

INS. CASE OWNER:

CC3 / III160

18926 / K2A3

LKK:

IDAC:

Surveyor:

KENNETH

DOI:

5/10/16

Date / Time:

5/10/16

Registered in Merimen:

6/10/16

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHD 3355R

Name of Insured:

LTP

Insured Tel No.:

HP:

Excess Sec II :SS

D.O.A.:

03-10-16

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

William Chen Zhongji

Driver Tel No.:

(V/L: YES / NO)

Claim No.:

MLT6100088

Policy No.:

ML000016

Make / Model:

MERCEDES-BENZ C200

Place of Accident:

PACIFIC PARKWAY ROAD

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No

SHC 5301M



INSRS:

WSP:

Tel:

Liability:

RMKS:

Trans-lab



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/Time

8/10/16

Veggo

SHC 5301M - CC3/AXA16005048/HH9352 : DOA: 14/12/16  
SHD 3355R - CC3/AXA12015661/H013W2 : DOA: 4/8/12  
- CC3/ATG 11025501/H10203K2 : DOA: 07/12/11

File review, conflicting version. TP reported that TO rake out from his position and collided into shop car. But TO said TP collided into his car.

9/5/19 - ITM @ 50%.

27-5-19

FOR MANDATE

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

( days) Reduction:

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

S\$

3,195.96

Loss of Rental (LOR):

S\$

189.39

(3 days)

Loss of Use (LOU):

S\$

126.26

Loss of Income (LOI):

S\$

75

(50 x 3 days)

LOR only ☐LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

Legal Cost

S\$

Total:

S\$

3,460.35

Global Sum S\$:

3,460.72

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

3,460.00

Name 1:

TRANS-LAB AUTO SERVICES PTE LTD

Payee 2: (Strike if N.A.)

S\$

Name 2:

X

Payee 3: (Strike if N.A.)

S\$

Name 3:

X

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

ASS. REC. BY:

REF: TH /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 Cab

of \_\_\_\_\_

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

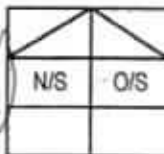
Claims No. \_\_\_\_\_

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

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

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SHC 53012 Yr Regn: 03, 14Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or \_\_\_\_\_

Make: Perast Latitude c.c. 1895Colour n. white / Red A/C: Insured / Std / NI / NASp. Reading 321267 T/Radio: Insured / Std / NI / NA

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

C/No: V11AB615AUC 276784Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or Long Long

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 9 mm R/Bal. 9 mmL/Bal. 9 mm L/Bal. 9 mmD.O.A. 3/10/16 D.O.I. 5/10/16

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

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

N/S body

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

Date / Time Action / Instruction

6/10 19h pass to Catherine85973.76 ford9/5/19 85973.76 C. Ford Tarnish (3 x 126.26 + 150)Global Linc 83460 C. Ford TarnishR (\$14,369.55/81%)

Date/Time, File Pass to?

☐ : Prel. Report

Days Of Repair: \_\_\_\_\_

1)

☐ : Final Report

Resurvey No. of Trip: \_\_\_\_\_

Date/Time, File Return to?

2)

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)

Survey Fee: \_\_\_\_\_

Transportation: \_\_\_\_\_

S + RS \$ \_\_\_\_\_

Photos \_\_\_\_\_

Others \_\_\_\_\_

TOTAL \_\_\_\_\_

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

Lump Sum / I.B.I: (\$ \_\_\_\_\_)

☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)

**TRANS-CAB AUTO SERVICES PTE LTD**

NO.2 ANG MO KIO ST 63 SINGAPORE 569111

TEL NO.6287 6666 FAX NO.6257 1330

CO/GST REG NO.201019626G

**SHC 5301M - III****CANDY***Not Notched**\$ 5973.76*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

**SHC 5301M - CANDY**

VF1ABL15AUC276784

RENAULT

LATITUDE

03.10.2016

**III****PART****LIST**

1	1	FENDER PANEL FRT LH	\$	<i>R</i> 602.95 X
2	1	FENDER WHEELARCH FRT LH (Linner)	\$	<i>Sm</i> 107.33 X
3	1	DOOR FRT LH	\$	<i>R</i> 2,188.20 ✓
4	1	DOOR HANDLE OUTER FRT LH	\$	<i>Sm</i> 198.55 X
5	1	DOOR HANDLE COVER FRT LH	\$	<i>Sm</i> 10.17 X
6	1	DOOR MIRROR LH	\$	<i>Sm</i> 1,141.08 X
7	1	DOOR SEAL FRT LH	\$	<i>Sm</i> 52.83 X
8	1	ROCKER PANEL OUTER LH	\$	<i>R</i> 759.61 X
9	1	DOOR REAR LH	\$	<i>R</i> 2,188.20 ✓
10	1	DOOR HANDLE OUTER REAR LH	\$	<i>Sm</i> 97.31 X
11	1	FENDER PANEL REAR LH	\$	<i>R</i> 2,537.80 X
12	1	FENDER WHEELARCH REAR LH (Linner)	\$	<i>Sm</i> 418.06 X
13	1	BUMPER COVER REAR	\$	<i>Sm</i> 852.66 X
14	1	BUMPER LOWER REAR	\$	<i>Sm</i> 591.41 X
15	1	BUMPER REFLECTOR LH	\$	<i>Sm</i> 33.55 X
16	1	BUMPER BRACKET SIDE LH REAR(Taillamp loc)	\$	<i>Sm</i> 104.59 X
17	1	BUMPER RETAINER LH REAR	\$	<i>Sm</i> 34.61 X
18	1	TAILLAMP LH	\$	<i>Sm</i> 425.04 X

**TOTAL** \$ 12,343.94**10%** \$ 1,234.39\$ 11,109.55**Special Nett**

1	1	DOOR STICKER "Trans-cab"	\$	<i>Mr</i> 80.00 <i>605N</i>
2	1	DOOR STICKER "Classic"	\$	<i>Mr</i> 30.00 <i>155N</i>
3	1	DOOR STICKER "6555-3333"	\$	<i>Mr</i> 80.00 <i>605N</i>

**TOTAL** \$ 190.00**TOTAL PARTS** \$ 11,299.55

Panel beating, knocking and straightening the  
 necessary portion, remove and renewal of  
 parts, adjust and realign the same

\$ 2,800.00 *600*

**TRANS-CAB AUTO SERVICES PTE LTD****CANDY**

NO.2 ANG MO KIO ST 63 SINGAPORE 569111

TEL NO.6287 6666 FAX NO.6257 1330

CO/GST REG NO.201019626G

**SHC 5301M - III**

To Check Electrical Lighting Concerned.	\$	170.00	200
Putty and spray painting of the affected portion.	\$	3,000.00	1100
To check steering geometry and computer wheel alignment	\$	220.00	X
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00	120
To rust-proofing of the affected areas.	\$	170.00	60

<b>TOTAL</b>	<b>\$</b>	<b>6,530.00</b>
<b>Over All Total</b>	<b>\$</b>	<b>17,829.55</b>

**(PARTS BY PARTS) Repair Days****10 Days**

3/4/71

**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: \_\_\_\_\_

## Print Received Message

This mail is associated with :

**\*SHC5301M (MCT16100088)  
[SHD3355R]**

TP

TRANS-CAB SERVICES PTE LTD

Oct 3 2016 9:00AM

[COMFORT TRANSPORTATION PTE LTD]

Trans-cab Auto Services Pte Ltd

**From** India International Insurance Pte Ltd (HQ) (III\_SG), sent on 25/06/2019 17:55 PM.  
**To** LKK\_HQ  
**Subject** Alert - Adj Mandate Approved (S\$3460.35) - SHC5301M - Claim Handler: Priya

Approved:3460.35.

To : Joy

**Trans-Cab Services Pte Ltd**

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

Our Ref : AAD1610-015

Your Ref : SHD3355R

Date : 27.May 2019

**INDIA INT'L INS PTE LTD**

Dear Sir/Madam,

**ACCIDENT INVOLVING SHC5301M AND SHD3355R ON 03/10/16 09:20 AM ALONG PASIR PANJANG ROAD**

It appears that the above accident was caused by your insured's negligence. We, therefore seeking compensation from you for our financial loss as itemized below :-

1.	Cost of Repair (inclusive of 7% GST)	\$	6,391.92
2.	Loss of Rental for <u>8</u> days @ \$ <u>126.36</u> per day	\$	1,010.08
3.	Loss of Income for <u>8</u> days @ \$ <u>40</u> per day	\$	320.00
4.	LTA Search Fee	\$	0.00
5.	Survey Fee	\$	0.00
	Total	\$	7,722.00

We enclose a copy of the following documents for your consideration :-

GIA report lodged by our driver

Rental rate and mileage records

Certificate of Insurance

Authorization To Act

Original final repair bill

LTA Search Fee

**Kindly let us have the discharge voucher within the next 14 days, failing which we shall proceed to hand over the conduct of this matter to our solicitors without further reference to you.**

Yours Faithfully

Trans-Cab Services Pte Ltd

Jasmine Tan

General Manager

Tel No. : 6603 1250 (DID)

Note : Please email any further correspondence to [claims@transcab.com.sg](mailto:claims@transcab.com.sg) (6603 1259)

**Trans-Cab Services Pte Ltd**

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

**Authorization To Act**

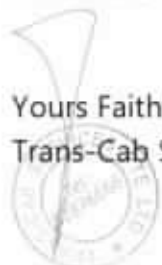
We, Trans-cab Services Pte Ltd of Company Registration No. 200303878K hereby authorize Trans-cab Auto Services Pte Ltd to act on behalf to claim for all losses incurred for the accident involving SHC5301M and SHD3355R along PASIR PANJANG ROAD on 03/10/16 09:20 AM.

In addition, we also hereby authorize the above payment to be made in favour of Trans-cab Auto Services Pte Ltd upon settlement.

Dated this 27 (day) of May 2019

Yours Faithfully

Trans-Cab Services Pte Ltd



Jasmine Tan

General Manager

## EXPRESS SETTLEMENT

### DISCHARGE VOUCHER III-Direct Settlement (PODS)

India Ref: MCT16100088

Claimant Ref: MAD1610-015

We/I, TRANS-CAB AUTO SERVICES PTE LTD ("the workshop") hereby confirm that we/I have reached an agreement with the appointed Surveyor of India International Insurance Pte Ltd LKK Auto Consultants Pte Ltd (name of Surveyor) with respect to the amount claimed for S\$ 3,460.00 GLOBAL SYM (repair cost), S\$ — (loss of use/rental), S\$ — (search fee), vehicle no. SHC5301M that was damaged pursuant to the accident which occurred on 3-10-16 (date) at PASIR PANJANG ROAD (location) involving vehicle no. SHD33SR (insured vehicle). This is pursuant to the inspection conducted on 5-10-16 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner TRANS-CAB SERVICE PTE LTD ("the third party claimant") of vehicle no. SHC5301M to make the claim as set out in the above paragraph and we/I have full authority to settle the matter on his/her behalf in a manner that we/I deem fit. We/I enclose herein the letter of authority given by "the third party claimant".

We/I further confirm that we/I will indemnify India International Insurance Pte Ltd for all damages, loss and/or expense that they will or have already incurred in the event that "the third party claimant" after the above said agreement lodges a further claim against the former for any loss and expenses suffered pertaining to cost of repairs and/or rental and/or loss of use pursuant to the damage to SHC5301M (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of all claims of "the third party claimant" pursuant to the accident and that further this settlement is reached on a without prejudice and without admission of liability basis.

This agreement is subject to the application of Singapore law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

We/I authorize you to pay the total amount of S\$ 3,460.00 to TRANS-CAB AUTO SERVICES PTE LTD.

Dated this 03 day of July 2019

#### CLAIMANT:

Signature:

Signed by "the workshop" (with chop)

Name:

JASMINE TAN SIEW KIM

NRIC:

S7405636I

Address:

TRANS-CAB AUTO SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63 S'pore 569111

Nationality:

SINGAPOREAN

Occupation:

GM

#### WITNESS:

Signature:

Signed by appointed Surveyor

Name:

LKK Auto Consultants Pte Ltd

NRIC:

199607198R

Address:

Blk 51, Paya Ubi Industrial Park,

Ubi Avenue 1, #02-25 | S(408933)

Nationality:

-

Occupation:

-

**Trans-Cab Auto Services Pte Ltd**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel: 6287 6666

Fax: 6287 7764

Co. Reg. No.: 201019626G

GST Reg. No.: 201019626G

**Tax Invoice / Debit Note**

<b>TO:</b> <b>INDIA INTERNATIONAL INSURANCE PTE LTD</b> 64 CECIL STREET #05-00 IOB BUILDING 049711 Singapore  ATTENTION:	<b>INVOICE NO.</b> : INV1611-136 <b>DATE</b> : 25. November 2016 <b>REFERENCE NO</b> : AAD1610-015 <b>TERMS</b> : <b>DUE DATE</b> : 25. November 2016 <b>PAGE</b> : 1
--	--

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	REPAIR-SHC5301M;DOA 03.10.16(PART-BY-PART-16)	1	6,391.92	6,391.92

<b>Total SGD Excl. GST :</b>	<b>5,973.76</b>
<b>7% GST :</b>	<b>418.16</b>
<b>Total SGD Incl. GST :</b>	<b>6,391.92</b>

**\*\*\*\* SIX THOUSAND THREE HUNDRED NINETY ONE AND NINETY TWO SGD ONLY \*\*\*\***

- 1) All cheques should be crossed and made payable to "Trans-Cab Auto Services Pte Ltd"
- 2) Please quote our Invoice Number during payment.
- 3) We reserve the right to charge interest @ 1.5% per month on overdue invoice.
- 4) Any dispute as to the accuracy, charges etc of this invoice must be communicated within 10 days from the date hereof failing which it shall be deemed to have been unconditionally accepted.

E. &amp; O. E.

**THIS IS A COMPUTER GENERATED INVOICE WHICH REQUIRES NO SIGNATURE**

**Trans-Cab Services Pte Ltd**

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

27 May, 2019

To Whom It May Concern

Dear Sir / Madam,

Accident on 03/10/16 09:20 AM at PASIR PANJANG ROAD

1. We refer to the above-mentioned accident and wish to inform that Trans-Cab Services Pte Ltd is the registered owner of the taxi bearing vehicle registration no. SHC5301M. The taxi was hired to LIM MING SENG a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate ~~\$107~~ <sup>\$107</sup> per day (inclusive of GST).
2. Please be advised that the Taxi is insured with AXA INSURANCE PTE LTD on a third party basis at the material time of the accident.
3. Please liaise with us directly for any settlement of claims in respect of the said accident.

Yours faithfully,

Jasmine Tan

General Manager

**Trans-Cab Services Pte Ltd**

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

03-10-2016

Dear Sir/Madam,

Please be informed that the taxi was undergo accident repair in the workshop as follow:

Date In	Date Out	Vehicle No.
<b>Accident No.</b>	AAD1610-015	<b>Accident Date</b> 03-10-2016
3/10/2016 10:55	10/10/2016 15:30	SHC5301M

**Yours Faithfully,**

**Trans-Cab Services Pte Ltd**



**Jasmine Tan**

**General Manager**

## ...CLAIM SUBFOLDER...(Pending for Survey Report)

Direct Settlement

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	06 Oct 2016 <a href="#">Edit Reg</a>		05 Oct 2016 00:00 <a href="#">Edit Adj Rpt</a>	<b>\$45,973.76</b> <a href="#">Edit Estimates</a>	<b>\$45,973.76</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by adjuster]</span>									
Insured:	<b>COMFORT TRANSPORTATION PTE LTD</b> , Co. Reg. No.: 199303821R								
Main Claimant:	<b>TRANS-CAB SERVICES PTE LTD</b> , Co. Reg. No.: 200303878K								
Vehicle Reg. No.:	<b>SHC5301M</b>	Date of Loss:	03/10/2016 09:00 - :59 [30 Months and 12 Days From LTA Reg Date (Man Yr)]						
Claim Type:	<b>TP / MCT16100088</b>	Policy/Cover Note No.:	MCDM0016 (TP, Fire & Theft)						
Vehicle Reg. No. (Insured):	<b>SHD3355R</b>	Policy No. (Claimant):	VPX/P1680520						
		Excess:							
Repairer:	<b>Trans-cab Auto Services Pte Ltd (Ang Mo Kio)</b> 2, Ang Mo Kio Street 63, 569111 Ang Mo Kio - Tel: 62876666								
Handling Insurer:	<b>India International Insurance Pte Ltd (HQ)</b> - Tel: 63476100 ... [Handled by <b>Priya</b> ]								
Claimant's Insurer:	<b>AXA Insurance Pte Ltd (HQ)</b> - Tel: 6338 7288								
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>KENNETH KONG</b> ] ... [Final Rpt due 17/10/2016]								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
<ul style="list-style-type: none"> <li>III_SG (25/06/2019): Alert - Adj Mandate Approved (\$460.35) - SHC5301M - Claim Handler: Priya</li> <li>III_SG (29/10/2018): Alert - Adj Mandate Approved (\$0.00) - SHC5301M - Claim Handler: Priya</li> <li>III_SG (17/11/2016): Alert - Adj Mandate Maintained - SHC5301M - Claim Handler: Priya</li> </ul>									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Claim Documents

\*SHC5301M (MCT16100088)  
[SHD3355R]  
TP  
TRANS-CAB SERVICES PTE LTD  
Oct 3 2016 9:00AM  
[COMFORT TRANSPORTATION PTE LTD]  
Trans-cab Auto Services Pte Ltd

<a href="#">Upload Documents</a> <a href="#">Upload Photos</a> <a href="#">Compose New Letter</a>			<b>View</b> <a href="#">View in Browser</a>	
<b>Photos/Images</b>			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	06/10/16 17:07	Odometer Reading	Load JPG	<input checked="" type="checkbox"/>
2	06/10/16 17:07	Chassis Number	Load JPG	<input checked="" type="checkbox"/>
3	06/10/16 17:07	General View	Load JPG	<input checked="" type="checkbox"/>
4	06/10/16 17:07	General View	Load JPG	<input checked="" type="checkbox"/>
5	06/10/16 17:07	General View	Load JPG	<input checked="" type="checkbox"/>
6	06/10/16 17:07	General View	Load JPG	<input checked="" type="checkbox"/>
7	06/10/16 17:07	General View	Load JPG	<input checked="" type="checkbox"/>
8	06/10/16 17:07	General View	Load JPG	<input checked="" type="checkbox"/>
9	06/10/16 17:07	General View	Load JPG	<input checked="" type="checkbox"/>
10	06/10/16 17:07	General View	Load JPG	<input checked="" type="checkbox"/>
11	06/10/16 17:07	General View	Load JPG	<input checked="" type="checkbox"/>
12	06/10/16 17:07	General View	Load JPG	<input checked="" type="checkbox"/>
13	06/10/16 17:07	General View	Load JPG	<input checked="" type="checkbox"/>
14	06/10/16 17:07	General View	Load JPG	<input checked="" type="checkbox"/>
<b>Documentation</b>			1 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	06/10/16 17:53	TP ESTIMATE - MARKED	Load PDF	
2	06/10/16 17:53	TP GIA REPORT	Load PDF	
3	24/06/19 17:14	LETTER OF DEMAND	Load PDF	
4	04/07/19 11:29	WORKSHOP INVOICE	Load PDF	
5	04/07/19 11:29	AUTHORISATION TO ACT FORM	Load PDF	
6	04/07/19 11:29	DISCHARGE VOUCHER	Load PDF	
7	04/07/19 11:29	RENTAL RECEIPT	Load PDF	
8	04/07/19 11:29	RENTAL MILEAGE	Load PDF	
9	04/07/19 11:29	LOD	Load PDF	
No	Finalized On	India International Insurance Pte Ltd (HQ)	Thumbnail	Print
1	06/10/16 17:18	Singapore Accident Statement-IV	Load PDF	

## Documents Checklist

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# 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/III16018926/KJA3Q2

Date: 04/07/2019

### REFERENCE

Handling Insurer: India International Insurance Pte Ltd

Policy No: MC0M0016

Claimant Vehicle No : SHC5301M

Insured Vehicle No : SHD3355R

Date of Loss: 03/10/2016

Nature of Claim: TP

Claim No: MCT16100088

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SHC5301M

Make & Model: RENAULT LATITUDE, 2.0 D dCi (A)

Engine No: M9R8839C000910

Reg. Date: 21/03/2014 (Man. Year: 2013)

Chassis No: VF1ABL15AUC276784

Colour: Metallic White/Red

Odometer: 321267 km

Engine Capacity: 1995 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: 215/60 R16

Rear Tyre Size: 215/60 R16

Front Left Side: Linglong 9 mm

Rear Left Side: Linglong 9 mm

Front Right Side: Linglong 9 mm

Rear Right Side: Linglong 9 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	11,299.55	4,073.76	7,225.79	63.95
Miscellaneous Items	0.00	0.00	0.00	
Labour	6,530.00	1,900.00	4,630.00	70.90
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>17,829.55</b>	<b>5,973.76</b>	<b>11,855.79</b>	<b>66.50</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>1,248.07</b>	<b>418.16</b>	<b>829.91</b>	<b>66.50</b>
<b>Nett Amount (S\$)</b>	<b>19,077.62</b>	<b>6,391.92</b>	<b>12,685.70</b>	<b>66.50</b>
<b>+ Loss of Use (3.0 x S\$50.00/day) (S\$)</b>		150.00		
<b>+ Car Rental (3.0 x S\$126.26/day) (S\$)</b>		378.78		
		<b>6,920.70</b>		
<b>Liabile Amount (50.00%) (S\$)</b>		<b>3,460.35</b>		
<b>Global Sum Settlement (S\$)</b>		<b>3,460.00</b>		

### INSPECTION

Date of Assignment: 05/10/2016

Date Inspected: 05/10/2016 Inspected At:

Trans-cab Auto Services Pte Ltd (Ang Mo Kio)

2, Ang Mo Kio Street 63  
Singapore 569111

Estimated Period of Repair: 3.0 days

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**Adjuster:** KENNETH KONG

**Manager:** Joy Irene Bascao

*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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 24 Jun 2019)
<b>Parts:</b> 143	RENAULT LATITUDE 2.0 D dCi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SHC5301M)	
<b>Validity:</b>	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
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FENDER PANEL FRT LH	Repair	602.95 FL	*-FL
2	1		*FENDER WHEELARCH FRT LH (LINNER)	Serviceable	107.33 FL	*-FL
3	1		*DOOR FRT LH	Bent	2,188.20 FL	*2,188.20 FL
4	1		*DOOR HANDLE OUTER FRT LH	Serviceable	198.55 FL	*-FL
5	1		*DOOR HANDLE COVER FRT LH	Serviceable	10.17 FL	*-FL
6	1		*DOOR MIRROR LH	Serviceable	1,141.08 FL	*-FL
7	1		*DOOR SEAL FRT LH	Serviceable	52.83 FL	*-FL
8	1		*ROCKER PANEL OUTER LH	Repair	759.61 FL	*-FL
9	1		*DOOR REAR LH	Bent	2,188.20 FL	*2,188.20 FL
10	1		*DOOR HANDLE OUTER REAR LH	Serviceable	97.31 FL	*-FL
11	1		*FENDER PANEL REAR LH	Repair	2,537.80 FL	*-FL
12	1		*FENDER WHEELARCH REAR LH (LINNER)	Serviceable	418.06 FL	*-FL
13	1		*BUMPER COVER REAR	Serviceable	852.66 FL	*-FL
14	1		*BUMPER LOWER REAR	Serviceable	591.41 FL	*-FL
15	1		*BUMPER REFLECTOR LH	Serviceable	33.55 FL	*-FL
16	1		*BUMPER BRACKET SIDE LH REAR (TAILLAMP LOWER)	Serviceable	104.59 FL	*-FL
17	1		*BUMPER RETAINER LH REAR	Serviceable	34.61 FL	*-FL
18	1		*TAILLAMP LH	Serviceable	425.04 FL	*-FL
19	1		*DOOR STICKER TRANS-CAB	Necessary	80.00 FS	*60.00 FS
20	1		*DOOR STICKER CLASSIC	Necessary	30.00 FS	*15.00 FS
21	1		*DOOR STICKER 6555-3333	Necessary	80.00 FS	*60.00 FS

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

<b>Sub Total (\$\$)</b>	<b>12,533.95</b>	<b>4,511.40</b>
<b>- List Item Discount on L Items 10.00/10.00% (\$\$)</b>	<b>1,234.40</b>	<b>437.64</b>
<b>Total Parts (\$\$)</b>	<b>11,299.55</b>	<b>4,073.76</b>

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## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING ,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS ,ADJUST AND REALIGN THE SAME	New	2,800.00	600.00
2	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	20.00
3	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	1,100.00
4	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	0.00
5	TO TRANSFER OF DOOR FITTINGS ,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	120.00
6	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	60.00
<b>Gross Labour Cost (S\$)</b>			<b>6,530.00</b>	<b>1,900.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >