

ASS. REC. BY:

REF:

7M1/ CC317M 20004095/kqf3n2

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Trans Ccb

of _____

Insured: _____

Policy No. MJ000298Claims No. M2001901

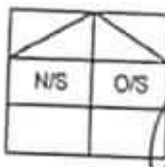
Sum Insured: _____ Excess: _____

(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 Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1-B.1 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SMN 3506K Yr Regn: 08, 19Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Toy Pms c.c. 1798Colour: White A/C: Insured / Std / NI / NASp. Reading: 43198 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JDOKB3FU003083619Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModl: Nil / S/Rlm / STD / Rlm orTyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front

R/Bal. 3 mmL/Bal. 3 mmD.O.A. 13/3/20

Survey held at

Des. of Damages: 015 / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

8968.63 Lead B 19964.75, 9510

SMN 3506K - X

SLC 75644 - NA / TIME 18020757124

D.O.B. - 14/11/2013

12/3/2001038am Email GIA, police report 0 estimate and nursed to Tmt.

RECEIVED 11 MAR 2010

Date/Time, File Pass to?

11/3/2010 ☐ : Prel. ReportDate/Time, File Return to? ☐ : Final ReportDays Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation: 200

Fuel:

Others:

TOTAL

261

Report Format:

Lump Sum / I.B.I. (S)

MER-TP

96883

Add Fee: ☐ : Site Insp (S)☐ : Interview (S)☐ : Tech Invs (S)☐ : Weekend (S)



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: 17th March 2020

Our Ref: CC3/TM120004095/Kqf3

The Motor Claims Department
TOKIO MARINE INSURANCE SINGAPORE LTD

Attn: Sir/Madam

Dear Sirs/Mdm

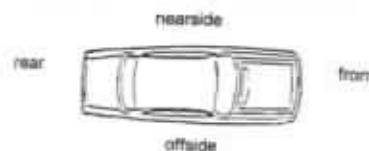
PRELIMINARY ADVICE OF VEHICLE NO. SMN 3506K

Please be informed that we had conducted the inspection of the abovementioned vehicle on 16/03/2020 at the premises of M/s TRANS-CAB and have the following to report:-

Workshop Estimate Amount	: S\$ <u>20,933.38</u>
Revised Estimate Amount	: S\$ <u>968.63</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 rear.



Comments/ Present Status:

Damages consistent.

Yours faithfully

KONG SENG CHEONG
Licensed Appraiser

Shiau Chan (LKKAUTO)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Tuesday, 17 March 2020 3:04 PM
To: Shiau Chan (LKKAUTO)
Cc: 'claims'
Subject: FW: TP VEHICLE SMN 3506K (DOA: 13/03/2020)
Attachments: SMN3506 EST.pdf

Without prejudice

Dear Shiau Chan

Amount confirmed \$ 968.63 (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: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Tuesday, 17 March, 2020 11:45 AM
To: 'Ng Wai Yin' <waiyin.ng@transcab.com.sg>
Subject: TP VEHICLE SMN 3506K (DOA: 13/03/2020)

Dear Wai Yin,

Based on our surveyor's estimate marking, the calculation of repair cost will be at final fig \$968.63 before GST and 2 repair days.

Kindly check.

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)



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

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Tuesday, 17 March 2020 11:38 AM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD, DOA: 13/03/2020, SMN 3056K (TP VEHICLE), SLC 7864U (OI VEHICLE)
Attachments: CC3TMI20004095Kqf3.pdf; SMN3506 PR.pdf; SMN3506 GIA.pdf; SMN3506 EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SMN 3506K at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 16/03/2020.

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

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)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	575K
Vehicle Details	
Vehicle No.:	SMN3506K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	13 Mar 2020
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS SDR HATCHBACK (AUTO)
Primary Colour:	Red
Manufacturing Year:	2018
Engine No.:	2ZR2C55518
Chassis No.:	JTDKB3FU0003083619
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$26,605.00
Original Registration Date:	01 Aug 2019
First Registration Date:	01 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$19,247.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Jul 2029
PARF Rebate Amount:	\$14,435.00
Intended COE Rebate Details	
COE Expiry Date:	31 Jul 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$43,102.00
COE Rebate Amount:	\$34,481.00
Total Rebate Amount:	\$48,916.00

The information contained herein is correct as at 13 Mar 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	13/03/2020 13:34
Date Of Accident	13/03/2020 09:30
Exact Location Of Accident	BLUE HORIZON CONDO DRIVEWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN3506K
Insured/Policyholder	
Name Of Registered Owner	TRANS LEASING PTE LTD
Co Reg No	2XXXXX575K
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	ETIQA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	M0012884
Cover Note Number	

Driver

Name of Driver	CHOK WOON PING
NRIC No	SXXXX390J
Date Of Birth	15/08/1971
Occupation	OUTDOOR
Date Of Driving Pass	21/02/2008
Driving Experience	12 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97900272
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 134 BISHAN STREET 12 #09-169
Postcode	570134
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 - MAJOR/MINOR RD
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: : 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	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C . POSTCODE: 529682 . 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/20200313/2051

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC7864U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE HIRE
Name of Driver	MOHD TAZALLY BIN ARIFFIN
NRIC/Passport Number	SXXXX351D
Contact Number	97691062

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

CHOK WOON PING

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMN3506K

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 #2 Pg. 1

SKETCH PLAN

Blue Horizon Condo Driveway
 A: SAM3S06K
 B: SLC 7864U

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to Police Report T/20200313/2057.

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.:



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200313/2051

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MOHD TAZALLY BIN ARIFFIN	ID No.	S1839351D
Related Vehicle	SLC7864U (Car)	Contact No.	97691062
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
Driver			
Name	CHOK WOON PING	ID No.	S7132390J
Related Vehicle	SMN3506K (Car)	Contact No.	97900272
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/03/2020	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 13/3/2020 at about 0935hrs, I was exiting the carpark of Blue Horizon after picking up a customer.

As I was driving past the exit of the MSCP, there was a vehicle which was exiting the MSCP that had collided into the right rear portion of my vehicle.

I had gotten out to make a check and there were no visible injuries on the parties involved. As such, I had exchanged particulars with the other driver and took photos of the scene.

After sending my passenger to the destination, I had felt aches in my neck, shoulders and back. As such I had went to Y M Chan Clinic for outpatient treatment and was given 3 days of medical leave (13/3/2020-15/3/2020)



Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20200313/2051

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 13/03/2020 12:00		Vide Report No.:		Station Diary No.: 35	
Informant's Particulars					
Name of Informant: CHOK WOON PING			Address: APT BLK 134 BISHAN STREET 12 #09-169 SINGAPORE 570134		
ID Type / ID No.: NRIC NO / S7132390J			Contact No.: Home/Office:		Mobile: 97900272
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 48	Date of Birth: 15/08/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: GRAB 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: 13/03/2020 09:35	Type of Location: Car Park
Location: Along Road 1 WEST COAST CRESCENT carpark inside Blue Horizon Condo				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SLC7864U	Car	TOYOTA	PICNIC AUTO W/O ROOF RACK	Blue		0
SMN3506K	Car	TOYOTA	PRIUS 5DR HATCHBACK (AUTO)	Red		1



**SINGAPORE
POLICE FORCE**



T/20200313/2051

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 3

Report No. T/20200313/2051

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 BRYAN LIM GHIM SONG

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / AEIT /

Sr Staff Sgt ONG YONG HOCK

Contact No.: 65476436

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

13/03/2020 12:00

Classification Of Case:

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

SMN 3506K

Not Authored
Presum B4 paint
8968.63

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

11 MAR 2020

SMN 3506K

JTDKB3FU003083619

TOYOTA

PRIUS

13.3.2020

TOKIO MARINE

1/8/2019

PART**LIST**

1	MOULDING ASSY, BODY ROCKER PANEL, RH	\$	594.80
1	PANEL SUB-ASSY, QUARTER, RH	\$	871.50
1	REAR FENDER LINER	\$	139.80
1	DUCT ASSY, QUARTER VENT, RH	\$	67.00
1	SEAL, REAR BUMPER SIDE, RH	\$	88.50
1	REAR BUMPER	\$	442.60
1	REAR BUMPER UNDER COVER (BLACK)	\$	576.30
1	REAR BUMPER SIDE RETAINER RH	\$	116.50
1	TAILLAMP LOWER RH	\$	502.00
1	TAILLAMP UPPER RH	\$	451.80
1	REAR BUMPER SIDE RH	\$	123.70
1	PANEL SUB-ASSY, REAR DOOR, RH	\$	1,294.90
1	TAPE, BLACK OUT, NO.1 RH	\$	21.90
1	TAPE, BLACK OUT, NO.2 RH	\$	34.90
1	TAPE, BLACK OUT, NO.3 RH	\$	15.40
1	REAR WHEEL RIM	\$	1,879.40
1	REAR WHEEL RIM COVER	\$	211.50

TOTAL	\$	7,432.50
25%	\$	1,858.13
	\$	5,574.38

Special Nett

1	REAR DOOR STICKER '6555-3333'	\$	100.00	X
1SET	REAR BUMPER CLIP	\$	66.00	X
2	REAR WINDSCREEN SEALANT	\$	100.00	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

SMN 3506K

1 WINDSCREEN MOULDING	\$	nn	150.00	}	X
1 REAR WINDSCREEN INNER SPONGE SEAL	\$	nn	100.00		
1SET REAR FENDER LINER CLIP	\$	nn	33.00		
1 REAR TYRE 195/65/15	\$	nn	350.00		
1SET REAR BUMPER RETAINER CLIP	\$	nn	35.00		
1SET ROCKER PANEL MOULDING CLIP	\$	nn	35.00		
1SET TAILLAMP LOWER CLIP	\$	nn	25.00		
1SET TAILLAMP UPPER CLIP	\$	nn	25.00		
TOTAL	\$		1,019.00		
TOTAL PARTS	\$		6,593.38		

LABOUR

To transfer of Rear Fender fittings, attachments and perform water seepage test.	\$	nn	170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	nn	380.00	X
To check steering geometry and computer wheel alignment	\$		220.00	601
To transfer of Rear Bumper fittings, attachments and perform water seepage test.	\$	nn	170.00	X
To transfer of rear windscreen glass to facilitate bodywork repair.	\$	nn	170.00	X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	nn	380.00	X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$		6,000.00	2001

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

SMN 3506K

Putty And Spray Painting Of The Affected Portion.	\$	6,000.00	55q
To Check Electrical Lighting Concerned.	\$	~ 170.00	X
To reinstall rear bumper parking sensor.	\$	~ 170.00	X
To Rust-Proofing Of The Affected Areas.	\$	~ 170.00	X
To transfer of tire, rim and on wheel balancing.	\$	~ 170.00	X
To transfer of door fittings, attachment and perform water seepage test.	\$	~ 170.00	X
TOTAL	\$	14,340.00	
Over All Total	\$	20,933.38	

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

LKK Auto Consultants hence notify the Repairer of the following:

- To remove defective spray painting
- To display damaged part(s) during recovery
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary part(s) must be surveyed and is subject to final approval from Insurance Company

Acknowledged 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/TMI20004095/KQF3N2
Date: 25/03/2020

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MJ000298
Claimant Vehicle No :	SMN3506K	Insured Vehicle No :	SLC7864U
Date of Loss:	14/03/2020	Nature of Claim:	TP
		Claim No:	M2001901

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SMN3506K	Engine No:	2ZR2C55518
Make & Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Chassis No:	JTDKB3FU003083619
Reg. Date:	01/08/2019 (Man. Year: 2018)	Odometer:	43198 km
Colour:	Metallic Pearl Red		
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:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Goodyear 3 mm	Rear Left Side:	Goodyear 5 mm
Front Right Side:	Goodyear 3 mm	Rear Right Side:	Goodyear 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,593.37	158.62	6,434.75	97.59
Miscellaneous Items	0.00	0.00	0.00	
Labour	14,340.00	810.00	13,530.00	94.35
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	20,933.37	968.62	19,964.75	95.37
+ GST 7.00/7.00% (S\$)	1,465.34	67.80	1,397.54	95.37
Nett Amount (S\$)	22,398.71	1,036.42	21,362.29	95.37

INSPECTION

Date of Assignment:	17/03/2020	
Date Inspected:	16/03/2020	Inspected At: Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63 Singapore 569111
Estimated Period of Repair:	2.0 days	

Adjuster: KENNETH KONG**Manager:** SHIAU CHAN

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.

Different 1 cents -Finalise confirm amount: \$968.63

REPAIR DETAILS

Reference	
Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 24 Mar 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 SMN3506K)
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		*MOULDING ASSY,BODY ROCKER PANEL,RH	Serviceable	594.80 FL	-	*- FL
2	1		*PANEL SUB-ASSY,QUARTER,RH	Repair	871.50 FL	-	*- FL
3	1		*REAR FENDER LINER	Serviceable	139.80 FL	-	*- FL
4	1		*DUCT ASSY,QUARTER VENT,RH	Serviceable	67.00 FL	-	*- FL
5	1		*SEAL,REAR BUMPER SIDE,RH	Serviceable	88.50 FL	-	*- FL
6	1		*REAR BUMPER	Repair	442.60 FL	-	*- FL
7	1		*REAR BUMPER UNER COVER (BLACK)	Serviceable	576.30 FL	-	*- FL
8	1		*REAR BUMPER SIDE RETAINER RH	Serviceable	116.50 FL	-	*- FL
9	1		*TAILLAMP LOWER RH	Serviceable	502.00 FL	-	*- FL
10	1		*TAILLAMP UPPER RH	Serviceable	451.80 FL	-	*- FL
11	1		*REAR BUMPER SIDE RH	Serviceable	123.70 FL	-	*- FL
12	1		*PANEL SUB ASSY,REAR DOOR,RH	Repair	1,294.90 FL	-	*- FL
13	1		*TAPE,BLACK OUT,NO 1 RH	Not Necessary	21.90 FL	-	*- FL
14	1		*TAPE,BLACK OUT,NO 2 RH	Not Necessary	34.90 FL	-	*- FL
15	1		*TAPE,BLACK OUT,NO 3 RH	Not Necessary	15.40 FL	-	*- FL
16	1		*REAR WHEEL RIM	Serviceable	1,879.40 FL	-	*- FL
17	1		*REAR WHEEL RIM COVER	Dented	211.50 FL	-	*211.50 FL
18	1		*REAR DOOR STICKER 6555-3333	Not Necessary	100.00 FS	-	*- FS
19	1		*SET REAR BUMPER CLIP	Not Necessary	66.00 FS	-	*- FS
20	2		*REAR WINDSCREEN SEALANT	Not Necessary	100.00 FS	-	*- FS
21	1		*WINDSCREEN MOULDING	Not Necessary	150.00 FS	-	*- FS
22	1		*REAR WINDSCREEN INNER SPONGE SEAL	Not Necessary	100.00 FS	-	*- FS
23	1		*SET REAR FENDER LINER CLIP	Not Necessary	33.00 FS	-	*- FS
24	1		*REAR TYRE 195/65/15	Serviceable	350.00 FS	-	*- FS
25	1		*SET REAR BUMPER RETAINER CLIP	Not Necessary	35.00 FS	-	*- FS
26	1		*SET ROCKER PANEL MOULDING CLIP	Not Necessary	35.00 FS	-	*- FS
27	1		*SET TAILLAMP LOWER CLIP	Not Necessary	25.00 FS	-	*- FS
28	1		*SET TAILLAMP UPPER CLIP	Not Necessary	25.00 FS	-	*- FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	8,451.50	211.50
- List Item Discount on L Items 25.00/25.00% (\$\$)	1,858.13	52.88
Total Parts (\$\$)	6,593.37	158.62

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO TRANSFER OF REAR FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	0.00
2	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR	New	380.00	0.00
3	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	60.00
4	TO TRANSFER OF REAR BUMPER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	0.00
5	TO TRANSFER OF REAR WINDSCREEN GLASS TO FACILITATE BODYWORK REPAIR	New	170.00	0.00
6	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH, TO FACILITATE REPAIR	New	380.00	0.00
7	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME	New	6,000.00	200.00
8	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	6,000.00	550.00
9	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	0.00
10	TO REINSTALL REAR BUMPER PARKING SENSOR	New	170.00	0.00
11	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	0.00
12	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING	New	170.00	0.00
13	TO TRANSFER OF DOOR FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	170.00	0.00
Gross Labour Cost (S\$)			14,340.00	810.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >