

ASS. REC. BY:

REF:

CS/TP17023292/Kvb n2

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

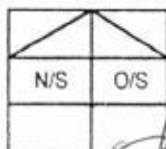
Sum Insured: _____

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 Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SHD 9935C

Yr Regn: _____

06, 14

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

Truck / Trailer or _____

Make: _____

Renault Latitude c.c.

1995

Colour: _____

v. White / Red

A/C: _____

Insured / Std / NI / NA

Sp. Reading: _____

654527

T/Radio: _____

Insured / Std / NI / NA

Eng/No: _____

C/No: _____

VF1ABL15AUC 277894

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: Falken 215/60R16

R: _____

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

TOYO / YOKO or _____

Front

R/Bal. _____

6 mm

Rear

R/Bal. _____

Prime 9

mm

L/Bal. _____

6 mm

L/Bal. _____

Falken 7

mm

D.O.A. _____

5/12/17

D.O.I. _____

6/12/17

Survey held at _____

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

O/S Ruc

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

Date / Time Action / Instruction

7/12 File pass to Carburn
 7/12/17 11 Lp & 26501 (Red 44,723-29, 949) (No Res)

08/12/2017 III informed Insured vehicle under FCI

13/12/17 Kenneth say submit Independent report to Trans-Cab

SHD 9935C - X

13/12/17 Survey report pass Kenneth, to send to Trans-Cab

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

13/12 - typist

Days Of Repair: _____

2

Resurvey No. of Trip: _____

Add Fee: _____

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format: _____

TP

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

26501

Survey Fee: _____

Transportation: _____

S + RS, SI

Photo: _____

Other: _____

TOTAL

37x15=555

170+555

50

16

80

341

871

Survey Department Check List (Case Handler)

Reference No. : CS/TP 17023292/Kvb
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)				
C	D.O.A	✓			
C	Policy No				
C	Claim No				
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount				
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	-			
---	-------------------------	---	--	--	--

Check By: VERON B/12/14
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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

TRANS-CAB AUTO SERVICES PTE LTD

Ref : CS/TP17023292/Kvb

NO.2 ANG MO KIO STREET 63 SINGAPORE 569111

Date : 07-12-2017



Code : TP378

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SHD 9935C
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	06/12/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No. HIDDEN	Year of Reg.	
Chassis No.	Colour	
Odometer	Steering	
Brakes	Modification	
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

5. General Information

Accident Date	05/12/2017	Inspection Date	06/12/2017
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.

Claim Audit

AUDIT TRAIL				
No.	On	Audit	Remarks	By
1	07 Dec 2017 16:09	Cim Veh Model Changed	(205460) RENAULT LATITUDE 2.0 L DCI (A).	[A] Hiew May Fung
2	07 Dec 2017 16:09	Cim Created	Reg No: SHD9935C. Acct Date: 2017/12/05. Claim Type: TP. Insurer: India International Insurance Pte Ltd (HQ). TP Insurer: AXA Insurance Pte Ltd (HQ). Workshop: Trans-cab Auto Services Pte Ltd (Ang Mo Kio)	[A] Hiew May Fung
3	07 Dec 2017 16:09	Adj Co Assigned	LKK Auto Consultants Pte Ltd (HQ):	[A] Hiew May Fung
4	07 Dec 2017 16:09	Adj Next Rpt Changed	Next Rpt:Final Rpt.Due Date:2017/12/18	[A] Hiew May Fung
5	07 Dec 2017 16:09	Adj Mandate Set	Approved:0.00.Reinsp:Adj decides.	[A] Hiew May Fung
6	07 Dec 2017 16:09	Label Added	(30653):Direct Settlement.	[A] Hiew May Fung
7	07 Dec 2017 16:09	Adj Adjuster Assigned	[None] -> KENNETH KONG	[A] Hiew May Fung
8	07 Dec 2017 16:20	Adj Rpt Initiated		[A] Hiew May Fung
9	07 Dec 2017 16:20	Cim Dtl Modified	Claimant's Name: -> -. Claimant's ID: -> -.	[A] Hiew May Fung
10	07 Dec 2017 16:20	Cim Details Notified		[A] Hiew May Fung
11	08 Dec 2017 08:33	Cim Cancelled	Cancelled:SHC942X is not insured by us. SHC942X is insured by FCI	[I] Gabriel Wee

