: Janice Lee (LKKAuto)
Sent: Friday, May 04, 2018 2:36 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD,
DOA: 29/04/2018; SHD 9974P (TP VEHICLE), SKP 5453D (OI VEHICLE)
Attachments: SHD 9974P ESTIMATE.pdf; SHD 9974P GIA.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 9974P M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63, SINGAPORE 569111 on 03/05/2018.

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

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

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

Janice Lee (LKKAuto)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Monday, September 03, 2018 1:20 PM
To: Janice Lee (LKKAuto)
Subject: RE: TCS REF: AAD1804-294--Accident involving SKP5453D & SHD9974P on 29.04.18

Hi Janice

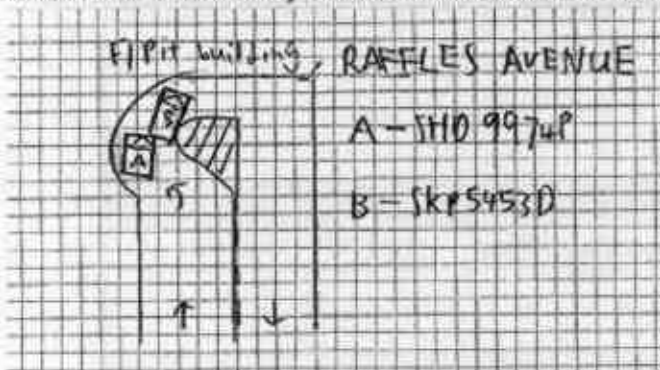
Maybe is amend to "NO" on this column.

Alternative Phone No	OFFICE-62876666
Vehicle Particulars	
Manufacturer	RENAULT
Model	LATITUDE-2.0 L (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

Please follow the link below to the video footage.
<http://www.transcab.com.sg/Files/SHD9974P.AVI>

Circumstances of Accident

On 29.04.2018 at about 0725hours, I was travelling straight on the only available lane on Raffles avenue along the F1 pit building when Vehicle B (SKP5453D) in front of me suddenly jammed brake with no notice. I immediately apply brake and to avoid collision but to no avail my taxi had hit onto Vehicle B's rear portion.



Thank You
Best Regards,
Ng Wai Yin
Finance Department
TEL: 6603 1265 Ext.308

*** Please be reminded that all claims correspondence to be send to claims@transcab.com.sg



TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63, Singapore 569111

Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764

Website: www.transcab.com.sg

This message is confidential. It may also be privileged or otherwise protected by work product immunity or other legal rules. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone. Please send us by fax any message containing deadlines as incoming e-mails are not screened for response deadlines. The integrity and security of this message cannot be guaranteed on the Internet.

From: Janice Lee (LKKAuto) [<mailto:JaniceLee@lkkauto.com>]

Sent: Monday, 3 September, 2018 12:43 PM

To: Ng Wai Yin <waiyin.ng@transcab.com.sg>

Subject: RE: TCS REF: AAD1804-294--Accident involving SKP5453D & SHD9974P on 29.04.18

Hi Wai Yin,

I unable to view the video. Can you resend to me? But why is the addendum on last page said amend own policy?

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Ng Wai Yin [<mailto:waiyin.ng@transcab.com.sg>]

Sent: Monday, September 03, 2018 11:59 AM

To: Janice Lee (LKKAuto) <JaniceLee@lkkauto.com>

Subject: FW: TCS REF: AAD1804-294--Accident involving SKP5453D & SHD9974P on 29.04.18

Hi Janice

We confirmed to claim against the Tokio Marine Insurance.

Thank You

Best Regards,

Ng Wai Yin

Finance Department

TEL: 6603 1265 Ext.308

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From: Janice Lee (LKKAuto) [<mailto:JaniceLee@lkkauto.com>]
Sent: Monday, 3 September, 2018 10:33 AM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Subject: RE: TCS REF: AAD1804-294--Accident involving SKP5453D & SHD9974P on 29.04.18

Dear Wai Yin,

Would like to re-confirm, the above mention vehicle is claiming TP or OD ?

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Ng Wai Yin [<mailto:waiyin.ng@transcab.com.sg>]
Sent: Friday, August 24, 2018 10:51 AM
To: Janice Lee (LKKAuto) <JaniceLee@lkkauto.com>
Subject: TCS REF: AAD1804-294--Accident involving SKP5453D & SHD9974P on 29.04.18

Hi Janice:

Please refer to the attachment for your requested.

Thank You

Best Regards,

Ng Wai Yin

Finance Department

TEL: 6603 1265 Ext.308

***** Please be reminded that all claims correspondence to be send to claims@transcab.com.sg**



TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63, Singapore 569111

Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764

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Janice Lee (LKKAUTO)

From: Nurulhaida <nurulhaida@tokiomarine.com.sg> on behalf of Motor Claims <motorclaims@tokiomarine.com.sg>
Sent: Monday, May 07, 2018 8:53 AM
To: Janice Lee (LKKAUTO)
Subject: RE: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 29/04/2018, SHD 9974P (TP VEHICLE), SKP 5453D (OI VEHICLE)
Importance: High

Dear Janice

Kindly confirm if this is a third party claim against SKP5453D?

As this accident is H>R, OI, SKP5453D is not at fault. In SHD9974P report, it indicated as Reporting Only.

Please confirm before we create claim in Merimen.

Regards

Nurulhaida

Motor Claims

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T (65) 6592 6403 | F (65) 6221 2101
E nurulhaida@tokiomarine.com.sg | W www.tokiomarine.com

A member of the
Tokio Marine Group

Please note that all personal information provided to Tokio Marine Insurance Singapore Ltd. is subject to the Personal Data Protection Policy Statement posted at www.tokiomarine.com

From: Janice Lee (LKKAUTO) [<mailto:JaniceLee@lkkauto.com>]
Sent: Friday, 4 May, 2018 2:36 PM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 29/04/2018, SHD 9974P (TP VEHICLE), SKP 5453D (OI VEHICLE)

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 9974P M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63, SINGAPORE 569111 on 03/05/2018.

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

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

Thank you.

Janice Lee (LKKAUTO)

From: Too Joon Hwa <shirleytoo@tokiomarine.com.sg>
Sent: Tuesday, September 18, 2018 4:49 PM
To: SUR
Subject: FW: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 29/04/2018, SHD 9974P (TP VEHICLE), SKP 5453D (OI VEHICLE) -M1802242-FG
Attachments: https://singapore.merimen.com/claims_index.pdf

Hi Janice

We just spoken regard to this assignment.

Please be informed that our insured is **NOT AT FAULT** for this accident.

Just to check whether your surveyor read the report before conducting the survey.
If not please do so in future cases and notify us if benefit of doubts.

See attachment.

Your attention is much appreciated.

Shirley Too

Administrative Assistant, Motor Claims

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T (65) 6592 6409 | F (65) 6221 2101 |
E shirleytoo@tokiomarine.com.sg | W www.tokiomarine.com

A member of the
Tokio Marine Group

Please note that all personal information provided to Tokio Marine Insurance Singapore Ltd. is subject to the Personal Data Protection Policy Statement posted at www.tokiomarine.com

From: Too Joon Hwa **On Behalf Of** Motor Claims

Sent: Monday, 3 September, 2018 2:40 PM

To: Pauline Tham <paulinetham@tokiomarine.com.sg>; Nurulhaida <nurulhaida@tokiomarine.com.sg>

Subject: FW: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 29/04/2018, SHD 9974P (TP VEHICLE), SKP 5453D (OI VEHICLE) -M1802242-PT

Hi All

Pls. assist.

Thanks.

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	30/04/2018 15:16
Date Of Accident	29/04/2018 07:25
Exact Location Of Accident	F1 PIT BUILDING RAFFLES AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9974P
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	RENAULT
Model	LATITUDE-2.0 L (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	POH CHEE LENG
NRIC No	S1530588F
Date Of Birth	10/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1981
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88136937
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 48 TEBAN GARDEN ROAD #07-241
Postcode	600048
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On 29.04.2018 at about 0725hours, I was travelling straight on the only available lane on Raffles avenue along the F1 pit building when Vehicle B (SKP5453D) in front of me suddenly jammed brake with no notice. I immediately apply brake and to avoid collision but to no avail my taxi had hit onto Vehicle B's rear portion.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKP5453D
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)

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 repeal 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.

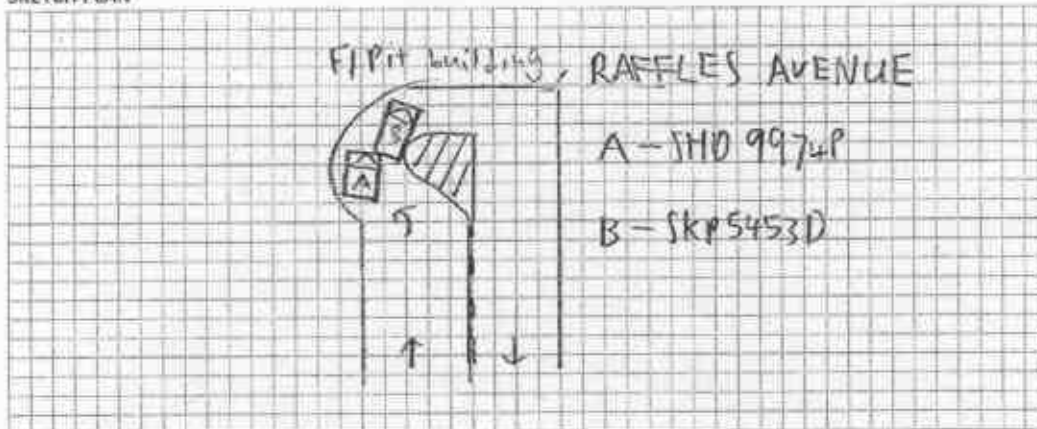
Policyholder's Signature
Date & Time:


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

Please see attached G/A 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.:

GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 068580
Tel (65) 6224 0010 Fax (65) 6224 0030
Operating Hours : Monday to Friday, 09:00 - 17:00
URL: www.giaa.org.sg / GET Reg. No.: M400017795

ADDENDUM

Original Report No : 1804-294 Vehicle Registration No: 3HD 91747
Name (as shown in NRIC) : Poh Cee Leng NRIC/FIN/Passport No : S1530588F
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 48 Tekan Garden Road #07-24 Singapore (600048)
Contact (Tel) : - Mobile No : 88136937
Email Address : -
Date of Accident : 29/04/2018 Time of Accident : 0725 hrs
Place of Accident : F1 pit building Raffles Avenue
Insurance Company : AXA

Amend own insurance policy

Reporting Centre Personnel's Signature:
Name: _____
NRIC/FIN No.: _____
Date: 11 MAY 2018

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHD9974P
Vehicle to be Exported:	Yes
Intended De-registration Date:	30 Apr 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001627
Chassis No.:	VF1ABL15AUC278291
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	05 Jun 2014
First Registration Date:	05 Jun 2014
Transfer Count:	0
Actual ARE Paid:	\$12,498.00

PARF Elicibility:

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jun 2022
PARF Rebate Amount:	\$9,373.00

COE Expiry Date:

COE Expiry Date:	04 Jun 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$57,338.00
COE Rebate Amount:	\$29,245.00
Total Rebate Amount:	\$38,718.00

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.

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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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.
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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.
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ACCIDENT STATEMENT

Date Of Report	30/04/2018 15:16
Date Of Accident	29/04/2018 07:25
Exact Location Of Accident	F1 PIT BUILDING RAFFLES AVENUE
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9974P
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	RENAULT
Model	LATITUDE-2.0 L (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	REPORTING ONLY
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	POH CHEE LENG
NRIC No	S1530588F
Date Of Birth	10/08/1962
Occupation	OUTDOOR
Date Of Driving Pass	19/01/1981
Driving Experience	37 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88136937
Fax Number	
Contact Number	
Email Address	NOEMAIL

Janice Lee (LKKAUTO)

From: Nurulhaida <nurulhaida@tokiomarine.com.sg> on behalf of Motor Claims <motorclaims@tokiomarine.com.sg>
Sent: Monday, May 07, 2018 8:53 AM
To: Janice Lee (LKKAUTO)
Subject: RE: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 29/04/2018, SHD 9974P (TP VEHICLE), SKP 5453D (OI VEHICLE)

Importance: High

Dear Janice

Kindly confirm if this is a third party claim against SKP5453D?

As this accident is H>R, OI, SKP5453D is not at fault. In SHD9974P report, it indicated as Reporting Only.

Please confirm before we create claim in Merimen.

Regards

Nurulhaida

Motor Claims

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T (65) 6592 6403 | F (65) 6221 2101
E nurulhaida@tokiomarine.com.sg | W www.tokiomarine.com

A member of the
Tokio Marine Group

Please note that all personal information provided to Tokio Marine Insurance Singapore Ltd. is subject to the Personal Data Protection Policy Statement posted at www.tokiomarine.com

From: Janice Lee (LKKAUTO) [mailto:JaniceLee@lkkauto.com]
Sent: Friday, 4 May, 2018 2:36 PM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 29/04/2018, SHD 9974P (TP VEHICLE), SKP 5453D (OI VEHICLE)

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 9974P M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63, SINGAPORE 569111 on 03/05/2018.

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

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

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

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Janice Lee (LKKAUTO)

From: Fiona Gan <fionagan@tokiomarine.com.sg>
Sent: Wednesday, November 14, 2018 11:37 AM
To: claims
Cc: 'Jasmine Tan'; Janice Lee (LKKAUTO)
Subject: RE: Our ref: M1802242/PT-FG, Your ref: AAD1804-294
Attachments: image004.wmz

Dear Wai Yin

We regret to inform you that we are maintaining our rejection.

Thank you.

Regards

Fiona Gan

Assistant Manager, Motor Claims

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T (65) 6592 6378 | F (65) 6221 2101 | www.tokiomarine.com

A member of the
Tokio Marine Group

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From: claims [mailto:claims@transcab.com.sg]
Sent: Wednesday, November 14, 2018 11:18 AM
To: Fiona Gan
Cc: 'Jasmine Tan'; claims@transcab.com.sg; 'Janice Lee (LKKAUTO)'
Subject: FW: Our ref: M1802242/PT-FG, Your ref: AAD1804-294

WITHOUT PREJUDICE

Dear Fiona

Please refer to our video footage, your insured vehicle without any reason and make a stop at the middle of the road that causing this accident.

<http://www.transcab.com.sg/Files/SHD9974P.AVI>

Kindly revert.

Thank You

Best Regards,

Ng Wai Yin

Finance Department

TEL: 6603 1265 Ext.308

*** Please be reminded that all claims correspondence to be send to claims@transcab.com.sg

**TRANS-CAB SERVICES PTE LTD**

No. 2 Ang Mo Kio Street 63, Singapore 569111

Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764

Website: www.transcab.com.sg

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From: Fiona Gan [<mailto:fionagan@tokiomarine.com.sg>]
Sent: Thursday, 8 November, 2018 4:03 PM
To: claims <claims@transcab.com.sg>; jasminetan@transcab.com.sg
Cc: janicelee@lkkauto.com
Subject: Our ref: M1802242/PT-FG, Your ref: AAD1804-294

Dear Trans-Cab

Accident involving SKP5453D & SHD9974P on 29.04.2018

We refer to the above matter.

We hereby attached a copy of the video footage, it clearly show that our insured was not liable for the accident.
On 07.05.2018, we had already inform M/s LKK we are not at fault for the accident, as such we are also not liable for survey fee.

Thank you.

Regards

Fiona Gan

Assistant Manager, Motor Claims

Tokio Marine Insurance Singapore Ltd.
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046
T (65) 6592 6378 | F (65) 6221 2101 | www.tokiomarine.com

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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

SHD 9974P**AAD1804-294***Not Authored
L1Pr 8730cl*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

SHD 9974P

VF1ABL15AUC278291

RENAULT

LATITUDE

29.4.2018

Tahiti marine

PART		LIST	
1	BUMPER COVER FRT	\$	<i>As</i> 1,259.42 ✓
1	BUMPER SPOILER FRT	\$	<i>As</i> 181.75 X
1	BUMPER ABSORBER FRT	\$	<i>Car</i> 394.68 ✓
1	BUMPER RETAINER FRT RH	\$	<i>Nil</i> 150.77 ✓
1	BUMPER SUPPORT FRT	\$	<i>As</i> 123.88 X
1	BUMPER UNDERTRAY FRT	\$	<i>As</i> 472.83 X
1	BUMPER GRILLE LOWER FRT	\$	<i>As</i> 266.80 X
1	BUMPER FOG LAMP GRILLE RH	\$	<i>Nil</i> 207.21 ✓
1	BUMPER BEAM FRT	\$	<i>As</i> 914.08 ✓
1	HEADLAMP RH	\$	<i>Car</i> 1,184.43 ✓
1	HEADLAMP PANEL FRT RH	\$	<i>As</i> 152.15 X
1	FENDER PANEL FRT RH	\$	<i>As</i> 783.83 ✓
1	WHEELARCH FRT RH	\$	<i>As</i> 278.84 X
1	FENDER BRACKET LOWER RH	\$	<i>As</i> 15.79 X
1	FENDER INSULATOR RH	\$	<i>As</i> 130.84 X
1	DOOR PANEL FRT RH	\$	<i>As</i> 2,844.66 X
1	RADIATOR GRILLE	\$	<i>Nil</i> 1,707.78 ✓
1	RADIATOR GRILLE BADGE 'RENAULT'	\$	<i>As</i> 225.36 ✓
1	RADIATOR GRILLE FRAME	\$	<i>As</i> 1,353.75
1	RADIATOR FAN COWLING	\$	<i>As</i> 820.54
1	RADIATOR FAN MOTOR LH	\$	<i>As</i> 967.36
1	RADIATOR FAN MOTOR RH	\$	<i>As</i> 1,479.46
1	FRAME FULL SUPPORT PANEL	\$	<i>As</i> 615.90
1	FRAME FULL SUPPORT BRACKET	\$	<i>As</i> 89.79
1	DOOR MIRROR ASSY RH	\$	<i>As</i> 1,483.40
1	DOOR PANEL FRT RH	\$	<i>As</i> 2,844.66
1	BONNET	\$	<i>As</i> 1,941.63 ✓
1	BONNET INSULATOR	\$	<i>As</i> 405.73 X
1	BONNET STRUT LH	\$	<i>As</i> 88.61 X
1	BONNET STRUT RH	\$	<i>As</i> 88.61 X

Trans-cab Auto Services Pte Ltd

AAD1804-294

No. 2 Ang Mo Kio Street 63 Singapore 569111

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CO./GST Reg. No. 201019626G

SHD 9974P

1	BONNET HINGE LH	\$	348.31
1	BONNET HINGE RH	\$	348.31
1	BONNET LOCK	\$	305.48
1	BONNET CABLE	\$	119.19
1	BONNET CABLE COVER	\$	161.03
1	BONNET SEAL OUTER	\$	92.36
1	BONNET SEAL INNER	\$	157.28
1	SUBFRAME OUTER FRT	\$	2,652.45
1	SUBFRAME BRACKET OUTER LH	\$	92.36
1	SUBFRAME BRACKET OUTER RH	\$	92.36
1	ENGINE UNDERTRAY	\$	564.98
1	A/C CONDENSER	\$	2,020.37
1	A/C CONDENSER GARNISH LH UPPER	\$	39.67
1	A/C CONDENSER GARNISH RH UPPER	\$	39.67
1	A/C CONDENSER GARNISH LH	\$	58.81
1	A/C CONDENSER GARNISH RH	\$	59.60
1	LOWER ARM RH	\$	685.76
1	KUNCKLE ARM RH	\$	846.98
1	ABSORBER FRT RH	\$	360.54
1	STABILIZER BAR FRT	\$	604.65
1	DRIVESHAFT RH	\$	1,747.45
1	WIPER RESERVOIR	\$	348.25
1	WIPER RESERVOIR NECK	\$	136.11
1	WIPER RESERVOIR MOTOR	\$	270.06

TOTAL	\$	35,626.53
10%	\$	3,562.65
	\$	32,063.87

Special Nett

1SET	BUMPER CLIP FRT	\$	66.00 ✓
1	BUMPER BRACKET CLIP FRT RH	\$	12.00 X
1	BUMPER SUPPORT CLIP FRT RH	\$	10.50 X
1SET	BUMPER GRILLE LOWER CLIP	\$	69.00 X
1SET	FRAME FULL SUPPORT PANEL CLIP	\$	70.00 X
2	FRAME FULL SUPPORT PANEL NUT	\$	20.00 X
2	FRAME FULL SUPPORT PANEL STUD	\$	30.00 X

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1SET	WHEELARCH CLIP FRT RH	\$	<i>nn</i> 30.50 X
6	BONNET INSULATOR CLIP L70Y	\$	<i>nn</i> 7.30 X
2	BONNET STRUT L70Y	\$	<i>nn</i> 88.61 X
2	BONNET CABLE CLIP L70Y	\$	<i>nn</i> 6.31 X
2	BONNET CABLE COVER SCREW L70Y	\$	<i>nn</i> 10.85 X

TOTAL	\$	421.08
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TOTAL PARTS	\$	32,484.95
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LABOUR

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	4,500.00 <i>5001</i>
Putty and spray painting of the affected portion.	\$	4,000.00 <i>6601</i>
To rust-proofing of the affected areas.	\$	170.00 <i>601</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
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00 X
To Check Electrical Lighting Concerned.	\$	170.00 <i>201</i>
To transfer of front fender fittings, attachment and perform water seepage test.	\$	<i>nn</i> 380.00 X
To transfer of bonnet fittings, attachment and perform water seepage test.	\$	<i>nn</i> 380.00 X
To vacuum, replace, refix and recharge air condenser	\$	<i>nn</i> 380.00 X

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SHD 9974P

To replace, refix and top up coolant for radiator \$ *~170.00 X*To vacuum, replace, refix and recharge Air
Intercooler \$ *~170.00 X***TOTAL** \$ **11,090.00****Over All Total** \$ **43,574.95****LUMP SUM (REPAIR DAY)***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: