

ASS. REC. BY:

REF: CS/TP18021103/Ktd3n2

ASSIGNMENT

Kenneth

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Tons 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.

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or NoLum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: S10 9800H Yr Regn: 04, 14Type: M.Car / M.Cycle / Bus / Van / Lorry / ☒ Taxi / Prime Mover /

Truck / Trailer or

Make: Renault Latitude C.C. 1995Colour: White A/C: Insured / Std / NI / NASp. Reading: 109592 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: V1-1 ABC 15 AUC 277312Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /TOYO / YOKO or CFront 7 mm Rear 7 mmR/Bal. 7 mm L/Bal. 7 mmD.O.A. 12/15 D.O.I. 17/12/15

Survey held at _____

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Part by Part \$3,374.17 (Red: 7930.23 : 34.6) Mon 20

Submit bill first the survey report

RECEIVED 22 NOV 2018

Date/Time, File Pass to?

1) 22/11/2018

Date/Time, File Return to?

2) _____

3) _____

4) _____

5) _____

6) _____

Prel. Report: _____

TOTAL
LOSS

KIV FOR

100

Survey Fee:

Basic & Add.

S + RS, SI

Photos

Others

TOTAL

Date: 16X15-246170+240501580SSS

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 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	26/02/2015 10:44
Date Of Accident	13/02/2015 22:30
Exact Location Of Accident	BOON LAY DRIVE
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9800H
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcabservices.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 D 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	Taxi

Insurance Company

Name of Insurance Company	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH/
Cover Note Number	

Driver

Name of Driver	TAN WAN MENG
NRIC No	S0563673F
Date Of Birth	01/01/1948
Occupation	Outdoor
Date Of Driving Pass	22/05/1968
Driving Experience	46 Years And 8 Months
Gender	Male
Mobile Number	(Local) +65-87102502
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 49 TANGLIN HALT ROAD #01-365
Postcode	142049
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- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	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 [Other]	TRAFFIC POLICE DIVISION HQ
Was notice of intended Prosecution given?	No
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT.

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB3882X
Vehicle Make/Model/Colour	HYUNDAI SONATA / YELLOW
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 willful 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 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.
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

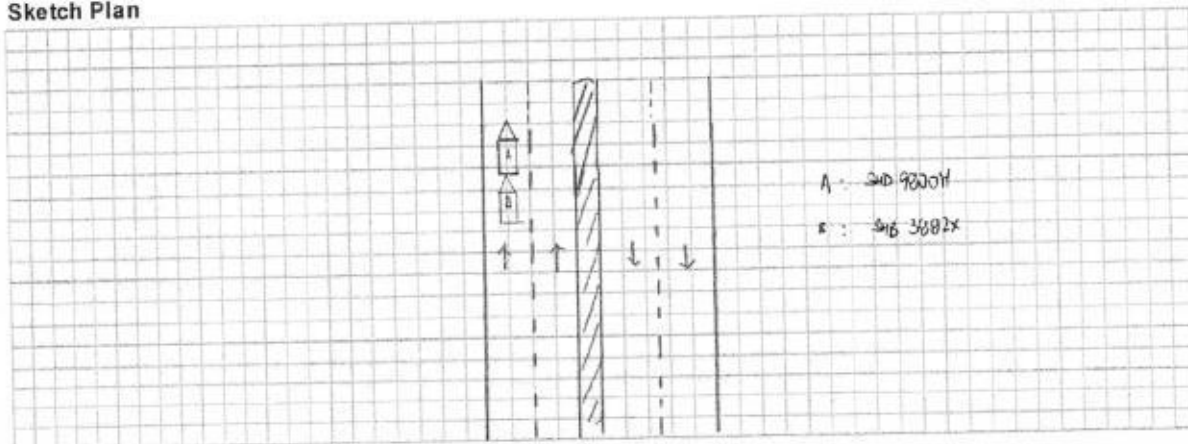
(c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date & Time

Driver's Signature (If driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstances of the Accident

Refer to police report

Declaration

We declare the foregoing particulars are true in every respect.



16 FEB 2015

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel

Sketch Plan Pg.3

Police Station Of Origin :



Serial No. F 03223

Report No. 7/20150215/----

IP No. - 2113

IO In-charge: 10 BITIJA RINA

REPORT OF A TRAFFIC ACCIDENT

Date and Time Report Made: 15/2/15 @ 1710hrs	Vide Report No.: -	Station Diary No.: -
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Informant's Particulars		Address: 6149 Tanglin Rd #01-365		Postal Code:
Name of Informant: Tan Guan Meng				
ID Type/No: S0563673F	Date of Birth: 1948	Contact No.: Home:	Mobile: 87102502 Office:	Driving Licence Information :- Class: 3 Date of Expiry:
Race: Chinese	Age: 6566	Sex: M	Type of Informant: <input checked="" type="checkbox"/> Driver <input type="checkbox"/> Rider <input type="checkbox"/> Cyclist <input type="checkbox"/> Vehicle Owner <input type="checkbox"/> Pedestrian <input type="checkbox"/> Passenger <input type="checkbox"/> Pillion <input type="checkbox"/> Police Officer <input type="checkbox"/> Others (specify)	
Occupation: (state name and address of work place if you are working or name of school/institution if you are a student) Taxi Driver				

General Information on the Accident		Date of Accident: 13/2/15	Type of Location:
Type of Accident:	<input type="checkbox"/> Fatal <input checked="" type="checkbox"/> Injury <input type="checkbox"/> Non-Injury	Time of Accident: 2230hrs	<input type="checkbox"/> Bend <input type="checkbox"/> Flyover <input type="checkbox"/> Roundabout <input type="checkbox"/> Bridge <input type="checkbox"/> Gradient <input checked="" type="checkbox"/> Straight Road <input type="checkbox"/> Car Park <input type="checkbox"/> X-junction <input type="checkbox"/> T-junction <input type="checkbox"/> Y-junction <input type="checkbox"/> Private Property <input type="checkbox"/> Others (specify)
For non-injury, involved: <input type="checkbox"/> Foreign vehicle <input type="checkbox"/> Pedestrian / Cyclist <input type="checkbox"/> Hit & Run <input type="checkbox"/> Police vehicle			

Location of Accident (state road name and specify landmark [if any]. If accident occurred at junction, state all road names that form the junction)

Boon Lay Drive

Type of Collision:		(ii) Moving Vehicle Against:	Weather:
(i) Between moving vehicles <input type="checkbox"/> Head on <input type="checkbox"/> Side Swipe (same direction) <input type="checkbox"/> Head to Rear <input type="checkbox"/> Side Swipe (opposite direction) <input type="checkbox"/> Head to Side <input type="checkbox"/> Others (specify)		<input type="checkbox"/> Parked Vehicle <input type="checkbox"/> Pedestrian <input type="checkbox"/> Animal <input type="checkbox"/> Lamp Post <input type="checkbox"/> Road Divider/Kerb <input type="checkbox"/> Others (specify)	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others (specify):
Traffic Flow: <input checked="" type="checkbox"/> One-way <input type="checkbox"/> Two-way <input type="checkbox"/> Dual Carriageway	Traffic Control: <input type="checkbox"/> Traffic Lights <input type="checkbox"/> Manual Control <input type="checkbox"/> Uncontrolled	Traffic Volume: <input type="checkbox"/> Heavy <input type="checkbox"/> Moderate <input checked="" type="checkbox"/> Light <input type="checkbox"/> No traffic	Road Surface: <input type="checkbox"/> Wet <input checked="" type="checkbox"/> Dry <input type="checkbox"/> Others (specify):
		Road Speed Limit:km/h	Drink Drive: Yes/No Anyone conveyed by ambulance: Yes/No

Details Of Vehicle(s) & Driver(s) Involved									
Vehicle No.	Type/Make /Colour	Damage (serious, slight or no damage)	Name & ID of Driver	Class of D/Lic & Exp Date	Contact No	Degree of Injury & Days Given M/Leave	Name of Insurance Co.	Insurance Cert. No.	Validity Period of insurance
SHD9200H	Red	slight	Tan Guan Meng	3	87102502	3	-	-	-
3HB3882X	Yellow	slight	-	-	-	-	-	-	-

Details of Other Person(s) Involved (Passenger, Pedestrian, Pillion, etc.)							
Name	ID No.	Related Vehicle	Contact No.	Degree of Injury	Days Warded	Days given Medical Leave	Hospital/Clinic

Sketch Plan Pg.4

Police Station Of Origin :



Report No. T/20150215/
IP No. -2112
IO In-charge: IO - JHS
SIT/JABRINA

CONTINUATION OF REPORT

Information on Pedestrian(s) Involved		
Any Pedestrian Involved: Yes / <u>No</u>		
No. of Pedestrians Injured:	Whether Pedestrian Crossing Was Used: <input type="checkbox"/> Used <input type="checkbox"/> Not Used <input type="checkbox"/> Not Available	Pedestrian's Degree of Injury: <input type="checkbox"/> Killed <input type="checkbox"/> Seriously Injured <input type="checkbox"/> Slightly Injured <input type="checkbox"/> Not Injured
Information on Eyewitness		
Any eyewitness available: Yes / <u>No</u>		Eyewitness' Particulars Available: Yes / <u>No</u> (if Yes to both, please provide the eyewitness' particulars and contact number to the Investigation Officer)

Brief Details. This report shall be signed by the informant.

on the 13/2/2015 at about 2230hrs, I was driving along Boon Lay Drive. I stopped at the traffic light and there were two other vehicles in front of mine. I did not hear any braking sounds and suddenly felt an impact from the rear part of my vehicle. I then went out of my vehicle to check on the damages. I took his vehicle number and not the driver's particulars. I went to Mt Alvernia hospital and received 3 days of MC.

<p>Instructions</p> <p>1. Number each vehicle and show direction of travel by arrow.</p> <p>→ 1 ← 2 ←</p> <p>2. Number each pedestrian and show direction by arrow. → ①</p> <p>3. Use solid line to show path of vehicle before accident after accident. ———→ 1</p> <p>4. Show distance and direction to landmarks, identify by name.</p> <p>5. Include road signs and any other important physical features.</p>	<p>Sketch Plan</p>
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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 the Traffic Police at 65474749 stating the report number as reference.

Rank/Name/Signature Of Officer Recording The Report: Sgt 130293 Haigal
Name/Signature Of Interpreter: Sik 46-2 Commonwealth Dr #01-582A S(140462) Tel: 18001-473 9999
Investigation Officer In-Charge Of Case:

Signature Of Informant: <i>[Signature]</i>
Date: 15/02/2015
Classification Of Case:

Authentication Stamp

Accident Photo



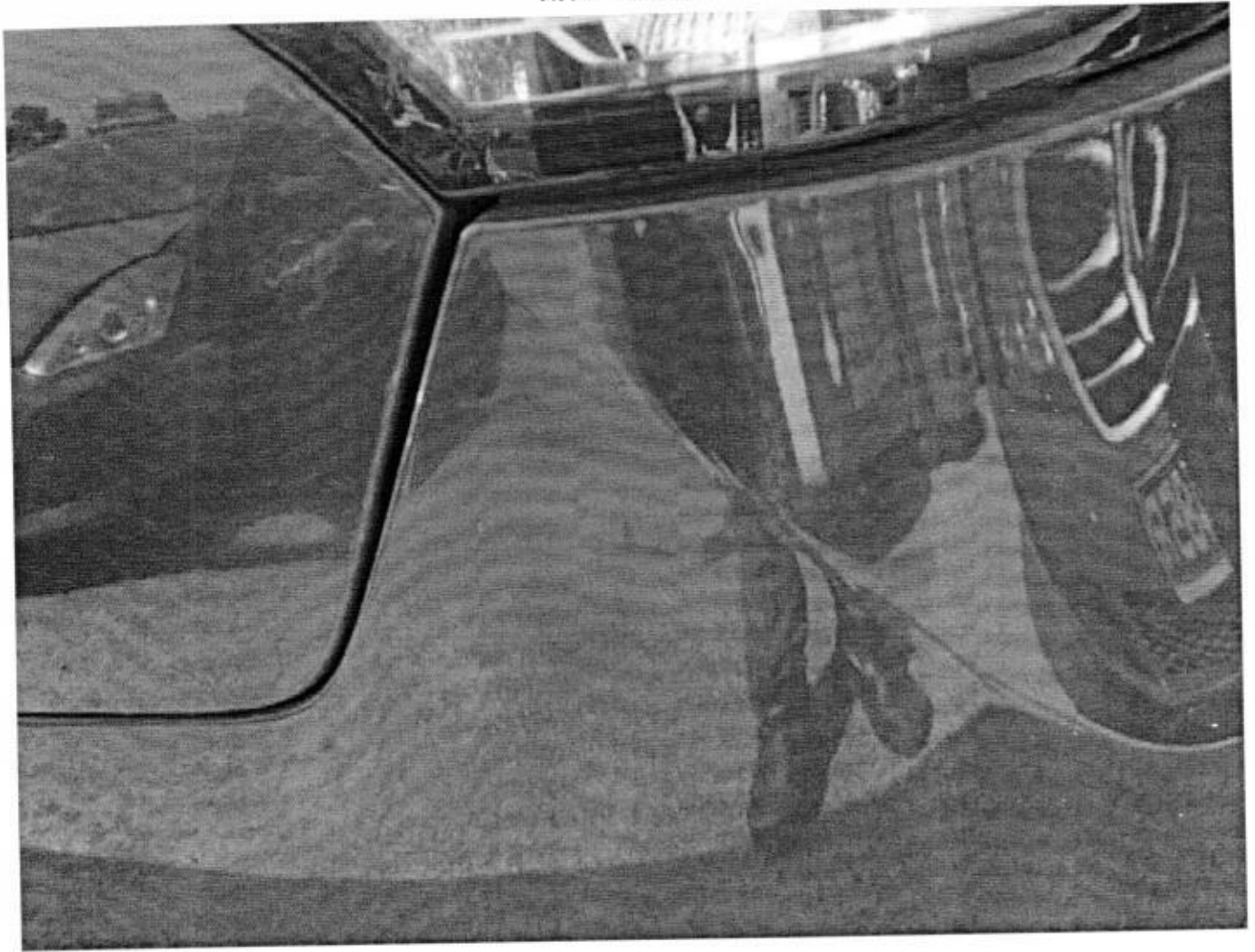
Accident Photo



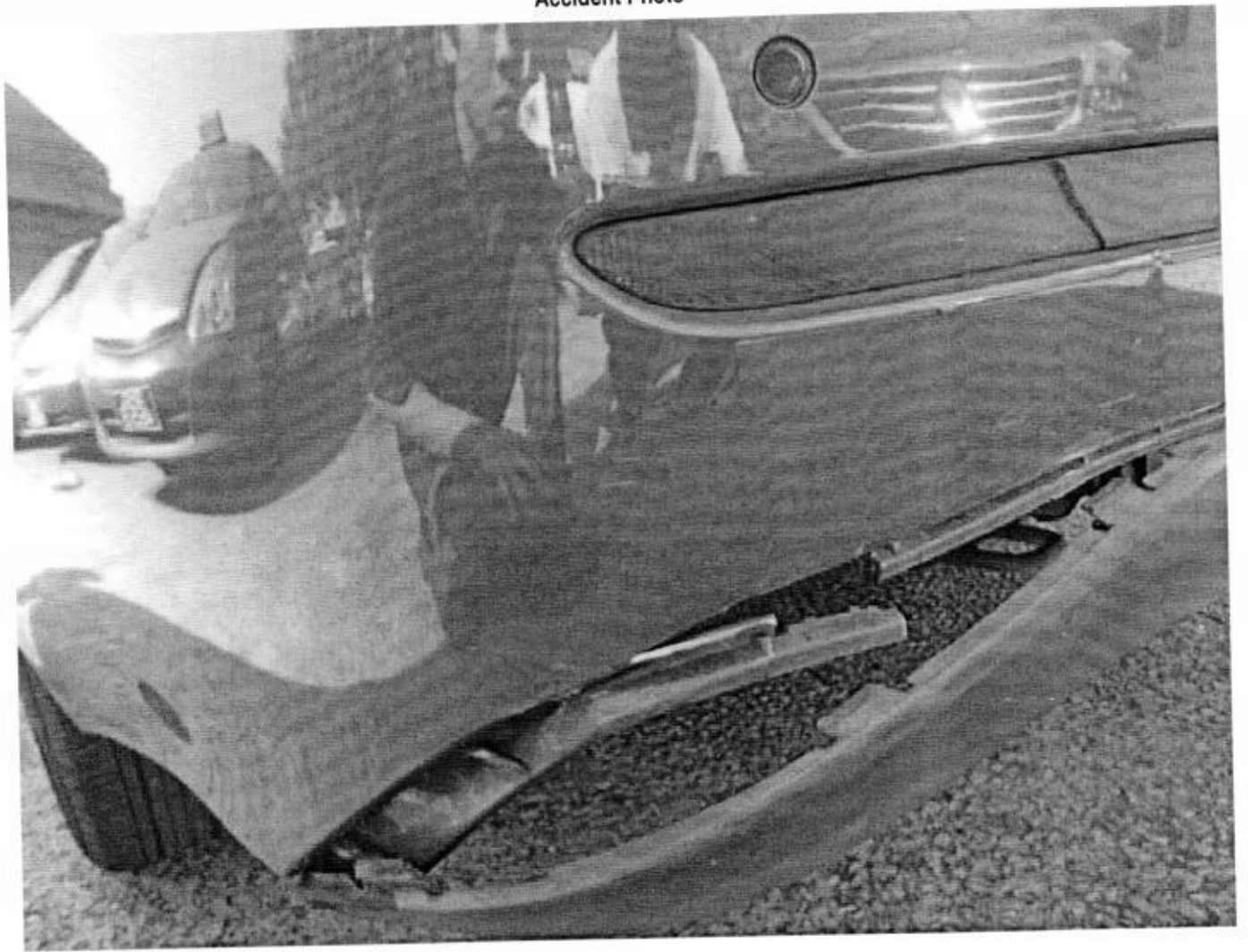
Accident Photo



Accident Photo



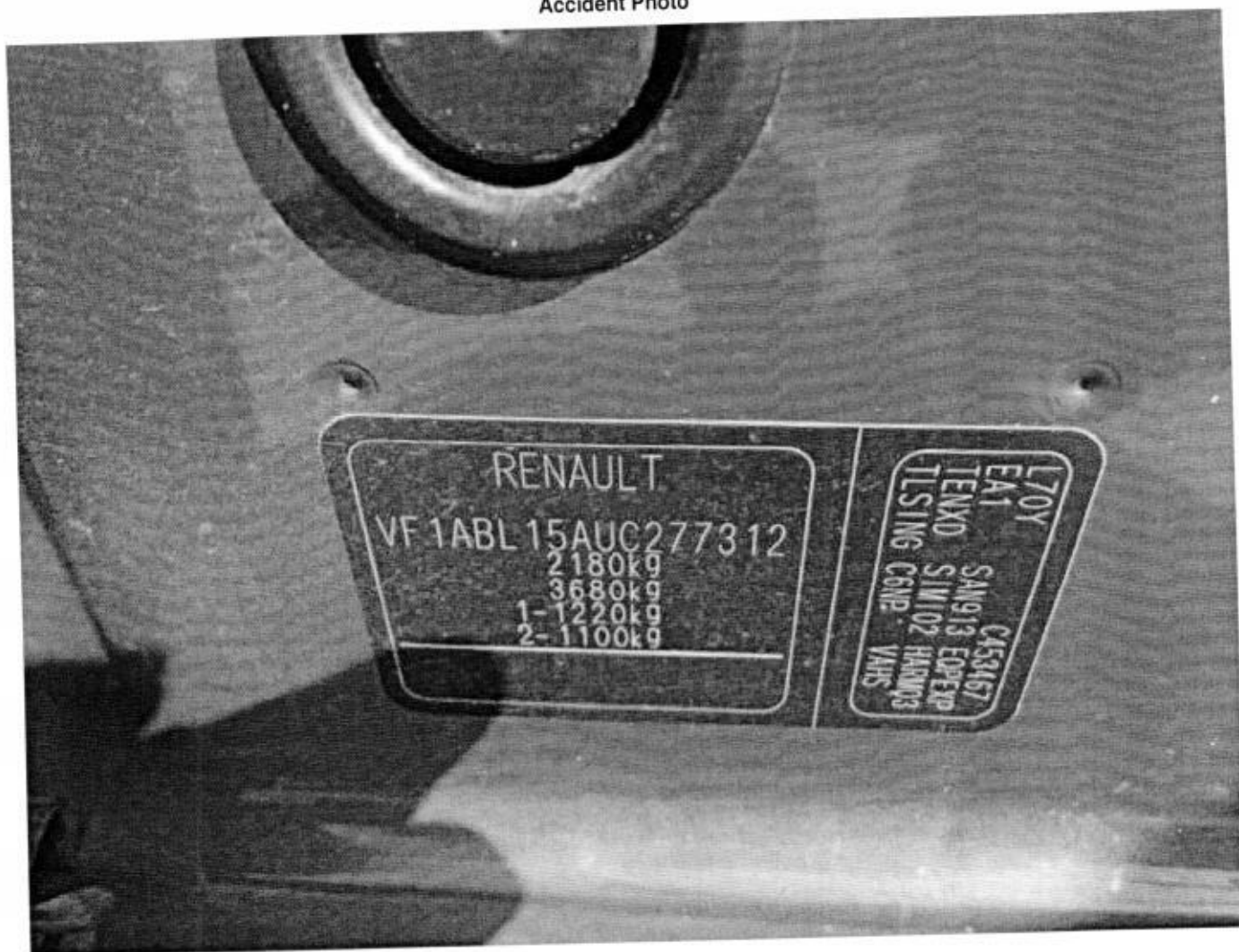
Accident Photo



Accident Photo



Accident Photo



Accident Photo



TRANS-CAB AUTO SERVICES PTE LTD
 NO.42 SUNGEI KADUT ST 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019826G
SHD 9800H - FCIL

Not Notarized
1-B-1

No G/A report??

Vehicle No.: 93,689.96
 Chassis No.:
 Vehicle Make: 7b 93,948.25
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :

SHD 9800H - JS
 VF1ABL15AUC277312
 RENAULT
 LATITUDE
 13.02.2015
FCIL

JS

PART**LIST**

1	1	BUMPER COVER REAR	\$
2	1	BUMPER LOWER REAR	\$
3	1	BUMPER BRACKET CTR REAR	\$
4	1	BUMEP R BRACKET SIDE RH REAR	\$
5	1	BUMEP R RETAINER RH REAR	\$
6	1	BUMPER REFLECTOR RH	\$
7	1	BUMEP R BRACKET SIDE LH REAR	\$
8	1	BUMEP R RETAINER LH REAR	\$
9	1	BUMPER REFLECTOR LH	\$
10	1	BUMPER BEAM REAR	\$
11	1	BUMPER BEAM BRACKET LH REAR	\$
12	1	BUMPER BEAM BRACKET RH REAR	\$
13	1	BOOT REAR	\$
14	1	BOOT FINISHER (Moulding)	\$
15	1	BOOT WHEATERSTRIP	\$
16	1	BOOT REFLECTOR LAMP LH	\$
17	1	BOOT REFLECTOR LAMP RH	\$
18	1	BOOT BADGE 'RENAULT'	\$
19	1	BOOT BADGE	\$
20	1	BOOT STRUT (SPRING)	\$
21	1	BOOT HINGE LH	\$
22	1	BOOT HINGE RH	\$
23	1	BOOT LOCK	\$
24	1	BOOT LOCK CATCH	\$
25	1	FENDER PANEL REAR LH	\$
26	1	WHEELARCH REAR LH	\$
27	1	FENDER PANEL REAR RH	\$
28	1	WHEELARCH REAR RH	\$
29	1	TAILLAMP LH	\$
30	1	TAILLAMP RH	\$
31	1	SPARE WHEEL PANEL (Luggage Floor Panel)	\$
32	1	SPARE WHEEL PANEL TRIM	\$
33	1	OUTER PANEL REAR (End Panel)	\$
34	1	OUTER PANEL REAR (End Panel)TRIM	\$

<i>Br/101</i>	710.55	✓
<i>Rt</i>	492.84	✓
<i>Sm</i>	72.74	X
<i>NSP</i>	87.16	X
<i>Rec</i>	28.84	X
<i>Stk</i>	27.96	X
<i>NSP</i>	87.16	X
<i>Sm</i>	28.84	X
<i>CMA</i>	27.96	✓
<i>Rt</i>	498.41	✓
<i>Rt</i>	144.84	✓
<i>R</i>	144.84	X
<i>R</i>	1,841.46	X
<i>Sm</i>	358.25	X
<i>Sm</i>	207.08	X
<i>Sm</i>	316.25	X
<i>Sm</i>	316.25	X
<i>Sm</i>	144.46	✓
<i>Sm</i>	144.46	✓
<i>Sm</i>	176.97	X
<i>R</i>	235.80	X
<i>R</i>	235.80	X
<i>R</i>	129.92	X
<i>R</i>	60.00	X
<i>R</i>	2,114.83	X
<i>R</i>	348.38	X
<i>R</i>	2,114.83	X
<i>R</i>	348.38	X
<i>Sm</i>	354.20	X
<i>Sm</i>	354.20	X
<i>R</i>	1,403.77	X
<i>Sm</i>	392.44	X
<i>R</i>	943.44	X
<i>Sm</i>	259.33	X

TOTAL	\$	15,152.64
10%	\$	1,515.26
	\$	13,637.38

JS

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 TEL NO.6287 8866 FAX NO.6366 8862
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 SHD 9800H - FCIL

Specical Nett

1SET	PARKING AID	\$	Sm 600.00 X
1SET	REAR BUMPER CLIP	\$	nn 66.00 —
1SET	BUMPER BRACKET CTR CLIP	\$	nn 33.00 —
1SET	BUMEPR BRACKET SIDE CLIP RH RR	\$	nn 10.00 X
1SET	BUMEPR BRACKET SIDE CLIP LH RR	\$	nn 20.00 X
1SET	BUMEPR RETAINER RH CLIP RR	\$	nn 10.00 X
1SET	BUMEPR RETAINER CLIP LH RR	\$	nn 20.00 X
1SET	BUMPER LOWER REAR RIVET	\$	nn 22.00 —
1SET	BUMPER LOWER REAR CLIP	\$	nn 66.00 —
1SET	BUMPER BEAM BOLT	\$	Sm 33.00 X
1	EXHAUST MOUNTING REAR	\$	Sm 17.82 X
1SET	BOOT FINISHER NUT	\$	Sm 24.20 X
1	BOOT STICKER "Trans-cab"	\$	nn 30.00 —
1	BOOT STICKER "6555-3333"	\$	nn 30.00 —
1SET	WHEELARCH REAR LH CLIP	\$	nn 35.00 X
2	Rear windscreen sealant	\$	nn 80.00 X
1	Windscreen moulding	\$	nn 100.00 X
1	Rear Windscreen Inner Sponge Seal	\$	nn 100.00 X

TOTAL	\$	1,297.02
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TOTAL PARTS	\$	14,934.40
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To reinstall rear bumper parking sensor.	\$	170.00 601
To Rust-Proofing Of The Affected Areas.	\$	nn 170.00 X
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	4,500.00 401
Putty And Spray Painting Of The Affected Portion.	\$	4,200.00 601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	nn 170.00 X
To repair and realign rear exhaust pipe.	\$	nn 170.00 X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00 601

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JS

To transfer of rear luggage floor panel fittings, attachment and perform water seepage test.	\$	<i>nn</i> 170.00 X
To transfer of rear fender fittings, attachment and perform water seepage test.	\$	<i>nn</i> 380.00 X
To supply and re-do rear luggage floor panel insulation padding.	\$	<i>nn</i> 380.00 X
To check steering geometry and computer wheel alignment	\$	<i>nn</i> 220.00 X
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00 X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	<i>know</i> 170.00 X
To transfer of rear windscreen fittings and conduct water seepage test.	\$	<i>nn</i> 170.00 X

TOTAL	\$	6,370.00
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11210

Over All Total	\$	21,304.40
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Repair Days

2 day 13 DAYS
 (PARTS BY PARTS)

26144.40

**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/TP18021103/Ktd3n2

NO.2 ANG MO KIO STREET 63 SINGAPORE 569111

Date : 28-11-2018



Code : TP378

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SHD 9800H
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	17/02/2015

2. Vehicle Particulars & Condition

Make & Model	RENAULT LATITUDE (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	VF1ABL15AUC277312	Colour	METALLIC WHITE / RED
Odometer	109592	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	GOODYEAR	7 mm
L/H Front Tyre	215/60 R16	GOODYEAR	7 mm
R/H Rear Tyre	215/60 R16	GOODYEAR	7 mm
L/H Rear Tyre	215/60 R16	GOODYEAR	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	13/02/2015	Inspection Date	17/02/2015
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:	2 Working Days
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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

Page No.:1 of 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 9800H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	BUMPER COVER REAR	BUCKLED / DENTED	710.55	710.55
1	BUMPER LOWER REAR	BENT	492.84	492.84
1	BUMPER BRACKET CTR REAR	SERVICEABLE	72.74	-
1	BUMPER BRACKET SIDE RH REAR	NO SUCH PARTS	87.16	-
1	BUMPER RETAINER RH REAR	SERVICEABLE	28.84	-
1	BUMPER REFLECTOR RH	SERVICEABLE	27.96	-
1	BUMPER BRACKET SIDE LH REAR	NO SUCH PARTS	87.16	-
1	BUMPER RETAINER LH REAR	SERVICEABLE	28.84	-
1	BUMPER REFLECTOR LH	CRACKED	27.96	27.96
1	BUMPER BEAM REAR	BENT	498.41	498.41
1	BUMPER BEAM BRACKET LH REAR	BENT	144.84	144.84
1	BUMPER BEAM BRACKET RH REAR	TO REPAIR SEE LABOUR	144.84	-
1	BOOT REAR	TO REPAIR SEE LABOUR	1,841.46	-
1	BOOT FINISHER (MOULDING)	SERVICEABLE	358.25	-
1	BOOT WEATHERSTRIP	SERVICEABLE	207.08	-
1	BOOT REFLECTOR LAMP LH	SERVICEABLE	316.25	-
1	BOOT REFLECTOR LAMP RH	SERVICEABLE	316.25	-
1	BOOT BADGE "RENAULT"	NECESSARY	144.46	144.46
1	BOOT BADGE	NECESSARY	144.46	144.46
1	BOOT STRUT (SPRING)	SERVICEABLE	176.97	-
1	BOOT HINGE LH	TO REPAIR SEE LABOUR	235.80	-
1	BOOT HINGE RH	TO REPAIR SEE LABOUR	235.80	-
1	BOOT LOCK	TO REPAIR SEE LABOUR	129.92	-
1	BOOT LOCK CATCH	TO REPAIR SEE LABOUR	60.00	-
1	FENDER PANEL REAR LH	TO REPAIR SEE LABOUR	2,114.83	-
1	WHEELARCH REAR LH	TO REPAIR SEE LABOUR	348.38	-
1	FENDER PANEL REAR RH	TO REPAIR SEE LABOUR	2,114.83	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	WHEELARCH REAR RH	TO REPAIR SEE LABOUR	348.38	-
1	TAILLAMP LH	SERVICEABLE	354.20	-
1	TAILLAMP RH	SERVICEABLE	354.20	-
1	SPARE WHEEL PANEL (LUGGAGE FLOOR PANEL)	TO REPAIR SEE LABOUR	1,403.77	-
1	SPARE WHEEL PANEL TRIM	SERVICEABLE	392.44	-
1	OUTER PANEL REAR (END PANEL)	TO REPAIR SEE LABOUR	943.44	-
1	OUTER PANEL REAR (END PANEL) TRIM	SERVICEABLE	259.33	-
	LESS 10% DISCOUNT		-1,515.26	-216.35
			13,637.38	1,947.17
	<u>SPECIAL NETT ITEMS</u>			
1	SET PARKING AID (SN)	SERVICEABLE	600.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	66.00	66.00
1	SET BUMPER BRACKET CTR CLIP (SN)	NECESSARY	33.00	33.00
1	SET BUMPER BRACKET SIDE CLIP RH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER RH CLIP RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER BRACKET SIDE CLIP LH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER CLIP LH RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER LOWER REAR RIVET (SN)	NECESSARY	22.00	22.00
1	SET BUMPER LOWER REAR CLIP (SN)	NECESSARY	66.00	66.00
1	SET BUMPER BEAM BOLT (SN)	SERVICEABLE	33.00	-
1	EXHAUST MOUNTING REAR (SN)	SERVICEABLE	17.82	-
1	SET BOOT FINISHER NUT (SN)	SERVICEABLE	24.20	-
1	BOOT STICKER "TRANS-CAB" (SN)	NECESSARY	30.00	30.00
1	BOOT STICKER "6555-3333" (SN)	NECESSARY	30.00	30.00
1	SET WHEELARCH REAR LH CLIP (SN)	NOT NECESSARY	35.00	-
2	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	80.00	-
1	WINDSCREEN MOULDING (SN)	NOT NECESSARY	100.00	-
1	REAR WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	100.00	-
			1,297.02	247.00
	<u>LABOUR</u>			
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	60.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	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 BRACKET RH REAR,BOOT REAR,BOOT HINGE LH,BOOT HINGE RH,BOOT LOCK,BOOT LOCK CATCH,FENDER PANEL REAR LH,WHEELARCH REAR LH,FENDER PANEL REAR RH,WHEELARCH REAR RH,SPARE WHEEL PANEL (LUGGAGE FLOOR PANEL) AND OUTER PANEL REAR (END PANEL).		4,500.00	400.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		4,200.00	660.00
	TO TRANSFER OF BOOTLID FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO REPAIR AND REALIGN REAR EXHAUST PIPE.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR END PANEL FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.		170.00	60.00
	TO TRANSFER OF REAR LUGGAGE FLOOR PANEL FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO SUPPLY AND RE-DO REAR LUGGAGE FLOOR PANEL INSULATION PADDING.	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 TRANSFER OF REAR END PANEL FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	REPEATED	170.00	-
	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
			11,210.00	1,180.00
	GRAND TOTAL		26,144.40	3,374.17
	RECOMMENDED COST OF REPAIRS			3,374.17

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KONG SENG CHEONG

Licensed Appraiser

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