

ASS. REC. BY:

REF: AA/**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Trans Ceb

of _____

Insured: _____

Policy No. _____

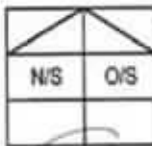
Claims No. _____

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: 0.5 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: SHD 51285 Yr Regn: 09, 09Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /Truck / Trailer or AMake: Toy with c.c. 1794Colour: Red A/C: Insured / Std / NI / NASp. Reading: 715235 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTD LR12W503003221Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or FalkenFront 7 mm Rear 7 mmR/Bal. 7 mm L/Bal. 7 mmD.O.A. 27/11/14 D.O.I. 28/11/14

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.

Date / Time Action / Instruction

28/11/13 21 Days 237000 Confirm Tarnish (STIX 93-09 + 300)(Red. \$6447.09
64%)

Date/Time, File Pass to?

☐ : Preli. Report

1) _____

☐ : Final Report

Date/Time, File Return to?

2) _____

Report Format : _____

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

\$ + RS \$

Photos

Others



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

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

Your ref: To be advised
Our ref: CC3/AXA14022581/Kwy3

Date: 05/12/2014

The Motor Claims Department
M/s AXA Insurance Singapore Pte Ltd

Dear Sir/Madam

PRELIMINARY ADVICE OF VEHICLE NO.

SHD 5128S

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 28/11/2014 at the premises of M/s Trans-Cab Auto Services Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	10,147.09
Revised Estimate Amount	: S\$	4,610.42
"Check" Items Amount	: S\$	-
Market Value	: S\$	-
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the
Rear portion.



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs: 4 days

Yours faithfully,

Kenneth Kong
Licensed Appraiser

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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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 stored.

ACCIDENT STATEMENT

Date Of Report 27/11/2014 15:03
 Date Of Accident 27/11/2014 00:50
 Exact Location Of Accident Eu Tong Sen Street X Upper Pickering Street
 Country/State of Loss Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD5128S
 Insured/Policyholder
 Name Of Registered Owner TRANS-CAB SERVICES PTE LTD
 Co Reg No 200303878K

Vehicle Particulars

Manufacturer TOYOTA
 Model WSH-1.8 (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 First Capital Insurance Ltd
 Type Of Coverage Third Party
 Fleet Policy Yes
 Policy Number D-12047359MFSH/2143
 Cover Note Number

Driver

Name of Driver LIM HAN TACK
 NRIC No S1639352E
 Date Of Birth 25/03/1964
 Occupation Outdoor
 Date Of Driving Pass 09/03/1985
 Driving Experience 29 Years And 8 Months
 Gender Male
 Mobile Number (Local) +65-90290318
 Fax Number
 Contact Number
 EMail Address NOEMAIL
 Address BLK 204 PASIR RIS STREET 21
 #09-302
 Postcode 510204
 Was driver an employee of the Insured's Company No

SKETCH PLAN

IMPORTANT NOTICE

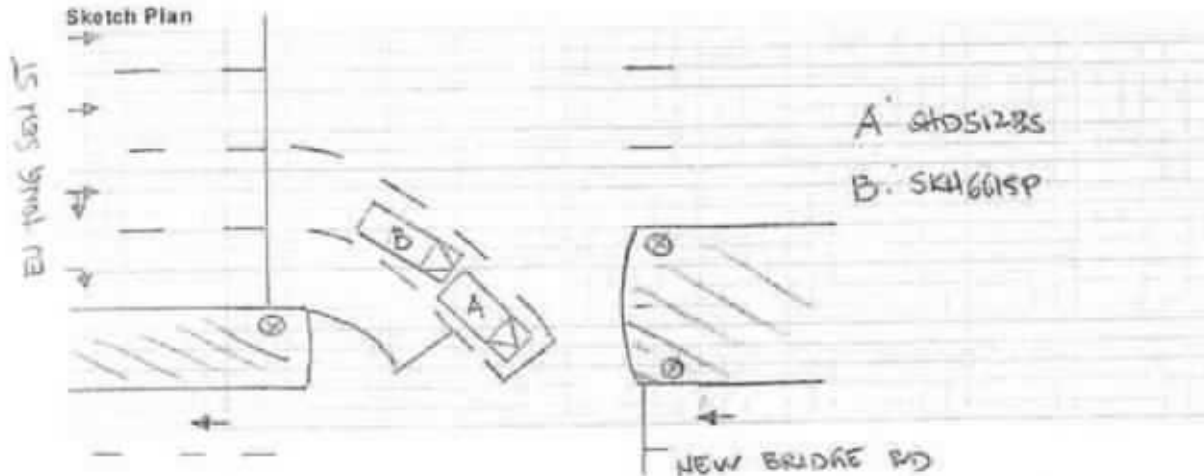
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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.
8. **Consent under the Personal Data Protection Act (PDPA)**
I understand, acknowledge, agree and consent that:
 - (i) 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/postal 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.

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the 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	29/12/2014 17:35
Date Of Accident	27/11/2014 00:30
Exact Location Of Accident	JUNCTION OF NORTH BRIDGE RD & UPP PICKERING STREET
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKH6615P
Insured/Policyholder	
Name Of Registered Owner	CADORET JEAN-CHRISTOPHE MARC ROMAIN
Passport No/FIN	G0990505M
Vehicle Particulars	
Manufacturer	AUDI
Model	A5 CABRIOLET 2.0 TFSI QUATTRO
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	No
If No, Please state action to be taken	Reporting Only
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	P1366846
Cover Note Number	
Driver	
Name of Driver	CADORET JEAN-CHRISTOPHE MARC ROMAIN
Passport No/FIN	G0990505M
Date Of Birth	04/12/1984
Occupation	Indoor
Date Of Driving Pass	02/07/2012
Driving Experience	2 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-93822404
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	376 THOMSON ROAD #01-01
Postcode	298130
Was driver an employee of the Insured's Company	No

SKETCH PLAN**IMPORTANT NOTICE**

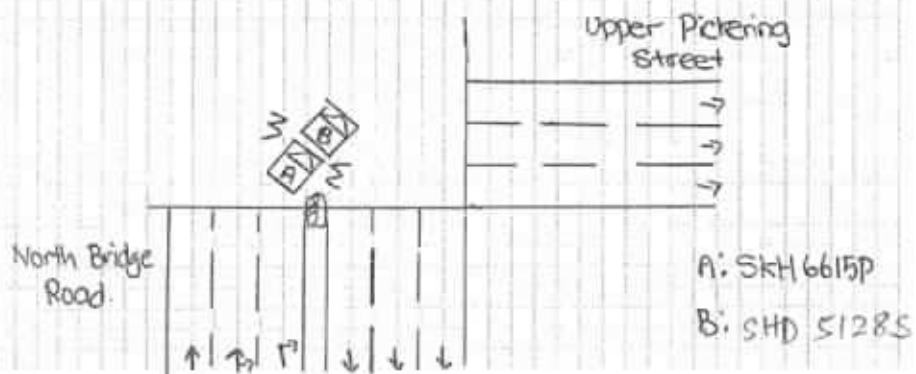
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
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.

Policyholder's Signature / Date & Time
 29/12/2014

Sketch Plan 5P

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

Witnessed by Reporting Centre Personnel



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 5128S -

ROEL

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

- 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:

SHD 5128S - ROEL

JTDER12W503003221*

TOYOTA

WISH 1.8 BI-FUEL

27.11.2014

A/A

PART

LIST

1	1	Rear Bumper	\$	As 487.80 ✓
2	1	Rear Bumper Side Retainer LH	\$	Sm 57.30 X
3	1	Rear Bumper Reflectors LH	\$	Sm 55.00 X
4	1	Rear Bumper Side Retainer RH	\$	Di 57.30 —
5	1	Rear Bumper Reflectors RH	\$	Sm 55.00 X
6	1	Rear End panel Inner	\$	Bt 280.70 —
7	1	Rear End Panel Outer	\$	Bt 519.80 —
8	1	Rear End Panel Inner Trim	\$	Cot 219.87 ✓
9	1	Spare tyre fastener bolt	\$	Sm 362.00 X
10	1	Tailgate Lid	\$	Bt 1,233.70 —
11	1	Tailgate Lid Centre 'TOYOTA' Logo Badge	\$	As 68.00 —
12	1	Tailgate Lid Weatherstrip	\$	Cot 286.90 30/1m
13	1	Tailgate Lid Lock - Top	\$	Sm 388.80 —
14	1	Tailgate Lid Outer Chrome Garnish	\$	Sm 214.50 X
15	1	Tailgate Lid Inner Handle	\$	Sm 17.47 X
16	1	Tailgate Lid Inner Trim Board	\$	Sm 258.28 X
17	1	Tailgate lid inner garnish top	\$	Sm 204.60 X
18	1	Rear Exhaust Box	\$	As 788.50 X
19	1	Rear Lamp LH	\$	Sm 496.43 X
20	1	Rear Lamp RH	\$	Sm 496.43 X

TOTAL	\$	6,548.38
25%	\$	1,637.10
	\$	4,911.29

Special Nett

1Set	Licence Plate	\$	Sm 80.00 X
1Set	Rear Bumper Fastener Clip	\$	As 30.00 —
1Set	Rear End Panel Inner Trim Clip	\$	As 30.00 —
1Set	Rear Bumper Parking Sensor	\$	Short 300.00 2201A
1	CNG Sticker	\$	As 30.00 151A
1	Tailgate Sticker 'Trans-cab'	\$	As 30.00 —



Auto
Consultants
Pte Ltd

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

Our Ref: CC3/AXA14022581/Kwy3
Policy No: P1366846

16 January 2015

Cadoret Jean-Christophe Marc Romain
376 Thomson Road
#01-01
Singapore 298130

Dear Sir/Madam,

ACCIDENT INVOLVING SKH 6615P AND SHD 5128S ON 27/11/2014

We refer to the above accident where we are acting for AXA Insurance Singapore Pte Ltd (AXA) 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.

Accordingly your No Claim Discount (NCD – if applicable) may not be preserved.

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. *AXA Insurance Singapore Pte Ltd*
(Motor Claims Dept)

Vivian Lau

From: Vivian Lau
Sent: Wednesday, 28 October, 2015 8:19 AM
To: Ong Li Li
Cc: Thin Thin; Olivia Lau
Subject: RE: C0324193 WP (NR) / Trans-Cab Auto / P1366846 / OD SKH6615P / TP SHD5128S / 27.11.14 / EST \$10,147.09 / OLL

Dear Ms Ong Li Li,

We refer to the above matter.

Be informed that our surveyor had finalised above matter with TP's repairer since 28 January 2015.

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)

From: Chan Kian Chuan [<mailto:kianchuan.chan@axa.com.sg>]

Sent: Tuesday, 30 December, 2014 1:35 PM

To: Admin-B (LKK Auto) <admin-b@lkkauto.com>; Vivian Lau <vivianlau@lkkauto.com>; Thin Thin <thinthin@lkkauto.com>

Cc: Ong Li Li <lili.ong@axa.com.sg>

Subject: FW: C0324193 WP (NR) / Trans-Cab Auto / P1366846 / OD SKH6615P / TP SHD5128S / 27.11.14 / EST \$10,147.09 / OLL

Hi,

Insured report as attached.

Warmest Regards,

KC Chan

Executive - Motor Claims

This is a TP direct settlement case. We had inspected TP vehicle SHD 5128S AT M/S Trans-Cab Auto Services Pte Ltd

Enclosed herewith a copy of TP's GIA report , estimated cost of repair and preliminary advice for your perusal.

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

Kindly take note that the case handler in-charge is Vivian and she can be contacted at DID: 6841 8625.

"WISHES YOU A MERRY CHRISTMAS & HAPPY NEW YEAR 2015"

Thanks & Regards,

YIN SIEW

LKK Auto Consultants Pte Ltd

DID: 6366 0055

FAX: 6741 4108

This message is confidential; its contents do not constitute a commitment by AXA except where provided for in a written agreement between you and AXA. Any unauthorized disclosure, use or dissemination, either whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.

Mei Kwan (LKKAuto)

From: Vivian Lau (LKKAuto)
Sent: Wednesday, 15 May, 2019 11:59 AM
To: Admin A
Subject: RE: TCS REF: AAD1411-408--Accident involving SKH6615P & SHD5128S on 27.11.14
*** LKK REF: CC3/AXA14022581/Kwa3n2

Follow Up Flag: Follow up
Flag Status: Completed

Categories: HMK

Dear Admin,

Please help me reopen the file.

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)

From: claims [mailto:claims@transcab.com.sg]
Sent: Wednesday, 15 May, 2019 11:44 AM
To: Vivian Lau (LKKAuto) <vivianlau@lkkauto.com>
Cc: jasminetan@transcab.com.sg; claims@transcab.com.sg
Subject: FW: TCS REF: AAD1411-408--Accident involving SKH6615P & SHD5128S on 27.11.14 *** LKK REF: CC3/AXA14022581/Kwa3n2

Without Prejudice

Dear Vivian

Please refer to the above mention.

Any updates for this case?

Our system record show that this case is still pending of the amount 4,823.54

Attached LOD with DV for your reference.

We hope to receive your payment soon.

or disclose its contents to anyone. Please send us by fax any message containing deadlines as incoming e-mails are not screened for response deadlines. The integrity and security of this message cannot be guaranteed on the Internet.

From: claims [mailto:claims@transcab.com.sg]
Sent: Friday, 14 December, 2018 1:20 PM
To: 'Vivian Lau (LKKAUTO)' <vivianlau@lkkauto.com>
Cc: 'Jasmine Tan' <jasminetan@transcab.com.sg>; claims@transcab.com.sg; 'Admin A' <admin-a@lkkauto.com>; 'CS A Team' <cs-a@lkkauto.com>
Subject: FW: TCS REF: AAD1411-408--Accident involving SKH6615P & SHD5128S on 27.11.14 *** LKK REF: CC3/AXA14022581/Kwa3n2

Without Prejudice

Dear Vivian

Please refer to the preceding email

Any update on this case?

Our system show that this case is still pending for payment amount of \$4,823.54.

Attached LOD for your reference.

Thank You
Best Regards,
Calvin Er
Finance Department
TEL: 6603 1265 Ext.307

***** Please be reminded that all claims correspondence to be send to claims@transcab.com.sg**



TRANS-CAB SERVICES PTE LTD
No. 2 Ang Mo Kio Street 63, Singapore 569111
Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764
Website: www.transcab.com.sg

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

From: Mei Kwan (LKKAUTO) [mailto:Meikwan@lkkauto.com]
Sent: Friday, 26 October, 2018 3:37 PM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>; Vivian Lau (LKKAUTO) <vivianlau@lkkauto.com>
Cc: claims@transcab.com.sg; Admin A <admin-a@lkkauto.com>; CS A Team <cs-a@lkkauto.com>
Subject: RE: TCS REF: AAD1411-408--Accident involving SKH6615P & SHD5128S on 27.11.14 *** LKK REF: CC3/AXA14022581/Kwa3n2

'WITHOUT PREJUDICE'
SAVE AS TO COSTS

Dear Sir / Madam,

Thank you for your email.

Please note that: -

Please refer to the above mention case, we are still pending payment \$ 4,823.54.

Kindly proceed to send us 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 response deadlines. The integrity and security of this message cannot be guaranteed on the Internet.



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

Trans-cab Services Pte Ltd

NO. 2 ANG MO KIO STREET 63 SINGAPORE 569111

Tel No. : 6287 6666 Fax No. : 6281 14

Co./GST Reg. No. 201019626G

Our Ref : AAD1411-408

Your Ref : SKH6615P

Date : 7. June 2016

AXA INSURANCE S PTE LTD

Dear Sir / Madam,

**ACCIDENT INVOLVING SHD5128S AND SKH6615P ON 27/11/14 12:50 AM
ALONG Eu Tong Sen Street X Upper Pickering Street**

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):	\$	3,959.00
2. Loss of Rental for <u>6</u> days @ \$ <u>92.09</u> per day:	\$	558.54
3. Loss of Income for <u>6</u> days @ \$ <u>50.00</u> per day	\$	300.00
4. LTA Search Fee:	\$	6.00
5. Survey Fee:	\$	0.00
TOTAL:	\$	4,823.54

We enclose a copy of the following documents for your consideration :-

- | | |
|------------------------------------|------------------------------------|
| A. GIA report lodged by our driver | D. Rental rate and mileage records |
| B. Certificate of Insurance | E. Authorization To Act |
| C. Original final repair bill | F. 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 AUTO SERVICES PTE LTD

Jasmine Tan
General Manager
Tel No. : 6603 1250 (DID)
Email address : jasminetan@transcab.com.sg

Note : Please email any further correspondence to claims@transcab.com.sg. (6603 1259)

Vivian Lau (LKKAUTO)

From: GO Sashe <sashe.goms@axa.com.sg>
Sent: Wednesday, 22 May, 2019 3:11 PM
To: Vivian Lau (LKKAUTO)
Cc: Hsiao Tong (LKKAUTO); Admin A
Subject: RE: C0324193 WP (NR) / Trans-Cab Auto / P1366846 / OD SKH6615P / TP

Dear Vivian

Please proceed settlement amount up to \$4,800/-(all-in).

Thank you.

Regards



Sashe Go
Motor Claims
AXA Insurance Pte Ltd

8 Shenton way AXA Tower #24-01
Singapore 068811
Tel +65 6880 4888
www.axa.com.sg



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From: Vivian Lau (LKKAUTO) [mailto:vivianlau@lkkauto.com]
Sent: Tuesday, May 21, 2019 2:05 PM
To: GO Sashe <sashe.goms@axa.com.sg>
Cc: Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: RE: C0324193 WP (NR) / Trans-Cab Auto / P1366846 / OD SKH6615P / TP

Your Ref: C0324193
Our Ref: CC3/AXA14022581/Kwa3

Dear Sashe,

ACCIDENT INVOLVING SKH 6615P AND SHD 5128S ON 27/11/2014 ALONG LOWER DELTA RD

We refer to the above matter

Sorry for the typo error.

This is a head-to-rear collision.

We have surveyed the vehicle, and relevant supporting documents was enclose for your perusal.

We seek your approval to offer to TP repairer **Trans-cab Auto Services Pte Ltd** is as follows:

	Amount Claimed	Amount Revised
1. Cost of Repair (+GST)	S\$ 10,857.39	S\$ 3,959.00
2. Loss of RENTAL (\$93.09 x 6 days)	S\$ 558.54	S\$ 558.54 (Surveyor recommend 5 days)
3. Loss Of Income (\$ 50.00 x 6days)	S\$ 480.00	S\$ 300.00
3. GIA SEARCH	S\$ 6.00	S\$ 6.00
	S\$ 11,901.93	S\$ 4,823.54

Amount of claim at liability 100% S\$ 4,823.54

For your approval please.

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)

From: GO Sashe [<mailto:sashe.goms@axa.com.sg>]

Sent: Tuesday, 21 May, 2019 1:26 PM

To: Vivian Lau (LKKAuto) <vivianlau@lkkauto.com>

Cc: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Subject: RE: C0324193 WP (NR) / Trans-Cab Auto / P1366846 / OD SKH6615P / TP

Dear Vivian

Please confirm the COR amount as the amount stated in your report is different.

Thank you.

Regards



Sashe Go

Motor Claims

AXA Insurance Pte Ltd

8 Shenton way AXA Tower #24-01

Singapore 068811

Tel +65 6880 4888

www.axa.com.sg



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From: WANG Peter
Sent: Tuesday, May 21, 2019 9:30 AM
To: GO Sashe <sashe.goms@axa.com.sg>
Subject: FW: C0324193 WP (NR) / Trans-Cab Auto / P1366846 / OD SKH6615P / TP

Hi Sashe

For your assistance. Thank you!

Regards

Peter Wang | Specialist, Motor Claims Department
AXA Insurance Pte Ltd | 8 Shenton Way, #24-01 AXA Tower, Singapore 068811 | www.axa.com.sg
Email: peter.wang@axa.com.sg
www.axa.com.sg



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From: Vivian Lau (LKKAUTO) [<mailto:vivianlau@lkkauto.com>]
Sent: 21,05, 19 9:18 AM
To: WANG Peter <peter.wang@axa.com.sg>
Cc: Hsiao Tong (LKKAUTO) <chewht@lkkauto.com>; Admin A <admin-a@lkkauto.com>
Subject: RE: C0324193 WP (NR) / Trans-Cab Auto / P1366846 / OD SKH6615P / TP

Your Ref: C0324193
Our Ref: CC3/AXA14022581/Kwa3

Dear Peter

ACCIDENT INVOLVING SKH 6615P AND SHD 5128S ON 27/11/2014 ALONG LOWER DELTA RD

We refer to the above matter

This is a head-to-rear collision.

We have surveyed the vehicle, and relevant supporting documents was enclose for your perusal.

We seek your approval to offer to TP repairer **Trans-cab Auto Services Pte Ltd** is as follows:

	Amount Claimed	Amount Revised
1. Cost of Repair (+GST)	S\$ 14,170.01	S\$ 8,039.81
2. Loss of RENTAL (\$150.00 x 3 days)	S\$ 560.00	S\$ 450.00 (Surveyor recommend 3 days)
3. GIA SEARCH	S\$ 2.00	S\$ 2.00
	S\$ 14,732.01	S\$ 8,491.81

Amount of claim at liability 100% S\$ 8,491.81

For your approval please.

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)

From: Vivian Lau (LKKAuto)

Sent: Friday, 17 May, 2019 3:22 PM

To: peter.wang@axa.com.sg

Cc: Hsiao Tong (LKKAuto) <chewht@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Subject: C0324193 WP (NR) / Trans-Cab Auto / P1366846 / OD SKH6615P / TP

'WITHOUT PREJUDICE'
SAVE AS TO COSTS

Dear Peter

We refer to the above matter.

Please be informed that TP submitted LOD and agree on direct settlement.

As such we will process to settle with TP .

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.

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)

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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/AXA14022581/Kwy3
Policy No: P1366846

16 January 2015

Cadoret Jean-Christophe Marc Romain
376 Thomson Road
#01-01
Singapore 298130

Dear Sir/Madam,

ACCIDENT INVOLVING SKH 6615P AND SHD 5128S ON 27/11/2014

We refer to the above accident where we are acting for AXA Insurance Singapore Pte Ltd (AXA) 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.

Accordingly your No Claim Discount (NCD – if applicable) may not be preserved.

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. *AXA Insurance Singapore Pte Ltd*
(Motor Claims Dept)

TRANS-CAB AUTO SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel: 6287 6666 Fax: 6281 1400

GST Reg No. : 201019626G

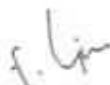
Co. Reg No. : 201019626G

Authorization to Act

I Lim Han Tan (Hirer), S1634352E (NRIC no.) hereby authorize Trans-Cab Services Pte Ltd to act on my behalf to claim for my loss of earnings for the accident involving SHP 5128 S and SFM 6615 R along bu Tong San Street x Upper Pickering Street on 27.11.16 at 1250 hrs.

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

Dated this 07 day of 06 2016.



(Hirer's signature)

TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63 Singapore 569111

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 SHD5128S and SKH6615P along Eu Tong Sen Street X Upper Pickering Street on 27/11/14 12:50 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 7(day) of June 2016

Yours faithfully,
TRANS-CAB SERVICES PTE LTD



Jasmine Tan
General Manager



A901411-408

AXA THIRD PARTY DIRECT SETTLEMENT

Vehicle No:	SKH 6615P (Insd veh)	Model: Toyota WISH - 1794 cc
	SHD 5128S (TP veh)	
Date of Accident/ Time:	27/11/14 @ 09:30	

Repair Estimate	: \$	10,857.39	
Final Repair Cost	: \$	3,958.00	
Loss of Use	: \$	300.00	06 days at 500.00 per day
Rental (if any)	: \$	558.54	06 days at 503.89 per day
LTA / GIA Search Fee	: \$	6.00	
Others:	: \$		
Final Settlement Sum (GLOBALSUM)	: \$	4,800.00	

Payee Name: Trans-cab Auto Services Pte Ltd

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A) For Non GIA Registered Workshop:	Agreed Liability _____ (%)
B) For GIA Registered Workshop:	BOLA Applicable: Yes/No BOLA Scenario No: 37
BOLA Liability: 100 (%)	Assessed Liability (*): _____ (%)

* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks:

NOTE:

- PLEASE EXPRESSLY RESERVE YOUR CLIENT'S RIGHTS IF SO REQUIRED IN THIS SETTLEMENT DOCUMENT.
- THIS SETTLEMENT IS ON A WITHOUT PREJUDICE BASIS AND SHOULD NOT CONSTRUED AS AN ADMISSION OF LIABILITY ON AXA AND THEIR CLIENT/TORTEASOR IN ANY MANNER WHATSOEVER.
- AXA RESERVES THEIR RIGHTS UNDER THE POLICY TERMS & CONDITIONS AS WELL AS THEIR RIGHTS IN LAW.

Only applicable to rental claim - All document are to be submitted with this settlement confirmation. In the event, rental agreement / invoices are **not received within 7 days** of this signed confirmation, we will automatically revert to loss of use claim per the NIMA rates.

We/I confirmed that this is a full and final settlement that we and/or our client have/had/has against you (AXA and their policyholder/authorised driver/tortfeasor) for any and all losses (past/present/future) arising from this accident.

We confirmed that we have the authority of our client to act for and on their behalf in this accident.

Signature of workshop representative / Workshop stamp Name of Representative: Jasmine Tan Date: 24 MAY 2019	Signature of Witness / Workshop stamp (if applicable) Name of Witness: NG WAH YIN Date: 24 MAY 2019
Signature of AXA's surveyor/representative: Name of AXA's surveyor/Representative: Date: 27/11/14	

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:**

AXA INSURANCE (S) PTE LTD

8 SHENTON WAY, #27-01

AXA TOWER

068811 SINGAPORE

ATTENTION:

INVOICE NO. : INV1412-170

DATE : 27. December 2014

REFERENCE N : AAD1411-408

TERMS :

DUE DATE : 27. December 2014

PAGE : 1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHD512BS;DOA 27.11.14(LUMP SUM-14)	1	3,959.00	3,959.00

Total SGD Excl. GST : 3,700.00

7% GST : 259.00

**** THREE THOUSAND NINE HUNDRED FIFTY NINE AND 0/100 SGD

Total SGD Incl. GST : 3,959.00

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
Singapore 569111

Tel: 6287 6666 Fax: 6281 1400

7. June 2016

To Whom It May Concern

Dear Sir / Madam,

Accident on 27/11/14 12:50 AM at Eu Tong Sen Street X Upper Pickering Street

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. SHD5128S. The taxi was hired to LIM HAN TACK a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$93.09 per day (inclusive of GST).
2. Please be advised that the Taxi is insured with First Capital Insurance 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

This is a computer generated print-out. No signature is required.

TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63

Singapore 569111

Tel No. : 6287 6666

Fax No. : 6257 1330

CO./GST Reg. No. 200303878K

27.11.2014

Dear Sir / Mdm

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

Date In	Date Out	Rental Rate	Taxi No.
27/11/14 02:55 PM	03/12/14 05:00 PM	\$ 93.09	SHD 5128S

Yours faithfully

TRANS-CAB SERVICES PTE LTD



JASMINE TAN

General Manager

Text size + -

Enquire Vehicle & Owner Information (Vehicle No. SKH6615P As At 27 Nov 2014 / 00:50:00)

Law Firm Search Details

Search Reason: Insurance claim in relation to traffic accident

Law Firm Case No.: TCS(ROEL)SHD51285

Current Owner Details

Owner ID Type: Foreign Passport

Country: France

Owner ID: 12DF50513

Owner Name: CADORET JEAN-CHRISTOPHE MARC ROMAIN

Registered Address Type: Private Residential (Condo Apt or House) / Shopping / Office Complexes

Registered Block/House No: 375

Registered Street Name: THOMSON ROAD

Registered Unit No.: # 13 - 07

Registered Building Name: CUBE 8

Registered Postal Code: 298130

Current Vehicle Details

Vehicle No.: SKH6615P

Make Description/Model: AUDI / A5 CABRIOLET 2.0 TFSI QUATTRO

Insurance Company Name: AXA INSURANCE SINGAPORE PTE LTD



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THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

Vehicle No:	SKH 6615P (Insd veh)	Model:	TOYOTA WISH (A)
	SHD 5128S (TP veh)		
Date of Accident:	27/11/2014		

Global Sum Settlement	:	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Repair Estimate	:	\$	10,857.39
Final Repair Cost	:	\$	3,959.00
Loss of Token Sum	:	\$	300.00
Rental (if any)	:	\$	558.54
LTA / GIA Search Fee	:	\$	6.00
Others:	:	\$	0.00

Final Settlement Sum (Global Sum)	:	\$	4,800.00
Is Third Party Workshop GIA Registered?	<input checked="" type="checkbox"/> YES	<input type="checkbox"/> NO	(Kindly indicate below)
A) For Non GIA Registered Workshop:	Agreed Liability	_____ (%)	
B) For GIA Registered Workshop:	BOLA Applicable: Yes/ No	BOLA Scenario No:	
	_____ 27 _____		
BOLA Liability: _____ 100 _____ (%)	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	:	\$ 4,800.00

JOANNE LEE KHANG MIN
LKK Auto Consultants Pte Ltd

20/06/2019
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**

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				
AXA INSURANCE PTE LTD			Ref : CC3/AXA14022581/Kwa3q2-1	
8 SHENTON WAY #24-01 AXA TOWERSINGAPORE 068811 ATTN:PETER			Date : 20-06-2019	
			Code : AXA2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKH 6615P	Veh. Inspected	SHD 5128S	
Policy No.	P1366846	Coverage (\$)	0.00	
Claim No.	C0324193	Excess (\$)	0.00	
Assign From		Assign Date	28/11/2014	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA WISH (A)	c.c	1794	
Engine No.	HIDDEN	Year of Reg.	2009	
Chassis No.	JTDER12W503003221	Colour	RED	
Odometer	715235	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	FALKEN	7 mm	
L/H Front Tyre	195/65 R15	FALKEN	7 mm	
R/H Rear Tyre	195/65 R15	FALKEN	7 mm	
L/H Rear Tyre	195/65 R15	FALKEN	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION, DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	27/11/2014	Inspection Date	28/11/2014	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO. 42 SUNGEI KADUT ST 1 SINGAPORE 729346			
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		



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

Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 5128S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER (CONSISTENT)	BENT	487.80	487.80
1	REAR BUMPER SIDE RETAINER LH (CONSISTENT)	SERVICEABLE	57.30	-
1	REAR BUMPER REFLECTORS LH (CONSISTENT)	SERVICEABLE	55.00	-
1	REAR BUMPER SIDE RETAINER RH (CONSISTENT)	DISTORTED	57.30	57.30
1	REAR BUMPER REFLECTORS RH (CONSISTENT)	SERVICEABLE	55.00	-
1	REAR END PANEL INNER (CONSISTENT)	BENT	280.70	280.70
1	REAR END PANEL OUTER (CONSISTENT)	BENT	519.80	519.80
1	REAR END PANEL INNER TRIM (CONSISTENT)	CUT	219.87	219.87
1	SPARE TYRE FASTENER BOLT (CONSISTENT)	SERVICEABLE	362.00	-
1	TAILGATE LID (CONSISTENT)	BENT	1,233.70	1,233.70
1	TAILGATE LID CENTRE "TOYOTA" LOGO BADGE (CONSISTENT)	NECESSARY	68.00	68.00
1	TAILGATE LID LOCK-TOP (CONSISTENT)	DENTED	388.80	388.80
1	TAILGATE LID OUTER CHROME GARNISH (CONSISTENT)	SERVICEABLE	214.50	-
1	TAILGATE LID INNER HANDLE (CONSISTENT)	SERVICEABLE	17.47	-
1	TAILGATE LID INNER TRIM BOARD (CONSISTENT)	SERVICEABLE	258.28	-
1	TAILGATE LID INNER GARNISH TOP (CONSISTENT)	SERVICEABLE	204.60	-
1	REAR EXHAUST BOX (CONSISTENT)	TO REPAIR SEE LABOUR	788.50	-
1	REAR LAMP LH (CONSISTENT)	SERVICEABLE	496.43	-
1	REAR LAMP RH (CONSISTENT)	SERVICEABLE	496.43	-
	LESS 25% DISCOUNT		-1,565.36	-813.99
			4,696.12	2,441.98
1	TAILGATE LID WEATHERSTRIP (50%)(SN)(CONSISTENT)	CUT	286.90	143.45
	LESS 25% DISCOUNT		-71.73	-
			215.17	143.45
<u>SPECIAL NETT ITEMS</u>				
1	SET LICENCE PLATE (SN)(CONSISTENT)	SERVICEABLE	80.00	-
1	SET REAR BUMPER FASTENER CLIP (SN)(CONSISTENT)	NECESSARY	30.00	30.00

Report Ref No. CC3/AXA14022581/Kwa3n2



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

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET REAR END PANEL INNER TRIM CLIP (SN) (CONSISTENT)	NECESSARY	30.00	30.00
1	SET REAR BUMPER PARKING SENSOR (SN) (CONSISTENT)	SHORTED	300.00	220.00
1	CNG STICKER (SN)(CONSISTENT)	NECESSARY	30.00	15.00
1	TAILGATE STICKER "TRANS-CAB" (SN)(CONSISTENT)	NECESSARY	30.00	30.00
1	TAILGATE STICKER "6555-3333" (SN)(CONSISTENT)	NECESSARY	30.00	30.00
1	TAILGATE STICKER "TRANS-LINK" (SN)(CONSISTENT)	NECESSARY	30.00	30.00
2	REAR WINDSCREEN SEALANT (SN)(CONSISTENT)	NECESSARY	80.00	40.00
1	REAR WINDSCREEN INNER SPONGE SEAL (SN) (CONSISTENT)	NECESSARY	60.00	30.00
1	REAR EXHAUST MOUNTING (SN)(CONSISTENT)	SERVICEABLE	45.80	-
1	REAR SPARE TYRE (SN)(CONSISTENT)	SERVICEABLE	120.00	-
1	REAR SPARE TYRE RIM (SN)(CONSISTENT)	SERVICEABLE	180.00	-
			1,045.80	455.00
	LABOUR			
	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF REAR EXHAUST BOX.		1,400.00	600.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		1,350.00	600.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		220.00	60.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		120.00	20.00
	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH, FITTINGS AND OTHER,TO ENABLE REPAIR.		380.00	60.00
	TO REMOVE AND REFIT REAR W/SCREEN GLASS FACILITATE BODYWORK REPAIR.		380.00	120.00
	TO TRANSFER OF TAILGATE FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.		170.00	60.00
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	50.00
			4,190.00	1,570.00
GRAND TOTAL			10,147.09	4,610.43
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				3,700.00

Report Ref No. CC3/AXA14022581/Kwa3n2



Report Ref No. CC3/AXA14022581/Kwa3n2

A handwritten signature in black ink, appearing to read 'KSC'.

KONG SENG CHEONG

Licensed Appraiser

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Joanne Lee (LKK Auto)

From: Joanne Lee (LKK Auto) <report@lkkauto.com>
Sent: Friday, 21 June 2019 4:52 PM
To: 'peter.wang@axa.com.sg'
Cc: 'vivianlau@lkkauto.com'
Subject: C0324193: TP Direct Settlement - Accident Involving SKH 6615P (OI) and SHD 5128S (TP) on 27/11/2014
Attachments: AUTHORISATION TO ACT FORM.pdf; LETTER TO OI.pdf; LKKAdjustment1a (1).pdf; LKKInspection (2).pdf; LKKInvoice1 (2).pdf; LTA SEARCH.pdf; PAYMENT BREAKDOWN_EXPRESS SETTLEMENT FORM.pdf; PAYMENT BREAKDOWN_LKK.pdf; RENTAL MILEAGE.pdf; RENTAL RECEIPT.pdf; WORKSHOP INVOICE.pdf

Dear Sir/Madam,

Please be informed that the above-mentioned case had been settled.

Enclose herewith final report & relevant documents for your necessary action please.

Thank you.

Best Regards,

JOANNE | Reports

LKK Auto Consultants Pte.Ltd.

Phone: 6256-3561 Ext.111 Fax: 6741-4108 email: report@lkkauto.com

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