

15/07/18

D'S CASE OWNER:

CC3/AXA150 19837, Kyg3-9

LKK:
IDAC:

Surveyor:

Kenneth Kwong

DOI:

ASSIGNMENT

20/11/15
116, 17

Date / Time:

20/11/15

Registered in Merimen:

23/11/15

Pre-assign / CCU / FTE



Insured Vehicle No.:

4R10764

Name of Insured:

TCL Landscap Pte Ltd.

Insured Tel No.:

64815503

HP:

98966687

Excess Sec II :SS

D.O.A:

18/11/15

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Tao Wei Hwee

Driver Tel No.:

98966687

(V/L: YES / NO)

Claim No.:

C 0365263

Policy No.:

P1610426. P1612690

Make / Model:

Toyota DYNA 150D

Place of Accident:

At car park BIK 65 Circuit Road

OI GIA REPORT: YES / NO

TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHD 5564R



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-cab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

20/11/15
8:00SHD 5564R - X
4R10764 - (20/11/15) 08:00 / 08:30 P.M. 11/11/15
Please verify OI's driving licence.

STAGE DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI: 4/29/2/16 SWA

After call ltr to OI: 20/11/15

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

* OI HIT PARKED TP.

RECEIVED 18 JUN 2018

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(days)

Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email

Call

Final Liability:

%

100

(Agreed / Assessed) BOLA S/N No.:

23

Repair Cost:

S\$

2,461.00

Loss of Rental (LOR):

S\$

481.50

(5 days)

96.30

Loss of Use (LOU):

S\$

- (\$ x days)

Loss of Income (LOI):

S\$

250 (\$ 50 x 5 days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

6.00

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost:

S\$

Total:

S\$

3,198.50

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

3,198.50

Name 1:

TRANS-CAB AUTO-SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

X

Name 2:

X

Payee 3: (Strike if N.A.)

S\$

X

Name 3:

X

GARY 35117
18/6/18
\$ to change bal \$100.00

ASS. REC. BY:

REF: ALA/Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s Tracy Car

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.

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: P110 5569R Yr Regn: 08/10

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

Truck / Trailer or

Make: Toyota c.c. 1987Colour: Red A/C: Insured / Std / NI / NASp. Reading: 675884 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDGJ20W805002528

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 FalkenFront RearR/Bal. 3 mm R/Bal. 5 mmL/Bal. 3 mm L/Bal. 5 mmD.O.A. 18/11/15 D.O.I. 20/11/15Survey held at ✓

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

O/S Fm

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

Date / Time	Action / Instruction
<u>20/11</u>	<u>Est not ready</u>
<u>23/11</u>	<u>File pass to Customer</u>
<u>30/11/17</u>	<u>61 Day & 2300k Confirmed Turnover (3+2 X 96.30 + 250)</u>
	<u>Red CB 10/557.62/82%</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Report Format :

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

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

TOTAL

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 Authorized 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	20/11/2015 13:09
Date Of Accident	18/11/2015 21:50
Exact Location Of Accident	Block 65 Circuit Road car park
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD5564R
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-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 Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	CHOON WENG KEONG
NRIC No	S1528175H
Date Of Birth	07/12/1962
Occupation	Outdoor
Date Of Driving Pass	18/11/1982
Driving Experience	33 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-96952738
Fax Number	
Contact Number	
Email Address	NOEMAIL

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 willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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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.

6. 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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &
Time

Sketch Plan

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

Witnessed by Reporting Centre
Personnel

Police Report Pg.1

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



T/20151119/2135

1 of 3

Report No. T/20151119/2135

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 19/11/2015 20:51		Vide Report No.:		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: CHOON WENG KEONG			Address: APT BLK 65 CIRCUIT ROAD #03-379 SINGAPORE 370065		
ID Type / ID No.: NRIC NO / S1528175H			Contact No.: Home/Office: Mobile: 96952738		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 52	Date of Birth: 07/12/1962	Type of Informant: Taxi Relief Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive:	No	Date/Time of Accident: 18/11/2015 21:50
Location: Along Road 1 CIRCUIT ROAD		Type of Location: Car Park		
B/65 Circuit Rd Open Carpark M20, Lot 6				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Side Swipe onto Stationary Parked Vehicle				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GR1076Y	Lorry	TOYOTA	DYNA 150 D	Blue		0
SHD5564R	Car	TOYOTA	WISH 2.0 BI-FUEL AUTO	Red	Seriously Damaged	0

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

Police Report Pg.1

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



T/20151119/2135

3 of 3

Report No. T/20151119/2135

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/ *MOHD AKMAL*
MUHAMMAD HAFIZ BIN MOHD EKBAL

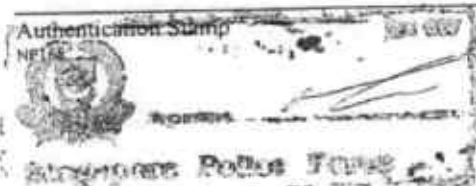
Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Esther Chong
Contact No.: 65476368

Signature Of Informant:

Date/Time:
19/11/2015 20:51

Classification Of Case:



See attached

() Claim OD/TP at Ah Lim Motor () Claim OD/TP at other workshop
(☒) Reporting Only

Remarks : Please forward a copy of my efile accident report to :
My workshop :
email address :
& myself :
email address :

Note : Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

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

Witnessed by Reporting Centre
Personnel



To Whom It May Concern,

Accident involving my vehicle no GR 1076 Y on 18.11.15 (date) with
SH05564R (other veh no) along Circuit Road Car Park

I, Toh Chin Long NRIC No: S1743706B
owner of vehicle no - GR 1076 Y am aware of the accident of my vehicle on
18.11.15 (Date) while car was driven by Mr. Teo Liat Hwee
IC No: S1055886E. I hereby authorise him/her to make the report.

TCL LANDSCAPE PTE LTD

7030 ANG MO KIO AVENUE 5
#05-60 NORTHSTAR@AMK
SINGAPORE 569880
TEL: 6481 5503 FAX: 6481 8164
Email: admin@tcl.com.sg

Name Toh Chin Long HP: 97504240

Date: 15/11/15

To fill in if there is a OD claim

I am aware of the circumstances and agreeable to claim my own insurance for the
above accident.

Name

Date

AXA INSURANCE SINGAPORE PTE LTD

8 Shenton Way, #27-01
AXA Tower, Singapore 068811
Customer Service Centre #B1-01
Tel: 6338 7288 Fax: 6338 2522
Website: www.axa.com.sg
GST Registration Number: M3-0006922-2


Original

 Agent Code: **03165**

 Policy No. (if any): **P1610926**
Extension for RT (for Fleet)

SmartDrive Quote Ref.

MOTOR COVER NOTE

 No. **CN719569**

- The Motor Vehicle (Third Party Risks and Compensation) Act (Cap 189) - Republic of Singapore; or
- The Road Transport Act 1967 of Malaysia; or
- The Agreement between the Minister of Finance (Singapore) and the Motor Insurers' Bureau of Singapore dated 22 February 1975; or
- The Agreement between the Minister for Transport (Malaysia) and the Motor Insurers' Bureau of West Malaysia dated 30 March 1992;
- And any subsequent revisions to the above Acts and Agreements

The Insured mentioned in the Schedule, having proposed for insurance in respect of the Motor Vehicle described in the Schedule, is hereby **HELD COVERED** under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

SCHEDULE

THE COMPANY	AXA INSURANCE SINGAPORE PTE LTD
INSURED	TCL LANDSCAPE PTE LTD
INSURED BUSINESS REGISTRATION NO.	200709B17R
MAKE AND DESCRIPTION OF VEHICLE	TOYOTA DYNA 150D
VEHICLE REGISTRATION NO.	GR1076Y
YEAR OF MANUFACTURE	1999
ENGINE NO.	3L4770124
CHASSIS NO.	LY2110019295
ENGINE CAPACITY/TONNAGE	1.62
COVER TYPE	THIRD PARTY ONLY
HIRE PURCHASE	N/A
VALUE (\$\$)	AS PER MARKET VALUE
PERIOD OF INSURANCE	FROM: 10/09/2015 TO: 09/09/2016
EXCESS (\$\$)	N/A
AXA PREMIUM WORKSHOP?	NO

WE HEREBY CERTIFY THAT POLICY TO WHICH THIS CERTIFICATE RELATES IS ISSUED IN ACCORDANCE WITH THE PROVISIONS OF THE MOTOR VEHICLES (THIRD-PARTY RISK AND COMPENSATION) ACT (CHAPTER 189) AND PART IV OF THE ROAD TRANSPORT ACT 1987 (MALAYSIA).



AXA INSURANCE SINGAPORE PTE LTD

Authorised Signature

Issued by **TAN INSURANCE BROKERS PTE LTD** on **24/08/2015 1:03pm**

Note: This Cover Note is only valid for 60 days from the date of issue unless replaced by the Certificate of Insurance issued by the Company

- Premium for time on risk will be charged subject to minimum of \$53.50 (inclusive of GST). If the policy is cancelled after the inception date.
- An administrative fee of \$26.75 (inclusive of GST) will be charged:
 - Cover note issued and cancelled before inception
 - Retaining the old registration number for a new vehicle insuring with AXA

PREMIUM WARRANTY

For Individual Customers:

Please note that the premium in full should be paid before inception date shown above in order for the insurance cover to be valid

For Non-Individual Customers:

Please note that where the period of cover is for more than 60 days, the premium in full should be paid within 60 days on inception / renewal / endorsement. For all other cases, the premium in full should be paid before inception

MTNCNOTE00103

(R)

Status of Driving Licence

QUALIFIED DRIVING LICENCE

Qualified Driving Licence No. :	S1055886G
Status of Qualified Driving Licence :	Valid
Class of Qualified Driving Licence :	3
Expiry Date :	Valid for life unless revoked, suspended or disqualified.

PROVISIONAL DRIVING LICENCE

You (S1055886G) are not a valid Provisional Driving Licence Holder.

The above information is accurate as at 05/05/2018 12:01 AM.

Print Received Message

This mail is associated with :

***SHD5564R (C0365263)**

[GR1076Y]

TP

TRANS-CAB SERVICES PTE LTD

Nov 18 2015 9:00PM

[TCL LANDSCAPE PTE LTD]

Trans-cab Auto Services Pte Ltd

From AXA Insurance Pte Ltd (HQ) (AXA_SG), sent on 13/06/2018 17:12 PM.
To LKK_HQ
Subject Alert - Adj Mandate Approved (S\$3198.50) - SHD5564R - Claim Handler: Ernest Tay

Approved:3198.50.

TRANS-CAB AUTO SERVICES PTE LTD
 NO 42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
 SHD 5564R - AXA

ROEL

Vehicle No.: SHD 5564R - ROEL
 Chassis No.: JTDGJ20W805002528
 Vehicle Make: TOYOTA
 Vehicle Model: WISH 2.0 BI-FUEL
 Date of Accident: 18.11.15
 Third Party Insurer: AXA

		PART		LIST
1	1	Front Bumper	\$	585.36 ✓
2	1	Front Bumper Lower Absorber	\$	130.00 ✓
3	1	Front Bumper Reinforcement	\$	318.11 ✓
4	1	Front Bumper Retainer RH	\$	74.50 ✓
5	1	Front Bumper Retainer LH	\$	74.50 ✓
6	1	Front Bumper Fog Lamp RH	\$	208.00 ✓
7	1	Front Fog Lamp Outer Chrome RH	\$	190.00 ✓
8	1	Front Bumper Fog Lamp Grille RH	\$	150.00 ✓
9	1	Front Headlamp RH	\$	672.00 ✓
10	1	Front Headlamp LH	\$	672.00 ✓
11	1	Windscreen washer tank	\$	166.00 ✓
12	1	Windscreen Washer Tank Motor	\$	266.86 ✓
13	1	Radiator Grille	\$	462.48 ✓
14	1	Bonnet	\$	1,019.16 ✓
15	1	Bonnet lock	\$	90.02 ✓
16	1	Bonnet Centre 'TOYOTA' Logo Badge	\$	115.44 ✓
17	1	Front Fender RH	\$	837.60 ✓
18	1	Front Fender Liner RH	\$	369.14 ✓
19	1	Front Support Panel Assy	\$	1,222.32 ✓

TOTAL	\$	7,623.49
25%	\$	1,905.87
	\$	5,717.62

Special Nett

1Set	Front Bumper Fastener Clip	\$	50.00 ✓
1	CNG Sticker	\$	30.00 ✓
1 Set	Front fender Liner clip	\$	30.00 ✓
1	Tyre FRT RH	\$	180.00 ✓
1	Tyre Rim FRT RH	\$	120.00 ✓

TOTAL	\$	410.00
TOTAL PARTS	\$	6,127.62

TRANS-CAB AUTO SERVICES PTE LTD
 NO.42 SUNGAI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
 SHD 5564R - AXA

ROEL

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,800.00	<i>2,800</i>
To Rust-Proofing Of The Affected Areas.	\$	170.00	<i>170</i>
To Check Electrical Lighting Concerned.	\$	120.00	<i>120</i>
Putty And Spray Painting Of The Affected	\$	2,700.00	<i>2,700</i>
To rust-proofing of the affected areas.	\$	170.00	<i>170</i>
To apply paint protection system (PPS) maintain and enhancement	\$	380.00	<i>380</i>
To check steering geometry and computer wheel alignment	\$	220.00	<i>220</i>
To transfer of tire, rim and on wheel balancing.	\$	170.00	<i>170</i>
	\$	6,730.00	
TOTAL	\$	12,857.62	

REPAIR DAYS

10 DAYS

LKK Auto Consultant(s) 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:



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

29 FEBRUARY 2016

TCL LANDSCAPE PTE LTD
7030 ANG MO KIO AVE 5
#05-50 NORTH STAR @ ANG MO KIO
SINGAPORE 569880

Dear Sir/Madam,

OUR REF : CC3/AXA15019837/Kyg3
YOUR REF : GR 1076Y

**ACCIDENT INVOLVING GR 1076Y AND SHD 5564R ALONG/AT CAR PARK BLK 65
CIRCUIT ROAD ON 18/11/2015**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Singapore Pte Ltd to deal with the third party claim against your policy.

We have received a claim from M/s Trans-Cab Auto Services Pte Ltd acting on behalf of the owner of SHD 5564R against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties, we are of the opinion that we cannot be absolved from liability.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to jaskhine@lkkauto.com within 10 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (if any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6841 2928 or email us at jaskhine@lkkauto.com

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely

Jas Khine
Case Handler
DID: 6841 2928
FAX: 6741 4108
Email: jaskhine@lkkauto.com

c.c. AXA Insurance Singapore Pte Ltd (AXA)
(Motor Claims Dept)

Text size: -

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3878K

Vehicle Details

Vehicle No.: SHD5564R

Vehicle to be Exported: Yes

Intended De-registration Date: 20 Nov 2015

Vehicle Make: TOYOTA

Vehicle Model: WISH 2.0 Bi-FUEL AUTO

Primary Colour: Red

Manufacturing Year: 2010

Engine No.: 3ZRA490013

Chassis No.: JTDGJ20W805002528

Maximum Power Output: 104.0 kW (139 bhp)

Open Market Value: \$25,053.00

Original Registration Date: 31 Aug 2010

First Registration Date: 31 Aug 2010

Transfer Count: 0

Actual ARF Paid: \$15,032.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 30 Aug 2018

PARF Rebate Amount: \$10,522.00

Intended COE Rebate Details

COE Expiry Date: 30 Aug 2018

COE Category: A - Car (1600cc & below)

COE Period(Years):8

QP Paid: \$20,882.00

COE Rebate Amount: \$7,248.00

Total Rebate Amount: \$17,770.00

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 20 Nov 2015

Trans-Cab Services Pte Ltd

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

Our Ref : AAD1511-233

Your Ref : GR1076Y

Date : 19.July 2017

AXA INSURANCE S PTE LTD

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD5564R AND GR1076Y ON 18/11/15 09:50 PM ALONG
Block 65 Circuit Road car park**

It appears that the above accident was caused by your insured's negligence. We, therefore seeking compensation from you for our financial loss as itemized below :-

1.	Cost of Repair (inclusive of 7% GST)	\$	2,461.00
2.	Loss of Rental for <u>5</u> days @ \$ <u>96.30</u> per day	\$	481.50
3.	Loss of Income for <u>5</u> days @ \$ <u>50</u> per day	\$	250.00
4.	LTA Search Fee	\$	6.00
5.	Survey Fee	\$	0.00
	Total	\$	3,198.50

We enclose a copy of the following documents for your consideration :-

GIA report lodged by our driver

Rental rate and mileage records

Certificate of Insurance

Authorization To Act

Original final repair bill

LTA Search Fee

Kindly let us have the discharge voucher within the next 14 days, failing which we shall proceed to hand over the conduct of this matter to our solicitors without further reference to you.

Yours Faithfully

Trans-Cab Services Pte Ltd

Jasmine Tan

General Manager

Tel No. : 6603 1250 (DID)

Note : Please email any further correspondence to claims@transcab.com.sg (6603 1259)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

29 FEBRUARY 2016

TCL LANDSCAPE PTE LTD
7030 ANG MO KIO AVE 5
#05-50 NORTH STAR @ ANG MO KIO
SINGAPORE 569880

Dear Sir/Madam,

OUR REF : CC3/AXA15019837/Kyg3
YOUR REF : GR 1076Y

**ACCIDENT INVOLVING GR 1076Y AND SHD 5564R ALONG/AT CAR PARK BLK 65
CIRCUIT ROAD ON 18/11/2015**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Singapore Pte Ltd to deal with the third party claim against your policy.

We have received a claim from M/s Trans-Cab Auto Services Pte Ltd acting on behalf of the owner of SHD 5564R against your motor insurance policy.

Basing on the circumstances of the accident reported by both parties, we are of the opinion that we cannot be absolved from liability.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy.

We shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 10 days from the date of this letter. Your intent must be formally expressed to us and acknowledged by us.

Your full co-operation in the handling of the claim is required and kindly submit the following to jaskhine@lkkauto.com within 10 days from the date of this letter **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), AXA shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact us at 6841 2928 or email us at jaskhine@lkkauto.com

Please quote the claim reference when you contact us that we can assist you more effectively.

Yours sincerely

Jas Khine
Case Handler
DID: 6841 2928
FAX: 6741 4108
Email: jaskhine@lkkauto.com

c.c. AXA Insurance Singapore Pte Ltd (AXA)
(Motor Claims Dept)

Trans-Cab Services Pte Ltd

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

Authorization To Act

We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHD5564R and GR1076Y along Block 65 Circuit Road car park on 18/11/15 09:50 PM.

In addition, we also hereby authorize the above payment to be made in favour of Trans-cab Auto Services Pte Ltd upon settlement.

Dated this 9 (day) of May 2017

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

TRANS-CAB AUTO SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel: 6287 6666 Fax: 6281 1400

GST Reg No. : 201019626G


Co. Reg No. : 201019626G

Authorization to Act

I Lim Lai Ying (Hirer), S 1415449C (NRIC
no.) hereby authorize Trans-Cab Services Pte Ltd to act on my behalf to claim for my loss of
earnings for the accident involving SHD 5564R and GR 1076 Y
along Block 65 Circuit Rd car park
on 18-11-15 at 2150 hrs.

In addition, I also hereby authorize the above payment to be made in favour of Trans-Cab
Auto Services Pte Ltd upon settlement.

Dated this 9 day of MAY 2016.


(Hirer's signature)

Name: Lim Lai Ying

NRIC Number: S1415449C

Address: Blk 65 Circuit Rd.

#03-379 S'pore 370065

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel: 6287 6666 Fax: 6281 1400



redefining / insurance

CLAIM REF :
INSURED :

DISCHARGE VOUCHER

We, **Trans Cab Auto Services Pte Ltd** confirm that by letter of authorisation dated 9/5/16, we are authorised to and do hereby give this discharge for ourselves and on behalf of **Trans Cab Services Pte Ltd** and the Hirer, Lim Yeng of vehicle no. SHD5564R

Now we **Trans Cab Auto Services Pte Ltd** for ourselves and the said Hirer and the driver jointly and severally:-

- agree to accept the sum of Singapore Dollars THREE THOUSAND ONE HUNDRED NINETY EIGHT AND CENTS FIFTY only (S\$ 3,198.50) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. (GR1076Y) arising out of an accident with (SHD5564R) on 13/11/15.
- declare that **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. GR1076Y arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of **Trans Cab Auto Services Pte Ltd** is made without any admission of liability whatsoever on the part of **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. GR1076Y

Dated this 18 day of 6 2018

Signed by _____
(AUTHORISED SIGNATORY)

Company Stamp **TRANS-CAB AUTO SERVICES PTE LTD**

Witness : J. Kew

Name : JASMINE TAN SIEW KIM

I/C No : S74056361

Address : TRANS-CAB AUTO SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63

Singapore 569111

Tel: 6267 6666 Fax: 6267 7766

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)
8 Shenton Way, #24-01 AXA Tower, Singapore 068811
Customer Centre #B1-01
Tel: +65 6880 4888 Fax: +65 6336 2522 Website: www.axa.com.sg

Trans-Cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel: 6287 6666**Fax:** 6287 7764**Co. Reg. No.:** 201019626G**GST Reg. No.:** 201019626G**Tax Invoice / Debit Note**

TO: AXA INSURANCE (S) PTE LTD 8 SHENTON WAY, #27-01 AXA TOWER 068811 SINGAPORE ATTENTION:	INVOICE NO. : INV1512-130 DATE : 29. December 2015 REFERENCE NO : AAD1511-233 TERMS : DUE DATE : 29. December 2015 PAGE : 1
--	--

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1	6050101	REPAIR-SHD5564R;DOA 18.11.15(LUMP SUM-15)	1	2,461.00	2,461.00

Total SGD Excl. GST :	2,300.00
7% GST	161.00
Total SGD Incl. GST :	2,461.00

****** TWO THOUSAND FOUR HUNDRED SIXTY ONE SGD ONLY ******

- 1) All cheques should be crossed and made payable to "Trans-Cab Auto Services Pte Ltd"
- 2) Please quote our Invoice Number during payment.
- 3) We reserve the right to charge interest @ 1.5% per month on overdue invoice.
- 4) Any dispute as to the accuracy, charges etc of this invoice must be communicated within 10 days from the date hereof failing which it shall be deemed to have been unconditionally accepted.

E. & O. E.**THIS IS A COMPUTER GENERATED INVOICE WHICH REQUIRES NO SIGNATURE**

19 July, 2017

To Whom It May Concern

Dear Sir / Madam,

Accident on 18/11/15 09:50 PM at Block 65 Circuit Road car park

1. We refer to the above-mentioned accident and wish to inform that Trans-Cab Services Pte Ltd is the registered owner of the taxi bearing vehicle registration no. SHD5564R. The taxi was hired to LAM LAI YING a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$~~90~~ 30 per day (inclusive of GST).
2. Please be advised that the Taxi is insured with AXA INSURANCE PTE LTD on a third party basis at the material time of the accident.
3. Please liaise with us directly far any settlement of claims in respect of the said accident.

Yours faithfully,

Jasmine Tan
General Manager

This is a computer generated print-out. No signature is required.

Trans-Cab Services Pte Ltd

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

18-11-2015

Dear Sir/Madam,

Please be informed that the taxi was undergo accident repair in the workshop as follow:

Date In	Date Out	Vehicle No.
Accident No.	AAD1511-233	Accident Date 18-11-2015
18/11/2015 9:50:00 PM	24/11/2015 3:10:00 PM	SHD5564R

Yours Faithfully,

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

Enquire Vehicle & Owner Information (Vehicle No. GR1076Y As At 18 Nov 2015 / 21:50:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(ROEL)SHD5584R

Current Owner Details

Owner ID Type: Company

Owner ID: 200709817R

Owner Name: TCL LANDSCAPE PTE. LTD.

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No.: 7030

Registered Street Name: ANG MO KIO AVENUE 5

Registered Unit No.: # 05 - 50

Registered Building Name: NORTHSTAR @ AMK

Registered Postal Code: 569880

Current Vehicle Details

Vehicle No.: GR1076Y

Make Description/Model: TOYOTA / DYNA 150 D

Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD



Please read through the Privacy Statement, Terms of Use and Disclaimer.

Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.

Best viewed with IE 6.0 SP3 and above. 1024 X 768 resolution

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...CLAIM SUBFOLDER...(Pending for Survey Report)

Proceed Direct Settlement

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	04 Dec 2015 Edit Reg		23 Nov 2015 00:00 Edit Adj Rpt	\$2,300.00 Edit Estimates	\$2,300.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:	TCL LANDSCAPE PTE LTD, Co. Reg. No.: 200709817R, Tel: +6598966687								
Main Claimant:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K								
Vehicle Reg. No.:	SHD5564R	Date of Loss:	18/11/2015 21:00 - :59 [62 Months and 18 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / C0365263	Policy/Cover Note No.:	P1692690						
Vehicle Reg. No. (Insured):	GR1076Y	Policy No. (Claimant):	VPX/P1680520						
		Excess:	S\$0.00						
Repairer:	Trans-cab Auto Services Pte Ltd (HQ) No. 42 Sungei Kadut St 1, 729346 Sungei Kadut - Tel: 62876666								
Handling Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Ernest Tay - 6880 4835]								
Claimant's Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 13/06/2018]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> AXA_SG (13/06/2018): Alert - Adj Mandate Approved (S\$3198.50) - SHD5564R - Claim Handler: Ernest Tay AXA_SG (11/06/2018): Re: TP settlement - C0365263/P1692690 AXA_SG (11/06/2018): TP settlement - C0365263/P1692690 AXA_SG (30/05/2017): Re: TP settlement - C0365263/P1692690 - claim status AXA_SG (14/09/2016): Re: TP settlement - C0365263/P1692690 - claim status AXA_SG (29/01/2016): TP settlement - C0365263/P1692690 AXA_SG (23/12/2015): Re: Direct Settlement - Accident Involving GR1076Y (OI : AXA -C0363025) and SHD5... AXA_SG (17/12/2015): Re: Direct Settlement - Accident Involving GR1076Y (OI : AXA -C0363025) and SHD5... AXA_SG (08/12/2015): Re: Direct Settlement - Accident Involving GR1076Y (OI : AXA -C0363025) and SHD5... 									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*SHD5564R (C0365263)
[GR1076Y]
TP
TRANS-CAB SERVICES PTE LTD
Nov 18 2015 9:00PM
[TCL LANDSCAPE PTE LTD]
Trans-cab Auto Services Pte Ltd

Upload Documents

Upload Photos

Compose New Letter

Upload Video

Upload Audio

View

View in Browser

Letters/Correspondences

1 per page

No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	(Draft)	Third Party Express Settlement – Payment Breakdown	Edit	

Assessment Reports

1 per page

No	Finalized On	AXA Insurance Pte Ltd (HQ)	Thumbnail	Print
1	17/12/15 10:27	Accident Statement From: SC - Reg. No: GR1076Y, Claimant: TCL LANDSCAPE PTE LTD	Load HTM	

Photos/Images

3 per page

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	04/12/15 11:30	LKKPhotospection	Load PDF	

Documentation

1 per page

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	23/11/15 17:37	TP GIA REPORT & POLICE REPORT & COE REBATE	Load PDF	
2	07/12/15 15:09	APW Direct Settlement (Trans-Cab) DD 25112015	Load PDF	
3	01/06/17 16:54	LETTER TO OI	Load PDF	
4	11/06/18 12:14	LOD	Load PDF	
5	20/06/18 16:40	WORKSHOP INVOICE	Load PDF	
6	20/06/18 16:40	AUTHORISATION TO ACT FORM	Load PDF	
7	20/06/18 16:40	DISCHARGE VOUCHER	Load PDF	
8	20/06/18 16:40	RENTAL RECEIPT	Load PDF	
9	20/06/18 16:40	LTA SEARCH	Load PDF	
10	20/06/18 16:40	LOD	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer			
Note: Remarks are private unless you show it to other parties.			

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	GR1076Y (Insd veh)	Model:	TOYOTA WISH 2.0 BI-FUEL
	SHD5564R (TP veh)		(A)
Date of Accident:	18/11/2015		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Repair Estimate	:	\$	13,757.65
Final Repair Cost	:	\$	2,461.00
Loss of Token Sum	:	\$	250.00
Rental (if any)	:	\$	481.50
LTA / GIA Search Fee	:	\$	6.00
Others:	:	\$	0.00
	:	\$	
Final Settlement Sum	:	\$	3,198.50

5.00 days at \$50.00 per day
5 days

Is Third Party Workshop GIA Registered? ☐ YES ☒ NO (Kindly indicate below)

A) For **Non GIA Registered Workshop**: Agreed Liability _____ 100 _____ (%)

B) For **GIA Registered Workshop**: BOLA Applicable: Yes/ No BOLA Scenario No: _____

BOLA Liability: _____ (%) Assessed Liability (*): _____ (%)

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks: PLEASE SEND THE CHEQUE / PAYMENT TO TRANS-CAB AUTO SERVICES
PTE LTD
NO.2 ANG MO KIO ST 63 SINGAPORE 569111.

Payment Instruction: Payee's Breakdown			
1)	Trans-cab Auto Services Pte Ltd	:	\$ 3,198.50
2)		:	\$
3)		:	\$
4)		:	\$

JOANNE LEE KHANG MIN

20 Jun
2018

LKK Auto Consultants Pte Ltd

Date

Please attach all the supporting documents to the form.

(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

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/AXA15019837/KJA3Q2-1

Date: 20/06/2018

REFERENCE

Handling Insurer: AXA Insurance Pte Ltd

Policy No: P1692690

Claimant

Vehicle No : SHD5564R

Insured Vehicle No : GR1076Y

Date of Loss: 18/11/2015

Nature of Claim: TP

Claim No: C0365263

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHD5564R

Make & Model: TOYOTA WISH, 2.0 BI-FUEL (A)

Engine No: 3ZRA490013

Reg. Date: 31/08/2010 (Man. Year: 2010)

Chassis No: JTDGJ20W805002528

Colour: Red

Odometer: 675884 km

Engine Capacity: 1987 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: 195/65 R15

Rear Tyre Size:

195/65 R15

Front Left Side: Falken 3 mm

Rear Left Side:

Falken 5 mm

Front Right Side: Falken 3 mm

Rear Right Side:

Falken 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,127.62	2,054.82	4,072.80	66.47
Miscellaneous Items	0.00	0.00	0.00	
Labour	6,730.00	850.00	5,880.00	87.37
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	12,857.62	2,904.82	9,952.80	77.41
Approved Total (Overridden) (S\$)		2,300.00		
(S\$)	12,857.62	2,300.00	10,557.62	82.11
+ GST 7.00/7.00% (S\$)	900.03	161.00	739.03	82.11
Nett Amount (S\$)	13,757.65	2,461.00	11,296.65	82.11
+ Loss of Use (5.0 x S\$50.00/day) (S\$)		250.00		
+ Car Rental (5.0 x S\$96.30/day) (S\$)		481.50		
+ Doc/Search Fee (S\$)		6.00		
Nett Liability (S\$)		3,198.50		

INSPECTION

Date of Assignment: 23/11/2015

Date Inspected: 20/11/2015 Inspected At:

Trans-cab Auto Services Pte Ltd (HQ)

No. 42 Sungei Kadut St 1

Singapore 729346

Estimated Period of Repair: 3.0 days

Adjuster: KENNETH KONG

Manager: Joy Irene Bascao

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: 01 Jun 2017)
Parts:	M1-MPV	TOYOTA WISH 2.0 BI-FUEL (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHD5564R)	
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		*FRONT BUMPER (CONSISTENT)	Cracked	585.36 FL	*585.36 FL
2	1		*FRONT BUMPER LOWER ABSORBER (CONSISTENT)	Serviceable	130.00 FL	*- FL
3	1		*FRONT BUMPER REINFORCEMENT (CONSISTENT)	Repair	318.11 FL	*- FL
4	1		*FRONT BUMPER RETAINER RH (CONSISTENT)	Cracked	74.50 FL	*74.50 FL
5	1		*FRONT BUMPER RETAINER LH (CONSISTENT)	Cracked	74.50 FL	*74.50 FL
6	1		*FRONT BUMPER FOG LAMP RH (CONSISTENT)	Serviceable	208.00 FL	*- FL
7	1		*FRONT FOG LAMP OUTER CHROME RH (CONSISTENT)	Serviceable	190.00 FL	*- FL
8	1		*FRONT BUMPER FOG LAMP GRILLE RH (CONSISTENT)	Serviceable	150.00 FL	*- FL
9	1		*FRONT HEADLAMP RH (CONSISTENT)	Cracked	672.00 FL	*672.00 FL
10	1		*FRONT HEADLAMP LH (CONSISTENT)	Serviceable	672.00 FL	*- FL
11	1		*WINDSCREEN WASHER TANK (CONSISTENT)	Serviceable	166.00 FL	*- FL
12	1		*WINDSCREEN WASHER TANK MOTOR (CONSISTENT)	Serviceable	266.86 FL	*- FL
13	1		*RADIATOR GRILLE (CONSISTENT)	Serviceable	462.48 FL	*- FL
14	1		*BONNET (CONSISTENT)	Repair	1,019.16 FL	*- FL
15	1		*BONNET LOCK (CONSISTENT)	Repair	90.02 FL	*- FL
16	1		*BONNET CENTRE TOYOTA LOGO BADGE (CONSISTENT)	Not Necessary	115.44 FL	*- FL
17	1		*FRONT FENDER RH (CONSISTENT)	Bent	837.60 FL	*837.60 FL
18	1		*FRONT FENDER LINER RH (CONSISTENT)	Cracked	369.14 FL	*369.14 FL
19	1		*FRONT SUPPORT PANEL ASSY (CONSISTENT)	Repair	1,222.32 FL	*- FL
20	1		*SET FRONT BUMPER FASTENER CLIP (CONSISTENT)	Necessary	50.00 FS	*50.00 FS
21	1		*CNG STICKER (CONSISTENT)	Necessary	30.00 FS	*15.00 FS
22	1		*SET FRONT FENDER LINER CLIP (CONSISTENT)	Necessary	30.00 FS	*30.00 FS
23	1		*TYRE FRT RH (CONSISTENT)	Serviceable	180.00 FS	*- FS
24	1		*TYRE RIM FRT RH (CONSISTENT)	Serviceable	120.00 FS	*- FS

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

Sub Total (S\$)	8,033.49	2,708.10
- List Item Discount on L Items 25.00/25.00% (S\$)	1,905.87	653.28
Total Parts (S\$)	6,127.62	2,054.82

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
<u>Labour Items</u>				
1	PANEL BEATING ,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS ,ADJUST AND REALIGN THE SAME.	New	2,800.00	400.00
2	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	30.00
3	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	120.00	20.00
4	PUTTY AND SPRAY PAINTING OF THE AFFECTED	New	2,700.00	400.00
5	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	0.00
6	TO APPLY PAINT PROTECTION SYSTEM (PPS) MAINTAIN AND ENHANCEMENT	New	380.00	0.00
7	TO CHECK STEERING GEOMETRY AHD COMPUTER WHEEL ALIGNMENT	New	220.00	0.00
8	TO TRANSFER OF TIRE ,RIM AND ON WHEEL BALANCING	New	170.00	0.00
Gross Labour Cost (S\$)			6,730.00	850.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >