Surveyor Kannoffi.	ASSIGNMEN	T (Office)				
From (Person): Abert War	ny of Ac	11	Dat	e/Time; _	03052018	11-10am
Estimated Cost:		Bill to:	1000000	10-5-10-10-10-50		-A.C.C.C.O.T.C.A.D
OD / FX/WS / TP RES / OI To Inspect Vehicle No:	ORES/EVA/INV/MV/CS SHO 5070Z		Insured:	SLW	843614	
at Workshop m/sof	Trans (ab No. 2 AMK St 63	}	Tel:	•		
Policy No:		Claim No:	C10001	573		
Sum Insured:		Excess:				
Make of Veh:(Client's Record)			D.0	D.A	28042018	
CA / REV / REP. / REV	24 HRS 'Wor Person Confacted:			LO.D. Endo		
Date/Time Action/Instru	ction (/) Estimate					
SILV 843	1Z - NA /INC 13 115 12	(/m2		D.A	160813	

ASS. REC. BY:	
Kenneth	SIGNMENT
From: Date:	
Estimated Cost:	- Tream
OD TP/WS/TP RES/ OD RES/ EVA/INV/ MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tax / Prime Mover / Truck / Trailer or
To Inspect Vehicle No:	2
at Workshop m/s Trans Cob	0.1
of	White / No. Insured / Std / NI / NA
Insured:	Sp.Reading 20 46 3 T/Radio: Insured / Std / NI / NA Eng/No:
Policy No.	The state of the s
Claims No.	- VIIIOLID/4UE 203330
Sum Insured: Excess:	Gen. Cond: @ood'/ Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or Brake: Inorder / Jammed / Leaked / Burnt or
Make of Veh;	Modi: Mil) S/Rim / STD A/Rim or
	Tyre Size: F: GY 215/SORIS
(Policy Condition)	(4-1)
Remark: The veh had commenced its N/S O/S	R:
repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or
Bal. or Market Value:	Front
IDAC Accident Rport: Consistent? : Yes or No	P.R. O
GIA / PR Seen: Consistent?: Yes or No	L/Bal. mm R/Bal. mm
Est. Repairs: OZ days Res.: Yes or No	D.O.A. 28/4/18 D.O.I. 3/5/19
Lum Sum: / 4 6 % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	
Vehicle: IN / OUT	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
, stati contacted.	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction 4/5 Rh Pass to Corneme	The state of the s
\$ 1854.48 (Red: 25,513.37	(93%)
	(10/6)
PECEIVED 3 TO 2019	
RECEIVED 8 7 MAI 2010	
Osta/Time, File Pass 107 : Prell. Report Da	ys Of Repair: 2
11-110 11/1/15	survey No. of Trip: Survey Fee:
	Transportation:
Add Fee:	: Site Insp (\$)_5 - RSSI
Bands TP	: Interview (\$) Photos
Report Format:	Tech Invs (\$) Others
Lump Sum / I.B.I: (S 1854.48	Weekend (\$
	1070

Catherine Chong (LKK Auto)

From:

Albert Hong <albert.hong@budgetdirect.com.sg>

Sent:

Thursday, 3 May, 2018 11:10 AM

To:

SUR; assignments

Subject:

Appoint LKK to conduct TP survey; Our Ref: C10001573

Attachments:

img-503095124-0001.pdf

Hi Team,

Please accept assignment and liaise with TP workshop.

Thank you.

Regards,

Albert Hong Senior Executive, Claims

T +65 6540 2182 F +65 6725 0853

E albert.hong@budgetdirect.com.sg



Customer Care: +65 6221 2111

Claims: +65 6221 2199

Claims (Int.): +65 6540 2199

190 Clemenceau Avenue #03-01, Singapore Shopping Centre Singapore 239924

Auto & General Insurance (Singapore) Pte. Limited (co. Reg. No. 201626103G) trading as Budget Direct Insurance.

----Original Message----

budgetdirect.com.sq

From: Candy Kong <candy.kong@transcab.com.sg>

Sent: Thursday, 3 May, 2018 11:04 AM

To: Albert Hong <albert.hong@budgetdirect.com.sg>

Subject: ARRANGE FOR SURVEY SHD5070Z

Hi Albert,

PLS ARRANGE LKK AUTO CONSULTANTS PTE LTD TO SURVEY.

Please arrange for survey as below:

SLW8436K - 28.04.2018 at 2315Hrs - SHD5070Z

Lunch time: 12pm - 1pm.

Kindly pls dun arrange survey during lunch time.

"We Agree to let your In-house surveyor assess/ survey our vehicle with estimate."

Thks & Rdgs Candy Kong Claims Service Assistant

This message is confidential. It may also be privileged or otherwise protected by work product immunity or other legal rules. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone. Please send us by fax any message containing deadlines as incoming e-mails are not screened for response deadlines. The integrity and security of this message cannot be guaranteed on the Internet

This email is sent by Auto & General (SEA) Services Pte. Limited or a related body corporate (Auto & General) and is for the intended addressee. The views expressed in this email and attachments (email) reflect the views of the stated author but may not reflect views of Auto & General. This email is confidential and subject to copyright. It may be privileged. If you are not the intended addressee, confidentiality and privilege have not been waived and any use, interference with, or disclosure of this email is unauthorised.

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID: Vehicle Details	3878K
Vehicle No.:	SHD5070Z
Vehicle to be Exported:	Yes
Intended De-registration Date:	02 May 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C003310
Chassis No.:	VF1ABL15AUC283330
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	29 Dec 2017
First Registration Date:	29 Dec 2017
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$19,998.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Dec 2025
PARF Rebate Amount: Intended COE Rebate Details	\$14,998.00
COE Expiry Date:	28 Dec 2025
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$34,159.00
COE Rebate Amount:	\$27,327.00
Total Rebate Amount: Message	\$42,325.00

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.

The information contained herein is correct as at 02 May 2018

ОК

MTC\$18056915 / Trans-Cab Services Pte Ltd + HQ ENTRY DATE & TIME: 02/05/2018 10:22 SUBMITTED BY: Kek ZhoWei

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 02/05/2018 10:48

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.

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	02/05/2018 10:22	
Date Of Accident	28/04/2018 23:15	
Exact Location Of Accident	SYED ALWI ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD5070Z	
Insured/Policyholder		

TRANS-CAB SERVICES PTE LTD Name Of Registered Owner

200303878K Co Reg No

CLAIMS@TRANSCAB.COM.SG Email Address

Mobile Phone No

OFFICE-62876666 Alternative Phone No

Vehicle Particulars

RENAULT Manufacturer

LATITUDE-2.0 D DCI (A) Model

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

AXA INSURANCE PTE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

YES Fleet Policy

VPX/P1680520 Policy Number

Cover Note Number

Driver

LOW CHENG LAM Name of Driver

S1497955G NRIC No 22/02/1961 Date Of Birth OUTDOOR Occupation 09/10/1981 Date Of Driving Pass

36 YEARS AND 6 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-81818226 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

Address

BLK 120 MCNAIR ROAD

#05-93

Postcode

320120

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

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)

NO

soliciting/offering accident claims assistance.

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

ROCHER N.P.C

Police Station Address

ROAD: 11 KAMPONG KAPOR ROAD, POSTCODE: 208678, COUNTRY:

SINGAPORE

Police Station Contact

TEL NO: 1800-2949999 - FAX NO:

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO POLICE REPORT

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera? Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLW8436K

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)

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.
- 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
- 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' lewyers/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.

Driver's Signature

(If driver is not the policyholder)

Date & Time: 3 0 APR 2018

Reporting Centre Personnel's Signature

Name:

JASMINE TAN SIEW KIM

NRIC/FIN No.:

S7405636I

Policyholder's Signature Date & Time:

Sketch Plan #2 Pg. 1

	+++++++++++++++++++++++++++++++++++++++	
	and the second	
	5 1 1 1 P	A : 910 50702
		B : SLO 843CK
44444		
CRIBE CIRCUMSTANCE	OF THE ACCIDENT	
RIBE CINCONSTANCE		
	Please refur to parice requit	
	Total Control	
DECEMBER OF THE PARTY OF THE PA		
National Policy Control		
ECLARATION		7
ECLARATION We declare the foregoing (articulars are true in every respect.	
ECLARATION We declare the foregoing (articulars are true in every respect.	7
CLARATION Ve declare the foregoing (articulars are true in every respect.	7
Ve declare the foregoing p	MA	Reporting Centre Personnel's Signature
ECLARATION We declare the foregoing of the declare the declare the declare the declare the declare the declare the foregoing of the declare	Driver's Signature (If driver is not the policy policy)	Reporting Centre Personnel's Signature Name: JASMINE TAN SIEW KIIN

GIARLAC SketchPlanForm_V3

POLICE REPORT Pg. 1





100

Report No. T/20180429/2005

1 of 3

Police Station Of Origin:

Rochor N.P.C

11 Kampong Kapor Road SINGAPORE

208678

Tel No: 1800-2949999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: Vide Report No.: Station Diary No.: 28

29/04/2018 01:31 Informant's Particulars Address: Name of Informant: APT BLK 120 MCNAIR ROAD #05-93 SINGAPORE 320120 LOW CHENG LAM Contact No.: ID Type / ID No.: Mobile: 81818226 Home/Office: NRIC NO / \$1497955G Email: Nationality: SINGAPORE CITIZEN Type of Informant: Date of Birth: Age: Sex: 22/02/1961 Driver Male 57 Institution / School Name: Language: Race: English Chinese Driving Licence Information: Occupation: Date of Expiry: Class: Taxi driver

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 28/04/2018 11:15	Type of Location: Traffic light
Location: Along Road 1 SYED ALWI VICTORIA S				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control:		Traffic Volume: Light
Type of Colli	sion: ving Vehicles - Head To R	ear		Anyone conveyed by ambulance: No

	hicle involved	Make See Modelr	Condition	No of Passeng
enicle No.	Car	Make	Slightly Damaged	0
SLW8436K	Car		Slightly Damaged	1

POLICE REPORT Pg. 1



T/20180429/2005

2 of 3

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE Tel No: 1800-2949999

Report No. T/20180429/2005

CONTINUATION OF REPORT

On the above mentioned date, time and location, I was making a left turn at the traffic light junction when B1's vehicle cut into my lane. As a result, the right front of my vehicle collided into the left rear of B1's vehicle. I wanted to settle the matter privately but B1 refused to do so. I smelt alcohol and decided to call for the police. While I was calling the police, B1 left in his vehicle.

POLICE REPORT Pg. 1

CONTINUATION OF REPORT





3 of 3

Report No. T/20180429/2005

Police Station Of Origin: Rochor N.P.C 11 Kampong Kapor Road SINGAPORE 208678 Tel No: 1800-2949999

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:	Signature of Informatic
Signature Of Interpreter: Not applicable	Date/Time: 29/04/2018 01:31
Officer In Charge Of Case: TP / GIT / Staff Sgt LEE GUANG HUI Contact No.: 65476138	Classification Of Case:
Authentication Stamp	Popula

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

SHD 5070Z

AAD1804-299

Not Norheins Renny B4 paint \$1854.49

SHD 5070Z

VF1ABL15AUC283330

RENAULT

LATITUDE

28.4.2018

AUTO & GENERAL

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

PART

LIST

		Bu 1250122
1	BUMPER COVER FRT	\$ 1,259.42
1	BUMPER SPOILER FRT	\$ 181.75
1	BUMPER ABSORBER FRT	\$ Jy 394.68
1	BUMPER RETAINER FRT RH	\$ رم 150.77
1	BUMPER SUPPORT FRT	\$ رم 123.88
1	BUMPER UNDERTRAY FRT	\$ Sn 472.83
1	BUMPER GRILLE LOWER FRT	\$ ∫ _m 266.80
1	BUMPER FOG LAMP GRILLE RH	\$ √s 207.21
1	BUMPER BEAM FRT	\$ N 914.08
1	HEADLAMP RH	\$ مر 1,184.43
1	HEADLAMP PANEL FRT RH	\$ n 152.15
1	FENDER PANEL FRT RH	\$ n 783.83
1	WHEELARCH FRT RH	\$ 5 5 278.84
1	FENDER BRACKET LOWER RH	\$ <i>∽</i> 15.79
1	FENDER INSULATOR RH	\$ J⊷ 130.84
1	DOOR PANEL FRT RH	\$ N 2,844.66
1	RADIATOR GRILLE	\$ √ 1,707.78
1	RADIATOR GRILLE BADGE 'RENAULT'	\$ n 225.36
1	RADIATOR GRILLE FRAME	\$ [₽] ~ 1,353.75
1	RADIATOR FAN COWLING	\$ J∽ 820.54
1	RADIATOR FAN MOTOR LH	\$ √∽ 967.36 J
1	RADIATOR FAN MOTOR RH	\$ ا 1,479.46 م
1	DOOR MIRROR ASSY RH	\$ √ 1,483.40
1	DOOR PANEL FRT RH	\$ n 2,844.66

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

Trans-cab Auto Services Pte Ltd

AAD1804-299

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No.: 6287 6666

Fax No.: 6257 1330

CO./GST Reg. No. 201019626G

SHD 5070Z

Specical Nett

	TOTAL PARTS	\$ 18,657.85
	TOTAL	\$ 438.00
1	FRONT DOOR STICKER 'Chassis'	\$ 22 50.00 J
1	FRONT DOOR STICKER 'Trans-cab'	\$ مم 80.00
1SET	WHEELARCH CLIP FRT RH	\$ امر _{30.50}
2	FRAME FULL SUPPORT PANEL STUD	\$ مم _{30.00}
2	FRAME FULL SUPPORT PANEL NUT	\$ مر 20.00 /
1SET	FRAME FULL SUPPORT PANEL CLIP	\$ ~~ 70.00 }
1SET	BUMPER GRILLE LOWER CLIP	\$ ~~ 69.00 (
1	BUMPER SUPPORT CLIP FRT RH	\$ 10.50
1	BUMPER BRACKET CLIP FRT RH	\$ Na 12.00
1SET	BUMPER CLIP FRT	\$ Ma 66.00 -

LABOUR

Panel beating, knocking and straightening the	1	9
necessary portion, remove and renewal of par	ts,	2001
adjust and realign the same	\$	3,500.00
Putty and spray painting of the affected portion	on. \$	3,000.00 440
To rust-proofing of the affected areas.	\$	~~ 170.00 X
To remove and refit interior fittings, trimings,		
garnish, fittings and other, to enable repair.	\$	~~380.00 X
To check steering geometry and computer wh	neel	
alignment	\$	220.00 🗸
To transfer of tire, rim and on wheel balancing	g. \$	an 170.00 X
To Check Electrical Lighting Concerned.	\$	170.00 /5/

Trans-cab Auto Services Pte Ltd

AAD1804-299

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No.: 6287 6666

Fax No.: 6257 1330

CO./GST Reg. No. 201019626G

SHD 5070Z

PART-BY-PART (REPAIR DAY)	2 day,
Over All Total	\$ 27,367.85
TOTAL	\$ 8,710.00
To vacuum, replace, refix and recharge Air Intercooler	\$ ∿∿ 170.00 X
To replace, refix and top up coolant for radiator	\$ ~~ _{170.00} X
To vacuum, replace, refix and recharge air condenser	\$ ~~ 380.00 X
To transfer of front fender fittings, attachment and perform water seepage test.	\$ ~~ 380.00 X

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:



ESTIMATED NORMAL PERIOD FOR REPAIR:

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 Internat	ionale Des Experts En Auton	nobile
AUT	O & GENERAL IN:	SURANCE (S) PL	Ref : CS/AGI180080	83/Ktbn2
190			Date: 10-05-2018	
1.		Policy Particular	s :- THIRD PARTY CLA	IM
	Insured Veh.	SLW 8436K	Veh. Inspected	SHD 5070Z
-	Policy No.		Coverage (\$)	0.00
	Claim No.	C10001573	Excess (\$)	0.00
	Assign From	ALBERT HONG	Assign Date	03/05/2018
2.		Vehicle Par	ticulars & Condition	
	Make & Model	RENAULT LATITUDE (A)	c.c	1995
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	VF1ABL15AUC283330	Colour	WHITE / RED
	Odometer	20463	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.	the later the	Cond	itions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	215/60 R16	GOODYEAR	8 mm
	L/H Front Tyre	215/60 R16	GOODYEAR	8 mm
	R/H Rear Tyre	215/60 R16	GOODYEAR	8 mm
	L/H Rear Tyre	215/60 R16	GOODYEAR	8 mm
4.			tion of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE C)/S FRONT PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Gene	ral Information	
	Accident Date	28/04/2018	Inspection Date	03/05/2018
	Survey held at	TRANS-CAB AUTO SERVICE	S PTE LTD	
		NO.2 ANG MO KIO ST 63 SINGAPORE 569111		
5a.			Remarks	
100000	A)THE INSPECTION	ON WAS CONDUCTED ON A"VICE TO YOUR INSTRUCTIONS,	VITHOUT PREJUDICE" BAS WE HAVE NOT AUTHORIS	SIS. SED REPAIRS.
5b.			te Days of Repair	

2 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 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 5070Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BUMPER COVER FRT	BUCKLED	1,259.42	1,259.42
1	BUMPER SPOILER FRT	SERVICEABLE	181.75	13
1	BUMPER ABSORBER FRT	SERVICEABLE	394.68	8
1	BUMPER RETAINER FRT RH	SERVICEABLE	150.77	13
1	BUMPER SUPPORT FRT	SERVICEABLE	123.88	
1	BUMPER UNDERTRAY FRT	SERVICEABLE	472.83	8
1	BUMPER GRILLE LOWER FRT	SERVICEABLE	266.80	100
1	BUMPER FOG LAMP GRILLE RH	SERVICEABLE	207.21	8.
1	BUMPER BEAM FRT	TO REPAIR SEE LABOUR	914.08	19
1	HEADLAMP RH	SERVICEABLE	1,184.43	
1	HEADLAMP PANEL FRT RH	TO REPAIR SEE LABOUR	152.15	83
1	FENDER PANEL FRT RH	TO REPAIR SEE LABOUR	783.83	59
1	WHEELARCH FRT RH	SERVICEABLE	278.84	10
1	FENDER BRACKET LOWER RH	SERVICEABLE	15.79	8
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	TO REPAIR SEE LABOUR	2,844.66	
	LESS 10% DISCOUNT		-2,024.42	-125.94
			18,219.85	1,133.48
	SPECIAL NETT ITEMS			
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	

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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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET BUMPER GRILLE LOWER CLIP (SN)	NOT NECESSARY	69.00	2.5
1	SET FRAME FULL SUPPORT PANEL CLIP (SN)	NOT NECESSARY	70.00	-
2	FRAME FULL SUPPORT PANEL NUT (SN)	NOT NECESSARY	20.00	150
2	FRAME FULL SUPPORT PANEL STUD (SN)	NOT NECESSARY	30.00	
1	SET WHEELARCH CLIP FRT RH (SN)	NOT NECESSARY	30.50	172
1	FRONT DOOR STICKER "TRANS-CAB" (SN)	NOT NECESSARY	80.00	10-
1	FRONT DOOR STICKER "CHASSIS" (SN)	NOT NECESSARY	50.00 438.00	
	LABOUR		400.00	00.00
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF BUMPER BEAM FRT, HEADLAMP PANEL FRT RH, FENDER PANEL FRT RH, DOOR PANEL FRT RH AND DOOR PANEL FRT RH.		3,500.00	200.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		3,000.00	440.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	
	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	15.00
	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	
	±1		1 :	
	±1		1 .	1
			8,710.00	655.00
	GRAND TOTAL		27,367.85	1,854.48



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RECOMMENDED COST OF REPAIRS 1,854.48

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KONG SENG CHEONG

Licensed Appraiser