

338

Janice Lee (LKKAUTO)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Friday, February 02, 2018 11:53 AM
To: Janice Lee (LKKAUTO)
Cc: 'Jasmine Tan'; claims@transcab.com.sg; yuqing.teo@transcab.com.sg
Subject: RE: OUR REF: D13/10353 YOUR REF: AAD1308-321 survey report needed
Attachments: image001.wmz; image006.wmz; SHB9797U DOA 30.08.13 - GIA.pdf; AAD1308-321 - ESTIMATE MARKING.pdf

Dear Janice

Enclosed is the GIA report and estimate marking for your action.

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: Janice Lee (LKKAUTO) [mailto:JaniceLee@lkkauto.com]
Sent: Wednesday, 3 January, 2018 2:48 PM
To: yuqing.teo <yuqing.teo@transcab.com.sg>; SUR <sur@lkkauto.com>
Cc: 'Jasmine Tan' <jasminetan@transcab.com.sg>; claims@transcab.com.sg
Subject: RE: OUR REF: D13/10353 YOUR REF: AAD1308-321 survey report needed

Dear Yu Qing,

Kindly sent us a copy of GIA and marked estimate.

Thank you.

Best Regards,

Janice 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: yuqing.teo [<mailto:yuqing.teo@transcab.com.sg>]
Sent: Wednesday, January 03, 2018 1:59 PM
To: SUR <sur@lkkauto.com>
Cc: 'Jasmine Tan' <jasminetan@transcab.com.sg>; claims@transcab.com.sg
Subject: FW: OUR REF: D13/10353 YOUR REF: AAD1308-321 survey report needed

Dear Sir,

Please forward a copy of the survey report to FCIL.

Thank you.

Best Regards,
Teo Yu Qing
Finance Department
TEL: 6603 1265 Ext.306

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From: Kulvinder Kaur [<mailto:kulvinderkaur@first-insurance.com.sg>]
Sent: Thursday, 8 May, 2014 9:45 AM
To: claims@transcabservices.com.sg
Subject: RE: OUR REF: D13/10353 YOUR REF: AAD1308-321 survey report needed

Without Prejudice
Save as to costs

OUR REF: D13/10353
YOUR REF: AAD1308-321

ACCIDENT INVOLVING GBC75U AND SHB9797U ON 30/8/13 at BEDOK ROAD ESSO PETROL KIOSK

Dear Sir/Mdm,

We refer to the email below.

Kindly forward us the survey report on an urgent basis.

Best Regards,

Kulvinder Kaur
(for Christopher Ooi)
Motor Claims Department
First Capital Insurance Ltd
Tel: 65073848/127
Fax: 65073849

Email Add: kulvinderkaur@first-insurance.com.sg

From: Kulvinder Kaur
Sent: Wednesday, April 2, 2014 3:41 PM
To: 'claims@transcabservices.com.sg'
Cc: Christopher Ooi
Subject: FW: OUR REF: D13/10353 YOUR REF: AAD1308-321 survey report needed
Importance: High

Without Prejudice
Save as to costs

OUR REF: D13/10353
YOUR REF: AAD1308-321

ACCIDENT INVOLVING GBC75U AND SHB9797U ON 30/8/13 at BEDOK ROAD ESSO PETROL KIOSK

Dear Sir/Mdm,

We refer to the email below.

Kindly forward to us the survey report on an urgent basis.

Best Regards,

Kulvinder Kaur
(for Christopher Ooi)
Motor Claims Department
First Capital Insurance Ltd
Tel: 65073848/127
Fax: 65073849
Email Add: kulvinderkaur@first-insurance.com.sg

From: Kulvinder Kaur
Sent: Wednesday, March 26, 2014 5:03 PM
To: 'claims@transcabservices.com.sg'
Cc: Christopher Ooi
Subject: FW: OUR REF: D13/10353 YOUR REF: AAD1308-321 survey report needed

Without Prejudice
Save as to costs

OUR REF: D13/10353
YOUR REF: AAD1308-321

ACCIDENT INVOLVING GBC75U AND SHB9797U ON 30/8/13 at BEDOK ROAD ESSO PETROL KIOSK

Dear Sir/Mdm,

We refer to the email below.

Kindly forward us the survey report on an urgent basis so that we can proceed with handling the claim.

Thank You.

Best Regards,

Kulvinder Kaur
(for Christopher Ooi)
Motor Claims Department

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 willful 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	31/08/2013 10:54
Date Of Accident	30/08/2013 23:50
Exact Location Of Accident	ESSO PETROL KIOSK UPPER EAST COAST ROAD

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9797U
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Vehicle Particulars	
Manufacturer	RENAULT
Model	LATITUDE-2.0 CVT ABS (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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH
Cover Note Number	
Driver	
Name of Driver	NG YONG SEAH
NRIC No	S1218255D
Date Of Birth	12/09/1956
Occupation	Outdoor
Date Of Driving Pass	10/01/1976
Driving Experience	37 Years And 7 Months
Gender	Male
Mobile Number	(Local) +65-90271856
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLOCK 458 JURONG WEST STREET 41 #11-720
Postcode	640458
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured Other - HIRER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident Unknown - THIRD PARTY REVERSING
Weather Conditions Clear
Road Surface Dry

Other Information

Was any foreign vehicle involved in this accident? No
Was any body injured in the Accident? No
Was any other material or property damaged? Yes
Was there any video captured by Car Camera? No

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 30.08.2013 AT ABOUT 2350HRS, I DROVE INTO ESSO PETROL KIOSK ALONG UPPER EAST COAST ROAD AS I WAS DRIVING STRAIGHT VEHICLE B - GBC75U SUDDENLY REVERSED FROM A PARKING LOT AND COLLIDED ONTO THE LEFT FRONT PORTION OF MY TAXI. VEHICLE A - NO PASSENGER VEHICLE B - 1 FEMALE PASSENGER

Are accident photos available for attachment? Yes

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC75U

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

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.
4. This 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 Reports 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 afterwards

Sketch Plan

ESCO PETROL
KIOSK

A: SHE9797U
B: GEC7EU

Upper East Coast Road.

Describe Circumstances of the Accident

Refer to SIA Report.

W/e declare the foregoing particulars are true in every respect.

Witnessed by Reporting Centre
Personnel

Accident Photo



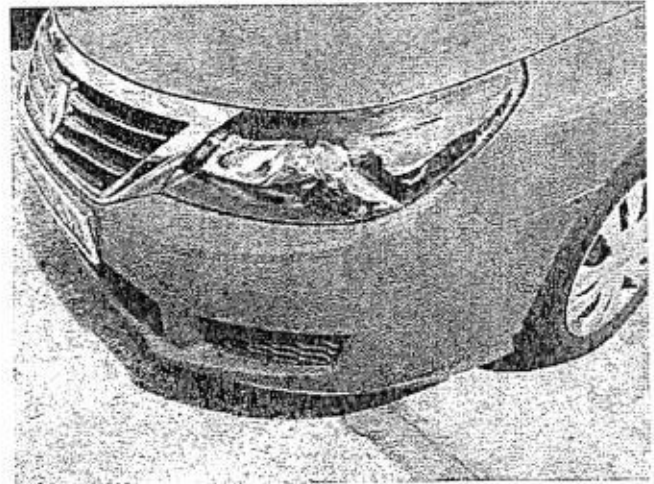
Accident Photo



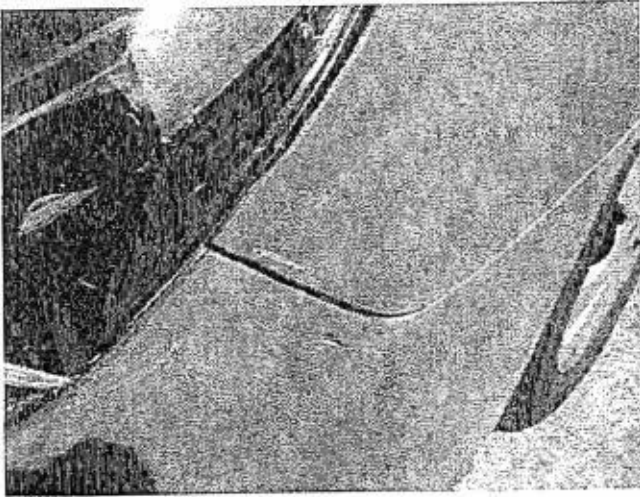
Accident Photo



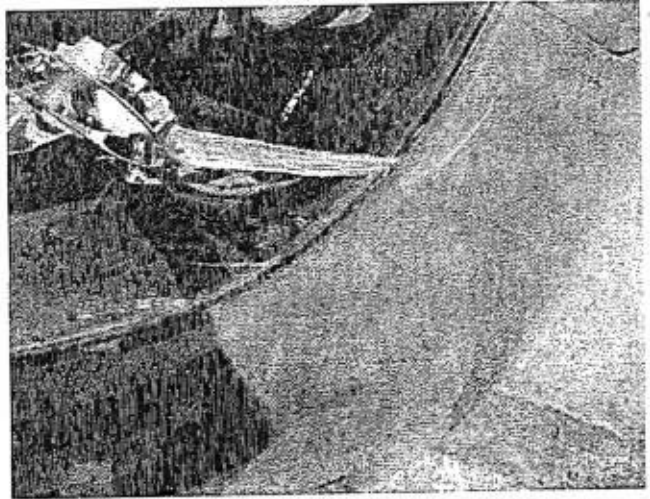
Accident Photo



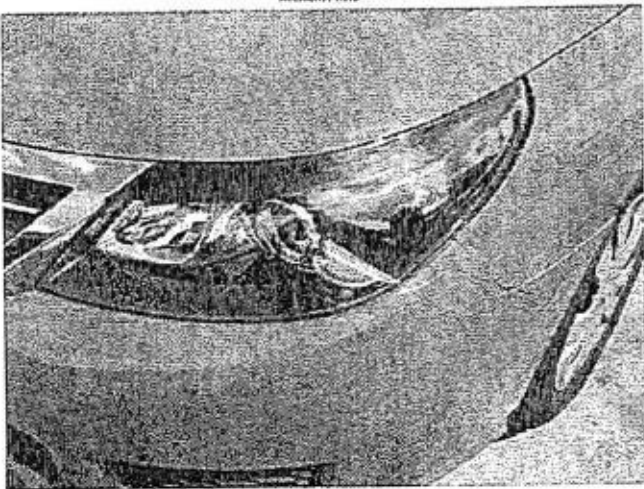
Accident Photo



Accident Photo



Accident Photo



Accident Photo



TRANS-CAB AUTO SERVICES PTE LTD
 NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6866 FAX NO.6366 8862
 CO/GST REG NO.201019626G
 SHB 9797U

\$ 2,470.80 ✓

Andrea

Not Authorised
1.3.1

Vehicle No.:
 Chassis No.:
 Vehicle Make:
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :

SHB 9797U - Andrea
 VF1ABL15AUC273417
 RENAULT
 LATITUDE
 30.08.2013
 PCIL

PART**LIST**

1	1	BUMPER COVER FRT L70Y
2	1	BUMPER BRACKET KIT FRT L70Y LH
3	1	BUMPER SUPPORT FRT L70Y LH
4	1	BUMPER SPOILER FRT L70Y
5	1	HEADLAMP LH L70Y
6	1	FENDER PANEL FRT LH L70Y
7	1	FENDER BRACKET LOWER RH L70Y
8	1	FENDER BRACKET FRT LH L70Y
9	1	WHEELARCH FRT LH L70Y

\$	<i>Deliver</i> 638.20 ✓
\$	<i>rm</i> 76.40 ✓
\$	<i>Sm</i> 12.10 X
\$	<i>Sm</i> 92.10 X
\$	<i>Del</i> 600.20 ✓
\$	<i>By</i> 397.20 ✓
\$	<i>rm</i> 8.00 X
\$	<i>rm</i> 77.10 X
\$	<i>rm</i> 70.70 X

TOTAL	\$	818.80
10%	\$	81.88
	\$	736.92

Special Nett

9	1SET	HEADLAMP SCREW L70Y
23	1SET	WHEELARCH CLIP
24	1SET	WHEELRACH SCREW

\$	<i>rm</i> 32.00 X
\$	<i>rm</i> 60.00 X
\$	<i>rm</i> 25.00 X

TOTAL	\$	117.00
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TOTAL PARTS	\$	853.92
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Panel beating, knocking and straightening
 the necessary portion, remove and renewal
 of parts, adjust and realign the same

\$	1,400.00 <i>4001</i>
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To Check Electrical Lighting Concerned.

\$	170.00 <i>201</i>
----	-------------------

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 CO/GST REG NO.201019626G
 SHB 9797U

Andrea

Putty and spray painting of the affected
 portion.

\$

1,500.00 *4801*

To rust-proofing of the affected areas.

\$

170.00 *301*

TOTAL	\$	3,240.00
Over All Total	\$	4,093.92

(PARTS BY PARTS) Repair Days

~~5 Days~~

5131.80

2 days

LKK Auto Consultants hence notify
 the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
 is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 9797U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER COVER FRT L70Y	DENTED / CRACKED	638.20	638.20
1	BUMPER BRACKET KIT FRT L70Y LH	NECESSARY	76.40	76.40
1	BUMPER SUPPORT FRT L70Y LH	SERVICEABLE	12.10	-
1	BUMPER SPOILER FRT L70Y	SERVICEABLE	92.10	-
1	HEADLAMP LH L70Y	DENTED	600.20	600.20
1	FENDER PANEL FRT LH L70Y	BENT	397.20	397.20
1	FENDER BRACKET LOWER RH L70Y	SERVICEABLE	8.00	-
1	FENDER BRACKET FRT LH L70Y	TO REPAIR SEE LABOUR	77.10	-
1	WHEELARCH FRT LH L70Y	SERVICEABLE	70.70	-
	LESS 10% DISCOUNT		-197.20	-171.20
			1,774.80	1,540.80
SPECIAL NETT ITEMS				
1	SET HEADLAMP SCREW L70Y (SN)	NOT NECESSARY	32.00	-
1	SET WHEELARCH CLIP (SN)	NOT NECESSARY	60.00	-
1	SET WHEELARCH SCREW (SN)	NOT NECESSARY	25.00	-
			117.00	-
LABOUR				
	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF FENDER BRACKET FRT LH L70Y.		1,400.00	400.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		1,500.00	480.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	30.00
			3,240.00	930.00
GRAND TOTAL			5,131.80	2,470.80
RECOMMENDED COST OF REPAIRS				2,470.80

Report Ref No. CS/TP18009940/Krbn2

KONG SENG CHEONG

Licensed Appraiser

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