

ASS. REC. BY:

REF:

Tm1/ CS/ TP19001951/Kmb3

## 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:

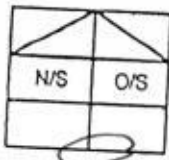
Excess:

(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 55297 Yr Regn: 08, 14

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

Truck / Traller or

Make:

Renault Latitude c.c. 1995

Colour:

M. White / R. AC: Insured / Std / NI / NA

Sp. Reading

543287

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABC15AUC 278870

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

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

Giti

Front

Rear

R/Bal.

R/Bal.

mm

mm

L/Bal.

L/Bal.

mm

mm

D.O.A.

26/1/19

D.O.I.

29/1/19

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

30/1/19

File pass to

30/1/19

61 Lp @ 2450 (Red 23,489.50, 90%)

SHC 55297 - CS/TPC18014852/Kmb3

SMH 24397 - X

RECEIVED 31 JAN 2019

31/1/19

@ 322pm Wai Yim said submit independant report to them

31/1/19

@ 325pm Shirley said OI vehicle still can't trace, informed her we will submit independant to Trans-cab

31/1/19

Send invoice to Trans-cab first before submit report

Date/Time, File Pass to

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to

Days Of Repair:

2

Resurvey No. of Trip:

-

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

7x15=105

105+170=275

275
50
13
80
418

Report Format:

TP

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

2450

**Veron Chen (LKKAUTO)**

---

**From:** Veron Chen (LKKAUTO)  
**Sent:** Wednesday, 30 January 2019 4:50 PM  
**To:** 'Motor Claims'; Shirley Hiew (LKK Auto)  
**Cc:** SUR  
**Subject:** RE: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 26/01/2019 , SHC 5529Z (TP Vehicle), SMH 2439J (OI Vehicle)  
**Attachments:** AAD1901-260 - LTA SEARCH.pdf

Dear Shirley,

Attach LTA search.

Best Regards,

**Veron Chen** | 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)

---

**From:** Too Joon Hwa <shirleytoo@tokiomarine.com.sg> **On Behalf Of** Motor Claims  
**Sent:** Wednesday, 30 January 2019 4:06 PM  
**To:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>; Motor Claims <motorclaims@tokiomarine.com.sg>  
**Cc:** SUR <sur@lkkauto.com>  
**Subject:** RE: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 26/01/2019 , SHC 5529Z (TP Vehicle), SMH 2439J (OI Vehicle)

Hi Shirely

Not able to trace SMH2439j insured with TMiS.

Could you provide policy number.

Thanks.

**Shirley Too**

Administrative Assistant, Motor Claims

**Tokio Marine Insurance Singapore Ltd.**  
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046  
T (65) 6592 6409 | F (65) 6221 2101 |  
E shirleytoo@tokiomarine.com.sg | W [www.tokiomarine.com](http://www.tokiomarine.com)

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A member of the  
Tokio Marine Group

Please note that all personal information provided to Tokio Marine Insurance Singapore Ltd, is subject to the Personal Data Protection Policy Statement posted at [www.tokiomarine.com](http://www.tokiomarine.com).

---

**From:** Shirley Hiew (LKK Auto) [<mailto:ShirleyHiew@lkkauto.com>]  
**Sent:** Wednesday, 30 January, 2019 1:27 PM  
**To:** Motor Claims <motorclaims@tokiomarine.com.sg>  
**Cc:** SUR <sur@lkkauto.com>

**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 26/01/2019 , SHC 5529Z (TP Vehicle), SMH 2439J (OI Vehicle)

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 5529Z at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 29/01/2019

Enclosed herewith a copy of TP's GIA report and estimated cost of repair .

Meanwhile, kindly create claim in merimen for our necessary action.

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 message contains confidential information and is intended only for the addressee named. If you are not the named addressee (or authorised to receive for the addressee) you must not disseminate, distribute or copy this email. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system.

### Vehículo Insurance Particulars Enquiry

### Vehicle Insurance Particulars Result

Vehicle No.	Incident Date/Time	Insurance Company Name
SMH2439J	26 Jan 2019 / 22:30:00	TOKIO MARINE INSURANCE SINGAPORE LTD
GBB2314Y	26 Jan 2019 / 02:30:00	NTUC INCOME INS CO-OP LTD
GZ390D	26 Jan 2019 / 07:50:00	NTUC INCOME INS CO-OP LTD

Save as PDF

## Shirley Hiew (LKK Auto)

---

**From:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Sent:** Wednesday, 30 January 2019 1:27 PM  
**To:** 'Motor Claims'  
**Cc:** SUR  
**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 26/01/2019 , SHC 5529Z (TP Vehicle), SMH 2439J (OI Vehicle)  
**Attachments:** TP GIA REPORT.pdf; POLICE REPORT.pdf; ESTIMATE .pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 5529Z at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 29/01/2019

Enclosed herewith a copy of TP's GIA report and estimated cost of repair .

