

1990200

INS. CASE OWNER:

CC 3 ^{TP} #1900 ^{Fb3q2} ^{7/29/19} ^{Kg4b}

LKK:

IDAC:

Surveyor:

Fenneth

DOI:

ASSIGNMENT

24/4/19

Date / Time:

24/4/19

Registered in Merimen:

25/4/19

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 9557

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :\$5

D.O.A.:

17/4/19

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(VA: YES / NO)

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

Insured Liability:

Final ? Yes / No

SHD 52095

INSRS:
WSP:
Tel:
Liability:
RMKS:Trans
CnbINSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time

SHD 52095 - 8

SHC 9557 - 8

- Independent report
A Insure under full

- checked with ACC / received payment 24/5/19

STAGE DATE / PIC

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)

After call Itr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PER:

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:

\$5

(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:

\$5

Loss of Rental (LOR):

\$5

(days)

Loss of Use (LOU):

\$5

(\$ x days)

Loss of Income (LOI):

\$5

(\$ x days)

LOR only

LOU only

LOR + LOU

LOR + LO

[Tick only one]

GIA/LTA Search:

\$5

Medical:

\$5

Disbursement:

\$5

(e.g. Tow/ Independent)

Legal Cost:

\$5

Total:

\$5

Global Sum \$5:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

\$5

Name 1:

Payee 2: (Strike if N.A.)

\$5

Name 2:

Payee 3: (Strike if N.A.)

\$5

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

COPY SENT

ASS. REC. BY:

REF:

TJ /

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop n/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

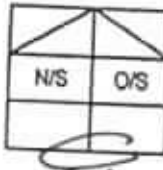
Excess:

(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 Soon:

Consistent? : Yes or No

Est. Repairs:

05 days

Res.: Yes or No

Lum Sum:

1.3.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S140 52095

Yr Regn:

11, 18

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

Truck / Trailer or

Make:

Tug PWS

c.c.

1788

Colour:

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

78985

T/Radio:

Insured / Std / NI / NA

Eng/No:

JTD/KB

C/No:

JTBDAK

31-410 307 6648

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R13

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.

13/4/19

D.O.I.

24/4/19

Survey held at

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

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

Veh # 21,529,43 (82%)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

\$ - RS. \$

Fees:

Others:

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

7x15 = 105

170/105

50

50

18

80

473

Report Format :

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

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	22/04/2019 09:31
Date Of Accident	13/04/2019 15:30
Exact Location Of Accident	DEVONSHIRE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5209S
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	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	TAN CHIN KEONG
NRIC No	S7019683B
Date Of Birth	05/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2004
Driving Experience	14 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97691189
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 105 LORONG 1 TOA PAYOH #01-201
Postcode	310105
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	COLLISION - HEAD TO REAR
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 13.04.2019 at about 1530hours, I was heading towards the suites condominium along Devonshire Road to pick up passenger. While waiting for the gantry to open, suddenly I felt an impact. Vehicle B (SHC955J) made a reverse without checking for his rear and hit onto my taxi rear portion.

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	SHC955J
Vehicle Make/Model/Colour	COMFORT
Details Of Properties	
Vehicle Category	TAXI
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.

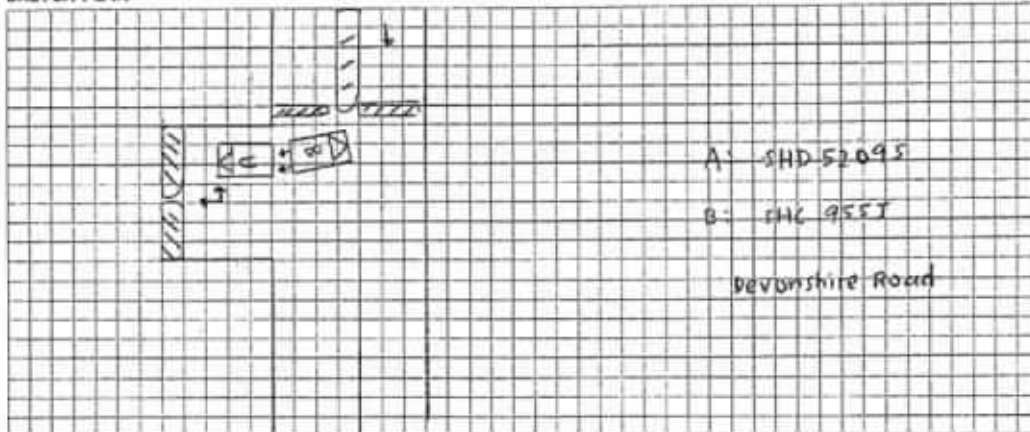
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time:


Reporting Centre Personnel's Signature
Name: Amanda
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please see the attach G/A 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:

Amenda
Reporting Centre Personnel's Signature
Name:
NRIC/PIN No.:

Trans-cab Auto Services Pte Ltd

AAD1904-143

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 5209S*Not Notarized**Resurvey B4 paint**84594.93*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHD 5209S

JTDKB3FU103076646

TOYOTA

PRIUS

13.4.2019

III

15/11/2018

PART**LIST**

1	1 REAR BUMPER	\$	<i>Bu</i>	458.60	✓
2	1 REAR BUMPER RE-INFORCEMENT	\$	<i>B</i>	318.80	✓
3	1 REAR BUMPER TOWING COVER	\$	<i>Ln</i>	14.70	✓
4	1 REAR BUMPER UNDER COVER (BLACK)	\$	<i>Not Lr</i>	552.60	✓
5	1 REAR BUMPER SIDE RETAINER LH	\$	<i>Ln</i>	112.70	X
6	1 REAR BUMPER SIDE RETAINER RH	\$	<i>Ln</i>	112.70	X
7	1 REAR TAILGATE	\$	<i>B</i>	1,547.27	✓
8	1 REAR TAILGATE OUTER GARNISH	\$	<i>Ln</i>	905.10	} X
9	1 COVER, REAR COMBINATION LAMP, RH	\$	<i>Ln</i>	54.70	
10	1 COVER, REAR COMBINATION LAMP, LH	\$	<i>Ln</i>	54.70	
11	1 GARNISH, BACK DOOR SIDE, LH	\$	<i>Ln</i>	93.60	
12	1 GARNISH, BACK DOOR SIDE, RH	\$	<i>Ln</i>	93.60	
13	1 BOARD ASSY, BACK DOOR TRIM	\$	<i>Ln</i>	254.40	
14	1 PANEL ASSY, BACK DOOR TRIM, UPPER	\$	<i>Ln</i>	51.20	} X
15	1 REAR TAILGATE WEATHERSTRIP	\$	<i>Ln</i>	365.20	
16	1 REAR END PANEL	\$	<i>B</i>	602.10	✓
17	1 TAILLAMP LOWER RH	\$	<i>Ln</i>	548.40	} X
18	1 TAILLAMP UPPER RH	\$	<i>Ln</i>	557.90	
19	1 REAR BUMPER SIDE RH	\$	<i>Ln</i>	232.00	
20	1 REAR BUMPER SIDE LH	\$	<i>Ln</i>	232.00	
21	1 TAILLAMP LOWER LH	\$	<i>Ln</i>	548.40	
22	1 TAILLAMP UPPER LH	\$	<i>Ln</i>	557.90	
23	1 PAN, REAR FLOOR	\$	<i>Ln</i>	572.10	} X
24	1 EXTENSION, REAR FLOOR SIDE PANEL, RH	\$	<i>Ln</i>	77.00	
25	1 EXTENSION, REAR FLOOR PAN TO QUARTER PANEL, LH	\$	<i>Ln</i>	192.90	
26	1 EXTENSION, REAR FLOOR SIDE PANEL, LH	\$	<i>Ln</i>	77.00	
27	1 EXTENSION, REAR FLOOR PAN TO QUARTER PANEL, RH	\$	<i>Ln</i>	192.90	} X
28	1 PANEL, QUARTER WHEEL HOUSE, OUTER LH	\$	<i>Ln</i>	290.50	

Trans-cab Auto Services Pte Ltd

AAD1904-143

• No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 5209S

29	1 REAR FENDER LH	\$	12	817.50 X
30	1 REAR FENDER RH	\$	12	817.50 X
		\$		11,305.97
25%		\$		2,826.49
		\$		8,479.48

Special Nett

1	1SET PARKING AID	\$	12	700.00 X
2	1SET REAR BUMPER CLIP	\$	12	22.00 ✓
3	2 REAR WINDSCREEN SELANT	\$	12	80.00 4012
4	1 WINDSCREEN MOULDING	\$	12	100.00 ✓
5	1 REAR WINDSCREEN INNER SPONGE SEAL	\$	12	100.00 3012
6	1 REAR TAILGATE TOYOTA LOGO	\$	12	47.00 ✓
7	1 REAR TAILGATE WORDING 'PRIUS'	\$	12	52.90 ✓
8	1 REAR TAILGATE WORDING 'HYBRID'	\$	12	53.50 ✓
9	1 REAR TAILGATE STICKER 'TRANS-CAB'	\$	12	80.00 3012
10	1 REAR TAILGATE STICKER '6555-3333'	\$	12	80.00 3012
11	1 REAR BUMPER PROTECTOR	\$	12	100.00 X

TOTAL \$ 1,415.40**TOTAL PARTS \$ 9,894.88****LABOUR**

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	6601
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	6001
To Rust-Proofing Of The Affected Areas.	\$	170.00	301
To reinstall rear bumper parking sensor.	\$	170.00	501

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SHD 5209S

To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	170.00	601
To transfer of Rear Bumper fittings, attachments and perform water seepage test.	\$	~ 170.00	X
To repair and realign rear exhaust pipe.	\$	~ 170.00	X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	~ 170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00	601
To transfer of rear windscreen fittings and conduct water seepage test.	\$	170.00	1201
To check steering geometry and computer wheel alignment	\$	~ 220.00	X
To transfer of Rear fender fittings, attachments and perform water seepage test.	\$	~ 170.00	X

TOTAL \$ 7,750.00**Over All Total \$ 26,124.36****(PART-BY-PART) Repair Days****14 DAYS***5 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 legal notification(s) is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company.

Authorised by Repairer

Signature

Date

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHD52095
Vehicle to be Exported:	Yes
Intended Deregistration Date:	22 Apr 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	22R2B72837
Chassis No.:	JTDKB3FU103076646
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	15 Nov 2018
First Registration Date:	15 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$14,247.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Nov 2026
PARF Rebate Amount:	\$10,685.00

Intended COE Rebate Details

COE Expiry Date:	14 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$23,736.00
COE Rebate Amount:	\$18,988.00
Total Rebate Amount:	\$29,673.00

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 22 Apr 2019

OK

Shu Pei (LKKAUTO)

From: Shu Pei (LKKAUTO)
Sent: Monday, 27 May 2019 9:37 AM
To: Ng Wai Yin
Subject: RE: Your Ref: AAD1904-143 (SHD 5209S) *Our Ref: CC3/TP19007297/Kb3 [ACCIDENT INVOLVING SHD 5209S & SHC 955J ON 13/04/2019]

Dear Wai Yin,

Kindly advise payment status.

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)

From: Shu Pei (LKKAUTO)
Sent: Thursday, 16 May 2019 9:46 AM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Cc: Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>
Subject: RE: Your Ref: AAD1904-143 (SHD 5209S) *Our Ref: CC3/TP19007297/Kb3 [ACCIDENT INVOLVING SHD 5209S & SHC 955J ON 13/04/2019]

Dear Wai Yin,

Please prepare payment.

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

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)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Tuesday, 14 May 2019 9:27 AM
To: Mei Kwan (LKKAUTO) <Meikwan@lkkauto.com>; Shu Pei (LKKAUTO) <shupeil@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: RE: Your Ref: AAD1904-143 (SHD 5209S) *Our Ref: CC3/TP19007297/Kb3 [ACCIDENT INVOLVING SHD 5209S & SHC 955J ON 13/04/2019]

Hi Mei Kwan/ Shu Pei

Please proceed to send us the survey invoice to prepare the payment.

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 urgency deadlines. The integrity and security of this message cannot be guaranteed on the Internet.

From: Mei Kwan (LKKAUTO) [<mailto:Meikwan@lkkauto.com>]

Sent: Wednesday, 8 May, 2019 1:34 PM

To: 'Ng Wai Yin' <waiyin.ng@transcab.com.sg>

Cc: Shu Pei (LKKAUTO) <shupeil@lkkauto.com>

Subject: FW: Your Ref: AAD1904-143 (SHD 52095) *Our Ref: CC3/TP19007297/Kb3 [ACCIDENT INVOLVING SHD 52095 & SHC 955J ON 13/04/2019]

Hi Wai Yin,

SHC 955J is a Premier taxi. If Comfort taxi, vehicle ended number 0-5 is under III.

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

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

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>

Sent: Wednesday, 8 May, 2019 1:27 PM

To: Shu Pei (LKKAUTO) <shupeil@lkkauto.com>

Subject: RE: Your Ref: AAD1904-143 (SHD 52095) *Our Ref: CC3/TP19007297/Kb3 [ACCIDENT INVOLVING SHD 52095 & SHC 955J ON 13/04/2019]

Hi Shu Pei

Can double check on this case, SHC 955J by right should be under India (informed by Jasmine vehicle ended number 0-5 should be under III).

Kindly double check.

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: Shu Pei (LKKAuto) [<mailto:shupeil@lkkauto.com>]
Sent: Monday, 6 May, 2019 4:39 PM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Cc: jasmintan@transcab.com.sg; claims@transcab.com.sg; Admin A <admin-a@lkkauto.com>
Subject: RE: Your Ref: AAD1904-143 (SHD 52095) *Our Ref: CC3/TP19007297/Kb3 [ACCIDENT INVOLVING SHD 52095 & SHC 955J ON 13/04/2019]

Dear Wai Yin,

Please take note that we are appointed to survey the vehicle by your good office.

Kindly refer to the below screenshot for your easy reference.

Trans-cab Auto Services Pte Ltd		AAD1904-143	
No. 2 Ang Mo Kio Street 63 Singapore 569111		<i>Not Authorise</i>	
Tel No.: 6287 6666 Fax No.: 6257 1330		<i>Resurvey 84 point</i>	
UIC/GST Reg. No. 201019626G		<i>84594.93</i>	
SHD 52095		SHD 52095	
Vehicle No.:		JTDKB3FU103076646	
Chassis No.:		TOYOTA	
Vehicle Make:		PRIUS	
Vehicle Model:		13.4 2019	
Date of Accident:		13/11/2018	
Third Party Insurer:	III		
Date of Registration:	13/11/2018		
PART		LIST	

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)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>

Sent: Monday, 6 May 2019 3:40 PM

To: Shu Pei (LKKAuto) <shupeil@lkkauto.com>

Cc: jasminetan@transcab.com.sg; claims@transcab.com.sg; Admin A <admin-a@lkkauto.com>

Subject: RE: Your Ref: AAD1904-143 (SHD 5209S) *Our Ref: CC3/TP19007297/Kb3 [ACCIDENT INVOLVING SHD 5209S & SHC 955J ON 13/04/2019]

WITHOUT PREJUDICE

Dear Shu Pei

Can we check who appoint your side to survey the vehicle? Any e-mail or proof for it?

Thank You

and 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

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From: Shu Pei (LKKAuto) [<mailto:shupeil@lkkauto.com>]

Sent: Monday, 6 May, 2019 10:43 AM

To: jasminetan@transcab.com.sg; 'Ng Wai Yin' <waiyin.ng@transcab.com.sg>; claims@transcab.com.sg

Cc: Admin A <admin-a@lkkauto.com>

Subject: Your Ref: AAD1904-143 (SHD 5209S) *Our Ref: CC3/TP19007297/Kb3 [ACCIDENT INVOLVING SHD 5209S & SHC 955J ON 13/04/2019]

Your Ref: **AAD1904-143 (SHD 5209S)**

Our Ref: CC3/TP19007297/Kb3

ACCIDENT INVOLVING SHD 5209S & SHC 955J ON 13/04/2019

We refer to the above matter.

Please be informed that SHC 955J is insured with FCI instead of III.

Kindly confirm if you are agreeable to purchase our independent survey report.

Appreciate an early reply.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

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

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




This email has been checked for viruses by AVG antivirus software.
www.avg.com

**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/TP19007297/Kb3q2		
NO.2 ANG MO KIO STREET 63SINGAPORE 569111		Date : 29-05-2019		
		Code : TP378		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHD 5209S	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		24/04/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS (A)	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	JTDKB3FU103076646	Colour	M. P. WHITE / RED	
Odometer	78985	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	GITI	9 mm	
L/H Front Tyre	195/65 R15	GITI	9 mm	
R/H Rear Tyre	195/65 R15	GITI	9 mm	
L/H Rear Tyre	195/65 R15	GITI	9 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/04/2019	Inspection Date	24/04/2019	
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:		5 Working Days		



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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 5209S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	REAR BUMPER	BUCKLED	458.60	458.60
1	REAR BUMPER RE-INFORCEMENT	BENT	318.80	318.80
1	REAR BUMPER TOWING COVER	SERVICEABLE	14.70	-
1	REAR BUMPER UNDER COVER (BLACK)	DENTED / CUT	552.60	552.60
1	REAR BUMPER SIDE RETAINER LH	SERVICEABLE	112.70	-
1	REAR BUMPER SIDE RETAINER RH	SERVICEABLE	112.70	-
1	REAR TAILGATE	BENT	1,547.27	1,547.27
1	REAR TAILGATE OUTER GARNISH	SERVICEABLE	905.10	-
1	COVER,REAR COMBINATION LAMP,RH	SERVICEABLE	54.70	-
1	COVER,REAR COMBINATION LAMP,RH	SERVICEABLE	54.70	-
1	GARNISH,BACK DOOR SIDE,LH	SERVICEABLE	93.60	-
1	GARNISH,BACK DOOR SIDE,RH	SERVICEABLE	93.60	-
1	BOARD ASSY,BACK DOOR TRIM	SERVICEABLE	254.40	-
1	PANEL ASSY,BACK DOOR TRIM,UPPER	SERVICEABLE	51.20	-
1	REAR TAILGATE WEATHERSTRIP	SERVICEABLE	365.20	-
1	REAR END PANEL	BENT	602.10	602.10
1	TAILLAMP LOWER RH	SERVICEABLE	548.40	-
1	TAILLAMP UPPER RH	SERVICEABLE	557.90	-
1	REAR BUMPER SIDE RH	SERVICEABLE	232.00	-
1	REAR BUMPER SIDE LH	SERVICEABLE	232.00	-
1	TAILLAMP LOWER LH	SERVICEABLE	548.40	-
1	TAILLAMP UPPER LH	SERVICEABLE	557.90	-
1	PAN,REAR FLOOR	TO REPAIR SEE LABOUR	572.10	-
1	EXTENSION,REAR FLOOR SIDE PANEL,RH	TO REPAIR SEE LABOUR	77.00	-
1	EXTENSION,REAR FLOOR PAN TO QUARTER PANEL,LH	TO REPAIR SEE LABOUR	192.90	-
1	EXTENSION,REAR FLOOR SIDE PANEL,LH	TO REPAIR SEE LABOUR	77.00	-
1	EXTENSION,REAR FLOOR PAN TO QUARTER PANEL,RH	TO REPAIR SEE LABOUR	192.90	-
1	PANEL,QUARTER WHEEL HOUSE,OUTER LH	TO REPAIR SEE LABOUR	290.50	-
1	REAR FENDER LH	TO REPAIR SEE LABOUR	817.50	-

Report Ref No. CC3/TP19007297/Kb3q2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR FENDER RH	TO REPAIR SEE LABOUR	817.50	-
	LESS 25% DISCOUNT		-2,826.49	-869.84
			8,479.48	2,609.53
	SPECIAL NETT ITEMS			
1	SET PARKING AID (SN)	SERVICEABLE	700.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	22.00	22.00
2	REAR WINDSCREEN SEALANT (SN)	NECESSARY	80.00	40.00
1	WINDSCREEN MOULDING (SN)	NECESSARY	100.00	100.00
1	REAR WINDSCREEN INNER SPONGE SEAL (SN)	NECESSARY	100.00	30.00
1	REAR TAILGATE TOYOTA LOGO (SN)	NECESSARY	47.00	47.00
1	REAR TAILGATE WORDING "PRIUS" (SN)	NECESSARY	52.90	52.90
1	REAR TAILGATE WORDING "HYBRID" (SN)	NECESSARY	53.50	53.50
1	REAR TAILGATE STICKER "TRANS-CAB" (SN)	NECESSARY	80.00	30.00
1	REAR TAILGATE STICKER "6555-3333" (SN)	NECESSARY	80.00	30.00
1	REAR BUMPER PROTECTOR (SN)	NOT NECESSARY	100.00	-
			1,415.40	405.40
	LABOUR			
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		3,000.00	660.00
	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF PAN,REAR FLOOR,EXTENSION,REAR FLOOR SIDE PANEL,RH,EXTENSION,REAR FLOOR PAN TO QUARTER PANEL,LH,EXTENSION,REAR FLOOR SIDE PANEL,LH,EXTENSION,REAR FLOOR PAN TO QUARTER PANEL,RH,PANEL,QUARTER WHEEL HOUSE,OUTER LH,REAR FENDER LH AND REAR FENDER RH.		3,000.00	600.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	30.00
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	50.00
	TO TRANSFER OF TAILGATE FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.		170.00	60.00
	TO TRANSFER OF REAR BUMPER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO REPAIR AND REALIGN REAR EXHAUST PIPE.	NOT NECESSARY	170.00	-
	TO DROP REAR EXHAUST BOX,RENEW THE SAME,TO REPAIR AND REALIGN CENTRE EXHAUST PIPE.	NOT NECESSARY	170.00	-

Report Ref No. CC3/TP19007297/Kb3q2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO TRANSFER OF REAR END PANEL FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.		170.00	60.00
	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST.		170.00	120.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO TRANSFER OF REAR FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
			7,750.00	1,580.00
GRAND TOTAL			17,644.88	4,594.93
RECOMMENDED COST OF REPAIRS				4,594.93

Report Ref No. CC3/TP19007297/Kb3q2

KONG SENG CHEONG

Licensed Appraiser

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