

Stacey | 004, Asm, 14395, KKK322 | LKK 61905

PSC

ASSIGNMENT 318/2018

Date/Time: 6/8/2018

Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : S7215 CD  
 Name of Insured : Ariana Kajengo  
 Insured Tel No. : \_\_\_\_\_ HP: \_\_\_\_\_  
 Excess Sec II : \$S \_\_\_\_\_ D.O.A. : 26/7/2018  
 Is driver the owner? ( YES / NO ) Nature of Accident : \_\_\_\_\_  
 If NO, Driver Name / Age : \_\_\_\_\_  
 Driver Tel No. : \_\_\_\_\_ (VL: YES / NO)

Claim No. : SQM 00R40  
 Policy No. : \_\_\_\_\_  
 Make / Model : \_\_\_\_\_  
 Place of Accident : Loffles Boulevard  
 OI GIA REPORT: YES / NO ; TP GIA REPORT YES / NO  
 Insured Liability : % Final ? Yes / No

S7D 660 D



INRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: Trans. Cab  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_



INRS: \_\_\_\_\_  
 WSP: \_\_\_\_\_  
 Tel: \_\_\_\_\_  
 Liability: \_\_\_\_\_  
 RMKS: \_\_\_\_\_

Date/ Time	STAGE	DATE / PIC
14/1/19	Non-Reporting ltr (1st):	11/05/2019
14/1/19	Non-Reporting ltr (2nd):	04/06/2019
14/1/19	Non-Reporting ltr (Final):	
14/1/19	Notification ltr (if non-pickup):	
14/1/19	Call OI:	
14/1/19	After call ltr to OI:	
22/4/19	Documentation Check List:	Handler Typist
22/4/19	Notification ltr (if non-pickup)	<input checked="" type="checkbox"/>
22/4/19	After call ltr to OI:	<input checked="" type="checkbox"/>
22/4/19	Authorisation To Act:	<input checked="" type="checkbox"/>
22/4/19	Release Voucher:	<input checked="" type="checkbox"/>
22/4/19	Final Repair Bill:	<input checked="" type="checkbox"/>
22/4/19	Car Rental Invoice:	<input checked="" type="checkbox"/>
22/4/19	Towing Invoice:	<input checked="" type="checkbox"/>
22/4/19	LTA / GIA :	<input checked="" type="checkbox"/>
22/4/19	Medical Bill:	<input checked="" type="checkbox"/>
22/4/19	PIR:	<input checked="" type="checkbox"/>
22/4/19	Mandate/Reject Instruction:	<input checked="" type="checkbox"/>
22/4/19	LOD	<input checked="" type="checkbox"/>
22/4/19	Payment Breakdown Form:	<input checked="" type="checkbox"/>
22/4/19	Post-Repair Photos:	<input checked="" type="checkbox"/>
22/4/19	Others:	<input checked="" type="checkbox"/>
PRELIMINARY ADVICE	Date/Time: 10/1/19	Sent By: Jue (Vans MF)
FINALIZATION	Date/Time: 1/5	Confirm with: Kenneth
Repair Cost: 45	\$S 3100.00 ( 3 days) Reduction: \$25,500.15 % 89	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: 6/11/2020	Confirm with: Wai Yun
Final Liability:	% 100 (Agreed / Assessed) BOLA S/N No.: NIL	Email <input type="checkbox"/> Call <input type="checkbox"/>
Repair Cost: w/201	\$S 3317.00	If NO or B 28, Ass. Lia: 01 @ vrant lane, instead of turn right, 01 drive straight.
Loss of Rental (LOR):	\$S 317.22 ( 3 days) x \$105.74	
Loss of Use (LOU):	\$S - (\$ x days)	
Loss of Income (LOI):	\$S 150.00 (\$50 x 3 days)	
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/> [Tick only one]	
GIA/LTA Search	\$S 7.49	
Medical:	\$S -	
Disbursement:	\$S - (e.g. Tow/ Independent)	
Legal Cost	\$S -	
Total:	\$S 3791.71	Global Sum \$S: 3500.00
FINAL PAYMENT	Date/Time:	Confirm with: Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$S 3500.00	Name 1: Trans-cab Auto Services Pte Ltd.
Payee 2 (Strike if N.A.)	\$S -	Name 2:
Payee 3 (Strike if N.A.)	\$S -	Name 3:

COPY SENT 14/01/2019



REF: ASM (AXA)

ASSIGNMENT

From: \_\_\_\_\_ Date: **07/08/2018**

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: **SHD 660D**

at Workshop m/s: **Trans - Cab**

of: **No. 2 AMK St 63**

Insured: \_\_\_\_\_

Policy No: \_\_\_\_\_

Claims No: \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: **03** days Res: Yes or No

Lump Sum: **20** % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT



Veh No: **SHD 660D** Yr Regn: **12 17**

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

Truck / Trailer or: \_\_\_\_\_

Make: **Percont Latitude** <sup>A)</sup> **1995**

Colour: **M. white / Red** A/C Insured / Std / NI / NA

Sp. Reading: **184414** T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_ **283410**

C/No: **VFI ABL 15AUC 276143**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: 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		Rear	
R/Bal.	<b>6</b> mm	R/Bal.	<b>9</b> mm
L/Bal.	<b>6</b> mm	L/Bal.	<b>9</b> mm
D.O.A.	<b>26/7/18</b>	D.O.I.	<b>7/8/18</b>

Survey held at: \_\_\_\_\_

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

**8/8 File pass to Nivate**

**6/1 Sep 8 3/001 (Red = \$25, 562.15 / 89.1.)**

Date/Time: File Pass to?  : Preli. Report

1)  : Final Report

Date/Time: File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum / I.B.F. (\$) \_\_\_\_\_

Days Of Repair: \_\_\_\_\_

Resurvey No. of Trip: \_\_\_\_\_

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

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TOTAL \_\_\_\_\_



**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 660D**

AAD1807-254

*Not Authorized  
11 Sep @ 3100h*

Vehicle No.:	<b>SHD 660D</b>
Chassis No.:	VF1ABL15AUC283410
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	26.7.2018
Third Party Insurer :	<i>Axa</i>

	<b>PART</b>		<b>LIST</b>	
1	DOOR PANEL FRT RH	\$	<i>N</i> 2,844.66	}
1	DOOR HINGE UPPER RH	\$	<i>N</i> 261.28	
1	DOOR HINGE LOWER RH	\$	<i>N</i> 300.55	
1	DOOR CHECK FRT RH	\$	<i>Sn</i> 194.77	
1	DOOR LOCK FRT RH	\$	<i>N</i> 908.75	
1	DOOR CATCH FRT RH	\$	<i>Sn</i> 131.23	
1	DOOR HANDLE OUTER FRT RH	\$	<i>Sn</i> 477.76	
1	DOOR HANDLE COVER FRT RH	\$	<i>Sn</i> 13.22	
1	DOOR HANDLE MODULE FRT RH	\$	<i>Sn</i> 133.60	
1	DOOR REGULATOR FRT RH	\$	<i>N</i> 505.19	
1	DOOR REGULATOR MOTOR FRT RH	\$	<i>N</i> 796.46	
1	DOOR REGULATOR GUIDE FRT RH	\$	<i>Sn</i> 120.97	}
1	DOOR PANEL REAR RH	\$	<i>N</i> 2,844.66	
1	DOOR GUIDE REAR RH	\$	<i>Sn</i> 176.82	
1	DOOR HINGE UPPER RH	\$	<i>N</i> 274.50	
1	DOOR HINGE LOWER RH	\$	<i>N</i> 300.55	
1	DOOR CHECK REAR LH/RH L70Y	\$	<i>Sn</i> 203.06	
1	DOOR LOCK REAR RH	\$	<i>N</i> 908.75	
1	DOOR HANDLE OUTER REAR RH	\$	<i>Sn</i> 126.49	
1	DOOR HANDLE CAP REAR RH	\$	<i>Sn</i> 35.52	
1	DOOR HANDLE SEAL REAR RH	\$	<i>Sn</i> 7.89	
1	DOOR HANDLE COVER REAR RH	\$	<i>Sn</i> 13.22	
1	DOOR HANDLE MODULE REAR RH	\$	<i>N</i> 133.60	}
1	DOOR REGULATOR REAR RH	\$	<i>N</i> 1,135.10	
1	DOOR REGULATOR MOTOR REAR RH	\$	<i>Sn</i> 893.75	
1	DOOR REGULATOR NUT REAR L70Y	\$	<i>Sn</i> 12.43	
1	DOOR REGULATOR MOTOR SCREW REAR L70Y	\$	<i>Sn</i> 6.31	
1	DOOR FINISHER REAR RH	\$	<i>Sn</i> 423.10	
1	DOOR MOULDING REAR RH	\$	<i>Sn</i> 176.82	
1	DOOR MOULDING CLIP L70Y	\$	<i>Sn</i> 5.92	

# Trans-cab Auto Services Pte Ltd

AAD1807-254

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CO./GST Reg. No. 201019626G

## SHD 660D

1	DOOR MOULDING SCREW L70Y	\$	<i>na</i> 6.91	}
1	DOOR CASING REAR RH	\$	<i>sm</i> 1,509.06	
1	DOOR WATER SHIELD REAR RH	\$	<i>sm</i> 30.39	
1	DOOR CASING CLIP	\$	<i>na</i> 12.63	
1	DOOR CASING LIGHT L70Y	\$	<i>sm</i> 48.74	
1	DOOR FINISHER INNER REAR RH	\$	<i>sm</i> 323.44	
1	DOOR FINISHER BRACKET INNER REAR RH	\$	<i>n</i> 46.97	
1	DOOR FINISHER BRACKET INNER REAR RH	\$	<i>n</i> 20.33	
1	DOOR FINISHER BRACKET INNER REAR RH	\$	<i>n</i> 20.33	
1	DOOR FINISHER BRACKET INNER REAR RH	\$	<i>n</i> 20.33	
1	DOOR GRAB HANDLE REAR RH	\$	<i>sm</i> 210.96	
1	DOOR BLIND REAR RH	\$	<i>sm</i> 741.80	
1	DOOR WHEATHESTRIIP REAR RH	\$	<i>sm</i> 410.66	
1	DOOR SEAL REAR RH	\$	<i>sm</i> 162.02	
1	DOOR GLASS RUNNER SEAL REAR RH	\$	<i>sm</i> 229.31	
1	DOOR WAIST SEAL OUTER REAR RH	\$	<i>sm</i> 334.69	
1	DOOR WAIST SEAL INNER REAR RH	\$	<i>sm</i> 115.64	
		\$	<b>18,611.14</b>	
		10% \$	<b>1,861.11</b>	
		\$	<b>16,750.02</b>	

## Special Nett

1SET	FRAME FULL SUPPORT PANEL CLIP	\$	<i>na</i> 70.00 X	
2	FRAME FULL SUPPORT PANEL NUT	\$	<i>na</i> 20.00 X	
2	FRAME FULL SUPPORT PANEL STUD	\$	<i>na</i> 30.00 X	
1SET	WHEELARCH CLIP FRT LH	\$	<i>na</i> 30.50 X	
1	FRONT DOOR STICKER 'Trans-cab'	\$	<i>na</i> 80.00 <i>60na</i>	
1	FRONT DOOR STICKER 'Chassis'	\$	<i>na</i> 50.00 <i>15na</i>	
1	REAR DOOR STICKER '6555-3333'	\$	<i>na</i> 80.00 <i>60na</i>	
1	DOOR CHECK BOLT	\$	<i>sm</i> 22.69	}
1	DOOR GUIDE SCREW	\$	<i>sm</i> 10.85	
1	DOOR HINGE BOLT	\$	<i>sm</i> 10.85	
1	DOOR HINGE NUT RH	\$	<i>sm</i> 14.60	
1	DOOR CHECK BOLT	\$	<i>sm</i> 22.69	
1	DOOR CHECK NUT	\$	<i>sm</i> 3.75	
1	DOOR LOCK SCREW L70Y	\$	<i>sm</i> 6.12	
1	DOOR CATCH SCREW L70Y	\$	<i>sm</i> 10.06	

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AAD1807-254

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CO./GST Reg. No. 201019626G

SHD 660D

<b>TOTAL</b>	<b>\$</b>	<b>462.13</b>
<b>TOTAL PARTS</b>	<b>\$</b>	<b>17,212.15</b>

