

ASS. REC. BY:

REF:

CC3/TM119003052/Kvd3n2

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

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 Report:

Consistent?: Yes or No

GIA / PR Seen:

Consistent?: Yes or No

Est. Repairs:

3 1/2 days

Res.: Yes or No

Lum Sum:

2034

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 97295

Yr Regn:

07, 13

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

Truck / Trailer or

Make:

Perkut Latitude c.c

1995

Colour:

M. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading

705775

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

VI-1/ABL15AUC 273258

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / 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

Rear

R/Bal.

P

mm

R/Bal.

P

mm

L/Bal.

P

mm

L/Bal.

P

mm

D.O.A.

14/2/19

D.O.I.

15/2/19

Survey held at

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

O/S 1st

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

Date / Time

Action / Instruction

19/2/19

File pass to

1/1m 8-3400 (Red)

15,059.25, 7991

SHB 97295 - X 3950

GBF 2567 - X

19/2/19

Email GIA to TMI

RECEIVED 20 FEB 2019

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

copy - typist

Report Format:

merimen

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

3950/-

Days Of Repair:

3 1/2

Resurvey No. of Trip:

-

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

250

S - RS. SI

10

Fees

Others

TOTAL

260

## ...CLAIM SUBFOLDER...(New Assignment)

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	18 Feb 2019		20 Feb 2019 09:36 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	PEACH GARDEN (NOVENA) PTE LTD, Co. Reg. No.: 200210249C		
Main Claimant:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K		
Vehicle Reg. No.:	SHB9729S	Date of Loss:	14/02/2019 08:00 - :59
Claim Type:	TP / M1900970	Policy/Cover Note No.:	MH000549 (Comprehensive) Coverage: 02/06/2018 - 01/06/2019
Vehicle Reg. No. (Insured):	GBF256Z	Policy No. (Claimant):	
		Excess:	\$1,000.00
Repairer:	Trans Cab Auto Services Pte Ltd - Amk (HQ) No 2 Ang Mo Kio St 63, 569111 Ang Mo Kio - Tel:		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Fiona Gan Bee Song - 65926378]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 01/03/2019]		
Driver/Custodian (Insured):	NEO HOCK LYE (), NRIC: S1254511H, Tel: +6581865438		

### ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

### ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

## Veron Chen (LKKAUTO)

---

**From:** Veron Chen (LKKAUTO)  
**Sent:** Tuesday, 19 February 2019 3:23 PM  
**To:** motorclaims@tokiomarine.com.sg  
**Cc:** SUR  
**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD,  
DOA: 14/2/2019, SHB 9729S (TP VEHICLE), GBF 256Z (OI VEHICLE)  
**Attachments:** GIA.pdf; MARK EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHB 9729S at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 15/2/2019

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

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

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)

**Veron Chen (LKKAUTO)**

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**From:** Veron Chen (LKKAUTO)  
**Sent:** Wednesday, 20 February 2019 9:11 AM  
**To:** Ng Wai Yin; calvin.er@transcab.com.sg  
**Cc:** jasminetan@transcab.com.sg; SUR  
**Subject:** SHB 9729S-DOA: 14/2/2019  
**Attachments:** MARK EST.pdf

Dear Wai Yin/Calvin,

WITHOUT PREJUDICE

Lump Sum \$3950/- before GST @ 3.5 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)

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

Owner ID Type:	Company
Owner ID:	3878K

**Vehicle Details**

Vehicle No.:	SHB97295
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:	2013
Engine No.:	M9R8839C000284
Chassis No.:	VF1ABL15AUC273258
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	18 Jul 2013
First Registration Date:	18 Jul 2013
Transfer Count:	0
Actual ARF Paid:	\$12,498.00

**Intended PARF Rebate Details**

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Jul 2021
PARF Rebate Amount:	\$8,748.00

**Intended COE Rebate Details**

COE Expiry Date:	17 Jul 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$51,810.00
COE Rebate Amount:	\$15,703.00
<b>Total Rebate Amount:</b>	<b>\$24,451.00</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 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 13:14
Date Of Accident	14/02/2019 08:25
Exact Location Of Accident	TOA PAYOH INDUSTRIAL PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9729S
<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 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

### 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	CHAN WENG HONG SAM
NRIC No	S1409194G
Date Of Birth	26/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	04/05/1979
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83993173
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 324 CLEMENTI AVE 5 #07-213
Postcode	120324
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)	1

#### 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 14.02.2019 at about 0825hours, I was travelling straight along Toa Payoh Industrial park. Suddenly I felt an impact. Vehicle B (GBF256Z) which was stationary on my right made a reverse without checking for his rear and hit onto my taxi right side front portion.

#### 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	GBF256Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
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.



Amanda

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

A: SHB 97295  
B: GBF 2562  
Ton Poyah Industrial Park

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

please see the attach GFA 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:

Amarch  
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

**SHB 9729S****AAD1902-094**

*Not Authorised*  
*11/11/19 @ 3400h 3950h*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

Date of Registration:

**SHB 9729S**

VF1ABL15AUC273258

RENAULT

LATITUDE

14.2.2019

**TOKIO MARINE**

18/7/2013

**PART**

1	BUMPER COVER FRT
1	BUMPER SPOILER FRT
1	BUMPER ABSORBER FRT
1	BUMPER RETAINER FRT RH
1	BUMPER SUPPORT FRT
1	BUMPER UNDERTRAY FRT
1	BUMPER GRILLE LOWER FRT
1	BUMPER FOG LAMP GRILLE RH
1	BUMPER BEAM FRT
1	HEADLAMP RH
1	HEADLAMP PANEL FRT RH
1	FENDER PANEL FRT RH
1	WHEELARCH FRT RH
1	FENDER BRACKET LOWER RH
1	FENDER INSULATOR RH
1	DOOR PANEL FRT RH
1	WIPER RESERVOIR
1	WIPER RESERVOIR NECK
1	WIPER RESERVOIR MOTOR
1	RADIATOR GRILL

**LIST**

\$	<i>CM</i> 1,259.42 ✓
\$	<i>SL</i> 181.75 X
\$	<i>SL</i> 394.68 X
\$	<i>CM</i> 150.77 ✓
\$	<i>SL</i> 123.88 X
\$	<i>SL</i> 472.83 X
\$	<i>SL</i> 266.80 X
\$	<i>SL</i> 207.21 X
\$	<i>R</i> 914.08 ✓
\$	<i>MB/CM</i> 1,184.43 ✓
\$	<i>R</i> 152.15 X
\$	<i>R</i> 783.83 ✓
\$	<i>CM</i> 278.84 ✓
\$	<i>R</i> 15.79 ✓
\$	<i>SL</i> 130.84 X
\$	<i>R</i> 2,844.66 X
\$	<i>SL</i> 348.25 X
\$	<i>SL</i> 136.11 X
\$	<i>SL</i> 270.06 X
\$	<i>SL</i> 1,707.78 X
<b>TOTAL \$</b>	<b>11,824.17</b>
<b>10% \$</b>	<b>1,182.42</b>
<b>\$</b>	<b>10,641.75</b>

**Special Nett**

1SET	BUMPER CLIP FRT	\$	<i>NA</i> 66.00 ✓
1	BUMPER BRACKET CLIP FRT RH	\$	<i>NA</i> 12.00 X
1	BUMPER SUPPORT CLIP FRT RH	\$	<i>NA</i> 10.50 X
1SET	BUMPER GRILLE LOWER CLIP	\$	<i>NA</i> 69.00 X

**Trans-cab Auto Services Pte Ltd****AAD1902-094**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHB 9729S**

1	FRONT RIGHT DOOR STICKER 'TRANS-CAB'	\$	<i>nn</i> 80.00 <i>60sn</i> ✓
1	FRONT RIGHT DOOR STICKER 'CHASSIS'	\$	<i>nn</i> 50.00 <i>15sn</i> ✓
		<u>\$</u>	<u>157.50</u>
<b>TOTAL</b>		<u>\$</u>	<u>10,799.25</u>

**TOTAL PARTS****LABOUR**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	3,000.00 <i>500l</i>
Putty and spray painting of the affected portion.	\$	3,000.00 <i>880l</i>
To rust-proofing of the affected areas.	\$	170.00 <i>30l</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>nn</i> 380.00 <i>X</i>
To check steering geometry and computer wheel alignment	\$	220.00 <i>60l</i>
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00 <i>X</i>
To Check Electrical Lighting Concerned.	\$	170.00 <i>20l</i>
To transfer of front fender fittings, attachment and perform water seepage test.	\$	<i>nn</i> 380.00 <i>X</i>
To vacuum, replace, refix and recharge air condenser	\$	<i>nn</i> 380.00 <i>X</i>
To replace, refix and top up coolant for radiator	\$	<i>nn</i> 170.00 <i>X</i>

## Trans-cab Auto Services Pte Ltd

AAD1902-094

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHB 9729S

To vacuum, replace, refix and recharge Air  
Intercooler

\$ *nn* 170.00 X

**TOTAL** \$ 8,210.00

**Over All Total** \$ 19,009.25

**LUMP SUM (REPAIR DAY)**

~~10-DAYS~~

19139.24

3 1/2 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/TMI19003052/KVD3N2

Date: 21/02/2019

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MH000549
Claimant Vehicle No :	SHB9729S	Insured Vehicle No :	GBF256Z
Date of Loss:	14/02/2019	Nature of Claim:	TP
		Claim No:	M1900970

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHB9729S	Engine No:	M9R8839C000284
Make & Model:	RENAULT LATITUDE, 2.0 L (A)	Chassis No:	VF1ABL15AUC273258
Reg. Date:	18/07/2013 (Man. Year: 2013)	Odometer:	705775 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	10,929.24	3,446.77	7,482.47	68.46
Miscellaneous Items	0.00	0.00	0.00	
Labour	8,210.00	1,490.00	6,720.00	81.85
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>19,139.24</b>	<b>4,936.77</b>	<b>14,202.47</b>	<b>74.21</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>3,950.00</b>		
<b>(S\$)</b>	<b>19,139.24</b>	<b>3,950.00</b>	<b>15,189.24</b>	<b>79.36</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>1,339.75</b>	<b>276.50</b>	<b>1,063.25</b>	<b>79.36</b>
<b>Nett Amount (S\$)</b>	<b>20,478.99</b>	<b>4,226.50</b>	<b>16,252.49</b>	<b>79.36</b>

## INSPECTION

Date of Assignment: 20/02/2019

Date Inspected: 15/02/2019 Inspected At:

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

Estimated Period of Repair: 3.5 days

Adjuster: KENNETH KONG

Manager: VERON CHEN

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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 21 Feb 2019)
<b>Parts:</b> 143	RENAULT LATITUDE 2.0 L (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SHB9729S)	
<b>Validity:</b>	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
<b>Further Info:</b>	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	Cracked	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 RH	Cracked	150.77 FL	*150.77 FL
5	1		*BUMPER SUPPORT FRT	Serviceable	123.88 FL	*- FL
6	1		*BUMPER UNDERTRAY FRT	Serviceable	472.83 FL	*- FL
7	1		*BUMPER GRILLE LOWER FRT	Serviceable	266.80 FL	*- FL
8	1		*BUMPER FOG LAMP GRILLE RH	Serviceable	207.21 FL	*- FL
9	1		*BUMPER BEAM FRT	Repair	914.08 FL	*- FL
10	1		*HEADLAMP RH	Mtg Cracked	1,184.43 FL	*1,184.43 FL
11	1		*HEADLAMP PANEL FRT RH	Repair	152.15 FL	*- FL
12	1		*FENDER PANEL FRT RH	Bent	783.83 FL	*783.83 FL
13	1		*WHEELARCH FRT RH	Cracked	278.84 FL	*278.84 FL
14	1		*FENDER BRACKET LOWER RH	Bent	15.79 FL	*15.79 FL
15	1		*FENDER INSULATOR RH	Serviceable	130.84 FL	*- FL
16	1		*DOOR PANEL FRT RH	Repair	2,844.66 FL	*- FL
17	1		*WIPER RESERVOIR	Serviceable	348.25 FL	*- FL
18	1		*WIPER RESERVOIR NECK	Serviceable	136.11 FL	*- FL
19	1		*WIPER RESERVOIR MOTOR	Serviceable	270.06 FL	*- FL
20	1		*RADIATOR GRILL	Serviceable	1,707.78 FL	*- FL
21	1		*SET BUMPER CLIP FRT	Necessary	66.00 FS	*66.00 FS
22	1		*BUMPER BRACKET CLIP FRT RH	Not Necessary	12.00 FS	*- FS
23	1		*BUMPER SUPPORT CLIP FRT RH	Not Necessary	10.50 FS	*- FS
24	1		*SET BUMPER GRILLE LOWER CLIP	Not Necessary	69.00 FS	*- FS
25	1		*FRONT RIGHT DOOR STICKER TRANS-CAB	Necessary	80.00 FS	*60.00 FS
26	1		*FRONT RIGHT DOOR STICKER CHASSIS	Necessary	50.00 FS	*15.00 FS

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

<b>Sub Total (\$\$)</b>	<b>12,111.66</b>	<b>3,814.08</b>
<b>- List Item Discount on L Items 10.00/10.00% (\$\$)</b>	<b>1,182.42</b>	<b>367.31</b>
<b>Total Parts (\$\$)</b>	<b>10,929.24</b>	<b>3,446.77</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	3,000.00	500.00
2	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	880.00
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
Gross Labour Cost (\$\$)			8,210.00	1,490.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >