

1952/11

INS. CASE OWNER:

CC

ATG1801

LKK:

IDAC:

Surveyor:

FSC

DOI:

ASSIGNMENT

24/8/18

Date / Time:

17/8/18

Registered in Merimen:

28/8/18

Pre-assign / CCU / FTE



Insured Vehicle No.:

SEF 77170

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

20/8/18

Make / Model:

Excess Sec II :SS

D.O.A:

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO : TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHL 51510

INSRS:
WSP:
Tel:
Liability:
RMKS:Trans
Cali.INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

SHL 51510 - F

SEF 77170 - F

STAGE

DATE / PIC

Non-Reporting ltr (1st):
Non-Reporting ltr (2nd):
Non-Reporting ltr (Final):
Notification ltr (if non-pickup):
Call OI:
After call ltr to OI:

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: ☐ ☐

Received payment via GIKU &
SHL 6027 & SHL 51510

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

SS

(

days) Reduction:

%

Email ☐ Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐ Call ☐

Final Liability:

%

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

If NO or B 28, Ass. Lia:

Repair Cost:

SS

Loss of Rental (LOR):

SS

(

days)

Loss of Use (LOU):

SS

(\$

x

days)

Loss of Income (LOI):

SS

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

1) Claim status: Normal/Reject/Private Settle
2) Report format:
3) Survey fee:

Total:

SS

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐ Call ☐

Payee 1:

SS

Name 1:

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

COPY SENT
25/8/18

ASS. REC. BY:

REF:

A/G

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. _____

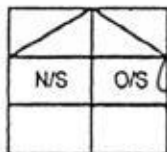
Sum Insured: _____

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

Lump Sum: _____

20 %

3 Val.: _____

Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

S17C51510

Yr Regn: _____

01.14

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

Truck / Trailer or _____

Make: _____

Peravit Latitude

c.c.

1995

Colour: _____

M. White/Red

A/C: _____

Insured / Std / NI / NA

Sp. Reading _____

556218

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

VF1ABL 15AUC 276533

Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: NI / S/Rlm / STD A/Rlm or

Tyre Size: _____

F: Giti 215/60R16Ling R: Long

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or _____

Front

Rear

R/Bal. _____

9

mm

R/Bal. _____

8

mm

L/Bal. _____

9

mm

L/Bal. _____

8

mm

D.O.A. _____

2018/18

D.O.I. _____

21/8/18

Survey held at _____

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

Rt o/s door mirror.

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

Date / Time

Action / Instruction

28/8

File pass to Catherine
L1 Day @ 1200

Rtn = H 19,182.85 / A4%

Date/Time, File Pass to?



: Prell. Report

1)



: Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee: _____



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee: _____

Transportation: _____

S + RS. \$

Factors

Others

TOTAL

10X15 = 150

70 + 150

50

13

80

463

Report Format :

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

Shu Pei (LKKAUTO)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Monday, 25 March 2019 9:37 AM
To: Shu Pei (LKKAUTO)
Cc: jasminetan@transcab.com.sg
Subject: FW: Your Ref: AAD1808-174 (SHC 5151D) *Our Ref: CC3/AIG18015625/Kjb3 [ACCIDENT INVOLVING SHC 5151D & SKF 7317D ON 20/08/2018]
Attachments: image005.wmz; image001.wmz; image003.wmz; LKKInvoice1.pdf; AAD1808-174 - SURVEY PAYMENT.pdf

WITHOUT PREJUDICE

Dear Shu Pei

Please refer to the attachment for survey payment via GIRO, hope to receive the survey report soon.

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

This message is confidential. It may also be privileged or otherwise protected by work product immunity or other legal rules. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone. Please send us by fax any message containing deadlines as incoming e-mails are not screened for response deadlines. The integrity and security of this message cannot be guaranteed on the Internet.

From: Shu Pei (LKKAUTO) [mailto:shupeil@lkkauto.com]
Sent: Tuesday, 12 March, 2019 9:08 AM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Cc: jasminetan@transcab.com.sg
Subject: RE: Your Ref: AAD1808-174 (SHC 5151D) *Our Ref: CC3/AIG18015625/Kjb3 [ACCIDENT INVOLVING SHC 5151D & SKF 7317D ON 20/08/2018]

Dear Wai Yin,

Please prepare payment.

We will prepare our survey report and send to you soonest.

Thank you

Best Regards,

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	3878K

Vehicle No.:	SHC5151D
Vehicle to be Exported::	Yes
Intended De-registration Date:	21 Aug 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000784
Chassis No.:	VF1ABL15AUC276533
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 ARE Paid:	\$12,498.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Jan 2022
PARF Rebate Amount:	\$9,373.00

COE Expiry Date:	13 Jan 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$60,888.00
COE Rebate Amount:	\$25,840.00
Total Rebate Amount:	\$35,213.00

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.

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	21/08/2018 15:36
Date Of Accident	20/08/2018 01:05
Exact Location Of Accident	SERANGOON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5151D
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 D DCI (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	HARDIAL SINGH S/O CHARAN SINGH
NRIC No	S6936573F
Date Of Birth	16/10/1969
Occupation	OUTDOOR
Date Of Driving Pass	19/03/2011
Driving Experience	7 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82076154
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 630 WOODLANDS RING ROAD #02-220
Postcode	730630
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT

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	SKF7317D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 Pg. 1

SKETCH PLAN

Selamoon Road.

A: SHC 5151D
B: SKF 7317D



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report.

DECLARATION

I/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.:



Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20180820/7023

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 20/08/2018 23:01	Vide Report No.: A/20180820/0016	Station Diary No.:
--	-------------------------------------	--------------------

Informant's Particulars

Name of Informant: HARDIAL SINGH S/O CHARAN SINGH		Address: APT BLK 630 WOODLANDS RING ROAD #02-220 SINGAPORE 730630	
ID Type / ID No.: NRIC NO / S6936573F		Contact No.: Home/Office: Mobile: 82076154	
Nationality: SINGAPORE CITIZEN		Email: amritakaur1603@gmail.com	
Sex: Male	Age: 48	Date of Birth: 14/10/1969	Type of Informant: Driver
Race: Sikh		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class:	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Drink & Drive	Drink Drive: Yes	Date/Time of Accident: 20/08/2018 01:00	Type of Location: Straight Road
Location: SERANGOON ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit: 60 Km/h
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5151D	Car					0

Details of Person Involved

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





**SINGAPORE
POLICE FORCE**



T/20180820/7023

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20180820/7023

CONTINUATION OF REPORT

Driver			
Name	HARDIAL SINGH S/O CHARAN SINGH	ID No.	S6936573F
Related Vehicle	SHC5151D (Car)	Contact No.	82076154
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

With reference to report number A/20180820/0016

Officer Name : IO Affendy (6547 6209)

I was driving my Taxi (SHC5151D) with a passenger on board along Serangoon road towards upper Serangoon at around 1 AM on the 20th August 2018 when a Black BMW (SKF7317D) driving on the right lane driving at a higher speed and came into my lane and hit my taxi on the right which caused a dent on the right side mirror, scratched the back bumper and slight chipped of the paint on the front bumper and he continued driving without acknowledging my horns and he was finally forced to stop when he was at the extreme right lane at the junction of Serangoon and Kitchener road as he was blocked by a rubbish truck. The moment the rubbish truck got out of way I quickly overtook the SKF7317D and stepped out to question him but he was in denial and then I showed him the damages caused by him and my passenger came out of my taxi and told the driver too that he was driving recklessly that was when the driver was slightly sacred and asked me to settle privately by paying me \$30 but i disagreed because \$30 was not enough to cover my damages and loss of income (as my taxi was my sole source of income which will be off to the workshop for a couple of days) but from his actions he seemed to be drunken (I asked if did he drink and he disagreed to it) and I was about to call the police as he trying to get in his car to drive away but then right than, a police vehicle which was patrolling in that area came to stop by us and the rest please refer to the report number as stated above.



**SINGAPORE
POLICE FORCE**



T/20180820/7023

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3

Report No. T/20180820/7023

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
NOR AFFENDY BIN JAFFAR
Contact No.: 65476209

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
20/08/2018 23:01

Classification Of Case:

Attn: Kenneth

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SJV4419R	20 Aug 2018 / 16:40:00	AXA INSURANCE PTE LTD
SLX9956P	20 Aug 2018 / 10:35:00	NTUC INCOME INS CO-OP LTD
SLE384Z	21 Aug 2018 / 12:10:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.
SKF7317D	20 Aug 2018 / 01:05:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

View Received Message

This mail is associated with :

***SHC5151D (4780274658SG)**
[SKF7317D]

TP

TRANS-CAB SERVICES PTE LTD
Aug 20 2018 1:00AM

Trans-cab Auto Services Pte Ltd

[Reply](#) [Reply All](#) [Mark as Unread](#) [Print Message](#) [Delete Message](#) [Forward](#)

From AIG Asia Pacific Insurance Pte. Ltd. (AIG_SG), sent on **03/09/2018 17:26 PM**.
To NoorMariesa.AbuKassim@aig.com; ShengYang.Lim@aig.com; Imran.Ishak@aig.com; yokeshi.chan@aig.com; Syazairdina.Azlan@aig.com; Aashweenjeetkaur.Mithoosingh@aig.com; LKK_HQ
Subject **Re: No Policy Found**

Hi,

Upon checking in our system OI is not covered under AIG during the DOA.

Kindly assist to cancel claim accordingly.

Thanks and regards,

Syaza Irdina Azlan

<-- Original Message -->
From: LKK_HQ
To: AIG_SG; NoorMariesa.AbuKassim@aig.com; ShengYang.Lim@aig.com; Imran.Ishak@aig.com; yokeshi.chan@aig.com; Darshene.Supramaniam@aig.com; Syazairdina.Azlan@aig.com; Aashweenjeetkaur.Mithoosingh@aig.com
Sent On: 31/08/2018 03:46 PM
Subject: Re: No Policy Found

Dear Yoke,

Please be informed that we had uploaded LTA search in Merimen.

Kindly assist to verify.

Thank you

<-- Original Message -->
From: AIG_SG
To: LKK_HQ
Sent On: 29/08/2018 11:47 AM
Subject: No Policy Found

Hi,

There is no record found when we checked for policy coverage under the vehicle number **SKF7317D**.

Kindly assist to confirm the correct vehicle number for our further action.

Thank you.

Regards,
chan yoke shi

DOCUMENTS SUMMARY

There are no documents.

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SJV4419R	20 Aug 2018 / 16:40:00	AXA INSURANCE PTE LTD
SLX9956P	20 Aug 2018 / 10:35:00	NTUC INCOME INS.CO-OP LTD
SLE384Z	21 Aug 2018 / 12:10:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.
SKF7317D	20 Aug 2018 / 01:05:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.

View Received Message

This mail is associated with :

***SHC5151D (4780274658SG)**
[SKF7317D]

TP
TRANS-CAB SERVICES PTE LTD
Aug 20 2018 1:00AM

Trans-cab Auto Services Pte Ltd

[Reply](#) [Reply All](#) [Mark as Unread](#) [Print Message](#) [Delete Message](#) [Forward](#)

From AIG Asia Pacific Insurance Pte. Ltd. (AIG_SG), sent on **29/08/2018 11:47 AM**.
To LKK_HQ
Subject No Policy Found

Hi,

There is no record found when we checked for policy coverage under the vehicle number **SKF7317D**.
Kindly assist to confirm the correct vehicle number for our further action.

Thank you.

Regards,
chan yoke shi

DOCUMENTS SUMMARY

There are no documents.

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 5151D**AAD1808-174***Not Authorised
6/1 Sep 8/2001*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHC 5151D

VF1ABL15AUC276533

RENAULT

LATITUDE

20.8.2018

AIG**PART****LIST**

1	FENDER PANEL REAR RH	\$	<i>rn</i> 3,299.13	} X
1	FENDER PANEL INNER TRIM REAR	\$	<i>rn</i> 671.45	
1	WHEELARCH REAR RH	\$	<i>rn</i> 543.47	
1	ROCKER PANEL INNER GARNISH RH	\$	<i>rn</i> 466.51	
1	ROCKER PANEL INNER RH	\$	<i>rn</i> 1,024.79	
1	ROCKER PANEL CENTER RH	\$	<i>rn</i> 990.25	
1	BUMPER COVER REAR	\$	<i>rn</i> 1,108.46	
1	BUMPER LOWER REAR	\$	<i>rn</i> 768.84	
1	BUMPER BRACKET CTR REAR	\$	<i>rn</i> 113.47	
1	BUMPER BRACKET SIDE RH REAR	\$	<i>rn</i> 135.97	
1	BUMPER RETAINER RH REAR	\$	<i>rn</i> 44.99	
1	DOOR MIRROR ASSY RH	\$	<i>mgm</i> 1,483.40	} ✓
1	DOOR PANEL FRT RH	\$	<i>rn</i> 2,844.66	

\$ 13,495.3910% **\$ 1,349.54****\$ 12,145.85****Special Nett**

1SET	PARKING AID	\$	<i>rn</i> 700.00	} X
1SET	REAR BUMPER CLIP	\$	<i>rn</i> 66.00	
1SET	BUMPER BRACKET CTR CLIP	\$	<i>rn</i> 33.00	
1SET	BUMPER BRACKET SIDE CLIP RH RR	\$	<i>rn</i> 10.00	
1SET	BUMPR RETAINER RH CLIP RR	\$	<i>rn</i> 20.00	
1SET	BUMPR BRACKET SIDE CLIP LH RR	\$	<i>rn</i> 10.00	
1SET	BUMPR RETAINER CLIP LH RR	\$	<i>rn</i> 20.00	
1SET	BUMPER LOWER REAR RIVET	\$	<i>rn</i> 22.00	
1SET	BUMPER LOWER REAR CLIP	\$	<i>rn</i> 66.00	

Trans-cab Auto Services Pte Ltd

AAD1808-174

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5151D

TOTAL \$ 947.00**TOTAL PARTS \$ 13,092.85****LABOUR**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	3,000.00	801
Putty and spray painting of the affected portion.	\$	2,800.00	601
To rust-proofing of the affected areas.	\$	170.00	nn X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	nn X
To check steering geometry and computer wheel alignment	\$	220.00	nn X
To transfer of tire, rim and on wheel balancing.	\$	170.00	nn X
To Check Electrical Lighting Concerned.	\$	170.00	201
To transfer of front fender fittings, attachment and perform water seepage test.	\$	380.00	nn X

TOTAL \$ 7,290.00**Over All Total \$ 20,382.85****LUMP SUM (REPAIR DAY)****10 DAYS**

1 day

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

Affiliated to Federation Internationale Des Experts En Automobile

TRANS-CAB AUTO SERVICES PTE LTD

Ref : CC3/TP18015625/Kb3n2

NO.2 ANG MO KIO STREET 63SINGAPORE 569111

Date : 25-03-2019



Code : TP378

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SHC 5151D
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	27/08/2018

2. Vehicle Particulars & Condition

Make & Model	RENAULT LATITUDE (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	VF1ABL15AUC276533	Colour	METALLIC WHITE / RED
Odometer	556218	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	9 mm
L/H Front Tyre	215/60 R16	GITI	9 mm
R/H Rear Tyre	215/60 R16	LING LONG	8 mm
L/H Rear Tyre	215/60 R16	LING LONG	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S DOOR MIRROR. DAMAGES SEE DETAILS.

5. General Information

Accident Date	20/08/2018	Inspection Date	27/08/2018
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	1 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5151D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FENDER PANEL REAR RH	TO REPAIR SEE LABOUR	3,299.13	-
1	FENDER PANEL INNER TRIM REAR	SERVICEABLE	671.45	-
1	WHEELARCH REAR RH	SERVICEABLE	543.47	-
1	ROCKER PANEL INNER GARNISH RH	SERVICEABLE	466.51	-
1	ROCKER PANEL INNER RH	TO REPAIR SEE LABOUR	1,024.79	-
1	ROCKER PANEL CENTER RH	TO REPAIR SEE LABOUR	990.25	-
1	BUMPER COVER REAR	TO REPAIR SEE LABOUR	1,108.46	-
1	BUMPER LOWER REAR	SERVICEABLE	768.84	-
1	BUMPER BRACKET CTR REAR	SERVICEABLE	113.47	-
1	BUMPER BRACKET SIDE RH REAR	SERVICEABLE	135.97	-
1	BUMPER RETAINER RH REAR	SERVICEABLE	44.99	-
1	DOOR MIRROR ASSY RH	MTG CRACKED	1,483.40	1,483.40
1	DOOR PANEL FRT RH	TO REPAIR SEE LABOUR	2,844.66	-
	LESS 10% DISCOUNT		-1,349.54	-148.34
			12,145.85	1,335.06
<u>SPECIAL NETT ITEMS</u>				
1	SET PARKING AID (SN)	SERVICEABLE	700.00	-
1	SET REAR BUMPER CLIP (SN)	NOT NECESSARY	66.00	-
1	SET BUMPER BRACKET CTR CLIP (SN)	NOT NECESSARY	33.00	-
1	SET BUMPER BRACKET SIDE CLIP RH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER RH CLIP RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER BRACKET SIDE CLIP LH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER CLIP LH RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER LOWER REAR RIVET (SN)	NOT NECESSARY	22.00	-
1	SET BUMPER LOWER REAR CLIP (SN)	NOT NECESSARY	66.00	-
			947.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	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 PANEL REAR RH,ROCKER PANEL INNER RH,ROCKER PANEL CENTER RH,BUMPER COVER REAR AND DOOR PANEL FRT RH.		3,000.00	80.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		2,800.00	60.00
	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	20.00
	TO TRANSFER OF FRONT FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
			7,290.00	160.00
	GRAND TOTAL		20,382.85	1,495.06
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,200.00

Report Ref No. CC3/TP18015625/Kb3n2

KONG SENG CHEONG

Licensed Appraiser

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