From: Date:  Estimated Cost:  OD VFP #WS / TP RES / OD RES / EVA / INV / MV  To Inspect Vehicle No:  at Workshop m/s  Of Sp. Reading 217129  Track / Track / Tradio: Insured / Std / NI / NA  Eng/No:  School School Std / NI / NA  Eng/No:	nneth	ASSIGNMENT
Type: M.Car' M.Cycle i Bus I Van I Lorry (7501) Prime Mover I Truck I Trailer or  Truck I Trailer or  Truck I Trailer or  School State With State I St	■ 200 A 200	
Truck   Trailer or   Truck   Trailer or   Make:   Plans   Plan		Veh No: 3/7/ 0 43 M Yr Regn: 06, 14
To inspect Vehicle No:  at Workshop m/s  of  cobur 1. White I Rus AC: Insured I Std I NI I NA  Sp. Reading 2 / 7 / 2 9 TRadio: Insured I Std I NI I NA  Sp. Reading 2 / 7 / 2 9 TRadio: Insured I Std I NI I NA  Sp. Reading 2 / 7 / 2 9 TRadio: Insured I Std I NI I NA  Sp. Reading 2 / 7 / 2 9 TRadio: Insured I Std I NI I NA  Eng/No.  Cano: VI I ABL I SAUC · 2 76 3 0 7  Cano: Cond: God3 Fair I Poor I Burnt  Steering: Inorgies I Jammed I Leaked I Burnt or  Brake: Inophies I Jammed I Leaked I Burnt or  Mod2: All JERNI I STD ARRIM or  Tyre Star: F. G. 7 2 1.5 / GOR I 6  Re G. Y  BS I DUN I ENNOVAI GY I FS I LIZA I MIC I ONTSU I PIR I SUMI I  TOYO I YOKO or  Enote  Result 9 mm Real I mm  DOA Coddent Root: Consistent?: Yes or No  Sp. Respaires: OL days Res.: Yes or No  DOA I STAIL I Respond I Survey held at  Description Action / Instruction  II A 1 REV I REP. I 24 HRS  Vehicle: INI OUT  Person Contacted: Vehicle: INI OUT  The UIC I Chassis frame I Body Structure affected due to collision.  PROFILE For Yes I Burnt  Result 1 Days Of Repair: 2  Result 1 Days Of Repair: 2  Result 4 pick Add Fee: Site Insp (5 ) Sees 1 Inspection.  II A 1 pick Add Fee: Site Insp (5 ) Sees 1 Inspection.  II A 1 pick Add Fee: Site Insp (5 ) Sees 1 Inspection.  II Action I manually I Recommended I Sees Inspection.  II I A 1 pick Add Fee: Site Insp (5 ) Sees 1 Inspection.  II I A 1 pick Add Fee: Site Insp (5 ) Sees 1 Inspection.  II I A 1 pick Add Fee: Site Insp (5 ) Sees 1 Inspection.  II I A 2 pick Add Fee: Site Insp (5 ) Sees 1 Inspection.  II I A 2 pick Add Fee: Site Insp (5 ) Sees 1 Inspection.  II I A 2 pick Add Fee: Site Insp (5 ) Sees 1 Inspection.  II I A 2 pick Add Fee: Site Insp (5 ) Sees 1 Inspection.  II I A 2 pick Add Fee: Site Insp (5 ) Sees 1 Inspection.	SOCIETATION STATE	
at Workshop m/s  of  Insured: SIT J350U  Folicy No.		1 db .
of Insured: SIT 3350U Insured: SIT 3350U Insured: SIT 3350U Policy No.		
Insured ST 350U Policy No. MHOO (1493 Claims No. MISO (843 Sum Insured: Excess: (Cloints Record) Make of Veh:  Permak: The veh had commenced its repair at the time of inspection.  Permak: The veh had commenced its repair at the time of inspection.  Para A: Insured: Policy Condition) Permak: The veh had commenced its repair at the time of inspection.  Policy Condition) Permak: The veh had commenced its repair at the time of inspection.  Posson: Consistent?: Yes or No UBA: PR Seon: Consistent?: Yes or No UBA: PR Seon: Consistent?: Yes or No UBA: PR Seon: OZ days Res.: Yes or No UBA: Person Contacted: No Survey held at Des. of Danages: Frt I Rear I OIS I NIS I UIC I Rooftop or Date I Time Action Instruction  11/4 File Part G Carhama  Person Contacted: No III (57.85 SED)  RECEIVED I Report Days Of Repair: Days Of Repair: Days Of Repair: Days Of Repair: Days Of Trip: Survey Fee: Inspected to the Collision.  Permon. File Return to Town of Trip: Survey Fee: Inspected to the Collision.  Permon. File Return to Town of Trip: Survey Fee: Inspected to the Collision.  RECEIVED I Report Days Of Repair: Days Of Repair: Days Of Repair: Days Of Repair: Days Of Trip: Survey Fee: Inspected to the Collision.  Portro. File Return to Town of Trip: Survey Fee: Inspected to the Collision.  II A typich Add Feo: Site Insp. (\$ ) Sec. Sit	at Workshop m/s (2005)	26 Colour M. White/ Red AC: Insured / Std / NI / NA
Policy No. MHOO (1493 Citains No. MISO (843 Sum insured: Excess: Citains No. MISO (843 Sum insured: Excess: Sum insured: Steering: Inorger/ Jammed / Leaked / Burnt or Steering: Inorger/ Jammed / Leaked / Burnt or Mod: All Jerrim / Steering: Inorger/ Jerrim / Steerin		Sp.Reading 2/7/29 T/Radio: Insured / Std / NI / NA
Cleams No. M   20   S43  Sum Insured: Excess:	Insured: SLT 3363W	
Claims No. M 20 843  Sum Insured: Excess: Sum Insured: Excess: Sum Insured: Steering: Inorget I Jammed I Leaked J Burnt or Steering: Inorget I Jammed I Leaked J Burnt or Modi: MID-RIM   STD A/RIM   STD A/RIM   Or Modi: MID-RIM   Or Modi: MID-RI	Policy No MH001493	CNO: VFIABI 15AUC. 278367
Sum insured:  Excess:  (Clent's Record)  Make of Veh:  (Podcy Condition)  Remark: The veh had commenced its repairs at the time of inspection.  Sal or Market Value:  DAC Accident Rport:  Consistent?: Yes or No Sal PR Sean:  Consistent?: Yes or No Date / Time Action / Instruction  (I// File pair 6 Carment  (I// File pair 6 Carmen	Claims No. M 1801843	Gen. Cond: Good/ Fair / Poor / Burnt
Client's Record   Make of Veh:		
Mode of Veh:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Sal or Market Value:  DAC Accident Rport  Consistent?: Yes or No  UBal.  Parm RBal.  Mod.  R: G.Y  BS/DUN/EXNOVA/GY/FS/LIZA/MIC/OHTSU/PIR/SUMI/ TOYO/YOKO or  Front  RBal.	(Client's Record)	
Tyre Stze: F: C/7: 215/60R16		
Remark: The veh had commenced its repair at the time of inspection.  R: GY  BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or  Front Rear Rear Rear Rear Rear Rear Rear Rear		
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DAC Accident Root: Consistent?: Yes or No  SIA / PR Seen: Consistent?: Yes or No  SIA / PR Seen: Consistent?: Yes or No  SIA / PR Seen: Days Res.: Yes or No  Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time Action / Instruction  (1/4 / La / Pati La Catheria  O/B / Proson Contacted: N/OUT  Date / Time Action / Instruction  (1/4 / La / Pati La Catheria  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted: N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted The N/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  O/B / Proson Contacted The N/OUT  The U/C / Chassi		TOYOTYOKO or
Consistent?: Yes or No   L/Bal.   Firm   L/B		
Sist. Repairs: OZ days Res.; Yes or No  Um Sum: 20 % 3 Val.; Yes or No  A I REV I REP. I 24 HRS  ale: Person Contacted: Vehicle: IN / OUT  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction    ONE CHAPTI TO CATHEMIA	201 - APPARATE - MARKET - MARK	mm
Survey held at  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or  O/S / Parson Contacted:  Des. of Damages: Frt / Rear / O/S / N/S / U/C / CRAN / N/S / U/C / CRAN / N/S / U/C / CRAN / N/S / U/C / U/		mm Ubai, mm
Des. of Damages: Fit   Rear   O/S   N/S   U/C   Rooftop or    Date   Time   Action   Instruction	0	D.O.A. 8/4/18 D.O.I. 10/4/18
Vehicle: IN/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction    11/4   File   Parts to   Cartherne      C/Small   Salan   C/Small   C/Sm	um Sum: 10 % 3 Val.: Yes or No	Survey held at
Vehicle: IN/OUT  The U/C / Chassis frame / Body Structure affected due to collision.  Date / Time   Action / Instruction    11/4   File   Parts to   Cartherne      C/S   8   32   00     CRed   24   167 85   88   00      CHE   GUST   X   2018      CHE   GUST   X	A / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date / Time   Action / Instruction   Ine U/C / Chassis frame / Body Structure affected due to collision.  11/4 File part to Carheme  C/Ling & 3200/ CRed 24, 167.85 8800  CHE 645m - X  AT 33/24 - C(6 / LR 1 64)3848 / Mab 3  OF 210218  II H & Emg.   GIA to Imiz  RECEIVED 12 MM 2018  affire, Fie Pass to?   : Preil. Report   Days Of Repair: 2  : Final Report   Resurvey No. of Trip:   Survey Fee: Imagentation   250  II 4- typich   Add Fee:   : Site Insp (\$ ) _ s.rs_si 10  port Format:   Meriumen   Tech Invs (\$ ) Photos	Vehicle:	
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	: Final Report  II/4 - ty pist  Add	Resurvey No. of TrIp:   Survey Fee:



# 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

EAST REAL PROPERTY OF THE SAME	WAS SINGARODE LTD	Ref : CS/TMI1800664	5/Kvb
OKIO MARINE INSURA	ANCE SINGAPORE LTD	Rei . Corrinirocco	
O MCCALLUM STREETOKIO MARINE CENTR	T #09-01 RESINGAPORE 069046	Date: 11-04-2018 Code: TMI	
	D-U DHeules	rs :- THIRD PARTY CLAI	MODERNING
	SLT 2362U	Veh. Inspected	SHF 645M
moureu vem	SL1 23620	Coverage (\$)	0.00
Policy No.		Excess (\$)	0.00
Claim No.			10/04/2018
Assign From		Assign Date	TOTAL DESCRIPTION OF THE PROPERTY OF THE PROPE
2.	Vehicle Pa	rticulars & Condition	•
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer		Steering	
Brakes		Modification	
General			
3.	Con	ditions of Tyres	THE SHOW OF PRINTERS
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4.	Descri	ption of Damages	
5.	Gen	eral Information	
Accident Date	08/04/2018	Inspection Date	10/04/2018
Survey held at	TRANS-CAB AUTO SERVICE	CES PTE LTD	
850	NO.2 ANG MO KIO ST 63 SINGAPORE 569111		
5a.	THE RESIDENCE OF THE PARTY OF	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)

DER TRAC ified Apr 2018	Est Submitted	Adj Assigned 11 Apr 2018 14:56	Adj Rpt	Adj Subm				for Surve	<b>Y</b>
Apr 2010							Cancel Ca	ise	
		Edit Adj Rpt					Cancer		40.1
n		Reference		Claim Details		Documents		Sno	w All
OLDER DI	TATIS	THE RESERVED FOR STREET	THE OWNER OF THE OWNER		[Created b	y insurer]			
SUPREME	LEASING & L	MOUSINE SERVI	ICES, Co. R	eg. No.: 532877	37C				
TRANS-C	AB SERVICES	PTE LTD, Co. Re	g. No.: 2003	03878K		700 00 00 00 00 00 00 00 00 00 00 00 00			
				Date of Loss:	08/04/2018	18:00 - :59			
				Policy/Cover	MH001493 ( Coverage: 0	Comprehensive) 3/10/2017 - 02/	10/2018		
TP / M1	801843				- Control of the Cont				
SLT2362	U			(Claimant):					
				Excess:	S\$1,800.00	na Mo Kio - Tel:	62876666	5	
Trans-ca	b Auto Service	es Pte Ltd (Ang M	10 Kio) 2, Ar	ig Mo Kio Street	os, sosiii n	en Senthilan so	Selvara	joo]	
									2018]
LKK Aut	o Consultants	Pte Ltd (HQ) - le	1: 6256-3301	[manares 47					
100000000000000000000000000000000000000	10 Oct CALLON			+6597885747					
PLS, CH	ECK CONSISTEN	CY OF THE DAMAG	SES.				View All	Compose	Case Mail
D MAIL F	RECEIVED					-			
mail for th	is case.								
	ACVC-				View All	Search Tasks	_		Complete
		ask Group St	ıbject Ha	ndler Assiç	ined By	Completed Or	1 Cre	ated On	Done
	SUPREME TRANS-C SHF645 TP / M1 SLT2362 Trans-ca Tokio Ma LKK Aut TAN SUM PLS. CHE D MAIL F mail for th	TRANS-CAB SERVICES IN SHF645M  TP / M1801843  SLT2362U  Trans-cab Auto Service Tokio Marine Insurance LKK Auto Consultants  TAN SUM HENG GABRIEL PLS. CHECK CONSISTEN  D MAIL RECEIVED mail for this case.  CIATED TASKS	TRANS-CAB SERVICES PTE LTD, Co. Re SHF645M  TP / M1801843  SLT2362U  Trans-cab Auto Services Pte Ltd (Ang Marine Insurance Singapore Ltd LKK Auto Consultants Pte Ltd (HQ) - Te TAN SUM HENG GABRIEL (), NRIC: S711  PLS. CHECK CONSISTENCY OF THE DAMAGE D MAIL RECEIVED mail for this case.	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 2003 SHF645M  TP / M1801843  SLT2362U  Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ar Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6256-3561  TAN SUM HENG GABRIEL (), NRIC: S7110279C, Tel: PLS. CHECK CONSISTENCY OF THE DAMAGES.  D MAIL RECEIVED  mail for this case.  CIATED TASKS	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K  SHF645M  TP / M1801843  SLT2362U  Policy/Cover Note No.:  Policy No. (Claimant):  Excess:  Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street  Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 [Hat LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Handled by TAN SUM HENG GABRIEL (), NRIC: S7110279C, Tel: +6597885747  PLS. CHECK CONSISTENCY OF THE DAMAGES.  D MAIL RECEIVED  mail for this case.  CIATED TASKS:  Track Group Subject Handler Assignment of the consultant of the case.	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K  SHF645M  Date of Loss: 08/04/2018  Policy/Cover Note No.: Coverage: 0  Policy No. (Claimant):  Excess: \$\$1,800.00  Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63, 569111 A  Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 [Handled by Dille LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Handled by KENNETH KG  TAN SUM HENG GABRIEL (), NRIC: S7110279C, Tel: +6597885747  PLS. CHECK CONSISTENCY OF THE DAMAGES.  D MAIL RECEIVED  mail for this case.  View All  Tark Croup Subject Handler Assigned By	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K  SHF645M  Date of Loss: 08/04/2018 18:00 - :59  Policy/Cover Note No.: Coverage: 03/10/2017 - 02/  SLT2362U  Policy No. (Claimant):  Excess: S\$1,800.00  Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63, 569111 Ang Mo Kio - Tel:  Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 [Handled by Dillen Senthilan so LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Handled by KENNETH KONG] [Final TAN SUM HENG GABRIEL (), NRIC: S7110279C, Tel: +6597885747  PLS. CHECK CONSISTENCY OF THE DAMAGES.  D MAIL RECEIVED  mail for this case.  View All Search Tasks  LIATED TASKS	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K  SHF645M  Date of Loss: 08/04/2018 18:00 - :59  Policy/Cover Note No.: 08/04/2018 18:00 - :59  SLT2362U  Policy/Cover Note No.: Coverage: 03/10/2017 - 02/10/2018  Policy No. (Claimant):  Excess: \$\$1,800.00  Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63, 569111 Ang Mo Kio - Tel: 62876666  Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 [Handled by Dillen Senthilan so Selvara, LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Handled by KENNETH KONG] [Final Rpt due TAN SUM HENG GABRIEL (), NRIC: S7110279C, Tel: +6597885747  PLS. CHECK CONSISTENCY OF THE DAMAGES.  D MAIL RECEIVED  mail for this case.  LATED TASKS  View All Search Tasks Create Mandler Assigned By Completed On Create Mandler Assigned	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K  SHF645M  Date of Loss: 08/04/2018 18:00 - :59  Policy/Cover Nte No.: 08/04/2018 18:00 - :59  TP / M1801843  Policy/Cover Note No.: Coverage: 03/10/2017 - 02/10/2018  Policy No. (Claimant):  Excess: \$\$1,800.00  Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63, 569111 Ang Mo Kio - Tel: 62876666  Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 [Handled by Dillen Senthilan so Selvarajoo]  LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Handled by KENNETH KONG] [Final Rpt due 20/04/2  TAN SUM HENG GABRIEL (), NRIC: S7110279C, Tel: +6597885747  PLS. CHECK CONSISTENCY OF THE DAMAGES.  D MAIL RECEIVED  mail for this case.  View All Search Tasks Create New Task

# Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Wednesday, 11 April 2018 2:28 PM motorclaims@tokiomarine.com.sg

To:

Cc: Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE

LTD,DOA: 8/4/2018, SHF 645M (TP VEHICLE), SLT 2362U (OI VEHICLE)

Attachments:

EST.pdf; GIA.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHF 645M M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 10/4/2018

Enclosed herewith a copy of TP's GIA 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	Company
Owner iD Type:	3878K
Owner ID:	30/01
Vehicle Details	SHF645M
Vehicle No.:	Yes
Vehicle to be Exported:	09 Apr 2018
Intended De-registration Date:	RENAULT
Vehicle Make:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Vehicle Model:	Red
Primary Colour:	2014
Manufacturing Year:	M9R8839C001624
Engine No.:	VF1ABL15AUC278307
Chassis No.:	
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19.998.00
Original Registration Date:	30 Jun 2014
First Registration Date:	30 Jun 2014
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$12,498.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2022
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date:	29 Jun 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
POP Paid:	\$57,338.00
COE Rebate Amount:	\$30,261.00
Total Rebate Amount:	\$39,634.00
Message	the further renewed. The vehicle must be de-registered upon COE expiry or when the

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 09 Apr 2018

ОК

### 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 witholding 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.

foresaid.	ACCIDENT STATEMENT
	09/04/2018 13:11
Date of Report	08/04/2018 18:40
Date Of Accident	BLK 108 SIMEI STREET 1 DRIVEWAY
Exact Location of Accident	SINGAPORE
Country/State of Loss	ETAILS OF OWN VEHICLE
DOLLAR WOOD BOOK THE WAS TO SHOW THE WOOD OF THE PARTY OF	SHF645M
Vehicle Registration Number	3HF043W
Insured/Policyholder	TRANS-CAB SERVICES PTE LTD
Name Of Registered Owner	
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	1000
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	CHAN YEW CHOON

S1571624Z NRIC No 28/06/1953 Date Of Birth OUTDOOR Occupation 04/03/1977 Date Of Driving Pass

41 YEARS AND 1 MONTH Driving Experience

MALE Gender

(LOCAL) +65-90699649 Mobile Number

Fax Number Contact Number

NOEMAIL **EMail Address** 

Address

BLK 109 SIMEI STREET 1

#02-718

Postcode

520109

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 - MAJOR/MINOR RD

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?

NO

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged? 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?

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

#### Circumstances of Accident

On 08.04.2018 at about 1840hours, I was travelling straight along Simei Street 1 driveway, suddenly I felt an impact, Vehicle B (SLT2362U) which came out from my right without observing for oncoming vehicle and had hit onto my taxi's right side front portion.

#### 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

SLT2362U

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

TAN SUM HENG GABRIEL

Name of Driver NRIC/Passport Number

S7110279C

Contact Number

91092611

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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:
  - 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:
  - 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

NRIC/FIN No.:

### Sketch Plan #2 Pg. 1

\*\* \*\*\*<sub>\*</sub> \*

GIANNE SketchPlanFarm\_V3

SCRIBE CIRCUMSTANCES OF THE ACCIDENT  PVS SEE OHIGH 91A		SUT	(45M) = 2362		
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DECLARATION			/		)
/We declare the foregoing particulars are true in every respect.			/	. /	/
7-00-01-00-01-00-01-01-01-01-01-01-01-01-			( 0	inly	
m-					
at .				CT CONTRACTOR	
Policyholder's Signature Driver's Signature					
Palicyholder Spignature Date & Time: (If driver is not the policyholder)		Reportis	ng Centre P	ersonnel's	s Signature

# Trans-cab Auto Services Pte Ltd

No. 2 Ang, Mo Kio Street 63 Singapore 569111 Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHF 645M** 

Not Nothaisel USmy 8320d

**SHF 645M** 

VF1ABL15AUC278307

RENAULT

LATITUDE

8.4.2018

**TOKIO MARINE** 

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer:

PART

LIST

	10.5,55,55		
		\$	Bir 1,259.42 -
1	BUMPER COVER FRT	¢	1 181.75 X
1	BUMPER SPOILER FRT	\$	54 394.68 X
1	BUMPER ABSORBER FRT	\$	DIY 150.77
1	BUMPER RETAINER FRT RH	3	△ 123.88 X
1	BUMPER SUPPORT FRT	\$	√ 472.83 X
1	BUMPER UNDERTRAY FRT	\$	17.22
1	BUMPER GRILLE LOWER FRT	\$	∫ 266.80 X
1	BUMPER FOG LAMP GRILLE RH	\$	5 ≥ 207.21 X
1	BUMPER BEAM FRT	\$	7 914.08 X
1	HEADLAMP RH	\$	cm 1,184.43
1	HEADLAMP PANEL FRT RH	\$	152.15 X
1	FENDER PANEL FRT RH	\$	₹ 783.83 <u></u>
1	WHEELARCH FRT RH	\$	5
1	FENDER BRACKET LOWER RH	\$	15.79
1	FENDER INSULATOR RH	\$	<sup>3</sup> 130.84
1	DOOR PANEL FRT RH	\$	2,844.66
1	RADIATOR GRILLE	\$	5 1,707.78 } X
1	RADIATOR GRILLE BADGE 'RENAULT'	\$	√ <sub>~</sub> 225.36
1	RADIATOR GRILLE FRAME	\$	1,353.75
1	RADAITOR FAN COWLING	\$	Sm 820.54
1	RADIATOR FAN MOTOR LH	\$	ام 967.36
1	RADIATOR FAN MOTOR RH	\$	1,479.46
1	DOOR MIRROR ASSY RH	\$	1,483.40
1		\$	n 2,844.66
1	DOOR PANEL FRT RH	-3.	
			20 244 20

TOTAL	\$ 20,244.28
10%	\$ 2,024.43

No. 2 Ang, Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHF 645M** 

HF 645M			
		\$	18,219.85
	Specical Nett		
	Specical Net		1
1SET	BUMPER CLIP FRT	\$	Ma 66.00
1	BUMPER BRACKET CLIP FRT RH	\$	~~ 12.00 ×
1	BUMPER SUPPORT CLIP FRT RH	\$	~~ 10.50 X
1SET	BUMPER GRILLE LOWER CLIP	\$	1 ~ 69.00 X
1SET	FRAME FULL SUPPORT PANEL CLIP	\$ \$	ペペ 70.00 X
2	FRAME FULL SUPPORT PANEL NUT	\$	~~ 20.00 X
2	FRAME FULL SUPPORT PANEL STUD	\$	20.00 X
1SET	WHEELARCH CLIP FRT RH	\$	~~ 30.50 X
1	FRONT DOOR STICKER 'Trans-cab'	\$	2 80.00 X
1	FRONT DOOR STICKER 'Chassis'	\$	12 50.00 X
	тот	AL \$	438.00
	TOTAL PAR	RTS \$	18,657.85
	LABOUR		
	Panel beating, knocking and straightening the		<i>3</i>
	necessary portion, remove and renewal of part	S,	4001
	adjust and realign the same	\$	3,500.00
	Putty and spray painting of the affected portio	n. \$	3,000.00 449
	To rust-proofing of the affected areas.	\$	170.00 30/
	To remove and refit interior fittings, trimings,		Ava. ann an M
	garnish, fittings and other, to enable repair.	\$	<i>N</i> ∼ 380.00 X
	To check steering geometry and computer whalignment	eel \$	~~ 220.00 ×
	To transfer of tire, rim and on wheel balancing	g. <b>\$</b>	~~ 170.00 X
	To Check Electrical Lighting Concerned.	\$	170.00 201

# Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330 CO./GST Reg. No. 201019626G

**SHF 645M** 

AAD1804-087

To transfer of front fender fittings, attachment and perform water seepage test.	\$	~~ 380.00 Å	X
To vacuum, replace, refix and recharge air condenser	\$	N~ 380.00	X
To replace, refix and top up coolant for radiator	\$	N~ 170.00	X
To vacuum, replace, refix and recharge Air Intercooler	\$	~~ 170.00	X
TOTAL	\$	8,710.00	
Over All Total	\$	27,367.85	-0
LUMP SUM (REPAIR DAY)	6	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) mississipplementary item(s) mis

Acre

-

Date:

# LKK Auto Consultants Pte Ltd (Co. Reg. No:199607198R)

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

Singapore 408933

Email: sur@lkkauto.com;assignments@lkkauto.com Tel: 6256-3561 Fax: 6844-8805

# VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS/TMI18006645/KVBN2

Date:

16/04/2018

REFERENCE

Handling

Tokio Marine Insurance Singapore Ltd

Policy No:

MH001493

Insurer: Claimant

SHF645M

Insured Vehicle No:

SLT2362U

Vehicle No: Date of Loss:

08/04/2018

Nature of Claim:

TP

Claim No: M1801843

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

SHF645M

Make & Model:

RENAULT LATITUDE, 2.0 L (A) 30/06/2014 (Man. Year: 2014)

Engine No: Chassis No: M9R8839C001624

Reg. Date:

Metallic White/Red

Odometer:

VF1ABL15AUC278307

Colour:

217129 km

Engine Capacity:

Market Value/New Car

1995 cc

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 9 mm

Rear Left Side:

Goodyear 8 mm

Front Right Side:

Giti 9 mm

Rear Right Side:

Goodyear 8 mm

The above values represent the remaining tyre treads depth

Nett Amount (S\$)	29,283.59	3,424.00	20,000.00	100000000
		2 424 00	25,859.59	88.31
+ GST 7.00/7.00% (S\$)	1,915.75	224.00	1,691.75	88.31
(S\$)	27,367.84	3,200.00	24,167.84	88.31
Approved Total (Overridden) (S\$)		3,200.00	1000000	00.04
Calculated Gross Total (S\$)	27,367.84	3,996.60	23,371.24	85.40
Towing	0.00	0.00	0.00	
Labour Paintwork Labour	0.00	0.00	0.00	
Miscellaneous Items	8,710.00	890.00	7,820.00	89.78
Parts	18,657.84	3,106.60 0.00	0.00	
COST OF CLAIMS	Repairer's	Adjuster's	Difference 15,551.24	Diff % 83.35

INSPECTION

Date of Assignment:

11/04/2018

Date Inspected:

10/04/2018 Inspected At:

Trans-cab Auto Services Pte Ltd (Ang

Mo Kio)

2, Ang Mo Kio Street 63 Singapore 569111

Estimated Period of Repair:

2.0 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

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=g... 16/4/2018

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: 16 Apr 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 SHF645M)

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 \*.

No.			ed Parts Particulars	Condition	Repairer's	Amount
2	52 52	A Description of the Control of the	*BUMPER COVER FRT	Buckled	1,259.42 FL	*1,259.42 FL
1	1		*BUMPER SPOILER FRT	Serviceable	181.75 FL	*-FL
2	1		*BUMPER ABSORBER FRT	Serviceable	394.68 FL	*-FL
3	1		*BUMPER RETAINER FRT RH	Distorted	150.77 FL	*150.77 FL
4	1		*BUMPER SUPPORT FRT	Serviceable	123.88 FL	*-FL
5	1		*BUMPER UNDERTRAY FRT	Serviceable	472.83 FL	*-FL
6	1		*BUMPER GRILLE LOWER FRT	Serviceable	266.80 FL	*- FL
7	1		*BUMPER FOG LAMP GRILLE RH	Serviceable	207.21 FL	*- FL
8	1		*BUMPER BEAM FRT	Repair	914.08 FL	*-FL
9	1			Cracked	1,184.43 FL	*1,184.43 FL
10	1		*HEADLAMP RH	Repair	152.15 FL	*-FL
11	1		*HEADLAMP PANEL FRT RH	Bent	783.83 FL	*783.83 FL
12	1		*FENDER PANEL FRT RH	Serviceable	278.84 FL	*-FL
13	1		*WHEELARCH FRT RH *FENDER BRACKET LOWER RH	Serviceable	15.79 FL	*-FL
14	1		*FENDER INSULATOR RH	Serviceable	130.84 FL	*-FL
15	1			Repair	2,844.66 FL	*- FL
16	1		*DOOR PANEL FRT RH	Serviceable	1,707.78 FL	*-FL
17	1		*RADIATOR GRILLE	Serviceable	225.36 FL	*-FL
18	1		*RADIATOR GRILLE BADGE RENAULT	Serviceable	1,353.75 FL	*-FL
19	1		*RADIATOR GRILLE FRAME	Serviceable	820.54 FL	*-FL
20	1		*RADIATOR FAN COWLING	Serviceable	967.36 FL	*-FL
21	1		*RADIATOR FAN MOTOR LH	Serviceable	1,479.46 FL	*-FL
22	1		*RADIATOR FAN MOTOR RH	Serviceable	1,483.40 FL	*-FL
23	1		*DOOR MIRROR ASSY RH	Repair	2,844.66 FL	*-FL
24	1		*DOOR PANEL FRT RH	Necessary	66.00 FS	
25	1		*SET BUMPER CLIP FRT	Not Necessary	12.00 FS	
26	1		*BUMPER BRACKET CLIP FRT RH	Not Necessary	10.50 FS	
27	1		*BUMPER SUPPORT CLIP FRT RH	Not Necessary	69.00 FS	T 10,5% E 2
28	1		*SET BUMPER GRILLE LOWER CLIP	Not Necessary	70.00 FS	
29	1		*SET FRAME FULL SUPPORT PANEL CLIP	Not Necessary	20.00 FS	
30	2		*FRAME FULL SUPPORT PANEL NUT	Not Necessary	30.00 FS	
31	2		*FRAME FULL SUPPORT PANEL STUD		30.50 FS	(i) (i) (ii) (ii) (ii) (ii) (ii) (ii) (
32	1		*SET WHEELARCH CLIP FRT RH	Not Necessary	80.00 FS	
33	1		*FRONT DOOR STICKER TRANS-CAB	Not Necessary	50.00 FS	3) BARA
34	1		*FRONT DOOR STICKER CHASSIS	Not Necessary	30.001	
F=F	ranchis	se part. S=Sp	cNett. L=ListItemDisc List Item Discount on L Item	Sub Total (S\$)		<b>3,444.45</b> 337.85
				Total Parts (S\$)		3,106.60
			Report was unsubmitted during			

### Recommended Miscellaneous Items There are no new miscellaneous items selected.

Recommended	Lahour
Recommended	Labour

Recommended Labour		Lab.Type	Repairer's	Amount
No	Particulars	Lab. Type		643, 1888, 188, 02.0
Labo	our Items	0.642000	3,500.00	400.00
1	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME	New		440.00
2	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	71.5781360
3	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	30.00
4	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR	New )	380.00	
5	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	
6	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING	New	170.00	-
7	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	20.00
8	TO TRANSFER OF FRONT FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	
9	TO VACUUM, REPLACE, REFIX AND RECHARGE AIR CONDENSER	New	380.00	100
10	TO REPLACE, REFIX AND TOP UP COOLANT FOR RADIATOR	New	170.00	
11	TO VACUUM, REPLACE, REFIX AND RECHARGE AIR INTERCOOLER	New	170.00	
	Gross Labour Cost (S\$)		8,710.00	890.00
	Report was unsubmitted dur	ing this print-ou	t.s	

< END OF ESTIMATES >