

SS. REC. BY:

REF:

CS/FCL7023432/Ktbet

Special Instruction:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

WIS Serene Ler

of

FCL

Date/Time:

08/12/2017 539pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHF 7742

Insured:

SHD 6739Y

at Workshop m/s

Trans Cab

Tel:

of

No. 2 AMK 91 63

Policy No:

D-15072701MFSH

Claim No:

D17011355MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

07-12-2017

CA / REV / REP. / REV 24 HRS 'DS'

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle ☒ IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SHF 7742 - CS / FCL7023432 / KY632
	SHD 6739Y - X

DOP: 01/12/2017

ASS. REC. BY:

REF:

F021

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

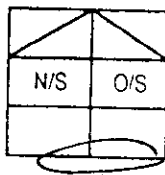
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 05 days Res.: Yes or NoLum Sum: 1.81 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHF 7748Regn: 06, 16

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

Truck / Trailer or

Make: Renault Latitude

c.c

1995Colour M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading 215675

T/Radio:

Insured / Std / NI / NA

Eng/No: _____

C/No: VI-1ABL15AAC 283259Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: 6.7215/60R16Ling R: Long

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mmR/Bal. 6 mmL/Bal. 8 mmL/Bal. 6 mmD.O.A. 6/12/17D.O.I. 11/12/17

Survey held at _____

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

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

Date / Time

Action / Instruction

12/12File pass to CashierFinal by \$10,084.89 (Red. 28,345.69, 73%)

Date/Time, File Pass to?

☐

Prell. Report

☐

Final Report

1) 20/1/18
Date/Time, File Return to?Days Of Repair: 5Resurvey No. of Trip: -

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + BS SI

Photos SPOthers ESP

20/1/18

22X15

170 + 120

90

20

660

Report Format: TPLump Sum / (B) \$ 10,084.89

Survey Department Check List (Case Handler)

Reference No. : CS/FC117023433/Krb
Policy Type: OD / TP / TP RES / TU / EVA

Case Handler

Typist

Admin (Catherine): 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 (Kenneth): 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				
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Check By:

Celine 26/1/18

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/201




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			
FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI17023432/Krb	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 11-12-2017	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHD 6739Y	Veh. Inspected	SHF 774Z
Policy No.		Coverage (\$)	0.00
Claim No.	D17011355MFSH	Excess (\$)	0.00
Assign From	CWS (SERENE LER)	Assign Date	08/12/2017
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	07/12/2017	Inspection Date	11/12/2017
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.			

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	08-12-2017	Our Ref No. D17011355MFSH
Accident Date	07-12-2017	Claim Type. Third Party
Insured Vehicle	SHD6739Y	Third Party Vehicle. SHF774Z
Survey Location	NO. 2 ANG MO KIO STREET 63	
Contact Person.	CANDY KONG	
Contact No.	62876666/ 0	Fax No. 62571330
Survey Type	DIRECT SETTLEMENT: QUANTUM TO BE AGREED (EST. COR - \$38,430.58)	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	TRANS-CAB AUTO SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/231636)



PRI Documents



Close



PRI Header Details

Claim No	D17011355MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & TR. PTE LTD
Workshop Name	TRANS-CAB AUTO SERVICES PTE LTD (Contact Person : CANDY KONG)	Survey Location & Contact Details	NO. 2 ANG MO KIO STREET 63 Mobile: 0 , Phone: 62876666 , Fax: 6257133 EmailId: CANDY.KONG@TRASCAB.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT: QUANTUM TO BE AGREE		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD6739Y	TP Vehicle No	SHF774
PRI Recieved Date	08-12-2017 04:25:51 PM	Surveyor Appointed Date	08-12-2017 05:39:18 PM	Surveyor Accept Date	11-12-

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	11-12-2017	Upload Survey Report *:	<input type="text"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	3878K

Vehicle Details

Vehicle No.	SHF774Z
Vehicle to be Exported	Yes
Intended De-registration Date	07 Dec 2017
Vehicle Make	RENAULT
Vehicle Model	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour	Red
Manufacturing Year	2015
Engine No.	M9R8839C003145
Chassis No.	VF1ABL15AUC283259
Maximum Power Output	127.0 kW (170 bhp)
Open Market Value	\$19,998.00
Original Registration Date	30 Jun 2016
First Registration Date	30 Jun 2016
Transfer Count	0
Actual ARF Paid	\$19,998.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	29 Jun 2024
PARF Rebate Amount	\$14,998.00

Intended COE Rebate Details

COE Expiry Date	29 Jun 2024
COE Category	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years)	8
PQP Paid	\$37,164.00
COE Rebate Amount	\$29,731.00
Total Rebate Amount	\$44,729.00

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 07 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	07/12/2017 13:32
Date Of Accident	06/12/2017 23:50
Exact Location Of Accident	AIRPORT BOULEVARD T3 TAXI QUEUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF774Z
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-62866666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (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	TAN WEE WAH
NRIC No	S1316462B
Date Of Birth	26/02/1958
Occupation	OUTDOOR
Date Of Driving Pass	19/04/2004
Driving Experience	13 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91056869
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 447 TAMPINES STREET 42 #01-74
Postcode	520447
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 - 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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

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

Circumstances of Accident

On 06.12.2017 at about 2350hours I was travelling straight on the Centre lane along Airport Boulevard T3 Taxi Stand to Queue - up for a passenger when Vehicle in front of me moved and stop so I follow suit. While stationary, suddenly I felt an impact. Vehicle B (SHD6739Y) had hit onto my taxi's rear 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	SHD6739Y
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Name of Driver	ALIMAN BIN AHMAD
NRIC/Passport Number	S6917860Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach G1A 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.:

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

SHF774Z - FCIL**AAD1712-065**

Not Authenticated
Assuming B4 panel @10084.89

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

SHF774Z - CANDY
 VF1ABL15AUC283259
 RENAULT
 LATITUDE
 06.12.2017
FCIL

PART**LIST**

1	1	BUMPER COVER REAR	\$	<i>Bu</i> 1,108.46	✓
2	1	BUMPER LOWER REAR	\$	<i>Del/D11</i> 768.84	✓
3	1	BUMPER BRACKET CTR REAR	\$	<i>Sn</i> 113.47	X
4	1	BUMEPR BRACKET SIDE RH REAR	\$	<i>Sn</i> 135.97	X
5	1	BUMEPR RETAINER RH REAR	\$	<i>Sn</i> 44.99	X
6	1	BUMPER REFLECTOR RH	\$	<i>Sn</i> 43.61	X
7	1	BUMEPR BRACKET SIDE LH REAR	\$	<i>Sn</i> 135.97	X
8	1	BUMEPR RETAINER LH REAR	\$	<i>Sn</i> 44.99	X
9	1	BUMPER REFLECTOR LH	\$	<i>Sn</i> 43.61	X
10	1	BUMPER BEAM REAR	\$	<i>Bz</i> 777.52	✓
11	1	BUMPER BEAM BRACKET LH REAR	\$	<i>N</i> 225.95	✓
12	1	BUMPER BEAM BRACKET RH REAR	\$	<i>N</i> 225.95	✓
13	1	BOOT REAR	\$	<i>Bz</i> 2,872.68	X
14	1	BOOT FINISHER	\$	<i>Sn</i> 470.06	X
15	1	BOOT WHEATERSTRIP	\$	<i>Sn</i> 323.05	X
16	1	BOOT REFLECTOR LAMP LH	\$	<i>Sn</i> 493.35	X
17	1	BOOT REFLECTOR LAMP RH	\$	<i>Sn</i> 493.35	X
18	1	BOOT BADGE 'RENAULT'	\$	<i>Nu</i> 225.36	✓
19	1	BOOT BADGE	\$	<i>Nu</i> 225.36	✓
20	1	BOOT STRUT LH	\$	<i>Sn</i> 276.08	X
21	1	BOOT STRUT RH	\$	<i>Sn</i> 276.08	✓
22	1	BOOT HINGE LH	\$	<i>N</i> 367.84	X
23	1	BOOT HINGE RH	\$	<i>N</i> 367.84	X
24	1	BOOT INNER TRIM	\$	<i>Per</i> 586.45	} X
25	1	BOOT SWITCH	\$	<i>Sn</i> 168.13	
26	1	BOOT LOCK	\$	<i>N</i> 202.67	
27	1	BOOT LOCK CATCH	\$	<i>N</i> 74.40	
28	2	LICENCE PLATE LAMP	\$	<i>Sn</i> 50.52	
29	2	BOOT RUBBER PLUG	\$	<i>Sn</i> 221.81	
30	1	FENDER PANEL REAR LH	\$	<i>N</i> 3,299.13	
31	1	WHEELARCH REAR LH	\$	<i>Sn</i> 543.47	}
32	1	FENDER PANEL REAR RH	\$	<i>N</i> 3,299.13	
33	1	WHEELARCH REAR RH	\$	<i>Sn</i> 543.47	
34	1	TAILLAMP RH	\$	<i>Sn</i> 552.55	

TRANS-CAB AUTO SERVICES PTE LTD**AAD1712-065**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHF774Z - FCIL

35	1	TAILLAMP PANEL RH	\$	<i>R</i> 986.70 X
36	1	TAILLAMP LH	\$	<i>SL</i> 552.55 X
37	1	TAILLAMP PANEL LH	\$	<i>SL</i> 986.70 X
38	1	OUTER PANEL REAR (End Panel)	\$	<i>B</i> 1,471.77 ✓
39	1	OUTER PANEL REAR (End Panel)TRIM	\$	<i>net</i> 404.56 ✓
40	1	EXHAUST REAR	\$	<i>R</i> 7,489.05 X
41	1	EXHAUST CAP REAR	\$	<i>net</i> 230.49 ✓

TOTAL	\$	31,723.96 <i>3</i>
10%	\$	3,172.40 <i>39</i>
	\$	28,551.56 <i>54</i>

Specical Nett

1	1SET	PARKING AID	\$	<i>shower</i> 700.00 X ✓
2	1SET	REAR BUMPER CLIP	\$	<i>net</i> 66.00 ✓
3	1SET	BUMPER BRACKET CTR CLIP	\$	<i>net</i> 33.00 ✓
4	1SET	BUMEPR BRACKET SIDE CLIP RH RR	\$	<i>net</i> 10.00 X
5	1SET	BUMEPR RETAINER RH CLIP RR	\$	<i>net</i> 20.00 X
6	1SET	BUMEPR BRACKET SIDE CLIP LH RR	\$	<i>net</i> 10.00 X
7	1SET	BUMEPR RETAINER CLIP LH RR	\$	<i>net</i> 20.00 X
8	1SET	BUMPER LOWER REAR RIVET	\$	<i>net</i> 22.00 X
9	1SET	BUMPER LOWER REAR CLIP	\$	<i>net</i> 66.00 ✓
10	1	EXHAUST MOUNTING REAR	\$	<i>SL</i> 17.82 X
11	1SET	BOOT FINISHER CLIP	\$	<i>net</i> 24.20 X
12	1	BOOT STICKER "Trans-cab"	\$	<i>net</i> 30.00 ✓
13	1	BOOT STICKER "6555-3333"	\$	<i>net</i> 30.00 ✓
14	1	BOOT INNER TRIM CLIP	\$	<i>net</i> 45.00 X
15	1SET	FENDER WHEELARCH REAR RH CLIP	\$	<i>net</i> 35.00 X
16	1SET	FENDER WHEELARCH REAR LH CLIP	\$	<i>net</i> 35.00 X
17	1	TAILLAMP CLIP RH	\$	<i>net</i> 5.00 X
18	1	TAILLAMP CLIP LH	\$	<i>net</i> 5.00 X
19	2	REAR WINDSCREEN SELANT	\$	<i>net</i> 80.00 X
20	1	WINDSCREEN MOULDING	\$	<i>SL</i> 100.00 X
21	1	REAR WINDSCREEN INNER SPONGE SEAL	\$	<i>SL</i> 100.00 X
22	1	SPARE TYRE RIM (ROUE 7J 16H 2547)	\$	<i>SL</i> 385.00 X
23	1	SPARE TYRE	\$	<i>SL</i> 330.00 X

TOTAL	\$	2,169.02
TOTAL PARTS	\$	30,720.58

Putty And Spray Painting Of The Affected Portion.

\$

3,000.00 *6601*

TRANS-CAB AUTO SERVICES PTE LTD**AAD1712-065**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHF774Z - FCIL

To Rust-Proofing Of The Affected Areas.	\$	170.00	601
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	2,800.00	7001
To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	601
To repair and realign rear exhaust pipe.	\$	170.00	} 801
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	170.00	
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00	601
To transfer of rear fender fittings, attachment and perform water seepage test.	\$	~ 380.00	X
Towing Fees	\$	~ 120.00	X
To transfer of rear windscreen fittings and conduct water seepage test.	\$	~ 170.00	X
To check steering geometry and computer wheel alignment	\$	~ 220.00	X

TOTAL \$ 7,710.00**Over All Total \$ 38,430.586****(PARTS BY PARTS)****Repair Days****10 Days****5 days**

LKK Auto Consultants hereby 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:

D. 101




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				
FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI17023432/Krbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 29-01-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 6739Y	Veh. Inspected	SHF 774Z	
Policy No.	D-15072701MFSH	Coverage (\$)	0.00	
Claim No.	D17011355MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	08/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	RENAULT LATITUDE	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	VF1ABL15AUC283259	Colour	METALLIC WHITE / RED	
Odometer	215675	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	GOODYEAR	8 mm	
L/H Front Tyre	215/60 R16	GOODYEAR	8 mm	
R/H Rear Tyre	215/60 R16	LING LONG	6 mm	
L/H Rear Tyre	215/60 R16	LING LONG	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	06/12/2017	Inspection Date	11/12/2017	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
5a. Remarks				
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		5 Working Days		



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Page No.:1 of 4

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHF 774Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BUMPER COVER REAR	BUCKLED	1,108.46	1,108.46
1	BUMPER LOWER REAR	DENTED / DISTORTED	768.84	768.84
1	BUMPER BRACKET CTR REAR	SERVICEABLE	113.47	-
1	BUMPER BRACKET SIDE RH REAR	SERVICEABLE	135.97	-
1	BUMPER RETAINER RH REAR	SERVICEABLE	44.99	-
1	BUMPER REFLECTOR RH	SERVICEABLE	43.61	-
1	BUMPER BRACKET SIDE LH REAR	SERVICEABLE	135.97	-
1	BUMPER RETAINER LH REAR	SERVICEABLE	44.99	-
1	BUMPER REFLECTOR LH	SERVICEABLE	43.61	-
1	BUMPER BEAM REAR	BENT	777.52	777.52
1	BUMPER BEAM BRACKET LH REAR	TO REPAIR SEE LABOUR	225.95	-
1	BUMPER BEAM BRACKET RH REAR	BENT	225.95	225.95
1	BOOT REAR	BENT	2,872.68	2,872.68
1	BOOT FINISHER	SERVICEABLE	470.06	-
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'	NECESSARY	225.36	225.36
1	BOOT BADGE	NECESSARY	225.36	225.36
1	BOOT STRUT LH	SERVICEABLE	276.08	-
1	BOOT STRUT RH	SERVICEABLE	276.08	-
1	BOOT HINGE LH	TO REPAIR SEE LABOUR	367.84	-
1	BOOT HINGE RH	TO REPAIR SEE LABOUR	367.84	-
1	BOOT INNER TRIM	SERVICEABLE	586.45	-
1	BOOT SWITCH	SERVICEABLE	168.13	-
1	BOOT LOCK	TO REPAIR SEE LABOUR	202.67	-
1	BOOT LOCK CATCH	TO REPAIR SEE LABOUR	74.40	-

Report Ref No. CS/FC17023432/Krbe2



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Page No.:2 of 4

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	LICENCE PLATE LAMP	SERVICEABLE	50.52	-
2	BOOT RUBBER PLUG	SERVICEABLE	221.81	-
1	FENDER PANEL REAR LH	TO REPAIR SEE LABOUR	3,299.13	-
1	WHEELARCH PANEL LH	SERVICEABLE	543.47	-
1	FENDER PANEL REAR RH	TO REPAIR SEE LABOUR	3,299.13	-
1	WHEELARCH REAR RH	SERVICEABLE	543.47	-
1	TAILLAMP RH	SERVICEABLE	552.55	-
1	TAILLAMP PANEL RH	TO REPAIR SEE LABOUR	986.70	-
1	TAILLAMP LH	SERVICEABLE	552.55	-
1	TAILLAMP PANEL LH	SERVICEABLE	986.70	-
1	OUTER PANEL REAR (END PANEL)	BENT	1,471.77	1,471.77
1	OUTER PANEL REAR (END PANEL) TRIM	DENTED	404.56	404.56
1	EXHAUST REAR	TO REPAIR SEE LABOUR	7,489.05	-
1	EXHAUST CAP REAR	DENTED	230.49	230.49
	LESS 10% DISCOUNT		-3,172.39	-831.10
			28,551.54	7,479.89
	<u>SPECIAL NETT ITEMS</u>			
1	SET PARKING AID (SN)	SHORTED	700.00	700.00
1	SET REAR BUMPER CLIP (SN)	NECESSARY	66.00	66.00
1	SET BUMPER BRACKET CTR CLIP (SN)	NECESSARY	33.00	33.00
1	SET BUMPER BRACKET SIDE CLIP RH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER RH CLIP RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER BRACKET SIDE CLIP LH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER CLIP LH RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER LOWER REAR RIVET (SN)	NOT NECESSARY	22.00	-
1	SET REAR LOWER REAR CLIP (SN)	NECESSARY	66.00	66.00
1	EXHAUST MOUNTING REAR (SN)	SERVICEABLE	17.82	-
1	SET BOOT FINISHER CLIP (SN)	NOT NECESSARY	24.20	-
1	BOOT STICKER "TRANS-CAB" (SN)	NECESSARY	30.00	30.00
1	BOOT STICKER "6555-3333" (SN)	NECESSARY	30.00	30.00

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Page No.:3 of 4

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	BOOT INNER TRIM CLIP (SN)	NOT NECESSARY	45.00	-
1	SET FENDER WHEELARCH REAR RH CLIP (SN)	NOT NECESSARY	35.00	-
1	SET FENDER WHEELARCH REAR LH CLIP (SN)	NOT NECESSARY	35.00	-
1	TAILLAMP CLIP RH (SN)	NOT NECESSARY	5.00	-
1	TAILLAMP CLIP LH (SN)	NOT NECESSARY	5.00	-
2	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	80.00	-
1	WINDSCREEN MOULDING (SN)	SERVICEABLE	100.00	-
1	REAR WINDSCREEN INNER SPONGE SEAL (SN)	SERVICEABLE	100.00	-
1	SPARE TYRE RIM (ROUE 7J 16H 2547) (SN)	SERVICEABLE	385.00	-
1	SPARE TYRE (SN)	SERVICEABLE	330.00	-
			2,169.02	925.00
	LABOUR			
	PUTTY AND SPRAY PINTING OF THE AFFECTED PORTION.		3,000.00	660.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	60.00
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF BUMPER BEAM BRACKET LH REAR, BOOT HINGE LH, BOOT HINGE RH, BOOT LOCK, BOOT LOCK CATCH, FENDER PANEL REAR LH, FENDER PANEL REAR RH, TAILLAMP PANEL RH AND EXHAUST REAR.		2,800.00	700.00
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	60.00
	TO TRANSFER OF BOOTLID FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.		170.00	60.00
	TO REPAIR AND REALIGN REAR EXHAUST PIPE. }		170.00	80.00
	TO DROP REAR EXHAUST BOX, RENEW THE SAME, TO REPAIR AND REALIGN CENTRE EXHAUST PIPE. }		170.00	-
	TO TRANSFER OF REAR END PANEL FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.		170.00	60.00
	TO TRANSFER OF REAR FENDER FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TOWING FEES.	NOT NECESSARY	120.00	-
	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-

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Page No.:4 of 4

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
			7,710.00	1,680.00
GRAND TOTAL			38,430.56	10,084.89
RECOMMENDED COST OF REPAIRS				10,084.89

Report Ref No. CS/FCI17023432/Krbe2

KONG SENG CHEONG

Licensed Appraiser

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