

APP. REC. BY:

REF: es/u019017630/ktd3m Special Instructions:Surveyor: REDAKASSIGNMENT (Office)

From (Person):

Jenny Lee

of

UOI

Date/Time:

7/10/19 @ 3:14pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 5570C

Insured:

SGP 49T

at Workshop w/s

Turnscub

Tel:

6287 6666

of

No 2 Amk 84-63

Policy No:

Claim No:

W12011791910

Sum Insured:

Process:

Make of Veh:

D.O.A.

1/10/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

3:40pm 7/10/19

Person Contacted:

CendyVehicle IN / OUT

Date/Time	Action/Instruction	
	<u>1:31pm 7/10/19</u> ✓	
	<u>SHC 5570C - CC4 / ASM / 19017512 / gb3</u>	<u>DIA: 1/10/2019</u>
	<u>SGP 49T - CC4 / ASM / 19017512 / gb3</u>	<u>DUA: 1/10/2019</u>
	<u>Confirm final figure \$4237.30 (Ret: 24173.75; 85%)</u>	

ASS. REC. BY:

REF:

U02/

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

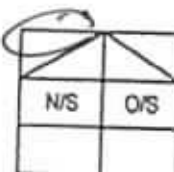
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

1-B1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S14C 5570C

Yr Regn:

08, 19

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

Truck / Trailer or

Make:

Toy Pirus

c.c.

1798

Colour

M.P. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

13869

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTD1KB31-4103083315

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / 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

R/Bal.

P

mm

Rear

R/Bal.

P

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

1/10/19

D.O.I.

8/10/19

Survey held at

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

FR N/S

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

RECEIVED 24 OCT 2019

Date/Time, File Pass to?

23/10 Typst

Date/Time, File Return to?

27



: Prell. Report



: Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

23/10/19

18x25450

250+450

60

80

20

860

Report Format:

TP

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

4237.30

**Summer Lee (LKK Auto)**

---

**From:** LEW JENNY <jennylew@uoi.com.sg>  
**Sent:** Monday, 7 October, 2019 3:14 PM  
**To:** claims; assignments; SUR  
**Cc:** zhewei.kek@transcab.com.sg  
**Subject:** Our Ref: SGP49T ; Your Ref: SHC5570C - Pre Repair Survey  
**Attachments:** 4786\_001.zip; 4787\_001.zip

WITHOUT PREJUDICE

Dear Candy,

We will appoint LKK as SJE as requested.

Dear Shiau Chan,

Please arrange to survey the vehicle at Trans-cab.

Thank You.

Warmest Regards

Jenny Lew

Claims Division

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909  
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • jennylew@uoi.com.sg

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## Denise Tay (LKKAUTO)

---

**From:** Ng Wai Yin <waiyin.ng@transcab.com.sg>  
**Sent:** Wednesday, 23 October 2019 3:50 PM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** RE: SHC 5570C / UOI / DOA: 1/10/2019 -- AAD1910-013

Hi Denise

Amount confirmed \$ 4,237.30 (before 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](mailto:claims@transcab.com.sg)**

TRANS-CAB SERVICES PTE LTD  
No. 2 Ang Mo Kio Street 63  
Singapore 569111  
Tel: 6287 6666 Fax: 6287 7764

---

**From:** Denise Tay (LKKAUTO) [mailto:[denisetay@lkkauto.com](mailto:denisetay@lkkauto.com)]  
**Sent:** Wednesday, 23 October, 2019 3:14 PM  
**To:** Ng Wai Yin <waiyin.ng@transcab.com.sg>  
**Subject:** RE: SHC 5570C / UOI / DOA: 1/10/2019 -- AAD1910-013

Dear Wai Yin,

Sorry my mistake, \$4237.30 is correct.

Best Regards,

**Denise Tay** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

---

**From:** Ng Wai Yin <waiyin.ng@transcab.com.sg>  
**Sent:** Wednesday, 23 October 2019 3:10 PM  
**To:** Denise Tay (LKKAUTO) <[denisetay@lkkauto.com](mailto:denisetay@lkkauto.com)>  
**Subject:** FW: SHC 5570C / UOI / DOA: 1/10/2019 -- AAD1910-013

Hi Denise

I can't get your amount? My calculation total is \$ 4,237.30.

## Denise Tay (LKKAUTO)

---

**From:** LEW JENNY <jennylew@uoi.com.sg>  
**Sent:** Friday, 11 October 2019 1:31 PM  
**To:** Denise Tay (LKKAUTO); Admin-D (LKKAUTO); assignments  
**Cc:** SUR  
**Subject:** RE: Our Ref: SGP49T ; Your Ref: SHC5570C - Pre Repair Survey

Dear Denise,

Claim No: M12D11791910

Warmest Regards

Jenny Lew

Claims Division

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909  
Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • [jennylew@uoi.com.sg](mailto:jennylew@uoi.com.sg)

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---

**From:** Denise Tay (LKKAUTO) [mailto:[denisetay@lkkauto.com](mailto:denisetay@lkkauto.com)]  
**Sent:** Friday, 11 October, 2019 10:57 AM  
**To:** Admin-D (LKKAUTO) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>; LEW JENNY <jennylew@uoi.com.sg>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: Our Ref: SGP49T ; Your Ref: SHC5570C - Pre Repair Survey

Dear Jenny,

Please provided your claim/ref no.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

---

**From:** Admin-D (LKKAUTO) <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>  
**Sent:** Monday, 7 October 2019 3:59 PM  
**To:** 'LEW JENNY' <jennylew@uoi.com.sg>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: Our Ref: SGP49T ; Your Ref: SHC5570C - Pre Repair Survey

Dear Sir/Mdm,

> Back to OneMotoring

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHCS570C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	02 Oct 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2C51982
Chassis No.:	JTDKB3FU103083385
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	30 Aug 2019
First Registration Date:	30 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Aug 2027
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	29 Aug 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$23,463.00
COE Rebate Amount:	\$18,770.00
<b>Total Rebate Amount:</b>	<b>\$29,455.00</b>
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 02 Oct 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	02/10/2019 13:45
Date Of Accident	01/10/2019 22:00
Exact Location Of Accident	KAMPONG KAPOR ROAD X SYED ALWI ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5570C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

### Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 D DCI (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	VFX/P1680520
Cover Note Number	

### Driver

Name of Driver	WONG CHHUN SHUI
NRIC No	S2532984H
Date Of Birth	05/11/1948
Occupation	OUTDOOR
Date Of Driving Pass	15/03/1974
Driving Experience	45 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92702771
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address: BLK 102 ANG MO KIO AVENUE 3  
#02-1425

Postcode: 560102

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 - MAJOR/MINOR RD

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? YES

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): 5

Passenger 1: NAME: : UNKNOWN  
GENDER: : MALE

Passenger 2: NAME: : UNKNOWN  
GENDER: : MALE

Passenger 3: NAME: : UNKNOWN  
GENDER: : MALE

Passenger 4: 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: TOA PAYOH NEIGHBOURHOOD POLICE CENTRE

Police Station Address: ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING ,  
POSTCODE: 319194 , COUNTRY: SINGAPORE

Police Station Contact: TEL NO: 1800-2519999 - FAX NO: 63548749

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO POLICE REPORT T/20191002/2041

#### 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 SGP49T  
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)

**DETAILS OF INJURED PERSON 1**

Name WONG CHHUN SHUI  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHC5570C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**DETAILS OF INJURED PERSON 2**

Name PASSENGER  
Approximate Age  
Injuries Sustain  
Injured person in which vehicle? SHC5570C  
Were seat belts worn? YES  
Was this injured conveyed to hospital by ambulance? NO  
Address  
Postcode

**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.:

Hand-drawn sketch map of the intersection of Kampung Kapor Rd and SGP 49T. The map shows a vertical road (Kampung Kapor Rd) and a horizontal road (SGP 49T). A bus stop is marked with a box containing 'A' and 'B'. Arrows indicate traffic flow. Text labels include 'Kampung Kapor Rd', 'SGP 49T', 'Stad Alwi Rd', 'Kampung Kapor Rd x Stad Alwi Rd', 'A: SHC 5570C', and 'B: SGP 49T'.

Refer to Police Report T/20191002 /20141.

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

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



# SINGAPORE POLICE FORCE



T/20191002/2041

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

1 of 4

Report No. T/20191002/2041

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 02/10/2019 11:30		Vide Report No.:		Station Diary No.: 39	
<b>Informant's Particulars</b>					
Name of Informant: WONG CHHUN SHUI		Address: APT BLK 102 ANG MO KIO AVENUE 3 #02-1425 SINGAPORE 560102			
ID Type / ID No.: NRIC NO / S2532984H		Contact No.: Home/Office: Mobile: 92702771			
Nationality: SINGAPORE CITIZEN		Email:			
Sex: Male	Age: 70	Date of Birth: 05/11/1948	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:			

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 01/10/2019 22:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 KAMPONG KAPOR ROAD VERDUN ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SGP49T	Car				Slightly Damaged	2
SHC5570C	Car				Slightly Damaged	4

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20191002/2041

2 of 4

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20191002/2041

**CONTINUATION OF REPORT**

<b>Passenger</b>			
Name	Liu Yun Feng	ID No.	G8711246
Related Vehicle	SHC5570C (Car)	Contact No.	NIL
Hospital/Clinic	GOH MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	02	Degree of Injury	Slight
<b>Driver</b>			
Name	WONG CHHUN SHUI	ID No.	S2532984H
Related Vehicle	SHC5570C (Car)	Contact No.	92702771
Hospital/Clinic	GOH MEDICAL CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Ong Ka Li	ID No.	S1237257P
Related Vehicle	SHC5570C (Car)	Contact No.	87558348
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	Slight

**Brief Details.**

On 01/10/2019 at around 2200hrs, I was driving along Kampong Kapo Road towards Syed Alwi Road with 4 other passenger onboard. As I was approaching the X-junction, I saw a vehicle turning into my lane from the left. I then slowed down to allow the vehicle to merge in, I then pick up speed and follow behind said vehicle. However, the vehicle on the left started to merge in despite the fact that I have the right of way. According to the in car camera, the driver of said vehicle was not seen turning his head to check for any oncoming vehicle before and during merging.

we then exchanged particulars and left the scene shortly after. No traffic police or ambulance were at scene.



**SINGAPORE  
POLICE FORCE**



T/20191002/2041

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

3 of 4

Report No. T/20191002/2041

**CONTINUATION OF REPORT**



**SINGAPORE  
POLICE FORCE**



T/20191002/2041

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

4 of 4

Report No. T/20191002/2041

**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:

E /

Sgt 1 LER RONG XUN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

02/10/2019 11:30

Officer In Charge Of Case:

TP / AEIT /

Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED  
MOHD SAID

Classification Of Case:

Contact No: 65476172

Authentic Singapore Police Force  
NP168

SN 168



SINGAPORE  
POLICE FORCE  
SAFEGUARDING EVERY DAY

SIGNATURE

**Trans-cab Auto Services Pte Ltd**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC 5570C****AAD1910-013***Not Authorized  
Resurvey B & paint*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**SHC 5570C**

JTDKB3FU103083385

TOYOTA

PRIUS

1.10.19

**UOI**

30/8/2019

**PART****LIST**

- |    |   |  |
|----|---|--|
| 1  | 1 | FRONT BUMPER                             |
| 2  | 1 | BRACKET, FRONT BUMPER EXTENSION MOUNTING |
| 3  | 1 | REINFORCEMENT, FRONT BUMPER              |
| 4  | 1 | REINFORCEMENT, FRONT BUMPER, NO.2        |
| 5  | 1 | COVER, FRONT BUMPER HOLE, LH             |
| 6  | 1 | ABSORBER, FRONT BUMPER, LOWER            |
| 7  | 1 | ABSORBER, FRONT BUMPER ENERGY            |
| 8  | 1 | FRONT BUMPER SIDE RETAINER LH            |
| 9  | 1 | COVER, ENGINE UNDER, NO.1                |
| 10 | 1 | COVER SUB-ASSY, ENGINE UNDER, NO.2       |
| 11 | 1 | EXTENSION, FRONT BUMPER, RH              |
| 12 | 1 | EXTENSION, FRONT BUMPER, LH              |
| 13 | 1 | FRONT LED LAMP (LOWER) LH                |
| 14 | 1 | FRONT HEADLAMP LH                        |
| 15 | 1 | COMPUTER SUB-ASSY, HEADLAMP, LH NO.1     |
| 16 | 1 | MOTOR, HEADLAMP LEVELING, LH             |
| 17 | 1 | FRONT FENDER LH                          |
| 18 | 1 | LINER, FRONT FENDER, LH                  |
| 19 | 1 | GRILLE SUB-ASSY, RADIATOR                |
| 20 | 1 | GRILLE, RADIATOR, LOWER NO.1             |
| 21 | 1 | FRONT BONNET                             |
| 22 | 1 | HINGE ASSY, HOOD, LH                     |
| 23 | 1 | INSULATOR, HOOD                          |
| 24 | 1 | EMBLEM ASSY, RADIATOR GRILLE             |

- |    |                 |          |     |
|----|-----------------|----------|-----|
| \$ | <i>Buc/cm</i>   | 516.00   | ✓   |
| \$ | <i>SL</i>       | 103.40   | X   |
| \$ | <i>R</i>        | 716.60   | X   |
| \$ | <i>CM</i>       | 246.10   | ✓   |
| \$ | <i>SL</i>       | 29.30    | X   |
| \$ | <i>SL</i>       | 132.70   | X   |
| \$ | <i>CM</i>       | 79.60    | ✓   |
| \$ | <i>MS</i>       | 117.70   | ✓   |
| \$ | <i>SL</i>       | 472.40   | X   |
| \$ | <i>SL</i>       | 241.90   | X   |
| \$ | <i>SL</i>       | 120.10   | X   |
| \$ | <i>SL</i>       | 120.10   | X   |
| \$ | <i>mg/cm/cm</i> | 951.40   | ✓   |
| \$ | <i>mg/cm</i>    | 2,637.60 | ✓   |
| \$ | <i>SL</i>       | 960.50   | } X |
| \$ | <i>SL</i>       | 487.50   |     |
| \$ | <i>R</i>        | 977.80   |     |
| \$ | <i>SL</i>       | 206.70   |     |
| \$ | <i>SL</i>       | 346.00   |     |
| \$ | <i>SL</i>       | 170.10   |     |
| \$ | <i>R</i>        | 983.10   |     |
| \$ | <i>R</i>        | 58.90    |     |
| \$ | <i>SL</i>       | 410.90   |     |
| \$ | <i>SL</i>       | 90.80    |     |

<b>TOTAL</b>	\$	<b>11,177.20</b>
<b>25%</b>	\$	<b>2,794.30</b>
	\$	<b>8,382.90</b>



**Trans-cab Auto Services Pte Ltd**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC 5570C****AAD1910-013****Special Nett**

1	1	FRONT WHEEL RIM	\$	<i>Ph</i> 1,570.55	X
2	1	FRONT WHEEL RIM COVER	\$	<i>Sh</i> 175.80	X
3	1	FRONT TYRE 195/65/15	\$	<i>Sh</i> 350.00	X
4	1	CLIP, FRONT FENDER LINER	\$	<i>na</i> 22.00	X
5	1	FRONT NUMBER PLATE WITH MOULDING	\$	<i>Sh</i> 200.00	X
6	1	BUMPER CLIP FRT	\$	<i>na</i> 66.00	✓
7	1	WINDSCREEN SEALANT	\$	<i>na</i> 253.80	X
8	1	FRONT WINDSCREEN MOULDING	\$	<i>na</i> 120.00	X
9	1	FRONT WINDSCREEN INNER SPONGE SEAL	\$	<i>na</i> 100.00	X
<b>TOTAL</b>			<b>\$</b>	<b>2,858.15</b>	

<b>TOTAL PARTS</b>	<b>\$</b>	<b>11,241.05</b>
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**LABOUR**

Putty And Spray Painting Of The Affected Portion.	\$	7,500.00	<i>4 401</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	7,500.00	<i>300</i>
To Rust-Proofing Of The Affected Areas.	\$	<i>na</i> 170.00	X
To transfer of Fender fittings, attachments and perform water seepage test.	\$	<i>na</i> 170.00	X
To transfer of Front Bumper fittings, attachments and perform water seepage test.	\$	<i>na</i> 170.00	X
To transfer of Front Bonnet fittings, attachments and perform water seepage test.	\$	<i>na</i> 170.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	<i>na</i> 380.00	X
To check steering geometry and computer wheel alignment	\$	<i>na</i> 220.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>na</i> 380.00	X
To transfer of tire, rim and on wheel balancing.	\$	<i>na</i> 170.00	X

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**SHC 5570C****AAD1910-013**

To transfer of front windscreen glass to facilitate  
bodywork repair.

\$ *nn* 170.00 *X*

To Check Electrical Lighting Concerned.

\$ 170.00 *201***TOTAL \$ 17,170.00****Over All Total \$ 28,411.05****(PART-BY-PART) Repair Days***25 days**2 days*

LYK Auto Consulting hereby notify  
the Repairer of the following:

- To ensure satisfactory quality
- To supply adequate parts & equipment
- To provide the repairer with the necessary information
- That the repairer is the "first point of contact"
- To ensure that the repairer is aware of the relevant regulations
- To ensure that the repairer is aware of the relevant regulations
- To ensure that the repairer is aware of the relevant regulations

Authorised by Repairer  
Signature  
Date



# 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				
UNITED OVERSEAS INSURANCE LTD		Ref : CS/UOI19017630/Ktd3n2		
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909		Date : 25-10-2019		
		Code : UOI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SGP 49T	Veh. Inspected	SHC 5570C	
Policy No.		Coverage (\$)	0.00	
Claim No.	M12D11791910	Excess (\$)	0.00	
Assign From	JENNY LEW	Assign Date	07/10/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA PRIUS (A)	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	JTDKB3FU103083385	Colour	M.P WHITE / RED	
Odometer	13869	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	GOODYEAR	8 mm	
L/H Front Tyre	195/65 R15	GOODYEAR	8 mm	
R/H Rear Tyre	195/65 R15	GOODYEAR	8 mm	
L/H Rear Tyre	195/65 R15	GOODYEAR	8 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	01/10/2019	Inspection Date	08/10/2019	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>		



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

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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5570C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER	BUCKLED / CRACKED	516.00	516.00
1	BRACKET,FRONT BUMPER EXTENSION MOUNTING	SERVICEABLE	103.40	-
1	REINFORCEMENT,FRONT BUMPER	TO REPAIR SEE LABOUR	716.60	-
1	REINFORCEMENT,FRONT BUMPER,NO 2	CRACKED	246.10	246.10
1	COVER,FRONT BUMPER HOLE,LH	SERVICEABLE	29.30	-
1	ABSORBER,FRONT BUMPER LOWER	SERVICEABLE	132.70	-
1	ABSORBER,FRONT BUMPER ENERGY	CRACKED	79.60	79.60
1	FRONT BUMPER SIDE RETAINER LH	DISTORTED	117.70	117.70
1	COVER,ENGINE UNDER,NO 1	SERVICEABLE	472.40	-
1	COVER SUB-ASSY,ENGINE UNDER,NO 2	SERVICEABLE	241.90	-
1	EXTENSION,FRONT BUMPER,RH	SERVICEABLE	120.10	-
1	EXTENSION,FRONT BUMPER,LH	SERVICEABLE	120.10	-
1	FRONT LED LAMP (LOWER) LH	MTG CRACKED / CUT	951.40	951.40
1	FRONT HEADLAMP LH	MTG CRACKED	2,637.60	2,637.60
1	COMPUTER SUB-ASSY,HEADLAMP,LH NO 1	SERVICEABLE	960.50	-
1	MOTOR,HEADLAMP LEVELING,LH	SERVICEABLE	487.50	-
1	FRONT FENDER LH	TO REPAIR SEE LABOUR	977.80	-
1	LINER,FRONT FENDER LH	SERVICEABLE	206.70	-
1	GRILLE SUB-ASSY,RADIATOR	SERVICEABLE	346.00	-
1	GRILLE RADIATOR,LOWER NO.1	SERVICEABLE	170.10	-
1	FRONT BONNET	TO REPAIR SEE LABOUR	983.10	-
1	HINGE ASSY,HOOD,LH	TO REPAIR SEE LABOUR	58.90	-
1	INSULATOR,HOOD	SERVICEABLE	410.90	-
1	EMBLEM ASSY,RADIATOR GRILLE	SERVICEABLE	90.80	-
	LESS 25% DISCOUNT		-2,794.30	-1,137.10
			8,382.90	3,411.30
<b>SPECIAL NETT ITEMS</b>				
1	FRONT WHEEL RIM (SN)	SERVICEABLE	1,570.55	-
1	FRONT WHEEL RIM COVER (SN)	SERVICEABLE	175.80	-

Report Ref No. CS/UOI19017630/Ktd3n2



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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FRONT TYRE 195/65/15 (SN)	SERVICEABLE	350.00	-
1	CLIP,FRONT FENDER LINER (SN)	NOT NECESSARY	22.00	-
1	FRONT NUMBER PLATE WITH CASING (SN)	SERVICEABLE	200.00	-
1	BUMPER CLIP FRT (SN)	NECESSARY	66.00	66.00
1	WINDSCREEN SEALANT (SN)	NOT NECESSARY	253.80	-
1	FRONT WINDSCREEN MOULDING (SN)	NOT NECESSARY	120.00	-
1	FRONT WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	100.00	-
			2,858.15	66.00
	<b>LABOUR</b>			
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		7,500.00	440.00
	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF REINFORCEMENT,FRONT BUMPER,FRONT FENDER LH,FRONT BONNET AND HINGE ASSY,HOOD,LH.		7,500.00	300.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
	TO TRANSFER OF FENDER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF FRONT BUMPER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF FRONT BONNET FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH,TO FACILITATE REPAIR.	NOT NECESSARY	380.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH, FITTINGS AND OTHER,TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO TRANSFER OF FRONT WINDSCREEN GLASS TO FACILITATE BODYWORK REPAIR.	NOT NECESSARY	170.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
			17,170.00	760.00
	<b>GRAND TOTAL</b>		<b>28,411.05</b>	<b>4,237.30</b>

Report Ref No. CS/UOI19017630/Ktd3n2



RECOMMENDED COST OF REPAIRS			4,237.30
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Report Ref No. CS/UOI19017630/Ktd3n2

**KONG SENG CHEONG**

**Licensed Appraiser**

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