enneth		1) / (c3) Tm1 190 22832/ k+f3n2 ASSIGNMENT
From:	Date:	1 17/1 10-25
Estimated Cost:		Veh No: S/10 5670 S Yr Regn: C/1
OD TP WS ITP RES I OD RE	S/FVA/INV/INV	Prime Mover
To inspect Vehicle No:	ZT STATINY I MY	Truck / Trailer or
at Workshop m/s	Trans Ca	Make: Toy Privs cc 17
of -	and Ca	Insured / Std / NI / N
Insured:		Sp.Reading 71746 T/Radio: Insured / Std / NI / N
Policy No.		Eng/No:
Claims No.		CNO: J.TOKB3FU80307822
Sum Insured:	Posterior	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:		Brake: Inorder / Jammed / Leaked / Burnt or
SOM STREET, NO.		Modi: Nil / S/Rlm / STD A/Rlm or
(Policy Condition)		Tyre Size: F. Fran 70 195/65R15
Remark: The veh had commenced		R: Yolev
repair at the time of insp		BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM /
~ /1	f g	TOYO / YOKO or
	1 (0/-	Front Rear
	onsistent? : Yes or No	R/Bal. 9 mm R/Bal. 9 mm
Est. Repairs: O2 days	onsistent?: Yes or No	UBal. 5 mm 1/Bal @
		D.O.A. 26/12/19 D.O.I. 27/12/16
_1_3./_*	3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS		Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contac	Vehicle: 1	11/001
Date / Time Action / Instruction		The U/C / Chassis frame / Body Structure affected due to collision.
Fix poss 7	70	
8 2022.	46 \$1819.	Fol- (Red:)2412 92: 970/1
SLX 6995-X	30/12/19- N	eised via prell aduse que estimate p
1357 01.12 X	- report	Duc, estimate p
1		RECEIVED 3 1 DEC 2019
NTWTe, File Pass to?		
ulb Tunich : Prell.	Report	Days Of Repair:
Final F	Report	Resurvey No. of Trip: Survey Fee:
The state of the s		Transportative 250
	Add	Fee: Site Inch /S
		Intension (\$
oort Format : TP		7_5-7.5.5



51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your Ref: TBA

Date: 30/12/2019

Our Ref: CC3/TMI19022832/Ktf3

The Motor Claims Department
TOKIO MARINE INSURANCE SINGAPORE LTD

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. SHD 5670S .

Please be informed that we had conducted the inspection of the above-mentioned vehicle on <u>27/12/2019</u> at the premises of M/s <u>TRANS CAB Motor</u> and have the following to report: -

 Workshop Estimate Amount
 : \$\sum_{\text{S}}\$ 24,232.68

 Revised Estimate Amount
 : \$\sum_{\text{S}}\$ 1,819.70

 "Check" Items Amount
 : \$\sum_{\text{S}}\$ 0.00

 Market Value
 : \$\sum_{\text{S}}\$

 LTA Reimbursement Value
 : \$\sum_{\text{S}}\$

 Nett Value
 : \$\sum_{\text{S}}\$

Description of Damage:

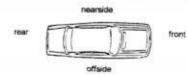
The vehicle sustained damages at the rear n/s portion.

Repair days: 2

Comments/ Present Status:

Damages Consistent.

Yours faithfully Kenneth Automotive Assessor



Denise Tay (LKKAuto)

From:

Denise Tay (LKKAuto)

Sent:

Monday, 30 December 2019 12:06 PM

To:

motorclaims@tokiomarine.com.sg

Cc: Subject: SUR
DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE

LTD, DOA: 26/12/2019, SHD 5670S (TP VEHICLE), SLX 6995X (OI VEHICLE)

Attachments:

estimate.pdf; PRELI ADVISED OF SHD 5670S.pdf; POLICE REPORT.pdf; GIA

REPORT.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 5670S at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 12/11/2019.

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

Kindly create claim in merimen for our necessary action.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>sur@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Denise Tay (LKKAuto)

From:

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

Sent:

Monday, 30 December 2019 2:42 PM

To:

Denise Tay (LKKAuto)

Subject:

FW: SHD 5670S / TP / DOA: 26/12/2019 / TOKIO MARINE -- AAD1912-180

Attachments:

estimate.pdf

Afternoon Denise

Amount confirmed \$ 1,819.70 (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

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]

Sent: Monday, 30 December, 2019 1:59 PM To: Ng Wai Yin <waiyin.ng@transcab.com.sg>

Subject: SHD 5670S / TP / DOA: 26/12/2019 / TOKIO MARINE

Dear Wai Yin,

Offer at \$1819.70, 2days

Please check and revert.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered	Vehicle
Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD5670S
Vehicle to be Exported:	Yes
Intended Deregistration Date:	26 Dec 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2C00095
Chassis No.:	JTDKB3FU803079222
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	17 Jan 2019
First Registration Date:	17 Jan 2019
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Jan 2027
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	16 Jan 2027
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$20,838.00
COE Rebate Amount:	\$16,670.00
Total Rebate Amount: Message	\$27,355.00

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 26 Dec 2019

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 witholding 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	26/12/2019 15:06
Date Of Accident	26/12/2019 11:30
Exact Location Of Accident	PATERSON HILL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHD5670S
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	2XXXXX878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666
Vehicle Particulars	
Manufacturer	TOYOTA
Model	PRIUS-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VFX/P1680520
Cover Note Number	

_	100		
п	PIT	 	۰

Driver				
Name of Driver	HO SEE KUANG			
NRIC No	SXXXX611D			
Date Of Birth	07/03/1956			
Occupation	OUTDOOR			
Date Of Driving Pass	06/10/1977			
Driving Experience	42 YEARS AND 2 MONTHS			
Gender	MALE			
Mobile Number	(LOCAL) +65-96770726			

Fax Number Contact Number

NOEMAIL **EMail Address**

BLK 447 BUKIT PANJANG RING ROAD Address

#11-533 670447

Postcode

Was driver an employee of the Insured's Company

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

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

NO 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

5

Number of Passengers (Including Driver)

Passenger 1

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 2

NAME:

: UNKNOWN

GENDER:

: FEMALE

Passenger 3

NAME:

: UNKNOWN

GENDER:

: MALE

Passenger 4

NAME:

: UNKNOWN

GENDER:

: MALE

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

Police Station Name

ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE

ROAD: 51 ANG MO KIO AVE 9, POSTCODE: 569784, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-4849999 - FAX NO: 62181399

Was notice of intended Prosecution given?

If Yes, against whom?

Police Station Address

NO

Circumstances of Accident PLEASE SEE ATTACH POLICE REPORT: T/20191226/2095

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

SLX6995X

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

HO SEE KUANG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD5670S

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

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.
- 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>.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
 - 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:
 - 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:

Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

GIARIMS SketchPlanForm_V3

Sketch Plan #2 Pg. 1

TCH PLAN		
	Dateson +1111	
		- CHN STANS
		PC SHO 58705
		
		6= 51x 6993/
	Q A A P (5	
	h	
	В	
SCRIBE CIRCUMSTANCES	OF THE ACCIDENT	
		- 1
	pro see attach	pollo seport
and the second second		
DECLARATION	V4. T (1. M.	
DECLARATION /We declare the foregoing part	iculars are true in every respect.	
DECLARATION /We declare the foregoing part	iculars are true in every respect.	and
DECLARATION /We declare the foregoing part	iculars are true in every respect.	any
/We declare the foregoing part	Driver's Signature Re	porting Centre Personnel's Signature
DECLARATION /We declare the foregoing part Policyholder's Signature Date & Time:	Driver's Signature Re (If driver is not the policyholder) Na	porting Centre Personnel's Signature sime: RIC/FIN No.:

GIARMC SketchPlanForm_V3

POLICE REPORT Pg. 1





2 of 3

Report No. T/20191226/2095

Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999

CONTINUATION	OF	REPOR	

Oriver :	HO SEE KUANG		ID No.		S2512611D	
Related Vehicle	SHD5670S (Car)		Contact No. Class of Driving Licence & Expiry Date		96770726	
Hospital/Clinic	edgedale medical clinic				Class: NIL Date of Expiry: NIL	
Date Treatment NIL No, of Days granted Medical Leave 05			Date Discharge NIL Degree of Injury Slig			

On 26/12/19 at about 1130hrs I was driving my taxi bearing registration number SHD5670S along Patterson hill with 4 passengers. As I approached a red light I came to a complete stop. Suddenly a car bearing registration number SLX6995X failed to stop and hit onto the rear of my vehicle.

We then came out and took pictures and left the scene. There was no ambulance or TP called. As I felt pain in my neck, back and hand were in pain I went to the clinic and got 5 days MC. I do not have any in car camera facing the back of my car.

POLICE REPORT Pg. 1





Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784 Tel No: 1800-4849999

3 of 3 Report No. T/20191226/2095

CONTINUATION OF REPORT

Sketch Plan

Authentication Stamp

NP168

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report: F / Sgt 2 SHOBAN KUMAR S/O SELVARAJAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 26/12/2019 15:52
Officer In Charge Of Case: TP / AEIT / Sgt 2 SHARIFAH NOR FARIZAN BINTE SYED MOHD SAID	Classification Of Case:

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.

POLICE REPORT Pg. 1

Vide Report No.:





Report No. T/20191226/2095

Station Diary No.:



Police Station Of Origin: Ang Mo Kio North N.P.C 51 Ang Mo Kio Avenue 9 SINGAPORE 569784

Tel No: 1800-4849999 REPORT OF A TRAFFIC ACCIDENT

oate/Time Report Made: 6/12/2019 15:52		Vide Re	port No.:			48 .			
formants		lars			烈性影響	此。如果,他是			
Name of Informant: HO SEE KUANG			APT BL	Address: APT BLK 447 BUKIT PANJANG RING ROAD #11-533 SINGAPORE 670447					
D Type / ID No.: NRIC NO / S2512611D			Home/Onice.			Mobile: 96	96770726		
Nationality: SINGAPORE CITIZEN				Email:					
Sex:	Age: 63	Date of Birth: 07/03/1956	Type of Informant: Driver		Institution	/ Scho	ool Name:		
Race: Chinese			Langua		formation:	mondanon			
Occupation: Taxi driver			Driving Class:	ving Licence Information: Date of Expiry:					
Taxi dili o		129							
Seneral Info Type of Accident:		mofithe Acciden Injury Others	Drink Date/Time of Accident: No 26/12/2019 11:3		rt:	Type of Location Straight Road			
Along Road PATERSO Weather:	i 1 N HILL	ŧ	Road	Surface:			Road S	Speed Limit:	
Clear			Dry Traffic Control:				Traffic Volume: Moderate		
Tunn of Co	Traffic Flow: Type of Collision: Between Moving Vehicles - Head To		o Rear				Anyone conveyed by ambulance:		
				and the state of the		St. Mary of		A MICRO CONTA	
Details	Vehic	e Involved		Model	Color	Cor	dion	No of Passen	
SHD5670	S Ca		Make Model Golor		Dar	Slightly 4 Damaged			
SLX6995	X Ca	r					ihtly maged	0	
Details	f Perso	n Involved				4, 2, 32		企业等的主义 的	
Any Pede	estrian I	nvolved: No ns Injured: NIL		Us	se of Pedes	trian Crossi	ng: NA	V.	

Not Notherited Resurry 184 paint \$2022.44

AAD1912-180

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 5670S

CHD 56705

Vehicle No.:	2HD 20/02
Chassis No.:	JTDKB3FU803079222
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS
Date of Accident :	26.12.19
Third Party Insurer :	TOKIO MARINE
Date of Registration:	17-01-19

		PART		n	LIST
1	1	REAR BUMPER		\$ Mu	100 442.60
2	1	REAR BUMPER RE-INFORCEMENT		\$	332.70
3	1	REAR BUMPER TOWING COVER		\$	∫∽ 15.40 X
4	1	GUARD, REAR BUMPER, CENTER		\$	n 576.30
5	1	REAR BUMPER SIDE RETAINER LH		\$	ر 116.50 <u>)</u>
6	1	REAR BUMPER SIDE RETAINER RH		\$	√n 117.70 \
7	1	REAR TAILGATE		\$	N 1,147.80
8	1	REAR TAILGATE OUTER GARNISH		\$	925.60
9	1	REAR TAILGATE WEATHERSTRIP		\$	√s 372.30
10	1	PANEL SUB-ASSY, BODY LOWER BACK		\$	A 650.30
11	1	TAILLAMP LOWER RH		\$	n 502.00
12	1	TAILLAMP UPPER RH		\$	5- 451.80 X
13	1	REAR BUMPER SIDE RH		\$	123.70 / ^
14	1	REAR BUMPER SIDE LH		\$	123.70
15	1	TAILLAMP LOWER LH		\$	502.00
16	1	TAILLAMP UPPER LH		\$	ر 443.30
17	1	COVER, DECK TRIM, REAR		\$	126.70
18	1	COVER, FLOOR UNDER, NO 1		\$	175.10
19	1	COVER, FLOOR UNDER, NO 2		\$	S 241.90
20	1	COVER, REAR FLOOR		\$	n 229.90
21	1	BOARD ASSY, BACK DOOR TRIM	17 1	\$	259.20)
\$250.000			TOTAL	\$	7,876.50
			25%		1,969.13
				\$	5,907.38

Special Nett

Trans-cab Auto Services Pte Ltd		AAD1912-180
No. 2 Ang Mo Kio Street 63 Singapore 569111		
Tel No. : 6287 6666 Fax No. : 6257 1330		
CO./GST Reg. No. 201019626G		
SHD 5670S		
	20	12 66 00 -
2 1SET REAR BUMPER CLIP	\$	00.00
3 2 REAR WINDSCREEN SEALANT	\$	80.00
4 1 WINDSCREEN MOULDING	\$	100.00
5 1 REAR WINDSCREEN INNER SPONGE SEAL	\$	100.00
6 1 REAR TAILGATE TOYOTA LOGO	\$	47.00 X
7 1 REAR TAILGATE WORDING 'PRIUS'	\$	52.90 53.50
8 1 REAR TAILGATE WORDING 'HYBRID'	\$	1 80.00
9 1 REAR TAILGATE STICKER 'TRANS-CAB'	\$	
10 1 REAR TAILGATE STICKER '6555-3333'	\$	ne 100.00 40sm
11 1 REAR BUMPER PROTECTOR	\$	
12 1 REAR WHEEL RIM	\$	∫∟ 1,879.40 χ
13 1 REAR TYRE 195/65/15	\$	∫ 350.00 x ∫ 211.50 x
14 1 REAR WHEEL RIM COVER	\$	25.00 X
15 1 REAR RH BUMPER RETAINER CLIP	\$	
16 1 REAR LH BUMPER RETAINER CLIP	\$	25.00 X 35.00 X
17 1 REAR BUMPER CENTER GUARD CLIP	STAL 5	3,985.30
	TAL _\$	3,963.30
TOTAL PA	ARTS \$	9,892.68
LABOUR		
To transfer of Tailgate fittings, attachments and perform wa	ater	
seepage test.	\$	22 170.00 X
To transfer of Rear Bumper fittings, attachments and perfo	rm	
	\$	5 170.00 X
water seepage test.	1000	M Working
To transfer of rear end panel fittings, attachment and perfo		
water seepage test.	\$	5 170.00 X
		882
To transfer of rear windscreen glass to facilitate bodywork		
To transfer of rear windscreen glass to facilitate bodywork repair.	\$	4 170.00 X
repair.	\$	
	\$	4 170.00 X 6,000.00 Z Z OL

Trans-cab Auto Services Pte Ltd

AAD1912-180

No. 2 Ang Mo Kio Street 63 Singapore 569111 Fax No.: 6257 1330 Tel No.: 6287 6666

CO./GST Reg. No. 201019626G

SHD 5670S

To Rust-Proofing Of The Affected Areas.	\$ 12 170.00 X
To reinstall rear bumper parking sensor.	\$ 170.00 502
To transfer of tire, rim and on wheel balancing.	\$ ~~ 170.00 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
To Check Electrical Lighting Concerned.	\$ 170.00 101
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The	\$ 6,000.00
Same TOTAL	\$ 14,340.00
Over All Total	\$ 24,232.68
(PART-BY-PART) Repair Days	20 Days

LKK Auto Consultants hence notify

- * To resurvey beforeraller spray painting
- To display damaged part(s) during resurvey
- Parts prices are surject to confirmation.

- Third party survey is on a Without Prejudice! basis
 No illegal modification's) is allowed
 Supplementary therest each be resurveyed and is subject to fine approval from Insurance Company.

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/TMI19022832/KTF3N2

Date:

07/01/2020

REFERENCE

Tokio Marine Insurance Singapore Ltd Handling Insurer:

Policy No:

MK000851

Claimant Vehicle

SHD5670S

Insured Vehicle No:

SLX6995X

No: Date of Loss: 26/12/2019

Nature of Claim:

TP

Claim No:

M1910113

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHD5670S

TOYOTA PRIUS, 1.8 (A) 17/01/2019 (Man. Year: 2018) Engine No:

2ZR2C00095

Reg. Date:

Metallic White/Red

Chassis No:

JTDKB3FU803079222

Colour:

Make & Model:

Odometer:

77744 km

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):

Engine Modification:

No

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

195/65R15

Rear Tyre Size:

195/65R15

Front Left Side:

Firenza 9 mm

Rear Left Side:

Yokohama 8 mm

Front Right Side:

Firenza 9 mm

Rear Right Side:

Yokohama 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
COST OF CLAIMS	9.892.67	1,339.70	8,552.97	86.46
Parts	0.00	0.00	0.00	
Miscellaneous Items	14.340.00	480.00	13,860.00	96.65
Labour Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	24,232.67	1,819.70	22,412.97	92.49
+ GST 7.00/7.00% (S\$)	1,696.29	127.38	1,568.91	92.49
Nett Amount (S\$)	25,928.96	1,947.08	23,981.88	92.49

INSPECTION

Date of Assignment:

31/12/2019

Trans-Cab Services Pte Ltd (HQ)

Date Inspected:

27/12/2019

2 Ang Mo Kio Street 63 Singapore 569111

Estimated Period of Repair:

2.0 days

Manager:

DENISE TAY KWEE CHENG

KENNETH KONG Adjuster:

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.

Inspected At:

REPAIR DETAILS

Reference

Version: 1.0 (Last Synchronised: 07 Jan 2020) Part Source: MRM-SG

TOYOTA PRIUS 1.8 (A) (Catalogue:Merimen Singapore 1.0) 144 Parts:

(Price-denominated Standard List) Repairer's Labour:

Print Code: (Unsubmitted, no print-code for SHD5670S)

These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with Validity:

the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

			ed Parts Particulars	Condition	Repairer's	Reference	Amount
•••	۳.,	40,000		Buckled/Dented	442.60 FL		*442.60 FL
1	1		*REAR BUMPER *REAR BUMPER RE-INFORCEMENT	Bent	332.70 FL	¥	*332.70 FL
	1			Serviceable	15.40 FL	-	*-FL
3	1		*REAR BUMPER TOWING COVER	Dented	576.30 FL		*576.30 FL
	1		*GUARD,REAR BUMPER,CENTER	Serviceable	116.50 FL		*-FL
5	1		*REAR BUMPER SIDE RETAINER LH	Serviceable	117.70 FL		*-FL
3	1		*REAR BUMPER SIDE RETAINER RH	Repair	1,147.80 FL		*-FL
7	1		*REAR TAILGATE	Serviceable	925.60 FL		*-FL
В	1		*REAR TAILGATE OUTER GARNISH	Serviceable	372.30 FL	1. De.	*-FL
9	1		*REAR TAILGATE WEATHERSTRIP	Repair	650.30 FL	9.591	*-FL
10	1		*PANEL SUB-ASSY,BODY LOWER BACK	Serviceable	502.00 FL		*- FL
11	1		*TAILLAMP LOWER RH	Serviceable	451.80 FL	10.00	*-FL
12	1		*TAILLAMP UPPER RH	Serviceable	123.70 FL	9-1	*-FL
13	1		*REAR BUMPER SIDE RH	Serviceable	123.70 FL		*-FL
14	1		*REAR BUMPER SIDE LH		502.00 FL		*-FL
15	1		*TAILLAMP LOWER LH	Serviceable	443.30 FL		*-FL
16	1		*TAILLAMP UPPER LH	Serviceable	126.70 FL		*-FL
17	1		*COVER DECK TRIM, REAR	Serviceable	175.10 FL		*-FL
18	1		*COVER,FLOOR UNDER,NO 1	Serviceable			*-FL
19	1		*COVER,FLOOR UNDER,NO 2	Serviceable	241.90 FL		*-FL
20	1		*COVER,REAR FLOOR	Repair	229.90 FL		*-FL
21	1		*BOARD ASSY, BACK DOOR TRIM	Serviceable	259.20 FL		*220.00 FS
22	1		*SET PARKING AID	Dented	700.00 FS		*66.00 FS
23	1		*SET REAR BUMPER CLIP	Necessary	66.00 FS		*-FS
24	2		*REAR WINDSCREEN SEALANT	Not Necessary	80.00 FS		*-FS
25	1		*WINDSCREEN MOULDING	Not Necessary	100.00 FS		*- FS
26	1		*REAR WINDSCREEN INNER SPONGE SEAL	Not Necessary	100.00 FS		*-FS
27	1		*REAR TAILGATE TOYOTA LOGO	Not Necessary	47.00 FS		*-FS
28	1		*REAR TAILGATE WORDING PRIUS	Not Necessary	52.90 FS		
29	1		*REAR TAILGATE WORDING HYBRID	Not Necessary	53.50 F		*- F\$
30	1		*REAR TAILGATE STICKER TRANS-CAB	Not Necessary	80.00 F		
31	1		*REAR TAILGATE STICKER 6555-3333	Not Necessary	80.00 F		*-FS
32	1		*REAR BUMPER PROTECTOR	Necessary	100.00 F		*40.00 FS
	1		*REAR WHEEL RIM	Serviceable	1,879.40 F		*-F
33	- 53		*REAR TYRE 195/65/15	Serviceable	350.00 F	s -	*-F
34	1		*REAR WHEEL RIM COVER	Serviceable	211.50 F	s -	*-F
35			*REAR RH BUMPER RETAINER CLIP	Not Necessary	25.00 F	s -	*-F
36			*REAR LH BUMPER RETAINER CLIP	Not Necessary	25.00 F	s -	*-F
37			*REAR BUMPER CENTER GUARD CLIP	Not Necessary	35.00 F	s -	*-F
38							
F=	ranch	ise part, S=S	pcNett, L=ListItemDisc.	Sub Total (S\$	11,861.80	1,677.60	
			- List Item Discount on L Item			337.90	
			- List Relii Discoult Sil E its	Total Parts (S\$			1,339.70

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

	commended Labour	Repairer's	Amount	
No	Particulars			
Labo	our Items		170.00	0.00
1	TO TRANSFER OF TAILGATE FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New		0.00
2	TO TRANSFER OF REAR BUMPER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	
3	TO TRANSFER OF REAR END PANEL FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	170.00	0.00
4	TO TRANSFER OF REAR WINDSCREEN GLASS TO FACILITATE BODYWORK REPAIR	New	170.00	0.00
5	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	0.00
6	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	6,000.00	220.00
7	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	0.00
	TO REINSTALL REAR BUMPER PARKING SENSOR	New	170.00	50.00
8	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	0.00
9 10	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR	New	380.00	0.00
11	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH, TO FACILITATE REPAIR	New	380.00	0.00
12	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	10.00
13	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUS AND REALIGN THE SAME	New T	6,000.00	200.00
	Gross Labo	our Cost (S\$)	14,340.00	480.00
	Report was unsubmitted during the	is print-out.		

< END OF ESTIMATES >