

ASS. REC. BY:

REF:

TH1 / CC3 / TMI19005033 / Ksd3n2

## ASSIGNMENT

From:

Date:

Estimated Cost:

QD / TP / WS / TP RES / QD 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:

845k+

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 58730

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:

N. White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

541374

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VI-1 ABC 15 AUG 281488

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NII / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60R16

R:

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

TOYO / YOKO or

Giti

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

16/3/19

D.O.I.

19/3/19

Survey held at

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

O/S 15

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1

File pass to

L1 By 843001

SHC 58730 - CC3 / TMI19003402 / Ksd3n2

84512630-X

(\$ 16,044.32 Red - 79% )

21/03/19

Confirmed L1 \$ 4,300/- @ 2 days with Kenneth

Date/Time, File Pass to?

25/03/19

1) Typist

Date/Time, File Return to?



: Prell. Report



: Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech Invs (\$



: Weekend (\$

Survey Fee:

Transportation:

S + RS. SI

Fees

Others

TOTAL

250

10

260

Report Format :

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

4,300/- 215

RECEIVED 25 MAR 2019

## Shirley Hiew (LKK Auto)

---

**From:** Ng Wai Yin <waiyin.ng@transcab.com.sg>  
**Sent:** Thursday, 21 March 2019 3:30 PM  
**To:** 'Shirley Hiew (LKK Auto)'  
**Cc:** 'SUR'  
**Subject:** FW: TCS REF: AAD1903-127--Accident involving SHC 5873D & SLJ 1263G on 16.03.2019  
**Attachments:** ESTIMATE MARKED.pdf

Hi Shirley

We confirmed COR amount \$ 4,300 (before GST).

Thank You  
Best Regards,  
*Ng Wai Yin*  
Finance Department  
TEL: 6603 1265 Ext.308

**\*\*\* Please be reminded that all claims correspondence to be send to [claims@transcab.com.sg](mailto:claims@transcab.com.sg)**



**TRANS-CAB SERVICES PTE LTD**  
No. 2 Ang Mo Kio Street 63, Singapore 569111  
Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764  
Website: [www.transcab.com.sg](http://www.transcab.com.sg)

This message is confidential. It may also be privileged or otherwise protected by work product immunity or other legal rules. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone. Please send us by fax any message containing deadlines as incoming e-mails are not screened for response deadlines. The integrity and security of this message cannot be guaranteed on the Internet.

---

**From:** Shirley Hiew (LKK Auto) [mailto:[ShirleyHiew@lkkauto.com](mailto:ShirleyHiew@lkkauto.com)]  
**Sent:** Thursday, 21 March, 2019 11:37 AM  
**To:** 'Ng Wai Yin' <waiyin.ng@transcab.com.sg>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** TCS REF: AAD1903-127--Accident involving SHC 5873D & SLJ 1263G on 16.03.2019

Dear Wai Yin,

Please confirm final fig \$4,300.00 (lump sum) @ 2 days of repairs before GST.

Thank you.  
Best Regards,  
Shirley Hiew | Case Handler  
**LKK Auto Consultants Pte Ltd**  
Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:Sur@lkkauto.com) | fax: 6256-4315  
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



---

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

### Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9
10	10
11	11
12	12
13	13
14	14
15	15
16	16
17	17
18	18
19	19
20	20
21	21
22	22
23	23
24	24
25	25
26	26
27	27
28	28
29	29
30	30
31	31
32	32
33	33
34	34
35	35
36	36
37	37
38	38
39	39
40	40
41	41
42	42
43	43
44	44
45	45
46	46
47	47
48	48
49	49
50	50
51	51
52	52
53	53
54	54
55	55
56	56
57	57
58	58
59	59
60	60
61	61
62	62
63	63
64	64
65	65
66	66
67	67
68	68
69	69
70	70
71	71
72	72
73	73
74	74
75	75
76	76
77	77
78	78
79	79
80	80
81	81
82	82
83	83
84	84
85	85
86	86
87	87
88	88
89	89
90	90
91	91
92	92
93	93
94	94
95	95
96	96
97	97
98	98
99	99
100	100

Owner ID: 3878K

Vehicle No.: SHC5873D

Vehicle to be Exported: Yes

Intended Deregistration Date: 18 Mar 2019

Vehicle Make: RENAULT

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

Primary Colour:	Red
-----------------	-----

Manufacturing Year: 2015

Engine No.: M9R8839C002562

Chassis No.: VF1ABL15AUC281488

Maximum Power Output:	127.0 kW (170 bhp)
-----------------------	--------------------

Open Market Value:	\$19,998.00
--------------------	-------------

Original Registration Date: 16 Mar 2015

First Registration Date: 16 Mar 2015

Transfer Count: 0

Actual ARF Paid: \$12,498.00

PARF Eligibility:	Yes
-------------------	-----

PARF Eligibility Expiry Date: 15 Mar 2023

PARF Rebate Amount:	\$9,373.00
---------------------	------------

## COE Expiry Date: 15 Mar 2023

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

COE Period(Years): 8

PQP Paid:	\$51,092.00
-----------	-------------

COE Rebate Amount: \$25,461.00

Total Rebate Amount:	\$34,834.00
----------------------	-------------

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.

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	18/03/2019 14:03
Date Of Accident	16/03/2019 22:00
Exact Location Of Accident	TANJONG PAGAR RD TOWARDS NEIL RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5873D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

### Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 D DCI (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

### Driver

Name of Driver	LIM JIU BECK
NRIC No	S0030852H
Date Of Birth	19/10/1954
Occupation	OUTDOOR
Date Of Driving Pass	02/03/1978
Driving Experience	41 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90077122
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 213 YISHUN STREET 21 #05-167
Postcode	760213
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
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: : 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 16/03/2019 AT ABOUT 2200HRS, I WAS TRAVELLING STRAIGHT ALONG SECOND LANE OF TANJONG PAGAR ROAD TOWARDS NEIL ROAD. VEHICLE B(SLJ1263G) MY RIGHT SUDDENLY CUT INTO MY LANE AND COLLIDED ONTO THE FRONT RIGHT PORTION OF MY TAXI. THE DRIVER OF VEHICLE B HAS SIGNED AN ADMIT NOTE INDICATING HE IS AT FAULT.

#### 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	SLJ1263G
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

LIM JIU BECK

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC5873D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

## 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

Tanjong Pagar Rd towards West Rd.

A: SHC5873D  
B: SLJ12636

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GRA 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**

AAD1903-127

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5873D

*Not Authored*  
*6/1/2019 \$4300*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHC 5873D

VF1ABL15AUC281488

RENAULT

LATITUDE

16.3.2019

TOKIO MARINE

16/3/2015

	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
1	DOOR MIRROR ASSY RH

	LIST
\$	Bu 1,259.42
\$	Sn 181.75
\$	Sn 394.68
\$	" 150.77
\$	Sn 123.88
\$	Sn 472.83
\$	Sn 266.80
\$	Sn 207.21
\$	R 914.08
\$	mgmt 1,184.43
\$	R 152.15
\$	R 783.83
\$	Sn 278.84
\$	Sn 15.79
\$	Sn 130.84
\$	R 2,844.66
\$	Sn 348.25
\$	Sn 136.11
\$	Sn 270.06
\$	mgmt 1,707.78
\$	Sn 1,483.40
<b>TOTAL</b>	<b>\$ 13,307.57</b>
<b>10%</b>	<b>\$ 1,330.76</b>
	<b>\$ 11,976.82</b>

**Special Nett**

1SET	BUMPER CLIP FRT	\$	66.00
1	BUMPER BRACKET CLIP FRT RH	\$	12.00
1	BUMPER SUPPORT CLIP FRT RH	\$	10.50
1SET	BUMPER GRILLE LOWER CLIP	\$	69.00

**Trans-cab Auto Services Pte Ltd**

AAD1903-127

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5873D

1	FRONT RIGHT DOOR STICKER 'TRANS-CAB'	\$	<i>nn</i> 80.00 X
1	FRONT RIGHT DOOR STICKER 'CHASSIS'	\$	<i>nn</i> 50.00 X
		\$	<b>157.50</b>
<b>TOTAL</b>		\$	<b>12,134.32</b>

**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>4001</i>
Putty and spray painting of the affected portion.	\$	3,000.00 <i>4401</i>
To rust-proofing of the affected areas.	\$	170.00 <i>301</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	\$	<i>nn</i> 220.00 X
To transfer of tire, rim and on wheel balancing.	\$	<i>nn</i> 170.00 X
To Check Electrical Lighting Concerned.	\$	170.00 <i>201</i>
To transfer of front fender fittings, attachment and perform water seepage test.	\$	<i>nn</i> 380.00 X
To vacuum, replace, refix and recharge air condenser	\$	<i>nn</i> 380.00 X
To replace, refix and top up coolant for radiator	\$	<i>nn</i> 170.00 X

**Trans-cab Auto Services Pte Ltd****AAD1903-127**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC 5873D**To vacuum, replace, refix and recharge Air  
Intercooler\$ *Na* 170.00 X**TOTAL \$ 8,210.00****Over All Total \$ 20,344.32****LUMP SUM (REPAIR DAY)**~~10 DAYS~~

20474.3

*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/TMI19005033/KSD3N2

Date: 26/03/2019

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000199
Claimant Vehicle No :	SHC5873D	Insured Vehicle No :	SLJ1263G
Date of Loss:	16/03/2019	Nature of Claim:	TP
		Claim No:	M1901744

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHC5873D	Engine No:	M9R8839C002562
Make & Model:	RENAULT LATITUDE, 2.0 D dCi (A)	Chassis No:	VF1ABL15AUC281488
Reg. Date:	16/03/2015 (Man. Year: 2015)	Odometer:	541374 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	12,264.30	4,507.91	7,756.39	63.24
Miscellaneous Items	0.00	0.00	0.00	
Labour	8,210.00	890.00	7,320.00	89.16
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>20,474.30</b>	<b>5,397.91</b>	<b>15,076.39</b>	<b>73.64</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>4,300.00</b>		
<b>(S\$)</b>	<b>20,474.30</b>	<b>4,300.00</b>	<b>16,174.30</b>	<b>79.00</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>1,433.20</b>	<b>301.00</b>	<b>1,132.20</b>	<b>79.00</b>
<b>Nett Amount (S\$)</b>	<b>21,907.50</b>	<b>4,601.00</b>	<b>17,306.50</b>	<b>79.00</b>

## INSPECTION

Date of Assignment: 20/03/2019

Date Inspected: 19/03/2019 Inspected At:

Trans-cab Auto Services Pte Ltd (Ang Mo Kio)  
2, Ang Mo Kio Street 63  
Singapore 569111

Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG

Manager: Hiew May Fung

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: 26 Mar 2019)
Parts:	143	RENAULT LATITUDE 2.0 D dCi (A) (Catalogue:Merimen Singapore 1.0)	
Labour:	Repairer's	(Price-denominated Standard List)	
Print Code:	(Unsubmitted, no print-code for SHC5873D)		
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	Buckled	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	Serviceable	150.77 FL	*- 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	Serviceable	278.84 FL	*- FL
14	1		*FENDER BRACKET LOWER RH	Serviceable	15.79 FL	*- 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	Mtg Cracked	1,707.78 FL	*1,707.78 FL
21	1		*DOOR MIRROR ASSY RH	Serviceable	1,483.40 FL	*- FL
22	1		*SET BUMPER CLIP FRT	Necessary	66.00 FS	*66.00 FS
23	1		*BUMPER BRACKET CLIP FRT RH	Not Necessary	12.00 FS	*- FS
24	1		*BUMPER SUPPORT CLIP FRT RH	Not Necessary	10.50 FS	*- FS
25	1		*SET BUMPER GRILLE LOWER CLIP	Not Necessary	69.00 FS	*- FS
26	1		*FRONT RIGHT DOOR STICKER TRANS-CAB	Not Necessary	80.00 FS	*- FS
27	1		*FRONT RIGHT DOOR STICKER CHASSIS	Not Necessary	50.00 FS	*- FS

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

Sub Total (\$\$)	13,595.06	5,001.46
- List Item Discount on L Items 10.00/10.00% (\$\$)	1,330.76	493.55
Total Parts (\$\$)	12,264.30	4,507.91

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	400.00
2	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	440.00
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	0.00
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
<b>Gross Labour Cost (\$\$)</b>			<b>8,210.00</b>	<b>890.00</b>

Report was unsubmitted during this print-out.

&lt; END OF ESTIMATES &gt;