

ASS. REC. BY:

REF:

TPI CS/TP18007165/Krbn2

Kenneth

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:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.:

Yes or No

Lum Sum:

1-B-1

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SIDF 787L

Yr Regn:

06/16

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

Truck / Trailer or

Make:

Renault Latitude

c.c.

1995

Colour:

m. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

252765

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VI-1 ABL 15 AUG 283388

Gen. Cond:

Good / Fair / Poor / Burnt

Steering:

In order / Jammed / Leaked / Burnt or

Brake:

In order / Jammed / Leaked / Burnt or

Mod:

Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

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

Giti

Front

Rear

R/Bal.

9

mm

R/Bal.

7

mm

L/Bal.

9

mm

L/Bal.

7

mm

D.O.A.

13/4/18

D.O.I.

17/4/18

Survey held at

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

O/S Rn

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

Date / Time

Action / Instruction

18/4

File parts to Customer

8 4391.61

3 days

led = 8 22976.24, 841.

RECEIVED 19 APR 2018

Date/Time, File Pass to?



Prell. Report

1) Typist



Final Report

Date/Time, File Return to?

Days Of Repair:

2

Resurvey No. of Trip:

-

Survey Fee:

17X15=255

Transportation:

50

Photos

13

Others

80

TOTAL

568

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format:

TP-Independent

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

4391.61

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHF787L
Vehicle to be Exported:	Yes
Intended De-registration Date:	16 Apr 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003406
Chassis No.:	VF1ABL15AUC283348
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	30 Jun 2016
First Registration Date:	30 Jun 2016
Transfer Count:	0
Actual ARE Paid:	\$19,998.00

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Jun 2024
PARF Rebate Amount:	\$14,998.00

COE Expiry Date:	29 Jun 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$37,164.00
COE Rebate Amount:	\$28,815.00
Total Rebate Amount:	\$43,813.00

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.

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	16/04/2018 15:05
Date Of Accident	13/04/2018 21:55
Exact Location Of Accident	ESPLANADE DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHF787L
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 L DCI (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	PRIVATE CAR

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 WAI CHEE
NRIC No	S1758672F
Date Of Birth	27/10/1966
Occupation	OUTDOOR
Date Of Driving Pass	15/09/1992
Driving Experience	25 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97881996
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 183D RIVERVALE CRESCENT
#08-229
Postcode 544183
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 -
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? YES
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) 4
Passenger 1 NAME: : UNKNOWN
GENDER: : FEMALE
Passenger 2 NAME: : UNKNOWN
GENDER: : FEMALE
Passenger 3 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 SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 2 SENGKANG SQUARE #01-02 SINGAPORE , POSTCODE: 545025 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800 - 3438999 - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number DN196
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

CHAN WAI CHEE

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHF787L

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

BLK 183D RIVERVALE CRESCENT
#08-229

Postcode

544183

Sketch Plan Pg. 1

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:

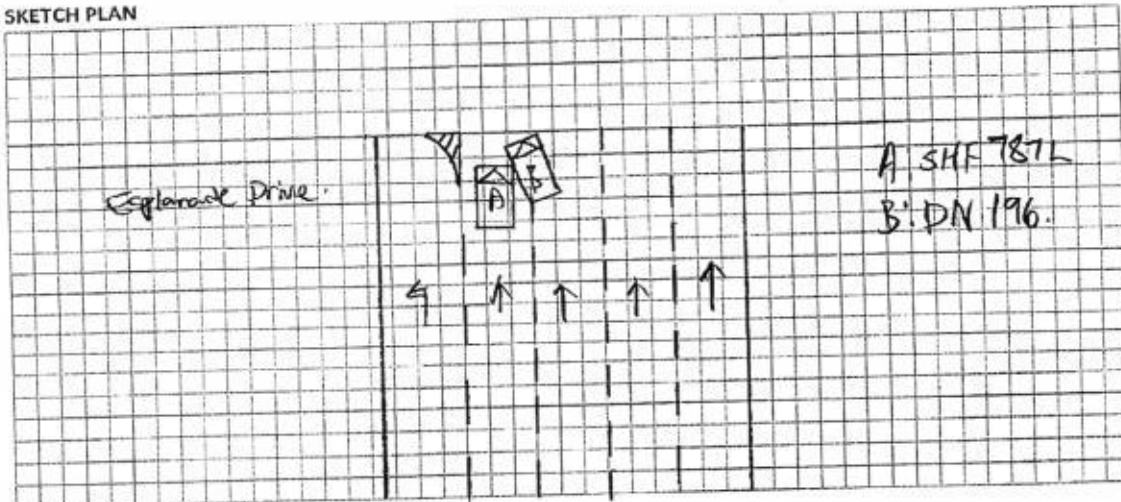
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

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/20180414/2085

1 of 3

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

Report No. T/20180414/2085

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 14/04/2018 13:30	Vide Report No.:	Station Diary No.: 105
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Informant's Particulars

Name of Informant: CHAN WAI CHEE			Address: APT BLK 183D RIVERVALE CRESCENT #08-229 SINGAPORE 544183	
ID Type / ID No.: NRIC NO / S1758672F			Contact No.: Home/Office:	Mobile: 97881996
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 51	Date of Birth: 27/10/1966	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/04/2018 21:55	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 ESPLANADE DRIVE NICOLL HIGHWAY Junction of Esplanade Drive and Nicoll Highway				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Side Swipe - Opposite Direction				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
DNI96	Car				Slightly Damaged	0
SHF787L	Car				Seriously Damaged	4

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20180414/2085

2 of 3

Report No. T/20180414/2085

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Brief Details.

On the said mention date and time, I was fetching my passenger to Geylang Lorong 16 and was driving at the said incident location. I am driving straight towards my location when suddenly vehicle 2 collided to my side. As I didn't see the car coming from which direction, I could not brake or notice his car before the collision. The traffic light is in my favor. After the collision, I tried to open the door however it was stuck and ambulance and traffic police came and assisted me. I was then convey to SGH and was given 3 days of MC. The traffic police also took the memory card from my built in camera. That is all.

POLICE REPORT Pg. 1



SINGAPORE
POLICE FORCE



T/20180414/2085

3 of 3

Report No. T/20180414/2085

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No: 1800-343 8999

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 2 LEE CHOON BOON

Signature Of Informant:

Date/Time:
14/04/2018 13:30

Signature Of Interpreter:
Not applicable

Classification Of Case:

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

SN 085

Authentication Stamp
NP168



Signature: _____

Singapore Police Force

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 787L**AAD1804-161***Not Authorized
1-B.1
Resurvey B4 paint**84391.61*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHF 787L

VF1ABL15AUC283348

RENAULT

LATITUDE

13.4.2018

MALAYSIA

PART		LIST	
1	BUMPER COVER FRT	\$	<i>Bu</i> 1,259.42 ✓
1	BUMPER SPOILER FRT	\$	<i>Sn</i> 181.75 X
1	BUMPER ABSORBER FRT	\$	<i>Sn</i> 394.68 X
1	BUMPER RETAINER FRT RH	\$	<i>Sn</i> 150.77 ✓
1	BUMPER SUPPORT FRT	\$	<i>Sn</i> 123.88 X
1	BUMPER UNDERTRAY FRT	\$	<i>Sn</i> 472.83 X
1	BUMPER GRILLE LOWER FRT	\$	<i>Sn</i> 266.80 X
1	BUMPER FOG LAMP GRILLE RH	\$	<i>Sn</i> 207.21 X
1	BUMPER BEAM FRT	\$	<i>R</i> 914.08 X
1	HEADLAMP RH	\$	<i>ngcm</i> 1,184.43 ✓
1	HEADLAMP PANEL FRT RH	\$	<i>R</i> 152.15 X
1	FENDER PANEL FRT RH	\$	<i>R</i> 783.83 ✓
1	WHEELARCH FRT RH	\$	<i>Sn</i> 278.84 X
1	FENDER BRACKET LOWER RH	\$	<i>Sn</i> 15.79 X
1	FENDER INSULATOR RH	\$	<i>Sn</i> 130.84 X
1	DOOR PANEL FRT RH	\$	<i>R</i> 2,844.66
1	RADIATOR GRILLE	\$	<i>Sn</i> 1,707.78
1	RADIATOR GRILLE BADGE 'RENAULT'	\$	<i>Rn</i> 225.36
1	RADIATOR GRILLE FRAME	\$	<i>Sn</i> 1,353.75
1	RADIATOR FAN COWLING	\$	<i>Sn</i> 820.54
1	RADIATOR FAN MOTOR LH	\$	<i>Sn</i> 967.36
1	RADIATOR FAN MOTOR RH	\$	<i>Sn</i> 1,479.46
1	DOOR MIRROR ASSY RH	\$	<i>Sn</i> 1,483.40
1	DOOR PANEL FRT RH	\$	<i>Rpndd</i> <i>R</i> 2,844.66

TOTAL	\$	20,244.28
10%	\$	2,024.43
	\$	18,219.85

Trans-cab Auto Services Pte Ltd

AAD1804-161

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHF 787L

Special Nett

1SET	BUMPER CLIP FRT	\$	<i>nn</i> 66.00 ✓
1	BUMPER BRACKET CLIP FRT RH	\$	<i>nn</i> 12.00 X
1	BUMPER SUPPORT CLIP FRT RH	\$	<i>nn</i> 10.50 X
1SET	BUMPER GRILLE LOWER CLIP	\$	<i>nn</i> 69.00 X
1SET	FRAME FULL SUPPORT PANEL CLIP	\$	<i>nn</i> 70.00 X
2	FRAME FULL SUPPORT PANEL NUT	\$	<i>nn</i> 20.00 X
2	FRAME FULL SUPPORT PANEL STUD	\$	<i>nn</i> 30.00 ✓
1SET	WHEELARCH CLIP FRT RH	\$	<i>nn</i> 30.50 X
1	FRONT DOOR STICKER 'Trans-cab'	\$	<i>nn</i> 80.00 <i>60\$</i>
1	FRONT DOOR STICKER 'Chassis'	\$	<i>nn</i> 50.00 <i>15\$</i>

TOTAL	\$	438.00
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TOTAL PARTS	\$	18,657.85
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LABOUR

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	<i>500</i> 3,500.00
Putty and spray painting of the affected portion.	\$	3,000.00 <i>600</i>
To rust-proofing of the affected areas.	\$	170.00 <i>30</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00 X
To check steering geometry and computer wheel alignment	\$	<i>"</i> 220.00 X
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00 X
To Check Electrical Lighting Concerned.	\$	170.00 <i>20</i>

Trans-cab Auto Services Pte Ltd**AAD1804-161**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHF 787L

To transfer of front fender fittings, attachment and perform water seepage test.	\$	<i>nn</i> 380.00	X
To vacuum, replace, refix and recharge air condenser	\$	<i>nn</i> 380.00	X
To replace, refix and top up coolant for radiator	\$	<i>nn</i> 170.00	X
To vacuum, replace, refix and recharge Air Intercooler	\$	<i>nn</i> 170.00	X

TOTAL	\$	8,710.00
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Over All Total	\$	27,367.85
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PART-BY-PART (REPAIR DAY)~~10 DAYS~~*3 days*

LKK Auto Consultants hence notify the Repairer of the following:

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

Acknowledged by Repairer

Signature:

Date:




LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
TRANS-CAB AUTO SERVICES PTE LTD		Ref : CS/TP18007165/Krbn2		
NO.2 ANG MO KIO STREET 63SINGAPORE 569111		Date : 24-04-2018		
		Code : TP378		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SHF 787L	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		17/04/2018	
2. Vehicle Particulars & Condition				
Make & Model	RENAULT LATITUDE (A)	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	VF1ABL15AUC283348	Colour	METALLIC WHITE / RED	
Odometer	252765	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	GITI	9 mm	
L/H Front Tyre	215/60 R16	GITI	9 mm	
R/H Rear Tyre	215/60 R16	GITI	7 mm	
L/H Rear Tyre	215/60 R16	GITI	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/04/2018	Inspection Date	17/04/2018	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days		



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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHF 787L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BUMPER COVER FRT	BUCKLED	1,259.42	1,259.42
1	BUMPER SPOILER FRT	SERVICEABLE	181.75	-
1	BUMPER ABSORBER FRT	SERVICEABLE	394.68	-
1	BUMPER RETAINER FRT RH	DISTORTED	150.77	150.77
1	BUMPER SUPPORT FRT	SERVICEABLE	123.88	-
1	BUMPER UNDERTRAY FRT	SERVICEABLE	472.83	-
1	BUMPER GRILLE LOWER FRT	SERVICEABLE	266.80	-
1	BUMPER FOG LAMP GRILLE RH	SERVICEABLE	207.21	-
1	BUMPER BEAM FRT	TO REPAIR SEE LABOUR	914.08	-
1	HEADLAMP RH	MTG CRACKED	1,184.43	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	FENDER BRACKET LOWER RH	SERVICEABLE	15.79	-
1	FENDER INSULATOR RH	SERVICEABLE	130.84	-
1	DOOR PANEL FRT RH	TO REPAIR SEE LABOUR	2,844.66	-
1	RADIATOR GRILLE	SERVICEABLE	1,707.78	-
1	RADIATOR GRILLE BADGE "RENAULT"	NOT NECESSARY	225.36	-
1	RADIATOR GRILLE FRAME	SERVICEABLE	1,353.75	-
1	RADIATOR FAN COWLING	SERVICEABLE	820.54	-
1	RADIATOR FAN MOTOR LH	SERVICEABLE	967.36	-
1	RADIATOR FAN MOTOR RH	SERVICEABLE	1,479.46	-
1	DOOR MIRROR ASSY RH	SERVICEABLE	1,483.40	-
1	DOOR PANEL FRT RH	REPEATED	2,844.66	-
	LESS 10% DISCOUNT		-2,024.42	-337.84
			18,219.85	3,040.61
<u>SPECIAL NETT ITEMS</u>				
1	SET BUMPER CLIP FRT (SN)	NECESSARY	66.00	66.00
1	BUMPER BRACKET CLIP FRT RH (SN)	NOT NECESSARY	12.00	-
1	BUMPER SUPPORT CLIP FRT RH (SN)	NOT NECESSARY	10.50	-
1	SET BUMPER GRILLE LOWER CLIP (SN)	NOT NECESSARY	69.00	-

Report Ref No. CS/TP18007165/Krbn2



LKK Auto Consultants Pte Ltd

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

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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET FRAME FULL SUPPORT PANEL CLIP (SN)	NOT NECESSARY	70.00	-
2	FRAME FULL SUPPORT PANEL NUT (SN)	NOT NECESSARY	20.00	-
2	FRAME FULL SUPPORT PANEL STUD (SN)	NOT NECESSARY	30.00	-
1	SET WHEELARCH CLIP FRT RH (SN)	NOT NECESSARY	30.50	-
1	FRONT DOOR STICKER "TRANS-CAB" (SN)	NECESSARY	80.00	60.00
1	FRONT DOOR STICKER "CHASSIS" (SN)	NECESSARY	50.00	15.00
			438.00	141.00
	LABOUR			
	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,HEADLAMP PANEL FRT RH AND DOOR PANEL FRT RH.		3,500.00	500.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		3,000.00	660.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	30.00
	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH, FITTINGS AND OTHER,TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	TO TRANSFER OF FRONT FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO VACUUM,REPLACE,REFIX AND RECHARGE AIR CONDENSER.	NOT NECESSARY	380.00	-
	TO REPLACE,REFIX AND TOP UP COOLANT FOR RADIATOR.	NOT NECESSARY	170.00	-
	TO VACUUM,REPLACE,REFIX AND RECHARGE AIR INTERCOOLER.	NOT NECESSARY	170.00	-
			8,710.00	1,210.00
	GRAND TOTAL		27,367.85	4,391.61
RECOMMENDED COST OF REPAIRS				4,391.61

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KONG SENG CHEONG

Licensed Appraiser

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