Meanwhile, kindly create claim in merimen for our necessary action.

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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)

## 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	28/01/2019 15:12
Date Of Accident	26/01/2019 22:30
Exact Location Of Accident	SCOTTS ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5529Z
<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	LOW WAI FANN
NRIC No	S1295850A
Date Of Birth	06/10/1958
Occupation	OUTDOOR
Date Of Driving Pass	06/03/1981
Driving Experience	37 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93895356
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 110 BISHAN STREET 12
	#09-130
Postcode	570110
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)	4
Passenger 1	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 2	NAME: : UNKNOWN
	GENDER: : MALE
Passenger 3	NAME: : UNKNOWN
	GENDER: : FEMALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BOON TECK NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 207 TOA PAYOH NORTH , POSTCODE: 310207 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2549999 - FAX NO: 63554310
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	SMH2439J
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 LOW WAI FANN

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5529Z

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode



**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:

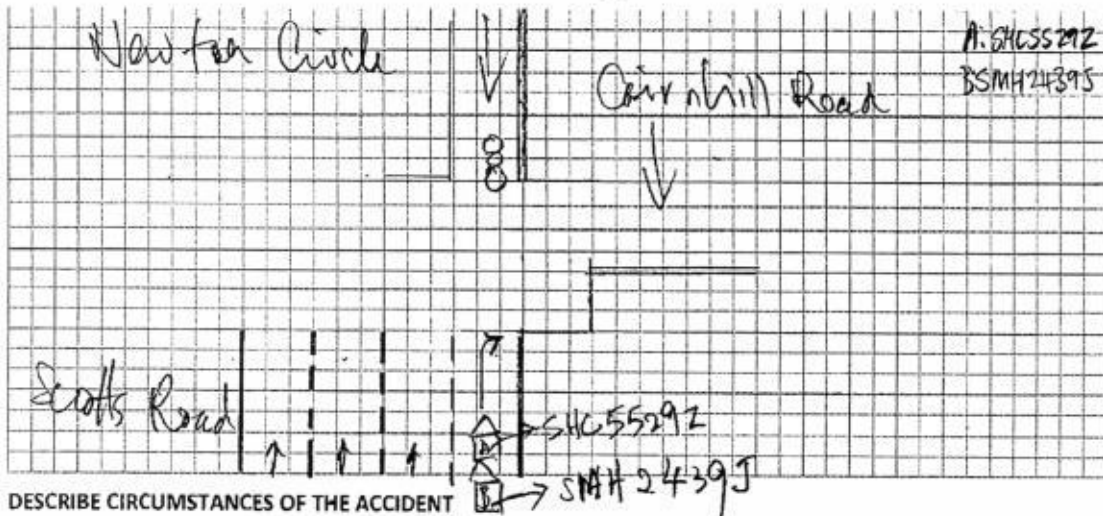
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



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/20190127/2055

1 of 3

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

Report No. T/20190127/2055

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 27/01/2019 14:59		Vide Report No.:		Station Diary No.: 22	
<b>Informant's Particulars</b>					
Name of Informant: LOW WAI FANN			Address: APT BLK 110 BISHAN STREET 12 #09-130 SINGAPORE 570110		
ID Type / ID No.: NRIC NO / S1295850A			Contact No.: Home/Office: Mobile: 93895356		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 06/10/1958	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 26/01/2019 22:30	Type of Location: T-Junction
Location: Along Road 1 SCOTTS ROAD  Right turning junction toward Cairnhill Road				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

**Details of Vehicle Involved**

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5529Z	Car				Slightly Damaged	3
SMH2439J	Car					0

**Details of Person Involved**

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20190127/2055

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

2 of 3

Report No. T/20190127/2055

**CONTINUATION OF REPORT**

<b>Driver</b>			
Name	LOW WAI FANN	ID No.	S1295850A
Related Vehicle	SHC5529Z (Car)	Contact No.	93895356
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	27/01/2019	Date Discharge	NIL
No. of Days granted Medical Leave	07	Degree of Injury	Slight
<b>Driver</b>			
Name	Charles Sasithar S	ID No.	S9345646G
Related Vehicle	SMH2439J (Car)	Contact No.	NIL
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 26/01/2019 at about 2230hrs, I was driving my vehicle (SHC5529Z), along Scotts Road on the most right lane, waiting to turn right into Cairnhill Road.

While waiting to turn right, a vehicle (SMH2439J) hit onto the rear of my vehicle. As a result, I suffered an injury from my neck.

On 27/01/2019 at about 0500hrs, I went to Tan tock Seng hospital and was given a total of 7 days MC. There was no one conveyed to the hospital and no government property was damaged.



**SINGAPORE  
POLICE FORCE**



T/20190127/2055

Police Station Of Origin:  
Boon Teck NPP  
207 Toa Payoh North #01-1231 SINGAPORE  
310207  
Tel No: 1800-2549999

3 of 3

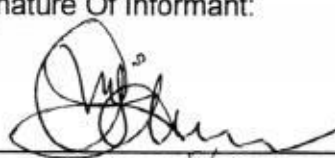


Report No. T/20190127/2055

**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 KELVIN ONG LIN WEI	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 27/01/2019 14:59
Officer In Charge Of Case: TP / AEIT / SSI 2 JUREMAH BINTE AHMAD Contact No.: 65472076	Classification Of Case:  SN 062
Authentication Stamp NP168	  SIGNATURE

1/28/2019

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.: SHC5529Z

Vehicle to be Exported: Yes

Intended Deregistration Date: 28 Jan 2019

Vehicle Make: RENAULT

Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR

Primary Colour: Red

Manufacturing Year: 2014

Engine No.: M9R8839C001886

Chassis No.: VF1ABL15AUC278870

Maximum Power Output: 127.0 kW (170 bhp)

Open Market Value: \$19,998.00

Original Registration Date: 15 Aug 2014

First Registration Date: 15 Aug 2014

Transfer Count: 0

Actual ARF Paid: \$12,498.00

**Intended PARF Rebate Details**

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 14 Aug 2022

PARF Rebate Amount: \$9,373.00

**Intended COE Rebate Details**

COE Expiry Date: 14 Aug 2022

COE Category: A - Car up to 1600cc &amp; 97kW (130bhp)

COE Period(Years): 8

PQP Paid: \$50,088.00

COE Rebate Amount: \$22,199.00

**Total Rebate Amount: \$31,572.00****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 28 Jan 2019

OK

**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 5529Z****AAD1901-260***Not Authorized  
61 Sep @ 2450h*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**SHC 5529Z**

VF1ABL15AUC278870

RENAULT

LATITUDE

26.1.2019

**TOKIO MARINE**

15/8/2014

**PART****LIST**

1	1 BUMPER COVER REAR	\$	<i>Ben</i> 1,108.46	—
2	1 BUMPER LOWER REAR	\$	<i>not/bn</i> 768.84	—
3	1 BUMPER BRACKET CTR REAR	\$	<i>Sn</i> 113.47	} X
4	1 BUMPR BRACKET SIDE RH REAR	\$	<i>Sn</i> 135.97	
5	1 BUMPR RETAINER RH REAR	\$	<i>Sn</i> 44.99	
6	1 BUMPER REFLECTOR RH	\$	<i>Sn</i> 43.61	
7	1 BUMPR BRACKET SIDE LH REAR	\$	<i>Sn</i> 135.97	
8	1 BUMPER RETAINER LH REAR	\$	<i>Sn</i> 44.99	} X
9	1 BUMPER REFLECTOR LH	\$	<i>Sn</i> 43.61	
10	1 BUMPER BEAM REAR	\$	<i>B</i> 777.52	—
11	1 BUMPER BEAM BRACKET LH REAR	\$	<i>W</i> 225.95	} X
12	1 BUMPER BEAM BRACKET RH REAR	\$	<i>W</i> 225.95	
13	1 OUTER PANEL REAR (End Panel)	\$	<i>W</i> 1,471.77	
14	1 OUTER PANEL REAR (End Panel)TRIM	\$	<i>Sn</i> 404.56	
15	1 BOOT REAR	\$	<i>W</i> 2,872.68	
16	1 TAILLAMP RH	\$	<i>Sn</i> 552.55	} X
17	1 TAILLAMP PANEL RH	\$	<i>W</i> 986.70	

**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 is allowed
- Supplementary item(s) must be resurveyed
- is subject to final approval from Insurance Company

Acknowledged by Repairer:  
Signature:  
Date:

**Special Nett**

\$	<b>9,957.60</b>
\$	<b>10% 995.76</b>
\$	<b>8,961.84</b>

1	1SET PARKING AID	\$	<i>Sn</i> 700.00	X
2	1SET REAR BUMPER CLIP	\$	<i>W</i> 66.00	—
3	1SET BUMPER BRACKET CTR CLIP	\$	<i>W</i> 33.00	—



**Trans-cab Auto Services Pte Ltd****AAD1901-260**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC 5529Z**

4 1SET BUMPER BRACKET SIDE CLIP RH RR	\$	na	10.00	X
5 1SET BUMPER RETAINER RH CLIP RR	\$	na	20.00	X
6 1SET BUMPER BRACKET SIDE CLIP LH RR	\$	na	10.00	X
7 1SET BUMPER RETAINER CLIP LH RR	\$	na	20.00	X
8 1SET BUMPER LOWER REAR RIVET	\$	na	22.00	X
9 1SET BUMPER LOWER REAR CLIP	\$	na	66.00	
10 1 EXHAUST MOUNTING REAR	\$	Sh	17.82	} X
11 2 REAR WINDSCREEN SELANT	\$	na	80.00	
12 1 WINDSCREEN MOULDING	\$	na	100.00	
13 1 REAR WINDSCREEN INNER SPONGE SEAL	\$	na	100.00	
14 1 REAR BOOT STICKER 'Trans-cab'	\$	na	80.00	
15 1 REAR BOOT STICKER '6555-3333'	\$	na	80.00	
<b>TOTAL</b>	<b>\$</b>		<b>605.82</b>	1404.82
<b>TOTAL PARTS</b>	<b>\$</b>		<b>9,567.66</b>	

**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.	\$	na	170.00 X
To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	na	170.00 X
To repair and realign rear exhaust pipe.	\$	na	170.00 X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	na	170.00 X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	na	170.00 X



**Trans-cab Auto Services Pte Ltd****AAD1901-260**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC 5529Z**

To 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 \$ 25,939.50****(LUMP SUM)****Repair Days***10 DAYS**2 days**17776.66*



# 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/TP19001951/Kvd3s2		
NO.2 ANG MO KIO STREET 63SINGAPORE 569111		Date : 31-01-2019		
		Code : TP378		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	Veh. Inspected		SHC 5529Z	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		29/01/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	RENAULT LATITUDE (A)	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	VF1ABL15AUC278870	Colour	METALLIC WHITE / RED	
Odometer	543287	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/60R16	GITI	8 mm	
L/H Front Tyre	215/60R16	GITI	8 mm	
R/H Rear Tyre	215/60R16	GITI	8 mm	
L/H Rear Tyre	215/60R16	GITI	8 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	26/01/2019	Inspection Date	29/01/2019	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>2 Working Days</b>		



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Page No.: 1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5529Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
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	BENT	777.52	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	BOOT REAR	TO REPAIR SEE LABOUR	2,872.68	-
1	TAILLAMP RH	SERVICEABLE	552.55	-
1	TAILLAMP PANEL RH	TO REPAIR SEE LABOUR	986.70	-
	LESS 10% DISCOUNT		-995.75	-265.48
			8,961.84	2,389.34
<b>SPECIAL NETT ITEMS</b>				
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
1	EXHAUST MOUNTING REAR (SN)	SERVICEABLE	17.82	-

Report Ref No. CS/TP19001951/Kvd3s2



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Page No.: 2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
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	REAR BOOT STICKER 'TRANS-CAB' (SN)	NOT NECESSARY	80.00	-
1	REAR BOOT STICKER '6555-3333' (SN)	NOT NECESSARY	80.00	-
			1,404.82	165.00
	<b>LABOUR</b>			
	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 BRACKET LH REAR, BUMPER BEAM BRACKET RH REAR, OUTER PANEL REAR (END PANEL), OUTER PANEL REAR (END PANEL) TRIM, BOOT REAR AND TAILLAMP PANEL RH.		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
<b>GRAND TOTAL</b>			<b>17,776.66</b>	<b>3,034.34</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>2,450.00</b>

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KONG SENG CHEONG

Licensed Appraiser

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