Payee 1:

Payee 2: (Strike if N.A.)

Payee 3: (Strike if N.A.)

SS

SS

Name 2:

Name 3:

ASSIGNMENT

	Surveyor:	Yenneth DOI: 13 - 2 - 14	Date / Time : 13 - 2 - 14
	Dro series /	CCILIETE	Registered in Merimen: 17 3-14
	Pre-assign /		2 22 27 27 27
9	Insured Vehi		2442/1909
1	Name of Inst	red : 14 Short Long Policy No.	1 × 2000001 :
	Insured Tel ?	No. : HP: 9586 9995 Make / Model	Honda
1	Excess Sec 1	1:SS D.O.A: \(\tau_\) \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	ent: June of Rivervale Road
	Is driver the	owner? (YES / NO) Nature of Accident :	-
	If NO, Driv	er Name / Age : OI GIA REPO	RT: YES / NO ; TP GIA REPORT: YES / NO
	Drive	r Tel No.: (V/L: YES / NO Insured Liability	ty: % Final? Yes/No
	THE THE	ss	
	INSRS:	4 P	INSRS: WSP:
	Tel: Liability:	Tel: Tel: Liability:	Tel: Liability:
	RMKS:	RMKS: RMKS	RMKS:
-	Date/ Time		
-	3.3	FOR CSO ONLY:	STAGE DATE/PIC
-	VIVIAN	Is driver the owner? (YES / NO) If NO, Driver Name / Age:	Finalisation. Email AIG for Ol GIA:
		Driver's Own Vehicle Number: Insurance Company:	Apt letter to Ol: > 4 3 14 (6)
-		SHE 7675 B- MAI MC11014355 (52 1 23-7:11)	call of vivian th
-		(C4) AIG 04007641 (ADUL) 7-4-59	After call ltr to OI: 5 3117.
15	100	CC4/A16 0900 GOT 1050h 1 18-3-09	Type Report
		522 35944 - (CT MG DRIGOST (CD53D)) 27-04-12-	Prepare Invoice:
172		1.11 1 6 5 A 1 1 1 1 1 K	Others:
-	4314.	Called as continu accident details interno	Ol Apt Ltr:
-		TP clion. 02 making a reversed and TP making a right turn. agree to settle at 50/50;	Authorisation To Act
-		amora NOWILL THE AFFECTION. WHEN AME DUT	
		harder low could be allest the could be	Final Repair Bill:
1	CI (1)	To process at It appropriate title.	Car Reutal Invoice:
			LTA / GIA :
	13-03-14	To every offer to the in will from the win more to	Medical Bill
		he blance by hilly Ip schill reversing.	Approval Email:
-		9 0 0	Payment Breakdown Form:
	16/2/18	TP rejected 70% & insit the 160% . Otherwise	Others:
		they pass to lawyer.	(COMP)
		A CONTRACT TO ACCUSE	USL
		To limite to All for instructions	I Para Toplas francis
	24/x3/15	teals a remark to Ath for inmedial instructions a	a Trailedul le parete langer
ALIZATION	Date/Ti		Confirm by: VSL
	45 552,100		Email Call
		me:04-13.19 Confirm with IOA1 YIM	Email Cal
air Cost:	MENT Date/Ti	me, v i i v i v i v i v i v i v i v i v i	
air Cost: AL SETTLEN I Liability:	100 % 8	(Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia:
air Cost: AL SETTLEN Il Liability: air Cost: allSi: *	100 % 8 +2,24140 S\$1,79	O (Agreed / Assessed) BOLA S/N No. : NIL	If NO or B 28, Ass. Lia:
air Cost: AL SETTLEN Il Liability: air Cost: all SI: * s of Rental (LO	100 % 8 +5,541.00 \$\$ 1.79 0R)+343.46 \$\$ 195	0 (Agreed / Assessed) BOLA S/N No. : NIC 1.60 -17 (2 days) × 4/21-98	If NO or B 28, Ass. Lia:
air Cost: AL SETTLEN Il Liability: air Cost: a\lambda St: 4 s of Rental (LO s of Use (LOU)	100 % 8 +2,247.00 S\$1.79 OR)+3/43.96 S\$ 195 O: - S\$	(Agreed / Assessed) BOLA S/N No. : NIC 1.60 -17 (2 days) × 4 \21.98 (\$ x days)	If NO or B 28, Ass. Lia:
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air Cost: AL SETTLEM al Liability: air Cost: الله الله الله الله الله الله الله الل	100 % 8 +2,541-00 S\$1.79 0R)+3/43.96 S\$ 195 0: - S\$ -	(Agreed / Assessed) BOLA S/N No. : NIC 1.60 -17 (2 days) × 4 \21.98 (\$ x days)	If NO or B 28, Ass. Lia:
wair Cost: WAL SETTLEM al Liability: Dair Cost: a Sistematic (LO Sistematic of Use (LOU)	100 % 8 +2,241.00 S\$1,79 (R)+343.46 S\$ 195 (C) - S\$ -	(Agreed / Assessed) BOLA S/N No.: NUC 1.60 (17 (2 days) × 4 \21.98 (\$ x days) (\$ 50 x 2 days) OR + LOU LOR + LOI [Tick only one]	If NO or B 28, Ass. Lia:
nair Cost: NAL SETTLEN al Liability: Dair Cost: Alsi: * Ses of Rental (LO Ses of Use (LOU) Ses of Income (LO Ses of Inc	100 % 8 100 % 8 100 8\$1.79 100 8\$1.79	(Agreed / Assessed) BOLA S/N No.: NIC 1.60 (17 (2 days) × 4 \21.98 (\$ x days) (\$ 50 x 2 days) OR + LOU LOR + LOI [Tick only one]	1) Claim status: Nermal/Reject/Private Settle
sair Cost: NAL SETTLEM al Liability: bair Cost: a SS: 4 ss of Rental (LO ss of Use (LOU) ss of Income (LO R only	100 % 8 100 % 8 100 % 8 100 S\$ 1.79 100 S\$ 195 100 S\$ 80.4 100 S\$ 6.00 100 S\$ 6.00 100 S\$ 6.00	(Agreed / Assessed) BOLA S/N No.: NUC 1.60 (17 (2 days) × 4 \21.98 (\$ x days) (\$ 50 x 2 days) OR + LOU LOR + LOI [Tick only one]	1) Claim status: Nermal/Reject/Private Settle 2) Report Format:
air Cost: AL SETTLEM al Liability: air Cost: a SSI: 4 s of Rental (LO s of Use (LOU) s of Income (LO R only	100 % 8 100 % 8 100 % 8 100 S\$ 1.79 100 S\$ 100 100 S\$ 80.0 100 S\$ 6.00 100 S\$ 6.00 100 S\$ 6.00 100 S\$ 6.00 100 S\$ 6.00	(Agreed / Assessed) BOLA S/N No.: NUC 1.60 (\$ x days) x 4 \21.48 (\$ x days) (\$ 50 x 3 days) OR + LOU LOR + LOI [Tick only one] (e.g. Tow/ Independent.)	1) Claim status: Nermal/Reject/Private Settle
sair Cost: NAL SETTLEM al Liability: bair Cost: Sof Rental (LO Sof Use (LOU) Sof Income (LO R only	100 % 8 +3,541-00 SS 1.79 0R)+3/43.96 SS 195 0: - SS - 01):4 100:20 SS 80.4 LOU only	(Agreed / Assessed) BOLA S/N No.: NUC 1.60 (\$ x days) x 4 \21.48 (\$ x days) (\$ 50 x 3 days) OR + LOU LOR + LOI [Tick only one] (e.g. Tow/ Independent.)	1) Claim status: Nermal/Reject/Private Settle 2) Report Format:

REF: 4	
ASS. REC. BY:	
neth	ASSIGNMENT
From: Date:	Veh No: 1/16 76158Yr Regn: 661 2
Estimated Cost	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
DD/TP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
o Inspect Vehicle No:	Make: (1981
Workshop m/s	Colour Colour Red AIC: Insured / Std / NI / NA
	Sp.Reading / 6 / 2 F / T/Radio: Insured / Std / NI / NA
f	Eng/No:
nsured	CNO: 451.11/168.8166 092744
Policy No.	Gen. Cond: Good / Fair / Poor / Burnt
Claims No.	Steering: Inorder / Jammed / Leaked / Burnt or
Sum Insured: Excess:	Brake: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Modi: Nii / S/Rim / STD A/Rim or
Make of Veh:	Tyre Size: F: 1925/63/615
Г	
(Potcy Condition)	N/S O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
Remark: The veh had commenced its	
repair at the time of inspection.	TOYO / YOKO or CVESTORE
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or	NO NOOM // Hell
GIA / PR Seen: Consistent? : Yes or	100
Est Repairs: 22 days Res.: Yes or	
Lum Sum: 75 % 3 Val Yes or	100000000000000000000000000000000000000
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
22 23 27 27 27	/ehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision
Date: Person Contacted:	The UIC / Chassis frame / Body Structure anodes 555 to 2011
Date / Time Action / Instruction 7 (6 6 1 2 1 2 1 6 1 6 1 6 1 6 1 6 1 6 1 6	Continue Jasmy (2 x 121.88 +101)
+16 6724 0 2220	Con Herry
7,740	
	red 86 6 8 6 33/ 75 Py.
DateTime. File Pass to? : Preli. Report	Days Of Repair:
1) : Final Report	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to?	Transportation
2)	Add Fee: Site Insp (\$) _s+Rs_si
- 44 /	Interview (\$) Photos
Report Format :	Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$	· Weekend (\$

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as mutiful and accurate as possible. Any wilful misrepresentation or witholding 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.	
。1000年1月,中国中国国际中国军事	ACCIDENT STATEMENT
Date Of Report	08/02/2014 10:00
Date Of Accident	07/02/2014 22:15
Exact Location Of Accident	River Valley Road T-X Tan Tye Place
Country/State of Loss	Singapore
《发表》在新发展的地方的	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHB7675B
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD

Vehicle Particulars

Co Reg No

CHEVROLET Manufacturer

EPICA-2.0 DSL TURBO (A) Model

Exact Purpose for which vehicle was being used

at time of accident

Hire and Reward

200303878K

Are you claiming under your own insurance policy

for repair to your vehicle?

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

Policy Number

D-12047359MFSH/175

Cover Note Number

Driver

FAN MENG KEE Name of Driver S0011392A NRIC No. 07/10/1952 Date Of Birth Outdoor Occupation 14/01/1971 Date Of Driving Pass

Driving Experience

43 Years And 0 Months

Mobile Number _

(Local) +65-93691089

Fax Number Contact Number

BLK 763 BEDOK RESERVOIR VIEW

#16-279

Address Postcode

470763

Was driver an employee of the Insured's Company No

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

Other - Hirer

-

General Information of the Accident

Type Of Accident

Collision- Head to Rear (TP Hit Insured)

Weather Conditions

Clear

Road Surface

Dry

Other Information

Was any foreign vehicle involved in this accident?

Was any body injured in the Accident?

No No

Was any other material or property damaged?

Yes

Was there any video captured by Car Camera?

No

Details of Police Action

Was the accident reported to the police?

No

If Yes Please state which Police Station

Was notice of intended Prosecution given?

No

If Yes against whom?

Circumstances of Accident

On 07:02:2014 at about 22:15hrs, I was traveling straight at right lane along River Valley Road with intention to make a right turn towards Tan Tye Place. After checking for oncoming traffic, I proceed to make my turn. In the midst of turning, Vehicle B (SGZ3894Y) which was stationary on the extreme left lane made a reversed without checking the rear. Thus resulted, vehicle B's right rear portion collided onto my taxi's right front portion. Vehicle A: 1 passenger Vehicle B: 1 passenger /rc

Are accident photos available for attachment?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SGZ3894Y

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

LEE

NRIC/Passport Number

Contact Number

9088 9995

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

PASSENGER

Phone Number

Email Address

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Address

Postcode

Was driver an employee of the Insured's Company No

- 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 witholding 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	10/02/2014 13:57
Date Of Accident	07/02/2014 22:10
Exact Location Of Accident	JUNCTION OF RIVERVALE ROAD
Country/State of Loss	Singapore
	DETAILS OF OWN VEHICLE
	the matter of the second of th
Vehicle Registration Number	SGZ3894Y
Insured/Policyholder	
Name Of Registered Owner	LI SHOULONG
NRIC No	S7265840Z
Vehicle Particulars	
Manufacturer	HONDA
Model	STREAM-1.8 (A)
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?	Yes
f No, Please state action to be taken	
Vehicle Category	Private Car
Insurance Company	
Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100200287-03000
Cover Note Number	
Driver	
Name of Driver	LI SHOULONG
NRIC No	S7265840Z
Date Of Birth	03/12/1972
Occupation	Indoor
Date Of Driving Pass	24/03/2009
Driving Experience	4 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-90889995
Fax Number	
Contact Number	
EMail Address	NOEMAIL

312085

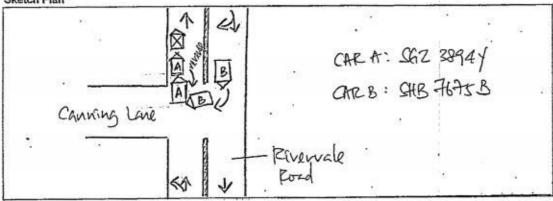
BLK 85B LORONG 4 TOA PAYOH #17-338

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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.

Sketch Plan



Describe Circumstances of the Accident

一颗在生真在当时前局有一辆车课健住所以我要	区是一直车	支岳军,当
断到3767513 左號 接到 電視的安尼區。		

Declaration

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

10/0:

Policyholder's Signature / Date &

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 STEET 1 SINGAPORE 729346 TEL NO.6287 6666 FAX NO.6366 8862 CO/GST REG NO.201019626G

SHB 7675B -

No Ashores

Vehicle No.:
Chassis No.:
Vehicle Make:
Vehicle Model:
Date of Accident:
Third Party Insurer :

SHB 7675B - ROEL LK1LA69RJBB092744* CHEVROLET CHEVROLET EPICA 2.0 07.02.2014

		AND		
		PART		LIST
1	1	Front Bumper	\$	A. 1,202.00
2	1	Front Bumper Reinforcement		A 295.25 T
3	1	Front Bumper Lower Absorber	\$ \$ \$	180.00 ₹
4	1	Front Bumper Retainer RH	\$	102.00
5	1	Front Bumper Fog Lamp Outer Cover RH	\$	7 32.40
6	1	Front Headlamp RH	\$	816.00
7	1	Front Fender RH	\$	× 837.60 [△]
8	1	Front Fender Liner RH	\$ \$ \$	47.00 ×
9	1	Bonnet Panel	\$	1,250.00 /
10	1	Front Support Panel Assy	\$	1,222.32
11	1	Radiator Grille	\$	367.00 X
12	1	Windscreen Washer Tank - Filler Neck	\$	4.80 \$
13	1	Windscreen Washer Tank	\$	€ 62.00 ×
14	1	Windscreen Washer Tank Motor	\$	51.00 %
15	1	TANK, WIPER HOSE	\$	21.00 7
		TOTAL	\$	6,490.37
		10%	\$	649.04
			\$	5,841.33
		Specical Nett		
	1 Set	Front Bumper Fastener Clip(Necessary)	\$	24.00
		Front Fender Liner Clip(Necessary)	\$	20.00 X
		Side Rocker Panel Garnish Clip	\$	30.00 ×
	1	Front Tyre RH	\$	180.00 √
	1	Front Tyre Rim RH	\$	126.00 ×
	1	Tyre hub cap RH	\$	35.00 €
		TOTAL	\$	415.00
		TOTAL PARTS	\$	6,256.33

TRANS-CAB AUTO SERVICES PTE LTD

NO.42 SUNGEI KADUT STEET 1 SINGAPORE 729346 FAX NO 6366 8862 TEL NO 6287 6666 CO/GST REG NO 201019626G

SHB 7675B -

Over All Total	\$ 8,686.33	
TOTAL	\$ 2,430.00	
To Check Electrical Lighting Concerned.	\$ 170.00	201
To transfer of tire, rim and on wheel balancing.	\$ 170.00	x
To check steering geometry and computer wheel alignment	\$ 220.00	χ
Putty and Spray Painting Of The Affected Portion.	\$ 810.00	360
To Rust-Proofing Of The Affected Areas.	\$ 220.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$ 840.00	300

REPAIR DAYS

3 DAYS

2 day

Less at Duonsultants hence notify

- the Reporter of the following: . "O removey before/after spray painting
- . In display damaged part(s) during resurvey
- + t = = are are subject to confirmation
- 1 Jun 1979 horvey is on a "Without Prejudice" basis
- dat modification(s) is allowed
 dat modification(s) must be resurveyed and e subject to final approval from Insurance Com-

Acknowledged by Repairer

Signature:

Date:

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sub	mitted	Ins Auth'ed	Status	
Main	10 Feb 2014 Edit Reg		13 Feb 2014 00:00 Edit Adj Rpt	S\$2,100.00 Edit Estimate	S\$2,10 S View R	Control of the Contro		Pending for Report Cancel Case	Survey
м	ain	R	eference	Cla	im Details		Documen	ts	Show All
CLAIM SUE	FOLDER DE	TAILS				[Created	d by adjuster]	Delante rainte	MESSAGE STATE
Insured:	Li ShouLo	ng, ID: S72658	340Z			151			
Main Claimant:	TRANS-CA	AB SERVICES P	TE LTD, Co. Re	g. No.: 200303	878K				
Vehicle Reg. No.:	SHB767	5B			Date of Loss:	THE RESERVE OF THE PARTY OF THE	14 22:00 - :59 hs and 9 Days Fro	om LTA Reg Dat	e (Man Yr)]
Claim Type:	TP / 800	715285			Policy/Cover Note No.:		00200287 (Comprehensive) verage: 26/04/2013 - 25/04/2014		
Vehicle Reg. No. (Insured):	SGZ3894Y			Policy No. (Claimant):	D-120473	D-12047359MFSH/175			
Repairer:	Trans-cab Auto Services Pte Ltd (HQ) No. 42 Sungei k				Excess:	729346 Sungei Kadut - Tel: 62876666			
Handling Insurer:			ce Pte. Ltd. (SG)			- 77			@aig.com
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311								
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Handled by KENNETH KONG] [Final Rpt due 29/11/2019]							
Driver/Custo dian (Insured):			7265840Z Email:				7		
ASSOCIATI	D MAIL RE	CEIVED						View All Com	pose Case Mai
AIG_SG (27/11/2019):	Report Send B	ack Alerts - SHB	7675B (TP)			_		
ALL ASSOC	IATED TAS	ks⊟				View All	Search Tasks	Create New Ta	sk Complete
Due Date No results.	Priority	Type Task	Group Subj	ect Handle	r Assign	ed By	Completed On	Created	On Done

Claim Documents

*SHB7675B (800715285) [SGZ3894Y] TP TRANS-CAB SERVICES PTE LTD Feb 7 2014 10:00PM [Li ShouLong] Trans-cab Auto Services Pte Ltd

-		oad Photos Compose New Letter Upload Video Upload Audio	Viev	View in Brow	vser ▼
Letters/Correspondences 1 per page			page ▼	~	
No	Finalized On LKK Auto Consultants Pte Ltd (HQ) Thumi		Thumbnail	Print	
1	(Draft)	Third Party Express Settlement - Payment Breakdown	0	Edit	
2	Insurer Offer Letter/DV		Load HTM		
Pho	otos/Images		3 per	page ▼	•
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	18/02/14 19:37	General View	0	Load JPG	~
2	18/02/14 19:37	General View	0	Load JPG	1
3	18/02/14 19:37	General View	0	Load JPG	•
4	18/02/14 19:37	General View	0	Load JPG	•
5	18/02/14 19:37	General View	0	Load JPG	•
6	18/02/14 19:37	General View	0	Load JPG	•
7	18/02/14 19:37	General View	0	Load JPG	•
8	18/02/14 19:37	Odometer Reading	0	Load JPG	•
9	18/02/14 19:37	Chassis Number	0	Load JPG	•
Doc	umentation		1 per	page V	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	LAPS	Thumbnail	
1	18/02/14 19:36	TP ESTIMATE	0	Load PDF	Print
2	18/02/14 19:36	TP GIA REPORT	ő	Load PDF	
3	15/12/15 14:03	email to AIG to close 151215	0	Load PDF	
4	17/12/15 17:53	LETTER TO OI	0	Load PDF	
5	13/12/19 09:08	AUTHORISATION TO ACT	0	Load PDF	
6	13/12/19 09:08	LOD	0	Load PDF	
7	13/12/19 09:08	LTA SEARCH	Ó	Load PDF	
8	13/12/19 09:08	RELEASE VOUCHER	0	Load PDF	
9	13/12/19 09:08	RENTAL MILEAGE	0	Load PDF	
10	13/12/19 09:08	RENTAL RECEIPT	0	Load PDF	
11	13/12/19 09:08	WORKSHOP INVOICE	0	Load PDF	
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)		Thumbnail	Print
1	20/02/14 16:13	OI GIA REPORT	0	Load PDF	1.17.00

Documents Checklist

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.	

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM	
L	

AIG THIRD PARTY EXPRESS SETTLEMENT FOR ACCIDENTS ON OR AFTER 1ST JUNE 2008 (PAYMENT BREAKDOWN)

Vehicle No:	SGZ3894Y (Insd veh)		Model:	Model:		CHEVROLET EPICA 2.0 DSL	
	SHB7675B (TP veh)					TURBO (A)	
Date of Accident: 07/02/2014							
Global Sum Settlem	ent ; [X] Yes		[] N				
Repair Estimate		: \$		9,294.37			
Final Repair Cost		: \$					
Loss of Use		: \$			2.0	00 days at \$50.00 per day	
Rental (if any)		: \$			2	days	
LTA / GIA Search Fe	e	: \$					
Others:		: \$					
		: \$					
Final Settlement Sur	m (GLOBAL SUM)	: \$		2,060.00	1 1		
Is Third Party Work	shop GIA Registered?]] YES	[X]	NO	(Kindly indicate below)	
A) For Non GIA R	egistered Workshop:		Agreed	Liability _	80	(%)	
B) For GIA Regist	For GIA Registered Workshop:			BOLA Applicable: Yes/ No BOLA Scenario No:			
BOLA Liability:	(%)		Assesse	ed Liability	(*):	(%)	
* Assessed Lia	bility to be filled only for ch	ain col	lisions and	for cases v	where B	OLA does not apply.	
Remarks							
Payment Instruction	n: Payee's Breakdown						
1) Trans-Cab Aut	o Services Pte Ltd			: \$		2,060.00	
2)				: \$			
3)				: \$			
4)				: \$			
NUR SHAQILA	AH BTE ABDOL WAHAB		13 De 2019	Sec.			
LKK Auto	Consultants Pte Ltd		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 (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/AIG14003036/KEA3S2-1

Date:

13/12/2019

REFERENCE

Handling Insurer:

AIG Asia Pacific Insurance Pte. Ltd.

Policy No:

2100200287

Claimant Vehicle No:

SHB7675B

Insured Vehicle No:

SGZ3894Y

Date of Loss:

07/02/2014

Nature of Claim:

Claim No: 800715285

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHB7675B

Make & Model:

CHEVROLET EPICA, 2.0 DSL TURBO (A)

Engine No:

TP

Z20S1455772K

Reg. Date:

29/06/2012 (Man. Year: 2011)

Chassis No:

KL1LA69RJBB092744

Colour: Engine Capacity: Red/White

Odometer:

148248 km

Market Value/New Car Price:

1991 cc

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good

Steering (Serviceable):

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable):

Yes

Engine Modification:

No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

195/65R15

Rear Tyre Size:

195/65R15

Front Left Side:

West Lake 8 mm West Lake 8 mm Rear Left Side:

West Lake 5 mm

Front Right Side: The above values represent the remaining tyre treads depth Rear Right Side: West Lake 5 mm

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,256.33	1,961.16	4,295.17	68.65
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,430.00	680.00	1,750.00	72.02
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	8,686.33	2,641.16	6,045.17	69.59
Approved Total (Overridden) (S\$)		2,100.00		
(S\$)	8,686.33	2,100.00	6,586.33	75.82
+ GST 7.00/7.00% (S\$)	608.04	147.00	461.04	75.82
Nett Amount (S\$)	9,294.37	2,247.00	7,047.37	75.82
+ Loss of Use (2.0 x S	+ Loss of Use (2.0 x S\$50.00/day) (S\$)			
+ Car Rental (2.0 x S\$	121.98/day) (S\$)	243.96		
	(S\$)	2,590.96		
Liable Amou	Liable Amount (80.00%) (S\$)			
+ Doc/	Search Fee (S\$)	6.00		
N	Nett Liability (S\$)			
Global Sum	Global Sum Settlement (S\$)			

INSPECTION

Date Inspected:

Date of Assignment:

13/02/2014 13/02/2014

Inspected At:

Trans-cab Auto Services Pte Ltd NO.2 ANG MO KIO ST 63 SINGAPORE 569111

Estimated Period of Repair:

2.0 days

Adjuster: KENNETH KONG Manager: Asher Sng Rong Yi

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

Recommended Parts

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*FRONT BUMPER	Bent	1,202.00 FL	*1,202.00 FL
2	1	*FRONT BUMPER REINFORCEMENT	Repair	295.25 FL	*-FL
3	1	*FRONT BUMPER LOWER ABSORBER	Serviceable	180.00 FL	*-FL
4	1	*FRONT BUMPER RETAINER RH	Distorted	102.00 FL	*102.00 FL
5	1	*FRONT BUMPER FOG LAMP OUTER COVER RH	Distorted	32.40 FL	*32.40 FL
6	1	*FRONT HEADLAMP RH	Cut	816.00 FL	*816.00 FL
7	1	*FRONT FENDER RH	Repair	837.60 FL	*-FL
8	1	*FRONT FENDER LINER RH	Serviceable	47.00 FL	*- FL
9	1	*BONNET PANEL (DENTED)	Not Consistent With The Impact	1,250.00 FL	*- FL
10	1	*FRONT SUPPORT PANEL ASSY	Repair	1,222.32 FL	*- FL
11	1	*RADIATOR GRILLE	Serviceable	367.00 FL	*-FL
12	1	*WINDSCREEN WASHER TANK - FILLER NECK	Serviceable	4.80 FL	*-FL
13	1	*WINDSCREEN WASHER TANK	Serviceable	62.00 FL	*-FL
14	1	*WINDSCREEN WASHER TANK MOTOR	Serviceable	51.00 FL	*-FL
15	1	*TANK, WIPER HOSE	Serviceable	21.00 FL	*-FL
16	1	*SET FRONT BUMPER FASTENER CLIP	Necessary	24.00 FS	*24.00 FS
17	1	*SET FRONT FENDER LINER CLIP	Not Necessary	20.00 FS	*-F8
18	1	*SET SIDE ROCKER PANEL GARNISH CLIP	Not Necessary	30.00 FS	*-F8
19	1	*FRONT TYRE RH	Serviceable	180.00 FS	*-F\$
20	1	*FRONT TYRE RIM RH	Serviceable	126.00 FS	*-F8
21	1	*TYRE HUB CAP RH	Serviceable	35.00 FS	*- FS
7	=Franchise part. S=SpcNett. L=ListItemDisc. Sub Total (S\$)				2,176,40
	- List Item Discount on L Items 10.00/10.00% (S\$)				215.24
			Total Parts (S\$)	6,256.33	1,961.16

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME.	New	840.00	300.00
2	TO RUST-PROOFING OF THE AFFECTED AREAS.	New	220.00	0.00
3	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.	New	810.00	360.00
4	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	New	220.00	0.00
5	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	New	170.00	0.00
6	TO CHECK ELECTRICAL LIGHTING CONCERNED.	New	170.00	20.00
	Gross La	bour Cost (S\$)	2,430.00	680.00
	Report was unsubmitted during	this print-out.		

< END OF ESTIMATES >