

2/10/2020

ASS. REC. BY:

REF: CS/40120002379 / Ksd3n2 Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Josephine Wong of UOI Date/Time: 11/02/2020 @ 4:20pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No.: SHB 7615A Insured: FBQ 47624

at Workshop m/s: Trans cab Tel: 62876666

of No. 2 AMK St-63

Policy No: Claim No: M11D09322002

Sum Insured: Excess:

Make of Veh: D.O.A. 22/01/2020

(Client's Record) 12/02/2020

CA / REV / REP. / REV 24 HRS (up) H.O.D. Endorsement:

Date/Time: 4:20pm @ 11/2/2020 Person Contacted: Candy Vehicle: IN/OUT

Date/Time	Action/Instruction	Follow up
	SHB 7615A - CBS / ASM19005193 / Kwob3	DOA: 17/3/2019
	PBD 47624 - NA / UOI 20001534 / P	DOA: 22/01/2020

REF: 401

ASS. REC. BY:

ASSIGNMENT

From: \_\_\_\_\_ Date: 12/02/2020

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SHB 7615A

at Workshop m/s Transcab

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 01 days Res.: Yes or No

Lum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS <sup>up</sup>

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: SHB 7615A (r Regn: 12 18)

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

Make: Toy Prius<sup>A</sup> C.C. 1798

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

Sp. Reading: 161538 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: J70KB3FU 603077100

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 A/Rim or

Tyre Size: F: Yoko 195/65R15 R: Sailun

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

Front	Rear
R/Bal. 9 mm	R/Bal. 9 mm
L/Bal. 9 mm	L/Bal. 9 mm
D.O.A. 22/1/20	D.O.I. 12/2/20

Survey held at \_\_\_\_\_

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

FR N/S

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

Date / Time	Action / Instruction
	B 2204 2368-20 Contained with was Y:n
	( \$ 27,063.18 red - 92% )
	RECEIVED 18 MAR 2020

Date/Time, File Pass to? 18/03/20

1) Typist

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format: \_\_\_\_\_

Lump Sum Fee: \$2,368.20 P/P

Days Of Repair: 1

Resurvey No. of Trip: 1

Additional Fee:

- Site Insp (\$)
- Interview (\$)
- Tech. Invs (\$)
- Wheel end (\$)

Survey Fee: 250 + 475

Transportation: 60

S + P.S. SF: 80

Photo: 15

Other: 570

880

19/3/20

## Nivitha (LKK Auto)

---

**From:** WONG JOSEPHINE <josephinewong@uoi.com.sg>  
**Sent:** Tuesday, 11 February 2020 4:20 PM  
**To:** SUR; assignments@lkkauto.com  
**Cc:** candy.kong@transcab.com.sg; LEE KATIE  
**Subject:** FW: ARRANGE FOR SURVEY SHB7615A Our ref: M11D09322002

Without Prejudice

Dear LKK

Please assist to attend to third party 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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-----Original Message-----

**From:** Candy Kong [mailto:candy.kong@transcab.com.sg]  
**Sent:** Tuesday, February 11, 2020 4:17 PM  
**To:** WONG JOSEPHINE <josephinewong@uoi.com.sg>  
**Cc:** LEE KATIE <katielee@uoi.com.sg>  
**Subject:** ARRANGE FOR SURVEY SHB7615A Our ref: M11D09322002

Hi Josephine

Kindly assign to LKK AUTO CONSULTANTS

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

-----Original Message-----

-----Original Message-----

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

Sent: Tuesday, February 11, 2020 2:06 PM

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

Subject: ARRANGE FOR SURVEY SHB7615A

Hi Josephine

Please arrange for survey as below :

FBQ4762U - 22.01.2020 AT 1500Hrs - SHB7615A

Lunch time : 12pm - 1pm.

Kindly pls dun arrange survey during lunch time.

"We Agree to let your In-house surveyor assess/ survey our vehicle with estimate."

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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This email has been checked for viruses by AVG.

<https://www.avg.com>

## Shirley Hiew (LKK Auto)

---

**From:** Ng Wai Yin <waiyin.ng@transcab.com.sg>  
**Sent:** Tuesday, 17 March 2020 5:29 pm  
**To:** Shirley Hiew (LKK Auto)  
**Cc:** SUR; 'claims'  
**Subject:** FW: TCS REF: AAD2001-184 -- Accident involving SHB 7615A & FBQ 4762U on 22/01/2020  
**Attachments:** ESTIMATE MARKED.pdf

Without prejudice

Dear Shirley

Amount confirmed \$ 2,368.20 (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](mailto: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:** Shirley Hiew (LKK Auto) [mailto:ShirleyHiew@lkkauto.com]

**Sent:** Tuesday, 17 March, 2020 11:29 AM

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

**Cc:** SUR <sur@lkkauto.com>; 'claims' <claims@transcab.com.sg>

**Subject:** RE: TCS REF: AAD2001-184 -- Accident involving SHB 7615A & FBQ 4762U on 22/01/2020

Dear Wai Yin,

Please confirm final fig \$ 2,368.20 @ 1 day of repairs before GST.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

> [Back to OneMotoring](#)

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHB7615A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	22 Jan 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS SDR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	22R2B78090
Chassis No.:	JTDKB3FU603077100
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	04 Dec 2018
First Registration Date:	04 Dec 2018
Transfer Count:	0
Actual ARF Paid:	\$14,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Dec 2026
PARF Rebate Amount:	\$10,685.00
Intended COE Rebate Details	
COE Expiry Date:	03 Dec 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$22,057.00
COE Rebate Amount:	\$17,645.00
<b>Total Rebate Amount:</b>	<b>\$28,330.00</b>
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 22 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	22/01/2020 16:30
Date Of Accident	22/01/2020 15:00
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB7615A
<b>Insured/Policyholder</b>	
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 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	ONG SIN TIONG
NRIC No	SXXXX014D
Date Of Birth	15/02/1950
Occupation	OUTDOOR
Date Of Driving Pass	06/11/1975
Driving Experience	44 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97532939
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 932 YISHUN CENTRAL 1 #08-99
Postcode	760932
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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?	YES
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: : UNKNOWN GENDER: : FEMALE

### 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
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20200122/2151

### 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	FBQ4762U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
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 UNKNOWN

Approximate Age

Injuries Sustain

Injured person in which vehicle? FBQ4762U

Were seat belts worn? NO

Was this injured conveyed to hospital by ambulance? YES

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.

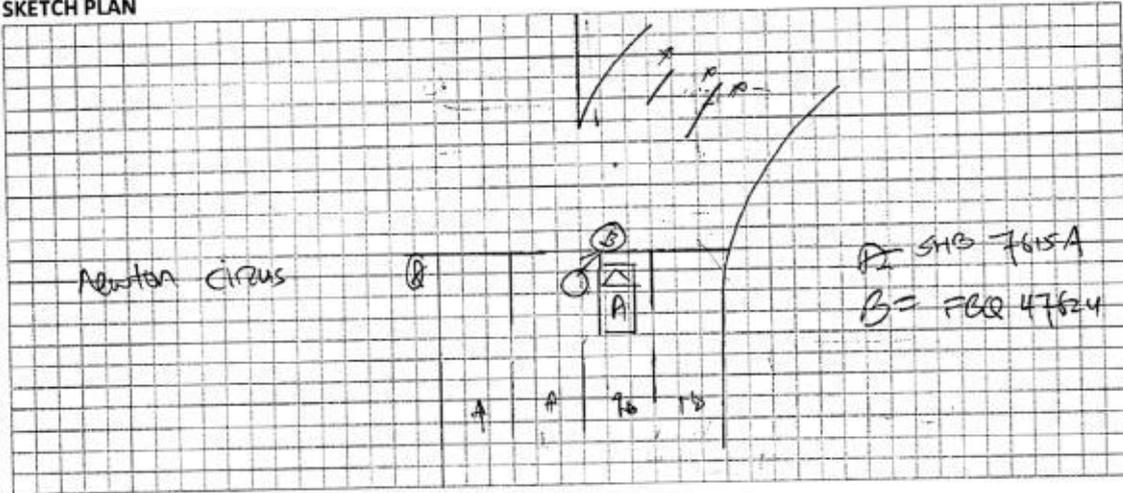
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



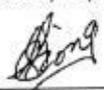
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

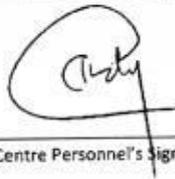
p/s ea attach police report

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.:



**SINGAPORE  
POLICE FORCE**



T/20200122/2151

1 of 3

Report No. T/20200122/2151

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**

Date/Time Report Made: 22/01/2020 17:42	Video Report No.: E/20200122/0089	Station Diary No.: 60
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Informants Particulars			
Name of Informant: ONG SIN TIONG		Address: APT BLK 932 YISHUN CENTRAL 1 #08-99 SINGAPORE 760932	
ID Type / ID No.: NRIC NO / S0199014D		Contact No.: Home/Office:	Mobile: 97532939
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 69	Date of Birth: 15/02/1950	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: TAXI DRIVER		Driving Licence Information: Class: 2B,2A,2,3	Date of Expiry:

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 22/01/2020 15:00	Type of Location: Roundabout
Location: Along Road 1 NEWTON CIRCUS DUNEARN ROAD inside round about, before traffic junction to Dunearn Road.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction			Anyone conveyed by ambulance: Yes	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBQ4762U	Motorcycle	YAMAHA		Red	Slightly Damaged	0
SHB7615A	Taxi	TOYOTA	PRIUS	Red	Slightly Damaged	1

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



**SINGAPORE  
POLICE FORCE**



T/20200122/2151

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

2 of 3  
Report No. T/20200122/2151

## CONTINUATION OF REPORT

Driver			
Name	ONG SIN TIONG	ID No.	S0199014D
Related Vehicle	SHB7615A (Taxi)	Contact No.	97532939
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3 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 3pm whilst I was driving my taxi (SHB7615A) on lane 2 inside the roundabout at Newton Circus, one motorcycle (FBQ4762U) which was riding on lane 3, cut into my lane from my left side and lightly collided onto my taxi at the left front body. Thereafter, the rider fell on the road. The accident happened at the traffic junction before Dunearn road. Ambulance attended and the rider (unknown male Malay) was conveyed to hospital. Traffic police attended to me and advised to me lodge a traffic accident report. There is no in-car camera inside my taxi. At the time of accident, there was a female foreigner (unknown) inside my taxi. She did not sustain any injury and left hurriedly before the police attended.



**SINGAPORE  
POLICE FORCE**



T/20200122/2151

3 of 3

Report No. T/20200122/2151

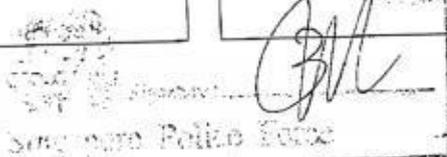
Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

CONTINUATION OF 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: F / SI BALA MURUGAN S/O KALIAPPAN 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 22/01/2020 17:42
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No.: 65476904	Classification Of Case: 
Authentication Stamp NP168 	

**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

**SHB 7615A**

AAD2001-184

*Not Authored*

*Resurvey B4 paint*

*8 2368.20*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

12 FEB 2020

**SHB 7615A**

JTDKB3FU603077100

TOYOTA

PRIUS

22.1.2020

UOI

4/12/2018

	PART
1	FRONT BUMPER
1	FRONT BUMPER SIDE RETAINER LH
1	REINFORCEMENT, FRONT BUMPER
1	REINFORCEMENT, FRONT BUMPER, NO.2
1	ABSORBER, FRONT BUMPER, LOWER
1	ABSORBER, FRONT BUMPER ENERGY
1	COVER SUB-ASSY, ENGINE, NO.1
1	COVER SUB-ASSY, ENGINE UNDER, NO.2
1	COVER, FRONT BUMPER HOLE, LH
1	EXTENSION, FRONT BUMPER, LH
1	FRONT LED LAMP (LOWER) LH
1	FRONT HEADLAMP LH
1	COMPUTER SUB-ASSY, HEADLAMP, LH NO.1
1	MOTOR, HEADLAMP LEVELING, LH
1	FRONT FENDER LH
1	LINER, FRONT FENDER, LH
1	COVER SUB ASSY, FRONT PILLAR, UPPER LH
1	FRONT FENDER EMBLEM LH
1	PROTECTOR, FRONT FENDER SIDE PANEL, LH
1	PAD, FRONT WHEEL OPENING EXTENSION, LH
1	FRONT BONNET
1	HINGE ASSY, HOOD, LH
1	LEFT SIDE VIEW MIRROR
1	MOULDING ASSY, BODY ROCKER PANEL, LH
1	SHAFT ASSY, FRONT DRIVE, LH
1	ARM SUB-ASSY, FRONT SUSPENSION, LOWER NO.1 LH
1	KNUCKLE, STEERING, LH
1	FRONT SHOCK ABSORBER
1	GRILLE SUB-ASSY, RADIATOR

	LIST	
\$	FR	516.00
\$	SL	82.30
\$	SL	716.60
\$	SL	246.10
\$	SL	132.70
\$	SL	79.60
\$	SL	472.40
\$	SL	241.90
\$	SL	29.30
\$	SL	120.10
\$	SL	951.40
\$	<i>mgcm</i> SL	2,637.60
\$	SL	960.50
\$	SL	487.50
\$	FR	977.80
\$	SL	202.50
\$	SL	100.40
\$	SL	54.60
\$	SL	93.90
\$	SL	59.60
\$	FR	983.10
\$	FR	58.90
\$	SL	1,339.30
\$	SL	594.80
\$	SL	1,251.70
\$	SL	760.10
\$	SL	663.40
\$	SL	438.30
\$	SL	346.00

X

X

**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

AAD2001-184

**SHB 7615A**

- 1 EMBLEM ASSY, RADIATOR GRILLE
- 1 GRILLE, RADIATOR, LOWER NO.1

	\$	<i>Sm</i> 90.80	X
	\$	<i>Sm</i> 170.10	X
<b>TOTAL</b>	\$	<b>15,859.30</b>	
<b>25%</b>	\$	<b>3,964.83</b>	
	\$	<b>11,894.48</b>	

**Special Nett**

- 1 FRONT WHEEL RIM
- 1 FRONT WHEEL RIM COVER
- 1 FRONT TYRE 195/65/15
- 1SET CLIP, FRONT FENDER LINER
- 1 FRONT NUMBER PLATE WITH MOULDING
- 1SET BUMPER CLIP FRT
- 1SET FRONT BUMPER RETAINER CLIP

	\$	1,879.40	} <i>See X</i>
	\$	211.50	
	\$	350.00	
	\$	35.00	
	\$	200.00	
	\$	66.00	
	\$	35.00	
<b>TOTAL</b>	\$	<b>2,776.90</b>	

**TOTAL PARTS \$ 14,671.38****LABOUR**

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

\$ ~~6,000.00~~ 6,000.00 *150/*

Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.

\$ 380.00 X

To transfer of Fender fittings, attachments and perform water seepage test.

\$ 170.00 X

To transfer of Front Bumper fittings, attachments and perform water seepage test.

\$ 170.00 X

To check ABS and brake efficiency, final checking and testing.

\$ 380.00 X

To dismantle and refit front end suspension, undercarriage parts, final checking and testing.

\$ 380.00 X

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**SHB 7615A****AAD2001-184**

Putty And Spray Painting Of The Affected Portion.	\$	6,000.00	220/
To transfer of Bonnet fittings, attachments and perform water seepage test.	\$	170.00	X
To check steering geometry and computer wheel alignment	\$	220.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	X
To transfer of tire, rim and on wheel balancing.	\$	170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	: 20/
To Rust-Proofing Of The Affected Areas.	\$	170.00	X
<b>TOTAL</b>	<b>\$</b>	<b>14,760.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>29,431.38</b>	

**(PART-BY-PART) Repair Days****20 days***1 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 modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer  
Signature:  
Date:



**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/UI020002379/Ksd3n2  
 3 ANSON ROAD #28-01 Date : 20-03-2020  
 SPRINGLEAF TOWER SINGAPORE 079909 Code : UI02



**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	FBQ 4762U	Veh. Inspected	SHB 7615A
Policy No.		Coverage (\$)	0.00
Claim No.	M11D09322002	Excess (\$)	0.00
Assign From	JOSEPHINE WONG	Assign Date	11/02/2020

**2. Vehicle Particulars & Condition**

Make & Model	TOYOTA PRIUS (A)	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	JTDKB3FU603077100	Colour	M.P. WHITE / RED
Odometer	161538	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	YOKOHAMA	9 mm
L/H Front Tyre	195/65 R15	YOKOHAMA	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 FRONT N/S PORTION.  
 DAMAGES SEE DETAILS.

**5. General Information**

Accident Date	22/01/2020	Inspection Date	12/02/2020
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: **1 Working Days**



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 7615A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER	TO REPAIR SEE LABOUR	516.00	-
1	FRONT BUMPER SIDE RETAINER LH	SERVICEABLE	82.30	-
1	REINFORCEMENT,FRONT BUMPER	SERVICEABLE	716.60	-
1	REINFORCEMENT,FRONT BUMPER,NO.2	SERVICEABLE	246.10	-
1	ABSORBER,FRONT BUMPER,LOWER	SERVICEABLE	132.70	-
1	ABSORBER,FRONT BUMPER ENERGY	SERVICEABLE	79.60	-
1	COVER SUB-ASSY,ENGINE,NO 1	SERVICEABLE	472.40	-
1	COVER SUB-ASSY,ENGINE UNDER,NO 2	SERVICEABLE	241.90	-
1	COVER,FRONT BUMPER HOLE,LH	SERVICEABLE	29.30	-
1	EXTENSION,FRONT BUMPER,LH	SERVICEABLE	120.10	-
1	FRONT LED LAMP (LOWER) LH	SERVICEABLE	951.40	-
1	FRONT HEADLAMP LH	MTG CRACKED	2,637.60	2,637.60
1	COMPUTER SUB-ASSY,HEADLAMP,LH NO 1	SERVICEABLE	960.50	-
1	MOTOR,HEADLAMP LEVELING,LH	SERVICEABLE	487.50	-
1	FRONT FENDER LH	TO REPAIR SEE LABOUR	977.80	-
1	LINER,FRONT FENDER,LH	SERVICEABLE	202.50	-
1	COVER SUB ASSY,FRONT PILLAR,UPPER LH	SERVICEABLE	100.40	-
1	FRONT FENDER EMBLEM LH	NOT NECESSARY	54.60	-
1	PROTECTOR,FRONT FENDER SIDE PANEL,LH	SERVICEABLE	93.90	-
1	PAD,FRONT WHEEL OPENING EXTENSION,LH	SERVICEABLE	59.60	-
1	FRONT BONNET	TO REPAIR SEE LABOUR	983.10	-
1	HINGE ASSY,HOOD,LH	TO REPAIR SEE LABOUR	58.90	-
1	LEFT SIDE VIEW MIRROR	SERVICEABLE	1,339.30	-
1	MOULDING ASSY,BODY ROCKER PANEL,LH	SERVICEABLE	594.80	-
1	SHAFT ASSY,FRONR DRIVE,LH	SERVICEABLE	1,251.70	-
1	ARM SUB-ASSY,FRONT SUSPENSION LOWER NO,1 LH	SERVICEABLE	760.10	-
1	KNUCKLE STEERING,LH	SERVICEABLE	663.40	-
1	FRONT SHOCK ABSORBER	SERVICEABLE	438.30	-
1	GRILLE SUB-ASSY,RADIATOR	SERVICEABLE	346.00	-
1	EMBLEM ASSY,RADIATOR GRILLE	SERVICEABLE	90.80	-
1	GRILLE RADIATOR,LOWER NO.1	SERVICEABLE	170.10	-

Report Ref No. CS/UOI20002379/Ksd3n2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 25% DISCOUNT		-3,964.83	-659.40
			11,894.47	1,978.20
	<b>SPECIAL NETT ITEMS</b>			
1	FRONT WHEEL RIM (SN)	SERVICEABLE	1,879.40	-
1	FRONT WHEEL RIM COVER (SN)	SERVICEABLE	211.50	-
1	FRONT TYRE 195/65/15 (SN)	SERVICEABLE	350.00	-
1	SET CLIP,FRONT FENDER LINER (SN)	SERVICEABLE	35.00	-
1	FRONT NUMBER PLATE WITH MOULDING (SN)	SERVICEABLE	200.00	-
1	SET BUMPER CLIP FRT (SN)	SERVICEABLE	66.00	-
1	SET FRONT BUMPER RETAINER CLIP (SN)	SERVICEABLE	35.00	-
			2,776.90	-
	<b>LABOUR</b>			
	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF FRONT BUMPER,FRONT FENDER LH,FRONT BONNET AND HINGE ASSY,HOOD,LH.		6,000.00	150.00
	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH,TO FACILITATE REPAIR.	NOT NECESSARY	380.00	-
	TO TRANSFER OF FENDER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF FRONT BUMPER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO CHECK ABS AND BRAKE EFFICIENCY,FINAL CHECKING AND TESTING.	NOT NECESSARY	380.00	-
	TO DISMANTLE AND REFIT FRONT END SUSPENSION,UNDERCARRIAGE PARTS,FINAL CHECKING AND TESTING.	NOT NECESSARY	380.00	-
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		6,000.00	220.00
	TO TRANSFER OF BONNET FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH, FITTINGS AND OTHER,TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
			14,760.00	390.00
	<b>GRAND TOTAL</b>		<b>29,431.37</b>	<b>2,368.20</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>2,368.20</b>

Report Ref No. CS/UOI20002379/Ksd3n2

**KONG SENG CHEONG**

Licensed Appraiser

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