. 1590010	\$m	CC 7/AIG1800	0165, 4	11 11 17 (7	KK.
INS. CASE OWNER			AFFACE	1	- 13
Surveyor:	tmath	DOI: ASSIGN	1 % p	Date / Time :	MILLS = 1
Pre-assign / CCU	FTE SUB Y	7201	, and the second		79914054
Insured Vehicle No		1775	Claim No.		
1	urp		Policy No.	DAGE	10 5167
Name of Insured			WARDENIE OF C	TOYPEN	
Insured Tel No.	10,	HP:	Make / Model :	h.b.f. i	BATUR WELL AME ! CP
Excess Sec II :S\$		D.O.A: 18 17 17	Place of Accident	: PP[1	BIR JAN -
Is driver the owner	7 (YES / NO)	Nature of Accident :			THE RESERVE AND THE PARTY OF TH
If NO, Driver Nan	ne / Age :				IA REPORT: YES / NO
Driver Tel 1	No. :	(V/L: YES / NO)	Insured Liability	96 1	Final ? Yes / No
SHL 469	YX			7	• :
INSRS:	INSRS:		INSRS:		INSRS:
WSP: Try	7\ /7	 	WSP: Tel:	15-71	WSP: Tel:
Tel: Liability:	Tel:	y: b_b	Liability:	2_9	Liability:
RMKS:	RMKS:	W -W	RMKS:		RMKS:
Date/Time					
Lane Time	SHE STORY -V	2 MATERIAL		STAGE	DATE / PIC
111118	we non report	line		Non-Reporting ltr (1st) Non-Reporting ltr (2nd	
21.1	LUK HON TOPAT			Non-Reporting ltr (Fin	
UHT				Notification ltr (if non	
				Call OI:	15013 63 11 13
23 1 8 -	Recd OI GIA			After call ltr to Of: Documentation Chec	k List: Handler Typist
	an bico of a	an's value to wood		Notification ltr (if non	
23/1/18 -	OD rissed	16,2 Lear primber		After call ltr to Ob	Picani, I
-	SWY ator is	Of Marchard		Authorisation To Act:	
61418 -	til plass to S	huper to cloce.	,	Release Voucher:	
6/1/10	100		1	Final Repair Bill:	
				Car Rental Invoice:	
-				Towing Invoice	
				LTA / GIA :	
	BESEIVED D	n 100 nata		Medical Bill:	
	RECEIVED	9 APR 2018		PIR: Mandate/Reject Inst	miction
				LOD	ruction.
				Payment Breakdown	a Form:
LIMINARY ADVICE	Date/Time:	Sent By:		Post-Repair Photos:	
i i i i i i i i i i i i i i i i i i i	7.7.00.7.110.0			Others:	
HALIZATION	Date/Time:	Confirm with:		Confirm by:	
Repair Cost:	SS (days) Reduction:	- 5		Email Call
AL SETTLEMENT	Date/Time: 5 9 18		2	Email Call If NO or B 28, Ass.	
Liability:	% (W Agreed	(sspeed) BOLA S/N No. : 2		II NO of B 28, A38	Link
Repair Cost: W (A)	ss 235.40 ss 101.46	days)>45 101-46			CENTE
Loss of Rental (LOR):	55 (5 x			Un A	4 (8
Loss of Income (LOI):	55 50-W (5 50 x	(days)			
LOR only LOU only	LOR + LOU L	OR + LOI Tick only on	ne)		
CIA/LTA Search	SS 7-45			1) Chie man of	/Reject/Private Settle
Nedical:	SS =	fa a Tand Independ		Report Format:	78
Disbursement:	SS SS	(e.g. Tow/ Independ		3) Survey fee:	#320+\$20
Frenk	ss 394.31	Global Sum S\$:			
AL PAYMENT	Date/Time: 5 4 8	Confirm with: JASMIN		Email Call	RTMO
Puper I:	ss 344.31		Auth Service	us Pte Hd	
2: (Strike if N.A.)	SS	Name 2:		- Wi	
Strike if N.A.)	SS	Name 3:			

From: Estimated Cost: OD_FE_MSE_ITERES_IOD_RES_IEVA_IRV/IMV To inspect Vehicle No: at Workshop m/s Insued: Excess: Claims No. Sum incound: Excess: (Claims Record) Mohe of Veh: (Policy Condition) Permut. The veh had commenced No. Incound of Veh: Incound Jammed J Leaked J Burnt or Mod : Mill SRim I STD ARIm or No. Size F: 2 13 1 60R18 Tyre Size: Excess: Condistent? : Yea or No. Right Jammed J Leaked J Burnt or Mod : Mill SRim I STD ARIm or Tyre Size: Excess: Condistent? : Yea or No. Condistent. : Yea or No.	Tenneth	ACCICINATION
Estimated Cost: OD ITE MAS IT RES I OD RES I EVA I INV I MV To inspect Vehicle No: at Workshop m's of Insured: Policy No. Claims No. Cloims No. Concl. (Cloims Record) Make: Part of Poor I Burnt Sleeting: Ingrafif I Jammed I Leaked I Burnt or Tread I Lasked I Burnt or Tread I Lasked I Burnt or Tread I Sall Mart or Tread I Lasked I Burnt or Tr		ASSIGNMENT
Truck Trailer or Make: To inspect Vehicle No: at Workshop m/s of Insured: Policy No. Claims No. Sum insured: Policy No. Claims No. Consistent? Yea or No. Claims No. Consistent? Yea or No. Claims No. Claims No. Claims No. Claims No. Consistent? Yea or No. Claims No. Consistent? Yea or No. Claims No. Consistent? Yea or No. Claims	Uate:	Veh No: 5/4C 5687 X Vr Page 11, 15
Truck Trailler or Make Bercht Consistence State St		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Add Workshop m/s Insured: Ins	To learn the National Res / OD RES / EVA / INV /	MV Truck / Trailer or
Color M. L.	10 10 20 21 10 10 10 10 10 10 10 10 10 10 10 10 10	Make: Resolt Port 1 180
Insured: Policy No. Claims No. Sum house: Excess: (Clenifs Record) Make of Vet: Make of Vet: (Policy Condition) Remark: The veh had commenced its repair at the time of Inspection. Bat or Market Value: EACH / PR Seen: Consistent?: Yes or No Eat. Receirs: CA / REV / REP. / 24 HRS Date: Person Contacted: Person Contacted: Type Size: Final Report Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Add Fee: Six Repairs: Add Fee: Interview (S) Person (Sumerial Value: Survey Fee: Interview (S) Person Tech Invs (\$) Ones Interview (S) Person Tech Invs (\$) Ones Interview (S) Person Tech Invs (\$) Ones	at workshop m/s /rons	Cob Colour No. White IR AC Insured Cold Cold Cold Cold Cold Cold Cold Col
Policy No. Claims No. Sum insured: (Clein's Record) Make of Veh: (Policy Condition) Remark: The web had commenced its repair at the time of inspection. Ball or Market Value: (DAA Accident Rport: Consistent?: Yes or No GIA / PR Soen: Consistent?: Yes or No CLA / REV / REP. / 24 HRS Des. of Damages: Frt / Real / OS / NUS / UIC / Rooftop or Date / Time Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Prell. Report: Days Of Repair: Consistent of the Return of the Resurre of		2 - 2 - 11
Claims No. Sum instruct: Excess: Client's Record Steering: Injuries / Jammed / Leaked / Burnt or Steering: Injuries / Jammed / Leaked / Burnt or Steering: Injuries / Jammed / Leaked / Burnt or Steering: Injuries / Jammed / Leaked / Burnt or Modi: AID Skilm / Stolar / Steering: Injuries / Jammed / Leaked / Burnt or Modi: AID Skilm / Stolar / Stol	274 4778400 8	AN INTERPORT
Sum incured: Excess: Client's Record Make of Veh: Sheering: Injerter' Jammed Leaked Burnt or		CNO: VI=IARIJEA DO
Size of part Size		Gen. Cond: 860d/Falr / Poor / Russel
Brake: Inforcer / Jammed / Leaked / Burnt or Mod: AID SRIm / STD ARIm or Tyre Size: F: 215/66816 Remark: The veh had commenced its repair at the time of inspection. But or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Sean: Consistent?: Yes or No Est. Repairs: 0/ days Res.: Yes or No LUM Sum: 20 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: The UIC / Chasals frame / Body Structure affected due to collision. 3 / File Pair 1	Sum Insured: Excess:	
Podey Condition Permark: The wesh had commenced its repair at the time of inspection. N/S O/S	1 (a) (b) (c) (c) (c) (c) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Brake: Inorder / Isamed / Leaked / Burnt or
Policy Condition Permark: The veh had commenced its repair at the time of inspection. N/S O/S	Make of Vsh:	Mod: Affi emple (STD Am)
R:		
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Format: Bat or Market Value: Bat or Market Value: Bat or Market Value: Consistent?: Yes or No Consistent.: Yes or No Consistent.: Yes or No Consistent.: Yes or	(Policy Condition)	
Sal or Market Value:		
Bal of Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Soon: Consistent?: Yes or No Est. Repairs: Of days Res.: Yes or No Lum Sum: Lum Sum: Lum Sum: Lum Sum: CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Date / Time Action / Instruction Jiffle PSI) To Carthura SITING, Fee Pass to? Prell. Report Days Of Repair: Resurvey No. of Trip: Survey Fee Image: Site Insp (\$) 5-88 st Interview (\$) Proces Tech Invs (\$) Others	repair at the time of inspection.	BS / DON / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
DAIC Accident Rport: Consistent? : Yea or No GIA / PR Soon: Consistent? : Yea or No Libal 7 mm Li	Bal. or Market Value:	- 191ken
GIA / PR Seen: Consistent? Yes or No Est. Repairs: O/ days Res.: Yes or No Lum Sum: 2 0 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction 3 / / File pay to Contacted: Confirm Tourin (/ X / Op. 46 TSc) Car firm Touring Repairs: Survey Fee Car firm Touring Reserved	IDAC Accident Rport: Consistent? : Ye	- Hear
Est. Repairs: 0/ days Res. Yes or No Lum Sum: 2 C % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time	Description of the Control of the Co	mm R/Bal. 4
Lum Sum: CA REV REP. 24 HRS Date: Person Contacted: Vehicle: IN OUT Date Person Contacted: Person Contacted: Person Contacted: Person Contacted: The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure affected due to collision. The UIC Chassis frame Body Structure aff	Est Repairs: O/ days Res Yes	mm UBal Z mm
Date: Person Contacted: Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date: Person Contacted: The U/C / Chassis frame /	0	20/12/17 001 2/1/18
Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction The U/C / Chassis frame / Body Structure affected due to collision.		Survey neid at
Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction Action / Instruction 3 / / File psy to Configure 3 / / B 2 / Others Testing Testing (X Op. 46 TSC) (Tele \$38 0.581 99 0.581 (Tele \$38		Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Sty B 220t Ca firm Tasmin (X 10 46 750)	Person Contacted	venice. In / OUT
Coe # 38 7 0.58 997.	7 /	
(Tee \$ 38 \text{ 0.58} 997.) (Tee \$ 38 \text{ 0.58} 997.) TonTime, File Pass to? Prell. Report Days Of Repair: Resurvey No. of Trip: Survey Fee Iransportation Add Fee: Site Insp (\$) 5 - 85 Si Interview (\$) Photos Tech Invs (\$) Others	5/10 Par part to Corke	
(Coe # 38 > 0.58 997.) TouTime, File Pass to? : Prell. Report Days Of Repair: TaiTime, File Return to? : Survey Fee Inansportation: Add Fee: : Site Insp (5)	THE TOOL Caff.	m Tasnin (1 × 10x41 +50)
Tra/Time, File Pass to? : Prell. Report : Final Report : Final Report Add Fee: : Site Insp (\$		1 1 1 1 1 1 5 1 50)
Tra/Time, File Pass to? : Prell. Report : Final Report : Final Report Add Fee: : Site Insp (\$		
###Time, File Pass to? Prell. Report Bays Of Repair: Resurvey No. of Trip: Survey Fee Inautomotion Add Fee: Site Insp (\$) _ \$ - R\$ _ \$! Proft Format: Interview (\$) Phone Tech Invs (\$) Others		(Ree \$ 38 7 0.587 997)
Prell. Report Days Of Repair: Survey Fee Transportation		1 0.7
Prell. Report Days Of Repair: Survey Fee Transportation		
Prell. Report Days Of Repair: Survey Fee Transportation	In/Time, File Pass to?	
Add Fee: Site Insp (\$)s +Rs_si port Format : Interview (\$) Photos Tech Invs (\$) Others	Prell. Report	Days Of Repair:
Add Fee: : Site Insp (\$) _ s - Rs _ si port Format : Interview (\$) Photos Tech Invs (\$) Others	Time Fie Return 12	Resurvey No. of Trip:
port Format : Site Insp (\$)s - RSsi Interview (\$) Photos Tech Invs (\$) Others		Transporturion
port Format : Interview (\$) Photes Tech Invs (\$) Others		Add Fee: Site Inc. /5
mp Sum / I.B.I; (S Tech Invs (\$) Others		11 2 7 703 34 1
mp Sum / I.B.I; (S	and Farmer	Intendeur (*
		Interview (S) Photos



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

AIG	ASIA PACIFIC INS	SURANCE PTE LTD	Ref : CC3/LCR1800	0165/Kpb3	
	SHENTON WAY #0 ARTIS BUILDINGS	8-16 INGAPORE 079120	Date: 03-01-2018 Code: LCR		
1.		Policy Particu	lars :- THIRD PARTY CLA	IM	
	Insured Veh.	SLB 4739Z	Veh. Inspected	SHC 5697X	
	Policy No.		Coverage (\$)	0.00	
	Claim No.		Excess (\$)	0.00	
	Assign From		Assign Date	03/01/2018	
2.		Vehicle I	Particulars & Condition		
	Make & Model		c.c	0	
	Engine No. HIDDEN		Year of Reg.		
	Chassis No.		Colour		
	Odometer -		Steering		
	Brakes		Modification		
	General				
3.		Co	nditions 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.		Desc	ription of Damages		
5.		Ge	neral Information		
	Accident Date		Inspection Date	02/01/2018	
_	Survey held at	TRANS-CAB AUTO SERV			
		NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
5a.			Remarks		

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

SHC5697X - AIG

Vehicle No.: Chassis No.:

Vehicle Make: Vehicle Model: Date of Accident :

Third Party Insurer:

Not Atheria

SHC5697X - JHOW

VF1ABL15AUC280292

RENAULT LATITUDE 28.12.2017

AIG

PART	LIST
------	------

1	1	BUMPER COVER REAR	S	R 1,108.46
2	1	BUMPER LOWER REAR	\$	Ju 768.84
3	1	BUMPER BRACKET CTR REAR	5	July 113.47
4	1	BUMEPR BRACKET SIDE RH REAR	S	J ₄ 135.97
5	1	BUMEPR RETAINER RH REAR	5	J _L 44.99
6	1	BUMPER REFLECTOR RH	5	JL 43.61
7	1	BUMEPR BRACKET SIDE LH REAR	S	J _L 135.97
8	1	BUMEPR RETAINER LH REAR	S	Jim 44.99
9	1	BUMPER REFLECTOR LH	5	Ju 43.61
10	1	BUMPER BEAM REAR	5	N 777.52
11	1	BUMPER BEAM BRACKET LH REAR	\$	225.95
12	1	BUMPER BEAM BRACKET RH REAR	5	M 225.95
13	1	BOOT REAR	5	2,872.68
14	1	BOOT FINISHER	5	Ju 470.06
15	1	BOOT WHEATERSTRIP	\$	∫ _{1, 323.05}
16	1	BOOT REFLECTOR LAMP LH	S	Ju 493.35
17	1	BOOT REFLECTOR LAMP RH	5	√ 493.35
18	1	BOOT BADGE 'RENAULT'	5	An 225.36
19	1	BOOT BADGE	\$	ルル 225.36
20	1	BOOT STRUT LH	\$	Su 276.08
21	1	BOOT STRUT RH	\$	J ₋ 276.08
22	1	BOOT HINGE LH	\$	K 367.84
23	1	BOOT HINGE RH	5	M 367.84
24	1	BOOT INNER TRIM	5	586.45
25	1	BOOT SWITCH	s	JA 168.13
26	1	BOOT LOCK	S	202.67
27	1	BOOT LOCK CATCH	5	77 74.40
28	2	LICENCE PLATE LAMP	5	∫ ₁ 50.52
29	2	BOOT RUBBER PLUG	\$	J _{221.81}
30	1	FENDER PANEL REAR LH	5	17 3,299.13
31	1	WHEELARCH REAR LH	5	543.47
32	1	FENDER PANEL REAR RH	\$	7 3,299.13
33	1	WHEELARCH REAR RH	S	J ≤ 543.47
34	1	TAILLAMP RH	S	552.55

AAD1712-303 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 SHC5697X - AIG 986.70 TAILLAMP PANEL RH 35 1 Ju 552.55 TAILLAMP LH 36 1 986.70 \$ TAILLAMP PANEL LH 37 1 R 1.471.77 OUTER PANEL REAR (End Panel) 5 38 1 Sh 404.56 OUTER PANEL REAR (End Panel)TRIM S 39 1 7,489.05 40 1 EXHAUST REAR n 230.49 S 41 1 EXHAUST CAP REAR TOTAL 5 31,723.96 10% \$ 3,172.40 \$ 28,551.56 Specical Nett \$ 5 700.00 m 5 1 1SET PARKING AID 2 1SET REAR BUMPER CLIP 5 MU 66.00 ペル 33.00 3 1SET BUMPER BRACKET CTR CLIP na 10.00 4 1SET BUMEPR BRACKET SIDE CLIP RH RR NA 20.00 5 1SET BUMEPR RETAINER RH CLIP RR Na 10.00 6 ISET BUMEPR BRACKET SIDE CLIP LH RR AL 20.00 1SET BUMEPR RETAINER CLIP LH RR Sm 22.00 1SET BUMPER LOWER REAR RIVET 1n 66.00 S 1SET BUMPER LOWER REAR CLIP 9 J'm 17.82 10 1 EXHAUST MOUNTING REAR 11 1SET BOOT FINISHER CLIP \$ ペー 24.20 12 1 BOOT STICKER "Trans-cab" S May 30.00 an 30.00 13 1 BOOT STICKER "6555-3333" ペル 45.00 14 1 BOOT INNER TRIM CLIP 77 35.00 15 1SET FENDER WHEELARCH REAR RH CLIP **ペル 35.00** S 16 ISET FENDER WHEELARCH REAR LH CLIP na 5.00 5 17 1 TAILLAMP CLIP RH TA 5.00 18 TAILLAMP CLIP LH 1 RZ 80.00 19 S 2 REAR WINDSCREEN SELANT S In 100.00 20 1 WINDSCREEN MOULDING ~ ~ 100.00 21 1 REAR WINDSCREEN INNER SPONGE SEAL S JA 385.00 22 1 SPARE TYRE RIM (ROUE 7J 16H 2547) 23 SPARE TYRE S Ju 330.00 1

TOTAL

\$

TOTAL PARTS \$

Putty And Spray Painting Of The Affected Portion.

3,000.00 220

2,169.02 30,720.58

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

SHC5697X - AIG

	1 day
Repair Days	10 Days
Over All Total (PARTS BY PARTS)	\$ 38,430.58
TOTAL	\$ 7,710.00
To check steering geometry and computer wheel alignment	\$ ~~ 220.00 X
To transfer of rear windscreen fittings and conduct water seepage test.	\$ 170.00 X
Towing Fees	\$ NA 120.00 X
To transfer of rear fender fittings, attachment and perform water seepage test.	\$ ~~ 380.00 X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$ n~ 170.00 X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$ N~ 170.00 X
To repair and realign rear exhaust pipe.	\$ 170.00 X
To transfer of bootlid fittings, attachments and perform water seepage test.	\$ 170.00 X
To reinstall rear bumper parking sensor.	\$ M 170.00 X
To Rust-Proofing Of The Affected Areas.	\$ nn 170.00 X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$ 12,800.00 X

LICK Auto Consultants hence notify the Repairer of the following:

- To requirely belowleter spray painting
- To display duraged part(s) during resurvey.
- Parta prices une subject to confernation
- Third party survey is on a "Without Projudce" basis
- No impai modification(n) is allowed.
- Suppose the supposed from Insurance Company

Antonia and by Repairer

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

Our Ref

: AAD1712-303

Your Ref

: SLB4739Z

Date

: 05.April 2018

AIG ASIA PACIFIC INSURANCE

Dear Sir/Madam.

ACCIDENT INVOLVING SHC5697X AND SLB4739Z ON 28/12/17 09:25 AM ALONG BUKIT BATOK WEST AVE 6 CARPARK BLOCK 109

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)	5	235.40
2.	Loss of Rental for Ol days @ \$ 101.16per day	\$	10256 101.46
3.	Loss of Income for OI days @ \$50.00 per day	\$	50.00
4.	LTA Search Fee	\$	7.45
5.	Survey Fee	\$	0.00
	Total	\$	39441 39471

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 (6603 1259)

Hsiao Tong (LKKAuto)

From:

Hsiao Tong (LKKAuto)

Sent:

Tuesday, 23 January 2018 5:10 PM

To:

'Eileen, May Hwee Yap'

Subject:

ACCIDENT INVOLVING SLB 4739Z(AIG) & SHC 5697X ON 28/12/2017

Your Ref: SLB 4739Z

Our Ref: CC3/LCR18000165/Kpb3

Dear Sirs/Madam,

ACCIDENT INVOLVING SLB 4739Z(AIG) & SHC 5697X ON 28/12/2017

We refer to the above accident where we are acting for AIG Asia Pacific Insurance Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

We have received a claim from SHC 5697X against your insurance policy.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Best Regards,

Hsiao Tong, Chew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6742-3197 | email: chewht@lkkauto.com | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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 SHC5697X and SLB4739Z along BUKIT BATOK WEST AVE 6 CARPARK BLOCK 109 on 28/12/17 09:25 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 5 (day) of April 2018

Yours Faithfully Trans-Cab Services Pte Ltd

Jasmine Tan General Manager

RELEASE VOUCHER

AIG ASIA PACIFIC INSURANCE

"We/I, Trans-Cab Auto Services Pte Ltd ("the workshop") hereby confirm that we/I have reached an agreement with the appointed surveyor of AIG ASIA PACIFIC INSURANCE LKK AUTO CONSULTANTS PTE LTD (name of surveyor) with respect to the amount claimed for \$235.4 (repair costs), \$151.46 (loss of use/rental), \$7.45 (disbursements) for vehicle no. SHC5697X that was damaged pursuant to the accident which occurred on 28/12/17 09:25 AM(date) along BUKIT BATOK WEST AVE 6 CARPARK BLOCK 109 involving vehicles no/s. SLB4739Z. This is pursuant to the inspection conducted on 02/01/18 (date) at "the workshop".

We/I confirm that we/I are/am authorized by the owner TRANS-CAB SERVICES PTE LTD ("the third party claimant") of vehicle no SHC5697X 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 AIG ASIA PACIFIC INSURANCE 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 costs of repairs and/or rental and/or loss of use pursuant to the damage to SHC5697X (vehicle no.) as a result of the accident.

We/I confirm that the agreement reached above is in full and final settlement of any claim 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 subjected to the application of Singapore Law and the Singapore Courts have exclusive jurisdiction over any dispute arising out of the same.

Dated this 5 (day) of April (Month) 2018 (Year)

KSC

Signed by appointed surveyor

Signed by "the workshop" (with chop)

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

TO:

AIG ASIA PACIFIC INSURANCE PTE LTD

78 Shenton Way

#07-16 CHARTIS Building

079120 Singapore

ATTENTION:

INVOICE NO.

: INV1803-191

DATE

: 31. March 2018

TERMS

REFERENCE NO : AAD1712-303 : Net 30 Days

DUE DATE

: 30. April 2018

PAGE

:1

NO.	CODE	DESCRIPTION	QTY	UNIT PRICE	AMOUNT
1.	6050101	Repair -SHC5697X;DOA 28.12.17 -PARTBYPART -18	1	235.40	235.40

Total SGD Excl. GST: 220.00 7% GST: 15.40 Total SGD Incl. GST: 235.40

**** TWO HUNDRED THIRTY FIVE AND FORTY 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.

No. 2 Ang Mo Kio Street 63 Tel No.: 6287 6666 Fax No. 6281 1400 Co./GST Reg. No. 200303878K

05 April, 2018

To Whom It May Concern

Dear Sir / Madam,

Accident on 28/12/17 09:25 AM at BUKIT BATOK WEST AVE 6 CARPARK BLOCK 109

- We refer to the above-mentioned accident and wish to inform that Trans-Cab Services Pte Ltd is the 1. registered owner of the taxi bearing vehicle registration no. SHC5697X. The taxi was hired to TEO BENG HUA a registered hirer-operator of Trans-Cab Services Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$101.46 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.
- Please liaise with us directly for any settlement of claims in respect of the said accident. 3.

Yours faithfully,

Jasmine Tan

General Manager

No. 2 Ang Mo Kio Street 63

Tel No.: 6287 6666 Fax No. 6281 1400

Co./GST Reg. No. 200303878K

28-12-2017

Dear Sir/Madam,

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

Date In	Date Out	Vehicle No.		
Accident No.	AAD1712-303		Accident Date	
1/2/2018 09:30	1/3/2018 17:00	SHC5697X		

Yours Faithfully,

Trans-Cab Services Pte Ltd

Jasmine Tan

General Manager

Vehicle Insurance Particulars Result

Vehicle No.

Incident Date/Time

Insurance Company Name

SLN4330E

26 Dec 2017 / 20:30:00 NTUC INCOME INS CO-OP LTD

SLB4739Z

28 Dec 2017 / 09:25:00 AIG ASIA PACIFIC INSURANCE PTE. LTD.

Print

OK

Save as PDF

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

LAIM SUB	FOLDER TRA	CKING				-	12	
Case	Notified	Est Submitted	Ad) Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	03 Jan 2018 Edit Reg		02 Jan 2018 00:00 Edit Adj Rpt	S\$220.00 Edit Estimates	\$\$220.00 View Rpt		Pending for Report Cancel Case	Service on
	Main	R	eference	Claim De	tails	Documents		Show All
CLAIM SU	BFOLDER DI	ETAILS			[Created	by adjuster]		
Insured:	LCRF Pte	Ltd, Co. Reg. N	0,1 -					
Main Claimant:	TRANS-C	AB SERVICES PT	ELTD, Co. Reg. N	Vo.: 200303878K				
Vehicle Reg No.:	SHC569	7X		Date of		7 09:00 - :59 s From LTA Reg D	ate (Man Yr)]	
Claim Type	TP / 784	12779940SG		Policy/I Note N		42		
Vehicle Reg No. (Insured):	SLB4739	z		Policy / (Claim)	VPX/P1690	0520		
				Excess				
Repairer:	Trans-ca	b Auto Services	Pte Ltd (Ang Mo K	io) 2, Ang Mo Kio S	treet 63, 569111 A	ing Mo Kio - Tel: 6	2876666	
Handling Insurer:	AIG Asia	Pacific Insuranc	e Pte. Ltd. (Expre	ss) - Tel: 65-6419-	3000 [Handled !	by Kang, Sam-PL] Sam.Kang@aig	.com
Claimant's Insurer:	13.12% C C T T T E C		(Q) - Tel: 6338 728					
Adjuster:	LKK Auto	Consultants Pto	e Ltd (HQ) - Tel: 62	56-3561 [Handle	d by KENNETH K	ONG] [Final I	Rpt due 12/01	/2018]
ASSOCIAT	ED MAIL RE	CEIVED				Vie	ew All Compo	se Case Mail
 AIG_SG 	(04/01/2018)	: NO OI GIA RE	PORT					
ALL ASSO	CIATED TAS	sks⊟			View All	Search Tasks C	reate New Task	Complete
Due Date	e Priority	Type Tasi	Group Subjec	t Handler	Assigned By	Completed On	Created O	n Done

Claim Documents

*SHC5697X (7842779940SG)

[SLB4739Z]

TP

TRANS-CAB SERVICES PTE LTD

Dec 28 2017 9:00AM

[LCRF Pte Ltd]

Trans-cab Auto Services Pte Ltd

U	pload Documents U;	pload Photos Compose New Letter Upload Video Upload Audio	View	View in Brow	ser V
Let	ters/Corresponder	nces	1 per s	age v	V
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	(Draft)	Third Party Express Settlement - Payment Breakdown	0	Edit	
Ass	sessment Reports		1 per s	age 🔻	V
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (5G)		Thumbnail	Print
1	23/01/18 16:57	Accident Statement From:SC - Reg. No: SLB4739Z, Claimant: LCRF PTE L1D	0	Load HTM	
Phi	otos/Images		3 per s	age V	2
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	-	Thumbnail	Print
1	05/04/18 07:41	5/04/18 07:41 General View		Load JPG	V
2	05/04/18 07:41	General View	0	Load JPG	V
3	05/04/18 07:41	General View		Load JPG	V
4	05/04/18 07:41	General View	0	Load JPG	
5	05/04/18 07:41	General View	0	Load JPG	V
6	05/04/18 07:41	General View	0	Load JPG	V
7	05/04/18 07:41	Odometer Reading	0	Load JPG	V
8	05/04/18 07:41	Chassis Number	0	Load JPG	V
Do	cumentation		1 per p	nage 🗸	V
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	03/01/18 18:51	TP ESTIMATE- MARKED	0	Load PDF	
2	03/01/18 18:51	TP GIA REPORT	0	Load PDF	
3	11/04/18 11:40	WORKSHOP INVOICE	0	Load PDF	
4	11/04/18 11:40	AUTHORISATION TO ACT FORM	0	Load PDF	
5	11/04/18 11:40	Release Voucher	0	Load PDF	
6	11/04/18 11:40	RENTAL RECEIPT	0	Load PDF	
7.	11/04/18 11:40	LTA SEARCH	0	Load PDF	
8	11/04/18 11:40	LETTER TO OI	0	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
	^
	~
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.	

NOTE:	TO BE	COMPL	ETED	BY	SURV	/EYOR

TEAM		
I E MIN		

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

	SLB4739Z (Insd veh)		Model:	RENAULT LATITUDE 2.0 DC
S 111 - 21 - 21 - 21 - 21 - 21 - 21 - 21	SHC5697X (TP veh)		_	AUTO D/AB 4DR (A)
Date of Accident: 28/12/2017				
Global Sum Settlem	ent : [] Yes		[X] No	
Repair Estimate		: \$	41,120.70	
Final Repair Cost		: \$	235.40	
Loss of Use		: \$	50.00	1.00 days at \$50.00 per day
Rental (if any)		: \$	101.46	1 days
LTA / GIA Search Fe	ee	: \$	7.45	
Others:		: \$	0.00	
		: \$		
Final Settlement Sur	m	: \$	394.31	
Is Third Party Work selow)	kshop GIA Registered	?	[] YES [X] NO (Kindly indicate
A) For Non GIA R	egistered Workshop:		Agreed Liability _	100(%)
	(%)	chain		y (*):(%) ses where BOLA does not apply.
174 70 70 70 70 70 70 70 70 70 70 70 70 70				
Remarks				
-	n: Payee's Breakdowr	1		
Payment Instruction		1	: \$	
Payment Instruction	n: Payee's Breakdowr	1	: \$	
Payment Instruction	n: Payee's Breakdowr	1		394.3
Payment Instruction 1) Trans-cab Auto 2)	n: Payee's Breakdowr	1	: \$	

Please attach all the supporting documents to the form.
(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any)

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/LCR18000165/KPB3Q2

Date:

11/04/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No:

0999995042

Claimant Vehicle SHC5697X

Insured Vehicle No:

SLB4739Z

No: Date of Loss:

28/12/2017

Nature of Claim:

TP

Claim No: 7842779940SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHC5697X

Make & Model:

RENAULT LATITUDE, 2.0 DCI AUTO D/AB 4DR (A) Engine No:

Chassis No:

M9R8839C002210

Reg. Date:

28/11/2014 (Man. Year: 2014)

VF1ABL15AUC280292

Colour:

Metallic White/Red

Odometer:

351881 km

Engine Capacity: Market Value/New Car Price: N/A

1995 cc

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: Front Right Side: Falken 7 mm Falken 7 mm Rear Left Side: Rear Right Side: Falken 7 mm Falken 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	30,720.56	0.00	30,720.56	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	7,710.00	220.00	7,490.00	97.15
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	38,430.56	220.00	38,210.56	99.43
+ GST 7.00/7.00% (S\$)	2,690.14	15.40	2,674.74	99.43
Nett Amount (S\$)	41,120.70	235.40	40,885.30	99.43
+ Loss of Use (1.0	x S\$50.00/day) (S\$)	50.00		
+ Car Rental (1.0:	s \$\$101.46/day) (\$\$)	101.46		
+1	Doc/Search Fee (S\$)	7.45		
	Nett Liability (S\$)	394.31		

INSPECTION

Date of Assignment:

02/01/2018

Date Inspected:

02/01/2018 Inspected At:

Trans-cab Auto Services Pte Ltd (Ang Mo

Kio)

2, Ang Mo Kio Street 63 Singapore 569111

Estimated Period of Repair.

1.0 days

Adjuster: KENNETH KONG Manager: CHEW HSIAO TONG

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

Recommer	nded	Parts
----------	------	-------

No.	Qty Part N	o. Particulars	Condition	Repairer's	Amount
	1	*BUMPER COVER REAR	Repair	1,108.46 FL	*-FI
	1	*BUMPER LOWER REAR	Serviceable	768.84 FL	*-FI
1	1	*BUMPER BRACKET CTR REAR	Serviceable	113.47 FL	*-F
	1	*BUMPER BRACKET SIDE RH REAR	Serviceable	135.97 FL	*-F
	1	*BUMPER RETAINER RH REAR	Serviceable	44.99 FL	*-F
	1	*BUMPER REFLECTOR RH	Serviceable	43.61 FL	*-F
,	1	*BUMPER BRACKET SIDE LH REAR	Serviceable	135.97 FL	*-F
3	1	*BUMPER RETAINER LH REAR	Serviceable	44.99 FL	*-F
9	1	*BUMPER REFLECTOR LH	Serviceable	43.61 FL	*-F
0	1	*BUMPER BEAM REAR	Repair	777.52 FL	*-F
11	1	*BUMPER BEAM BRACKET LH REAR	Repair	225.95 FL	*-F
12	1	*BUMPER BEAM BRACKET RH REAR	Repair	225.95 FL	*-F
13	1	*BOOT REAR	Repair	2,872.68 FL	*-F
4	1	*BOOT FINISHER	Serviceable	470.06 FL	*-F
15	1	*BOOT WEATHERSTRIP	Serviceable	323.05 FL	*-F
6	1	*BOOT REFLECTOR LAMP LH	Serviceable	493.35 FL	*-F
17	1	*BOOT REFLECTOR LAMP RH	Serviceable	493.35 FL	*-F
8	1	*BOOT BADGE RENAULT	Not Necessary	225.36 FL	*-F
9	1	*BOOT BADGE	Not Necessary	225.36 FL	*-F
20	1	*BOOT STRUT LH	Serviceable	276.08 FL	*-F
11	1	*BOOT STRUT RH	Serviceable	276.08 FL	*-F
22	1	*BOOT HINGE LH	Repair	367.84 FL	*-F
3	1	*BOOT HINGE RH	Repair	367.84 FL	*-F
4	1	*BOOT INNER TRIM	Serviceable	586.45 FL	*- F
5	1	*BOOT SWITCH	Serviceable	168.13 FL	*-F
26	1	*BOOT LOCK	Repair	202.67 FL	*-F
	1		14760 5684 (9	74.40 FL	*-F
27	62.0	*BOOT LOCK CATCH	Repair Serviceable	50.52 FL	*-F
85	2	*LICENCE PLATE LAMP	Sarrella a Paria i		
29	2	*BOOT RUBBER PLUG	Serviceable	221.81 FL	
30	1	*FENDER PANEL REAR LH	Repair	3,299.13 FL	*-F
31	1	*WHEELARCH REAR LH	Serviceable	543.47 FL	*-F
32	1	*FENDER PANEL REAR RH	Repair	3,299.13 FL	*-F
33	1	*WHEELARCH REAR RH	Serviceable	543.47 FL	*-F
34	1	*TAILLAMP RH	Serviceable	552.55 FL	*-F
35	1	*TAILLAMP PANEL RH	Repair	986.70 FL	*-F
36	1	*TAILLAMP LH	Serviceable	552.55 FL	*-F
37	1	*TAILLAMP PANEL LH	Repair	986.70 FL	*-F
88	1	*OUTER PANEL REAR (END PANEL) TRIM	Serviceable	404.56 FL	*-F
9	1	*OUTER PANEL REAR (END PANEL)	Repair	1,471.77FL	*-F
0	1	*EXHAUST REAR	Repair	7,489.05 FL	*-F
1	1	*EXHAUST CAP REAR	Repair	230.49 FL	*-F
2	1	*SET PARKING AID	Serviceable	700.00FS	*-F
3	1	*SET REAR BUMPER CLIP	Not Necessary	66.00 FS	*- F
4	1	*SET BUMPER BRACKET CTR CLIP	Not Necessary	33.00 FS	*-F
5	1	*SET BUMPER BRACKET SIDE CLIP RH RR	Not Necessary	10.00FS	*-F
6	1	*SET BUMPER RETAINER RH CLIP RR	Not Necessary	20.00FS	*-F
47	1	*SET BUMPER BRACKET SIDE CLIP LH RR	Not Necessary	10.00FS	*-F
48	1	*SET BUMPER RETAINER CLIP LH RR	Not Necessary	20.00 FS	*-F
49	1	*SET BUMPER LOWER REAR RIVET	Serviceable	22.00 FS	*-F

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
50	1		*SET BUMPER LOWER REAR CLIP	Not Necessary	66.00FS	*-FS
51	1		*EXHAUST MOUNTING REAR	Serviceable	17.82 FS	*-FS
52	1		*SET BOOT FINISHER CLIP	Not Necessary	24.20FS	*-FS
53	1		*BOOT STICKER TRANS-CAB	Not Necessary	30.00 FS	*-FS
54	1		*BOOT STICKER 6555-3333	Not Necessary	30.00FS	*-FS
55	1		*BOOT INNER TRIM CLIP	Not Necessary	45.00 FS	*-FS
56	1		*SET FENDER WHEELARCH REAR RH CLIP	Not Necessary	35.00 FS	*-FS
57	1		*SET FENDER WHEELARCH REAR LH CLIP	Not Necessary	35.00 FS	*-FS
58	1		*TAILLAMP CLIP RH	Not Necessary	5.00 FS	*-FS
59	1		*TAILLAMP CLIP LH	Not Necessary	5.00 FS	*-FS
60	2		*REAR WINDSCREEN SELANT	Not Necessary	80.00FS	*-FS
61	1		*WINDSCREEN MOULDING	Serviceable	100.00FS	*-FS
62	1		*REAR WINDSCREEN INNER SPONGE SEAL	Not Necessary	100.00 FS	*-FS
63	1		*SPARE TYRE RIM (ROUE 7J 16H 2547)	Serviceable	385.00 FS	*-FS
64	1		*SPARE TYRE	Serviceable	330.00 FS	*-FS
F=Fn	anchise	part. S=Spcl	Nett. L=ListItemDisc.	District Control of the ways	94+010-00-000-00-1	Sversi
				Sub Total (S\$)	33,892.95	0.00
			- List Item Discount on L Item	ns 10.00/10.00% (S\$)	3,172.39	0.00
				Total Parts (S\$)	30,720.56	0.00

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	220.00
2	PANEL BEATING ,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS ,ADJUST AND REALIGN THE SAME	New	2,800.00	0.00
3	TO RUST-PROOFINF OF THE AFFECTED AREAS	New	170.00	0.00
4	TO REINSTALL REAR BUMPER PARKING SENSOR	New	170.00	0.00
5	TO TRANSFER OF BOOTLID FITTINGS ,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	0.00
6	TO REPAIR AND REALIGN REAR EXHAUST PIPE	New	170.00	0.00
7	TO DROP REAR EXHAUST BOX ,RENEW THE SAME ,TO REPAIR AND REALIGN CENTRE EXHAUST PIPE	New	170.00	0.00
8	TO TRANSFER OF REAR END PANEL FITTINGS ,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	0.00
9	TO TRANSFER OF REAR FENDER FITTINGS ,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	380.00	0.00
10	TOWING FEES	New	120.00	0.00
11	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST	New	170.00	0.00
12	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	0.00
	Gross Labou	r Cost (S\$)	7,710.00	220.00
	Report was unsubmitted during	this print-out.		

< END OF ESTIMATES >