

ASS. REC. BY:

REF: TMI / CC3 / TMI / 9010923 / Kqd322Kenneth

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. MW010855Claims No. M1904580

Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: 01 days

Res.: Yes or No

Lum Sum: 1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: S/HB 76525Yr Regn: 12, 18

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

Truck / Trailer or

Make: Toy Priusc.c. 1-78Colour M. White

A/C: Insured / Std / NI / NA

Sp. Reading 51321

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JTDKB31F4203077112Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD / Rlm or

Tyre Size: F: 195/65R15

R: _____

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

Front

Rear

R/Bal. 6 mmR/Bal. 6 mmL/Bal. 6 mmL/Bal. 6 mmD.O.A. 16/6/19D.O.A. 19/6/19

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.

Date / Time

Action / Instruction

1File pass to8714.45 (Red to 25660.75, 971/-)S/HB 76525 - XSDU 9T - X20/6/19 @ 2.24pm Email GIA, police report & estimate to TMI.

RECEIVED 20 JUN 2019

Date/Time, File Pass to?

20/6/19

Date/Time, File Return to?

2)

☐

: Prell. Report

☐

: Final Report

Days Of Repair: 1

Resurvey No. of Trip: _____

Survey Fee: 250

Transportation: _____

S + FLS. SI

Fees

Others

TOTAL

Add Fee: ☐

: Site Insp (\$)

☐

: Interview (\$)

☐

: Tech Invs (\$)

☐

: Weekend (\$)

Report Format: MER-TPLump Sum / I.B.I. (\$) 714.4511261

Shiau Chan (LKKAUTO)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Thursday, 20 June 2019 3:19 PM
To: Shiau Chan (LKKAUTO)
Subject: RE: TP VEHICLE SHB 7652S (DOA: 16/06/2019)--AAD1906-143 & SHC 5492U (DOA: 15/06/2019)--AAD1906-142
Attachments: image001.wmz

Hi Shiau Chan

1. SHB7652S amount confirm \$714.45 (b4 GST)
2. SHC5492U amount confirm \$3,150 (b4 GST)

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.

From: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Thursday, 20 June, 2019 2:34 PM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Subject: TP VEHICLE SHB 7652S (DOA: 16/06/2019) & SHC 5492U (DOA: 15/06/2019)

Dear Wai Yin,

Based on our surveyor's estimate marking, the calculation of repair cost of above vehicles are as below:

1. SHB 7652S at final fig \$714.45 before GST and 1 repair day
2. SHC 5492U at Lump Sum \$3,150.00 before GST and 3 repair days.

Kindly check.

Best Regards,
Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Thursday, 20 June 2019 2:24 PM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD, DOA: 16/06/2019, SHB 7652S (TP VEHICLE), SDU 9T (OI VEHICLE)
Attachments: SHB7652 PR.pdf; SHB7652 GIA.pdf; SHB7652 EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHB 7652S at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 19/06/2019.

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

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 | 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.: SHB7652S

Vehicle to be Exported: Yes

Intended Deregistration Date: 17 Jun 2019

Vehicle Make: TOYOTA

Vehicle Model: PRIUS 5DR HATCHBACK (AUTO)

Primary Colour: Red

Manufacturing Year: 2018

Engine No.: 2ZR2B77711

Chassis No.: JTDKB3FU203077112

Maximum Power Output: 90.0 kW (120 bhp)

Open Market Value: \$26,605.00

Original Registration Date: 04 Dec 2018

First Registration Date: 04 Dec 2018

Transfer Count: 0

Actual ARF Paid: \$14,247.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 03 Dec 2026

PARF Rebate Amount: \$10,685.00

Intended COE Rebate Details

COE Expiry Date: 03 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 17 Jun 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	17/06/2019 10:03
Date Of Accident	16/06/2019 17:40
Exact Location Of Accident	JALAN TURI TOWARDS SIMS AVENUE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB7652S
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	LIM TING SENG
NRIC No	S0028921C
Date Of Birth	06/02/1952
Occupation	OUTDOOR
Date Of Driving Pass	12/01/1971
Driving Experience	48 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83397148
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 32 CASSIA CRESCENT #03-72
Postcode	390032
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)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 20 CHAI CHEE DRIVE , POSTCODE: 469045 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2448999 - FAX NO: 62446558
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20190616/2081

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	SDU9T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20190616/2081.

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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



Location Of Origin:
South N.P.C
Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/06/2019 19:01	Vide Report No.:	Station Diary No.: 30
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Informant's Particulars			
Name of Informant: LIM TING SENG		Address: APT BLK 32 CASSIA CRESCENT #03-72 SINGAPORE 390032	
ID Type / ID No.: NRIC NO / S0028921C		Contact No.: Home/Office: Mobile: 83397148	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 67	Date of Birth: 06/02/1952	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name: Transcab
Occupation: Taxi driver		Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 16/06/2019 17:40	Type of Location: Straight Road
Location: Along Road 1 JALAN TURI				
Towards Geylang Serai				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SDU9T	Car	BMW	523I 2.5 AT ABS D/AB 2WD 4DR GAS/D NAV	Grey	Slightly Damaged	2
SHB7652S	TAXI	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Red	Slightly Damaged	2



Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	LIM TING SENG	ID No.	S0028921C
Related Vehicle	NIL	Contact No.	83397148
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	Unknown Driver	ID No.	NIL
Related Vehicle	NIL	Contact No.	91804404
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 16/06/2019 at about 1740Hrs I was traveling along Jalan Turi with two female customers, one in the front passenger and one at the backseat. While I was still at Jalan Turi, I stopped my Transcab taxi (SHB7652S) at the stop sign to allow other vehicle to drive along Geylang Serai.

Suddenly a grey vehicle (SDU9T) behind me hit onto the rear of my taxi. I immediately step out from my taxi and I discovered that my rear left bumper was scratched and there was a dent. My customers do not have any injury due to the accident. The driver of vehicle (SDU9T) insist that there was no damage found on my taxi. One of the female passenger from (SDU9T) had used her hand to forcefully wipe off the scratch mark and claim there was no damage. The driver also insists that there was no collision until one of my customer agreed on the collision. The driver also refused to exchange particulars with me. I managed to snap a photo of the vehicle and also take down the driver contact number (91804404). The driver also instructed me to fix my Taxi privately and she will pay for the damage. I disagree and decided to lodge a traffic accident regarding the matter.

I do not have in-car camera installed in my Taxi. I wish to state that there is damage found on the vehicle (SDU9T) however the driver deliberately stood in front of her front bumper to block my view. I was unable to inform my Taxi company about this incident as it happened on weekend. I am lodging this report for the accident and I will report this to my Taxi company.



**SINGAPORE
POLICE FORCE**



T/20190616/2081

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

3 of 4

Report No. T/20190616/2081

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**



T/20190616/2081

4 of 4

Police Station Of Origin:
Bedok South N.P.C
20 Chai Chee Drive SINGAPORE 469045
Tel No: 1800-2448999

Report No. T/20190616/2081

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report:
G /
Sgt 1 CHENG YI SHENG

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt WONG SIEU LUI
Contact No.: 65476151

Signature Of Informant:

Date/Time:
16/06/2019 19:01

Classification Of Case:

Authentication Stamp
NP168

Trans-cab Auto Services Pte Ltd

AAD1906-143

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHB 7652S

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

*Not Notarized**Resurvey B3 repair**19/6/19**\$714.45***SHB 7652S**

JTDKB3FU203077112

TOYOTA

PRIUS

16.6.19

TOKIO MARINE

4/12/2018

		PART		LIST	
1	1	REAR BUMPER	\$	<i>M</i> 458.60	X
2	1	REAR BUMPER RE-INFORCEMENT	\$	<i>M</i> 318.80	X
3	1	REAR BUMPER TOWING COVER	\$	<i>SL</i> 14.70	X
4	1	REAR BUMPER UNDER COVER (BLACK)	\$	<i>not in</i> 552.60	✓
5	1	REAR BUMPER SIDE RETAINER LH	\$	<i>SL</i> 112.70	} X
6	1	REAR BUMPER SIDE RETAINER RH	\$	<i>SL</i> 112.70	
7	1	REAR TAILGATE	\$	<i>M</i> 1,547.27	
8	1	REAR TAILGATE OUTER GARNISH	\$	<i>SL</i> 905.10	
9	1	COVER, REAR COMBINATION LAMP, RH	\$	<i>SL</i> 54.70	
10	1	COVER, REAR COMBINATION LAMP, RH	\$	<i>SL</i> 54.70	
11	1	GARNISH, BACK DOOR SIDE, LH	\$	<i>SL</i> 93.60	
12	1	GARNISH, BACK DOOR SIDE, RH	\$	<i>SL</i> 93.60	
13	1	MOULDING, BACK DOOR OUTSIDE GARNISH, LOWER RH	\$	<i>SL</i> 55.40	
14	1	MOULDING, BACK DOOR OUTSIDE GARNISH, LOWER LH	\$	<i>SL</i> 55.40	
15	1	BOARD ASSY, BACK DOOR TRIM	\$	<i>SL</i> 254.40	
16	1	PANEL ASSY, BACK DOOR TRIM, UPPER	\$	<i>SL</i> 51.20	
17	1	REAR TAILGATE WEATHERSTRIP	\$	<i>SL</i> 365.20	
18	1	REAR END PANEL	\$	<i>M</i> 602.10	
19	1	TAILLAMP LOWER RH	\$	<i>SL</i> 548.40	
20	1	TAILLAMP UPPER RH	\$	<i>SL</i> 557.90	
21	1	REAR BUMPER SIDE RH	\$	<i>SL</i> 232.00	
22	1	REAR BUMPER SIDE LH	\$	<i>SL</i> 232.00	
23	1	TAILLAMP LOWER LH	\$	<i>SL</i> 548.40	
24	1	TAILLAMP UPPER LH	\$	<i>SL</i> 557.90	
25	1	REAR FENDER RH	\$	<i>M</i> 817.50	
26	1	REAR FENDER LH	\$	<i>M</i> 817.50	
27	1	BOARD, BACK DOOR TRIM	\$	<i>SL</i> 220.70	
28	1	PANEL SUB-ASSY, QUARTER, LH	\$	<i>M</i> 836.70	
29	1	PANEL, QUARTER WHEEL HOUSE, OUTER LH	\$	<i>M</i> 290.50	

Trans-cab Auto Services Pte Ltd

AAD1906-143

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHB 7652S

30	1	PANEL SUB-ASSY, QUARTER, RH	\$	<i>nn</i>	836.70	X
31	1	PANEL, QUARTER WHEEL HOUSE, OUTER RH	\$	<i>nn</i>	290.50	X
TOTAL			\$		12,489.47	
25%			\$		3,122.37	
			\$		9,367.10	

Special Nett

1	1SET	PARKING AID	\$	<i>PL</i>	700.00	} X
2	1SET	REAR BUMPER CLIP	\$	<i>nn</i>	22.00	
3	2	REAR WINDSCREEN SEALANT	\$	<i>nn</i>	80.00	
4	1	WINDSCREEN MOULDING	\$	<i>nn</i>	100.00	
5	1	REAR WINDSCREEN INNER SPONGE SEAL	\$	<i>nn</i>	100.00	
6	1	REAR TAILGATE TOYOTA LOGO	\$	<i>nn</i>	47.00	
7	1	REAR TAILGATE WORDING 'PRIUS'	\$	<i>nn</i>	52.90	
8	1	REAR TAILGATE WORDING 'HYBRID'	\$	<i>nn</i>	53.50	
9	1	REAR TAILGATE STICKER 'TRANS-CAB'	\$	<i>nn</i>	80.00	
10	1	REAR TAILGATE STICKER '6555-3333'	\$	<i>nn</i>	80.00	
11	1	REAR BUMPER PROTECTOR	\$	<i>nn</i>	100.00	}
12	1	REAR WHEEL RIM	\$	<i>PL</i>	1,570.55	
13	1	REAR WHEEL RIM COVER	\$	<i>PL</i>	175.80	
14	1	SPARE WHEEL RIM	\$	<i>PL</i>	1,570.55	
15	1	SPARE WHEEL RIM COVER	\$	<i>PL</i>	175.80	
TOTAL			\$		4,908.10	
TOTAL PARTS			\$		14,275.20	

LABOUR

To transfer of Tailgate fittings, attachments and perform water seepage test.

\$ *nn* 170.00 X

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same

\$ 4,500.00 *del*

To transfer of Rear Bumper fittings, attachments and perform water seepage test.

\$ *nn* 170.00 X

AAD1906-143

SHB 7652S

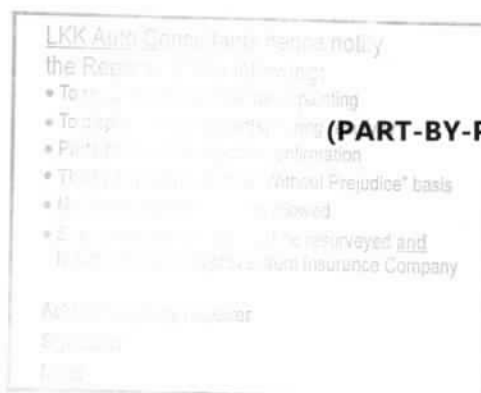
To transfer of rear windscreen fittings and conduct water seepage test.	\$	170.00	X
Putty And Spray Painting Of The Affected Portion.	\$	4,500.00	2201
To Rust-Proofing Of The Affected Areas.	\$	170.00	X
To reinstall rear bumper parking sensor.	\$	170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00	X
To check steering geometry and computer wheel alignment	\$	220.00	X
To transfer of tire, rim and on wheel balancing.	\$	170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	X
To transfer of rear fender fittings, attachment and perform water seepage test.	\$	380.00	X
To apply paint protection system (PPS) maintain and enhancement	\$	380.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	380.00	X
TOTAL	\$	12,100.00	

Over All Total	\$	26,375.20
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RT) Repair Days

~~15~~ Days

1 day

















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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	20 Jun 2019		20 Jun 2019 14:56 Edit Adj Rpt	S\$714.45 Edit Estimates	S\$714.45 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	KAMALUDEEN S/O J.M.M MUTHALIB, ID: S1658946B								
Main Claimant:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K								
Vehicle Reg. No.:	SHB7652S	Date of Loss:	16/06/2019 17:00 - :59 [6 Months and 12 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1904580	Policy/Cover Note No.:	MW010855 (Comprehensive) Coverage: 05/07/2018 - 04/07/2019						
Vehicle Reg. No. (Insured):	SDU9T	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63, 569111 Ang Mo Kio - Tel: 62876666								
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Dillen Senthilan so Selvarajoo]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 01/07/2019]								
Adj Asg. Remarks:	OI HAS NOT RPT THE ACCDT								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***SHB7652S (M1904580)**
[SDU9T]
TP
TRANS-CAB SERVICES PTE LTD
Jun 16 2019 5:00PM
[KAMALUDEEN S/O J.M.M MUTHALIB]
Trans-cab Auto Services Pte Ltd

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	20/06/19 16:18	General View	 Load JPG	<input checked="" type="checkbox"/>
2	20/06/19 16:18	General View	 Load JPG	<input checked="" type="checkbox"/>
3	20/06/19 16:18	General View	 Load JPG	<input checked="" type="checkbox"/>
4	20/06/19 16:18	General View	 Load JPG	<input checked="" type="checkbox"/>
5	20/06/19 16:18	General View	 Load JPG	<input checked="" type="checkbox"/>
6	20/06/19 16:18	General View	 Load JPG	<input checked="" type="checkbox"/>
7	20/06/19 16:18	General View	 Load JPG	<input checked="" type="checkbox"/>
8	20/06/19 16:18	Odometer Reading	 Load JPG	<input checked="" type="checkbox"/>
9	20/06/19 16:18	General View	 Load JPG	<input checked="" type="checkbox"/>
10	20/06/19 16:18	Chassis Number	 Load JPG	<input checked="" type="checkbox"/>
Documentation			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	Tokio Marine Insurance Singapore Ltd (HQ)	Thumbnail	Print
1	20/06/19 14:55	est	 Load PDF	
2	20/06/19 14:55	gia	 Load PDF	
3	20/06/19 14:55	p rpt	 Load PDF	
4	20/06/19 14:55	LKK NOTIFICATION TO SURVEY TRANS CAB-ASSIGNED	 Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST		Reset Save Print
There are no document checklists configured.		
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>		
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>		

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607198R)

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

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CC3/TMI19010923/KQD3E2
Date: 21/06/2019

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd	Policy No: MW010855
Claimant Vehicle No : SHB7652S	Insured Vehicle No : SDU9T
Date of Loss: 16/06/2019	Nature of Claim: TP Claim No: M1904580

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB7652S		Engine No:	2ZR2B77711
Make & Model:	TOYOTA PRIUS HYBRID, 1.8 CVT (A)		Chassis No:	JTDKB3FU203077112
Reg. Date:	04/12/2018 (Man. Year: 2018)		Odometer:	51321 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:	195/65 R15	Rear Tyre Size:	195/65 R15
Front Left Side:	Yokohama 6 mm	Rear Left Side:	Yokohama 6 mm
Front Right Side:	Yokohama 6 mm	Rear Right Side:	Yokohama 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	14,275.20	414.45	13,860.75	97.10
Miscellaneous Items	0.00	0.00	0.00	
Labour	12,100.00	300.00	11,800.00	97.52
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	26,375.20	714.45	25,660.75	97.29
+ GST 7.00/7.00% (S\$)	1,846.26	50.01	1,796.25	97.29
Nett Amount (S\$)	28,221.46	764.46	27,457.00	97.29

INSPECTION

Date of Assignment:	20/06/2019	
Date Inspected:	19/06/2019 Inspected At:	Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 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

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 21 Jun 2019)
Parts:	144	TOYOTA PRIUS HYBRID 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB7652S)	
Validity:	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	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Repair	458.60 FL	*- FL
2	1		*REAR BUMPER RE-INFORCEMENT	Repair	318.80 FL	*- FL
3	1		*REAR BUMPER TOWING COVER	Serviceable	14.70 FL	*- FL
4	1		*REAR BUMPER UNDER COVER (BLACK)	Dented / Cut	552.60 FL	*552.60 FL
5	1		*REAR BUMPER SIDE RETAINER LH	Serviceable	112.70 FL	*- FL
6	1		*REAR BUMPER SIDE RETAINER RH	Serviceable	112.70 FL	*- FL
7	1		*REAR TAILGATE	Repair	1,547.27 FL	*- FL
8	1		*REAR TAILGATE OUTER GARNISH	Serviceable	905.10 FL	*- FL
9	1		*COVER, REAR COMBINATION LAMP, RH	Serviceable	54.70 FL	*- FL
10	1		*COVER, REAR COMBINATION LAMP, RH	Serviceable	54.70 FL	*- FL
11	1		*GARNISH, BACK DOOR SIDE, LH	Serviceable	93.60 FL	*- FL
12	1		*GARNISH, BACK DOOR SIDE, RH	Serviceable	93.60 FL	*- FL
13	1		*MOULDING, BACK DOOR OUTSIDE GARNISH, LOWER RH	Serviceable	55.40 FL	*- FL
14	1		*MOULDING, BACK DOOR OUTSIDE GARNISH, LOWER LH	Serviceable	55.40 FL	*- FL
15	1		*BOARD ASSY, BACK DOOR TRIM	Serviceable	254.40 FL	*- FL
16	1		*PANEL ASSY, BACK DOOR TRIM, UPPER	Serviceable	51.20 FL	*- FL
17	1		*REAR TAILGATE WEATHERSTRIP	Serviceable	365.20 FL	*- FL
18	1		*REAR END PANEL	Repair	602.10 FL	*- FL
19	1		*TAILLAMP LOWER RH	Serviceable	548.40 FL	*- FL
20	1		*TAILLAMP UPPER RH	Serviceable	557.90 FL	*- FL
21	1		*REAR BUMPER SIDE RH	Serviceable	232.00 FL	*- FL
22	1		*REAR BUMPER SIDE LH	Serviceable	232.00 FL	*- FL
23	1		*TAILLAMP LOWER LH	Serviceable	548.40 FL	*- FL
24	1		*TAILLAMP UPPER LH	Serviceable	557.90 FL	*- FL
25	1		*REAR FENDER RH	Repair	817.50 FL	*- FL
26	1		*REAR FENDER LH	Repair	817.50 FL	*- FL
27	1		*BOARD, BACK DOOR TRIM	Serviceable	220.70 FL	*- FL
28	1		*PANEL SUB-ASSY, QUARTER, LH	Repair	836.70 FL	*- FL
29	1		*PANEL, QUARTER WHEEL HOUSE, OUTER LH	Repair	290.50 FL	*- FL
30	1		*PANEL SUB-ASSY, QUARTER, RH	Repair	836.70 FL	*- FL
31	1		*PANEL, QUARTER WHEEL HOUSE, OUTER RH	Repair	290.50 FL	*- FL
32	1		*SET PARKING AID	Serviceable	700.00 FS	*- FS
33	1		*SET REAR BUMPER CLIP	Not Necessary	22.00 FS	*- FS
34	2		*REAR WINDSCREEN SEALANT	Not Necessary	80.00 FS	*- FS
35	1		*WINDSCREEN MOULDING	Not Necessary	100.00 FS	*- FS
36	1		*REAR WINDSCREEN INNER SPONGE SEAL	Not Necessary	100.00 FS	*- FS
37	1		*REAR TAILGATE TOYOTA LOGO	Not Necessary	47.00 FS	*- FS
38	1		*REAR TAILGATE WORDING PRIUS	Not Necessary	52.90 FS	*- FS
39	1		*REAR TAILGATE WORDING HYBRID	Not Necessary	53.50 FS	*- FS

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
40	1		*REAR TAILGATE STICKER TRANS-CAB	Not Necessary	80.00 FS	*- FS
41	1		*REAR TAILGATE STICKER 6555-3333	Not Necessary	80.00 FS	*- FS
42	1		*REAR BUMPER PROTECTOR	Not Necessary	100.00 FS	*- FS
43	1		*REAR WHEEL RIM	Serviceable	1,570.55 FS	*- FS
44	1		*REAR WHEEL RIM COVER	Serviceable	175.80 FS	*- FS
45	1		*SPARE WHEEL RIM	Serviceable	1,570.55 FS	*- FS
46	1		*SPARE WHEEL RIM COVER	Serviceable	175.80 FS	*- FS

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

Sub Total (\$\$)	17,397.57	552.60
- List Item Discount on L Items 25.00/25.00% (\$\$)	3,122.37	138.15

Total Parts (\$\$)	14,275.20	414.45
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Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO TRANSFER OF TAILGATE FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	New	170.00	0.00
2	PANEL BEATING ,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME.	New	4,500.00	80.00
3	TO TRANSFER OF REAR BUMPER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	New	170.00	0.00
4	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST.	New	170.00	0.00
5	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.	New	4,500.00	220.00
6	TO RUST-PROOFING OF THE AFFECTED AREAS.	New	170.00	0.00
7	TO REINSTALL REAR BUMPER PARKING SENSOR.	New	170.00	0.00
8	TO TRANSFER OF REAR END PANEL FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	New	170.00	0.00
9	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	New	220.00	0.00
10	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	New	170.00	0.00
11	TO CHECK ELECTRICAL LIGHTING CONCERNED.	New	170.00	0.00
12	TO TRANSFER OF REAR FENDER FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	New	380.00	0.00
13	TO APPLY PAINT PROTECTION SYSTEM (PPS) MAINTAIN AND ENHANCEMENT.	New	380.00	0.00
14	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	New	380.00	0.00
15	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH, TO FACILITATE REPAIR.	New	380.00	0.00
Gross Labour Cost (\$\$)			12,100.00	300.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >