

ASS. REC. BY:

REF:

CS/ICS19001061/KSD3n2

Special Instruction:

Surveyor  
men men

Kenneth

ASSIGNMENT (Office)

FROM (Person):

Christabelle Tan

of

ICS

Date/Time:

6:12pm @ 17/1/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 5615H

Insured:

SKR 5389X

at Workshop m/s

Trans carb

Tel:

6287 6666

of

No. 2 AMK sf. 63

Policy No:

Claim No:

DMPC1900010H/02/CI

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

15/01/2019

CA / REV / REP. / REV 24 HRS

up

H.O.D. Endorsement:

Date/Time:

9am @ 7/1/19

Person Contacted:

zhe wei

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction

(✓) Estimate

SHC 5615H - NA/INC10008960/WI

D.O.A.: 7/5/2010

SKR 5389 X - CCA/ICS18011060/Deb 3y2

D.O.A.: 13/6/2018

REF: ICS

## ASSIGNMENT

From: Date: 17/01/19

Estimated Cost:

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

To Inspect Vehicle No: SHC 5615H

at Workshop m/s

of:

Transcarb  
No. 2 AMK St. G3

Insured:

Policy No:

Claims No:

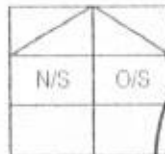
Sum Insured:

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:

05 days

Res.: Yes or No

Lump Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SHC 5615H Yr Regn: 10 14

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

Truck / Trailer or

Make:

Renault <sup>A)</sup> Latitude G.C. 1995

Colour:

M. White / Red A/C Insured / Std / NI / NA

Sp. Reading:

492162 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL 15AUC 279565

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: ☒ M / 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.

8 mm

R/Bal.

8 mm

L/Bal.

8 mm

L/Bal.

8 mm

D.O.A.

15/1/19

D.O.I.

17/1/19

Survey held at:

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

O/S Rear

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

Date / Time Action / Instruction

18/1 File pass to Car  
L/Rm @ 430d21/01/19 Confirmed HS - \$ 4,300/- @ 5 days with Kenneth.  
( \$ 13,644.89 Red - 76% )

RECEIVED 22 JAN 2019

Date/Time, File Pass to?

22/01/19

1)

Typist

Date/Time, File Return to?

2)



Preli. Report



Final Report

Days Of Repair: 5

Resurvey No. of Trip: /

Survey Fee:

Transportation:

S + R3: \$1

Photos:

Others:

TOTAL

Add Fee:



Site Insp (\$)



Interview (\$)



Tech Insp (\$)



Weekend (\$)

Report Format:

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

4,300/- HS

450  
10

460

## Nivitha (LKK Auto)

---

**From:** Crystabelle Tan Gek Peng (ECICS, Claims) <Crystabelle\_Tan@ecics.com.sg>  
**Sent:** Wednesday, 16 January 2019 6:13 PM  
**To:** assignments  
**Subject:** FW: ARRANGE FOR SURVEY SHC5615H - DMPC1900010H/02/CT  
**Attachments:** img-116103710-0001.pdf; SAS (8).PDF

Dear LKK

Please assist to arrange survey.

Best regards  
Crystabelle Tan

Senior Associate | Claims

DID (65) 6303 0190 Tel (65) 6337 4779  
Email [crystabelle\\_tan@ecics.com.sg](mailto:crystabelle_tan@ecics.com.sg) Web [www.ecics.com.sg](http://www.ecics.com.sg)  
Address 10 Eunos Road 8, Singapore Post Centre, #09-04A, Singapore 408600.

-----Original Message-----

From: Zhe Wei [mailto:[zhewei.kek@transcab.com.sg](mailto:zhewei.kek@transcab.com.sg)]  
Sent: Wednesday, January 16, 2019 10:38 AM  
To: ECICS Claims  
Cc: 'Candy Kong'  
Subject: RE: ARRANGE FOR SURVEY SHC5615H

Dear all ,

PLS ARRANGE LKK AUTO CONSULTANTS PTE LTD TO SURVEY.

Please arrange for survey as below :

SKR5389X - 15.01.2018 at 0400Hrs - SHC5615H

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."

Best Regards,  
Kek Zhewei  
Claims Officer

contained in this message. Any unauthorized disclosure, use or dissemination either in whole or in part is prohibited. If you are not the addressee indicated in this message (or responsible for delivery of the message to such person), you may not copy or deliver this message to anyone. In such case, you should destroy this message and kindly notify the sender by reply email. Opinions contained herein are the personal opinions of the sender and do not necessarily represent the views of ECICS Limited.

## Shirley Hiew (LKK Auto)

---

**From:** Zhe Wei <zhewei.kek@transcab.com.sg>  
**Sent:** Monday, 21 January 2019 5:33 PM  
**To:** 'Shirley Hiew (LKK Auto)'  
**Cc:** 'Ng Wai Yin'  
**Subject:** RE: TCS REF: AAD1901-140--Accident involving SHC 5615H & SKR 5389X on 15.01.2019  
**Attachments:** ESTIMATE MARKED.PDF

Hi Shirley,

Amount confirmed @ Lump sum \$4300 with 5 days of repair.

Thank you.

Best Regards,  
Kek Zhewei  
Claims Officer



**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](http://www.transcab.com.sg)

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

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**From:** Shirley Hiew (LKK Auto) [mailto:ShirleyHiew@lkkauto.com]  
**Sent:** Monday, January 21, 2019 9:51 AM  
**To:** zhewei.kek@transcab.com.sg  
**Cc:** 'Ng Wai Yin' <waiyin.ng@transcab.com.sg>  
**Subject:** TCS REF: AAD1901-140--Accident involving SHC 5615H & SKR 5389X on 15.01.2019

Dear Zhe Wei,

Please confirm final fig \$4,300.00 (lump sum) @ 5 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](mailto: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](http://www.avg.com)

1/15/2019

PARF/COE Rebate Enquiry

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

Owner ID Type:	Company
Owner ID:	3878K

**Vehicle Details**

Vehicle No.:	SHC5615H
Vehicle to be Exported:	Yes
Intended Deregistration Date:	15 Jan 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001983
Chassis No.:	VF1ABL15AUC279565
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	14 Oct 2014
First Registration Date:	14 Oct 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00

**Intended PARF Rebate Details**

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	13 Oct 2022
PARF Rebate Amount:	\$9,373.00

**Intended COE Rebate Details**

COE Expiry Date:	13 Oct 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,938.00
COE Rebate Amount:	\$23,834.00
<b>Total Rebate Amount:</b>	<b>\$33,207.00</b>

**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 15 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	15/01/2019 15:18
Date Of Accident	15/01/2019 04:00
Exact Location Of Accident	CAVENAGH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5615H
<b>Insured/Policyholder</b>	
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 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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

### Driver

Name of Driver	SOH STEVEN
NRIC No	S7731693J
Date Of Birth	18/10/1977
Occupation	OUTDOOR
Date Of Driving Pass	25/04/1998
Driving Experience	20 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90729517
Fax Number	
Contact Number	
EEmail Address	NOEMAIL



Address	BLK 116 JALAN BUKIT MERAH #06-1629
Postcode	160116
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
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?	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	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
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?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKR5389X
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 SOH STEVEN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5615H

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.

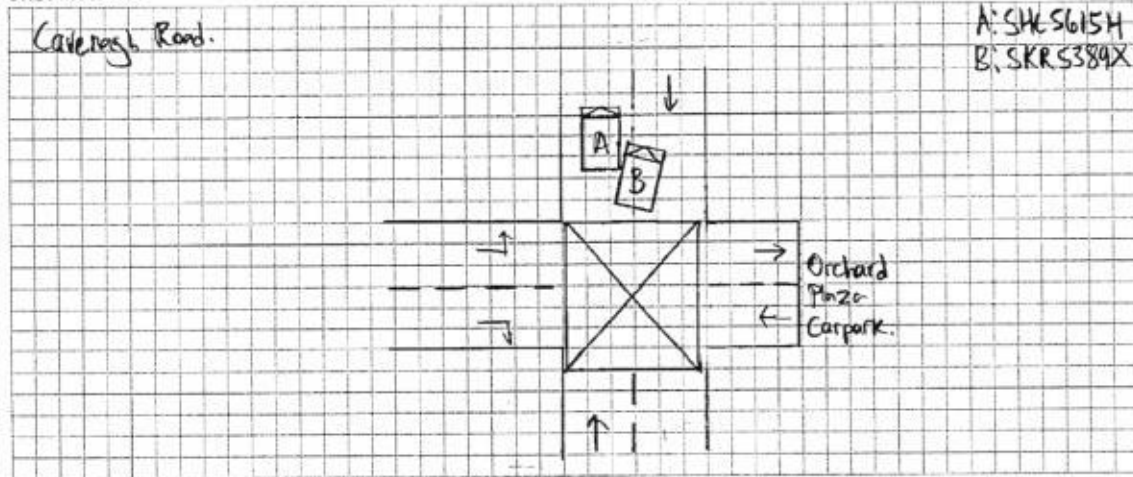
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

# Sketch Plan #2 Pg. 1

## 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.:



# SINGAPORE POLICE FORCE



T/20190115/2064

1 of 3

Police Station Of Origin:  
Toa Payoh N.P.C  
93 Toa Payoh Central #01-02 Toa Payoh  
Community Building SINGAPORE 319194  
Tel No: 1800-2519999

Report No. T/20190115/2064

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 15/01/2019 13:43		Vide Report No.:		Station Diary No.: 99	
<b>Informant's Particulars</b>					
Name of Informant: SOH STEVEN			Address: APT BLK 116 JALAN BUKIT MERAH #06-1629 SINGAPORE 160116		
ID Type / ID No.: NRIC NO / S7731693J			Contact No.: Home/Office: Mobile: 86181028		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 41	Date of Birth: 18/10/1977	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,3 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 15/01/2019 04:00	Type of Location: Straight Road
Location: Along Road 1 CAVENAGH ROAD  ALONG CAVENAGH ROAD, INFRONT OF ORCHARD PLAZA				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Two Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5615H	Car	RENAULT	LATITUDE 2.0L DCI AUTO D/AB 4DR			0
SKR5389X	Car	HONDA	VEZEL 1.5X A			0



**SINGAPORE  
POLICE FORCE**



T/20190115/2064

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20190115/2064

**CONTINUATION OF REPORT**

<b>Details of Person Involved</b>			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
<b>Driver</b>			
Name	SOH STEVEN	ID No.	S7731693J
Related Vehicle	SHC5615H (Car)	Contact No.	86181028
Hospital/Clinic	FINEST HEALTH MEDICAL CENTRE	Class of Driving Licence & Expiry Date	Class: 2B,3 Date of Expiry: NIL
Date Treatment	15/01/2019	Date Discharge	15/01/2019
No. of Days granted Medical Leave	04	Degree of Injury	NIL

**Brief Details.**

On 15/01/2019, around 4am, I was driving my taxi, SHC5615H in a lane in front of Orchard Plaza. As there was another taxi waiting to fetch a passenger, I was slowly driving behind the taxi. After the taxi left, I stopped my taxi where the taxi stopped. Not long after, there was a vehicle, SKR5389X which came from the Orchard Plaza carpark and knocked on to the rear right side of my taxi. There were scratches on my taxi

Both of us came out from our vehicle to check on the damages as well as exchange particulars, however the driver just look and did not exchange particulars with me even after I asked him. The driver ignored me and drove off. I manage to take photo of his vehicle registration plate number.

I went to seek medical treatment on the same day and was given 4 days of medical leave.



**SINGAPORE  
POLICE FORCE**



T/20190115/2064

3 of 3

Report No. T/20190115/2064

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

**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 3 RAFIAHTOLADAWIAH BINTE YUSOFF *th*

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

15/01/2019 13:43

Officer In Charge Of Case:

TP / AEIT /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Classification Of Case:

Authentication Stamp

NP168



SN 168

*th*

SIGNATURE

**Trans-cab Auto Services Pte Ltd**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC 5615H****AAD1901-140***Not Authored  
L1 Eny & 43001*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**SHC 5615H**

VF1ABL15AUC279565

RENAULT

LATITUDE

15.1.2019

**ECICS**

14/10/2014

	<b>PART</b>
1	FENDER PANEL REAR RH
1	FENDER PANEL INNER TRIM REAR
1	WHEELARCH REAR RH
1	ROCKER PANEL INNER GARNISH RH
1	ROCKER PANEL INNER RH
1	ROCKER PANEL CENTER RH
1	BUMPER COVER REAR
1	BUMPER LOWER REAR
1	BUMPER BRACKET CTR REAR
1	BUMPER BRACKET SIDE RH REAR
1	BUMPER RETAINER RH REAR
1	REAR TAILAMP RH

	<b>LIST</b>	
\$	<i>Btl Bu</i>	3,299.13 —
\$	<i>Sn</i>	671.45 X
\$	<i>Sn</i>	543.47 X
\$	<i>Sn</i>	466.51 X
\$	<i>R</i>	1,024.79 X
\$	<i>R</i>	990.25 X
\$	<i>Bu</i>	1,108.46 ✓
\$	<i>Sn</i>	768.84 X
\$	<i>Sn</i>	113.47 X
\$	<i>D.S</i>	135.97 ✓
\$	<i>Sn</i>	44.99 X
\$	<i>Sn</i>	552.55 X

\$	<b>9,719.88</b>
----	-----------------

10% \$	<b>971.99</b>
--------	---------------

\$	<b>8,747.89</b>
----	-----------------

**Special Nett**

1SET	PARKING AID	\$	<i>Sn</i>	700.00 X
1SET	REAR BUMPER CLIP	\$	<i>na</i>	66.00 —
1SET	BUMPER BRACKET CTR CLIP	\$	<i>na</i>	33.00 —
1SET	BUMPER BRACKET SIDE CLIP RH RR	\$	<i>na</i>	10.00
1SET	BUMEP R RETAINER RH CLIP RR	\$	<i>na</i>	20.00
1SET	BUMEP R BRACKET SIDE CLIP LH RR	\$	<i>na</i>	10.00
1SET	BUMEP R RETAINER CLIP LH RR	\$	<i>na</i>	20.00
1SET	BUMPER LOWER REAR RIVET	\$	<i>na</i>	22.00
1SET	BUMPER LOWER REAR CLIP	\$	<i>na</i>	66.00

<b>TOTAL</b>	\$	<b>947.00</b>
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**Trans-cab Auto Services Pte Ltd**

AAD1901-140

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5615H

<b>TOTAL PARTS</b>	<b>\$</b>	<b>9,694.89</b>
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**LABOUR**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	3,000.00	600
Putty and spray painting of the affected portion.	\$	3,000.00	440
To rust-proofing of the affected areas.	\$	170.00	30
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	100
To check steering geometry and computer wheel alignment	\$	nn 220.00	X
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	15
To transfer of Rear fender fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To transfer of Rear bumper fittings, attachment and perform water seepage test.	\$	4 380.00	X
To transfer of Rear door fittings, attachment and perform water seepage test.	\$	4 380.00	X

<b>TOTAL</b>	<b>\$</b>	<b>8,250.00</b>
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<b>Over All Total</b>	<b>\$</b>	<b>17,944.89</b>
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**LUMP SUM (REPAIR DAY)****10 DAYS****5 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 (Co.Reg.No:199607198R)

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

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

## VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/ICS19001061/KSD3N2

Date: 22/01/2019

## REFERENCE

Handling Insurer:	ECICS Limited	Policy No:	
Claimant Vehicle No :	SHC5615H	Insured Vehicle No :	SKR5389X
Date of Loss:	15/01/2019	Nature of Claim:	TP
		Claim No:	DMPC1900010H/02/CT

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHC5615H	Engine No:	M9R8839C001983
Make & Model:	RENAULT LATITUDE, 2.0 D dCi (A)	Chassis No:	VF1ABL15AUC279565
Reg. Date:	14/10/2014 (Man. Year: 2014)	Odometer:	492162 km
Colour:	Metallic White/Red		
Engine Capacity:	1995 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

## CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	Giti 8 mm	Rear Left Side:	Giti 8 mm
Front Right Side:	Giti 8 mm	Rear Right Side:	Giti 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	9,694.89	4,188.20	5,506.69	56.80
Miscellaneous Items	0.00	0.00	0.00	
Labour	8,250.00	1,185.00	7,065.00	85.64
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>17,944.89</b>	<b>5,373.20</b>	<b>12,571.69</b>	<b>70.06</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>4,300.00</b>		
(S\$)	17,944.89	4,300.00	13,644.89	76.04
<b>+ GST 7.00/7.00% (S\$)</b>	<b>1,256.14</b>	<b>301.00</b>	<b>955.14</b>	<b>76.04</b>
<b>Nett Amount (S\$)</b>	<b>19,201.03</b>	<b>4,601.00</b>	<b>14,600.03</b>	<b>76.04</b>

## INSPECTION

Date of Assignment: 17/01/2019

Date Inspected: 17/01/2019 Inspected At:

Trans Cab Auto Services Pte Ltd - Amk (HQ)  
No 2 Ang Mo Kio St 63  
Singapore 569111

Estimated Period of Repair: 5.0 days

Adjuster: KENNETH KONG

Manager: Hiew May Fung

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our

*knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.*

## REPAIR DETAILS

## Reference

Part Source:	MRM-SG	Version:	1.0 (Last Synchronised: 22 Jan 2019)
Parts:	143	RENAULT LATITUDE 2.0 D dCi (A) (Catalogue:Merimen Singapore 1.0)	
Labour:	Repairer's	(Price-denominated Standard List)	
Print Code:	(Unsubmitted, no print-code for SHC5615H)		
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page		
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.		

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FENDER PANEL REAR RH	Bent/Buckled	3,299.13 FL	*3,299.13 FL
2	1		*FENDER PANEL INNER TRIM REAR	Serviceable	671.45 FL	*- FL
3	1		*WHEELARCH REAR RH	Serviceable	543.47 FL	*- FL
4	1		*ROCKER PANEL INNER GARNISH RH	Serviceable	466.51 FL	*- FL
5	1		*ROCKER PANEL INNER RH	Repair	1,024.79 FL	*- FL
6	1		*ROCKER PANEL CENTER RH	Repair	990.25 FL	*- FL
7	1		*BUMPER COVER REAR	Buckled	1,108.46 FL	*1,108.46 FL
8	1		*BUMPER LOWER REAR	Serviceable	768.84 FL	*- FL
9	1		*BUMPER BRACKET CTR REAR	Serviceable	113.47 FL	*- FL
10	1		*BUMPER BRACKET SIDE RH REAR	Distorted	135.97 FL	*135.97 FL
11	1		*BUMPER RETAINER RH REAR	Serviceable	44.99 FL	*- FL
12	1		*REAR TAILLAMP RH	Serviceable	552.55 FL	*- FL
13	1		*SET PARKING AID	Serviceable	700.00 FS	*- FS
14	1		*SET REAR BUMPER CLIP	Necessary	66.00 FS	*66.00 FS
15	1		*SET BUMPER BRACKET CTR CLIP	Necessary	33.00 FS	*33.00 FS
16	1		*SET BUMPER BRACKET SIDE CLIP RH RR	Not Necessary	10.00 FS	*- FS
17	1		*SET BUMPER RETAINER RH CLIP RR	Not Necessary	20.00 FS	*- FS
18	1		*SET BUMPER BRACKET SIDE CLIP LH RR	Not Necessary	10.00 FS	*- FS
19	1		*SET BUMPER RETAINER CLIP LH RR	Not Necessary	20.00 FS	*- FS
20	1		*SET BUMPER LOWER REAR RIVET	Not Necessary	22.00 FS	*- FS
21	1		*SET BUMPER LOWER REAR CLIP	Not Necessary	66.00 FS	*- FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (\$\$)	10,666.88	4,642.56
- List Item Discount on L Items 10.00/10.00% (\$\$)	971.99	454.36
Total Parts (\$\$)	9,694.89	4,188.20

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	3,000.00	600.00
2	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	440.00
3	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	30.00
4	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR	New	380.00	100.00
5	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	-
6	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	-
7	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	15.00
8	TO TRANSFER OF REAR FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	-
9	TO TRANSFER OF REAR BUMPER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	-
10	TO TRANSFER OF REAR DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	-
Gross Labour Cost (S\$)			8,250.00	1,185.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >