

ASS. REC. BY:

REF: CS/FCI18002698/Krd3⁵² Special Instruction:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Serene Ter

of

FCI

Date/Time:

9/2/18 @ 9.03am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 5907R

Insured:

SHC 8769C

at Workshop m/s

Trans-Cab Auto

Tel:

G287 6666

of

No. 2 AMK Street 63

Policy No:

Claim No:

D18 001100 MFSTH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 04/02/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

wp

H.O.D. Endorsement:

Date/Time:

9.13am @ 9/2/18

Person Contacted:

Jiong how

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 5907R-X

SHC 8769C-CS/FCI17007873/Rlg3s2

D.O.A. 14/4/17

Sent preli thru email

REF:

FCI

ASSIGNMENT

From _____ Date 9/2/18

Estimated Cost: _____

OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐

To inspect Vehicle No: SHC 5907R

at Workshop m/s: Trans-Cab

of _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Est. or Market Value: _____

IDAQ Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res: Yes or No

Lum Sum: 1A1 \$ S Val: Yes or No

CA / REV / REP. / 24 HRS ^{up}

Date: _____ Person Contacted: _____ Vehicle IN / OUT

Veh No: SHC 5907R Vn Reg: 03 15

Type: M/Gent/M/Cycle / Bus/Van / Lorry ☒ Taxi / Prime Mover

Truck / Trailer or _____

Make: Pontiac Latitude ^{AI} 1995

Colour: White / R A/C Insured Std / NI / NA

Sp. Reading: 344948 T Radio Insured Std / NI / NA

Eng No: _____

C No: VFI ABC 15AUC 281424

Gen Cond: ☒ Good / Fair / Poor / Burnt

Steering: In order ☒ Jammed / Leaked / Burnt or

Brake: In order ☒ Jammed / Leaked / Burnt or

Mod: ☒ S/Rim / STD A/Rim or

Tyre Size: Ediken 205/60R16
big long

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

Front	Rear
R.Bal: <u>6</u> mm	R.Bal: <u>7</u> mm
L.Bal: <u>6</u> mm	L.Bal: <u>7</u> mm
D.O.A: <u>4/2/18</u>	D.O.A: <u>9/2/18</u>
Survey held at: _____	<input checked="" type="checkbox"/>
Des. of Damages: Frn / Rear / O/S / N/S / UIC / Rooftop or	
<u>o/s r/r</u>	
The UIC / Chassis frame / Body Structure affected due to collision	

Date Time Action / Instruction

12/2 FR 1451 to Carhake
B2620.51
Red. \$22813.65, 89%.

RECEIVED 13 FEB 2018

Date Time File Passer

typist

Date Time File Return

Days Of Repair: 2Resurvey No. of Trip: -

Survey Fee

Transportation

Lump Sum

Other

Date

Total

Report Format:

Lump Sum / I.E.

7P

2620.51

Add Fee:

Steel Ind: \$

Intercept: \$

Tech: \$

Access: \$

15X15 225

170+225

50

11

11

058

12/1/18

456



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				
FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI18002698/Krd3	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 09-02-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 8769C		Veh. Inspected	SHC 5907R
Policy No.			Coverage (\$)	0.00
Claim No.	D18001100MFSH		Excess (\$)	0.00
Assign From	CWS (SERENE LER)		Assign Date	09/02/2018
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				
5. General Information				
Accident Date	04/02/2018		Inspection Date	09/02/2018
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.				

MOTOR SURVEY ASSIGNMENT

Date	06-02-2018	Our Ref No. D18001100MFSH
Accident Date	04-02-2018	Claim Type. Third Party
Insured Vehicle	SHC8769C	Third Party Vehicle. SHC5907R
Survey Location	NO. 2 ANG MO KIO STREET 63	
Contact Person.	JIONG HOW NG	
Contact No.	62876666/ 0	Fax No. 62571330
Survey Type	WITHOUT PREJUDICE: EST PROVIDED - \$25,453.65	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	TRANS-CAB AUTO SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/234707)



PRI Documents



Close



PRI Header Details

Claim No	D18001100MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & TRANS-C/
Workshop Name	TRANS-CAB AUTO SERVICES PTE LTD (Contact Person : JIONG HOW NG)	Survey Location & Contact Details	NO. 2 ANG MO KIO STREET 63 Mobile: 0 , Phone: 62876666 , Fax: 62571330 EmailId: JIONGHOW.NG@TRANSCAB.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: EST PROVIDED - \$25,453.65		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC8769C	TP Vehicle No	SHC5907R
PRI Recieved Date	06-02-2018 08:40:09 PM	Surveyor Appointed Date	09-02-2018 09:02:23 AM	Surveyor Accept Date	09-02-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	09-02-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	Select Year ▼
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Remarks



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18001100MFSH

Our Ref: CS/FCI18002698/Krd3

The Motor Claims Department
First Capital Insurance Ltd

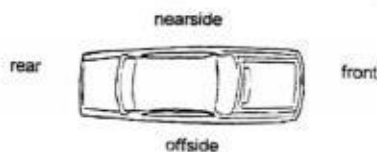
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SHC 5907R .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 09/02/2017 at the premises of M/s TRANS-CAB AUTO SERVICES PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ <u>25,453.65</u> .
Revised Estimate Amount	: S\$ <u>2,620.51</u> .
"Check" Items Amount	: S\$ <u> </u> .
Market Value	: S\$ <u> </u> .
LTA Reimbursement Value	: S\$ <u> </u> .
Nett Value	: S\$ <u> </u> .

Description of Damage:
The vehicle sustained damages
at o/s front portion.



Yours faithfully
KENNETH
Automotive Assessor

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	05/02/2018 08:55
Date Of Accident	04/02/2018 04:30
Exact Location Of Accident	CLAYMORE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5907R
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	KOH KIM KUAN
Work Permit No	S1010329J
Date Of Birth	23/04/1946
Occupation	OUTDOOR
Date Of Driving Pass	04/10/1963
Driving Experience	54 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92318712
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 25 EUNOS CRESCENT #06-3053
Postcode	400025
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 - OPENING DOOR OF VEHICLE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT : T/20180204/2079

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	SHC8769C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	WONG SHIN SUN
NRIC/Passport Number	S7580149A
Contact Number	98351023
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KOH KIM KUAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5907R

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:

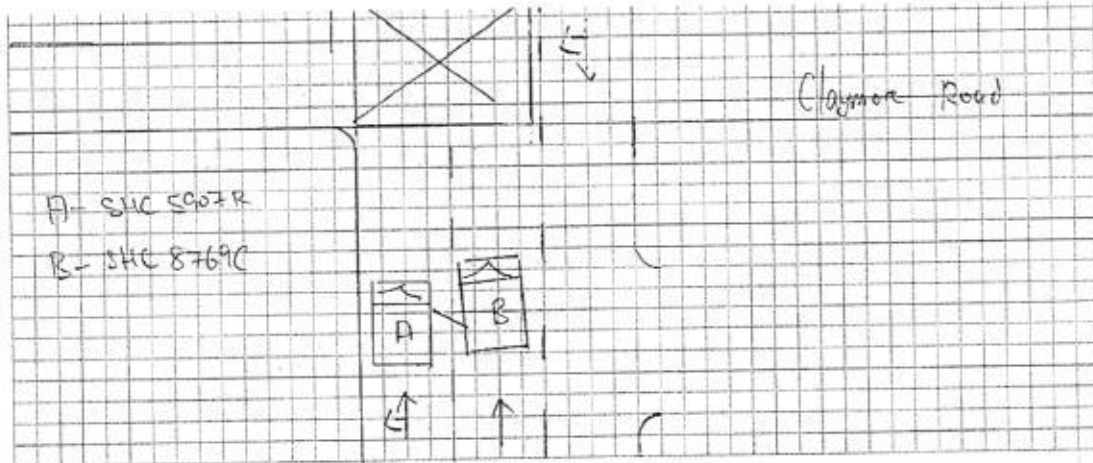
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Please refer to 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/20180204/2079

1 of 3

Police Station Of Origin:

Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE

310207

Tel No: 1800-2549999

Report No. T/20180204/2079

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/02/2018 14:38		Vide Report No.:		Station Diary No.: 10	
Informant's Particulars					
Name of Informant: KOH KIM KUAN			Address: APT BLK 25 EUNOS CRESCENT #06-3053 SINGAPORE 400025		
ID Type / ID No.: NRIC NO / S1010329J			Contact No.: Home/Office: Mobile: 92318712		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 71	Date of Birth: 23/04/1946	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B, 2A, 2, 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/02/2018 04:30	Type of Location: Straight Road
Location: Along Road 1 GLAYMORE DRIVE Singapore 559784 Claymore Road 4849999				
Accident occurred along Claymore Drive				
Weather: Clear		Road Surface: Dry	Road Speed Limit: 50 Km/h	
Traffic Flow: Dual Carriage Way		Traffic Control: Not Controlled	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
SHC5907R	TAXI				Slightly Damaged	0
SHC8769C	TAXI					1



**SINGAPORE
POLICE FORCE**



T/20180204/2079

2 of 3

Police Station Of Origin:

Boon Teck NPP

207 Toa Payoh North #01-1231 SINGAPORE

310207

Tel No: 1800-2549999

Report No. T/20180204/2079

CONTINUATION OF REPORT

Brief Details.

On 04/02/2018 at around 0430hrs, I was driving my red colour Transcab bearing registration no: SHC 5907R along Claymore Drive. I was driving slowing when another blue colour Comfort taxi bearing registration no: SHC 8769C came near towards my taxi on the right side. The rear left passenger suddenly swung open as such a minor collision occurred. The right side of my taxi collided into the rear left passenger door. The collision caused a dent mark on my right front body portion and the side mirror was also damaged.

The other taxi rear left passenger door was also damaged and could not be closed. We managed to exchange particulars.

Wong Shin Sun

S7580149A

98351023

SHC 8769C

After exchanging particulars we drove off. Afterwhich I felt some pain at the neck area and went to seek treatment at Mt Alvernia Hospital. I was then given 5days of MC. There is camera installed in my taxi which capture the accident.



**SINGAPORE
POLICE FORCE**



T/20180204/2079

3 of 3

Police Station Of Origin:
Boon Teck NPP
207 Toa Payoh North #01-1231 SINGAPORE
310207
Tel No: 1800-2549999

Report No. T/20180204/2079

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:

E /

Sgt 2 CHI WEI SIANG, DESMOND

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

04/02/2018 14:38

Officer In Charge Of Case:

TP / AEIT /

SSI KASMAWATI BTE SAMIAN

Contact No.: 65476179

Classification Of Case:

Authentication Stamp

NP168

SINGAPORE
POLICE FORCE

SN 062

SIGNATURE

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHC5907R
Vehicle to be Exported:	Yes
Intended De-registration Date:	06 Feb 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002641
Chassis No.:	VF1ABL15AUC281424
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	23 Mar 2015
First Registration Date:	23 Mar 2015
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Mar 2023
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	

COE Expiry Date:	22 Mar 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,092.00
COE Rebate Amount:	\$32,739.00
Total Rebate Amount:	\$42,112.00

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 06 Feb 2018

OK

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

SHC5907R -**AAD1802-028***Not Authorized**Return by 82620.51*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHC5907R - JHOW

VF1ABL15AUC281424

RENAULT

LATITUDE

04.02.2018

*FCIL***PART****LIST**

1	1	BUMPER COVER FRT	\$	<i>sn</i>	1,259.42	}
2	1	BUMPER SPOILER FRT	\$	<i>sn</i>	181.75	
3	1	BUMPER FOG LAMP GRILLE RH	\$	<i>sn</i>	207.22	
4	1	BUMPER RETAINER FRT RH	\$	<i>sn</i>	151.41	
5	1	BUMPER RETAINER FRT RH	\$	<i>sn</i>	151.41	
6	1	BUMPER SUPPORT FRT RH	\$	<i>sn</i>	123.88	
7	1	BUMPER SUPPORT FRT RH	\$	<i>sn</i>	123.88	
8	1	BUMPER BEAM FRT	\$	<i>n</i>	914.08	
9	1	RADAITOR GRILLE	\$	<i>sn</i>	1,707.78	
10	1	RADAITOR GRILLE BADGE 'RENAULT'	\$	<i>sn</i>	225.36	
11	1	RADAITOR GRILLE FRAME	\$	<i>sn</i>	1,353.75	
12	1	FRAME FULL SUPPORT PANEL	\$	<i>n</i>	615.90	
13	1	FRAME FULL SUPPORT BRACKET	\$	<i>n</i>	89.79	
14	1	BONNET	\$	<i>n</i>	1,941.63	
15	1	HEADLAMP RH	\$	<i>sn</i>	1,184.43	
16	1	HEADLAMP PANEL FRT RH	\$	<i>n</i>	152.15	}
17	1	FENDER PANEL FRT RH	\$	<i>B</i>	783.83	
18	1	WHEELARCH FRT RH	\$	<i>sn</i>	278.84	
19	1	DOOR MIRROR RH	\$	<i>cm</i>	1,483.40	
20	1	DOOR MIRROR GLASS RH	\$	<i>nn</i>	148.20	
21	1	DOOR MIRROR BACK COVER RH	\$	<i>nn</i>	218.46	
22	1	DOOR PANEL FRT RH	\$	<i>n</i>	2,844.66	
23	1	DOOR HINGE UPPER RH	\$	<i>n</i>	274.50	
24	1	DOOR HINGE LOWER RH	\$	<i>n</i>	300.55	
25	1	DOOR PANEL REAR RH	\$	<i>n</i>	2,844.66	

TOTAL	\$	19,560.94
10%	\$	1,956.09
	\$	17,604.85

Special Nett

1	1SET	FRONT BUMPER CLIP	\$	<i>nn</i>	66.00	X
2	1SET	WHEELARCH CLIP RH	\$	<i>nn</i>	66.00	X

TRANS-CAB AUTO SERVICES PTE LTD**AAD1802-028**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHC5907R -

3	1	TOW COVER FRT	\$	14.50	X
4	1	CAP HUB RH FRT	\$	35.00	X
5	1	RIM RH FRT	\$	385.00	X
6	1	TYRE RH FRT	\$	330.00	X
7	1SET	BUMPER SUPPORT FRT CLIP RH	\$	9.80	X
8	1SET	BUMEP R RETAINER FRT CLIP RH	\$	12.50	X
9	1	DOOR STICKER "Trans-cab"	\$	80.00	X
10	1	DOOR STICKER "Classic"	\$	30.00	X

TOTAL	\$	1,028.80
TOTAL PARTS	\$	18,633.65

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$ 2,800.00 2501

To Check Electrical Lighting Concerned.

\$ 170.00 201

Putty and spray painting of the affected portion.

\$ 3,000.00 2801

To check steering geometry and computer wheel alignment

\$ 220.00 X

Towing Fees

\$ 120.00 X

To transfer of tire, rim and on wheel balancing.

\$ 170.00 X

To rust-proofing of the affected areas.

\$ 170.00 301

To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.

\$ 170.00 X

TOTAL	\$	6,820.00
Over All Total	\$	25,453.65

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

LKK Auto Consultants hence 2 days
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:




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				
FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI18002698/Krd3s2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 14-02-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 8769C	Veh. Inspected	SHC 5907R	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18001100MFSH	Excess (\$)	0.00	
Assign From	SERENE LER	Assign Date	09/02/2018	
2. Vehicle Particulars & Condition				
Make & Model	RENAULT LATITUDE (A)	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	VF1ABL15AUC281424	Colour	WHITE / RED	
Odometer	344948	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60R16	FALKEN	6 mm	
L/H Front Tyre	215/60R16	FALKEN	6 mm	
R/H Rear Tyre	215/60R16	LING LONG	7 mm	
L/H Rear Tyre	215/60R16	LING LONG	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	04/02/2018	Inspection Date	09/02/2018	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
5a. Remarks				
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)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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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5907R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BUMPER COVER FRT	SERVICEABLE	1,259.42	-
1	BUMPER SPOILER FRT	SERVICEABLE	181.75	-
1	BUMPER FOG LAMP GRILLE RH	SERVICEABLE	207.22	-
1	BUMPER RETAINER FRT RH	SERVICEABLE	151.41	-
1	BUMPER RETAINER FRT RH	SERVICEABLE	151.41	-
1	BUMPER SUPPORT FRT RH	SERVICEABLE	123.88	-
1	BUMPER SUPPORT FRT RH	SERVICEABLE	123.88	-
1	BUMPER BEAM FRT	TO REPAIR SEE LABOUR	914.08	-
1	RADIATOR GRILLE	SERVICEABLE	1,707.78	-
1	RADIATOR GRILLE BADGE "RENAULT"	SERVICEABLE	225.36	-
1	RADIATOR GRILLE FRAME	SERVICEABLE	1,353.75	-
1	FRAME FULL SUPPORT PANEL	TO REPAIR SEE LABOUR	615.90	-
1	FRAME FULL SUPPORT BRACKET	TO REPAIR SEE LABOUR	89.79	-
1	BONNET	TO REPAIR SEE LABOUR	1,941.63	-
1	HEADLAMP RH	SERVICEABLE	1,184.43	-
1	HEADLAMP PANEL FRT RH	TO REPAIR SEE LABOUR	152.15	-
1	FENDER PANEL FRT RH	BENT	783.83	783.83
1	WHEELARCH FRT RH	SERVICEABLE	278.84	-
1	DOOR MIRROR RH	CRACKED	1,483.40	1,483.40
1	DOOR MIRROR GLASS RH	NOT NECESSARY	148.20	-
1	DOOR MIRROR BACK COVER RH	NOT NECESSARY	218.46	-
1	DOOR PANEL FRT RH	TO REPAIR SEE LABOUR	2,844.66	-
1	DOOR HINGE UPPER RH	TO REPAIR SEE LABOUR	274.50	-
1	DOOR HINGE LOWER RH	TO REPAIR SEE LABOUR	300.55	-
1	DOOR PANEL REAR RH	TO REPAIR SEE LABOUR	2,844.66	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LESS 10% DISCOUNT		-1,956.09	-226.72
			17,604.85	2,040.51
	<u>SPECIAL NETT ITEMS</u>			
1	SET FRONT BUMPER CLIP (SN)	NOT NECESSARY	66.00	-
1	SET WHEELARCH CLIP RH (SN)	NOT NECESSARY	66.00	-
1	TOW COVER FRT (SN)	SERVICEABLE	14.50	-
1	CAP HUB RH FRT (SN)	SERVICEABLE	35.00	-
1	RIM RH FRT (SN)	SERVICEABLE	385.00	-
1	TYRE RH FRT (SN)	SERVICEABLE	330.00	-
1	SET BUMPER SUPPORT FRT CLIP RH (SN)	NOT NECESSARY	9.80	-
1	SET BUMPER RETAINER FRT CLIP RH (SN)	NOT NECESSARY	12.50	-
1	DOOR STICKER "TRANS-CAB" (SN)	NOT NECESSARY	80.00	-
1	DOOR STICKER "CLASSIC" (SN)	NOT NECESSARY	30.00	-
			1,028.80	-
	<u>LABOUR</u>			
	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 FRT, FRAME FULL SUPPORT PANEL, FRAME FULL SUPPORT BRACKET, BONNET, HEADLAMP PANEL FRT RH, DOOR PANEL FRT RH, DOOR HINGE UPPER RH, DOOR HINGE LOWER RH AND DOOR PANEL REAR RH.		2,800.00	250.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		3,000.00	280.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TOWING FEES.	NOT NECESSARY	120.00	-
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	30.00
	TO TRANSFER OF FENDER FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
			6,820.00	580.00
	GRAND TOTAL		25,453.65	2,620.51

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RECOMMENDED COST OF REPAIRS			2,620.51
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Report Ref No. CS/FCI18002698/Krd3s2

KONG SENG CHEONG

Licensed Appraiser

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