

ASS. REC. BY:

REF:

4 / 24 CS/TP18001086/Kgbe2

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MY

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

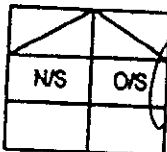
Excess:

(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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

04 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHF 563R

Yr Regn:

06, 14

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

Truck / Trailer or

Make:

Peravit Lotitude

c.c.

1995

Colour

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

336003

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VI-1ABL15AUC 278138

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

Inorder? / Jammed / Leaked / Burnt or

Brake:

Inorder / Jammed / Leaked / Burnt or

Modl:

M/J S/Rim / STD A/Rim or

Tyre Size:

F: 215/60R16

R: Feiken

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

TOYO / YOKO or

Front

Rear

R/Bal.

9

mm

R/Bal.

5

mm

L/Bal.

9

mm

L/Bal.

5

mm

D.O.A.

12/1/18

D.O.I.

16/1/18

Survey held at

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

O/S body

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

Date / Time

Action / Instruction

17/1 File pass to Catherine.

21/1 856501 (Red & 31635.96, 85%) ho v survey photo.

18/118 Kenneth say submit independent

SHF 563R - CC3 / FEL / 5052091 / Kgbe2

CC3: 150715

19/1/2018.

Date/Time, File Pass to?

19/1 tyris



: Prell. Report



: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S - RS. \$

Photo

Others

27x15

170+105

50

17

80

722

Report Format :

7P

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

5650




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 Automobiles				
TRANS-CAB AUTO SERVICES PTE LTD		Ref : CS/TP18001086/Kqb		
NO.2 ANG MO KIO STREET 63 SINGAPORE 569111		Date : 18-01-2018		
		Code : TP378		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHF 563R	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		16/01/2018	
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	16/01/2018	Inspection Date	16/01/2018	
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.				

Survey Department Check List (Case Handler)

Reference No. : CG/TP18001086/K96
Policy Type: OD/TP/TP RES/TL/EVA

SHF 563R

Case Handler

Typist

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

(1) Office Assign Form

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			

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:

Cathy 18/1/18
Case Handler Date

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company

Owner ID: 3878K

Vehicle Details

Vehicle No.: SHF563R

Vehicle to be Exported: Yes

Intended De-registration Date: 16 Jan 2018

Vehicle Make: RENAULT

Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR

Primary Colour: Red

Manufacturing Year: 2014

Engine No.: M9R8839C001425

Chassis No.: VF1ABL15AUC278138

Maximum Power Output: 127.0 kW (170 bhp)

Open Market Value: \$19,998.00

Original Registration Date: 20 Jun 2014

First Registration Date: 20 Jun 2014

Transfer Count: 0

Actual ARF Paid: \$12,498.00

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 19 Jun 2022

PARF Rebate Amount: \$9,373.00

Intended COE Rebate Details

COE Expiry Date:	19 Jun 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$57,338.00
COE Rebate Amount:	\$31,715.00
Total Rebate Amount:	\$41,088.00

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 16 Jan 2018

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	15/01/2018 10:46
Date Of Accident	12/01/2018 16:45
Exact Location Of Accident	ORCHARD LINK TOWARDS BIDEFORD RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF0563R
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	YEO BOON LYE
NRIC No	S7018217C
Date Of Birth	10/06/1970
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1990
Driving Experience	27 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94306173
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 252 PASIR RIS STREET 21 #09-209
Postcode	510252
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	WET

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?	YES
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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 12.01.2018 at about 1645hours, i was travelling straight on the most left lane of Orchard Link Towards Bideford Rd. When Vehicle B(SHA7617A) which was travelling on my right side suddenly swerved into my lane. Hence, Vehicle B(SHA7617A) front left side portion had hit onto my taxi's rear right side portion. After the accident, I felt discomfort on my neck and back and had 2 Days MC.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA7617A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA SENG HENG
NRIC/Passport Number	S1307288D
Contact Number	96614559
Address	
Postcode	

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name YEO BOON LYE
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHF0563R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

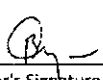
IMPORTANT NOTICE

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


I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:



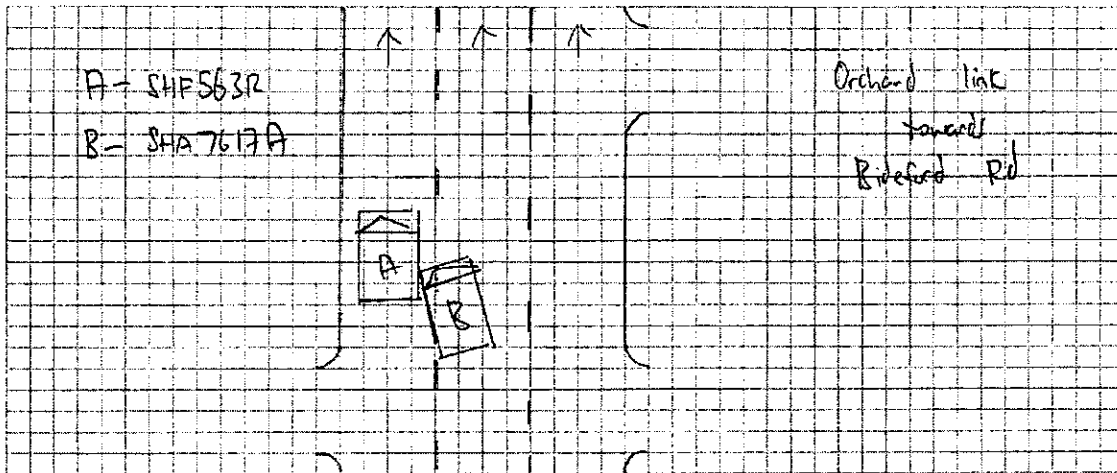
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Please refer to our 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. 201019262G

SHF563R -**AAD1801-161***Not Authored*
21 Sep 8 5650h

Vehicle No.:

SHF563R - JHOW

Chassis No.:

VF1ABL15AUC278138

Vehicle Make:

RENAULT

Vehicle Model:

LATITUDE

Date of Accident :

12.01.2018

Third Party Insurer :

III**PART****LIST**

1	1	BUMPER COVER REAR	\$	<i>N</i>	1,108.46	<i>X</i>
2	1	BUMPER LOWER REAR	\$	<i>SL</i>	768.84	
3	1	BUMPER BRACKET CTR REAR	\$	<i>SL</i>	113.47	
4	1	BUMEP R BRACKET SIDE RH REAR	\$	<i>SL</i>	135.97	
5	1	BUMEP R RETAINER RH REAR	\$	<i>SL</i>	44.99	
6	1	BUMPER REFLECTOR RH	\$	<i>SL</i>	43.61	
7	1	BUMEP R BRACKET SIDE LH REAR	\$	<i>SL</i>	135.97	
8	1	BUMEP R RETAINER LH REAR	\$	<i>SL</i>	44.99	
9	1	ROCKER PANEL OUTER RH	\$	<i>N</i>	987.49	
10	1	FENDER PANEL REAR RH	\$	<i>N</i>	3,299.13	
11	1	FENDER PANEL INNER TRIM REAR	\$	<i>SL</i>	671.45	<i>X</i>
12	1	WHEELARCH REAR RH	\$	<i>SL</i>	543.47	
13	1	TAILLAMP RH	\$	<i>SL</i>	552.55	
14	1	TAILLAMP PANEL RH	\$	<i>N</i>	986.70	
15	1	EXHAUST REAR	\$	<i>N</i>	7,489.05	
16	1	EXHAUST CAP REAR	\$	<i>N</i>	230.49	
17	1	DOOR PANEL REAR RH	\$	<i>N</i>	2,844.66	
18	1	DOOR GUIDE REAR RH	\$	<i>SL</i>	176.82	
19	1	DOOR HINGE UPPER RH	\$	<i>N</i>	274.50	
20	1	DOOR HINGE LOWER RH	\$	<i>N</i>	300.55	
21	1	DOOR CHECK REAR RH	\$	<i>SL</i>	203.06	<i>X</i>
22	1	DOOR LOCK REAR RH	\$	<i>N</i>	908.75	
23	1	DOOR GRAB HANDLE REAR RH	\$	<i>SL</i>	210.96	
24	1	DOOR HANDLE OUTER REAR RH	\$	<i>SL</i>	126.49	
25	1	DOOR HANDLE CAP REAR RH	\$	<i>SL</i>	35.52	
26	1	DOOR HANDLE SEAL REAR RH	\$	<i>SL</i>	7.89	
27	1	DOOR HANDLE COVER REAR RH	\$	<i>SL</i>	13.22	
28	1	DOOR HANDLE MODULE REAR RH	\$	<i>SL</i>	133.60	
29	1	DOOR FINISHER REAR RH	\$	<i>SL</i>	423.10	
30	1	DOOR WHEATHESTRIIP REAR RH	\$	<i>SL</i>	410.66	
31	1	DOOR SEAL REAR RH	\$	<i>SL</i>	162.02	<i>X</i>
32	1	DOOR WAIST SEAL OUTER REAR RH	\$	<i>SL</i>	334.69	
33	1	DOOR MOULDING REAR RH	\$	<i>SL</i>	176.82	
34	1	DOOR PANEL FRT RH	\$	<i>Not way</i>	2,844.66	

TRANS-CAB AUTO SERVICES PTE LTD**AAD1801-161**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019262G

SHF563R -

TOTAL	\$	26,744.60
10%	\$	2,674.46
	\$	24,070.14

Special Nett

1	1SET	PARKING AID	\$	Sn	700.00	X
2	1SET	REAR BUMPER CLIP	\$	Nn	66.00	X
3	1SET	BUMPER BRACKET CTR CLIP	\$	Nn	33.00	X
4	1SET	BUMEPR BRACKET SIDE CLIP RH RR	\$	Nn	10.00	} X
5	1SET	BUMEPR RETAINER RH CLIP RR	\$	Nn	20.00	
6	1SET	BUMPER LOWER REAR RIVET	\$	Nn	22.00	
7	1SET	BUMPER LOWER REAR CLIP	\$	Nn	66.00	
8	1	EXHAUST MOUNTING REAR	\$	Sn	17.82	
9	1	TAILLAMP CLIP RH	\$	Nn	5.00	
10	1SET	WHEELARCH CLIP RR RH	\$	Nn	66.00	
11	2	REAR WINDSCREEN SELANT	\$	Nn	80.00	
12	1	WINDSCREEN MOULDING	\$	Nn	100.00	
13	1	REAR WINDSCREEN INNER SPONGE SEAL	\$	Nn	100.00	
14	1	CAP HUB RH RR	\$	Sn	35.00	} X
15	1	RIM RH RR	\$	Sn	385.00	
16	1	TYRE RH RR	\$	Sn	330.00	
17	1	DOOR STICKER "Trans-cab"	\$	Nn	80.00	
18	1	DOOR STICKER "Classic"	\$	Nn	30.00	15in
19	1	DOOR STICKER "6555-3333"	\$	Nn	80.00	65in

TOTAL	\$	2,225.82
TOTAL PARTS	\$	26,295.96

Putty And Spray Painting Of The Affected Portion.	\$	4,500.00	8801
To reinstall rear bumper parking sensor.	\$	170.00	601
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	\$	4,200.00	600
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	Nn 170.00	X

TRANS-CAB AUTO SERVICES PTE LTD**AAD1801-161**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019262G

SHF563R -

To repair and realign rear exhaust pipe.	\$	170.00 X
Towing Fees	\$	120.00 X
To transfer of rear fender fittings, attachment and perform water seepage test.	\$	380.00 801
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
To transfer of door fittings, attachment and perform water seepage test.	\$	170.00 1201
To transfer of tire, rim and on wheel balancing.	\$	170.00 X
To dismantle and refit rear undercarriage parts, final checking and testing.	\$	380.00 X

TOTAL	\$	10,990.00
Over All Total	\$	37,285.96

(PARTS BY PARTS)**Repair Days**~~15 Days~~

4 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

TRANS-CAB AUTO SERVICES PTE LTD

Ref : CS/TP18001086/Kqbe2

NO.2 ANG MO KIO STREET 63SINGAPORE 569111

Date : 24-01-2018



Code : TP378

1. Policy Particulars : THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SHF 563R
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	16/01/2018

2. Vehicle Particulars & Condition

Make & Model	RENAULT LATITUDE (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	VF1ABL15AUC278138	Colour	METALLIC WHITE / RED
Odometer	336003	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	WEST LAKE	9 mm
L/H Front Tyre	215/60 R16	WEST LAKE	9 mm
R/H Rear Tyre	215/60 R16	FALKEN	5 mm
L/H Rear Tyre	215/60 R16	FALKEN	5 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	12/01/2018	Inspection Date	16/01/2018
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

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Reg. No: 199607198R GST Reg. No. 19-9607198-R

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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHF 563R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BUMPER COVER REAR	TO REPAIR SEE LABOUR	1,108.46	-
1	BUMPER LOWER REAR	SERVICEABLE	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	ROCKER PANEL OUTER RH	TO REPAIR SEE LABOUR	987.49	-
1	FENDER PANEL REAR RH	TO REPAIR SEE LABOUR	3,299.13	-
1	FENDER PANEL INNER TRIM REAR	SERVICEABLE	671.45	-
1	WHEELARCH REAR RH	SERVICEABLE	543.47	-
1	TAILLAMP RH	SERVICEABLE	552.55	-
1	TAILLAMP PANEL RH	TO REPAIR SEE LABOUR	986.70	-
1	EXHAUST REAR	TO REPAIR SEE LABOUR	7,489.05	-
1	EXHAUST CAP REAR	TO REPAIR SEE LABOUR	230.49	-
1	DOOR PANEL REAR RH	BENT	2,844.66	2,844.66
1	DOOR GUIDE REAR RH	SERVICEABLE	176.82	-
1	DOOR HINGE UPPER RH	TO REPAIR SEE LABOUR	274.50	-
1	DOOR HINGE LOWER RH	TO REPAIR SEE LABOUR	300.55	-
1	DOOR CHECK REAR RH	SERVICEABLE	203.06	-
1	DOOR LOCK REAR RH	TO REPAIR SEE LABOUR	908.75	-
1	REAR GRAB HANDLE REAR RH	SERVICEABLE	210.96	-
1	DOOR HANDLE OUTER REAR RH	SERVICEABLE	126.49	-
1	DOOR HANDLE CAP REAR RH	SERVICEABLE	35.52	-
1	DOOR HANDLE SEAL REAR RH	SERVICEABLE	7.89	-
1	DOOR HANDLE COVER REAR RH	SERVICEABLE	13.22	-
1	DOOR HANDLE MODULE REAR RH	SERVICEABLE	133.60	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	DOOR FINISHER REAR RH	SERVICEABLE	423.10	-
1	DOOR WEATHERSTRIP REAR RH	SERVICEABLE	410.66	-
1	DOOR SEAL REAR RH	SERVICEABLE	162.02	-
1	DOOR WAIST SEAL OUTER REAR RH	SERVICEABLE	334.69	-
1	DOOR MOULDING REAR RH	SERVICEABLE	176.82	-
1	DOOR PANEL FRT RH	DENTED / WARPED	2,844.66	2,844.66
	LESS 10% DISCOUNT		-2,674.46	-568.93
			24,070.14	5,120.39
	SPECIAL NETT ITEMS			
1	SET PARKING AID (SN)	SERVICEABLE	700.00	-
1	SET REAR BUMPER CLIP (SN)	NOT NECESSARY	66.00	-
1	SET BUMPER BRACKET CTR CLIP (SN)	NOT NECESSARY	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 LOWER REAR RIVET (SN)	NOT NECESSARY	22.00	-
1	SET BUMPER LOWER REAR CLIP (SN)	NOT NECESSARY	66.00	-
1	EXHAUST MOUNTING REAR (SN)	SERVICEABLE	17.82	-
1	TAILLAMP CLIP RH (SN)	NOT NECESSARY	5.00	-
1	SET WHEELARCH CLIP RR RH (SN)	NOT NECESSARY	66.00	-
2	REAR WINDSCREEN SELANT (SN)	NOT NECESSARY	80.00	-
1	WINDSCREEN MOULDING (SN)	NOT NECESSARY	100.00	-
1	REAR WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	100.00	-
1	CAP HUB RH RR (SN)	SERVICEABLE	35.00	-
1	RIM RH RR (SN)	SERVICEABLE	385.00	-
1	TYRE RH RR (SN)	SERVICEABLE	330.00	-
1	DOOR STICKER "TRANS-CAB" (SN)	NECESSARY	80.00	60.00
1	DOOR STICKER "CLASSIC" (SN)	NECESSARY	30.00	15.00
1	DOOR STICKER "6555-3333" (SN)	NECESSARY	80.00	60.00
			2,225.82	135.00
	LABOUR			
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		4,500.00	880.00
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	60.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	60.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF BUMPER COVER REAR, ROCKER PANEL OUTER RH, FENDER PANEL REAR RH, TAILLAMP PANEL RH, EXHAUST REAR, EXHAUST CAP REAR, DOOR HINGE UPPER RH, DOOR HINGE LOWER RH AND DOOR LOCK REAR RH.		4,200.00	600.00
	TO TRANSFER OF BOOTLID FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO REPAIR AND REALIGN REAR EXHAUST PIPE.	NOT NECESSARY	170.00	-
	TOWING FEES.	NOT NECESSARY	120.00	-
	TO TRANSFER OF REAR FENDER FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.		380.00	80.00
	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO TRANSFER OF DOOR FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.		170.00	120.00
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO DISMANTLE AND REFIT REAR UNDERCARRIAGE PARTS, FINAL CHECKING AND TESTING.	NOT NECESSARY	380.00	-
			10,990.00	1,800.00
GRAND TOTAL			37,285.96	7,055.39
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				5,650.00

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KONG SENG CHEONG

Licensed Appraiser

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