

ASS. REC. BY:

REF:

TM1 / 013/TMLI 8013948/Kthb2

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

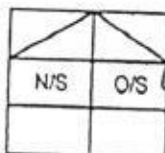
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01

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:

Site 5160C

Yr Regn:

01, 14

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

Truck / Trailer or

Make:

Renault Latitude

c.c

1995

Colour:

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

694975

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC 276701

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M / S/Rim / STD A/Rim or

Tyre Size:

F: Giti 215/60R16

R: Pirelli

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

Front

R/Bal.

8

mm

Rear

R/Bal.

7

mm

L/Bal.

8

mm

L/Bal.

7

mm

D.O.A.

27/7/18

D.O.I.

31/7/18

Survey held at

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

Bm Bit dec mine

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

Date / Time

Action / Instruction

1/8

File pass to Catherine

L1 by 81204 (Red: 1855.06, 60%)

SHC 5160C - 013 / TM 16011794 / Kthb2

YK 87356 - NA / TMLI 1104558 / 02

18108 - Report via merimen preli advise

DA: 26042016

DA: 05032014

RECEIVED 02 AUG 2018

Date/Time, File Pass to?



Prel. Report

11/3/18 Typist



Final Report

Date/Time, File Return to?

Days Of Repair:

1

Resurvey No. of Trlp:

Survey Fee:

250

Transportation:

10

S + RS: \$

Fixt/bs

Others

TOTAL

260

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format :

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

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Wednesday, 1 August 2018 4:13 PM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD DOA: 27/7/2018, SHC 5160C (TP VEHICLE), YK 8735G (OI VEHICLE)
Attachments: SHC 5160C GIA REPORT.pdf; shc 5160c estimate.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle **SHC 5160C** M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63, SINGAPORE 569111.

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

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

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

7/30/2018

PARF/COE Rebate Enquiry

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Company

Owner ID:

3878K

Vehicle Details

Vehicle No.:

SHC5160C

Vehicle to be Exported:

Yes

Intended De-registration Date:

30 Jul 2018

Vehicle Make:

RENAULT

Vehicle Model:

LATITUDE 2.0L DCI AUTO D/AB 4DR

Primary Colour:

Red

Manufacturing Year:

2013

Engine No.:

M9R8839C000801

Chassis No.:

VF1ABL15AUC276701

Maximum Power Output:

127.0 kW (170 bhp)

Open Market Value:

\$19,998.00

Original Registration Date:

14 Jan 2014

First Registration Date:

14 Jan 2014

Transfer Count:

0

Actual ARF Paid:

\$12,498.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

13 Jan 2022

PARF Rebate Amount:

\$9,373.00

Intended COE Rebate Details

COE Expiry Date:

13 Jan 2022

COE Category:

A - Car (1600cc & below)

COE Period(Years):

8

PQP Paid:

\$60,888.00

COE Rebate Amount:

\$26,290.00

Total Rebate Amount:**\$35,663.00****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 30 Jul 2018

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	27/07/2018 15:10
Date Of Accident	27/07/2018 13:35
Exact Location Of Accident	UPPER SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5160C
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	SOH POH WAH
NRIC No	S1117473F
Date Of Birth	23/02/1955
Occupation	OUTDOOR
Date Of Driving Pass	30/08/1977
Driving Experience	40 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96712282
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 52 SIMS PLACE #06-130
Postcode	380052
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	1

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 27.7.2018 at about 1335 hours, I was travelling straight on the second lane along Upper Serangoon Road when Vehicle B (YK8735G) which was travelling on my right cut into my lane and collided onto the front right portion of my taxi. I sounded my horn to alert him that he had collided into my taxi but he did not stop and sped off.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YK8735G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "insurers"), the insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes;
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) for complying with requirements under any regulations, laws or court orders.

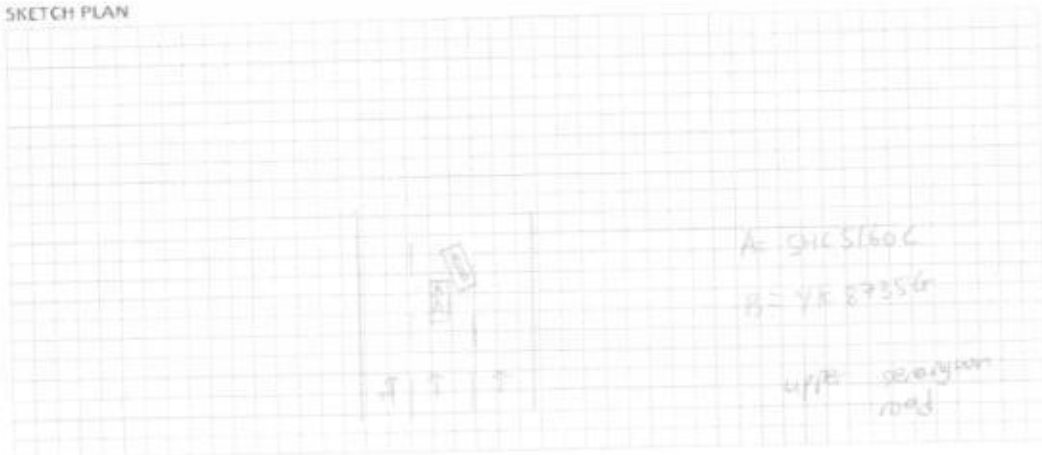
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please refer to GEA Report

DECLARATION

(/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:

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

SHC 5160C

AAD1807-257

*Not Authorized
11/11/2006*

Vehicle No.:	SHC 5160C
Chassis No.:	VF1ABL15AUC276701
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	27.7.2018
Third Party Insurer :	TOKIO MARINE

PART		LIST	
1	DOOR MIRROR ASSY RH	<i>CM</i>	\$ 1,483.40 ✓
			\$ 1,483.40
10%			\$ 148.34
			\$ 1,335.06
TOTAL PARTS			\$ 1,335.06

LABOUR

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	600.00 <i>100%</i>
Putty and spray painting of the affected portion.	\$	400.00 <i>60%</i>
To rust-proofing of the affected areas.	\$	<i>nn</i> 170.00 <i>X</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00 <i>X</i>
To Check Electrical Lighting Concerned.	\$	170.00 <i>15%</i>

TOTAL \$ 1,720.00**Over All Total \$ 3,055.06**LKK Auto Consultante hereby notify
the Repairer of the following:

- To resurvey before after spray
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey to be done before repair
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

LUMP SUM (REPAIR DAY)

Acknowledged by Repairer
Signature:
Date:

*2 DAYS
1 day*

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/TMI18013948/KTBN2

Date: 14/08/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MC001766
Claimant Vehicle No :	SHC5160C	Insured Vehicle No :	YK8735G
Date of Loss:	27/07/2018	Nature of Claim:	TP
		Claim No:	M1803830

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC5160C	Engine No:	M9R8839C000801
Make & Model:	RENAULT LATITUDE, 2.0 L (A)	Chassis No:	VF1ABL15AUC276701
Reg. Date:	14/01/2014 (Man. Year: 2013)	Odometer:	694975 km
Colour:	Metallic White/Red		
Engine Capacity:	1995 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:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	Giti 8 mm	Rear Left Side:	Falken 7 mm
Front Right Side:	Giti 8 mm	Rear Right Side:	Falken 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,335.06	1,335.06	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,720.00	175.00	1,545.00	89.83
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,055.06	1,510.06	1,545.00	50.57
Approved Total (Overridden) (S\$)		1,200.00		
(S\$)	3,055.06	1,200.00	1,855.06	60.72
+ GST 7.00/7.00% (S\$)	213.85	84.00	129.85	60.72
Nett Amount (S\$)	3,268.91	1,284.00	1,984.91	60.72

INSPECTION

Date of Assignment:	02/08/2018		
Date Inspected:	31/07/2018	Inspected At:	Trans-cab Auto Services Pte Ltd No 2 Ang Mo Kio Street 63 Singapore 569111
Estimated Period of Repair:	1.0 days		

Adjuster: KENNETH KONG

Manager: DENISE TAY KWEE CHENG

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: 13 Aug 2018)
Parts:	143	RENAULT LATITUDE 2.0 L (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC5160C)	
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		*DOOR MIRROR ASSY RH	Cracked	1,483.40 FL	*1,483.40 FL
						F=Franchise part. L=ListItemDisc.
					Sub Total (S\$)	1,483.40
					- List Item Discount on L Items 10.00/10.00% (S\$)	148.34
					Total Parts (S\$)	1,335.06

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	600.00	100.00
2	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	400.00	60.00
3	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	-
4	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR	New	380.00	-
5	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	15.00
Gross Labour Cost (\$\$)			1,720.00	175.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >