


Pre-assist / CCU / FTE

	Insured Vehicle No. :	_____	Claim No. :	_____
	Name of Insured :	<u>MR TEOH ROCK MAN</u>	Policy No. :	<u>DMPC SN 30698 / 11800</u>
	Insured Tel No. :	_____ HP: _____	Make / Model :	<u>NISSAN</u>
	Excess Sec II : \$S	_____ D.O.A. : <u>12/12/11</u>	Place of Accident :	<u>BAYFRONT AVE</u>
	Is driver the owner? (YES / NO)	<u>(YES)</u> 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 _____

	INSRS: WSP: Tel : Liability: RMKS:		INSRS: WSP: Tel : Liability: RMKS:		INSRS: WSP: Tel : Liability: RMKS:		INSRS: WSP: Tel : Liability: RMKS:
	Trans Club						

Date/ Time	STAGE	DATE/ PIC	
<p>5/10/19 - 6/11/19 180 hours (2-6 hrs per. interval) 5/11/19 - 5/11/19</p> <p>SI reported TP turning from opposite direction. TP admitted he was driving into the entrance of the hotel.</p> <p>To request evidence</p> <p>4/11/19 - F/LAS PPS) TO LAP TO CLOSE</p>	Non-Reporting Itr (1st)		
	Non-Reporting Itr (2nd):		
	Non-Reporting Itr (Final):		
	Notification Itr (if non-pickup):		
	Call OI:		
	After call Itr to OI:		
	Documentation Check List:	Handler	Typist
	Notification Itr (if non-pickup)	<input type="checkbox"/>	<input type="checkbox"/>
	After call Itr to OI:	<input type="checkbox"/>	<input type="checkbox"/>
	Authorisation To Act:	<input type="checkbox"/>	<input type="checkbox"/>
Release Voucher:	<input type="checkbox"/>	<input type="checkbox"/>	
Final Repair Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
Car Rental Invoice:	<input type="checkbox"/>	<input type="checkbox"/>	
Towing Invoice:	<input type="checkbox"/>	<input type="checkbox"/>	
LTA / GIA :	<input type="checkbox"/>	<input type="checkbox"/>	
Medical Bill:	<input type="checkbox"/>	<input type="checkbox"/>	
PIR:	<input type="checkbox"/>	<input type="checkbox"/>	
Mandate/Reject Instruction:	<input type="checkbox"/>	<input type="checkbox"/>	
LOD	<input type="checkbox"/>	<input type="checkbox"/>	
Payment Breakdown Form:			
Post-Repair Photos:	<input type="checkbox"/>	<input type="checkbox"/>	
Others:	<input type="checkbox"/>	<input type="checkbox"/>	

FINALIZATION	Date/Time:	Confirm with:	Confirm by:
Repair Cost:	\$5 (days)	Reduction: %	Email <input type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Final Liability:	%	(Agreed / Assessed) BOLA S/N No. :	If NO or B 2R, Ass. Ltr. :
Repair Cost:	\$5		
Loss of Rental (LOR):	\$5 (days)		
Loss of Use (LOU):	\$5 (5 x days)		
Loss of Income (LOI):	\$5 (5 x days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input type="checkbox"/> [Tick only one]			
GIA/LTA Search	\$5		
Medical:	\$5		1) Claim status: Normal/Report/Private Settle
Disbursement:	\$5	(e.g. Tow/ Independent)	2) Report Format:
Legal Cost	\$5		3) Survey fee: \$400
Total:	\$5	Global Sum \$5:	
FINAL PAYMENT	Date/Time:	Confirm with:	Email <input type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	\$5	Name 1:	
Payee 2: (Strike if N.A.)	\$5	Name 2:	
Payee 3: (Strike if N.A.)	\$5	Name 3:	

ASS. REC. BY:

REF: CTL /

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. _____

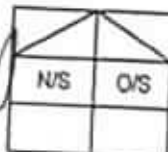
Claims No. _____

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 Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 06 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Date / Time Action / Instruction

17/12 File pass to Customer

L/S - \$5850 (Reel \$19283.68 / 771)

Veh No: SHF 5895 Yr Regn: 06, 14

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

Truck / Traller or

Make: Renault Latitude c.c. 1995

Colour: M. White / R. A/C: Insured / Std / NI / NA

Sp. Reading: 653574 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1AAL15AUC 27-8428

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: N/A / 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. 9 mm R/Bal. 9 mm

L/Bal. 9 mm L/Bal. 9 mm

D.O.A. 13/12/18 D.O.I. 14/12/18

Survey held at

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

N/S on body

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

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

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

Report Format :

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



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

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

Your ref: To Be Advised
Our ref: CC3/CTI18022592/Kfb3

Date: 17.12.2018

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

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

SHF589S

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 14.12.2018 at the premises of M/s Trans Cab Auto Services Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	25,133.68
Revised Estimate Amount	: S\$	7,293.82
"Check" Items Amount	: S\$	1,171.49
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
N/S Front Body



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 6 days

Yours faithfully,

KENNETH KONG
Licensed Appraiser

Trans-cab Auto Services Pte Ltd

AAD1812-107

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHF 589S

Not Notarised
LI Peng @

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

SHF 589S

VF1ABL15AUC278428

RENAULT

LATITUDE

13.12.2018

CHINA TAIPING

PART		LIST	
1	FENDER PANEL FRT LH	\$	R ₁ 783.83 ✓
1	WHEELARCH FRT LH	\$	D ₁ 278.84 ✓
1	FENDER BRACKET LOWER LH	\$	" 15.79 X
1	FENDER INSULATOR LH	\$	S ₁ 130.84 X
1	DOOR PANEL FRT LH	\$	R ₁ 2,844.66 ✓
1	DOOR HINGE UPPER LH	\$	" 261.28 X
1	DOOR HINGE LOWER LH	\$	R ₁ 300.55 ✓
1	DOOR CHECK FRT LH	\$	R ₁ 194.77 X
1	DOOR LOCK FRT LH	\$	" 908.75 X
1	DOOR CATCH FRT LH	\$	" 131.23 X
1	DOOR HANDLE OUTER FRT LH	\$	S ₁ 477.76 X
1	DOOR HANDLE COVER FRT LH	\$	S ₁ 13.22 X
1	DOOR HANDLE MODULE FRT LH	\$	S ₁ 133.60 X
1	DOOR REGULATOR FRT LH	\$	S ₁ 505.19 X
1	DOOR REGULATOR MOTOR FRT LH	\$	S ₁ 796.46 X
1	DOOR REGULATOR GUIDE FRT LH	\$	S ₁ 120.97 X
1	DOOR PANEL REAR LH	\$	R ₁ 2,844.66 X
1	ROCKER PANEL INNER GARNISH LH	\$	S ₁ 466.51 X
1	ROCKER PANEL INNER LH	\$	" 1,024.79 X
1	ROCKER PANEL CENTER LH	\$	R ₁ 990.25 ✓

\$	13,223.95
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10% \$	1,322.39
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\$	11,901.55
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Special Nett

1SET	FRAME FULL SUPPORT PANEL CLIP	\$	" 70.00 X
2	FRAME FULL SUPPORT PANEL NUT	\$	" 20.00 X

Trans-cab Auto Services Pte Ltd

AAD1812-107

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHF 589S

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

TOTAL	\$	462.13
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TOTAL PARTS	\$	12,363.68
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LABOUR

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	4,500.00	800l
Putty and spray painting of the affected portion.	\$	4,500.00	1320l
To rust-proofing of the affected areas.	\$	170.00	90l
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	100l
To check steering geometry and computer wheel alignment	\$	220.00	60l
To transfer of front bumper fittings, attachment and perform water seepage test.	\$	nn	380.00 X

Trans-cab Auto Services Pte Ltd**AAD1812-107**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHF 589S

To transfer of Rear fender fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	201
To transfer of front fender fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To transfer of front door fittings, attachment and perform water seepage test.	\$	380.00	601
To transfer of Rear door fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To pull and jack out chassis frame and correct it to symmetrical position with the aid of hydraulic pneumatic jack.	\$	nn 380.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	nn 380.00	X

TOTAL \$ 12,770.00**Over All Total \$ 25,133.68****LUMP SUM (REPAIR DAY)****20 DAYS***6 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:

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 : AAD1812-107

Your Ref : SJU1749M

Date : 30 January 2019

CHINA TAIPING INSURANCE

Dear Sir/Madam,

**ACCIDENT INVOLVING SHF0589S AND SJU1749M ON 13/12/18 02:00 AM ALONG
MBS HOTEL MAIN ENTRANCE**

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)	\$	6,259.50
2.	Loss of Rental for <u>7</u> days @ \$ <u>99.32</u> per day	\$	695.24
3.	Loss of Income for <u>7</u> days @ \$ <u>50</u> per day	\$	350.00
4.	LTA Search Fee	\$	7.49
5.	Survey Fee	\$	0.00
	Total	\$	7,312.23

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

TO: CHINA TAIPING INSURANCE (S) PTE LTD 3 ANSON ROAD #15-02 SPRINGLEAF TOWER 079909 SINGAPORE ATTENTION:	INVOICE NO. : INV1812-473 DATE : 31. December 2018 REFERENCE NO : AAD1812-107 TERMS : DUE DATE : 31. December 2018 PAGE : 1
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NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHF0589S;DOA 13.12.18(LUMP SUM-18)	1	6,259.50	6,259.50

Total SGD Excl. GST : 5,850.00**7% GST : 409.50****Total SGD Incl. GST : 6,259.50******** SIX THOUSAND TWO HUNDRED FIFTY NINE AND FIFTY 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

30 January, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 13/12/18 02:00 AM at MBS HOTEL MAIN ENTRANCE

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. SHF0589S. The taxi was hired to SAMSUL BAHROM BIN MUHAMMAD ISA a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$99.32 per day (inclusive of GST).
2. Please be advised that the Taxi is insured with AXA INSURANCE PTE LTD 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

13-12-2018

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.	AAD1812-107	Accident Date 13-12-2018
12/13/2018 08:40	12/19/2018 16:50	SHF05895

Yours Faithfully,

Trans-Cab Services Pte Ltd**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

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 SHF0589S and SJU1749M along MBS HOTEL MAIN ENTRANCE on 13/12/18 02:00 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 30 (day) of January 2019

Yours Faithfully

Trans-Cab Services Pte Ltd

Jasmine Tan

General Manager

> [Back to OneMotoring](#)

Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SLH7150U	13 Dec 2018 / 00:45:00	AIG ASIA PACIFIC INSURANCE PTE. LTD.
XD8406E	12 Dec 2018 / 15:00:00	LIBERTY INS P L
SJU1749M	13 Dec 2018 / 02:00:00	CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

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Jia Le (LKK Auto)

From: Tan Kah Leong <KahLeong.Tan@sg.cntaiping.com>
Sent: Tuesday, 5 November 2019 2:37 PM
To: Shu Pei (LKKAuto)
Cc: Poh Kin (LKKAuto); Admin A
Subject: RE: Direct Settlement - Accident Involving SJU1749M (OI : CTI - TBA) and SHF589S (TP : LKK REF - CC3/CTI18022592/Kfb3) on 13.12.2018
Attachments: IMG-20191101-WA0005.jpg; Screenshot_20191104_125135.jpg

Without Prejudice

Dear Shu Pei,

We refer to the above accident.

Please be advise that our insured has successfully claim against the third party (as attached).

Please inform the third party of the above and revert to us if the third party has confirmed dropping the claim.

Thank you.

Regards

Tan Kah Leong
Assistant Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 6389 6193 | F: (65) 6222 1033

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/

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From: Shu Pei (LKKAuto) [mailto:shupe@lkkauto.com]
Sent: Monday, December 17, 2018 6:51 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Cc: Lucas Lee <lucas.lee@sg.cntaiping.com>; Catherine Thia <catherine.thia@sg.cntaiping.com>; Poh Kin (LKKAuto) <pohkin@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: Direct Settlement - Accident Involving SJU1749M (OI : CTI - TBA) and SHF589S (TP : LKK REF - CC3/CTI18022592/Kfb3) on 13.12.2018

WITHOUT PREJUDICE

Dear Catherine,

We refer to the above matter.

We have inspected TP vehicle SHF 589S at M/s Trans Cab Auto Services Pte Ltd on a WP basis and TP repairer proposed for a direct settlement.

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Enclosed for your perusal is:

- TP's GIA report
- Estimated cost of repair
- Preliminary advice

Our case handler in-charge is Poh Kin and he can be contacted at DID: 6841-2132.

Thank You.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

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

This email has been scanned by the Symantec Email Security.cloud service.
For more information please visit <http://www.symanteccloud.com>

Jia Le (LKK Auto)

From: Jia Le (LKK Auto)
Sent: Tuesday, 5 November 2019 5:10 PM
To: Ng Wai Yin
Cc: jasminetan@transcab.com.sg
Subject: RE: Your ref: SHF589S [ACCIDENT INVOLVING VEHICLES SJU1749M AND SHF589S ON 13/12/2018] -- AAD1812-107

Without Prejudice

Dear Sirs/Madam,

ACCIDENT INVOLVING SJU 1749M & SHF 589S ON 13/12/2018

We refer to the above matter.

Based on the accident report, our insured is travelling straight and your driver is made a right turn. Vehicle making a turn should exercise greater caution. Furthermore, our insured claim against your insurer was successful.

In view of the above, we have our principal instruction to deny liability and unable to look into your client's claim.

Thank you.

Best Regards,

Chan Jia Le | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749 5792 | email: Jiale@lkkauto.com | fax: 6741-4108

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

From: Ng Wai Yin [mailto:waiyin.ng@transcab.com.sg]
Sent: Thursday, 3 October 2019 2:39 PM
To: Jia Le (LKK Auto)
Cc: jasminetan@transcab.com.sg
Subject: RE: Your ref: SHF589S [ACCIDENT INVOLVING VEHICLES SJU1749M AND SHF589S ON 13/12/2018] -- AAD1812-107

WITHOUT PREJUDICE

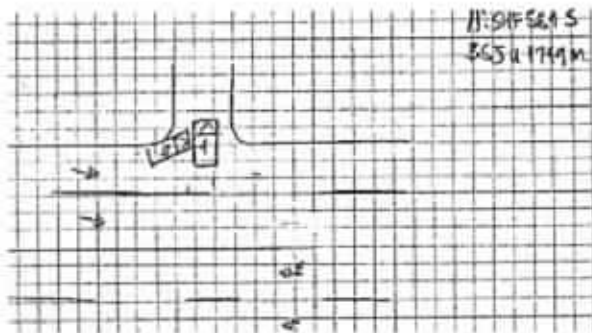
Dear Jia Le

We regret to inform that we do not have video/ photo for this case.

However we enclosed our driver statement for your investigation.

Circumstances of Accident

ON 13/12/18 AT ABOUT 0200HRS, I WAS TURNING INTO THE MAIN ENTRANCE OF MBS HOTEL FROM RIGHT AND SUDDENLY I FELT AN IMPACT ON THE LEFT SIDE OF MY TAXI. VEHICLE B(SJU1749M) CAME FROM THE SECOND I AND COLLIDED ONTO THE LEFT PORTIO OF MY TAXI.



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

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From: Jia Le (LKK Auto) [<mailto:JiaLe@lkkauto.com>]
Sent: Thursday, 3 October, 2019 11:23 AM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>; jasminetan@transcab.com.sg
Subject: Your ref: SHF589S [ACCIDENT INVOLVING VEHICLES SJU1749M AND SHF589S ON 13/12/2018]

Without Prejudice

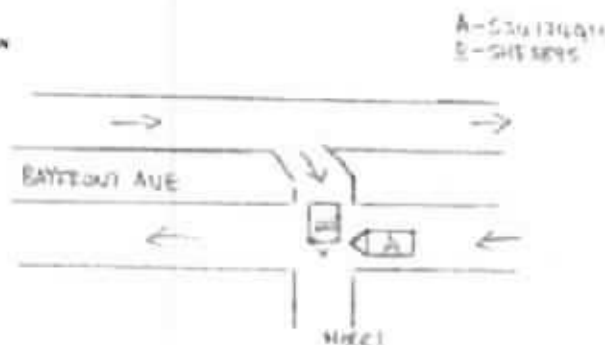
Dear Sirs/Mdm,

ACCIDENT INVOLVING SJU 1749M AND SHF 589S ON 13/12/2018

We refer to the above matter.

Please be informed that liability is unclear for this matter. Enclosed herewith in this email is a copy of our insured's accident report for your perusal.

SKETCH PLAN



We are in a course of investigating into the circumstances of the accident. After verifying further with our OI we will revert with our opinion on the cause of the accident. Kindly do not refer to any party for legal assistance until you heard further from us.

Meanwhile, we would like to request a copy of video footage/witness statement/scene photos(if any) in order for us to look into the matter.

We shall revert upon hearing from you.

Thank You.

“Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.

In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement.”

Best Regards,

Chan Jia Le | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6749 5792 | email: Jiale@lkkauto.com | fax: 6741-4108

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



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**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CC3/CTI18022592/Kdb3q2

3 ANSON ROAD #16-00
SPRINGLEAF TOWERS SINGAPORE 079909

Date : 14-11-2019



Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJU 1749M	Veh. Inspected	SHF 589S
Policy No.	DMPCSN3069811800	Coverage (\$)	0.00
Claim No.	SNM18D05869	Excess (\$)	0.00
Assign From		Assign Date	14/12/2018

2. Vehicle Particulars & Condition

Make & Model	RENAULT LATITUDE (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	VF1ABL15AUC278428	Colour	METALLIC WHITE / RED
Odometer	653574	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	GITI	9 mm
L/H Rear Tyre	215/60 R16	GITI	9 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT BODY. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	13/12/2018	Inspection Date	14/12/2018
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	6 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHF 589S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FENDER PANEL FRT LH	BENT	783.83	783.83
1	WHEELARCH FRT LH	DISTORTED	278.84	278.84
1	FENDER BRACKET LOWER LH	TO REPAIR SEE LABOUR	15.79	-
1	FENDER INSULATOR LH	SERVICEABLE	130.84	-
1	DOOR PANEL FRT LH	BENT	2,844.66	2,844.66
1	DOOR HINGE UPPER LH	TO REPAIR SEE LABOUR	261.28	-
1	DOOR HINGE LOWER LH	BENT	300.55	300.55
1	DOOR CHECK FRT LH	SERVICEABLE	194.77	-
1	DOOR LOCK FRT LH	TO REPAIR SEE LABOUR	908.75	-
1	DOOR CATCH FRT LH	TO REPAIR SEE LABOUR	131.23	-
1	DOOR HANDLE OUTER FRT LH	SERVICEABLE	477.76	-
1	DOOR HANDLE COVER FRT LH	SERVICEABLE	13.22	-
1	DOOR HANDLE MODULE FRT LH	SERVICEABLE	133.60	-
1	DOOR REGULATOR FRT LH	SERVICEABLE	505.19	-
1	DOOR REGULATOR MOTOR FRT LH	SERVICEABLE	796.46	-
1	DOOR REGULATOR GUIDE FRT LH	SERVICEABLE	120.97	-
1	DOOR PANEL REAR LH	TO REPAIR SEE LABOUR	2,844.66	-
1	ROCKER PANEL INNER GARNISH LH	SERVICEABLE	466.51	-
1	ROCKER PANEL INNER LH	TO REPAIR SEE LABOUR	1,024.79	-
1	ROCKER PANEL CENTER LH	BENT	990.25	990.25
	LESS 10% DISCOUNT		-1,322.40	-519.81
			11,901.55	4,678.32
SPECIAL NETT ITEMS				
1	SET FRAME FULL SUPPORT PANEL CLIP (SN)	NOT NECESSARY	70.00	-
2	FRAME FULL SUPPORT PANEL NUT (SN)	NOT NECESSARY	20.00	-
2	FRAME FULL SUPPORT PANEL STUD (SN)	NOT NECESSARY	30.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET WHEELARCH CLIP FRT LH (SN)	NECESSARY	30.50	30.50
1	FRONT DOOR STICKER 'TRANS-CAB' (SN)	NECESSARY	80.00	60.00
1	FRONT DOOR STICKER 'CHASSIS' (SN)	NECESSARY	50.00	15.00
1	REAR DOOR STICKER '6555-3333' (SN)	NECESSARY	80.00	60.00
1	DOOR CHECK BOLT (SN)	NOT NECESSARY	22.69	-
1	DOOR GUIDE SCREW (SN)	NOT NECESSARY	10.85	-
1	DOOR HINGE BOLT (SN)	NOT NECESSARY	10.85	-
1	DOOR HINGE NUT RH (SN)	NOT NECESSARY	14.60	-
1	DOOR CHECK BOLT (SN)	NOT NECESSARY	22.69	-
1	DOOR CHECK NUT (SN)	NOT NECESSARY	3.75	-
1	DOOR LOCK SCREW L70Y (SN)	NOT NECESSARY	6.12	-
1	DOOR CATCH SCREW L70Y (SN)	NOT NECESSARY	10.06	-
			462.11	165.50
	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 BRACKET LOWER LH,DOOR HINGE UPPER LH,DOOR LOCK FRT LH ,DOOR CATCH FRT LH,DOOR PANEL REAR LH AND ROCKER PANEL INNER LH.		4,500.00	800.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION .		4,500.00	1,320.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	90.00
	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER ,TO ENABLE REPAIR.		380.00	100.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.		220.00	60.00
	TO TRANSFER OF FRONT BUMPER FITTINGS ,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO TRANSFER OF REAR FENDER FITTINGS ,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO TRANSFER OF TIRE ,RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO TRANSFER OF FRONT FENDER FITTINGS ,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO TRANSFER OF FRONT DOOR FITTINGS ,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.		380.00	60.00
	TO TRANSFER OF REAR DOOR FITTINGS ,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO PULL AND JACK OUT CHASSIS FRAME AND CORRECT IT TO SYMMETRICAL POSITION WITH THE AID OF HYDRAULIC PNEUMATIC JACK.	NOT NECESSARY	380.00	-
	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH ,TO FACILITATE REPAIR.	NOT NECESSARY	380.00	-
			12,770.00	2,450.00
GRAND TOTAL			25,133.66	7,293.82
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,850.00

Report Ref No. CC3/CT118022592/Kdb3q2

KONG SENG CHEONG

Licensed Appraiser

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