

ASS. REC. BY:

REF:

TMI/ cc3/TMI20001640/ktd3

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop r/s

of

Insured:

SLN8929C

Policy No.

Claims No.

Sum Insured:

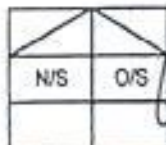
Excess:

(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:

03

days Res.: Yes or No

Lum Sum:

1-B.1%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 58710

Yr Regn:

11, 18

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

Truck / Trailer or

Make:

Toy Prius

c.c

1798

Colour:

M.P. White/Red

A/C:

Insured / Std / NI / NA

Sp. Reading

88.608

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTDKB31F4309075174

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Giti

195/65R13

R: Giti

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

TOYO / YOKO or

Front

Rear

R/Bal.

p mm

R/Bal.

3 mm

L/Bal.

p mm

L/Bal.

3 mm

D.O.A.

22/1/20

D.O.A.

30/1/2020

Survey held at

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

o/s body

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

Date / Time

Action / Instruction

SHD 58710 - cc3 / AxA140 / AS / R / Kzy3q2

DWA: 5/6/2014

31/01/20 @ 11.33am Email GIA, police report & estimate and revised to TMI.

26/2 - Confirm finalize \$4064.88 (Red: 25662.37; 86%)

Date/Time, File Pass to?



: Prel. Report

26/2 Typist



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format:

Lump Sum / I.B. / S

4064.88

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Friday, 31 January 2020 11:33 AM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 22/01/2020, SHD 5871D (TP VEHICLE), SLN 8929C (OI VEHICLE)
Attachments: CC3TMI20001640Ktd3.pdf; SHD5871 PR.pdf; SHD5871 GIA.pdf; SHD5871 EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 5871D at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 30/01/2020.

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

"Wishing you a Happy and Prosperous Lunar New Year"

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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



Auto
Consultants
Pte Ltd

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

Date: 31st January 2020

Your Ref: TBA

Our Ref: CC3/TMI20001640/Ktd3

The Motor Claims Department
TOKIO MARINE INSURANCE SINGAPORE LTD

Attn: Sir/Madam

Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. SHD 5871D

Please be informed that we had conducted the inspection of the abovementioned vehicle on 30/01/2020 at the premises of M/s TRANS-CAB and have the following to report:-

Workshop Estimate Amount
Revised Estimate Amount
"Check" Items Amount
Market Value
LTA Reimbursement Value
Nett Value

: S\$	<u>29,727.25</u>
: S\$	<u>4,064.88</u>
: S\$	<u>-</u>
: S\$	<u>-</u>
: S\$	<u>-</u>
: S\$	<u>-</u>

Description of Damage:

The vehicle sustained damages at the o/s body.



Comments/ Present Status:
Damages consistent.

Yours faithfully

KONG SENG CHEONG
Licensed Appraiser

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 878K

Vehicle Details

Vehicle No.: SHD5871D

Vehicle to be Exported: Yes

Intended Deregistration Date: 23 Jan 2020

Vehicle Make: TOYOTA

Vehicle Model: PRIUS 5DR HATCHBACK (AUTO)

Primary Colour: Red

Manufacturing Year: 2018

Engine No.: 22R2B61167

Chassis No.: JTDKB3FU303075174

Maximum Power Output: 90.0 kW (120 bhp)

Open Market Value: \$26,605.00

Original Registration Date: 01 Nov 2018

First Registration Date: 01 Nov 2018

Transfer Count: 0

Actual ARF Paid: \$14,247.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 31 Oct 2026

PARF Rebate Amount: \$10,685.00

Intended COE Rebate Details

COE Expiry Date: 31 Oct 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 23 Jan 2020

OK

Denise Tay (LKKAUTO)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Wednesday, 26 February 2020 10:53 AM
To: Denise Tay (LKKAUTO)
Subject: RE: SHD 5871D / TP / DOA: 22/1/2020 -- AAD2001-188
Attachments: SHD5871 EST.PDF

Without Prejudice

Dear Denise

Sorry for the delay.

Amount confirmed \$ 4,064.88 (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: Wednesday, 26 February, 2020 10:21 AM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Subject: RE: SHD 5871D / TP / DOA: 22/1/2020

Dear Wai Yin,

Any idea?

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)

From: Denise Tay (LKKAUTO)
Sent: Thursday, 13 February 2020 9:17 AM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Subject: SHD 5871D / TP / DOA: 22/1/2020

Dear Wai Yin,

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 willful 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	23/01/2020 14:18
Date Of Accident	22/01/2020 20:25
Exact Location Of Accident	KIM TIAN ROAD TOWARDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD5871D
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	ABDUL MAJID BIN SELAMAT
NRIC No	SXXXX344I
Date Of Birth	28/09/1958
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1984
Driving Experience	35 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81591428
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 131 MARSILING RISE
#04-196
Postcode 730131
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 SIDE SWIPE
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) 1

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name CHANGI N.P.C
Police Station Address ROAD: 9 SIMEI STREET 2 , POSTCODE: 529914 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of Intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT T/20200123/2035

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 SLN8929C
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

ABDUL MAJID BIN SELAMAT

Approximate Age

Injuries Sustain

SHD5871D

Injured person in which vehicle?

YES

Were seat belts worn?

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 rescind 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:

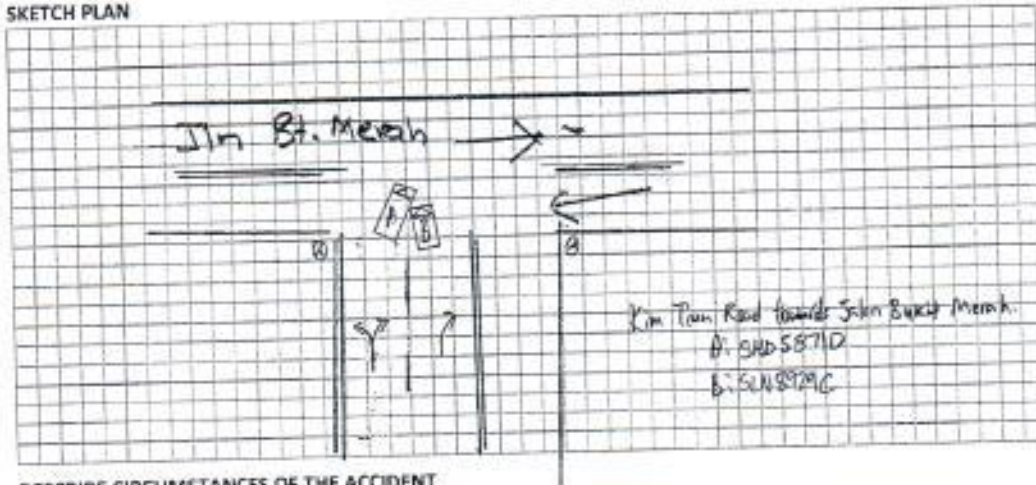
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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/ID No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/2020.0123/2035.

DECLARATION

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

Policyholder's Signature
Date & Time:

Anil
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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



**SINGAPORE
POLICE FORCE**



T/20200123/2035

1 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20200123/2035

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 23/01/2020 11:00	Vide Report No.:	Station Diary No.: 39
--	------------------	--------------------------

Informant's Particulars

Name of Informant: ABDUL MAJID BIN SELAMAT			Address: APT BLK 131 MARSILING RISE #04-196 SINGAPORE 730131	
ID Type / ID No.: NRIC NO / S1340344I			Contact No.: Home/Office: Mobile: 81591428	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 61	Date of Birth: 28/09/1958	Type of Informant: Driver	
Race: Malay			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 22/01/2020 20:25	Type of Location: T-Junction
Location: Junction of Road 1 and Road 2 KIM TIAN ROAD JALAN BUKIT MERAH				
Weather: Clear	Road Surface: Dry	Road Speed Limit:		
Traffic Flow:	Traffic Control: Traffic Light - Working	Traffic Volume: Moderate		
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction	Anyone conveyed by ambulance: No			

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD5871D	TAXI				Slightly Damaged	0
SLN8929C	Car				Slightly Damaged	0

Details of Person Involved

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



Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20200123/2035

CONTINUATION OF REPORT

Driver		ID No.	
Name	ABDUL MAJID BIN SELAMAT	S1340344I	
Related Vehicle	SHD5871D (TAXI)	Contact No.	81591428
Hospital/Clinic	W Y TEH FAMILY CLINIC AND SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	23/01/2020	Date Discharge	23/01/2020
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver		ID No.	
Name	WONG KAI FAI	S1740972G	
Related Vehicle	SLN8929C (Car)	Contact No.	90018176
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 22/01/2020 at about 2025hrs, I was driving my taxi, SHD5871D along Kim Tian Road on the second lane when I stopped at the traffic junction along Jalan Bukit Merah. The traffic light then turned green and I drive forward turning right into Jalan Bukit Merah. A car, SLN8929C that was on my right suddenly changed into my lane collided into my right side driver door.

We then stopped our vehicles and I alighted from my vehicle to speak to the driver. We exchanged particulars and after ascertaining we had no injuries, we then took photos at the accident site and then drove off. I wish to state that I do not have any in car camera.

On 23/01/2020, I was advised by my colleague to make a check on myself. I then decided to go to W Y The Family Clinic and Surgery. I was then given 3 days of medical leave.



SINGAPORE
POLICE FORCE



T/20200123/2035

3 of 3

Police Station Of Origin:
Changi N.P.C
9 Simei Street 2 SINGAPORE 529914
Tel No: 1800-5872999

Report No. T/20200123/2035

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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

Signature Of Officer Recording The Report:

G /

Sgt 3 SITI NATASHA BINTE ABDUL NASSIR

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

23/01/2020 11:00

Officer In Charge Of Case:

TP / AEIT /

SSI 2 YEO GEAK ENG CECILIA

Contact No.: 65476404

Classification Of Case:

Authentication Stamp

NP168



SINGAPORE
POLICE FORCE

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

SHD 5871D

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

PART

- 1 PANEL SUB-ASSY, FRONT DOOR, RH
- 1 WEATHERSTRIP, FRONT DOOR, RH
- 1 LOCK ASSY, FRONT DOOR W/MOTOR, RH
- 1 HANDLE ASSY, FRONT DOOR, OUTSIDE RH
- 1 MOTOR ASSY, POWER WINDOW REGULATOR, RH
- 1 REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH
- 1 TAPE, BLACK OUT, NO.1 FRT RH
- 1 TAPE, BLACK OUT, NO.2 FRT RH
- 1 TAPE, BLACK OUT, NO.3 FRT RH
- 1 RIGHT SIDE VIEW MIRROR
- 1 PANEL SUB-ASSY, REAR DOOR, RH
- 1 WEATHERSTRIP, REAR DOOR, RH
- 1 WEATHERSTRIP, REAR DOOR, NO.3 RH
- 1 HINGE ASSY, REAR DOOR, LOWER RH
- 1 HINGE ASSY, REAR DOOR, UPPER RH
- 1 MOTOR ASSY, POWER WINDOW REGULATOR, RH
- 1 REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH
- 1 CHECK ASSY, REAR DOOR, RH
- 1 LOCK ASSY, REAR DOOR W/MOTOR, RH
- 1 TAPE, BLACK OUT, NO.1 REAR RH
- 1 TAPE, BLACK OUT, NO.2 REAR RH
- 1 TAPE, BLACK OUT, NO.3 REAR RH
- 1 HANDLE ASSY, REAR DOOR, OUTSIDE RH
- 1 WIRE, REAR DOOR, NO. 1
- 1 WIRE, FRONT DOOR, RH

AAD2001-188*Not Authored**Recovery B4 paint**84064.88***SHD 5871D**

JTDKB3FU303075174

TOYOTA

PRIUS

22.1.2020

TOKIO MARINE

1/11/2018

LIST

\$	<i>11</i>	1,300.70	}	<i>X</i>
\$	<i>12</i>	231.30		
\$	<i>11</i>	603.20		
\$	<i>12</i>	390.60		
\$	<i>12</i>	926.00		
\$	<i>12</i>	238.30	}	<i>X</i>
\$	<i>12</i>	13.30		
\$	<i>12</i>	43.50		
\$	<i>12</i>	26.30		
\$	<i>12</i>	1,436.60		
\$	<i>12/11/18</i>	1,294.90	}	<i>X</i>
\$	<i>12</i>	180.10		
\$	<i>12</i>	36.20		
\$	<i>11</i>	87.10		
\$	<i>11</i>	98.90		
\$	<i>12</i>	926.00	}	<i>X</i>
\$	<i>12</i>	206.70		
\$	<i>12</i>	183.80		
\$	<i>11</i>	561.90		
\$	<i>12</i>	21.90		
\$	<i>12</i>	34.90	}	<i>X</i>
\$	<i>12</i>	15.40		
\$	<i>12</i>	97.40		
\$	<i>12</i>	247.40	}	<i>X</i>
\$	<i>12</i>	532.80		

Trans-cab Auto Services Pte Ltd

AAD2001-188

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 5871D

1	MOULDING ASSY, BODY ROCKER PANEL, RH	\$	594.80	} X
1	PANEL SUB ASSY, QUARTER, RH	\$	871.50	
1	LINER, REAR WHEEL HOUSE, RH	\$	139.80	
1	SEAL, REAR BUMPER SIDE, RH	\$	88.50	
1	COVER, REAR BUMPER	\$	442.60	
1	RETAINER, REAR BUMPER SIDE, RH	\$	117.70	
1	FILLER, REAR BUMPER EXTENSION, RH	\$	123.70	
TOTAL		\$	12,113.80	
25%		\$	3,028.45	
		\$	9,085.35	

Special Nett

1	FRONT DOOR STICKER 'TRANS-CAB'	\$	100.00	60sn
1	REAR DOOR STICKER "6555-3333"	\$	100.00	60sn
1	RH SIDE WHEEL RIM → 25%	\$	1,879.40	
1	RH SIDE WHEEL RIM COVER	\$	211.50	} X
1	RH SIDE TYRE 195/65/15	\$	350.00	
2	REAR WINDSCREEN SEALANT	\$	100.00	
1	WINDSCREEN MOULDING	\$	120.00	
1	REAR WINDSCREEN INNER SPONGE SEAL	\$	100.00	
1SET	REAR FENDER LINER CLIP	\$	35.00	
1SET	REAR BUMPER CLIP	\$	66.00	} X
1SET	REAR BUMPER RETAINER CLIP	\$	35.00	
1SET	ROCKER PANEL MOULDING CLIP	\$	35.00	
TOTAL		\$	3,131.90	

TOTAL PARTS \$ 12,217.25**LABOUR**

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

\$ 7,500.00

500h

Trans-cab Auto Services Pte Ltd

AAD2001-188

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 5871D

Putty And Spray Painting Of The Affected Portion.	\$	7,500.00	8801
To Rust-Proofing Of The Affected Areas.	\$	170.00	301
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	380.00	22 X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	4 X
To transfer of front door fittings, attachment and perform water seepage test.	\$	170.00	4 X
To transfer of tire, rim and on wheel balancing.	\$	170.00	201
To check steering geometry and computer wheel alignment	\$	220.00	4 X
To Check Electrical Lighting Concerned.	\$	170.00	201
To transfer of rear door fittings, attachment and perform water seepage test.	\$	170.00	601
To transfer of rear windscreen glass to facilitate bodywork repair.	\$	170.00	4 X
To transfer of rear bumper fittings, attachment to facilitate bodywork repair.	\$	170.00	4 X
To transfer of rear fender fittings, attachment to facilitate bodywork repair.	\$	170.00	4 X
To reinstall rear bumper parking sensor.	\$	170.00	4 X
TOTAL	\$	17,510.00	

Over All Total \$ 29,727.25**(PART-BY-PART) Repair Days****25 days****3 day,**

LKK Auto Consultants hence notify the Reparer 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 illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Reparer:

Signature:

Date: