

ASS. REC. BY:

REF:

TMI/

CC3/TML1900042/Kqd3/12

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

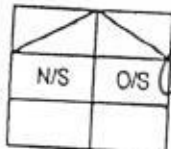
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

01 days

Res.: Yes or No

Lum Sum:

1.31 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S1405156K Yr Regn: 12.18

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

Truck / Trailer or

Make:

Toy Prius

c.c 1798

Colour:

M. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading

6866

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTOK B31F4603078716

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

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

Front

Rear

R/Bal.

R/Bal.

L/Bal.

L/Bal.

D.O.A.

D.O.I.

Survey held at

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

For old door hinge

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

Date / Time

Action / Instruction

16/1

File pass to Car

1086.64 (Red 47881.33, 72%)

16/1/19 @ 3.50pm Email GIA &amp; Estimate to TMI.

RECEIVED 18 JAN 2019

Date/Time, File Pass to?



: Prell. Report



: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format:

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

MER-TP

1086.64

250

10

260

**Shiau Chan (LKKAUTO)**

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Wednesday, 16 January 2019 3:50 PM  
**To:** motorclaims@tokiomarine.com.sg  
**Cc:** SUR  
**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 14/01/2019, SHD 5156K (TP VEHICLE), YK 2062D (OI VEHICLE)  
**Attachments:** SHD5156 GIA.pdf; SHD5156 EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 5156K M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63, SINGAPORE 569111.

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

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

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHD5156K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	14 Jan 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS SDR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2B94200
Chassis No.:	JTDKB3FU603078716
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	19 Dec 2018
First Registration Date:	19 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Dec 2026
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	18 Dec 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp) -
COE Period(Years):	8
PQP Paid:	\$22,057.00
COE Rebate Amount:	\$17,645.00
Total Rebate Amount:	\$28,330.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 14 Jan 2019

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 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. 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	14/01/2019 13:54
Date Of Accident	14/01/2019 10:30
Exact Location Of Accident	WOODLANDS AVENUE 3 TOWARDS WOODLANDS AVENUE 1
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5156K
<b>Insured/Policyholder</b>	
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-62866666

### Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS-1.8 HYBRID CVT (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	SIM CHIN GUAN
NRIC No	S7608327D
Date Of Birth	17/03/1976
Occupation	OUTDOOR
Date Of Driving Pass	08/08/2003
Driving Experience	15 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96870006
Fax Number	
Contact Number	
EMAIL Address	NOEMAIL

Address	BLK 623B PUNGGOL CENTRAL #18-360
Postcode	822623
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 (including own vehicle) 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)	1

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

On 14.01.2019 at about 1030hours, I was travelling straight on the second lane along Woodlands Avenue 3 towards Woodlands Avenue 1 when the traffic light arrow turn green, I made a right turn. Suddenly I felt an impact. Vehicle B (YK2062D) which was travelling on my right made a right turn and swerved into my lane and hit onto my taxi's right side portion and cause my taxi's right side mirror damage.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YK2062D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	MR KOH
NRIC/Passport Number	
Contact Number	96543448
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

Wardlaw Avenue 3

Towards

Wardlaw Avenue 1

A= SHO 5156K

B= YK 20620

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach G1A 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.:



**Trans-cab Auto Services Pte Ltd**

AAD1901-121

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHD 5156K***Not Authorized**Re survey B4 paint**B1086.64*

Vehicle No.: **SHD 5156K**  
Chassis No.: **JDKB3FU603078716**  
Vehicle Make: **RENAULT**  
Vehicle Model: **LATITUDE**  
Date of Accident: **14.1.2019**  
Third Party Insurer: **TOKIO MARINE**  
Date of Registration: **19/12/2018**

**PART****LIST**

1	RIGHT SIDE VIEW MIRROR	\$	<i>Br</i> 1,275.52 ✓
<b>TOTAL</b>		\$	<b>1,275.52</b>
<b>10%</b>		\$	<b>127.55</b>
<i>25%</i>		\$	<b>1,147.97</b>

**LABOUR**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$ 1,000.00 *601*

Putty and spray painting of the affected portion.

\$ 1,000.00 *501*

To rust-proofing of the affected areas.

\$ *na* 170.00 *X*

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ *na* 380.00 *X*

To Check Electrical Lighting Concerned.

\$ 170.00 *201*

**TOTAL** \$ **2,720.00**

**Over All Total** \$ **3,867.97**

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)
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

**PART-BY-PART(REPAIR DAY)****5-DAYS***1 day*

Acknowledged by Repairer

Signature:

Date:

## LKK Auto Consultants Pte Ltd (Co.Reg.No:199607196R)

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/TMI19000942/KQD3N2

Date: 18/01/2019

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MC013757
Claimant Vehicle No :	SHD5156K	Insured Vehicle No :	YK2062D
Date of Loss:	14/01/2019	Nature of Claim:	TP
		Claim No:	M1900304

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHD5156K	Engine No:	2ZR2B94200
Make & Model:	TOYOTA PRIUS HYBRID, 1.8 S CVT (A)	Chassis No:	JTDKB3FU603078716
Reg. Date:	19/12/2018 (Man. Year: 2018)	Odometer:	6866 km
Colour:	Metallic White/Red		
Engine Capacity:	1798 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:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Yokohama 9 mm	Rear Left Side:	Yokohama 9 mm
Front Right Side:	Yokohama 9 mm	Rear Right Side:	Yokohama 9 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,147.97	956.64	191.33	16.67
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,720.00	130.00	2,590.00	95.22
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>3,867.97</b>	<b>1,086.64</b>	<b>2,781.33</b>	<b>71.91</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>270.76</b>	<b>76.06</b>	<b>194.70</b>	<b>71.91</b>
<b>Nett Amount (S\$)</b>	<b>4,138.73</b>	<b>1,162.70</b>	<b>2,976.03</b>	<b>71.91</b>

## INSPECTION

Date of Assignment:	16/01/2019	
Date Inspected:	15/01/2019	Inspected At:
		Trans Cab Auto Services Pte Ltd - Amk (HQ)
		No 2 Ang Mo Kio St 63
		Singapore 569111
Estimated Period of Repair:	1.0 days	

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

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

<b>Reference</b>	
<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 18 Jan 2019)
<b>Parts:</b> 144	TOYOTA PRIUS HYBRID 1.8 S CVT (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHD5156K)
<b>Validity:</b>	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*RIGHT SIDE VIEW MIRROR	Broken	1,275.52 FL	*1,275.52 FL
F=Franchise part. L=ListItemDisc.						
Sub Total (\$\$)					1,275.52	1,275.52
- List Item Discount on L Items 10.00/25.00% (\$\$)					127.55	318.88
Total Parts (\$\$)					1,147.97	956.64

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
<b>Labour Items</b>				
1	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	1,000.00	60.00
2	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	1,000.00	50.00
3	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	-
4	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR	New	380.00	-
5	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	20.00
<b>Gross Labour Cost (S\$)</b>			<b>2,720.00</b>	<b>130.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >