

ASS. REC BY:

REF: CS/MSG17024707/Kapnz

Special Instruction:

Supervisor:
Maimin

Kenneth

ASSIGNMENT (Office)

From (Person): Jasmine Lok

of

MSL1

Date/Time: 29/12/2017 224pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 9872K

Insured:

SDQ 3344B

at Workshop m/s

Trans Cab Auto

Tel:

6213 0993

of

2 AMK St 63

Policy No:

A28747682QMY

Claim No:

543138

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 26/12/2017

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement:

Date/Time: 29.12.2017 232pm

Person Contacted:

Jerry How

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 9872K - X
	SDQ 3344B - NA /MSG17024721/K4
04/01/18@ 4.47pm	revised to Jasmine Lok via Maimin.

ASS. REC. BY:

REF: *MSG**Kenneth*

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s *Tans 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: *02* days Res.: Yes or NoLum Sum: *20* % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: *SHB 982K* Yr Regn: *08, 13*Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: *Perodua* *Lotus* c.c. *1995*Colour *White / Red* A/C: Insured / Std / NI / NASp. Reading *386564* T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: *VFIABL 15 AUG. 273331*Gen. 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: F: *215/60R16*

R: _____

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

TOYO / YOKO or *Perodua*

Front _____ Rear _____

R/Bal. *6* mm R/Bal. *7* mmL/Bal. *6* mm L/Bal. *7* mmD.O.A. *26/12/17* D.O.I. *29/12/17*Survey held at *✓*

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

O/S Rr

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

Date / Time	Action / Instruction
<i>2/1</i>	<i>File pass to Catherine</i>
<i>4</i>	<i>6184 83350 (Rr 6 71929.47, 87%)</i>

RECEIVED 08 JAN 2018

Date/Time, File Pass to?

11/08/11 tyrist

Date/Time, File Return to?

2)

☐ : Preli. Report☐ : Final ReportDays Of Repair: *2*

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS: *300*

Photos

Others

10

TOTAL

*310*Report Format: *MER-TP*Lump Sum / I.B.f: (\$) *3350*



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			
MSG INSURANCE (SINGAPORE) PTE LTD		Ref : CS/MSG17024707/Kqb	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 29-12-2017	
Code : MSG			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SDQ 3344B	Veh. Inspected	SHB 9872K
Policy No.	A28747682QMY	Coverage (\$)	0.00
Claim No.	543138	Excess (\$)	0.00
Assign From	MERIMEN (JASMINE LOK)	Assign Date	29/12/2017
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	26/12/2017	Inspection Date	29/12/2017
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.			

21/05/2014

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Dec 2017		29 Dec 2017 14:24 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: WONG TECK CHYE, ID: S7337490A, Tel: +6590033755, Email: NOEMAIL									
Main Claimant: TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K									
Vehicle Reg. No.: SHB9872K		Date of Loss: 26/12/2017 17:00 - :59							
Claim Type: TP / 543138		Policy/Cover Note No.: A28747682QMY (Comprehensive) Coverage: 18/05/2017 - 17/05/2018							
Vehicle Reg. No. (Insured): SDQ33448		Policy No. (Claimant):							
Excess:									
Repairer: Trans-cab Services Pte Ltd- Ang Mo Kio (HQ) No. 2 Ang Mo Kio Street 63, 569111 Ang Mo Kio - Tel:									
Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwel - 6594 2550]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 30/12/2017]									
Driver/Custodian (Insured): WONG TECK CHYE (44 / Male), NRIC: S7337490A, Tel: +6590033755									
Adj Asg. Remarks: ON WP									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete 									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Note: This document has not been finalised.**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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Jasmine Lok Kheng Kwei

Date: 04 Jan 2018

Preliminary Advice

Insured Vehicle No	: SDQ3344B	Accident Date	: 26/12/2017
TP Vehicle No	: SHB9872K	Assignment Date	: 29/12/2017
Make	: RENAULT MASTER	Est. Duration of Repair	: 2.00
Date of Inspection	: 29/12/2017		
Inspection At	: TRANS-CAB SERVICES PTE LTD- ANG MO KIO (HQ) NO. 2 ANG MO KIO STREET 63 SINGAPORE 569111		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	25,279.47
Revised Amount	:S\$	4,183.68
Check Items (Estimated)	:S\$	0.00
Total	:S\$	4,183.68
Lump Sum Repair	:S\$	3,350.00

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHB9872K
Vehicle to be Exported:	Yes
Intended De-registration Date:	28 Dec 2017
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000326
Chassis No.:	VF1ABL15AUC273331
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	30 Aug 2013
First Registration Date:	30 Aug 2013
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Aug 2021
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	

COE Expiry Date:	29 Aug 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$54,952.00
COE Rebate Amount:	\$25,204.00
Total Rebate Amount:	\$34,577.00

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 28 Dec 2017

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 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	27/12/2017 09:58
Date Of Accident	26/12/2017 18:10
Exact Location Of Accident	SCOTTS ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9872K
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	CHUA CHOO TIANG
NRIC No	S1661693A
Date Of Birth	30/01/1964
Occupation	OUTDOOR
Date Of Driving Pass	28/05/1984
Driving Experience	33 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86995751
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 57 LENGKOK BAHRU #04-477
Postcode	151057
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	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
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)	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 the 26.12.2017 at about 1810hours, I was travelling straight along the centre lane of Scotts Rd When Vehicle B(SDQ3344B) which was travelling too close on the right side came at a fast speed and encroached onto my lane. Hence, Vehicle B's left rear side portion had hit onto my taxi's front 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	SDQ3344B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

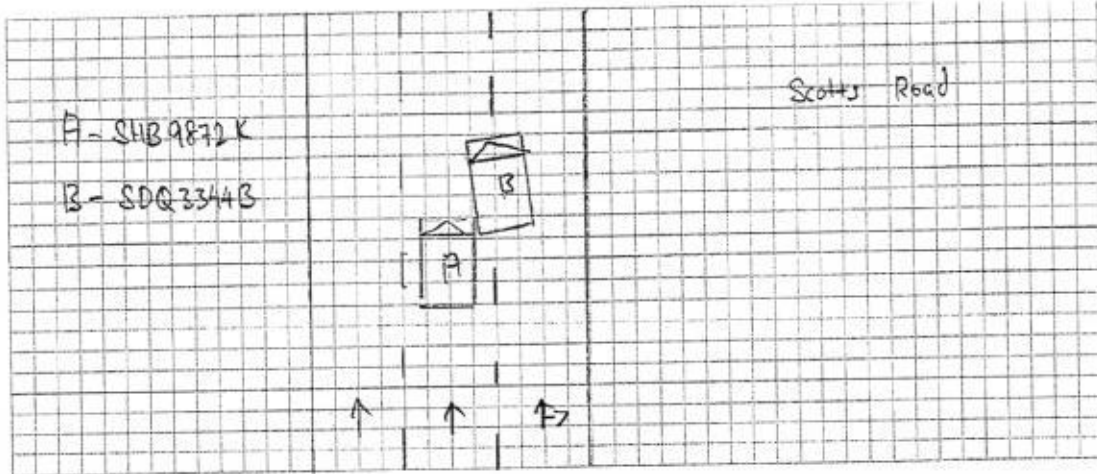
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the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

GIA/AC Sketch Plan Form V3

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

SHB9872K - MSIG**AAD1712-280***Not Notarised**11 Sep 8 335cl*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

LKK Auto Consultants hence notify
 the Repairer of the following:
PART
 • 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:

SHB9872K - JHOW

VF1ABL15AUC273331

RENAULT

LATITUDE

26.12.2017

MSIG**LIST**

1	1	BUMPER COVER FRT	\$	<i>Bulim</i> 1,259.42	✓
2	1	BUMPER ABSORBER FRT	\$	<i>Sn</i> 394.68	X
3	1	BUMPER BEAM FRT	\$	<i>N</i> 914.08	X
4	1	BUMPER SPOILER FRT	\$	<i>Sn</i> 181.75	X
5	1	BUMPER GRILLE LOWER FRT	\$	<i>Sn</i> 266.80	X
6	1	BUMPER FOG LAMP GRILLE RH	\$	<i>Sn</i> 207.22	✓
7	1	BUMPER RETAINER FRT RH	\$	<i>CM</i> 151.41	—
8	1	BUMPER BRACKET FRT RH	\$	<i>N</i> 181.75	X
9	1	HEADLAMP RH	\$	<i>Ngum</i> 1,184.43	✓
10	1	HEADLAMP PANEL FRT RH	\$	<i>N</i> 152.15	X
11	1	FENDER PANEL FRT RH	\$	<i>B</i> 783.83	✓
12	1	FENDER INSULATOR RH	\$	<i>Sn</i> 130.84	} X
13	1	FENDER BRACKET FRT RH	\$	<i>N</i> 34.14	
14	1	WHEELARCH FRT RH	\$	<i>Sn</i> 278.84	
15	1	RADAIOR GRILLE	\$	<i>Sn</i> 1,707.78	
16	1	RADAIOR GRILLE BADGE 'RENAULT'	\$	<i>Sn</i> 173.36	
17	1	RADAIOR GRILLE FRAME	\$	<i>Sn</i> 1,353.75	
18	1	FRAME FULL SUPPORT PANEL	\$	<i>Sn</i> 615.90	
19	1	FRAME FULL SUPPORT BRACKET	\$	<i>N</i> 89.79	
20	1	BONNET	\$	<i>N</i> 1,941.63	
21	1	DOOR PANEL FRT RH	\$	<i>N</i> 2,844.66	
22	1	DOOR HINGE UPPER RH	\$	<i>N</i> 274.50	
23	1	DOOR HINGE LOWER RH	\$	<i>N</i> 300.55	
24	1	DOOR MOULDING FRT RH	\$	<i>Sn</i> 176.82	
25	1	DOOR MIRROR RH	\$	<i>Sn</i> 1,483.40	
26	1	DOOR MIRROR GLASS RH	\$	<i>Sn</i> 148.20	
27	1	DOOR MIRROR BACK COVER RH	\$	<i>Sn</i> 218.46	
28	1	DOOR WHETHERSTRIP FRT RH	\$	<i>Sn</i> 474.21	
29	1	DOOR SEAL FRT RH	\$	<i>Sn</i> 68.67	
30	1	ROCKER PANEL OUTER RH	\$	<i>N</i> 987.49	

TOTAL	\$	18,980.52
10%	\$	1,898.05
	\$	17,082.47

TRANS-CAB AUTO SERVICES PTE LTD**AAD1712-280**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHB9872K - MSIG**Specical Nett**

1	1SET	WHEELARCH CLIP FRT RH	\$	66.00	X
2	1SET	FRONT BUMPER CLIP	\$	66.00	X
3	1	RIM RH FRT	\$	385.00	X
4	1	TYRE RH FRT	\$	330.00	X
5	1	DOOR STICKER "Trans-cab"	\$	80.00	X
6	1	DOOR STICKER "Classic"	\$	30.00	X
7	1	DOOR STICKER "6555-3333"	\$	80.00	X

TOTAL	\$	1,037.00
TOTAL PARTS	\$	18,119.47

To Check Electrical Lighting Concerned.	\$	170.00	2d
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,800.00	4d
Putty and spray painting of the affected portion.	\$	3,000.00	4d
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	170.00	X
To transfer of tire, rim and on wheel balancing.	\$	170.00	X
To check steering geometry and computer wheel alignment	\$	220.00	X
To Remove And Refit Front W/Screen Glass To Facilitate Bodywork Repair.	\$	170.00	X
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00	X
Towing fees	\$	120.00	X
To rust-proofing of the affected areas.	\$	170.00	3d

TOTAL	\$	7,160.00
Over All Total	\$	25,279.47

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

2 days

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: CS/MSG17024707/KQBN2

Date: 11/01/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	A28747682QMY
Claimant Vehicle No :	SHB9872K	Insured Vehicle No :	SDQ3344B
Date of Loss:	26/12/2017	Nature of Claim:	TP
		Claim No:	543138

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB9872K	Engine No:	M9R8839C000326
Make & Model:	RENAULT LATITUDE, 2.0 L DCI (A)	Chassis No:	VF1ABL15AUC273331
Reg. Date:	30/08/2013 (Man. Year: 2013)	Odometer:	386564 km
Colour:	Metallic White/Red		
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:	Falken 6 mm	Rear Left Side:	Falken 7 mm
Front Right Side:	Falken 6 mm	Rear Right Side:	Falken 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	18,119.46	3,293.68	14,825.78	81.82
Miscellaneous Items	0.00	0.00	0.00	
Labour	7,160.00	890.00	6,270.00	87.57
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	25,279.46	4,183.68	21,095.78	83.45
Approved Total (Overridden) (S\$)		3,350.00		
(S\$)	25,279.46	3,350.00	21,929.46	86.75
+ GST 7.00/7.00% (S\$)	1,769.56	234.50	1,535.06	86.75
Nett Amount (S\$)	27,049.02	3,584.50	23,464.52	86.75

INSPECTION

Date of Assignment:	29/12/2017	
Date Inspected:	29/12/2017 Inspected At:	Trans-cab Services Pte Ltd- Ang Mo Kio (HQ) No. 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.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 11 Jan 2018)
Parts: 143	RENAULT LATITUDE 2.0 L DCI (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHB9872K)	
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	Amount
1	1		*BUMPER COVER FRT	Buckled/Cracked	1,259.42 FL	*1,259.42 FL
2	1		*BUMPER ABSORBER FRT	Serviceable	394.68 FL	* FL
3	1		*BUMPER BEAM FRT	Repair	914.08 FL	* FL
4	1		*BUMPER SPOILER FRT	Serviceable	181.75 FL	* FL
5	1		*BUMPER GRILLE LOWER FRT	Serviceable	266.80 FL	* FL
6	1		*BUMPER FOG LAMP GRILLE RH	Distorted	207.22 FL	*207.22 FL
7	1		*BUMPER RETAINER FRT RH	Cracked	151.41 FL	*151.41 FL
8	1		*BUMPER BRACKET FRT RH	Repair	181.75 FL	* FL
9	1		*HEADLAMP RH	Mtg Cracked	1,184.43 FL	*1,184.43 FL
10	1		*HEADLAMP PANEL FRT RH	Repair	152.15 FL	* FL
11	1		*FENDER PANEL FRT RH	Bent	783.83 FL	*783.83 FL
12	1		*FENDER INSULATOR RH	Serviceable	130.84 FL	* FL
13	1		*FENDER BRACKET FRT RH	Repair	34.14 FL	* FL
14	1		*WHEELARCH FRT RH	Serviceable	278.84 FL	* FL
15	1		*RADIATOR GRILLE	Serviceable	1,707.78 FL	* FL
16	1		*RADIATOR GRILLE BADGE RENAULT	Serviceable	173.36 FL	* FL
17	1		*RADIATOR GRILLE FRAME	Serviceable	1,353.75 FL	* FL
18	1		*FRAME FULL SUPPORT PANEL	Serviceable	615.90 FL	* FL
19	1		*FRAME FULL SUPPORT BRACKET	Repair	89.79 FL	* FL
20	1		*BONNET	Repair	1,941.63 FL	* FL
21	1		*DOOR PANEL FRT RH	Repair	2,844.66 FL	* FL
22	1		*DOOR HINGE UPPER RH	Repair	274.50 FL	* FL
23	1		*DOOR HINGE LOWER RH	Repair	300.55 FL	* FL
24	1		*DOOR MOULDING FRT RH	Serviceable	176.82 FL	* FL
25	1		*DOOR MIRROR RH	Serviceable	1,483.40 FL	* FL
26	1		*DOOR MIRROR GLASS RH	Serviceable	148.20 FL	* FL
27	1		*DOOR MIRROR BACK COVER RH	Serviceable	218.46 FL	* FL
28	1		*DOOR WEATHERSTRIP FRT RH	Serviceable	474.21 FL	* FL
29	1		*DOOR SEAL FRT RH	Serviceable	68.67 FL	* FL
30	1		*ROCKER PANEL OUTER RH	Repair	987.49 FL	* FL
31	1		*SET WHEELARCH CLIP FRT RH	Not Necessary	66.00 FS	* FS
32	1		*SET FRONT BUMPER CLIP	Necessary	66.00 FS	*66.00 FS
33	1		*RIM RH FRT	Serviceable	385.00 FS	* FS
34	1		*TYRE RH FRT	Serviceable	330.00 FS	* FS
35	1		*DOOR STICKER TRANS-CAB	Not Necessary	80.00 FS	* FS
36	1		*DOOR STICKER CLASSIC	Not Necessary	30.00 FS	* FS
37	1		*DOOR STICKER 65553333	Not Necessary	80.00 FS	* FS

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

Sub Total (\$\$)	20,017.51	3,652.31
- List Item Discount on L Items 10.00/10.00% (\$\$)	1,898.05	358.63
Total Parts (\$\$)	18,119.46	3,293.68

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	20.00
2	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	2,800.00	400.00
3	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	440.00
4	TO TRANSFER OF FENDER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	-
5	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	-
6	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	-
7	TO REMOVE AND REFIT FRONT W/SCREEN GLASS TO FACILITATE BODYWORK REPAIR	New	170.00	-
8	TO TRANSFER OF DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	170.00	-
9	TOWING FEES	New	120.00	-
10	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	30.00
Gross Labour Cost (S\$)			7,160.00	890.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >