

CC 3/CTI 180 (05/11, Kpa3 n2)

LAA:
DAC:

Surveyor: 1cc DOI: 7/6/8 Date/Time: 7/6/8
Registered in Merimen: -

Pre-assign / CCU / FTE

6BB 7027T

Insured Vehicle No. : _____ Claim No. : _____
 Name of Insured : Kevin In a Shell Policy No. : _____
 Insured Tel No. : _____ HP: _____ Make / Model : Petiv Rd
 Excess Sec II :SS _____ D.O.A: 31.5.18 Place of Accident : _____
 Is driver the owner? (YES / NO) Nature of Accident : _____
 If NO, Driver Name / Age : _____ OI GIA REPORT (YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : _____ (V/L: YES / NO) Insured Liability : % Final ? Yes / No

SHD 9912T

INSRS: _____ WSP: _____ Tel: _____ Liability: _____ RMKS: _____
Trans. Cab

Date/ Time	STAGE	DATE / PIC
<u>23/11</u>	Non-Reporting Itr (1st):	
<u>CHT</u>	Non-Reporting Itr (2nd):	
	Non-Reporting Itr (Final):	
	Notification Itr (if non-pickup):	
	Call OI: <u>11/3/19 Uliwa</u>	
	After call Itr to OI: <u>Uliwa 12/3/19 Uliwa</u>	
	Documentation Check List:	Handler Typist
	Notification Itr (if non-pickup)	<input checked="" type="checkbox"/> <input type="checkbox"/>
	After call Itr to OI	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Towing Invoice	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Medical Bill:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	PIR:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Mandate/Reject Instruction:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	LOD	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Payment Breakdown Form:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Post-Repair Photos:	<input checked="" type="checkbox"/> <input type="checkbox"/>
	Others:	<input checked="" type="checkbox"/> <input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: _____ Sent By: _____

FINALIZATION Date/Time: _____ Confirm with: _____ Confirm by: KEMEN
 Repair Cost: 45 \$S 1490.00 (2 days) Reduction: 14,518.05% 91 Email Call

FINAL SETTLEMENT Date/Time: 13/12/19 Confirm with: NOU VIN Email Call
 Final Liability: % 100 (Agreed / Assessed) BOLA S/N No.: 10 If NO or B 28, Ass. Lin:

Repair Cost: (w/657) \$S 1551.50
 Loss of Rental (LOR): \$S 204.78 (3 days) x \$101.46 (w/657)
 Loss of Use (LOU): \$S - (5 x days)
 Loss of Income (LOI): \$S 150 (50 x 3 days)
 LOR only LOU only LOR + LOU LOR + LOI [Tick only one]
 GIA/LTA Search \$S 7.49
 Medical: \$S _____
 Disbursement \$S _____ (e.g Tow/ Independent)
 Legal Cost \$S _____
 Total: \$S 2013.37 Global Sum \$S: 2010.00

COPY SENT
20/1/19

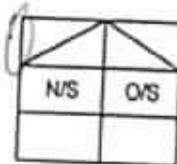
FINAL PAYMENT Date/Time: _____ Confirm with: _____ Email Call
 Payer 1: \$S 2010.00 Name 1: Trans-cab Auto Services Pte Ltd

Payer 2: (Strike if N.A.) \$S _____ Name 2: _____
 Payer 3: (Strike if N.A.) \$S _____ Name 3: _____

Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s Trans Cob
 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: 02 days Res: Yes or No
 Lum Sum: 20 % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S110 9912T Yr Regn: 06, 14
 Type: M.Car / M.Cycle / Bus / Van / Lorry (Tax) / Prime Mover /
 Truck / Trailer or A
 Make: Renault Latitude c.c 1995
 Colour M. White Red A/C: Insured / Std / NI / NA
 Sp. Reading 711605 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: VFI A9L15AUC 277440
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or
 Brake: Inorder / Jammed / Leaked / Burnt or
 Mod: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 215/60R16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Giti
 Front R/Bal. 6 mm Rear R/Bal. 8 mm
 L/Bal. 6 mm L/Bal. 8 mm
 D.O.A. 31/5/18 D.O.I. 74/6/18
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
N/S Frt
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>8/16</u>	<u>File 1451 to Catherine</u>
	<u>6/1 Sep @ 1450h</u>
<u>9/15/18</u>	<u>6/1 Sep @ 1450h Catherine Taster</u>
	<u>Cat x 101.46 + 125</u>
	<u>Red = 414518.05 91%</u>

* 2 repair days + 1 PRG = 3 days

Date/Time, File Pass to? : Prell. Report
 : Final Report

Days Of Repair: _____
 Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)
 : Interview (\$)
 : Tech Invs (\$)
 : Weekend (\$)

Survey Fee:

Transportation:	_____
S - RS - SI	_____
Fuel	_____
Others	_____
TOTAL	_____

Report Format :
 Lump Sum / I.B.I: (\$)



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: TBA
Our ref: CC3/CTI18010511/Kpa3

Date: 15/10/2018

The Motor Claims Department
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHD 9912T

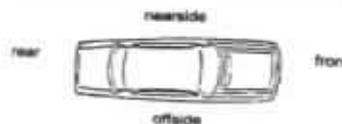
We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 07/06/2018 at the premises of M/s Trans-cab Auto Services Pte Ltd have the following to report:-

Workshop Estimate Amount	: S\$	15,968.05	
Revised Estimate Amount	: S\$	1,450.00	
"Check" Items Amount	: S\$	-	
Total (Including Check Items)	: S\$	1,450.00	
Market Value	: S\$	-	(est.)
LTA Reimbursement Value	: S\$	-	(est.)
Nett Value	: S\$	-	(est.)

Description of Damage:

The vehicle sustained damages at the
N/S Front Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 2.0 days

Yours faithfully,

KENNETH KONG
Licensed Appraiser

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	387BK
Vehicle Details	
Vehicle No.:	SHD9912T
Vehicle to be Exported:	Yes
Intended De-registration Date:	01 Jun 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001182
Chassis No.:	VF1ABL15AUC277440
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 ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jun 2022
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	
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:	\$28,728.00
Total Rebate Amount:	\$38,101.00
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 01 Jun 2018.

OK

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 9912T

AAD1806-011

*Not Authorized
L1 Pmp @ 145dp*

Vehicle No.:	SHD 9912T
Chassis No.:	VF1ABL15AUC277440
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	31.5.2018
Third Party Insurer :	CHINA TAIPING

PART		LIST	
1	DOOR PANEL REAR LH L70Y	\$	<i>R</i> 2,844.66 X
1	FENDER PANEL REAR LH	\$	<i>R</i> 3,299.13 X
1	FENDER PANEL INNER TRIM REAR	\$	<i>Sm</i> 671.45 X
1	WHEELARCH REAR LH	\$	<i>Sm</i> 543.47 X
1	BUMPER COVER REAR	\$	<i>Sm</i> 1,108.46 X
1	BUMPER LOWER REAR	\$	<i>Sm</i> 768.84 X
1	BUMPER BRACKET CTR REAR	\$	<i>Sm</i> 113.47 X
1	BUMEP R RETAINER LH REAR	\$	<i>Sm</i> 44.99 X
1	BUMPER BEAM REAR	\$	<i>R</i> 777.52 X
1	BUMPER BEAM BRACKET LH REAR	\$	<i>Sm</i> 225.95 X
1	TAILLAMP LH	\$	<i>Sm</i> 552.55 X
1	FUEL FLAP	\$	<i>Sm</i> 343.57 X
1	ROCKER PANEL INNER GARNISH LH	\$	<i>Sm</i> 466.51 X
1	ROCKER PANEL INNER LH	\$	<i>R</i> 1,024.79 X
1	ROCKER PANEL CENTER LH	\$	<i>R</i> 990.25 X
		\$	13,775.61
		10% \$	1,377.56
		\$	12,398.05

Special Nett

1	REAR DOOR STICKER '6555 3333'	\$	<i>Sm</i> 80.00 X
TOTAL		\$	80.00
TOTAL PARTS		\$	12,478.05

Trans-cab Auto Services Pte Ltd

AAD1806-011

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 9912T

LABOUR

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,450.00	<i>300</i>
Putty and spray painting of the affected portion.	\$	2,000.00	<i>480</i>
To rust-proofing of the affected areas.	\$	<i>nr</i> 170.00	<i>X</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nr</i> 380.00	<i>X</i>
To check steering geometry and computer wheel alignment	\$	<i>nr</i> 220.00	<i>X</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nr</i> 170.00	<i>X</i>
To Check Electrical Lighting Concerned.	\$	170.00	<i>15%</i>
To transfer of Rear fender fittings, attachment and perform water seepage test.	\$	<i>nr</i> 380.00	<i>X</i>
TOTAL	\$	3,490.00	
Over All Total	\$	15,968.05	

LUMP SUM (REPAIR DAY)*7 DAYS**2 days*

<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: _____ Date: _____</p>

Mei Kwan (LKKAuto)

From: Irene Tay <irene.tay@sg.cntaiping.com>
Sent: Friday, 23 November, 2018 9:31 AM
To: Mei Kwan (LKKAuto)
Cc: Lucas Lee; Hsiao Tong (LKKAuto); Vic (LKKAuto); Admin A
Subject: RE: Direct Settlement - Accident Involving GBB7027T (OI : CAI - TBA) and SHD9912T (TP : LKK REF - CC3/CTI18010511/Kpa3) on 31/05/2018
Attachments: -GBB7027T.pdf
Categories: HMK

WITHOUT PREJUDICE

Dear Mdm,

We refer to the above captioned and your email below.

Enclosed herewith our insured GIA report as requested by you.

Thank you.

Regards,

Irene Tay
Executive
Claims Department (Motor Division)

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #16-00 Springleaf Tower Singapore 079909
Direct (65) 6389 6192
Fax (65) 62247478/62247175
Email: claimsdept@sg.cntaiping.com
www.sg.cntaiping.com



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From: Mei Kwan (LKKAuto) [mailto:Meikwan@lkkauto.com]
Sent: Thursday, 22 November, 2018 11:51 AM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Cc: Irene Tay <irene.tay@sg.cntaiping.com>; Lucas Lee <lucas.lee@sg.cntaiping.com>; Hsiao Tong (LKKAuto) <chewht@lkkauto.com>; Vic (LKKAuto) <vicalpeh@lkkauto.com>; Admin A <admin-a@lkkauto.com>

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

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LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CC3/CTI18010511/Kga3n2

3 ANSON ROAD #16-00
SPRINGLEAF TOWERSINGAPORE 079909

Date : 24-12-2019



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	GBB 7027T	Veh. Inspected	SHD 9912T
Policy No.	DMCVSN3072411700	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	07/06/2018

2. Vehicle Particulars & Condition

Make & Model	RENAULT LATITUDE (A)	c.c	2014
Engine No.	HIDDEN	Year of Reg.	1995
Chassis No.	VF1ABL15AUC277440	Colour	METALLIC WHITE / RED
Odometer	711605	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	GITI	6 mm
L/H Front Tyre	215/60 R16	GITI	6 mm
R/H Rear Tyre	215/60 R16	GITI	8 mm
L/H Rear Tyre	215/60 R16	GITI	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	31/05/2018	Inspection Date	07/06/2018
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 9912T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	DOOR PANEL REAR LH L70Y	TO REPAIR SEE LABOUR	2,844.66	-
1	FENDER PANEL REAR LH	TO REPAIR SEE LABOUR	3,299.13	-
1	FENDER PANEL INNER TRIM REAR	SERVICEABLE	671.45	-
1	WHEELARCH REAR LH	SERVICEABLE	543.47	-
1	BUMPER COVER REAR	BUCKLED	1,108.46	1,108.46
1	BUMPER LOWER REAR	SERVICEABLE	768.84	-
1	BUMPER BRACKET CTR REAR	SERVICEABLE	113.47	-
1	BUMPER RETAINER LH REAR	DISTORTED	44.99	44.99
1	BUMPER BEAM REAR	TO REPAIR SEE LABOUR	777.52	-
1	BUMPER BEAM BRACKET LH REAR	SERVICEABLE	225.95	-
1	TAILLAMP LH	SERVICEABLE	552.55	-
1	FUEL FLAP	SERVICEABLE	343.57	-
1	ROCKER PANEL INNER GARNISH LH	SERVICEABLE	466.51	-
1	ROCKER PANEL INNER LH	TO REPAIR SEE LABOUR	1,024.79	-
1	ROCKER PANEL CENTER LH	TO REPAIR SEE LABOUR	990.25	-
	LESS 10% DISCOUNT		-1,377.56	-115.35
			12,398.05	1,038.10
SPECIAL NETT ITEMS				
1	REAR DOOR STICKER '6555-3333' (SN)	NOT NECESSARY	80.00	-
			80.00	-
LABOUR				
	PANEL BEATING ,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS ,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF DOOR PANEL REAR LH L70Y,FENDER PANEL REAR LH,BUMPER BEAM REAR,ROCKER PANEL INNER LH AND ROCKER PANEL CENTER LH.		2,450.00	300.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION .		2,000.00	440.00

Report Ref No. CC3/CTI18010511/Kga3n2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	15.00
	TO TRANSFER OF REAR FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
			5,940.00	755.00
	GRAND TOTAL		18,418.05	1,793.10
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,450.00

Report Ref No. CC3/CTI18010511/Kga3n2

KONG SENG CHEONG

Licensed Appraiser

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