

ASS. REC. BY:

REF:

CS/FCI19002318/Kvd302

Special Instruction:

Surveyor

Cus

Kenneth

ASSIGNMENT (Office)

From (Person):

Sifheira

of

FCI

Date/Time:

5:40pm 08/2/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 5509G

Insured:

SHC 0964H

at Workshop m/s

Trans-Cab

Tel:

6287 6666

of

No. 2 AMK 8f. 63

Policy No:

Claim No:

D19000903MF8H

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

3/02/2019

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

H.O.D. Endorsement:

Date/Time:

9:02am 11/2/19

Person Contacted:

zhewei

Vehicle ☒ IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 5509G - CC3/TMI1702B11/Kvbn2

DUA 4/11/2017

SHC 0964H - CC3/AIG14007655/Spy3q2

DUA 2/10/2014

12/2/19

Email preli revised to FCI

REF: FCI

From: Date: 11/2/19

Estimated Cost:

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

To Inspect Vehicle No. SHC 5509G

at Workshop no. Trans-cab

of No. 2 Amk St-63

Insured:

Policy No.

Claims No.

Sum Insured:

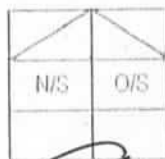
Excess:

(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 Report: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 'up'

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SHC 5509G Regn: 07 14

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

Truck / Trailer or

Make: Mercut Latitude 1995

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

Sp. Reading: 746424 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: V121ABL15AUC 278829

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Giti

Front:

R/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 3/2/19

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.

Date / Time Action / Instruction

12/2/19 11:30 @ 2450/ (Red 26, 260.15, 919)

RECEIVED 12 FEB 2019

Date/Time: File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time: File Return to?

12/2 - typist

Report Format:

Lump Sum / I.B.E. CWS 2450/2

Days Of Repair: 2

Resurvey No. of Trip: -

Add Fee:

☐

Site Insp. (\$)

☐

Interview (\$)

☐

Tech. Inv. (\$)

☐

Workload (\$)

Survey Fee:

Transportation:

1. S + PS 50

1. Photo:

1. Other:

1. Total:

TOTAL

350

350

**MOTOR SURVEY ASSIGNMENT**

Date	08-02-2019	Our Ref No. D19000903MFSH
Accident Date	03-02-2019	Claim Type. Third Party
Insured Vehicle	SHC0964H	Third Party Vehicle. SHC5509G
Survey Location	NO. 2 ANG MO KIO STREET 63	
Contact Person.	KEK ZHEWEI	
Contact No.	62876666/ 0	Fax No. 62571330
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

**FOR DIRECT SETTLEMENT**

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

**THIRD PARTY SURVEY REQUEST**

Cc : Workshop	TRANS-CAB AUTO SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

**IMPORTANT NOTE**

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.  
This is a computer generated letter, no signature required.

## Veron Chen (LKKAUTO)

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**From:** Veron Chen (LKKAUTO)  
**Sent:** Tuesday, 12 February 2019 12:02 PM  
**To:** 'CWS Motor Claims'  
**Cc:** 'Sithara'; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D19000903MFSH/1  
**Attachments:** SHC 5509G PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SHC 5509G  
Date of survey: 11/2/2019  
Number of days :2 days

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:** Admin-D (LKKAUTO)  
**Sent:** Monday, 11 February 2019 8:46 AM  
**To:** 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** 'Sithara' <Sithara@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>  
**Subject:** RE: SURVEY ASSESSMENT - D19000903MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.



BEST REGARDS,

**G.Nivitha** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



**From:** CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Friday, 8 February 2019 5:40 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; Sithara <[Sithara@msfirstcapital.com.sg](mailto:Sithara@msfirstcapital.com.sg)>  
**Subject:** PRI: SURVEY ASSESSMENT - D19000903MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

**Note: All the accident reports are uploaded into CWS for your perusal.**

Best Regards,  
Admin Team  
Claim Workflow System  
Motor Claims Department  
MS First Capital Insurance Limited  
Tel : 6507 3848  
Fax : 6507 3849

**PS: This is a system generated mail. Please do not reply to this mail.**



This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: D19000903MFSH

Our ref: CS/FCI19002318/Kvd3

Date :12/2/2019

The Motor Claims Department  
MS FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO.SHC 5509G**

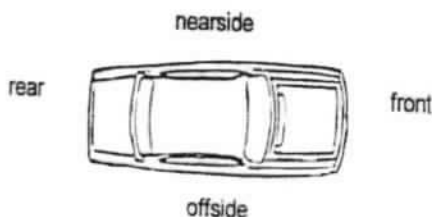
We thank for your instruction on 8/2/2019

Please be informed that we had conducted the inspection of the above mentioned vehicle on 11/2/2019 at the premises of M/s TRANS-CAB AUTO SERVICES PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$28,710.15
Revised Estimate Amount	: S\$2,450.00 (LUMP SUM)
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the rear portion



**Comments/Present Status:**

Damages Consistent

Yours faithfully,

Kenneth Kong  
Licensed Appraiser

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

Owner ID Type:	Company
Owner ID:	3878K

**Vehicle Details**

Vehicle No.:	SHC5509G
Vehicle to be Exported:	Yes
Intended Deregistration Date:	07 Feb 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001899
Chassis No.:	VF1ABL15AUC278829
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	11 Jul 2014
First Registration Date:	11 Jul 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00

**Intended PARF Rebate Details**

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	10 Jul 2022
PARF Rebate Amount:	\$9,373.00

**Intended COE Rebate Details**

COE Expiry Date:	10 Jul 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$53,269.00
COE Rebate Amount:	\$22,803.00
<b>Total Rebate Amount:</b>	<b>\$32,176.00</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 07 Feb 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	07/02/2019 10:40
Date Of Accident	03/02/2019 09:25
Exact Location Of Accident	ALEXANDRA RD SLIP RD TOWARDS TELOK BLANGAH RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC5509G
<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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEE BENG BENG
NRIC No	S1724882J
Date Of Birth	30/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	11/12/1985
Driving Experience	33 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96393651
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 769 WOODLANDS DRIVE 60 #11-134
Postcode	730769
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?	NO
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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

ON 03/02/2019 AT ABOUT 0925HRS, I WAS TRAVELLING STRAIGHT ON THE FIRST LANE OF SLIP ROAD OF ALEXANDRA ROAD TURNING INTO TELOK BLANGAH ROAD. I STOP MY TAXI TO CHECK FOR VEHICLE CLEARANCE AND SHORTLY AFTER I STOPPED MY TAXI, I FELT AN IMPACT FROM THE REAR. VEHICLE B(SHC964H) HAS FAILED TO STOP IN TIME AND COLLIDED ONTO THE REAR OF MY TAXI.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE SIZE TOO LARGE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC964H
Vehicle Make/Model/Colour	CITY CAB
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN


#### IMPORTANT NOTICE


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

3/2/19 9.25 am

The map shows a street layout with two main roads: Telok Blangah Rd. and Alexandra Rd. Telok Blangah Rd. runs horizontally across the top. Alexandra Rd. runs vertically on the right side. A curved road branches off from Telok Blangah Rd. towards the bottom left. Two bus stops are marked on this curved road: Stop A (SHC 5509G) is closer to the junction, and Stop B (SHC 964H) is further along the curve. A dashed line indicates a path or boundary near the junction. The map is drawn on a grid background.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA 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.:

**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 5509G****AAD1902-029***Not Notarised  
1/10/2019 @ 2450h*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**SHC 5509G**

VF1ABL15AUC278829

RENAULT

LATITUDE

3.2.2019

**FCIL**

11/7/2014

**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 BOOT REAR                        |
| 16 | 1 TAILLAMP RH                      |
| 17 | 1 TAILLAMP PANEL RH                |
| 18 | 1 TAILLAMP LH                      |
| 19 | 1 TAILLAMP PANEL LH                |

\$	<i>Bu R</i>	1,108.46	<i>X</i>
\$	<i>nd/br</i>	768.84	<i>✓</i>
\$	<i>Bu</i>	113.47	
\$	<i>Sn</i>	135.97	
\$	<i>Sn</i>	44.99	
\$	<i>Sn</i>	43.61	<i>X</i>
\$	<i>Sn</i>	135.97	
\$	<i>Sn</i>	44.99	
\$	<i>Sn</i>	43.61	<i>X</i>
\$	<i>Bt</i>	777.52	<i>X</i>
\$	<i>R</i>	225.95	
\$	<i>R</i>	225.95	
\$	<i>R</i>	1,471.77	
\$	<i>Sn</i>	404.56	
\$	<i>R</i>	2,872.68	
\$	<i>Sn</i>	552.55	
\$	<i>R</i>	986.70	
\$	<i>Sn</i>	552.55	
\$	<i>R</i>	986.70	

**\$ 11,496.85****10% \$ 1,149.69****\$ 10,347.17****Special Nett**

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

\$	<i>Sn</i>	700.00	<i>X</i>
\$	<i>nd</i>	66.00	<i>X</i>
\$	<i>nd</i>	33.00	<i>X</i>

**Trans-cab Auto Services Pte Ltd****AAD1902-029**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC 5509G**

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	\$	nn	17.82	} X
11	2 REAR WINDSCREEN SELANT	\$	nn	80.00	
12	1 WINDSCREEN MOULDING	\$	nn	100.00	
13	1 REAR WINDSCREEN INNER SPONGE SEAL	\$	nn	100.00	
14	1 REAR BOOT STICKER 'Trans-cab'	\$	nn	80.00	
15	1 REAR BOOT STICKER '6555-3333'	\$	nn	80.00	
<b>TOTAL</b>		\$		<b>605.82</b>	1404.82
<b>TOTAL PARTS</b>		\$		<b>10,952.99</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.	\$	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

**Trans-cab Auto Services Pte Ltd****AAD1902-029**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC 5509G**

To transfer of rear windscreen fittings and conduct  
water seepage test.

\$ *rm* 170.00 X

To check steering geometry and computer wheel  
alignment

\$ *rm* 220.00 X**TOTAL \$ 7,410.00****Over All Total \$ 28,710.15****(LUMP SUM)****Repair Days****~~10 DAYS~~***2 days**19/6/99*

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:

## **Veron Chen (LKKAuto)**

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Tuesday, 12 February 2019 11:48 AM  
**To:** Ng Wai Yin; calvin.er@transcab.com.sg  
**Cc:** jasminetan@transcab.com.sg; SUR  
**Subject:** FW: SHC 5509G-DOA: 3/2/2019  
**Attachments:** MARK EST.pdf

Dear Wai Yin/Calvin,

WITHOUT PREJUDICE

Lump Sum \$2450/- before GST @ 2 working days

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)






# 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				
MS FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI19002318/Kvd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 12-02-2019	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 964H	Veh. Inspected	SHC 5509G	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19000903MFSH	Excess (\$)	0.00	
Assign From	SITHARA	Assign Date	08/02/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	RENAULT LATITUDE (A)	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2014	
Chassis No.	VF1ABL15AUC278829	Colour	METALLIC WHITE / RED	
Odometer	746424	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	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	6 mm	
L/H Rear Tyre	215/60 R16	GITI	6 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	03/02/2019	Inspection Date	11/02/2019	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
<b>5a. Remarks</b>				
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)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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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5509G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></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	-
1	TAILLAMP LH	SERVICEABLE	552.55	-
1	TAILLAMP PANEL LH	TO REPAIR SEE LABOUR	986.70	-
	LESS 10% DISCOUNT		-1,149.68	-265.48
			10,347.16	2,389.34
<b><u>SPECIAL NETT ITEMS</u></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	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
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	-
2	REAR WINDSCREEN SELANT (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), BOOT REAR, TAILLAMP PANEL RH AND TAILLAMP PANEL LH.		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

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GRAND TOTAL		19,161.98	3,034.34
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,450.00

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KONG SENG CHEONG

Licensed Appraiser

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