**LABOUR**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	4,500.00	4401
Putty and spray painting of the affected portion.	\$	4,200.00	6601
To rust-proofing of the affected areas.	\$	170.00	301
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	~ 380.00 X
To check steering geometry and computer wheel alignment	\$	220.00	~ 220.00 X
To transfer of tire, rim and on wheel balancing.	\$	170.00	~ 170.00 X
To Check Electrical Lighting Concerned.	\$	170.00	201
To transfer of front fender fittings, attachment and perform water seepage test.	\$	380.00	~ 380.00 X
To transfer of front door fittings, attachment and perform water seepage test.	\$	380.00	601
Towing Fees.	\$	120.00	~ 120.00 X
To pull and jack out chassis frame and correct it to symmetrical position with the aid of hydraulic pneumatic jack.	\$	380.00	~ 380.00 X

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CO./GST Reg. No. 201019626G

**SHD 660D**

Labour charge to mount and dismount vehicle on jig  
bench, to facilitate repair.

\$ *nn* 380.00 X

**TOTAL** \$ 11,450.00

**Over All Total** \$ 28,662.15 X

**PART-BY-PART (REPAIR DAY)**

~~15-DAYS~~

*3 days*

LKK Auto Consultants hence notify  
the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:

*61905*

## ◀ Service Request Details

Claim  
S8M00R40

Reference  
None 

Loss Date  
July 26, 2018

Request Date  
August 6, 2018

Due Date  
August 14, 2018

*Survey on 07082018*

Vendor Name  
LKK AUTO CONSULTANTS PTE LTD (TP)

Type of Loss  
Third Party Vehicle Damage

Services  
Pending verification - Direct Settlement

### Actions

Next Step  
Agree to perform service

### Vehicle Information

Incident Vehicle Registration #  
SHD660D

Make  
TPVD RENAULT

Model

LATITUDE-2.0 L (A)

Service Address

---

...

Primary Contact/Insured

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ALVERA KAJENGO

7500A BEACH ROAD, #13-308, THE PLAZA, 199591, Singapore

WATER-BANK@HOTMAIL.COM

Claim Handler

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NG Stacey

6568804351

stacey.ng@axa.com.sg

Additional Instructions

NON REPORTED

Messages

Invoices

History

Documents

Assessment

Metrics

Notes

---

New Message

To : Traffic Police – Deputy Head, Investigations Department  
Fax : 65474885

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ONLY FOR ACCIDENTS IN SINGAPORE

NON-INJURY MOTOR ACCIDENT REPORT SCHEME  
FORM ON NON-REPORTING BY INSUREDS

Please be informed that we have yet to receive a motor accident report from our insured with regard to a non-injury motor accident as follows:-

Date of accident : 26/07/2018  
Time of accident : 20:20  
Place of accident : RAFFLES BOULEVARD X TEMASEK AVENUE  
Third Party's name : TRANS-CAB SERVICES PTE LTD  
Third Party's vehicle number : SHD660D  
Our insured's name : ALVERA KAJENGO  
Our insured's vehicle number : S7215CD  
Our insured's NRIC number : NIL  
Our insured's address : 7500A BEACH ROAD, #13-308, THE PLAZA, 199591, Singapore  
Our Insured's telephone number : 93853766

A letter dated **(11/05/2019)** was sent to remind our insured to report the non-injury motor accident to us. No report has yet been made.

Please do not hesitate to contact the following for any clarification on the matter.  
(Please cite our reference number: **(CC4/ASM18014395)**)

Name and address of insurance company : AXA Insurance  
8 Shenton Way, #24-01 AXA Tower, 068811  
Name of contact person : Poh Kin, Chong  
Contact Number : 6841 2132 Fax: 6741 4108  
Date : 03/06/2019

## ALVERA KAJENGO

Address

7500A BEACH ROAD, #13-308, THE PLAZA,  
199591, Singapore

Home Phone

Work Phone

Cell Phone

93853766

Email

WATER-BANK@HOTMAIL.COM

Close



## RE: FILE REVIEW - PLS UPDATE CLAIM STATUS

Type

🔔 Question

Message

OI DOESNT WISH TO TALK TO US. AND NO OI GIA REPORT STILL. KINDLY LET US HAVE YOUR INSTRUCTION. THANKS.

Reply

 **PROCEED DS**

Type

 Question

Message

Based on video footage, insured is on the turning right lane, instead of turning right, he went straight. As such, liability down on insured. thanks.

[Reply](#)

◀◀ **RE: PROCEED DS**

Type

🔔 Question

Message

HI STACEY, SO WE WILL PROCEED DS WITHOUT OI GIA REPORT AND LOI? KINDLY ADVICE. THANKS -  
CECILIA

Reply



## Re:RE: PROCEED DS

Type

🔔 Question

Message

YES, PLEASE PROCEED

Reply



## Immediate Advice

To : AXA Insurance Pte Ltd

Date: 20/12/2019

### Survey Details:

Date of loss	26-Jul-18
Date of appointment	6-Aug-18
Date of survey	7-Aug-18
Location of survey	Trans-cab Auto Services Pte Ltd

### Vehicle Details:

Claim Type:	THIRD PARTY CLAIM
Vehicle number	SHD 660D
Make and Model	RENAULT LATITUDE 2.0L DCI AUTO - 1995cc
Date of registration	1-Mar-17
Excess	
Market Value	\$ -
Parf Rebate	\$ -
Nett Loss	\$ -

### Repair details:

Initial Estimate	28,662.15
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### Proposed/Revised repair cost:

Parts	\$	2,695.19
Check items (estimate)	\$	-
Labour	\$	1,210.00
<b>Total</b>	\$	<b>3,905.19</b>
<b>Lump Sum(if applicable)</b>	\$	<b>3,100.00</b>

Number of days for repair	03 day
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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

**Remarks:**

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**Mandate:**

Liability(TP)		100%	
Proposed repair cost	\$	3,317.00	W/GST
Loss of use	\$	-	
Loss of rental	\$	317.22	3days x \$105.74
Loss of income	\$	150.00	3days x \$50.00
LTA search fees	\$	7.49	
Others		-	
<b>Proposed Total</b>		<b>3,791.71</b>	



## <MANDATE IA> - S8M00R4O {ACCIDENT INVOLVING S7215CD & SHD 660D ON 26/07/2018}

Type

🔔 Question

Message

LIABILITY: 100% OI AT RIGHT LANE, INSTEAD OF TURN RIGHT, OI DRIVE STRAIGHT THUS LEADS TO COLLISION. WE SEEK YOUR MANDATE AT \$3,791.71 (CLAIMING LOR & LOI). MANDATE IA HAS BEEN UPLOADED IN SMARTCLAIM. KINDLY LET US HAVE YOUR APPROVAL/INSTRUCTION. THANKS - CCL  
20/12/2019

Reply



# Re:<MANDATE IA> - S8M00R4O {ACCIDENT INVOLVING S7215CD & SHD 660D ON 26/07/2018}

Type

🔔 Question

Message

Pls settle at max global \$3500 all-in

Reply

To : CEAIRA

**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 : AAD1807-254

Your Ref : S7215CD

Date : 13.December 2019

**AXA INSURANCE S PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHD0660D AND S7215CD ON 26/07/18 08:20 PM ALONG RAFFLES BOULEVARD X TEMASEK AVENUE**

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)	\$	3,317.00
2.	Loss of Rental for <u>3</u> days @ \$ <u>105.75</u> per day	\$	317.22
3.	Loss of Income for <u>3</u> days @ \$ <u>50.00</u> per day	\$	150.00
4.	LTA Search Fee	\$	7.49
5.	Survey Fee	\$	0.00
	Total	\$	3,791.71

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)

**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**

<b>TO:</b> <b>AXA INSURANCE PTE LTD</b> 8 SHENTON WAY,#27-01 AXA TOWER 068811 SINGAPORE  ATTENTION:	<b>INVOICE NO.</b> : INV1912-049 <b>DATE</b> : 16. December 2019 <b>REFERENCE NO</b> : AAD1807-254 <b>TERMS</b> : <b>DUE DATE</b> : 16. December 2019 <b>PAGE</b> : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
		Invoice No. INV1810-289:			
1.	6050101	REPAIR-SHD0660D;DOA 26.07.18(PART-BY-PART-18)	1	3,317.00	3,317.00

**Total SGD Excl. GST :** 3,100.00  
**7% GST :** 217.00  
**Total SGD Incl. GST :** 3,317.00

\*\*\*\* THREE THOUSAND THREE HUNDRED SEVENTEEN 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**