

ASS. REC. BY:

REF:

CE/FCI19003024/Kqd302

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person):

Joanne Yong (C100)

of

FCI

Date/Time:

18/2/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 5956Z

Insured:

SHC 8457C

at Workshop m/s

Trans-cab.

Tel:

of

No. 2 AMK St. 63

Policy No:

Claim No:

D19001128MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

18/2/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time

Action/Instruction ( ) Estimate

SHC 5956Z-X

SHC 8457C-X

20/2/19 @ 1140am revised to Joanne Yong by email.

11 Lm @ 16, 100L

ASS. REC. BY:

REF: 1021

Kenneth

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OO/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: 10 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 59562 Yr Regn: 03, 15

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

Truck / Trailer or

Make: Renault Latitude c.c. 1995

Colour: m White / Red A/C: Insured / Std / NI / NA

Sp. Reading 530.592 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VI 1 ABL 15 AUC 281473

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rlm / STD A/Rlm 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

L/Bal. 8 mm

D.O.A. 14/2/19

Survey held at

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

N/S Rear &amp; A/S Rear body

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

Date / Time Action / Instruction

1 File pass to

US 12850, 10 days (Red B 73403.76, 65%)

RECEIVED 18 MAR 2019

Date/Time, File Pass to?

: Prell. Report

1) 18/3 turn in

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 10

Resurvey No. of Trip: \_\_\_\_\_

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech Invs (\$)☐ : Weekend (\$)

Survey Fee: 350

Transportation: \_\_\_\_\_

S + RS, SI

Fixtures

Others

TOTAL

390

Report Format: TP

Lump Sum / I.B.A. (\$) 12850

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	15-02-2019	<b>Our Ref No.</b> D19001128MFSH
<b>Accident Date</b>	14-02-2019	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHC8457C	<b>Third Party Vehicle.</b> SHC5956Z
<b>Survey Location</b>	NO. 2 ANG MO KIO STREET 63	
<b>Contact Person.</b>	CANDY KONG	
<b>Contact No.</b>	62876666/ 0	<b>Fax No.</b> 62571330
<b>Survey Type</b>	WITHOUT PREJUDICE:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	TRANS-CAB AUTO SERVICES PTE LTD	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	JOANNEY	

**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.

KSC

## Shiau Chan (LKKAUTO)

---

**From:** Shiau Chan (LKKAUTO)  
**Sent:** Wednesday, 20 February 2019 11:14 AM  
**To:** 'CWS Motor Claims'; assignments  
**Cc:** 'Joanne Yong Lai fong'; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D19001128MFSH/1  
**Attachments:** CSFCI19003024Kqd3.pdf

Dear Joanne,

Enclosed herewith preliminary advice of SHC 5956Z.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

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**From:** CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Monday, 18 February 2019 9:18 AM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; Joanne Yong Lai fong <[Joanneyong@msfirstcapital.com.sg](mailto:Joanneyong@msfirstcapital.com.sg)>  
**Subject:** PRI: SURVEY ASSESSMENT - D19001128MFSH/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

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19001128MFSH

Date: 20 February 2019

Our Ref: CS/FCI19003024/Kqd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

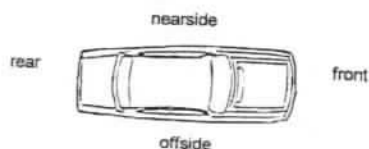
**INITIAL INSPECTION REPORT OF VEHICLE NO. SHC 5956Z .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 18/02/2019 at the premises of M/s TRANS-CAB. and have the following to report:-

Workshop Estimate Amount	: S\$ 36,253.26 .
Revised Estimate Amount	: S\$ 16,089.12 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

**Description of Damage:**

The vehicle sustained damages at the n/s rear portion. The undercarriage, chassis frame & body structure affected due to collision.



Yours faithfully

KONG SENG CHEONG  
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.: SHC5956Z

Vehicle to be Exported: Yes

Intended Deregistration Date: 14 Feb 2019

Vehicle Make: RENAULT

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

Primary Colour: Red

Manufacturing Year: 2015

Engine No.: M9R8839C002508

Chassis No.: VF1ABL15AUC281473

Maximum Power Output: 127.0 kW (170 bhp)

Open Market Value: \$19,998.00

Original Registration Date: 23 Mar 2015

First Registration Date: 23 Mar 2015

Transfer Count: 0

Actual ARF Paid: \$12,498.00

**Intended PARF Rebate Details**

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 22 Mar 2023

PARF Rebate Amount: \$9,373.00

**Intended COE Rebate Details**

COE Expiry Date: 22 Mar 2023

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

COE Period(Years): 8

PQP Paid: \$51,092.00

COE Rebate Amount: \$26,215.00

**Total Rebate Amount: \$35,588.00****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 14 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	14/02/2019 10:33
Date Of Accident	14/02/2019 07:35
Exact Location Of Accident	MARINA LINK X MARINA COASTAL DRIVE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC5956Z
<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-62866666
<b>Vehicle Particulars</b>	
Manufacturer	RENAULT
Model	LATITUDE-2.0 L (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
<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	G PANNIR
NRIC No	S1431786D
Date Of Birth	18/03/1960
Occupation	OUTDOOR
Date Of Driving Pass	14/11/1985
Driving Experience	33 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81641625
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 142 BUKIT BATOK STREET 11 #03-07
Postcode	650142
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	COLLISION - CROSS JUNCTION
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: : JAAFAR BIN AHMAD - 96280834 GENDER: : MALE

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	<b>ROAD:</b> 51 ANG MO KIO AVE 9 , <b>POSTCODE:</b> 569784 , <b>COUNTRY:</b> SINGAPORE
Police Station Contact	<b>TEL NO:</b> 1800-4849999 - <b>FAX NO:</b> 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190214/2056

#### 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	SHC8457C
Vehicle Make/Model/Colour	COMFORT TAXI
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)

#### DETAILS OF INJURED PERSON 1

Name

JAAFAR BIN AHMAD

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC5956Z

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

YES

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.

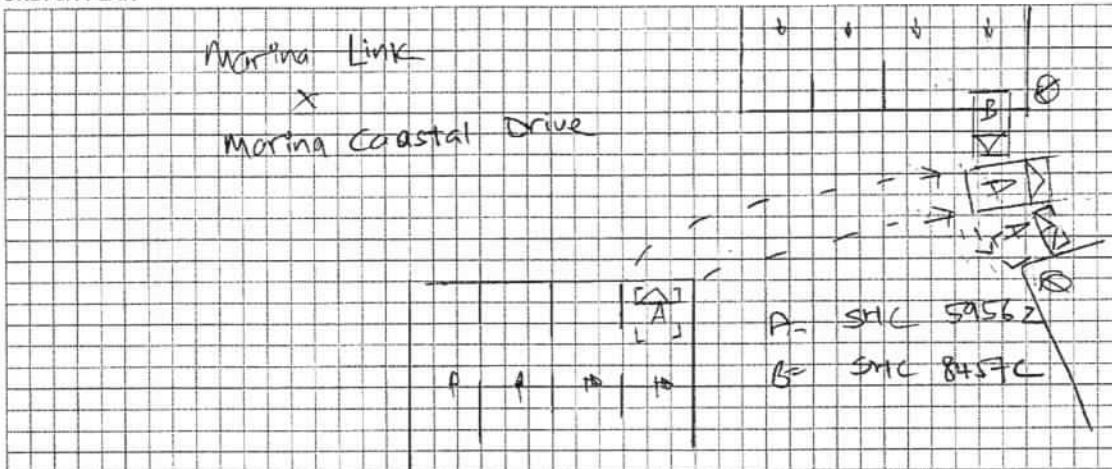
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

  
\_\_\_\_\_  
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

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police Report

## DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature  
Date & Time:

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

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



**SINGAPORE  
POLICE FORCE**



T/20190214/2056

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

1 of 3

Report No. T/20190214/2056

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/02/2019 12:37		Vide Report No.: A/20190214/0047		Station Diary No.: 26	
<b>Informant's Particulars</b>					
Name of Informant: G. PANNIR			Address: APT BLK 142 BUKIT BATOK STREET 11 #03-07 SINGAPORE 650142		
ID Type / ID No.: NRIC NO / S1431786D			Contact No.: Home/Office: Mobile: 81641625		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 58	Date of Birth: 18/03/1960	Type of Informant: Driver		
Race: Indian			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3,4 Date of Expiry:		

**General Information of the Accident**

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 14/02/2019 07:35	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 MARINA COASTAL DRIVE				
At the junction of Marina Link and Marina Coastal Drive				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume:	
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
SHC5956Z	Car				Seriously Damaged	1
SHC8457C	Car				Seriously Damaged	1

**Details of Person Involved**

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



**SINGAPORE  
POLICE FORCE**



T/20190214/2056

2 of 3

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20190214/2056

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	G. PANNIR	ID No.	S1431786D
Related Vehicle	SHC5956Z (Car)	Contact No.	81641625
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	Slight
<b>Passenger</b>			
Name	JAAFAR BIN AHMAD	ID No.	S1344570B
Related Vehicle	NIL	Contact No.	96280834
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 14/02/2019 at about 0735hrs, I was driving my taxi SHC5956Z along Marina Link towards the junction of Marina Link and Marina Coastal Drive. While I was at the junction, I saw the green traffic arrow and I made a right turn. While making the right turn, suddenly another taxi SHC8457C came from the opposite direction and collided against my rear left passenger door area, causing my taxi to skid and hit a kerb. My passenger Jaafar Bin Ahmad was sitting at the rear left passenger seat when then collision happened. The passenger then told me that felt some pain in his chest area. Thus, I called ambulance for him and he was subsequently conveyed to a hospital by the ambulance. Shortly after, the traffic police arrived.

My taxi suffered dents around the rear left passenger door area, right wheel damaged, and all the passenger doors cannot be opened or closed properly. I felt some pain at my left elbow, left shoulder and my back of neck. I will be seeing a doctor.



**SINGAPORE  
POLICE FORCE**



T/20190214/2056

3 of 3

Police Station Of Origin:  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Report No. T/20190214/2056

## CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

3 of 3

No T/20190214/2056

**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:

F /

Sgt 3 JAYZ TAN ZHANG JIE

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

14/02/2019 12:37

Officer In Charge Of Case:

TP / GIT /

Sgt 3 RASHIDAH BINTE AZMAN

Contact No.: 65476216

Classification Of Case:

Authentication Stamp

NP168

**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 5956Z****AAD1902-092***Not Notified*  
*L/Rup \$161100*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**SHC 5956Z**

VF1ABL15AUC281473

RENAULT

LATITUDE

14.2.2019

**FCIL**

23/3/2015

**PART****LIST**

1	DOOR PANEL FRT LH	\$	<i>R</i> 2,844.66 ✓
1	DOOR HINGE UPPER LH	\$	<i>R</i> 261.28
1	DOOR HINGE LOWER LH	\$	<i>R</i> 300.55
1	DOOR CHECK FRT LH	\$	<i>SL</i> 194.77
1	DOOR LOCK FRT LH	\$	<i>R</i> 908.75
1	DOOR CATCH FRT LH	\$	<i>R</i> 131.23
1	DOOR HANDLE OUTER FRT LH	\$	<i>SL</i> 477.76
1	DOOR HANDLE COVER FRT LH	\$	<i>SL</i> 13.22
1	DOOR HANDLE MODULE FRT LH	\$	<i>SL</i> 133.60
1	DOOR REGULATOR FRT LH	\$	<i>SL</i> 505.19
1	DOOR REGUALTOR MOTOR FRT LH	\$	<i>SL</i> 796.46
1	DOOR REGULATOR GUIDE FRT LH	\$	<i>SL</i> 120.97
1	DOOR PANEL REAR LH	\$	<i>R</i> 2,844.66 ✓
1	DOOR GUIDE REAR LH	\$	<i>SL</i> 176.82 X
1	DOOR HINGE UPPER LH	\$	<i>R</i> 274.50 ✓
1	DOOR HINGE LOWER LH	\$	<i>R</i> 300.55 ✓
1	DOOR CHECK REAR LH	\$	<i>SL</i> 203.06 X
1	DOOR LOCK REAR LH	\$	<i>TR</i> 908.75 ✓
1	DOOR HANDLE OUTER REAR LH	\$	<i>SL</i> 126.49 X
1	DOOR HANDLE CAP REAR LH	\$	<i>SL</i> 35.52 X
1	DOOR HANDLE SEAL REAR LH	\$	<i>SL</i> 7.89 X
1	DOOR HANDLE COVER REAR LH	\$	<i>SL</i> 13.22 X
1	DOOR HANDLE MODULE REAR LH	\$	<i>SL</i> 133.60 X
1	DOOR REGULATOR REAR LH	\$	<i>R</i> 1,135.10 ✓
1	DOOR REGUALTOR MOTOR REAR LH	\$	<i>TR</i> 893.75 ✓
1	DOOR REGULATOR NUT REAR LH	\$	<i>SL</i> 12.43 X
1	DOOR REGUALTOR MOTOR SCREW REAR L70Y	\$	<i>SL</i> 6.31 X
1	DOOR FINISHER REAR LH	\$	<i>SL</i> 423.10 X
1	DOOR MOULDING REAR LH	\$	<i>SL</i> 176.82 X

**Trans-cab Auto Services Pte Ltd****AAD1902-092**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC 5956Z**

1	DOOR MOULDING CLIP L70Y	\$	nn	5.92	
1	DOOR MOULDING SCREW L70Y	\$	nn	6.91	
1	DOOR CASING REAR LH	\$	nn	1,509.06	
1	DOOR WATER SHIELD REAR LH	\$	nn	30.39	
1	DOOR CASING CLIP	\$	nn	12.63	
1	DOOR CASING LIGHT L70Y	\$	nn	48.74	
1	DOOR FINISHER INNER REAR LH	\$	nn	323.44	
1	DOOR FINISHER BRACKET INNER REAR LH	\$	h	46.97	
1	DOOR FINISHER BRACKET INNER REAR LH	\$	h	20.33	
1	DOOR FINISHER BRACKET INNER REAR LH	\$	h	20.33	
1	DOOR FINISHER BRACKET INNER REAR LH	\$	h	20.33	
1	DOOR GRAB HANDLE REAR LH	\$	sn	210.96	
1	DOOR BLIND REAR LH	\$	sn	741.80	
1	DOOR WHEATHESTRIIP REAR LH	\$	wt	410.66	
1	DOOR SEAL REAR LH	\$	sn	162.02	X
1	DOOR GLASS RUNNER SEAL REAR LH	\$	sn	229.31	X
1	DOOR WAIST SEAL OUTER REAR LH	\$	sn	334.69	X
1	DOOR WAIST SEAL INNER REAR LH	\$	sn	115.64	X
1	FENDER PANEL REAR LH	\$	br	3,299.13	
1	FENDER PANEL INNER TRIM REAR	\$	sn	671.45	X
1	WHEELARCH REAR LH	\$	sn	543.47	X
1	DOOR MIRROR ASSY LH	\$	sn	1,483.40	X
1	ROCKER PANEL INNER GARNISH LH	\$	sn	466.51	X
1	ROCKER PANEL INNER LH	\$	br	1,024.79	
1	ROCKER PANEL CENTER LH	\$	br	990.25	

**\$ 27,090.14**10% **\$ 2,709.01****\$ 24,381.13****Special Nett**

1SET	FRAME FULL SUPPORT PANEL CLIP	\$	nn	70.00	X
2	FRAME FULL SUPPORT PANEL NUT	\$	nn	20.00	X
2	FRAME FULL SUPPORT PANEL STUD	\$	nn	30.00	X
1SET	WHEELARCH CLIP FRT LH	\$	nn	30.50	X
1	FRONT DOOR STICKER 'Trans-cab'	\$	nn	80.00	60sn
1	FRONT DOOR STICKER 'Chassis'	\$	nn	50.00	15sn
1	REAR DOOR STICKER '6555 3333'	\$	nn	80.00	60sn



**Trans-cab Auto Services Pte Ltd****AAD1902-092**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC 5956Z**

1	DOOR CHECK BOLT	\$	nn 22.69	}	X
1	DOOR GUIDE SCREW	\$	nn 10.85		
1	DOOR HINGE BOLT	\$	nn 10.85		
1	DOOR HINGE NUT RH	\$	nn 14.60		
1	DOOR CHECK BOLT	\$	nn 22.69		
1	DOOR CHECK NUT	\$	nn 3.75		
1	DOOR LOCK SCREW L70Y	\$	nn 6.12		
1	DOOR CATCH SCREW L70Y	\$	nn 10.06		

**TOTAL \$ 462.13****TOTAL PARTS \$ 24,843.26****LABOUR**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	4,200.00	1200/
Putty and spray painting of the affected portion.	\$	4,200.00	880/
To rust-proofing of the affected areas.	\$	170.00	120/
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	\$	220.00	60/
To transfer of front bumper fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To transfer of Rear fender fittings, attachment and perform water seepage test.	\$	Repair 380.00	X
To transfer of tire, rim and on wheel balancing.	\$	170.00	20/
To Check Electrical Lighting Concerned.	\$	170.00	20/

**Trans-cab Auto Services Pte Ltd****AAD1902-092**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC 5956Z**

To transfer of front fender fittings, attachment and  
perform water seepage test.

\$

*nn* 380.00 *X*

To transfer of front door fittings, attachment and  
perform water seepage test.

\$

380.00 *bol*

To transfer of Rear door fittings, attachment and  
perform water seepage test.

\$

380.00 *bol*

<b>TOTAL</b>	<b>\$</b>	<b>11,410.00</b>
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<b>Over All Total</b>	<b>\$</b>	<b>36,253.26</b>
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**LUMP SUM (REPAIR DAY)***20 DAYS*  
*10 days*

LKK Auto Consultants hence notify  
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and  
is subject to final approval from Insurance Company

Acknowledged by Repairer:

Signature:

Date:




# LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
MS FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI19003024/Kqd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 20-03-2019		
		Code : FCI2		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHC 8457C	Veh. Inspected	SHC 5956Z	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19001128MFSH	Excess (\$)	0.00	
Assign From	JOANNE YONG	Assign Date	18/02/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	RENAULT LATITUDE (A)	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	VF1ABL15AUC281473	Colour	METALLIC WHITE / RED	
Odometer	530592	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	7 mm	
L/H Rear Tyre	215/60 R16	GITI	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION. THE UNDERCARRIAGE, CHASSIS FRAME AND BODY STRUCTURE AFFECTED DUE TO COLLISION.  DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	14/02/2019	Inspection Date	18/02/2019	
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:		10 Working Days		



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## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5956Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	DOOR PANEL FRT LH	BENT	2,844.66	2,844.66
1	DOOR HINGE UPPER LH	TO REPAIR SEE LABOUR	261.28	-
1	DOOR HINGE LOWER LH	TO REPAIR SEE LABOUR	300.55	-
1	DOOR CHECK FRT LH	SERVICEABLE	194.77	-
1	DOOR LOCK FRT LH	TO REPAIR SEE LABOUR	908.75	-
1	DOOR CATCH FRT LH	TO REPAIR SEE LABOUR	131.23	-
1	DOOR HANDLE OUTER FRT LH	SERVICEABLE	477.76	-
1	DOOR HANDLE COVER FRT LH	SERVICEABLE	13.22	-
1	DOOR HANDLE MODULE FRT LH	SERVICEABLE	133.60	-
1	DOOR REGULATOR FRT LH	SERVICEABLE	505.19	-
1	DOOR REGULATOR MOTOR FRT LH	SERVICEABLE	796.46	-
1	DOOR REGULATOR GUIDE FRT LH	SERVICEABLE	120.97	-
1	DOOR PANEL REAR LH	BENT	2,844.66	2,844.66
1	DOOR GUIDE REAR LH	SERVICEABLE	176.82	-
1	DOOR HINGE UPPER LH	BENT	274.50	274.50
1	DOOR HINGE LOWER LH	BENT	300.55	300.55
1	DOOR CHECK REAR LH	SERVICEABLE	203.06	-
1	DOOR LOCK REAR LH	JAMMED	908.75	908.75
1	DOOR HANDLE OUTER REAR LH	SERVICEABLE	126.49	-
1	DOOR HANDLE CAP REAR LH	SERVICEABLE	35.52	-
1	DOOR HANDLE SEAL REAR LH	SERVICEABLE	7.89	-
1	DOOR HANDLE COVER REAR LH	SERVICEABLE	13.22	-
1	DOOR HANDLE MODULE REAR LH	SERVICEABLE	133.60	-
1	DOOR REGULATOR REAR LH	BENT	1,135.10	1,135.10
1	DOOR REGULATOR MOTOR REAR LH	JAMMED	893.75	893.75
1	DOOR REGULATOR NUT REAR LH	SERVICEABLE	12.43	-
1	DOOR REGULATOR MOTOR SCREW REAR L70Y	SERVICEABLE	6.31	-
1	DOOR FINISHER REAR LH	SERVICEABLE	423.10	-

Report Ref No. CS/FCI19003024/Kqd3e2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	DOOR MOULDING REAR LH	SERVICEABLE	176.82	-
1	DOOR MOULDING CLIP L70Y	NOT NECESSARY	5.92	-
1	DOOR MOULDING SCREW L70Y	NOT NECESSARY	6.91	-
1	DOOR CASING REAR LH	NOT NECESSARY	1,509.06	-
1	DOOR WATER SHIELD REAR LH	NOT NECESSARY	30.39	-
1	DOOR CASING CLIP	NOT NECESSARY	12.63	-
1	DOOR CASING LIGHT L70Y	NOT NECESSARY	48.74	-
1	DOOR FINISHER INNER REAR LH	NOT NECESSARY	323.44	-
1	DOOR FINISHER BRACKET INNER REAR LH	TO REPAIR SEE LABOUR	46.97	-
1	DOOR FINISHER BRACKET INNER REAR LH	TO REPAIR SEE LABOUR	20.33	-
1	DOOR FINISHER BRACKET INNER REAR LH	TO REPAIR SEE LABOUR	20.33	-
1	DOOR FINISHER BRACKET INNER REAR LH	TO REPAIR SEE LABOUR	20.33	-
1	DOOR GRAB HANDLE REAR LH	SERVICEABLE	210.96	-
1	DOOR BLIND REAR LH	SERVICEABLE	741.80	-
1	DOOR WEATHERSTRIP REAR LH	CUT	410.66	410.66
1	DOOR SEAL REAR LH	SERVICEABLE	162.02	-
1	DOOR GLASS RUNNER SEAL REAR LH	SERVICEABLE	229.31	-
1	DOOR WAIST SEAL OUTER REAR LH	SERVICEABLE	334.69	-
1	DOOR WAIST SEAL INNER REAR LH	SERVICEABLE	115.64	-
1	FENDER PANEL REAR LH	BENT	3,299.13	3,299.13
1	FENDER PANEL INNER TRIM REAR	SERVICEABLE	671.45	-
1	WHEELARCH REAR LH	SERVICEABLE	543.47	-
1	DOOR MIRROR ASSY LH	SERVICEABLE	1,483.40	-
1	ROCKER PANEL INNER GARNISH LH	SERVICEABLE	466.51	-
1	ROCKER PANEL INNER LH	BENT	1,024.79	1,024.79
1	ROCKER PANEL CENTER LH	BENT	990.25	990.25
	LESS 10% DISCOUNT		-2,709.01	-1,492.68
			24,381.13	13,434.12
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	SET FRAME FULL SUPPORT PANEL CLIP (SN)	NOT NECESSARY	70.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
2	FRAME FULL SUPPORT PANEL NUT (SN)	NOT NECESSARY	20.00	-
2	FRAME FULL SUPPORT PANEL STUD (SN)	NOT NECESSARY	30.00	-
1	SET WHEELARCH CLIP FRT LH (SN)	NOT NECESSARY	30.50	-
1	FRONT DOOR STICKER "TRANS-CAB" (SN)	NECESSARY	80.00	60.00
1	FRONT DOOR STICKER "CHASSIS" (SN)	NECESSARY	50.00	15.00
1	REAR DOOR STICKER "6555-3333" (SN)	NECESSARY	80.00	60.00
1	DOOR CHECK BOLT (SN)	NOT NECESSARY	22.69	-
1	DOOR GUIDE SCREW (SN)	NOT NECESSARY	10.85	-
1	DOOR HINGE BOLT (SN)	NOT NECESSARY	10.85	-
1	DOOR HINGE NUT RH (SN)	NOT NECESSARY	14.60	-
1	DOOR CHECK BOLT (SN)	NOT NECESSARY	22.69	-
1	DOOR CHECK NUT (SN)	NOT NECESSARY	3.75	-
1	DOOR LOCK SCREW L70Y (SN)	NOT NECESSARY	6.12	-
1	DOOR CATCH SCREW L70Y (SN)	NOT NECESSARY	10.06	-
			462.11	135.00
	<b>LABOUR</b>			
	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME.INCLUSIVE OF THE REPAIR OF DOOR HINGE UPPER LH,DOOR HINGE LOWER LH,DOOR LOCK FRT LH,DOOR CATCH FRT LH AND DOOR FINISHER BRACKET INNER REAR LH.		4,200.00	1,200.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		4,200.00	880.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	120.00
	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH, FITTINGS AND OTHER,TO ENABLE REPAIR.		380.00	100.00
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.		220.00	60.00
	TO TRANSFER OF FRONT BUMPER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO TRANSFER OF REAR FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	REPEATED	380.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	20.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	TO TRANSFER OF FRONT FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.		380.00	-
	TO TRANSFER OF FRONT DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.		380.00	60.00
	TO TRANSFER OF REAR DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.		380.00	60.00
			11,410.00	2,520.00
GRAND TOTAL			36,253.24	16,089.12
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				12,850.00

Report Ref No. CS/FCI19003024/Kqd3e2

KONG SENG CHEONG

Licensed Appraiser

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