

ASS. REC. BY:

REF:

CS/40120001600/Kvd3

Special Instruction:

Surveys: Kenneth

ASSIGNMENT (Office)

From (Person): Wong Josephine

of

UOI

Date/Time: 29/01/2020 @ 4:37pm

Estimated Cost:

Bill to:

OD / PWS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SHD 9049K

Insured:

SGU 5170R

at Workshop n/s

transcab

Tel:

6227 6666

of

NO. 2 AMK St. 63

Policy No:

Claim No:

SGU 5170R

Sum Insured:

Excess:

Make of Veh:

D.O.A.

27/01/2020

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 9:02am @ 30/01/2020

Person Contacted:

Candy

Vehicle: IN / OUT

Date/Time	Action/Instruction
	13/Jan/20 ✓
	SHD 9049K - CC3 / AXA / 5007153 / Kyg 3s2
	SGU 5170R - X

D.O.A. 23/4/2015

REF:

UOI

ASSIGNMENT

From: Date: 30/01/2020

Estimated Cost:

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

To Inspect Vehicle No: SHD 9094K

at Workshop in/s Trans-cab

of No 2 Amk st. 63

Insured:

Policy No.

Claims No.

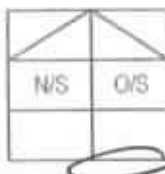
Sum Insured: Excess:

(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 Report: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 02 days Res: Yes or No

Lum Sum: 1.31 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS 1wp

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SHD 9094K Yr Regn: 11 / 18

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

Truck / Trailer or

Make: Toy Pns

C.C.

1798

Colour: M.P. White / RW A/C: Insured / Std / NI / NA

Sp Reading: 115379 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: JTDKB31F430307696P

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 195/65R15

R: ————

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

TOYO / YOKO or

Sailun

Front

Rear

R/Bal: 9 mm

R/Bal: 9 mm

L/Bal: 9 mm

L/Bal: 9 mm

D.O.A: 27/1/20

D.O.A: 30/1/2020

Survey held at: ✓

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

Rear O/S

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

Date / Time	Action / Instruction
31/1/2020	B 1559.70 (Red 22,823.58, 9470)

RECEIVED 1 FEB 2020

Date/Time, File Path 1/2

☐ : Prel. Report

Days Of Repair: 2

1/

☐ : Final Report

Resurvey No. of Trip:

Date/Time, File Path 1/2

31/1 - typist

Add Fee: ☐ : Site Insp 15☐ : Interview 15☐ : Tech. Insp 15☐ : Wheel align 45

Survey Fee:

Transportation:

S-RS 81

Photo:

Other:

150

100

100

14x 25 = 350

250 + 350

60

80

14

754

Report Format:

TP

Lum Sum / U.C. 15

1559.70

Veron Chen (LKKAUTO)

From: WONG JOSEPHINE <josephinewong@uoi.com.sg>
Sent: Friday, 31 January 2020 4:08 PM
To: Veron Chen (LKKAUTO)
Subject: RE: Our ref: SGU5170R Your ref: SHD9049K DOA: 27/01/2020 Conduct TP Survey

Dear Veron

No claim no yet, just go by the TP vehicle no . Thanks

Josephine Wong

Executive
Claims

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 • josephinewong@uoi.com.sg

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From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Friday, January 31, 2020 10:02 AM
To: SUR <sur@lkkauto.com>; WONG JOSEPHINE <josephinewong@uoi.com.sg>
Subject: RE: Our ref: SGU5170R Your ref: SHD9049K DOA: 27/01/2020 Conduct TP Survey

Dear Josephine,

Please provides claim number.

Best Regards,

Veron Chen | 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)

From: WONG JOSEPHINE [mailto:josephinewong@uoi.com.sg]
Sent: Wednesday, 29 January 2020 4:37 PM
To: sur@lkkauto.com; assignments@lkkauto.com
Cc: candy.kong@transcab.com.sg; LEE KATIE
Subject: FW: Our ref: SGU5170R Your ref: SHD9094K DOA: 27/01/2020 Conduct TP Survey

Without Prejudice

Dear LKK

Kindly attend to TP survey.

Details of survey as email below. Thanks

Josephine Wong

Executive
Claims

United Overseas Insurance Limited

3 Anson Road, #26-01 Springleaf Tower, Singapore 079909

Main • (65) 6222 7733 | DID • (65) 6490 9329 | Fax • (65) 6327 3869 | Email • josephinewong@uoi.com.sg

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From: Candy Kong [<mailto:candy.kong@transcab.com.sg>]

Sent: Wednesday, January 29, 2020 4:15 PM

To: WONG JOSEPHINE <josephinewong@uoi.com.sg>

Cc: LEE KATIE <katielee@uoi.com.sg>

Subject: Our ref: SGU5170R Your ref: SHD9094K DOA: 27/01/2020 Conduct TP Survey

Hi Josephine

Kindly arrange LKK AUTO TO survey

Thks & Rdgs

Candy Kong

Claims Service Assistant

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.

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www.avg.com

Nivitha (LKK Auto)

From: WONG JOSEPHINE <josephinewong@uoi.com.sg>
Sent: Wednesday, 29 January 2020 4:37 PM
To: sur@lkkauto.com; assignments@lkkauto.com
Cc: candy.kong@transcab.com.sg; LEE KATIE
Subject: FW: Our ref: SGU5170R Your ref: SHD9094K DOA: 27/01/2020 Conduct TP Survey
Attachments: image002.wmz; TP ESTIMATE AND SAS REPORTS.zip

Without Prejudice

Dear LKK

Kindly attend to TP survey.

Details of survey as email below. Thanks

Josephine Wong

Executive
Claims

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 • josephinewong@uoi.com.sg

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From: Candy Kong [mailto:candy.kong@transcab.com.sg]
Sent: Wednesday, January 29, 2020 4:15 PM
To: WONG JOSEPHINE <josephinewong@uoi.com.sg>
Cc: LEE KATIE <katielee@uoi.com.sg>
Subject: Our ref: SGU5170R Your ref: SHD9094K DOA: 27/01/2020 Conduct TP Survey

Hi Josephine

Kindly arrange LKK AUTO TO survey

Thks & Rgds
Candy Kong
Claims Service Assistant

TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63, Singapore 569111
Main Line : (65) 6287 6666 Fax Line: (65) 6257 1330
Website: www.transcab.com.sg

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www.avg.com

• **Veron Chen (LKKAuto)**

From: Veron Chen (LKKAuto)
Sent: Friday, 31 January 2020 9:58 AM
To: Ng Wai Yin; SUR
Cc: jasminetan@transcab.com.sg
Subject: SHD 9049K-DOA: 27/1/2020
Attachments: MARK EST.pdf

Dear Wai Yin,

WITHOUT PREJUDICE

Final amount \$1559.70 before GST @2 working days.

Best Regards,

Veron Chen | 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)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHD9049K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	28 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS 5DR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2B76592
Chassis No.:	JTDKB3FU303076969
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	22 Nov 2018
First Registration Date:	22 Nov 2018
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	21 Nov 2026
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	21 Nov 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$23,736.00
COE Rebate Amount:	\$18,988.00
Total Rebate Amount:	\$29,673.00
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 28 Jan 2020

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	28/01/2020 15:21
Date Of Accident	27/01/2020 10:10
Exact Location Of Accident	QUEENSWAY AVE SLIP ROAD TWD QUEENSWAYS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9049K
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-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	VFX/P1680520
Cover Note Number	

Driver

Name of Driver	LEE AH HUI
NRIC No	SXXXX198I
Date Of Birth	21/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1979
Driving Experience	40 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98343232
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 987A BUANGKOK GREEN #13-13
Postcode	531987
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?	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)	2
Passenger 1	NAME: : SAMUEL LEE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES CHANGKAT NPP
Police Station Address	ROAD: 109 TAMPINES STREET 11 , POSTCODE: 521109 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7819999 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200127/2033

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 Witness 1

Name	SAMUEL LEE
Phone Number	97730115
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGU5170R
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 LEE AH HUI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD9049K
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.
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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.

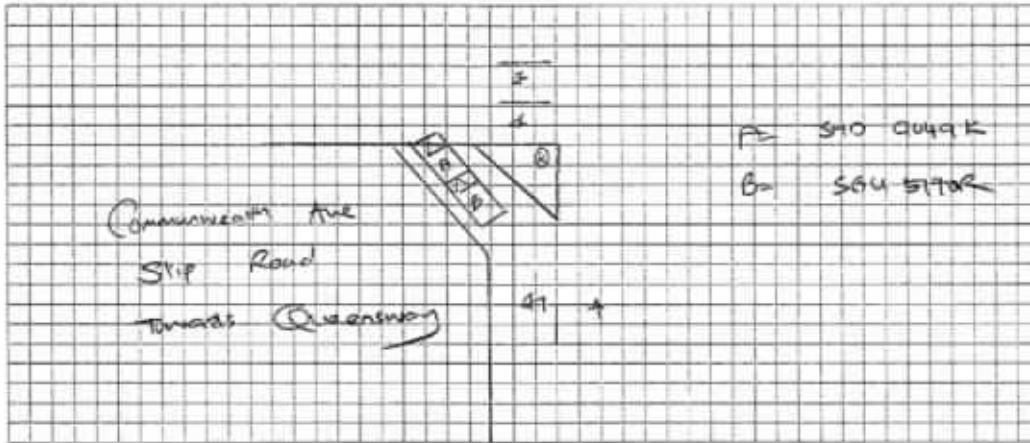
Policyholder's Signature
Date & Time:

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

ALL see crash pair Report

DECLARATION

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

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.:

SIARMC SketchPlanForm_V9

2

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

SHD 9049K**AAD2001-208***Not Authorised**Recovery B4 paint**\$ 1559.70*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

SHD 9049K

JTDKB3FU303076969

TOYOTA

PRIUS

27.1.2020

UOI

22/11/2018

	PART
1	REAR BUMPER
1	REAR BUMPER RE-INFORCEMENT
1	REAR BUMPER TOWING COVER
1	GUARD, REAR BUMPER, CENTER
1	REAR BUMPER SIDE RETAINER LH
1	REAR BUMPER SIDE RETAINER RH
1	REAR TAILGATE
1	REAR TAILGATE OUTER GARNISH
1	REAR TAILGATE WEATHERSTRIP
1	PANEL SUB-ASSY, BODY LOWER BACK
1	TAILLAMP LOWER RH
1	TAILLAMP UPPER RH
1	REAR BUMPER SIDE RH
1	REAR BUMPER SIDE LH
1	TAILLAMP LOWER LH
1	TAILLAMP UPPER LH
1	COVER, DECK TRIM, REAR
1	COVER, FLOOR UNDER, NO 1
1	COVER, FLOOR UNDER, NO 2
1	COVER, REAR FLOOR

LIST

\$	<i>nd</i>	442.60	—
\$	<i>B</i>	332.70	—
\$	<i>SL</i>	15.40	X
\$	<i>nd</i>	576.30	✓
\$	<i>SL</i>	116.50	} X
\$	<i>SL</i>	117.70	
\$	<i>7</i>	1,147.80	
\$	<i>SL</i>	925.60	
\$	<i>SL</i>	372.30	
\$	<i>π</i>	650.30	
\$	<i>SL</i>	502.00	
\$	<i>SL</i>	451.80	
\$	<i>SL</i>	123.70	
\$	<i>SL</i>	123.70	
\$	<i>SL</i>	502.00	
\$	<i>SL</i>	443.30	
\$	<i>SL</i>	126.70	
\$	<i>SL</i>	175.10	
\$	<i>SL</i>	241.90	
\$	<i>SL</i>	229.90	

TOTAL	\$	7,617.30
25%	\$	1,904.33
	\$	5,712.98

Special Nett

Trans-cab Auto Services Pte Ltd**AAD2001-208**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 9049K

1SET	PARKING AID	\$	700.00	X
1SET	REAR BUMPER CLIP	\$	66.00	
2	REAR WINDSCREEN SEALANT	\$	80.00	}
1	WINDSCREEN MOULDING	\$	100.00	
1	REAR WINDSCREEN INNER SPONGE SEAL	\$	100.00	
1	REAR TAILGATE TOYOTA LOGO	\$	47.00	
1	REAR TAILGATE WORDING 'PRIUS'	\$	52.90	
1	REAR TAILGATE WORDING 'HYBRID'	\$	53.50	
1	REAR TAILGATE STICKER 'TRANS-CAB'	\$	80.00	
1	REAR TAILGATE STICKER '6555-3333'	\$	80.00	
1	REAR BUMPER PROTECTOR	\$	100.00	
1	REAR WHEEL RIM	\$	1,879.40	
1	REAR TYRE 195/65/15	\$	350.00	
1	REAR WHEEL RIM COVER	\$	211.50	
1	REAR RH BUMPER RETAINER CLIP	\$	25.00	
1	REAR LH BUMPER RETAINER CLIP	\$	25.00	
TOTAL		\$	3,950.30	

TOTAL PARTS \$ 9,663.28**LABOUR**

To transfer of Tailgate fittings, attachments and perform water seepage test.	\$	170.00	X
To transfer of Rear Bumper fittings, attachments and perform water seepage test.	\$	170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00	X
To transfer of rear windscreen glass to facilitate bodywork repair.	\$	170.00	X
Putty And Spray Painting Of The Affected Portion.	\$	6,000.00	22d

Trans-cab Auto Services Pte Ltd**AAD2001-208**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 9049K

To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00	<i>X</i>
To Rust-Proofing Of The Affected Areas.	\$	<i>4</i> 170.00	<i>X</i>
To reinstall rear bumper parking sensor.	\$	170.00	<i>501</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>4</i> 170.00	<i>X</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>4</i> 380.00	<i>X</i>
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	<i>4</i> 380.00	<i>X</i>
To Check Electrical Lighting Concerned.	\$	170.00	<i>101</i>
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	6,000.00	<i>2001</i>
To supply and re-do rear end panel insulation padding.	\$	<i>4</i> 380.00	<i>X</i>
TOTAL	\$	14,720.00	
Over All Total	\$	24,383.28	

(PART-BY-PART) Repair Days*20 Days**2 days*

LINK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No large modification(s) is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:

Signature:




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/UOI20001600/Kvd3n2	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909		Date : 04-02-2020	
		Code : UOI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SGU 5170R	Veh. Inspected	SHD 9049K
Policy No.		Coverage (\$)	0.00
Claim No.	SGU 5170R	Excess (\$)	0.00
Assign From	JOSEPHINE WONG	Assign Date	29/01/2020
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA PRIUS (A)	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	JTDKB3FU303076969	Colour	M.P.WHITE / RED
Odometer	115379	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	SAILUN	9 mm
L/H Front Tyre	195/65 R15	SAILUN	9 mm
R/H Rear Tyre	195/65 R15	SAILUN	9 mm
L/H Rear Tyre	195/65 R15	SAILUN	9 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	27/01/2020	Inspection Date	30/01/2020
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



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Page No.: 1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 9049K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	REAR BUMPER	DENTED	442.60	442.60
1	REAR BUMPER RE-INFORCEMENT	BENT	332.70	332.70
1	REAR BUMPER TOWING COVER	SERVICEABLE	15.40	-
1	GUARD,REAR BUMPER,CENTER	DENTED	576.30	576.30
1	REAR BUMPER SIDE RETAINER LH	SERVICEABLE	116.50	-
1	REAR BUMPER SIDE RETAINER RH	SERVICEABLE	117.70	-
1	REAR TAILGATE	TO REPAIR SEE LABOUR	1,147.80	-
1	REAR TAILGATE OUTER GARNISH	SERVICEABLE	925.60	-
1	REAR TAILGATE WEATHERSTRIP	SERVICEABLE	372.30	-
1	PANEL SUB-ASSY,BODY LOWER BACK	TO REPAIR SEE LABOUR	650.30	-
1	TAILLAMP LOWER RH	SERVICEABLE	502.00	-
1	TAILLAMP UPPER RH	SERVICEABLE	451.80	-
1	REAR BUMPER SIDE RH	SERVICEABLE	123.70	-
1	REAR BUMPER SIDE LH	SERVICEABLE	123.70	-
1	TAILLAMP LOWER LH	SERVICEABLE	502.00	-
1	TAILLAMP UPPER LH	SERVICEABLE	443.30	-
1	COVER,DECK TRIM,REAR	SERVICEABLE	126.70	-
1	COVER,FLOOR UNDER,NO 1	SERVICEABLE	175.10	-
1	COVER,FLOOR UNDER,NO 2	SERVICEABLE	241.90	-
1	COVER,REAR FLOOR	SERVICEABLE	229.90	-
	LESS 25% DISCOUNT		-1,904.33	-337.90
			5,712.97	1,013.70
<u>SPECIAL NETT ITEMS</u>				
1	SET PARKING AID (SN)	SERVICEABLE	700.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	66.00	66.00
2	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	80.00	-
1	WINDSCREEN MOULDING (SN)	NOT NECESSARY	100.00	-
1	REAR WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	100.00	-
1	REAR TAILGATE TOYOTA LOGO (SN)	NOT NECESSARY	47.00	-
1	REAR TAILGATE WORDING "PRIUS" (SN)	NOT NECESSARY	52.90	-
1	REAR TAILGATE WORDING "HYBRID" (SN)	NOT NECESSARY	53.50	-
1	REAR TAILGATE STICKER "TRANS-CAB" (SN)	NOT NECESSARY	80.00	-

Report Ref No. CS/UOI20001600/Kvd3n2



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Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR TAILGATE STICKER "6555-3333" (SN)	NOT NECESSARY	80.00	-
1	REAR BUMPER PROTECTOR (SN)	NOT NECESSARY	100.00	-
1	REAR WHEEL RIM (SN)	SERVICEABLE	1,879.40	-
1	REAR TYRE 195/65/15 (SN)	SERVICEABLE	350.00	-
1	REAR WHEEL RIM COVER (SN)	SERVICEABLE	211.50	-
1	REAR RH BUMPER RETAINER CLIP (SN)	NOT NECESSARY	25.00	-
1	REAR LH BUMPER RETAINER CLIP (SN)	NOT NECESSARY	25.00	-
			3,950.30	66.00
	LABOUR			
	TO TRANSFER OF TAILGATE FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR BUMPER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR END PANEL FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR WINDSCREEN GLASS TO FACILITATE BODYWORK REPAIR.	NOT NECESSARY	170.00	-
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		6,000.00	220.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	50.00
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH, TO FACILITATE REPAIR.	NOT NECESSARY	380.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	10.00
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF REAR TAILGATE AND PANEL SUB-ASSY, BODY LOWER BACK.		6,000.00	200.00
	TO SUPPLY AND RE-DO REAR END PANEL INSULATION PADDING.	NOT NECESSARY	380.00	-
			14,720.00	480.00

Report Ref No. CS/UOI20001600/Kvd3n2



GRAND TOTAL		24,383.27	1,559.70
RECOMMENDED COST OF REPAIRS			1,559.70

Report Ref No. CS/UOI20001600/Kvd3n2

KONG SENG CHEONG

Licensed Appraiser

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