

ASS. REC. BY:

REF:

TM1 / CC3/TM119002334/Ktd3n2

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop n/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:

04 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 5670Y

Yr Regn:

11, 14

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

Truck / Trailer or

Make:

Renault Latitude

c.c

1995

Colour:

m. white (P)

A/C:

Insured / Std / NI / NA

Sp. Reading

536804

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC - 280283

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: K11 / 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.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

6/2/19

D.O.I.

8/2/19

Survey held at

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

N/S 151

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

Date / Time

Action / Instruction

1

File pass to

C/Lm 87300 (Red: 19099.201, 7276)

SHC 5670Y - (C3/FC16011014/Ktd3n2

SLR 1113P - x

DOT: 10/6/16

11/2/19 @ 2:40pm Email GIA to estimate to Tmt.

RECEIVED 02 APR 2019

Date/Time, File Pass to?

1) 11/4 Typist

Date/Time, File Return to?

2)



: Prel. Report



: Final Report

Days Of Repair:

4

Resurvey No. of Trip:

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS, \$

Fees

Others

TOTAL

250

10

260

Report Format:

TP

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

73001

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Monday, 11 February 2019 2:40 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 06/02/2019, SHC 5670Y (TP VEHICLE), SLR 1113P (OI VEHICLE)
Attachments: SHC5670 GIA.pdf; SHC5670 EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 5670Y M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63, SINGAPORE 569111.

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

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

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

2/7/2019

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.:	SHC5670Y
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.:	M9R8839C002206
Chassis No.:	VF1ABL15AUC280283
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	19 Nov 2014
First Registration Date:	19 Nov 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	18 Nov 2022
PARF Rebate Amount:	\$9,373.00

Intended COE Rebate Details

COE Expiry Date:	18 Nov 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,337.00
COE Rebate Amount:	\$24,260.00
Total Rebate Amount:	\$33,633.00

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 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 10:20
Date Of Accident	06/02/2019 11:05
Exact Location Of Accident	SIGLAP ROAD X UPPER EAST COAST ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5670Y
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 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	NG LAI HENG
NRIC No	S0058505Z
Date Of Birth	06/04/1953
Occupation	OUTDOOR
Date Of Driving Pass	01/02/1978
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87779476
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 103 HOUGANG AVENUE 1 #09-1135
Postcode	530103
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	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)	2
Passenger 1	NAME: : TONG HENG THAI 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 06/02/2019 AT ABOUT 1105HRS, AFTER I TURNED RIGHT INTO SIGLAP ROAD FROM UPPER EAST COAST ROAD, I WAS MOVING STRAIGHT ON THE FIRST LANE OF SIGLAP ROAD. SUDDENLY VEHICLE B(SLR1113P) SWERVED INTO MY LANE AND COLLIDED ONTO THE FRONT LEFT PORTION 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	SLR1113P
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 NG LAI HENG

Approximate Age

Injuries Sustain

Injured person in which vehicle? SHC5670Y

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:

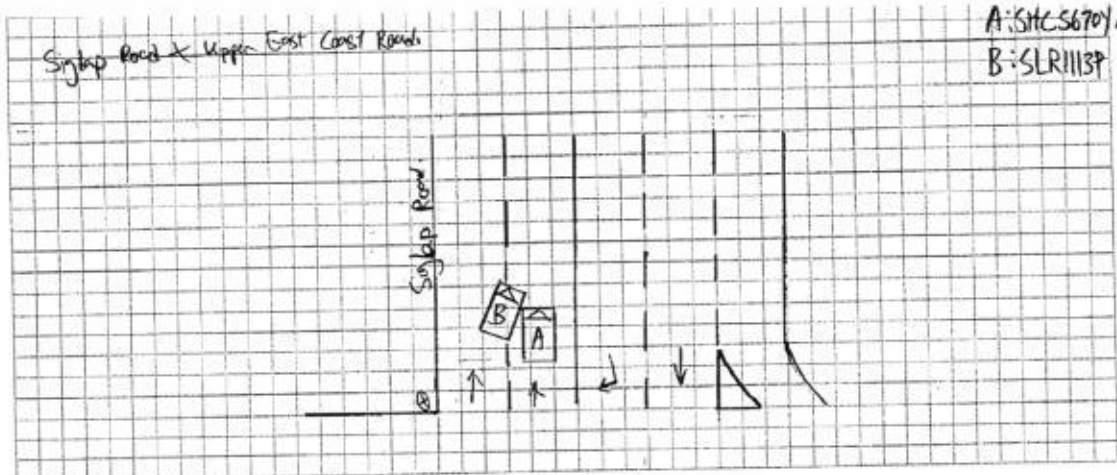
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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 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 5670Y**AAD1902-027***Not Authored
6/12/19 @ 7300h*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHC 5670Y

VF1ABL15AUC280283

RENAULT

LATITUDE

6.2.2019

TOKIO MARINE

19/11/2014

PART**LIST**

1	BUMPER COVER FRT
1	BUMPER SPOILER FRT
1	BUMPER ABSORBER FRT
1	BUMPER RETAINER FRT LH
1	BUMPER SUPPORT FRT
1	BUMPER RETAINER FRT RH
1	BUMPER SUPPORT FRT
1	BUMPER UNDERTRAY FRT
1	BUMPER GRILLE LOWER FRT
1	BUMPER FOG LAMP GRILLE LH
1	BUMPER BEAM FRT
1	HEADLAMP LH
1	HEADLAMP PANEL FRT LH
1	FENDER PANEL FRT LH
1	WHEELARCH FRT LH
1	FENDER BRACKET LOWER LH
1	FENDER INSULATOR LH
1	DOOR PANEL FRT LH
1	RADIATOR GRILLE
1	RADIATOR GRILLE BADGE 'RENAULT'
1	RADIATOR GRILLE FRAME
1	RADIATOR FAN COWLING
1	RADIATOR FAN MOTOR LH
1	RADIATOR FAN MOTOR RH
1	RADIATOR GRILLE FRAME
1	FRAME FULL SUPPORT PANEL
1	FRAME FULL SUPPORT BRACKET
1	AIR CLEANER BOX
1	AIR CLEANER HOSE

\$	<i>B</i>	1,259.42	✓
\$	<i>SL</i>	181.75	X
\$	<i>SL</i>	394.68	X
\$	<i>CM</i>	151.41	✓
\$	<i>SL</i>	123.88	X
\$	<i>SL</i>	150.77	X
\$	<i>SL</i>	123.88	X
\$	<i>SL</i>	472.83	X
\$	<i>SL</i>	266.80	X
\$	<i>CM</i>	207.21	✓
\$	<i>B</i>	914.08	✓
\$	<i>CM</i>	1,184.43	✓
\$	<i>R</i>	152.15	X
\$	<i>B</i>	783.83	✓
\$	<i>CM</i>	278.84	✓
\$	<i>SL</i>	15.79	X
\$	<i>SL</i>	130.84	X
\$	<i>R</i>	2,844.66	X
\$	<i>mgcm</i>	1,707.78	✓
\$	<i>SL</i>	225.36	✓
\$	<i>CM</i>	1,353.75	✓
\$	<i>SL</i>	820.54	X
\$	<i>SL</i>	967.36	X
\$	<i>SL</i>	1,479.46	X
\$	<i>Removal GMA</i>	1,353.75	X
\$	<i>SL</i>	615.90	X
\$	<i>R</i>	89.79	X
\$	<i>CM</i>	464.20	✓
\$	<i>SL</i>	175.85	X

Trans-cab Auto Services Pte Ltd

AAD1902-027

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5670Y

TOTAL	\$	18,891.00
10%	\$	1,889.10
	\$	17,001.90

Specical Nett

1SET	BUMPER CLIP FRT	\$	<i>nn</i>	66.00	✓
1	BUMPER BRACKET CLIP FRT LH	\$	<i>nn</i>	12.00	X
1	BUMPER SUPPORT CLIP FRT LH	\$	<i>nn</i>	10.50	X
1SET	BUMPER GRILLE LOWER CLIP	\$	<i>nn</i>	69.00	X
1SET	FRAME FULL SUPPORT PANEL CLIP	\$	<i>nn</i>	70.00	X
2	FRAME FULL SUPPORT PANEL NUT	\$	<i>nn</i>	20.00	X
2	FRAME FULL SUPPORT PANEL STUD	\$	<i>nn</i>	30.00	X
1SET	WHEELARCH CLIP FRT RH	\$	<i>nn</i>	30.50	✓

\$	308.00
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TOTAL PARTS	\$	17,309.90
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LABOUR

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	3,500.00	<i>600</i>
Putty and spray painting of the affected portion.	\$	3,000.00	<i>660</i>
To rust-proofing of the affected areas.	\$	170.00	<i>30</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00	X
To check steering geometry and computer wheel alignment	\$	220.00	<i>60</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	<i>20</i>

Trans-cab Auto Services Pte Ltd**AAD1902-027**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5670Y

To transfer of front fender fittings, attachment and perform water seepage test.	\$	<i>na</i>	380.00	X
To vacuum, replace, refix and recharge air condenser	\$	<i>na</i>	380.00	X
To replace, refix and top up coolant for radiator	\$	<i>na</i>	170.00	X
To vacuum, replace, refix and recharge Air Intercooler	\$	<i>na</i>	170.00	X
To transfer of front door fittings, attachment and perform water seepage test.	\$	<i>na</i>	380.00	X

TOTAL \$ 9,090.00**Over All Total \$ 26,399.90****LUMP SUM (REPAIR DAY)**~~10 DAYS~~*4 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: CC3/TMI19002334/KTD3N2

Date: 03/04/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU008186
Claimant Vehicle No :	SHC5670Y	Insured Vehicle No :	SLR1113P
Date of Loss:	06/02/2019	Nature of Claim:	TP
		Claim No:	M1900826

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC5670Y	Engine No:	M9R8839C002206
Make & Model:	RENAULT LATITUDE, 2.0 D dCi (A)	Chassis No:	VF1ABL15AUC280283
Reg. Date:	19/11/2014 (Man. Year: 2014)	Odometer:	536804 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	17,309.89	7,773.78	9,536.11	55.09
Miscellaneous Items	0.00	0.00	0.00	
Labour	9,090.00	1,370.00	7,720.00	84.93
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	26,399.89	9,143.78	17,256.11	65.36
Approved Total (Overridden) (S\$)		7,300.00		
(S\$)	26,399.89	7,300.00	19,099.89	72.35
+ GST 7.00/7.00% (S\$)	1,847.99	511.00	1,336.99	72.35
Nett Amount (S\$)	28,247.88	7,811.00	20,436.88	72.35

INSPECTION

Date of Assignment:	12/02/2019	
Date Inspected:	08/02/2019 Inspected At:	Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63 Singapore 569111
Estimated Period of Repair:	4.0 days	

Adjuster: KENNETH KONG

Manager: DENISE TAY KWEE CHENG

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: 03 Apr 2019)
Parts:	143	RENAULT LATITUDE 2.0 dCi (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC5670Y)	
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		*BUMPER COVER FRT	Bent	1,259.42 FL	*1,259.42 FL
2	1		*BUMPER SPOILER FRT	Serviceable	181.75 FL	*- FL
3	1		*BUMPER ABSORBER FRT	Serviceable	394.68 FL	*- FL
4	1		*BUMPER RETAINER FRT LH	Cracked	151.41 FL	*151.41 FL
5	1		*BUMPER SUPPORT FRT	Serviceable	123.88 FL	*- FL
6	1		*BUMPER RETAINER FRT RH	Serviceable	150.77 FL	*- FL
7	1		*BUMPER SUPPORT FRT	Serviceable	123.88 FL	*- FL
8	1		*BUMPER UNDERTRAY FRT	Serviceable	472.83 FL	*- FL
9	1		*BUMPER GRILLE LOWER FRT	Serviceable	266.80 FL	*- FL
10	1		*BUMPER FOG LAMP GRILLE LH	Cracked	207.21 FL	*207.21 FL
11	1		*BUMPER BEAM FRT	Bent	914.08 FL	*914.08 FL
12	1		*HEADLAMP LH	Cracked	1,184.43 FL	*1,184.43 FL
13	1		*HEADLAMP PANEL FRT LH	Repair	152.15 FL	*- FL
14	1		*FENDER PANEL FRT LH	Bent	783.83 FL	*783.83 FL
15	1		*WHEELARCH FRT LH	Cracked	278.84 FL	*278.84 FL
16	1		*FENDER BRACKET LOWER LH	Serviceable	15.79 FL	*- FL
17	1		*FENDER INSULATOR LH	Serviceable	130.84 FL	*- FL
18	1		*DOOR PANEL FRT LH	Repair	2,844.66 FL	*- FL
19	1		*RADIATOR GRILLE	Mtg Cracked	1,707.78 FL	*1,707.78 FL
20	1		*RADIATOR GRILLE BADGE RENAULT	Necessary	225.36 FL	*225.36 FL
21	1		*RADIATOR GRILLE FRAME	Cracked	1,353.75 FL	*1,353.75 FL
22	1		*RADIATOR FAN COWLING	Serviceable	820.54 FL	*- FL
23	1		*RADIATOR FAN MOTOR LH	Serviceable	967.36 FL	*- FL
24	1		*RADIATOR FAN MOTOR RH	Serviceable	1,479.46 FL	*- FL
25	1		*RADIATOR GRILLE FRAME	Repeated	1,353.75 FL	*- FL
26	1		*FRAME FULL SUPPORT PANEL	Serviceable	615.90 FL	*- FL
27	1		*FRAME FULL SUPPORT BRACKET	Repair	89.79 FL	*- FL
28	1		*AIR CLEANER BOX	Cracked	464.20 FL	*464.20 FL
29	1		*AIR CLEANER HOSE	Serviceable	175.85 FL	*- FL
30	1		*SET BUMPER CLIP FRT	Necessary	66.00 FS	*66.00 FS
31	1		*BUMPER BRACKET CLIP FRT LH	Not Necessary	12.00 FS	*- FS
32	1		*BUMPER SUPPORT CLIP FRT LH	Not Necessary	10.50 FS	*- FS
33	1		*SET BUMPER GRILLE LOWER CLIP	Not Necessary	69.00 FS	*- FS
34	1		*SET FRAME FULL SUPPORT PANEL CLIP	Not Necessary	70.00 FS	*- FS
35	2		*FRAME FULL SUPPORT PANEL NUT	Not Necessary	20.00 FS	*- FS
36	2		*FRAME FULL SUPPORT PANEL STUD	Not Necessary	30.00 FS	*- FS
37	1		*SET WHEELARCH CLIP FRT RH	Necessary	30.50 FS	*30.50 FS

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

Sub Total (\$\$)	19,198.99	8,626.81
- List Item Discount on L Items 10.00/10.00% (\$\$)	1,889.10	853.03
Total Parts (\$\$)	17,309.89	7,773.78

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
Labour Items				
1	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	3,500.00	600.00
2	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	660.00
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	0.00
5	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	60.00
6	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	0.00
7	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	20.00
8	TO TRANSFER OF FRONT FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	0.00
9	TO VACUUM,REPLACE,REFIX AND RECHARGE AIR CONDENSER	New	380.00	0.00
10	TO REPLACE,REFIX AND TOP UP COOLANT FOR RADIATOR	New	170.00	0.00
11	TO VACUUM,REPLACE,REFIX AND RECHARGE AIR INTERCOOLER	New	170.00	0.00
12	TO TRANSFER OF FRONT DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	0.00
Gross Labour Cost (S\$)			9,090.00	1,370.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >