

ASS. REC. BY:

REF:

TMI / CC3 / 4MI19005766 / Kvd3n2

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured: GBA 9333B

Policy No.

M8003314

Claims No.

M1902219

Sum Insured:

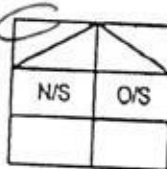
Excess:

(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:

01 days

Res.: Yes or No

Lum Sum:

1-B.1 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC5588C

Yr Regn:

09, 14

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

Truck / Trailer or

Make:

Perout Longitude

c.c

19PS

Colour:

h. white/red

A/C:

Insured / Std / NI / NA

Sp. Reading

445218

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VF1ABL15AUC 279380

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / 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.

7

mm

L/Bal.

8

mm

L/Bal.

7

mm

D.O.A.

25/3/19

D.O.A.

28/3/19

Survey held at

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

FR N/S

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

Date / Time

Action / Instruction

1

File pass to

EH not may

21/4/19

82201 (Real

18,755.97, 999)

SHC 5588C - CS/MSG/800/1889/Kvd3n2

GBA 9333B-X

21/4/19

Email GIA to TMI

RECEIVED 03 APR 2019

Date/Time, File Pass to?

☐

: Prel. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 3/4 - typist

Days Of Repair:

1

Resurvey No. of Trip:

-

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

250

S + RS. \$

10

Photos

Others

TOTAL

260

Report Format:

men men

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

220/2

## ...CLAIM SUBFOLDER...(Pending for Survey Report)

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	03 Apr 2019		03 Apr 2019 11:08 <a href="#">Edit Adj Rpt</a>				<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

[Show All](#)

### CLAIM SUBFOLDER DETAILS

[Created by Insurer]

Insured:	EXPRESS LINE(S) PTE. LTD., Co. Reg. No.: 198904198M		
Main Claimant:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K		
Vehicle Reg. No.:	SHC5588C	Date of Loss:	25/03/2019 16:00 - :59
Claim Type:	TP / M1902219	Policy/Cover Note No.:	MS003314 (Comprehensive) Coverage: 20/03/2019 - 19/03/2020
Vehicle Reg. No. (Insured):	GBA9333B	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63, 569111 Ang Mo Kio - Tel: 62876666		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Jeffrey Tay - 65926413]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 12/04/2019]		
Adj Asg. Remarks:	OUR INSD HAS NOT RPT THE ACCIDENT		

### 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:** Too Joon Hwa <shirleytoo@tokiomarine.com.sg> on behalf of Motor Claims <motorclaims@tokiomarine.com.sg>  
**Sent:** Wednesday, 3 April 2019 11:23 AM  
**To:** Veron Chen (LKKAUTO); SUR; Motor Claims  
**Subject:** M1902219-JT -RE: DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD, DOA: 25/3/2019, SHC 5588C (TP VEHICLE), GBA 9333B (OI VEHICLE)

Hi Veron

We have assigned through Merimen

Thanks

### Shirley Too

Administrative Assistant, Motor Claims

Tokio Marine Insurance Singapore Ltd.  
20 McCallum Street #09-01 Tokio Marine Centre Singapore 069046  
T (65) 6592 6409 | F (65) 6221 2101 |  
E [shirleytoo@tokiomarine.com.sg](mailto:shirleytoo@tokiomarine.com.sg) | W [www.tokiomarine.com](http://www.tokiomarine.com)

A member of the  
Tokio Marine Group

Please note that all personal information provided to Tokio Marine Insurance Singapore Ltd. is subject to the Personal Data Protection Policy Statement posted at [www.tokiomarine.com](http://www.tokiomarine.com).

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**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]  
**Sent:** Tuesday, 2 April, 2019 1:51 PM  
**To:** SUR <sur@lkkauto.com>; Motor Claims <motorclaims@tokiomarine.com.sg>  
**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD, DOA: 25/3/2019, SHC 5588C (TP VEHICLE), GBA 9333B (OI VEHICLE)

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 5588C at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 28/3/2019

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

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)

---

**From:** