

ASS. REC. BY:

REF: TM / CC3 / TMU8002309 / Kvb02

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured

Policy No.

Claims No.

Sum Insured:

(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:

GIA / PR. Seen:

Est. Repairs:

Lum Sum:

Consistent? : Yes or No

Consistent? : Yes or No

Res.: Yes or No

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted

Vehicle: IN / OUT

Date / Time

Action / Instruction

6/2 File pass to Catherine

SHC 5805B - X

SLP 8141Y - X

6/2/18
25/6/18

Email GIA to Shirley

Final fig

\$ 11,741.08

(Red 27,643.87, 709)

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.A.

Survey held at

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

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

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

Days Of Repair:

Resurvey No. of Trip:

Survey Fee

Transportation

S + RS \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

250

10

260

Report Format:

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

merimen

11,741.08

Survey Department Check List (Case Handler)

Reference No.: CC3/TMI/8002309/Kvb
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

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

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (): 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: VERON 25/6/18
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014



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

TOKIO MARINE INSURANCE SINGAPORE LTD

Ref : CC3/TMI18002309/Kvb

20 MCCALLUM STREET #09-01
TOKIO MARINE CENTRESINGAPORE 069046

Date : 06-02-2018



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLP 8141Y	Veh. Inspected	SHC 5805B
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	05/02/2018

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

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5. General Information

Accident Date	01/02/2018	Inspection Date	05/02/2018
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.
--

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Feb 2018		07 Feb 2018 09:51 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS				[Created by insurer]	
Insured:	PROTESINGAPORE, Co. Reg. No.: 53323305D				
Main Claimant:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K				
Vehicle Reg. No.:	SHC5805B	Date of Loss:	01/02/2018 10:00 - :59		
Claim Type:	TP / M1800696	Policy/Cover Note No.:	M1001026 (Comprehensive) Coverage: 19/06/2017 - 18/06/2018		
Vehicle Reg. No. (Insured):	SLP8141Y	Policy No. (Claimant):			
		Excess:	S\$2,000.00		
Repairer:	Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63, 569111 Ang Mo Kio - Tel: 62876666				
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Pauline Tham]				
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 19/02/2018]				
Driver/Custodian (Insured):	TAN YEW MENG (), NRIC: S1581614G, Tel: +6596399062				

ASSOCIATED MAIL RECEIVED	View All	Compose Case Mail
There are no mail for this case.		

ALL ASSOCIATED TASKS										View All	Search Tasks	Create New Task	Complete
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?				
No results.													

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 6 February 2018 12:33 PM
To: 'Too Joon Hwa'
Cc: SUR; priscilla@tokiomarine.com.sg
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 1/2/2018, SHC 5805B (TP VEHICLE), SLP 8141Y (OI VEHICLE)
Attachments: EST.pdf; GIA.pdf; POLICE REPORT.pdf

Dear Shirley,

Please be informed that we had inspected the vehicle SHC 5805B M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 5/2/2018

Enclosed herewith a copy of TP's GIA report, police report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHC5805B
Vehicle to be Exported:	Yes
Intended De-registration Date:	01 Feb 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002746
Chassis No.:	VF1ABL15AUC281679
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	03 Aug 2015
First Registration Date:	03 Aug 2015
Transfer Count:	0
Actual ARF Paid:	\$19,998.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	02 Aug 2023
PARF Rebate Amount:	\$14,998.00
Intended COE Rebate Details	

COE Expiry Date:	02 Aug 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,236.00
COE Rebate Amount:	\$34,554.00
Total Rebate Amount:	\$49,552.00

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 01 Feb 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	01/02/2018 15:37
Date Of Accident	01/02/2018 10:20
Exact Location Of Accident	HAVELOCK ROAD TOWARDS NEW BRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5805B
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	KHOR SAM SAI
NRIC No	S2503838Z
Date Of Birth	24/02/1953
Occupation	OUTDOOR
Date Of Driving Pass	06/11/1978
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90606223
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 6 TOH YI DRIVE #14-263
Postcode	590006
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	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	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20180201/2136

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	SLP8141Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KHOR SAM SAI

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5805B

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:

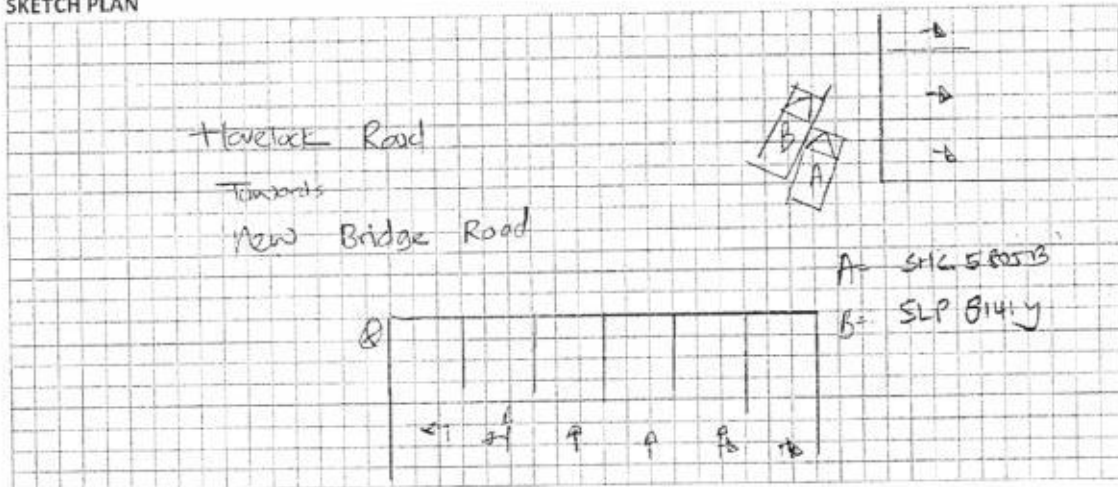
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police 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/20180201/2136

1 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4649999

Report No. T/20180201/2136

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 01/02/2018 17:08	Vide Report No.: T/20180201/2094	Station Diary No.: 84
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Informant's Particulars

Name of Informant: KHOR SAM SAI			Address: APT BLK 6 TOH YI DRIVE #14-263 SINGAPORE 590006	
ID Type / ID No.: NRIC NO / S2503838Z			Contact No.:	Mobile: 90606223
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 64	Date of Birth: 24/02/1953	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:	

General Information of the Accident

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 01/02/2018 10:20	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 HAVELOCK ROAD NEW BRIDGE ROAD Beside Furama City Centre.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5805B	Car				Slightly Damaged	1
SLP8141Y	Car				Slightly Damaged	0

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20180201/2136

2 of 3

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

Report No. T/20180201/2136

CONTINUATION OF REPORT

Driver			
Name	KHOR SAM SAI		ID No. S2503838Z
Related Vehicle	SHC5805B (Car)		Contact No. 90606223
Hospital/Clinic	DOCTORS INC MEDICAL GROUP		Class of Driving Licence & Expiry Date Class: 2B,2A,2,3 Date of Expiry: NIL
Date Treatment	01/02/2018	Date Discharge	01/02/2018
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On 01/02/2018 at about 1020hrs, I was traveling on the right most lane of the five (one-way) lanes along Havelock Road towards Upper Pickering Street. I had a passenger onboard my taxi.

I had then stopped my vehicle in the pocket of the cross junction before turning right to New Bridge Road. As we were moving off, the vehicle on the second lane (beside mine) tried to cut into my lane and as a result had side swiped my vehicle on the left side. Both our vehicles suffered dents and scratches, mine on the left and the other driver's on the right. My front left headlight was broken as well.

No particulars were exchanged. The accident was not attended by Traffic Police or ambulance. No one was injured at the point of accident. There was no in-car camera in either vehicle.

Subsequently I felt pain on the left side of my neck and back as such I went to consult the doctor and was given 3 days of medical leave.



**SINGAPORE
POLICE FORCE**



T/20180201/2136

3 of 3

Report No. T/20180201/2136

Police Station Of Origin:
Ang Mo Kio North N.P.C
51 Ang Mo Kio Avenue 9 SINGAPORE
569784
Tel No: 1800-4849999

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:

F./
Sgt 1 YEO JUN BIN

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
01/02/2018 17:08

Officer In Charge Of Case:

TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

S11045

Classification Of Case:

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

SHC5805B -**AAD1802-010**

Not Authair
Resumy B4 painting ~~\$ 11,691.08~~
\$ 11,741.08

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

SHC 5805B - CANDY
VF1ABL15AUC283195
RENAULT
LATITUDE
01.02.2018
TOKIO

PART**LIST**

1	1	BUMPER COVER FRT	\$	<i>CMS</i> 1,259.42 ✓
2	1	BUMPER ABSORBER FRT	\$	<i>Sn</i> 394.68 X
3	1	BUMPER BEAM FRT	\$	<i>R</i> 914.08 X
4	1	BUMPER SPOILER FRT	\$	<i>Sn</i> 181.75 X
5	1	BUMPER GRILLE LOWER FRT	\$	<i>Sn</i> 266.80 X
6	1	BUMPER FOG LAMP GRILLE LH	\$	<i>Sn</i> 207.22 ✓
7	1	BUMPER RETAINER FRT LH	\$	<i>CMS</i> 151.41 ✓
8	1	BUMPER BRACKET FRT LH	\$	<i>R</i> 181.75 X
9	1	HEADLAMP LH	\$	<i>CMS</i> 1,184.43 ✓
10	1	HEADLAMP PANEL FRT LH	\$	<i>R</i> 152.15 X
11	1	FENDER PANEL FRT LH	\$	<i>R</i> 783.83 ✓
12	1	FENDER INSULATOR LH	\$	<i>Sn</i> 130.84 X
13	1	FENDER BRACKET FRT LH	\$	<i>R</i> 34.14 X
14	1	WHEELARCH FRT LH	\$	<i>T</i> 278.84 ✓
15	1	AIR CLEANER LOWER	\$	<i>Sn</i> 352.64 X
16	1	AIR CLEANER HOSE	\$	<i>Sn</i> 76.14 X
17	1	RADAIOR GRILLE	\$	<i>mg CMS</i> 1,707.78 ✓
18	1	RADAIOR GRILLE BADGE 'RENAULT'	\$	<i>R</i> 173.36 ✓
19	1	RADAIOR GRILLE FRAME	\$	<i>CMS</i> <i>R</i> 1,353.75 ✓
20	1	FRAME FULL SUPPORT PANEL	\$	<i>Sn</i> 615.90 X
21	1	FRAME FULL SUPPORT BRACKET	\$	<i>R</i> 89.79 X
22	1	BONNET	\$	<i>R</i> 1,941.63 ✓
23	1	BONNET HINGE LH	\$	<i>R</i> 348.31 X
24	1	BONNET HINGE RH	\$	<i>R</i> 348.31 X
25	1	WHEEL HOUSING PANEL FRT LH	\$	<i>R</i> 5,173.47 X
26	1	LOWER ARM LH	\$	<i>R</i> 685.76 ✓
27	1	KUNCKLE ARM LH	\$	<i>R</i> 846.98 X
28	1	ABSORBER FRT LH	\$	<i>R</i> 360.54 ✓
48	1	AIR CLEANER LOWER	\$	<i>mi</i> 271.26 ✓
49	1	AIR CLEANER HOSE	\$	<i>CMS</i> 76.14 ✓
51	1	AUTO COMPUTER	\$	<i>Sn</i> 5,032.17 X
52	1	STEERING PUMP ELECTRIC	\$	<i>NU</i> 2,306.90 ✓
29	1	DOOR PANEL FRT LH	\$	<i>R</i> 2,844.66 X
30	1	DOOR MIRROR LH	\$	<i>R</i> 1,483.40 X

TRANS-CAB AUTO SERVICES PTE LTD

AAD1802-010

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHC5805B -

31	1	DOOR MIRROR GLASS LH	\$	<i>sn</i>	148.20	X
32	1	DOOR MIRROR BACK COVER LH	\$	<i>sn</i>	218.46	X
33	1	ROCKER PANEL OUTER LH	\$	<i>sn</i>	987.49	X

TOTAL	\$	<u>33,564.39</u>
10%	\$	<u>3,356.44</u>
	\$	<u>30,207.95</u>

Specical Nett

1	1SET	WHEELARCH CLIP FRT LH	\$	<i>nn</i>	66.00	—
2	1SET	FRONT BUMPER CLIP	\$	<i>nn</i>	66.00	—
3	1	RIM LH FRT	\$	<i>nn</i>	385.00	✓
4	1	TYRE LH FRT	\$	<i>sn</i>	330.00	X
5	1	DOOR STICKER "Trans-cab"	\$	<i>nn</i>	80.00	X
6	1	DOOR STICKER "Classic"	\$	<i>nn</i>	30.00	X
7	1	DOOR STICKER "6555-3333"	\$	<i>nn</i>	80.00	X
8	1	FENDER ADVERTISEMENT STICKER FRT LH	\$	<i>nn</i>	300.00	150 <i>sn</i>
9	1	DOOR ADVERTISEMENT STICKER FRT LH	\$	<i>nn</i>	300.00	X

TOTAL	\$	<u>1,637.00</u>
TOTAL PARTS	\$	<u>31,844.95</u>

To Check Electrical Lighting Concerned.	\$	170.00	<i>201</i>
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,800.00	<i>500</i>
Putty and spray painting of the affected portion.	\$	3,000.00	<i>700</i>
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	<i>nn</i> 170.00	X
To transfer of tire, rim and on wheel balancing.	\$	170.00	<i>201</i>
To check steering geometry and computer wheel alignment	\$	220.00	<i>601</i>
To Remove And Refit Front W/Screen Glass To Facilitate Bodywork Repair.	\$	<i>nn</i> 170.00	X
To transfer of door fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00	X

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SHC5805B -

Towing fees	\$	120.00	501
To rust-proofing of the affected areas.	\$	170.00	301
To dismantle and refit front end suspension, undercarriage parts, final checking and testing.	\$	380.00	1601

TOTAL \$ 7,540.00**Over All Total \$ 39,384.95****(PARTS BY PARTS) Repair Days**~~10 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 (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/TMI18002309/KVBN2

Date: 27/06/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MI001026
Claimant Vehicle No :	SHC5805B	Insured Vehicle No :	SLP8141Y
Date of Loss:	01/02/2018	Nature of Claim:	TP
		Claim No:	M1800696

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC5805B	Engine No:	M9R8839C002746
Make & Model:	RENAULT LATITUDE, 2.0 L (A)	Chassis No:	VF1ABL15AUC281679
Reg. Date:	03/08/2015 (Man. Year: 2015)	Odometer:	439672 km
Colour:	Metallic White/Red		
Engine Capacity:	1995 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	Giti 6 mm	Rear Left Side:	Giti 8 mm
Front Right Side:	Giti 6 mm	Rear Right Side:	Giti 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	31,844.94	10,201.08	21,643.86	67.97
Miscellaneous Items	0.00	0.00	0.00	
Labour	7,540.00	1,540.00	6,000.00	79.58
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	39,384.94	11,741.08	27,643.86	70.19
+ GST 7.00/7.00% (S\$)	2,756.95	821.88	1,935.07	70.19
Nett Amount (S\$)	42,141.89	12,562.96	29,578.93	70.19

INSPECTION

Date of Assignment:	07/02/2018	
Date Inspected:	05/02/2018 Inspected At:	Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63 Singapore 569111

Estimated Period of Repair: 4.0 days

Adjuster: KENNETH KONG

Manager: VERON CHEN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 27 Jun 2018)
Parts: 143	RENAULT LATITUDE 2.0 L (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHC5805B)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*BUMPER COVER FRT	Cracked	1,259.42 FL	*1,259.42 FL
2	1		*BUMPER ABSORBER FRT	Serviceable	394.68 FL	*- FL
3	1		*BUMPER BEAM FRT	Repair	914.08 FL	*- FL
4	1		*BUMPER SPOILER FRT	Serviceable	181.75 FL	*- FL
5	1		*BUMPER GRILLE LOWER FRT	Serviceable	266.80 FL	*- FL
6	1		*BUMPER FOG LAMP GRILLE LH	Serviceable	207.22 FL	*- FL
7	1		*BUMPER RETAINER FRT LH	Cracked	151.41 FL	*151.41 FL
8	1		*BUMPER BRACKET FRT LH	Repair	181.75 FL	*- FL
9	1		*HEADLAMP LH	Cracked	1,184.43 FL	*1,184.43 FL
10	1		*HEADLAMP PANEL FRT LH	Repair	152.15 FL	*- FL
11	1		*FENDER PANEL FRT LH	Bent	783.83 FL	*783.83 FL
12	1		*FENDER INSULATOR LH	Serviceable	130.84 FL	*- FL
13	1		*FENDER BRACKET FRT LH	Repair	34.14 FL	*- FL
14	1		*WHEELARCH FRT LH	Torn	278.84 FL	*278.84 FL
15	1		*AIR CLEANER LOWER	Serviceable	352.64 FL	*- FL
16	1		*AIR CLEANER HOSE	Serviceable	76.14 FL	*- FL
17	1		*RADIATOR GRILLE	Mtg Cracked	1,707.78 FL	*1,707.78 FL
18	1		*RADIATOR GRILLE BADGE RENAULT	Necessary	173.36 FL	*173.36 FL
19	1		*RADIATOR GRILLE FRAME	Cracked	1,353.75 FL	*1,353.75 FL
20	1		*FRAME FULL SUPPORT PANEL	Serviceable	615.90 FL	*- FL
21	1		*FRAME FULL SUPPORT BRACKET	Repair	89.79 FL	*- FL
22	1		*BONNET	Repair	1,941.63 FL	*- FL
23	1		*BONNET HINGE LH	Repair	348.31 FL	*- FL
24	1		*BONNET HINGE RH	Repair	348.31 FL	*- FL
25	1		*WHEEL HOUSING PANEL FRT LH	Repair	5,173.47 FL	*- FL
26	1		*LOWER ARM LH	Bent	685.76 FL	*685.76 FL
27	1		*KNUCKLE ARM LH	Serviceable	846.98 FL	*- FL
28	1		*ABSORBER FRT LH	Bent	360.54 FL	*360.54 FL
29	1		*AIR CLEANER LOWER	Missing	271.26 FL	*271.26 FL
30	1		*AIR CLEANER HOSE	Cracked	76.14 FL	*76.14 FL
31	1		*AUTO COMPUTER	Serviceable	5,032.17 FL	*- FL
32	1		*STEERING PUMP ELECTRIC	Dented	2,306.90 FL	*2,306.90 FL
33	1		*DOOR PANEL FRT LH	Repair	2,844.66 FL	*- FL
34	1		*DOOR MIRROR LH	Repair	1,483.40 FL	*- FL
35	1		*DOOR MIRROR GLASS LH	Serviceable	148.20 FL	*- FL
36	1		*DOOR MIRROR BACK COVER LH	Serviceable	218.46 FL	*- FL
37	1		*ROCKER PANEL OUTER LH	Repair	987.49 FL	*- FL
38	1		*SET WHEELARCH CLIP FRT LH	Necessary	66.00 FS	*66.00 FS
39	1		*SET FRONT BUMPER CLIP	Necessary	66.00 FS	*66.00 FS
40	1		*RIM LH FRT	Dented	385.00 FS	*385.00 FS
41	1		*TYRE LH FRT	Serviceable	330.00 FS	*- FS
42	1		*DOOR STICKER TRANS-CAB	Not Necessary	80.00 FS	*- FS
43	1		*DOOR STICKER CLASSIC	Not Necessary	30.00 FS	*- FS
44	1		*DOOR STICKER 6555-3333	Not Necessary	80.00 FS	*- FS

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
45	1		*FENDER ADVERTISEMENT STICKER FRT LH	Necessary	300.00 FS	*150.00 FS
46	1		*DOOR ADVERTISEMENT STICKER FRT LH	Not Necessary	300.00 FS	*- FS
F=Franchise part. S=SpcNett. L=ListItemDisc.						
				Sub Total (\$\$)	35,201.38	11,260.42
				- List Item Discount on L Items 10.00/10.00% (\$\$)	3,356.44	1,059.34
				Total Parts (\$\$)	31,844.94	10,201.08

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	2,800.00	500.00
2	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	700.00
3	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	20.00
4	TO TRANSFER OF FENDER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	-
5	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	20.00
6	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	60.00
7	TO REMOVE AND REFIT FRONT W/SCREEN GLASS TO FACILITATE BODYWORK REPAIR	New	170.00	-
8	TO TRANSFER OF DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	170.00	-
9	TOWING FEES	New	120.00	50.00
10	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	30.00
11	TO DISMANTLE AND REFIT FRONT END	New	380.00	160.00