ACTIVITY

No record

Merimen Billing for this case - Transaction History

Bill Ref No	Bill Date	Acc Type	Acc Name	Co Name (Branch)	Ref 1	Ref 2	Amount
1660764	07/12/2017 16:20	Motor	LKK Auto Consultants Pte Ltd	LKK Auto Consultants Pte Ltd (HQ)	SHD9935C		10.70

INS. CASE OWNER:

CC 3 / III 170 23292 / Keaz

LKK:

IDAC:

ASSIGNMENT

Surveyor:

KENNETH

DOI:

06/12/17

Date / Time:

06/12/17

Registered in Merimen:

07/12/17

Pre-assign / CCU / FTE



Insured Vehicle No.:

SHC 942X

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :S\$

D.O.A.:

05/12/17

Place of Accident:

Is driver the owner?

(YES / NO)

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

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

Insured Liability:

%

Final ? Yes / No

SHD 9935C



INSRS:

WSP: Trans-Cab (AMIC)

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time		STAGE	DATE / PIC
	SHD 9935C - X	Non-Reporting ltr (1st):	
	SHC 942X - CS/FCI 17019978/UPH2 D.O.A. 16/08/17	Non-Reporting ltr (2nd):	
	- CS/LAW09016096/UF-1 D.O.A. 26/10/07	Non-Reporting ltr (Final):	
	- NS/INC12022853/H1b2n D.O.A. 24/11/12	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:	

PRELIMINARY ADVICE		Date/Time:	Sent By:		Post-Repair Photos:			
					Others:			
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\$							
Loss of Rental (LOR):	S\$	() days						
Loss of Use (LOU):	S\$	(\$ x days)						
Loss of Income (LOI):	S\$	(\$ x days)						
LOR only	<input type="checkbox"/>	LOU only	<input type="checkbox"/>	LOR + LOU	<input type="checkbox"/>	LOR + LOI	<input type="checkbox"/>	[Tick only one]
GIA/LTA Search	S\$							
Medical:	S\$							
Disbursement:	S\$	(e.g. Tow/ Independent)						
Legal Cost	S\$							
Total:	S\$	Global Sum S\$:						
FINAL PAYMENT		Date/Time:	Confirm with:		Email		Call	
Payee 1:	S\$	Name 1:						
Payee 2: (Strike if N.A.)	S\$	Name 2:						
Payee 3: (Strike if N.A.)	S\$	Name 3:						

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type	Company
Owner ID	3878K
Vehicle Details	
Vehicle No.	SHD9935C
Vehicle to be Exported	Yes
Intended De-registration Date	06 Dec 2017
Vehicle Make	RENAULT
Vehicle Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour	Red
Manufacturing Year	2014
Engine No.	M9R8839C001330
Chassis No.	VF1ABL15AUC277894
Maximum Power Output	127.0 kW (170 bhp)
Open Market Value	\$19,998.00
Original Registration Date	05 Jun 2014
First Registration Date	05 Jun 2014
Transfer Count	0
Actual ARF Paid	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility	Yes
PARF Eligibility Expiry Date	04 Jun 2022
PARF Rebate Amount	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date	04 Jun 2022
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$57,338.00
COE Rebate Amount	\$32,216.00
Total Rebate Amount	\$41,589.00
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 06 Dec 2017

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 ability.
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 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	05/12/2017 10:58
Date Of Accident	05/12/2017 09:25
Exact Location Of Accident	LOWER DELTA RD TOWARDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD9935C
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666
Vehicle Particulars	
Manufacturer	RENAULT
Model	LATITUDE-2.0 DCI AUTO D/AB 4DR (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	VPX/P1680520
Cover Note Number	
Driver	
Name of Driver	NG POH HENG
NRIC No	S1777803Z
Date Of Birth	31/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	06/05/1987
Driving Experience	30 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96926895
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 161A PUNGGOL CENTRAL #18-75
Postcode	821161
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	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

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On the 05.12.2017 at about 0923hours, I was travelling on the 4th lane of Lower Delta Rd towards Jalan Bukit Merah, When traffic light turn red I made a stop. When I was at a stationary position. Moment later, I felt an impact from the rear. I alighted to check and realised that Vehicle B (SHC942X) had hit onto my taxi's rear right side portion.

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	SHC942X
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	NG POH HENG
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SHD9935C
Were seat belts worn?	YES
Was 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:

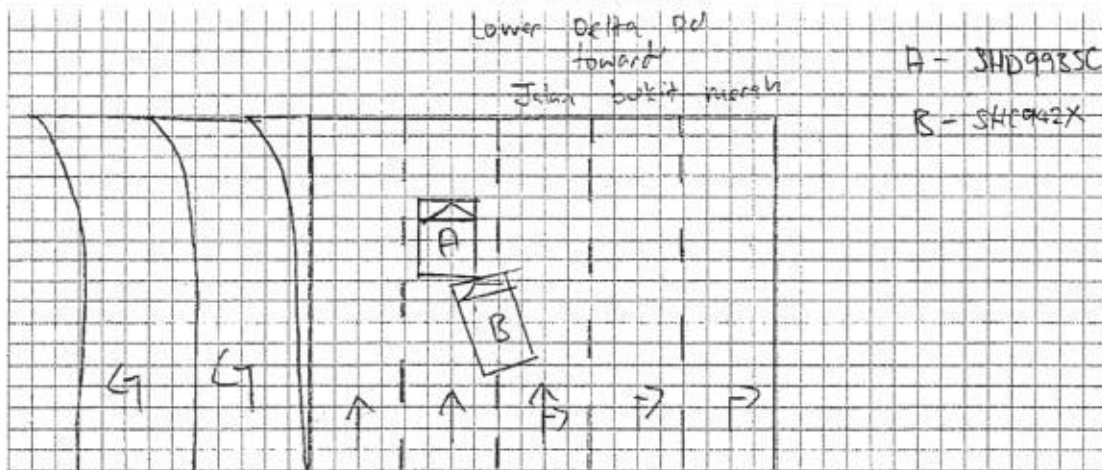
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Please refer to GHA report -

DECLARATION

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

Policyholder's Signature

Date & Time:

GIARMAC SketchPlanForm v3

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

TRANS-CAB AUTO SERVICES PTE LTD

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHD9935C -**AAD1712-041***Not Authored
L1 Sy & 26501*

Vehicle No.:
Chassis No.:
Vehicle Make:
Vehicle Model:
Date of Accident :
Third Party Insurer :

SHD9935C - JHOW
VF1ABL15AUC277894
RENAULT
LATITUDE
05.12.2017
III

PART**LIST**

1	1	BUMPER COVER REAR	\$	<i>Return</i> 1,108.46	✓
2	1	BUMPER LOWER REAR	\$	<i>CM</i> 768.84	✓
3	1	BUMPER BRACKET CTR REAR	\$	<i>Sn</i> 113.47	X
4	1	BUMEPR BRACKET SIDE LH REAR	\$	<i>Sn</i> 135.97	X
5	1	BUMEPR BRACKET CTR LH REAR	\$	<i>Sn</i> 44.99	X
6	1	BUMEPR BRACKET SIDE RH REAR	\$	<i>CM Sn</i> 135.97	X
7	1	BUMEPR BRACKET CTR RH REAR	\$	<i>RCM</i> 44.99	✓
8	1	BUMPER BEAM REAR	\$	<i>R</i> 777.52	
9	1	BUMPER BEAM BRACKET LH REAR	\$	<i>R</i> 225.95	
10	1	BUMPER BEAM BRACKET RH REAR	\$	<i>R</i> 225.95	
11	1	BUMPER REFLECTOR LH	\$	<i>Sn</i> 43.61	
12	1	BUMPER REFLECTOR RH	\$	<i>Sn</i> 43.61	
13	1	BOOT REAR	\$	<i>R</i> 2,872.68	
14	2	BOOT RUBBER PLUG	\$	<i>Sn</i> 221.81	
15	1	BOOT FINISHER	\$	<i>Sn</i> 470.06	
16	1	BOOT SWITCH	\$	<i>Sn</i> 168.13	
17	1	BOOT TRIM BOARD	\$	<i>Sn</i> 914.87	
18	1	BOOT LOCK	\$	<i>R</i> 202.67	
19	1	BOOT LOCK CATCH	\$	<i>R</i> 74.40	
20	1	BOOT LOCK LINKAGE	\$	<i>Sn</i> 34.53	
21	1	BOOT LOCK LINKAGE HOLDER	\$	<i>Sn</i> 154.52	
22	1	BOOT LOCK CATCH TRIM BOARD	\$	<i>Sn</i> 249.24	
23	1	BOOT WHEATERSTRIP	\$	<i>Sn</i> 323.05	
24	1	BOOT REFLECTOR LAMP LH	\$	<i>Sn</i> 493.35	
25	1	BOOT REFLECTOR LAMP RH	\$	<i>Sn</i> 493.35	
26	1	BOOT BADGE 'RENAULT'	\$	<i>R</i> 225.36	
27	1	BOOT BADGE	\$	<i>R</i> 225.36	
28	1	BOOT STRUT LH	\$	<i>Sn</i> 276.08	
29	1	BOOT STRUT RH	\$	<i>Sn</i> 276.08	
30	1	BOOT HINGE LH	\$	<i>R</i> 367.84	
31	1	BOOT HINGE RH	\$	<i>R</i> 367.84	
32	2	LICENCE PLATE LAMP	\$	<i>Sn</i> 50.52	
33	1	TAILLAMP RH	\$	<i>Sn</i> 552.55	
34	1	TAILLAMP PANEL RH	\$	<i>R</i> 986.70	

X

TRANS-CAB AUTO SERVICES PTE LTD

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHD9935C -**AAD1712-041**

35	1	FENDER PANEL REAR RH	\$	R	3,299.13	X
36	1	WHEELARCH REAR RH	\$	CM	543.47	✓
37	1	FENDER PANEL INNER TRIM REAR RH	\$	Sm	671.45	
38	1	FENDER WHEEL HOUSE PANEL REAR RH	\$	R	3,039.04	
39	1	SPARE WHEEL PANEL (Luggage Floor Panel)	\$	R	2,189.88	
40	1	SPARE WHEEL PANEL TRIM (Luggage Floor Panel)	\$	Sm	612.21	
41	1	SPARE WHEEL PANEL BRACKET LH	\$	R	123.73	
42	1	SPARE WHEEL PANEL BRACKET RH	\$	R	121.36	
43	1	OUTER PANEL REAR (End Panel)	\$	R	1,471.77	
44	1	OUTER PANEL REAR (End Panel)TRIM	\$	Sm	401.02	
45	1	EXHAUST REAR	\$	R	7,489.05	
46	1	EXHAUST CAP REAR	\$	R	230.49	
47	1	EXHAUST MOUNTING REAR	\$	Sm	31.97	
48	1	EXHAUST BRACKET REAR	\$	R	39.86	
49	1	EXHAUST HEAT SHIELD REAR	\$	Sm	99.06	
50	1	SHIELD - HEAT - TUNNEL	\$	Sm	225.16	

TOTAL	\$	34,259.01
10%	\$	3,425.90
	\$	30,833.11

Specical Nett

1	1SET	BUMPER RR CLIP	\$	R	66.00	✓
2	1SET	BUMPER BEAM BOLT	\$	R	22.22	X
3	1SET	PARKING AID	\$	Sm	600.00	
4	1	BUMPER BRACKET CLIP CTR REAR	\$	R	15.00	
5	1	BUMEPR BRACKET SIDE CLIP LH REAR	\$	R	12.00	
6	1	BUMEPR RETAINER CLIP LH REAR	\$	R	10.40	
7	1	BUMEPR BRACKET SIDE CLIP RH REAR	\$	R	12.00	
8	1	BUMEPR RETAINER CLIP RH REAR	\$	R	10.40	
9	1	CAP HUB LH RR	\$	Sm	35.00	
10	1	RIM LH RR	\$	Sm	385.00	X
11	1	TYRE LH RR	\$	Sm	330.00	
12	1	CAP HUB RH RR	\$	Sm	35.00	
13	1	RIM RH RR	\$	Sm	385.00	
14	1	TYRE RH RR	\$	Sm	330.00	
15	1	SPARE TYRE RIM (ROUE 7J 16H 2547)	\$	Sm	385.00	
16	1	SPARE TYRE	\$	Sm	330.00	
17	1SET	BOOT FINISHER CLIP	\$	R	25.10	
18	1	Rear boots sticker "trans-cab"	\$	R	30.00	
19	1	Rear boots sticker "6555-3333"	\$	R	30.00	

TRANS-CAB AUTO SERVICES PTE LTD

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHD9935C -**AAD1712-041**

20	1	FENDER PANEL INNER TRIM CLIP REAR RH	\$	22.00
21	1SET	WHEELARCH CLIP RH RR	\$	32.34
22	2	Rear windscreen sealant	\$	80.00
23	1	Windscreen moulding	\$	100.00
24	1	Rear Windscreen Inner Sponge Seal	\$	100.00
25	1	EXHAUST MOUNTING REAR	\$	65.50
26	1	EXHAUST BRACKET REAR	\$	22.22
27	1SET	Front licence plate with holder	\$	80.00
28	1SET	Rear licence plate with holder	\$	80.00
29	1	DOOR STICKER "6555-3333" LH	\$	80.00
30	1	DOOR STICKER "6555-3333" RH	\$	80.00

TOTAL	\$	3,790.18
TOTAL PARTS	\$	34,623.29

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

\$ 4,200.00 *4000*

Towing Fees.

\$ 120.00 *X*

To apply paint protection system (PPS) maintain and enhancement

\$ 380.00 *X*

Putty and spray painting of the affected portion.

\$ 4,500.00 *4400*

To rust-proofing of the affected areas.

\$ 170.00 *X*

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ 380.00 *X*

To check steering geometry and computer wheel alignment

\$ 220.00 *X*

To transfer of tire, rim and on wheel balancing.

\$ 170.00 *X*

To transfer of rear end panel fittings, attachment and perform water seepage test.

\$ 170.00 *X*

To transfer of rear luggage floor panel fittings, attachment and perform water seepage test.

\$ 170.00 *X*

To Check Electrical Lighting Concerned.

\$ 170.00

TRANS-CAB AUTO SERVICES PTE LTD**AAD1712-041**

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SHD9935C -

To supply and re-do rear luggage floor panel insulation padding.	\$	380.00	X
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	X
To transfer of rear fender fittings, attachment and perform water seepage test.	\$	380.00	X
To transfer of tailgate fittings and conduct water seepage test.	\$	170.00	X
To transfer of rear windscreen fittings, attachments and perform water seepage test.	\$	380.00	X
To reinstall rear bumper parking sensor.	\$	170.00	60
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	280.00	X
To repair and realign rear exhaust pipe.	\$	170.00	X

TOTAL	\$	12,750.00
Over All Total	\$	47,373.29

< parts by parts > Repair Days

15 DAYS

2 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

TRANS-CAB AUTO SERVICES PTE LTD

Ref : CS/TP17023292/Kvbn2

NO.2 ANG MO KIO STREET 63SINGAPORE 569111

Date : 20-12-2017



Code : TP378

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SHD 9935C
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	06/12/2017

2. Vehicle Particulars & Condition

Make & Model	RENAULT LATITUDE (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	VF1ABL15AUC277894	Colour	METALLIC WHITE / RED
Odometer	654527	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	FALKEN	6 mm
L/H Front Tyre	215/60 R16	FALKEN	6 mm
R/H Rear Tyre	215/60 R16	PRIME	9 mm
L/H Rear Tyre	215/60 R16	FALKEN	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	05/12/2017	Inspection Date	06/12/2017
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 9935C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER COVER REAR	DEFORMED	1,108.46	1,108.46
1	BUMPER LOWER REAR	CRACKED	768.84	768.84
1	BUMPER BRACKET CTR REAR	SERVICEABLE	113.47	-
1	BUMPER BRACKET SIDE LH REAR	SERVICEABLE	135.97	-
1	BUMPER BRACKET CTR LH REAR	SERVICEABLE	44.99	-
1	BUMPER BRACKET SIDE RH REAR	CRACKED	135.97	135.97
1	BUMPER BRACKET CTR RH REAR	CRACKED	44.99	44.99
1	BUMPER BEAM REAR	TO REPAIR SEE LABOUR	777.52	-
1	BUMPER BEAM BRACKET LH REAR	TO REPAIR SEE LABOUR	225.95	-
1	BUMPER BEAM BRACKET RH REAR	TO REPAIR SEE LABOUR	225.95	-
1	BUMPER REFLECTOR LH	SERVICEABLE	43.61	-
1	BUMPER REFLECTOR RH	SERVICEABLE	43.61	-
1	BOOT REAR	TO REPAIR SEE LABOUR	2,872.68	-
2	BOOT RUBBER PLUG	SERVICEABLE	221.81	-
1	BOOT FINISHER	SERVICEABLE	470.06	-
1	BOOT SWITCH	SERVICEABLE	168.13	-
1	BOOT TRIM BOARD	SERVICEABLE	914.87	-
1	BOOT LOCK	TO REPAIR SEE LABOUR	202.67	-
1	BOOT LOCK CATCH	TO REPAIR SEE LABOUR	74.40	-
1	BOOT LOCK LINKAGE	SERVICEABLE	34.53	-
1	BOOT LOCK LINKAGE HOLDER	SERVICEABLE	154.52	-
1	BOOT LOCK CATCH TRIM BOARD	SERVICEABLE	249.24	-
1	BOOT WEATHERSTRIP	SERVICEABLE	323.05	-
1	BOOT REFLECTOR LAMP LH	SERVICEABLE	493.35	-
1	BOOT REFLECTOR LAMP RH	SERVICEABLE	493.35	-
1	BOOT BADGE "RENAULT"	NOT NECESSARY	225.36	-
1	BOOT BADGE	NOT NECESSARY	225.36	-
1	BOOT STRUT LH	SERVICEABLE	276.08	-
1	BOOT STRUT RH	SERVICEABLE	276.08	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	BOOT HINGE LH	TO REPAIR SEE LABOUR	367.84	-
1	BOOT HINGE RH	TO REPAIR SEE LABOUR	367.84	-
2	LICENCE PLATE LAMP	SERVICEABLE	50.52	-
1	TAILLAMP RH	SERVICEABLE	552.55	-
1	TAILLAMP PANEL RH	TO REPAIR SEE LABOUR	986.70	-
1	FENDER PANEL REAR RH	TO REPAIR SEE LABOUR	3,299.13	-
1	WHEELARCH REAR RH	CRACKED	543.47	543.47
1	FENDER PANEL INNER TRIM REAR RH	SERVICEABLE	671.45	-
1	FENDER WHEEL HOUSE PANEL REAR RH	TO REPAIR SEE LABOUR	3,039.04	-
1	SPARE WHEEL PANEL (LUGGAGE FLOOR PANEL)	TO REPAIR SEE LABOUR	2,189.88	-
1	SPARE WHEEL PANEL TRIM (LUGGAGE FLOOR PANEL)	SERVICEABLE	612.21	-
1	SPARE WHEEL PANEL BRACKET LH	TO REPAIR SEE LABOUR	123.73	-
1	SPARE WHEEL PANEL BRACKET RH	TO REPAIR SEE LABOUR	121.36	-
1	OUTER PANEL REAR (END PANEL)	TO REPAIR SEE LABOUR	1,471.77	-
1	OUTER PANEL REAR (END PANEL) TRIM	SERVICEABLE	401.02	-
1	EXHAUST REAR	TO REPAIR SEE LABOUR	7,489.05	-
1	EXHAUST CAP REAR	TO REPAIR SEE LABOUR	230.49	-
1	EXHAUST MOUNTING REAR	SERVICEABLE	31.97	-
1	EXHAUST BRACKET REAR	TO REPAIR SEE LABOUR	39.86	-
1	EXHAUST HEAT SHIELD REAR	SERVICEABLE	99.06	-
1	SHIELD-HEAT-TUNNEL	SERVICEABLE	225.16	-
	LESS 10% DISCOUNT		-3,425.90	-260.17
			30,833.07	2,341.56
	<u>SPECIAL NETT ITEMS</u>			
1	SET BUMPER RR CLIP (SN)	NECESSARY	66.00	66.00
1	SET BUMPER BEAM BOLT (SN)	NOT NECESSARY	22.22	-
1	SET PARKING AID (SN)	SERVICEABLE	600.00	-
1	BUMPER BRACKET CLIP CTR REAR (SN)	NOT NECESSARY	15.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	BUMPER BRACKET SIDE CLIP LH REAR (SN)	NOT NECESSARY	12.00	-
1	BUMPER RETAINER CLIP LH REAR (SN)	NOT NECESSARY	10.40	-
1	BUMPER BRACKET SIDE CLIP RH REAR (SN)	NOT NECESSARY	12.00	-
1	BUMPER RETAINER CLIP RH REAR (SN)	NOT NECESSARY	10.40	-
1	CAP HUB LH RR (SN)	SERVICEABLE	35.00	-
1	RIM LH RR (SN)	SERVICEABLE	385.00	-
1	TYRE LH RR (SN)	SERVICEABLE	330.00	-
1	CAP HUB RH RR (SN)	SERVICEABLE	35.00	-
1	RIM RH RR (SN)	SERVICEABLE	385.00	-
1	TYRE RH RR (SN)	SERVICEABLE	330.00	-
1	SPARE TYRE RIM (ROUE 7J 16H 2547)(SN)	SERVICEABLE	385.00	-
1	SPARE TYRE (SN)	SERVICEABLE	330.00	-
1	SET BOOT FINISHER CLIP (SN)	NOT NECESSARY	25.10	-
1	REAR BOOTS STICKER "TRANS-CAB" (SN)	NOT NECESSARY	30.00	-
1	REAR BOOTS STICKER "6555-3333" (SN)	NOT NECESSARY	30.00	-
1	FENDER PANEL INNER TRIM CLIP REAR RH (SN)	NOT NECESSARY	22.00	-
1	SET WHEELARCH CLIP RH RR (SN)	NOT NECESSARY	32.34	-
2	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	80.00	-
1	WINDSCREEN MOULDING (SN)	NOT NECESSARY	100.00	-
1	REAR WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	100.00	-
1	EXHAUST MOUNTING REAR (SN)	SERVICEABLE	65.50	-
1	EXHAUST BRACKET REAR (SN)	SERVICEABLE	22.22	-
1	SET FRONT LICENCE PLATE WITH HOLDER (SN)	SERVICEABLE	80.00	-
1	SET REAR LICENCE PLATE WITH HOLDER (SN)	SERVICEABLE	80.00	-
1	DOOR STICKER "6555-3333" LH (SN)	NOT NECESSARY	80.00	-
1	DOOR STICKER "6555-3333" RH (SN)	NOT NECESSARY	80.00	-
			3,790.18	66.00
	LABOUR			
	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME. }		4,200.00	400.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	INCLUSIVE OF THE REPAIR OF BUMPER BEAM REAR,BUMPER BEAM BRACKET LH REAR,BUMPER BEAM BRACKET RH REAR,BOOT REAR,BOOT LOCK,BOOT LOCK CATCH,BOOT HINGE LH,BOOT HINGE RH,TAILLAMP PANEL RH,FENDER PANEL REAR RH,FENDER WHEEL HOUSE PANEL REAR RH,SPARE WHEEL PANEL (LUGGAGE FLOOR PANEL),SPARE WHEEL PANEL BRACKET LH,SPARE WHEEL PANEL BRACKET RH,OUTER PANEL REAR (END PANEL),EXHAUST REAR,EXHAUST CAP REAR AND EXHAUST BRACKET REAR. }		-	-
	TOWING FEES.	NOT NECESSARY	120.00	-
	TO APPLY PAINT PROTECTION SYSTEM (PPS) MAINTAIN AND ENHANCEMENT.	NOT NECESSARY	380.00	-
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		4,500.00	440.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH, FITTINGS AND OTHER,TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR END PANEL FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR LUGGAGE FLOOR PANEL FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.	NOT NECESSARY	170.00	-
	TO SUPPLY AND RE-DO REAR LUGGAGE FLOOR PANEL INSULATION PADDING.	NOT NECESSARY	380.00	-
	TO TRANSFER OF BOOTLID FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO TRANSFER OF TAILGATE FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR WINDSCREEN FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	60.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO DROP REAR EXHAUST BOX,RENEW THE SAME,TO REPAIR AND REALIGN CENTRE EXHAUST PIPE.	NOT NECESSARY	280.00	-
	TO REPAIR AND REALIGN REAR EXHAUST PIPE.	NOT NECESSARY	170.00	-
			12,750.00	900.00
GRAND TOTAL			47,373.25	3,307.56

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				2,650.00
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Report Ref No. CS/TP17023292/Kvbn2

KONG SENG CHEONG

Licensed Appraiser

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