

ASS. REC. BY:

REF:

TMI/

03/TMI20001640Ktd3n2

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

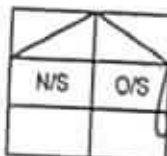
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident 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 Pous

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:

JTDKB31F4303075174

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: Giti

195/65R15

R: Giti

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

3

mm

L/Bal.

8

mm

L/Bal.

3

mm

D.O.A.

22/1/20

D.O.I.

30/1/2020

Survey held at

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

O/S body

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

SHD 58710 - CC 3/AXA 140105218/K2y3p2
SLN8929C-X

Date: 3/6/2019

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

26/2- Confirm finalize \$4064.78 (Red: 25662.37; 86%)

Lump sum \$32501- (Red 26437.25; 89%) refinalize.

Date/Time, File Pass to?

26/2 Typist

Date/Time, File Return to?

: Prell. Report

: Final Report

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

250

S = RS. \$1

11

Fuel:

Others:

TOTAL

261

Add Fee:

: Site Insp (\$

: Interview (\$

: Tech Invs (\$

: Weekend (\$

Report Format:

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

TP

32501-

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

Your Ref: TBA

Date: 31st January 2020

Our Ref: CC3/TMI20001640/Ktd3

The Motor Claims Department
TOKIO MARINE INSURANCE SINGAPORE LTD

Attn: Sir/Madam

Dear Sirs/Mdm

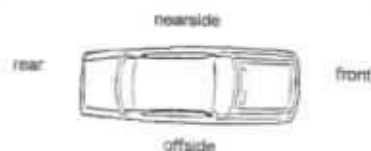
PRELIMINARY ADVICE OF VEHICLE NO. SHD 5871D

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	: S\$ <u>29,727.25</u>
Revised Estimate Amount	: S\$ <u>4,064.88</u>
"Check" Items Amount	: S\$ <u>-</u>
Market Value	: S\$ <u>-</u>
LTA Reimbursement Value	: S\$ <u>-</u>
Nett Value	: 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

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,

[> 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.:	2ZR2B61167
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

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	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 #04-195
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

Injured person in which vehicle? SHD5871D

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

SKETCH PLAN

IMPORTANT NOTICE

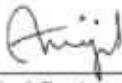
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the Insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.


8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

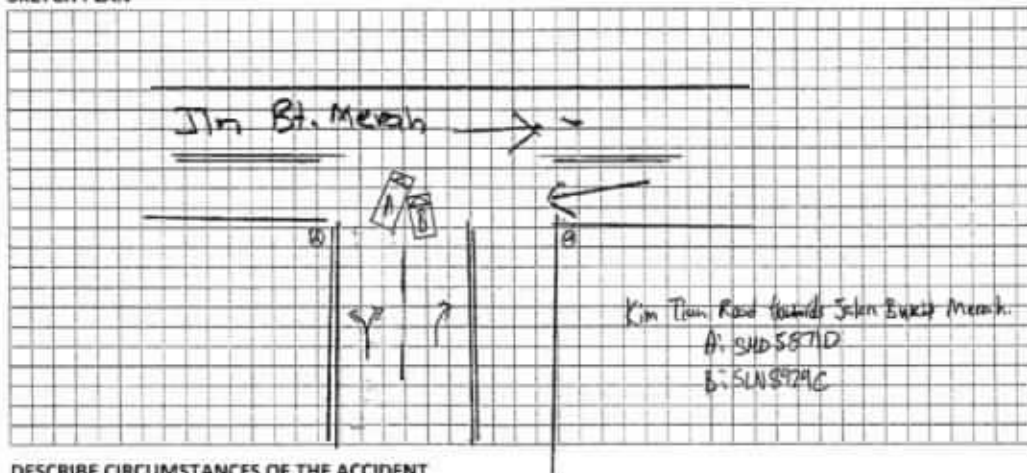
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature
Date & Time:


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


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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report 7/2020 0123 / 2035.

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.:



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



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				
Name	ABDUL MAJID BIN SELAMAT		ID No.	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				
Name	WONG KAI FAI		ID No.	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

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

3 of 3

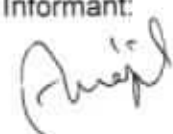

Report No. T/20200123/2035

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	 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**AAD2001-188***Not Authored**Recovery B4 paint**84064.88*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHD 5871D

JTDKB3FU303075174

TOYOTA

PRIUS

22.1.2020

TOKIO MARINE

1/11/2018

	PART		LIST	
1	PANEL SUB-ASSY, FRONT DOOR, RH	\$	<i>It</i> 1,300.70	} <i>X</i>
1	WEATHERSTRIP, FRONT DOOR, RH	\$	<i>It</i> 231.30	
1	LOCK ASSY, FRONT DOOR W/MOTOR, RH	\$	<i>It</i> 603.20	
1	HANDLE ASSY, FRONT DOOR, OUTSIDE RH	\$	<i>It</i> 390.60	
1	MOTOR ASSY, POWER WINDOW REGULATOR, RH	\$	<i>It</i> 926.00	
1	REGULATOR SUB-ASSY, FRONT DOOR WINDOW, RH	\$	<i>It</i> 238.30	
1	TAPE, BLACK OUT, NO.1 FRT RH	\$	<i>It</i> 13.30	
1	TAPE, BLACK OUT, NO.2 FRT RH	\$	<i>It</i> 43.50	} <i>X</i>
1	TAPE, BLACK OUT, NO.3 FRT RH	\$	<i>It</i> 26.30	
1	RIGHT SIDE VIEW MIRROR	\$	<i>It</i> 1,436.60	
1	PANEL SUB-ASSY, REAR DOOR, RH	\$	<i>It/It</i> 1,294.90	
1	WEATHERSTRIP, REAR DOOR, RH	\$	<i>It</i> 180.10	
1	WEATHERSTRIP, REAR DOOR, NO.3 RH	\$	<i>It</i> 36.20	
1	HINGE ASSY, REAR DOOR, LOWER RH	\$	<i>It</i> 87.10	
1	HINGE ASSY, REAR DOOR, UPPER RH	\$	<i>It</i> 98.90	
1	MOTOR ASSY, POWER WINDOW REGULATOR, RH	\$	<i>It</i> 926.00	} <i>X</i>
1	REGULATOR SUB-ASSY, REAR DOOR WINDOW, RH	\$	<i>It</i> 206.70	
1	CHECK ASSY, REAR DOOR, RH	\$	<i>It</i> 183.80	
1	LOCK ASSY, REAR DOOR W/MOTOR, RH	\$	<i>It</i> 561.90	
1	TAPE, BLACK OUT, NO.1 REAR RH	\$	<i>It</i> 21.90	
1	TAPE, BLACK OUT, NO.2 REAR RH	\$	<i>It</i> 34.90	
1	TAPE, BLACK OUT, NO.3 REAR RH	\$	<i>It</i> 15.40	
1	HANDLE ASSY, REAR DOOR, OUTSIDE RH	\$	<i>It</i> 97.40	<i>X</i>
1	WIRE, REAR DOOR, NO. 1	\$	<i>It</i> 247.40	<i>X</i>
1	WIRE, FRONT DOOR, RH	\$	<i>It</i> 532.80	<i>X</i>

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	605n
1	REAR DOOR STICKER "6555-3333"	\$	100.00	605n
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	
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.	\$	na 380.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	↪ 380.00	X
To transfer of front door fittings, attachment and perform water seepage test.	\$	↪ 170.00	X
To transfer of tire, rim and on wheel balancing.	\$	170.00	201
To check steering geometry and computer wheel alignment	\$	↪ 220.00	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	X
To transfer of rear bumper fittings, attachment to facilitate bodywork repair.	\$	↪ 170.00	X
To transfer of rear fender fittings, attachment to facilitate bodywork repair.	\$	↪ 170.00	X
To reinstall rear bumper parking sensor.	\$	↪ 170.00	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 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 illegal modifications is allowed
- Supplementary items, must be resurveyed and is subject to final approval from Insurance Company

Authorised by Repairer:
Signature:
Date:

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/TM20001640/KTD3N2

Date: 03/04/2020

REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MK000577

Claimant Vehicle No : SHD5871D

Insured Vehicle No : SLN8929C

Date of Loss: 22/01/2020

Nature of Claim: TP Claim No: M2000652

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHD5871D

Make & Model: TOYOTA PRIUS, 1.8 HYBRID CVT (A)

Engine No: 22R2861167

Reg. Date: 01/11/2018 (Man. Year: 2018)

Chassis No: JTDKB3FU303075174

Colour: Metallic Pearl White/Red

Odometer: 88608 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): Yes Engine Modification: No Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: 195/65 R15

Rear Tyre Size: 195/65 R15

Front Left Side: Giti 8 mm

Rear Left Side: Goodyear 3 mm

Front Right Side: Giti 8 mm

Rear Right Side: Goodyear 3 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	12,217.25	2,554.87	9,662.38	79.09
Miscellaneous Items	0.00	0.00	0.00	
Labour	17,510.00	1,510.00	16,000.00	91.38
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	29,727.25	4,064.87	25,662.38	86.33
Approved Total (Overridden) (S\$)		3,250.00		
(S\$)	29,727.25	3,250.00	26,477.25	89.07
+ GST 7.00/7.00% (S\$)	2,080.91	227.50	1,853.41	89.07
Nett Amount (S\$)	31,808.16	3,477.50	28,330.66	89.07

INSPECTION

Date of Assignment: 31/01/2020

Date Inspected: 30/01/2020 Inspected At:

Trans Cab Auto Services Pte Ltd - Amk (HQ)

No 2 Ang Mo Kio St 63

Singapore 569111

Estimated Period of Repair: 3.0 days

Adjuster: KENNETH KONG

Manager: DENISE TAY KWEE CHENG

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

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 03 Apr 2020)

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

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

Print Code: (Unsubmitted, no print-code for SHD5871D)

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

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

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Reference	Amount
1	1		*PANEL SUB-ASSY,FRONT DOOR,RH	Repair	1,300.70 FL	-	*- FL
2	1		*WEATHERSTRIP,FRONT DOOR,RH	Serviceable	231.30 FL	-	*- FL
3	1		*LOCK ASSY,FRONT DOOR W/MOTOR,RH	Repair	603.20 FL	-	*- FL
4	1		*HANDLE ASSY,FRONT DOOR,OUTSIDE RH	Serviceable	390.60 FL	-	*- FL
5	1		*MOTOR ASSY,POWER WINDOW REGULATOR,RH	Serviceable	926.00 FL	-	*- FL
6	1		*REGULATOR SUB-ASSY,FRONT DOOR WINDOW,RH	Serviceable	238.30 FL	-	*- FL
7	1		*TAPE,BLACK OUT,NO 1 FRT RH	Not Necessary	13.30 FL	-	*- FL
8	1		*TAPE,BLACK OUT,NO 2 FRT RH	Not Necessary	43.50 FL	-	*- FL
9	1		*TAPE,BLACK OUT,NO 3 FRT RH	Not Necessary	26.30 FL	-	*- FL
10	1		*RIGHT SIDE VIEW MIRROR	Serviceable	1,436.60 FL	-	*- FL
11	1		*PANEL SUB-ASSY,REAR DOOR,RH	Dented/Warped	1,294.90 FL	-	*1,294.90 FL
12	1		*WEATHERSTRIP,REAR DOOR,RH	Serviceable	180.10 FL	-	*- FL
13	1		*WEATHERSTRIP,REAR DOOR,NO 3 RH	Serviceable	36.20 FL	-	*- FL
14	1		*HINGE ASSY,REAR DOOR,LOWER RH	Repair	87.10 FL	-	*- FL
15	1		*HINGE ASSY,REAR DOOR,UPPER RH	Repair	98.90 FL	-	*- FL
16	1		*MOTOR ASSY,POWER WINDOW REGULATOR,RH	Serviceable	926.00 FL	-	*- FL
17	1		*REGULATOR SUB-ASSY,REAR DOOR WINDOW,RH	Serviceable	206.70 FL	-	*- FL
18	1		*CHECK ASSY,REAR DOOR,RH	Serviceable	183.80 FL	-	*- FL
19	1		*LOCK ASSY,REAR DOOR W/MOTOR,RH	Repair	581.90 FL	-	*- FL
20	1		*TAPE,BLACK OUT,NO 1 REAR RH	Necessary	21.90 FL	-	*21.90 FL
21	1		*TAPE,BLACK OUT,NO 2 REAR RH	Necessary	34.90 FL	-	*34.90 FL
22	1		*TAPE,BLACK OUT,NO 3 REAR RH	Necessary	15.40 FL	-	*15.40 FL
23	1		*HANDLE ASSY,REAR DOOR,OUTSIDE RH	Serviceable	97.40 FL	-	*- FL
24	1		*WIRE,REAR DOOR NO 1	Serviceable	247.40 FL	-	*- FL
25	1		*WIRE,FRONT DOOR H	Serviceable	532.80 FL	-	*- FL
26	1		*MOULDING ASSY,BODY ROCKER PANEL RH	Serviceable	594.80 FL	-	*- FL
27	1		*PANEL SUB ASSY,QUARTER,RH	Repair	871.50 FL	-	*- FL
28	1		*LINER,REAR WHEEL HOUSE,RH	Repair	139.80 FL	-	*- FL
29	1		*SEAL,REAR BUMPER SIDE,RH	Serviceable	88.50 FL	-	*- FL
30	1		*COVER,REAR BUMPER	Repair	442.60 FL	-	*- FL
31	1		*RETAINER,REAR BUMPER SIDE,RH	Serviceable	117.70 FL	-	*- FL
32	1		*FILLER,REAR BUMPER EXTENSION,RH	Serviceable	123.70 FL	-	*- FL
33	1		*RH SIDE WHEEL RIM	Dented	1,879.40 F	-	*1,879.40 FN
34	1		*FRONT DOOR STICKER TRANS-CAB	Necessary	100.00 FS	-	*60.00 FS
35	1		*REAR DOOR STICKER 6555-3333	Necessary	100.00 FS	-	*60.00 FS
36	1		*RH SIDE WHEEL RIM COVER	Serviceable	211.50 FS	-	*- FS
37	1		*RH SIDE TYRE 195/65/15	Serviceable	350.00 FS	-	*- FS
38	2		*REAR WINDSCREEN SEALANT	Not Necessary	100.00 FS	-	*- FS
39	1		*WINDSCREEN MOULDING	Not Necessary	120.00 FS	-	*- FS
40	1		*REAR WINDSCREEN INNER SPONGE SEAL	Not Necessary	100.00 FS	-	*- FS
41	1		*SET REAR FENDER LINER CLIP	Not Necessary	35.00 FS	-	*- FS
42	1		*SET REAR BUMPER CLIP	Not Necessary	66.00 FS	-	*- FS
43	1		*SET REAR BUMPER RETAINER CLIP	Not Necessary	35.00 FS	-	*- FS
44	1		*SET ROCKER PANEL MOULDING CLIP	Not Necessary	35.00 FS	-	*- FS

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Reference	Amount
F=Franchise part, S=SpcNett, L=ListItemDisc, N=NettItemDisc.							
Sub Total (S\$)					15,245.70	3,366.50	
- List Item Discount on L Items 25.00/25.00% (S\$)					3,028.45	341.78	
- Nett Item Discount on N Items 0.00/25.00% (S\$)					0.00	469.85	
Total Parts (S\$)					12,217.25		2,554.87

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	7,500.00	500.00
2	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	7,500.00	880.00
3	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	30.00
4	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH,TO FACILITATE REPAIR	New	380.00	0.00
5	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH, FITTINGS AND OTHER,TO ENABLE REPAIR	New	380.00	0.00
6	TO TRANSFER OF FRONT DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	170.00	0.00
7	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	20.00
8	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	0.00
9	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	20.00
10	TO TRANSFER OF REAR DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	170.00	60.00
11	TO TRANSFER OF REAR WINDSCREEN GLASS TO FACILITATE BODYWORK REPAIR	New	170.00	0.00
12	TO TRANSFER OF REAR BUMPER FITTINGS,ATTACHMENT TO FACILITATE BODYWORK REPAIR	New	170.00	0.00
13	TO TRANSFER OF REAR FENDER FITTINGS,ATTACHMENT TO FACILITATE BODYWORK REPAIR	New	170.00	0.00
14	TO REINSTALL REAR BUMPER PARKING SENSOR	New	170.00	0.00
Gross Labour Cost (\$\$)			17,510.00	1,510.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >