

15/02/2011

INS. CASE OWNER: Visaline

CC 3 /AIG140 20755

da3 1
LKK:
IDAC:

ASSIGNMENTSurveyor: VSCDOI: 3-11-14Date / Time: 3-11-14Registered in Merimen: 5-11-14

Pre-assign / CCU / FTE

Insured Vehicle No.: SFP 8786H.Claim No.: 351948354254Name of Insured: Yushea H RegamPolicy No.: 2100318334Insured Tel No.: HP:Make / Model: Mercedes-BenzExcess Sec II: \$ D.O.A: 1-11-14.Place of Accident: Meribart ed tado CRE.Is driver the owner? (YES / NO) Nature of Accident:If NO, Driver Name / Age: Regam Zenobia Yushea

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

Driver Tel No.: 0160 2055

(V/L: YES / NO Insured Liability:

% Final? Yes / No

SHD 68P



INSRS:
WSP: Tens- cab.
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:



INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	FOR CSO ONLY:	STAGE	DATE / PIC
6-11	Is driver the owner? (YES / NO)	Finalisation:	
11/01/14	If NO, Driver Name / Age:	Email AIG for OI GIA:	
	Driver's Own Vehicle Number: Insurance Company:	Apt letter to OI: <u>7/11/14</u>	(LKK 10/14)
	<u>SHD 68P - CCS/PA 13020551 / khusi 11-11-14</u>	Call OI:	
	<u>CS/CA 12004894 / kam - 6-3-14</u>	After call ltr to OI:	
	<u>SFP 8786H - CCS/PA 19020551 / khusi 1-11-14</u>	Type Report:	Ect. 10/14
		Prepare Invoice:	
		Others:	
6/11/14	Called OIO, confirm accident details. inform TP claim. OIO colluded TP rear portion. agree to settle and quote NCD will be affected. Letter send out.	Documentation Check List:	Handler Typist
28/10/15	Email to AIG to temporary close file.	OI Apt Ltr:	<input checked="" type="checkbox"/>
30/3/19	FILE PASS TO HMK TO CLOSE	Authorisation To Act:	<input checked="" type="checkbox"/>
		Release Voucher:	<input checked="" type="checkbox"/>
		Final Repair Bill:	<input checked="" type="checkbox"/>
		Car Rental Invoice:	<input checked="" type="checkbox"/>
		LTA / GIA:	<input checked="" type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		Approval Email:	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

078/10/14

FINAL SETTLEMENT	Date:	Confirm with
Repair Cost:	\$5	Final Liability: <u>100 % (Agreed / Assessed)</u>
Loss of Rental:	\$5	(days)
Loss of Use:	\$5	(\$ x days)
		1) Claim status: Normal/Reject/Private Settle

Settlement refer →

31/3/19

INS. CASE OWNER:

CC / 190 /

IDAC:

ASSIGNMENT

Surveyor: _____ DOI: _____ Date / Time: _____

Registered in Merimen: _____

Pre-assign / CCU / FTE

Insured Vehicle No. : _____

Claim No. : _____

Name of Insured : _____

Policy No. : _____

Insured Tel No. : _____ HP: _____

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 : _____

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

Driver Tel No. : _____ (V/L: YES / NO)

Insured Liability : % Final ? Yes / No



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

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:

PRELIMINARY ADVICE		Date/Time:	Sent By:	
FINALIZATION		Date/Time:	Confirm with:	Confirm by:
Repair Cost:	SS	(days)	Reduction:	%
FINAL SETTLEMENT		Date/Time: 19/7/19	Confirm with: Ng WK Yin	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	100	(Agreed / Assessed) BOLA S/N No. : 27	If NO or B 28, Ass. Lia :
Repair Cost: (w/h 81)	SS	2568.00		
Loss of Rental (LOR):	SS	248.24	(2 days) x \$124.12	
Loss of Use (LOU):	SS	-	(\$ x days)	
Loss of Income (LOI):	SS	-	(\$ x days)	
LOR only <input checked="" type="checkbox"/> LOU only <input type="checkbox"/>	LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/>	[Tick only one]		
GIA/LTA Search	SS	6.00		
Medical:	SS	-		
Disbursement:	SS	-	(e.g. Tow/ Independent)	
Legal Cost	SS	-		
Total:	SS	2822.24	Global Sum SS:	
FINAL PAYMENT		Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS	2822.24	Name 1: Trans-cab Auto Services Pte Ltd	
Payee 2: (Strike if N.A.)	SS		Name 2:	
Payee 3: (Strike if N.A.)	SS		Name 3:	

ASS. REC. BY:

REF: 461Kenneth**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: _____

Policy No. _____

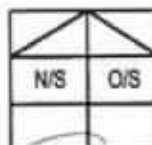
Claims No. _____

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 NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: S140 68P Yr Regn: 08, 07Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mer E220 cdi.c.c 2148Colour: White A/C: Insured / Std / NI / NASp. Reading: 887945 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDB 2110082B166096Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Champion

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8 mmL/Bal. 8 mm L/Bal. 8 mmD.O.A. 1/11/14 D.O.I. 3/11/14

Survey held at _____

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

Rear o/s

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

Date / Time Action / Instruction

27/11/14 11 Day & 24001 Confirmed Jorner (2 x 12000 + 120)

(\$13908.97

85%)

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Add Fee:

☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Others

Report Format : _____

TRANS-CAB AUTO SERVICES PTE LTD
 NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
SHD 68P - AIG

Not Authorised
11/11/2014

ROEL

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

SHD 68P - ROEL
KL1LA69RJB095999*
MERCEDES BENZ
E220 CDI
01.11.2014
AIG

		PART		LIST
1	1	Rear Bumper	\$	CR 1,380.00 ✓
2	1	Rear Bumper Reinforcement	\$	PR 340.00 ✓
3	1	Rear Bumper Centre Bracket	\$	SR 205.22 X
4	1	Rear Bumper Bracket LH	\$	BR 15.00 ✓
5	1	Rear Bumper Bracket RH	\$	R 15.00 X
6	1	Rear Bumper Side Holder Bracket LH	\$	DR 90.00 ✓
7	1	Rear Bumper Side Holder Bracket RH	\$	SR 90.00 X
8	1	Rear Bumper Towing Cover	\$	SR 50.00 X
9	1	Rear End Panel Outer	\$	R 660.00 X
10	1	Rear End Panel Inner Trim	\$	SR 120.00 X
11	1	Rear End Panel Inner Trim Flap	\$	SR 24.00 X
12	1	Bootlid	\$	R 1,840.00 X
13	1	Bootlid 'E220' Badge	\$	RR 68.00 X
14	1	Bootlid 'CDI' Badge	\$	RR 58.00 X
15	1	Bootlid Centre Logo Badge	\$	RR 28.00 X
16	1	Bootlid Lock - Top	\$	R 200.00 X
17	1	Bootlid Lock - Bottom	\$	R 144.00 X
18	1	Bootlid Lock Actuator	\$	SR 280.00 X
19	1	Bootlid Weatherstrip	\$	SR 160.00 X
20	1	Bootlid Third Brake Lamp	\$	SR 385.00 X
21	1	Rear Fender LH	\$	R 1,810.00 X
22	1	Rear Fender Side Panel LH	\$	R 103.56 X
23	1	Rear Lamp RH	\$	SR 520.00 X
24	1	Rear Lamp LH	\$	SR 520.00 X
25	1	Rear Lamp Panel Outer LH	\$	R 55.30 X

TOTAL	\$	9,361.08
10%	\$	936.11
	\$	8,424.97

Special Nett

1 Set	Rear Bumper Parking Sensor	\$	PR 380.00 ✓
1 Set	Rear End Panel Inner Trim Clip	\$	RR 30.00 X
1	Rear End Panel Inner Trim Flap	\$	RR 24.00 X
1 Set	Rear Bumper Fastener Clip	\$	RR 30.00 ✓

TRANS-CAB AUTO SERVICES PTE LTD
 NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
SHD 68P - AIG

ROEL

1 Rear Bootlid 'DYNASTY' Sticker \$ *~* 30.00 *✓*

TOTAL \$ 494.00

TOTAL PARTS \$ 8,918.97

To Check Electrical Lighting Concerned. \$ 120.00 *2cl*

Panel Beating, Knocking And Straightening The
 Necessary Portion, Remove And Renewal Of Parts,
 Adjust And Realign The Same \$ 2,800.00 *3ocl*

To Remove And Refit Interior Fittings, Trimings,
 Garnish, Fittings And Other, To Enable Repair. \$ *~* 270.00 *✓*

To Reinstall Rear Bumper Parking Sensor. \$ 170.00 *6cl*

Putty And Spray Painting Of The Affected Portion. \$ 3,000.00 *4ocl*

To Transfer Of Fender Fittings, Attachment And
 Perform Water Seepage Test. \$ *~* 380.00 *✓*

To Transfer Of Boot Fittings, Attachment And
 Perform Water Seepage Test. \$ *~* 170.00 *✓*

To Remove And Refit Cushion System And Reset. \$ *~* 480.00 *✓*

TOTAL \$ 7,390.00

Over All Total \$ 16,308.97

Repair Days 10 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:

Vivian Lau

From: Vivian Lau
Sent: Wednesday, 28 October, 2015 8:30 AM
To: 'Lim, Belliana'
Cc: Thin Thin; Olivia Lau
Subject: Your Ref: 3519483542SG, Our Ref: CC3/AIG14020755/Kwy3, Accident Involving SFP 8786H & SHD 68P on 1/11/2014

Your Ref: 3519483542SG
Our Ref: CC3/AIG14020755/Kwy3

Dear Sir/Madam,

Accident Involving SFP 8786H & SHD 68P on 1/11/2014

We refer to the above matter.

Be informed that our surveyor had finalised above matter with TP's repairer since 27 November 2014.

TP's repairer did not submit the LOD until now. In view of no further development, we will proceed to temporary close the file and submit the report to your office.

If any new development in future, we will keep you informed for an update and follow up the matter accordingly.

Thank you

Best Regards,

Vivian Lau | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-8625 | email: Vivianlau@lkkauto.com | fax: 6741-4108

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

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 : AAD1411-008

Your Ref : SFP8786H

Date : 25.October 2018

AIG ASIA PACIFIC INSURANCE

Dear Sir/Madam,

ACCIDENT INVOLVING SHD0068P AND SFP8786H ON 01/11/14 12:45 AM ALONG Merchant Road (AYE/CTE)

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)	\$	2,568.00
2.	Loss of Rental for <u>2</u> days @ \$ <u>124.12</u> per day	\$	248.24
3.	Loss of Income for <u>—</u> days @ \$ <u>—</u> per day	\$	0.00
4.	LTA Search Fee	\$	6.00
5.	Survey Fee	\$	0.00
	Total	\$	2,822.24

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)



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Our Ref: CC3/AIG14020755/Kwy3

11 November 2014

Yushea H Degani
15 Ewart Park
Singapore 279748

ACCIDENT INVOLVING SFP 8786H AND SHD 68P ON 1.11.14

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd. to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please note that your No-Claim Discount (NCD) (if any) will be affected and reduced by 30% (20% for commercial vehicles) upon next renewal due to this Third Party claim. However, if your policy has a NCD protector feature, it will be deemed utilized for this claim and your NCD will be protected.

Please call us if you have further queries.

Yours faithfully,

Vivian Lau
Case Handler
DID: 6841 8625
FAX: 6741 4108
EMAIL: Vivianlau@lkkauto.com

c.c. AIG Asia Pacific Insurance Pte Ltd
(Motor Claims Dept)

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

Authorization To Act



We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHD0068P and SFP8786H along Merchant Road (AYE/CTE) on 01/11/14 12:45 AM.

In addition, we also hereby authorize the above payment to be made in favour of Trans-cab Auto Services Pte Ltd upon settlement.

Dated this 25 (day) of October 2018

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

TG: JIM LE

RELEASE VOUCHER
(AIG Asia Pacific - Express Third Party Claim)

"We/I, **TRANS-CAB AUTO SERVICES PTE LTD** ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG Asia Pacific Insurance Pte Ltd **LKK AUTO CONSULTANTS PTE LTD** (name of surveyor) with respect to the amount claimed for **S\$2,568.00** (Repair Cost), **S\$248.24** (Loss of Use/Rental), **S\$6.00** (Disbursement) for vehicle no. **SHD 68P** that was damaged pursuant to the accident which occurred on **01/11/2014** (date) along **MERCHANT ROAD (AYE/CTE)** (location) involving vehicle no/s **SFP 8786H**. This is pursuant to the inspection conducted on **03/11/2014** (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner **TRANS-CAB SERVICES PTE LTD** ("the third party claimant") of vehicle no. **SHD 68P** make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify AIG Asia Pacific Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to costs of repairs and/or rental and/or loss of use pursuant to the damage to **SHD 68P** (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 29 (day) of JULY (month) 2014 (year)



KSC

Signed by appointed surveyor



Signed by "the workshop" (with chop)

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

TO: AIG ASIA PACIFIC INSURANCE PTE LTD 78 Shenton Way #07-16 CHARTIS Building 079120 Singapore ATTENTION:	INVOICE NO. : INV1412-073 DATE : 15. December 2014 REFERENCE NO : AAD1411-008 TERMS : Net 30 Days DUE DATE : 14. January 2015 PAGE : 1
--	---

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR;SHD0068P;DOA 01.11.14(LUMP SUM-14)	1	2,568.00	2,568.00

Total SGD Excl. GST :	2,400.00
7% GST :	168.00
Total SGD Incl. GST :	2,568.00

****** TWO THOUSAND FIVE HUNDRED SIXTY EIGHT 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

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

25 October, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 01/11/14 12:45 AM at Merchant Road (AYE/CTE)

1. We refer to the above-mentioned accident and wish to inform that Trans-Cab Services Pte Ltd is the registered owner of the taxi bearing vehicle registration no. SHD0068P. The taxi was hired to SIM JWEE KIAT JACOB a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate ~~\$133.75~~ ^{\$124.12} per day (inclusive of GST).
2. Please be advised that the Taxi is insured with FIRST CAPITAL INSURANCE LIMITED on a third party basis at the material time of the accident.
3. Please liaise with us directly for any settlement of claims in respect of the said accident.

Yours faithfully,

Jasmine Tan

General Manager

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

01-11-2014

Dear Sir/Madam,

Please be informed that the taxi was undergo accident repair in the workshop as follow:

Date In	Date Out	Vehicle No.
Accident No.	AAD1411-008	Accident Date 01-11-2014
3/11/2014 09:00	4/11/2014 15:15	SHD0068P

Yours Faithfully,

Trans-Cab Services Pte Ltd**Jasmine Tan****General Manager**

Enquire Vehicle & Owner Information (Vehicle No. SFP8786H As At 01 Nov 2014 / 00:45:00)**Law Firm Search Details**

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(ROEL)SHD68P

Current Owner Details

Owner ID Type: Singapore NRIC

Owner ID: S2027664I

Owner Name: YUSHEA H DEGANI

Registered Address Type: Private Residential (non-Condo Apt / non-House)

Registered Block/House No.: 15

Registered Street Name: EWART PARK

Registered Unit No.: -

Registered Building Name: -

Registered Postal Code: 279748

Current Vehicle Details

Vehicle No.: SFP8786H

Make Description/Model: MERCEDES BENZ / A200 (BI-XENON)

Insurance Company Name: AIG ASIA PACIFIC INSURANCE PTE. LTD.



Please read through the Privacy Statement, Terms of Use and Disclaimer.
Please do not use the Back or Forward buttons on your browser as this may alter the results of the transactions.
Best viewed with IE 8.0 SP3 and above. 1024 X 768 resolution
Copyright © 2014 LTA | [Privacy Statement](#) | [Terms of Use](#) | [Disclaimer](#) | [Rate the Website](#)

...CLAIM SUBFOLDER...(Pending for Survey Report)

Express

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	05 Nov 2014 Edit Reg		03 Nov 2014 00:00 Edit Adj Rpt	S\$2,400.00 Edit Estimates	S\$2,400.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured:	Yushea H Degani, ID: S20276641								
Main Claimant:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K								
Vehicle Reg. No.:	SHD68P	Date of Loss:	01/11/2014 00:00 - :59 [87 Months From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 3519483542SG	Policy/Cover Note No.:	2100378554 (Comprehensive)						
Vehicle Reg. No. (Insured):	SFP8786H	Policy No. (Claimant):	D-12047359MFSH/3287						
		Excess:							
Repairer:	Trans-cab Auto Services Pte Ltd (HQ) No. 42 Sungei Kadut St 1, 729346 Sungei Kadut - Tel: 62876666								
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (SG) - Tel: 65-6419-3000 ... [Handled by Loh, Chee-Heng] Chee-Heng.Loh@aig.com								
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 25/07/2019]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
• AIG_SG (23/07/2019): Report Send Back Alerts - SHD68P (TP)									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*SHD68P (3519483542SG)
[SFP8786H]
TP
TRANS-CAB SERVICES PTE LTD
Nov 1 2014 12:45AM
[Yushea H Degani]
Trans-cab Auto Services Pte Ltd

Upload Documents

Upload Photos

Compose New Letter

Upload Video

Upload Audio

View

View in Browser

Letters/Correspondences

1 per page

No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	(Draft)	Third Party Express Settlement – Payment Breakdown	Edit	
2	04/11/15 10:13	Insurer Offer Letter/DV [Offer superseded on 2019/07/18]	Load HTM	

Photos/Images

3 per page

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	06/11/14 09:26	General View	Load JPG	<input checked="" type="checkbox"/>
2	06/11/14 09:26	General View	Load JPG	<input checked="" type="checkbox"/>
3	06/11/14 09:26	General View	Load JPG	<input checked="" type="checkbox"/>
4	06/11/14 09:26	General View	Load JPG	<input checked="" type="checkbox"/>
5	06/11/14 09:26	General View	Load JPG	<input checked="" type="checkbox"/>
6	06/11/14 09:26	General View	Load JPG	<input checked="" type="checkbox"/>
7	06/11/14 09:26	General View	Load JPG	<input checked="" type="checkbox"/>
8	06/11/14 09:26	General View	Load JPG	<input checked="" type="checkbox"/>
9	06/11/14 09:26	General View	Load JPG	<input checked="" type="checkbox"/>
10	06/11/14 09:26	General View	Load JPG	<input checked="" type="checkbox"/>
11	06/11/14 09:26	General View	Load JPG	<input checked="" type="checkbox"/>
12	06/11/14 09:26	Odometer Reading	Load JPG	<input checked="" type="checkbox"/>
13	06/11/14 09:26	Chassis Number	Load JPG	<input checked="" type="checkbox"/>

Documentation

1 per page

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	06/11/14 09:25	TP ESTIMATE	Load PDF	
2	06/11/14 09:25	TP GIA REPORT	Load PDF	
3	28/10/15 08:48	Email to AIGI temporary close SHD 68P 28.10.15	Load PDF	
4	30/10/15 14:56	LETTER TO OI	Load PDF	
5	17/07/19 10:09	Letter of Demand	Load PDF	
6	17/07/19 10:09	LTA SEARCH FEE	Load PDF	
7	17/07/19 10:09	RENTAL RECEIPT & MILEAGE	Load PDF	
8	17/07/19 10:09	TAX INVOICE	Load PDF	
9	17/07/19 10:09	Authorisation to Act	Load PDF	
10	05/08/19 16:03	Release Voucher	Load PDF	

AIG Asia Pacific Insurance Pte. Ltd. (SG)

Thumbnail

Print

No	Finalized On		
1	05/11/14 17:19	OI GIA REPORT	Load PDF

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

--

Show Remarks To: ☐ Handling InsurerNote: Remarks are private unless you show it to other parties.

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

**AIG THIRD PARTY EXPRESS SETTLEMENT
FOR ACCIDENTS ON OR AFTER 1ST JUNE 2008
(PAYMENT BREAKDOWN)**

Vehicle No:	SFP8786H (Insd veh)	Model:	MERCEDES-BENZ E220 2.1
	SHD68P (TP veh)		CDI (A)
Date of Accident:	01/11/2014		

Global Sum Settlement	: [X] Yes	[] No
Repair Estimate	: \$	17,450.60
Final Repair Cost	: \$	2,568.00
Loss of Use	: \$	days at \$0.00 per day
Rental (if any)	: \$	248.24 2 days
LTA / GIA Search Fee	: \$	6.00
Others:	: \$	0.00
	: \$	
Final Settlement Sum	: \$	2,822.24
Is Third Party Workshop GIA Registered? [] YES [X] NO (Kindly indicate below)		
A) For <u>Non GIA Registered Workshop</u> : Agreed Liability _____ 100 _____ (%)		
B) For <u>GIA Registered Workshop</u> : BOLA Applicable: Yes/ No BOLA Scenario No: _____		
BOLA Liability: _____ (%) Assessed Liability (*): _____ (%)		
* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.		
Remarks _____		

Payment Instruction: Payee's Breakdown			
1)	Trans-cab Auto Services Pte Ltd	: \$	2,822.24
2)		: \$	
3)		: \$	

JOANNE LEE KHANG MIN

05 Aug
2019

LKK Auto Consultants Pte Ltd

Date

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))

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/AIG14020755/KDA3Q2-1

Date: 05/08/2019

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No:

2100378554

Claimant Vehicle No : SHD68P

Insured Vehicle No : SFP8786H

Date of Loss: 01/11/2014

Nature of Claim:

TP

Claim No: 3519483542SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHD68P

Make & Model: MERCEDES-BENZ E220, 2.1 CDI (A)

Engine No: 64682130059498

Reg. Date: 01/08/2007 (Man. Year: 2007)

Chassis No: WDB2110082B166046

Colour: White

Odometer: 887945 km

Engine Capacity: 2148 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: 205/60R16

Rear Tyre Size: 205/60R16

Front Left Side: Champiro 8 mm

Rear Left Side: Champiro 8 mm

Front Right Side: Champiro 8 mm

Rear Right Side: Champiro 8 mm

The above values represent the remaining tyre tread's depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	8,918.97	2,232.50	6,686.47	74.97
Miscellaneous Items	0.00	0.00	0.00	
Labour	7,390.00	780.00	6,610.00	89.45
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	16,308.97	3,012.50	13,296.47	81.53
Approved Total (Overridden) (S\$)		2,400.00		
(S\$)	16,308.97	2,400.00	13,908.97	85.28
+ GST 7.00/7.00% (S\$)	1,141.63	168.00	973.63	85.28
Nett Amount (S\$)	17,450.60	2,568.00	14,882.60	85.28
+ Car Rental (2.0 x S\$124.12/day) (S\$)		248.24		
+ Doc/Search Fee (S\$)		6.00		
Nett Liability (S\$)		2,822.24		

INSPECTION

Date of Assignment: 03/11/2014

Date Inspected: 03/11/2014 Inspected At:

Trans-cab Auto Services Pte Ltd (HQ)
No. 42 Sungei Kadut St 1
Singapore 729346

Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG

Manager: CHAN JIA LE

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

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Cracked	1,380.00 FL	*1,380.00 FL
2	1		*REAR BUMPER REINFORCEMENT	Bent	540.00 FL	*540.00 FL
3	1		*REAR BUMPER CENTRE BRACKET	Serviceable	205.22 FL	*- FL
4	1		*REAR BUMPER BRACKET LH	Bent	15.00 FL	*15.00 FL
5	1		*REAR BUMPER BRACKET RH	Repair	15.00 FL	*- FL
6	1		*REAR BUMPER SIDE HOLDER BRACKET LH	Distorted	90.00 FL	*90.00 FL
7	1		*REAR BUMPER SIDE HOLDER BRACKET RH	Serviceable	90.00 FL	*- FL
8	1		*REAR BUMPER TOWING COVER	Serviceable	50.00 FL	*- FL
9	1		*REAR END PANEL OUTER	Repair	660.00 FL	*- FL
10	1		*REAR END PANEL INNER TRIM	Serviceable	120.00 FL	*- FL
11	1		*REAR END PANEL INNER TRIM FLAP	Serviceable	24.00 FL	*- FL
12	1		*BOOTLID	Repair	1,840.00 FL	*- FL
13	1		*BOOTLID E220 BADGE	Not Necessary	68.00 FL	*- FL
14	1		*BOOTLID CDI BADGE	Not Necessary	58.00 FL	*- FL
15	1		*BOOTLID CENTRE LOGO BADGE	Not Necessary	28.00 FL	*- FL
16	1		*BOOTLID LOCK - TOP	Repair	200.00 FL	*- FL
17	1		*BOOTLID LOCK - BOTTOM	Repair	144.00 FL	*- FL
18	1		*BOOTLID LOCK ACTUATOR	Serviceable	280.00 FL	*- FL
19	1		*BOOTLID WEATHERSTRIP	Serviceable	160.00 FL	*- FL
20	1		*BOOTLID THIRD BRAKE LAMP	Serviceable	385.00 FL	*- FL
21	1		*REAR FENDER LH	Repair	1,810.00 FL	*- FL
22	1		*REAR FENDER SIDE PANEL LH	Repair	103.56 FL	*- FL
23	1		*REAR LAMP RH	Serviceable	520.00 FL	*- FL
24	1		*REAR LAMP LH	Serviceable	520.00 FL	*- FL
25	1		*REAR LAMP PANEL OUTER LH	Repair	55.30 FL	*- FL
26	1		*REAR BUMPER PARKING SENSOR	Dented	380.00 FS	*380.00 FS
		(Set)				
27	1		*REAR END PANEL INNER TRIM CLIP	Not Necessary	30.00 FS	*- FS
		(Set)				
28	1		*REAR END PANEL INNER TRIM FLAP	Not Necessary	24.00 FS	*- FS
29	1		*REAR BUMPER FASTENER CLIP	Necessary	30.00 FS	*30.00 FS
		(Set)				
30	1		*REAR BOOTLID DYNASTY STICKER	Not Necessary	30.00 FS	*- FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	9,855.08	2,435.00
- List Item Discount on L Items 10.00/10.00% (\$\$)	936.11	202.50
Total Parts (\$\$)	8,918.97	2,232.50

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	TO CHECK ELECTRICAL LIGHTING CONCERNED.	New	120.00	20.00
2	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME	New	2,800.00	300.00
3	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	New	270.00	0.00
4	TO REINSTALL REAR BUMPER PARKING SENSOR.	New	170.00	60.00
5	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.	New	3,000.00	400.00
6	TO TRANSFER OF FENDER FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	New	380.00	0.00
7	TO TRANSFER OF BOOT FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	New	170.00	0.00
8	TO REMOVE AND REFIT CUSHION SYSTEM AND RESET.	New	480.00	0.00
Gross Labour Cost (S\$)			7,390.00	780.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >