

ASS. REC. BY:

REF: CS/AGI19000484/KSD3

n2

Special Instruction:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Justin Wong

of

AGI

Date/Time:

9/1/19 @ 9:46am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 5733A

Insured:

SKG 9633Y

at Workshop m/s

Transcab

Tel:

6287 6666

of

No. 2 Amk St-63

Policy No:

Claim No:

C1000 2487 / AH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 08/01/2019

CA / REV / REP. / REV 24 HRS

up

H.O.D. Endorsement:

Date/Time:

10:02am 9/1/19

Person Contacted:

Amenda

Vehicle:

IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

SHC 5733A-CS / MSG / 5001065 / Kgbu2

DIA: 15/1/19

SKG 9633Y - X

ASS. REC. BY:

REF:

K21

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:

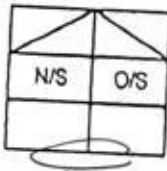
Excess:

(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 Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.:

Yes or No

Lum Sum:

20 %

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 5733A

Yr Regn:

11, 14

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

Truck / Traller or

Make:

Perault Longitude

c.c

1985

Colour:

M. White / Red

AC:

Insured / Std / NI / NA

Sp. Reading

444 929

TRadio:

Insured / Std / NI / NA

Eng/No:

C/No:

VI-1ABL15AUC - 280386

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: N/A / 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

R/Bal.

J

mm

Rear

R/Bal.

9

mm

L/Bal.

J

mm

L/Bal.

9

mm

D.O.A.

8/1/19

D.O.I.

9/1/19

Survey held at

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

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

RECEIVED 21 JAN 2019

Date/Time, File Pass to?

21/01/19

1)

Type

Date/Time, File Return to?

2)



: Prell. Report



: Final Report

Days Of Repair:

2

Resurvey No. of Trip:

Survey Fee:

Transportation:

S - RS - SI

Fixes

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Report Format :

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

1,850/- L/S

TOTAL

450

Nivitha (LKK Auto)

From: Justin Wong <justin.wong@budgetdirect.com.sg>
Sent: Wednesday, 9 January 2019 9:46 AM
To: assignments@lkkauto.com
Subject: Arrange for survey for SHC5733A || Claim: C10002487/AH
Attachments: image001.wmz; img-109084641.pdf

Hi Team,

Kindly assist with TP PRS on without prejudice basis.

Thank you.

Regards,

Justin Wong
Executive, Claims

T +65 6540 2184
F +65 6725 0853
E justin.wong@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
budgetdirect.com.sg

auto  general

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

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From: Amanda Tay <amanda.tay@transcab.com.sg>
Sent: Wednesday, 9 January, 2019 8:50 AM
To: Julie Mangubat <julie.m@budgetdirect.com.sg>; Lincoln Yeo <lincoln.yeo@budgetdirect.com.sg>; Albert Hong <albert.hong@budgetdirect.com.sg>

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

Subject: Arrange for survey for SHC5733A

Dear all,

PLS ARRANGE LKK AUTO CONSULTANTS PTE LTD TO SURVEY.

Please arrange for survey as below :

SKG9633Y - 08.01.2019 at 0815Hrs – SHC5733A

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 & Rgds

Amanda Tay

Claims Service Assistant



TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63, Singapore 569111

Main Line : (65) 6287 6666 Fax Line: (65) 6257 1330

Website: www.transcab.com.sg

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Shirley Hiew (LKK Auto)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Monday, 21 January 2019 3:53 PM
To: 'Shirley Hiew (LKK Auto)'
Cc: 'SUR'; amanda.tay@transcab.com.sg
Subject: FW: TCS REF: AAD1901-073--Accident involving SHC 5733A & SKG 9633Yon 08.01.2019
Attachments: ESTIMATE.pdf; IMG_8012.JPG; IMG_8011.JPG

Dear Shirley

We confirmed COR amount \$1,850 (before GST).

Thank You
Best Regards,
Ng Wai Yin
Finance Department
TEL: 6603 1265 Ext.308

***** Please be reminded that all claims correspondence to be send to claims@transcab.com.sg**



TRANS-CAB SERVICES PTE LTD
No. 2 Ang Mo Kio Street 63, Singapore 569111
Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764
Website: www.transcab.com.sg

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From: Shirley Hiew (LKK Auto) [mailto:ShirleyHiew@lkkauto.com]
Sent: Friday, 11 January, 2019 10:05 AM
To: 'Ng Wai Yin' <waiyin.ng@transcab.com.sg>
Cc: SUR <sur@lkkauto.com>; amanda.tay@transcab.com.sg
Subject: TCS REF: AAD1901-073--Accident involving SHC 5733A & SKG 9633Yon 08.01.2019

Dear Wai Yin,

Please confirm final fig \$1,850.00 (lump sum) @ 2 days of repairs before GST.

Thank you.
Best Regards,
Shirley Hiew | 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)



This email has been checked for viruses by AVG antivirus software.
www.avg.com

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHC5733A
Vehicle to be Exported:	Yes
Intended Deregistration Date:	08 Jan 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C002259
Chassis No.:	VF1ABL15AUC280386
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	28 Nov 2014
First Registration Date:	28 Nov 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	27 Nov 2022
PARF Rebate Amount:	\$9,373.00

Intended COE Rebate Details

COE Expiry Date:	27 Nov 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,337.00
COE Rebate Amount:	\$24,937.00
Total Rebate Amount:	\$34,310.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 08 Jan 2019

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 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. 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	08/01/2019 15:43
Date Of Accident	08/01/2019 08:15
Exact Location Of Accident	IRRAWADDY ROAD
Country/State Of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5733A
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 (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	SIM CHOON CHIAN
NRIC No	S1370396E
Date Of Birth	26/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	22/12/1982
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98932033
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 195 KIM KEAT AVENUE #12-340
Postcode	310195
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
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	THOMSON NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 25 SIN MING ROAD , POSTCODE: 570025 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4529999 - FAX NO: 6 5535740
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

Please see the attach Police Report T/20190108/2082.

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	SKG9633Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UMPATHI
NRIC/Passport Number	
Contact Number	92704491
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name SIM CHOON CHIAN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5733A

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan Pg. 1

SKETCH PLAN

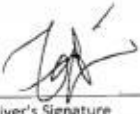
IMPORTANT NOTICE

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.

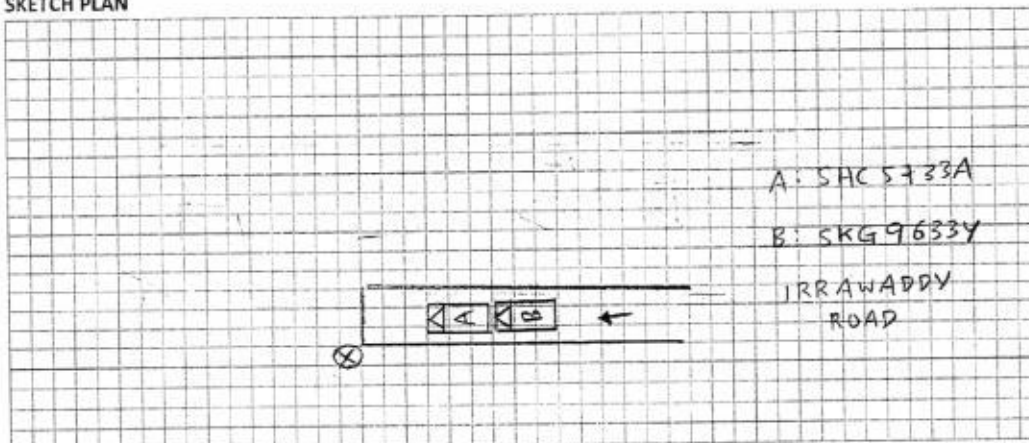
Policyholder's Signature
Date & Time:


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

Amanda
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please see the attach 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:

Amanda
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190108/2082

1 of 3

Report No. T/20190108/2082

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/01/2019 15:07		Vide Report No.:		Station Diary No.: 18	
Informant's Particulars					
Name of Informant: SIM CHOON CHIAN			Address: APT BLK 195 KIM KEAT AVENUE #12-340 SINGAPORE 310195		
ID Type / ID No.: NRIC NO / S1370396E			Contact No.: Home/Office:		Mobile: 98932033
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 26/06/1959	Type of Informant: Driver		
Race: Chinese		Language: English		Institution / School Name:	
Occupation: Taxi driver		Driving Licence Information: Class: 2A,3		Date of Expiry:	

General Information of the Accident					
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 08/01/2019 08:15	Type of Location: Straight Road	
Location: Along Road 1 IRRAWADDY ROAD					
Near Tan Tock Seng Hospital, towards newton circle.					
Weather: Clear		Road Surface: Dry		Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate	
Type of Collision: Moving Vehicle Against - Parked Vehicle				Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passengers
SHC5733A	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR	Red	Slightly Damaged	0
SKG9633Y	Car	TOYOTA	PRIUS C CVT	Black	Slightly Damaged	0

Police Report Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190108/2082

2 of 3

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

Report No. T/20190108/2082

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	SIM CHOON CHIAN	ID No.	S1370396E
Related Vehicle	SHC5733A (Car)	Contact No.	98932033
Hospital/Clinic	SIN MIN CLINIC	Class of Driving Licence & Expiry Date	Class: 2A,3 Date of Expiry: NIL
Date Treatment	08/01/2019	Date Discharge	08/01/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	UMAPATHI	ID No.	NIL
Related Vehicle	SKG9633Y (Car)	Contact No.	92704491
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 08/01/2019 at about 0815hrs, I was driving my vehicle(SHC5733A) along Irawaddy Road and was stopped and parked at a traffic light that was red. I then suddenly felt an impact come from the rear of my vehicle. I thus applied my handbrakes and exited my vehicle to check what had happened. I discovered that another vehicle(SKG9633Y) had collided into the rear of my vehicle. Me and the other driver thus exchanged information and left the scene. I proceeded back to my company TransCab to return my vehicle. At that point I felt pain on my neck and I proceeded to Sin Min Clinic for medical attention and was given 3 days of MC from 08/01/2019 to 10/01/2019 for neck strain. I am lodging this report for insurance claims purpose. I do not have an in car camera.

Police Report Pg. 1



SINGAPORE
POLICE FORCE



T/20190108/2082

3 of 3

Report No. T/20190108/2082

Police Station Of Origin:
Thomson NPP
25 Sin Ming Road #01-180 SINGAPORE
570025
Tel No: 1800-4529999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 LEE QI, THEODORE 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 08/01/2019 15:07
Officer In Charge Of Case: TP / AEIT / SI ANG YI TING, STEPHANIE Contact No.: 65476414	Classification Of Case:
Authentication Stamp NP168  SINGAPORE POLICE FORCE  SIGNATURE	SN 070

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

SHC 5733A**AAD1901-073**

Not Authorised
1/1/2019 @ 1850h

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHC 5733A

VF1ABL15AUC280386

RENAULT

LATITUDE

8.1.2019

AUTO & GENERAL

28/11/2014

PART**LIST**

- | | |
|----|------------------------------------|
| 1 | 1 BUMPER COVER REAR |
| 2 | 1 BUMPER LOWER REAR |
| 3 | 1 BUMPER BRACKET CTR REAR |
| 4 | 1 BUMPER BRACKET SIDE RH REAR |
| 5 | 1 BUMPER RETAINER RH REAR |
| 6 | 1 BUMPER REFLECTOR RH |
| 7 | 1 BUMPER BRACKET SIDE LH REAR |
| 8 | 1 BUMPER 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 OUTER PANEL REAR (End Panel) |
| 14 | 1 OUTER PANEL REAR (End Panel)TRIM |
| 15 | 1 TAILLAMP LH |
| 16 | 1 TAILLAMP PANEL LH |
| 17 | 1 BOOT REAR |

\$	<i>Per</i> 1,108.46	✓
\$	<i>Roller</i> 768.84	✓
\$	<i>SL</i> 113.47	} X
\$	<i>SL</i> 135.97	
\$	<i>SL</i> 44.99	
\$	<i>SL</i> 43.61	
\$	<i>SL</i> 135.97	
\$	<i>SL</i> 44.99	
\$	<i>SL</i> 43.61	
\$	<i>H</i> 777.52	
\$	<i>H</i> 225.95	
\$	<i>H</i> 225.95	
\$	<i>H</i> 1,471.77	
\$	<i>SL</i> 404.56	
\$	<i>SL</i> 552.55	
\$	<i>H</i> 986.70	
\$	<i>H</i> 2,872.68	

\$ **9,957.60**10% \$ **995.76**\$ **8,961.84****Special Nett**

- | | |
|---|------------------------------|
| 1 | 1SET PARKING AID |
| 2 | 1SET REAR BUMPER CLIP |
| 3 | 1SET BUMPER BRACKET CTR CLIP |

\$	<i>SL</i> 700.00	X
\$	<i>SL</i> 66.00	✓
\$	<i>SL</i> 33.00	✓

Trans-cab Auto Services Pte Ltd**AAD1901-073**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5733A

4 1SET BUMPER BRACKET SIDE CLIP RH RR	\$	nn	10.00	X
5 1SET BUMPER RETAINER RH CLIP RR	\$	nn	20.00	X
6 1SET BUMPER BRACKET SIDE CLIP LH RR	\$	nn	10.00	X
7 1SET BUMPER RETAINER CLIP LH RR	\$	nn	20.00	X
8 1SET BUMPER LOWER REAR RIVET	\$	nn	22.00	X
9 1SET BUMPER LOWER REAR CLIP	\$	nn	66.00	✓
10 1 EXHAUST MOUNTING REAR	\$	Sh	17.82	X
11 2 REAR WINDSCREEN SELANT	\$	nn	80.00	X
12 1 WINDSCREEN MOULDING	\$	nn	100.00	X
13 1 REAR WINDSCREEN INNER SPONGE SEAL	\$	nn	100.00	X

TOTAL \$ 1,244.82**TOTAL PARTS \$ 10,206.66****LABOUR**

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	2201
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	2001
To Rust-Proofing Of The Affected Areas.	\$	nn	170.00 X
To reinstall rear bumper parking sensor.	\$	170.00	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 drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	nn	170.00 X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	nn	170.00 X

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SHC 5733ATo transfer of rear windscreen fittings and conduct
water seepage test.\$ *nn* 170.00 *X*To check steering geometry and computer wheel
alignment\$ *nn* 220.00 *X***TOTAL \$ 7,410.00****Over All Total \$ 26,578.50***17616.65***(LUMP SUM)****Repair Days*****10-DAYS****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) 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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI19000484/Ksd3n2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRESINGAPORE

239924

Date : 21-01-2019



Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKG 9633Y	Veh. Inspected	SHC 5733A
Policy No.		Coverage (\$)	0.00
Claim No.	C10002487/AH	Excess (\$)	0.00
Assign From	JUSTIN WONG	Assign Date	09/01/2019

2. Vehicle Particulars & Condition

Make & Model	RENAULT LATITUDE (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	VF1ABL15AUC280386	Colour	METALLIC WHITE / RED
Odometer	444929	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	8 mm
L/H Front Tyre	215/60 R16	GITI	8 mm
R/H Rear Tyre	215/60 R16	GITI	9 mm
L/H Rear Tyre	215/60 R16	GITI	9 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	08/01/2019	Inspection Date	09/01/2019
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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5733A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BUMPER COVER REAR	BUCKLED	1,108.46	1,108.46
1	BUMPER LOWER REAR	DENTED / CUT	768.84	768.84
1	BUMPER BRACKET CTR REAR	SERVICEABLE	113.47	-
1	BUMPER BRACKET SIDE RH REAR	SERVICEABLE	135.97	-
1	BUMPER RETAINER RH REAR	SERVICEABLE	44.99	-
1	BUMPER REFLECTOR RH	SERVICEABLE	43.61	-
1	BUMPER BRACKET SIDE LH REAR	SERVICEABLE	135.97	-
1	BUMPER RETAINER LH REAR	SERVICEABLE	44.99	-
1	BUMPER REFLECTOR LH	SERVICEABLE	43.61	-
1	BUMPER BEAM REAR	TO REPAIR SEE LABOUR	777.52	-
1	BUMPER BEAM BRACKET LH REAR	TO REPAIR SEE LABOUR	225.95	-
1	BUMPER BEAM BRACKET RH REAR	TO REPAIR SEE LABOUR	225.95	-
1	OUTER PANEL REAR (END PANEL)	TO REPAIR SEE LABOUR	1,471.77	-
1	OUTER PANEL REAR (END PANEL) TRIM	SERVICEABLE	404.56	-
1	TAILLAMP LH	SERVICEABLE	552.55	-
1	TAILLAMP PANEL LH	TO REPAIR SEE LABOUR	986.70	-
1	BOOT REAR	TO REPAIR SEE LABOUR	2,872.68	-
	LESS 10% DISCOUNT		-995.76	-187.73
			8,961.83	1,689.57
<u>SPECIAL NETT ITEMS</u>				
1	SET PARKING AID (SN)	SERVICEABLE	700.00	-
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)	NOT NECESSARY	22.00	-
1	SET BUMPER LOWER REAR CLIP (SN)	NECESSARY	66.00	66.00

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	EXHAUST MOUNTING REAR (SN)	SERVICEABLE	17.82	-
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	-
			1,244.82	165.00
	LABOUR			
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		3,000.00	220.00
	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 REAR,BUMPER BEAM BRACKET LH REAR,BUMPER BEAM BRACKET RH REAR,OUTER PANEL REAR (END PANEL),TAILLAMP PANEL LH AND BOOT REAR.		3,000.00	200.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	60.00
	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 DROP REAR EXHAUST BOX,RENEW THE SAME,TO REPAIR AND REALIGN CENTRE EXHAUST PIPE.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR END PANEL FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
			7,410.00	480.00
	GRAND TOTAL		17,616.65	2,334.57
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,850.00

Report Ref No. CS/AGI19000484/Ksd3n2

KONG SENG CHEONG

Licensed Appraiser

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