

ASS. REC. BY:

REF:

TP / CS/TP18001977/Kgbnz

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop n/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

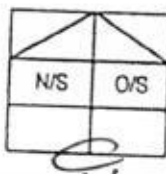
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lump Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHD 97466 Yr Regn: 12, 13

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

Truck / Trailer or

Make:

Perault Latitude cc 1985

Colour

M. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

410207

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC 276157

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Modl: M / S / Rim / STD A / Rim or

Tyre Size:

F: Giti 215/60R16

R: Falken

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

7 mm

Rear

R/Bal.

7 mm

L/Bal.

7 mm

L/Bal.

7 mm

D.O.A.

27/1/18

D.O.I.

31/1/18

Survey held at

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

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

Date / Time

Action / Instruction

1/2 File pass to Catherine

L1 By @ 24501 (Red to 34248.72, 93/1)

no survey photo

SHD 97466 - (03/AXA17018124 / Khbzq)

1/2/2018

DCA: 15092018

Date/Time, File Pass to?

☐

Prell. Report

☐

Final Report

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

26X15: 390

170 + 390
50

9

80

609

Report Format:

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

78

2450




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/TP18001977/Kqb		
NO.2 ANG MO KIO STREET 63SINGAPORE 569111		Date : 01-02-2018		
		Code : TP378		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHD 9746G	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		31/01/2018	
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	27/01/2018	Inspection Date	31/01/2018	
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.: *C/TP18021977/Kqb*
 Policy Type: OD / TP / RES / TL / EVA

SPD 9746G

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
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
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<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

(2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

<input checked="" type="checkbox"/>	<input type="checkbox"/>
-------------------------------------	--------------------------

(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

<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

(4) System - (Views/Merimen)

- C Resurvey photo Uploaded

<input type="checkbox"/>	<input type="checkbox"/>
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Check By:

[Signature] *01/2/18*

Case Handler

Date

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHD9746G
Vehicle to be Exported:	Yes
Intended De-registration Date:	31 Jan 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000717
Chassis No.:	VF1ABL15AUC276157
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	04 Dec 2013
First Registration Date:	04 Dec 2013
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Dec 2021
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	

COE Expiry Date:	03 Dec 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$62,740.00
COE Rebate Amount:	\$30,126.00
Total Rebate Amount:	\$39,499.00
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 31 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 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	30/01/2018 13:12
Date Of Accident	27/01/2018 09:35
Exact Location Of Accident	WOODLANDS AVE 12 BEFORE WOODLANDS AVE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9746G
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	GUNA SHEKERAN S/O VIJAYAN
NRIC No	S1375342C
Date Of Birth	17/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	04/03/1993
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96182864
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 429 BUKIT PANJANG RING RD #04-715
Postcode	670429
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	YES
Foreign Vehicle Registration Number	ADA6324 (MOTORCYCLE)
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?	YES
If Yes, Please state which Police Station	
Police Station Name	BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 42 FAJAR ROAD , POSTCODE: 679005 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8929999 - FAX NO: 67673650
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT: T/20180129/2186

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	ADA6324
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	KAVERY MUNIANDY
NRIC/Passport Number	405285045
Contact Number	83455097
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

PASSENGER

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHD9746G

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.

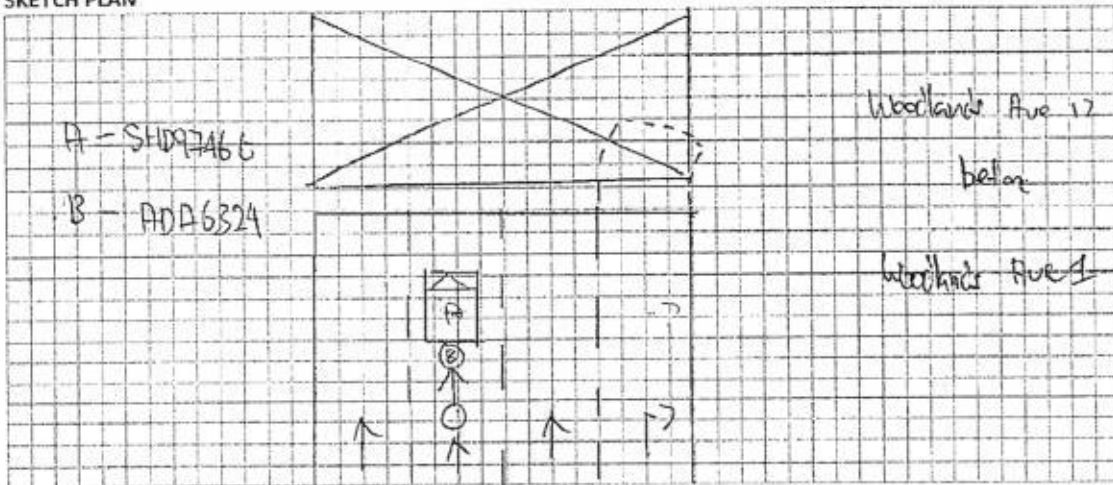
Policyholder's Signature
Date & Time:

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 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.:

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180129/2186

1 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180129/2186

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 29/01/2018 22:25		Vide Report No.:		Station Diary No.: 146	
Informant's Particulars					
Name of Informant: GUNA SHEKERAN S/O VIJAYAN			Address: APT BLK 429 BUKIT PANJANG RING ROAD #04-715 SINGAPORE 670429		
ID Type / ID No.: NRIC NO / S1375342C			Contact No.: Home/Office: Mobile: 96182864		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 17/11/1959	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 27/01/2018 09:35	Type of Location: Straight Road
Location: Along Road 1 WOODLANDS AVENUE 12 towards town				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
ADA6324	Motorcycle				Slightly Damaged	0
SHD9746G	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20180129/2186

2 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180129/2186

CONTINUATION OF REPORT

Rider			
Name	Kavery Muniandy	ID No.	405285045
Related Vehicle	ADA6324 (Motorcycle)	Contact No.	83455097
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	GUNA SHEKERAN S/O VIJAYAN	ID No.	S1375342C
Related Vehicle	SHD9746G (Car)	Contact No.	96182864
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 27th January 2018 at about 0935hrs, I was driving my transcab taxi SHD9746G along Woodlands avenue 12 heading towards town area. I had picked up lady passenger from woodlands and she was travelling to Sengkang Fire Station. It was a clear weather and the traffic was moderate. As I was driving, I approached a traffic light at Woodlands avenue 1. The traffic light was green and in favor of vehicles. Suddenly the traffic light turned amber and there was a comfort taxi in front of my vehicle which quickly braked. I was quite near to the taxi when I had also braked and I did not hit the taxi in front of me. There was also a lady motorcyclist who was riding behind my vehicle, who could not stop in time and collided with the rear of my taxi. There was only slight scratches to the rear of my taxi. The motorbike was slightly damaged. All of us did not suffer any injuries at the point of time and decided to exchange particulars and report the matter to our companies. No one was conveyed to hospital. There is a car cam in my taxi which had recorded the whole incident. I was informed by my company to lodge a police report as my passenger had reported the matter to her insurance company.



**SINGAPORE
POLICE FORCE**



T/20180129/2186

3 of 3

Police Station Of Origin:
Bukit Panjang N.P.C
1 Segar Road #01-05 SINGAPORE 677738
Tel No: 1800-8929999

Report No. T/20180129/2186

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J /

Staff Sgt TAMILLMAARAN S/O LETCHMANAN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

29/01/2018 22:25

Officer In Charge Of Case:

TP / AEIT /

SSI GOH GEOK-LYE

Contact No: 65474148

Classification Of Case:

SN 117

Authentication Stamp

NP168

Singapore Police Force

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

SHD9746G -**AAD1801-330***Not Authorized**L1 Sm 824501*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHD9746G - JHOW

VF1ABL15AUC276157

RENAULT

LATITUDE

27.01.2018

MALAYSIAN**PART****LIST**

1	1	BUMPER COVER REAR	\$	<i>Bumper</i> 1,108.46 ✓
2	1	BUMPER LOWER REAR	\$	<i>nd/w</i> 768.84 ✓
3	1	BUMPER BRACKET CTR REAR	\$	<i>Sm</i> 113.47 X
4	1	BUMEPR BRACKET SIDE RH REAR	\$	<i>Sm</i> 135.97 X
5	1	BUMEPR RETAINER RH REAR	\$	<i>Sm</i> 44.99 X
6	1	BUMPER REFLECTOR RH	\$	<i>Sm</i> 43.61 X
7	1	BUMEPR BRACKET SIDE LH REAR	\$	<i>Sm</i> 135.97 X
8	1	BUMEPR RETAINER LH REAR	\$	<i>Sm</i> 44.99 X
9	1	BUMPER REFLECTOR LH	\$	<i>Sm</i> 43.61 X
10	1	BUMPER BEAM REAR	\$	<i>R</i> 777.52 ✓
11	1	BUMPER BEAM BRACKET LH REAR	\$	<i>R</i> 225.95 X
12	1	BUMPER BEAM BRACKET RH REAR	\$	<i>R</i> 225.95 X
13	1	BOOT REAR	\$	<i>R</i> 2,872.68 }
14	1	BOOT FINISHER	\$	<i>Sm</i> 470.06 }
15	1	BOOT WHEATERSTRIP	\$	<i>Sm</i> 323.05 }
16	1	BOOT REFLECTOR LAMP LH	\$	<i>Sm</i> 493.35 }
17	1	BOOT REFLECTOR LAMP RH	\$	<i>Sm</i> 493.35 }
18	1	BOOT BADGE 'RENAULT'	\$	<i>R</i> 225.36 }
19	1	BOOT BADGE	\$	<i>R</i> 225.36 }
20	1	BOOT SWITCH	\$	<i>Sm</i> 168.13 }
21	1	BOOT LOCK	\$	<i>R</i> 202.67 } X
22	1	BOOT LOCK CATCH	\$	<i>R</i> 74.40 }
23	2	LICENCE PLATE LAMP	\$	<i>Sm</i> 50.52 }
24	2	BOOT RUBBER PLUG	\$	<i>Sm</i> 221.81 }
25	1	FENDER PANEL REAR LH	\$	<i>R</i> 3,299.13 }
26	1	WHEELARCH REAR LH	\$	<i>Sm</i> 543.47 }
27	1	FENDER PANEL REAR RH	\$	<i>R</i> 3,299.13 }
28	1	WHEELARCH REAR RH	\$	<i>Sm</i> 543.47 }
29	1	TAILLAMP RH	\$	<i>Sm</i> 552.55 }
30	1	TAILLAMP PANEL RH	\$	<i>R</i> 986.70 }
31	1	TAILLAMP LH	\$	<i>Sm</i> 552.55 }
32	1	TAILLAMP PANEL LH	\$	<i>R</i> 986.70 }
33	1	OUTER PANEL REAR (End Panel)	\$	<i>R</i> 1,471.77 }
34	1	OUTER PANEL REAR (End Panel)TRIM	\$	<i>Sm</i> 404.56 }

TRANS-CAB AUTO SERVICES PTE LTD

AAD1801-330

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHD9746G -

35	1	EXHAUST REAR	\$	<i>R</i> 7,489.05 <i>X</i>
36	1	EXHAUST CAP REAR	\$	<i>R</i> 230.49 <i>X</i>

TOTAL	\$	<u>29,849.67</u>
10%	\$	<u>2,984.97</u>
	\$	<u>26,864.70</u>

Special Nett

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

TOTAL	\$	<u>2,124.02</u>
TOTAL PARTS	\$	<u>28,988.72</u>

Putty And Spray Painting Of The Affected Portion. *229*
\$ 3,000.00

Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same *2001*
\$ 2,800.00

To Rust-Proofing Of The Affected Areas. *Rn* 170.00 *X*
\$

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SHD9746G -

To reinstall rear bumper parking sensor.	\$	170.00 <i>601</i>
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	<i>nn</i> 170.00 X
To repair and realign rear exhaust pipe.	\$	<i>nn</i> 170.00 X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	<i>nn</i> 170.00 X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00 X
To transfer of rear fender fittings, attachment and perform water seepage test.	\$	<i>nn</i> 380.00 X
Towing Fees	\$	<i>nn</i> 120.00 X
To transfer of rear windscreen fittings and conduct water seepage test.	\$	<i>nn</i> 170.00 X
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00 X

TOTAL \$ 7,710.00**Over All Total \$ 36,698.72****(PARTS BY PARTS)****Repair Days*****10 Days******2 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/TP18001977/Kqbn2	
NO.2 ANG MO KIO STREET 63 SINGAPORE 569111			Date : 06-02-2018	
			Code : TP378	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.		Veh. Inspected		SHD 9746G
Policy No.		Coverage (\$)		0.00
Claim No.		Excess (\$)		0.00
Assign From		Assign Date		31/01/2018
2. Vehicle Particulars & Condition				
Make & Model		RENAULT LATITUDE (A)	c.c	1995
Engine No.		HIDDEN	Year of Reg.	2013
Chassis No.		VF1ABL15AUC276157	Colour	METALLIC WHITE / RED
Odometer		410207	Steering	IN ORDER
Brakes		IN ORDER	Modification	NIL
General		GOOD		
3. Conditions of Tyres				
		Size	Make	Balance
	R/H Front Tyre	215/60 R16	GITI	7 mm
	L/H Front Tyre	215/60 R16	GITI	7 mm
	R/H Rear Tyre	215/60 R16	FALKEN	7 mm
	L/H Rear Tyre	215/60 R16	FALKEN	7 mm
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date		27/01/2018	Inspection Date	31/01/2018
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.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:			2 Working Days	



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Page No.: 1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 9746G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER COVER REAR	BUCKLED / DENTED	1,108.46	1,108.46
1	BUMPER LOWER REAR	DENTED / CUT	768.84	768.84
1	BUMPER BRACKET CTR REAR	SERVICEABLE	113.47	-
1	BUMPER BRACKET SIDE RH REAR	SERVICEABLE	135.97	-
1	BUMPER RETAINER RH REAR	SERVICEABLE	44.99	-
1	BUMPER REFLECTOR RH	SERVICEABLE	43.61	-
1	BUMPER BRACKET SIDE LH REAR	SERVICEABLE	135.97	-
1	BUMPER RETAINER LH REAR	SERVICEABLE	44.99	-
1	BUMPER REFLECTOR LH	SERVICEABLE	43.61	-
1	BUMPER BEAM REAR	BENT	777.52	777.52
1	BUMPER BEAM BRACKET LH REAR	TO REPAIR SEE LABOUR	225.95	-
1	BUMPER BEAM BRACKET RH REAR	TO REPAIR SEE LABOUR	225.95	-
1	BOOT REAR	TO REPAIR SEE LABOUR	2,872.68	-
1	BOOT FINISHER	SERVICEABLE	470.06	-
1	BOOT WEATHERSTRIP	SERVICEABLE	323.05	-
1	BOOT REFLECTOR LAMP LH	SERVICEABLE	493.35	-
1	BOOT REFLECTOR LAMP RH	SERVICEABLE	493.35	-
1	BOOT BADGE "RENAULT"	NOT NECESSARY	225.36	-
1	BOOT BADGE	NOT NECESSARY	225.36	-
1	BOOT SWITCH	SERVICEABLE	168.13	-
1	BOOT LOCK	TO REPAIR SEE LABOUR	202.67	-
1	BOOT LOCK CATCH	TO REPAIR SEE LABOUR	74.40	-
2	LICENCE PLATE LAMP	SERVICEABLE	50.52	-
2	BOOT RUBBER PLUG	SERVICEABLE	221.81	-
1	FENDER PANEL REAR LH	TO REPAIR SEE LABOUR	3,299.13	-
1	WHEELARCH REAR LH	SERVICEABLE	543.47	-
1	FENDER PANEL REAR RH	TO REPAIR SEE LABOUR	3,299.13	-
1	WHEELARCH REAR RH	SERVICEABLE	543.47	-

Report Ref No. CS/TP18001977/Kqbn2



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

Page No.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	TAILLAMP RH	SERVICEABLE	552.55	-
1	TAILLAMP PANEL RH	TO REPAIR SEE LABOUR	986.70	-
1	TAILLAMP LH	SERVICEABLE	552.55	-
1	TAILLAMP PANEL LH	TO REPAIR SEE LABOUR	986.70	-
1	OUTER PANEL REAR (END PANEL)	TO REPAIR SEE LABOUR	1,471.77	-
1	OUTER PANEL REAR (END PANEL) TRIM	SERVICEABLE	404.56	-
1	EXHAUST REAR	TO REPAIR SEE LABOUR	7,489.05	-
1	EXHAUST CAP REAR	TO REPAIR SEE LABOUR	230.49	-
	LESS 10% DISCOUNT		-2,984.96	-265.48
			26,864.68	2,389.34
	<u>SPECIAL NETT ITEMS</u>			
1	SET PARKING AID (SN)	SERVICEABLE	700.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	66.00	66.00
1	SET BUMPER BRACKET CTR CLIP (SN)	NECESSARY	33.00	33.00
1	SET BUMPER BRACKET SIDE CLIP RH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER RH CLIP RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER BRACKET SIDE CLIP LH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER CLIP LH RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER LOWER REAR RIVET (SN)	NOT NECESSARY	22.00	-
1	SET BUMPER LOWER REAR CLIP (SN)	NECESSARY	66.00	66.00
1	EXHAUST MOUNTING REAR (SN)	SERVICEABLE	17.82	-
1	SET BOOT FINISHER CLIP (SN)	NOT NECESSARY	24.20	-
1	BOOT STICKER "TRANS-CAB" (SN)	NOT NECESSARY	30.00	-
1	BOOT STICKER "6555-3333" (SN)	NOT NECESSARY	30.00	-
1	SET FENDER WHEELARCH REAR RH CLIP (SN)	NOT NECESSARY	35.00	-
1	SET FENDER WHEELARCH REAR LH CLIP (SN)	NOT NECESSARY	35.00	-
1	TAILLAMP CLIP RH (SN)	NOT NECESSARY	5.00	-
1	TAILLAMP CLIP LH (SN)	NOT NECESSARY	5.00	-
2	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	80.00	-
1	WINDSCREEN MOULDING (SN)	NOT NECESSARY	100.00	-
1	REAR WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	100.00	-
1	SPARE TYRE RIM (ROUE 7J 16H 2547)(SN)	SERVICEABLE	385.00	-

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Page No.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SPARE TYRE (SN)	SERVICEABLE	330.00	-
			2,124.02	165.00
	LABOUR			
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		3,000.00	220.00
	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF BUMPER BEAM BRACKET LH REAR,BUMPER BEAM BRACKET RH REAR,BOOT REAR,BOOT LOCK,BOOT LOCK CATCH,FENDER PANEL REAR LH,FENDER PANEL REAR RH,TAILLAMP PANEL RH,TAILLAMP PANEL LH,OUTER PANEL REAR (END PANEL),EXHAUST REAR AND EXHAUST CAP REAR.		2,800.00	200.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	60.00
	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	-
	TO DROP REAR EXHAUST BOX,RENEW THE SAME,TO REPAIR AND REALIGN CENTRE EXHAUST PIPE.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR END PANEL FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TOWING FEES.	NOT NECESSARY	120.00	-
	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
			7,710.00	480.00
GRAND TOTAL			36,698.70	3,034.34

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,450.00
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Report Ref No. CS/TP18001977/Kqbn2

KONG SENG CHEONG

Licensed Appraiser

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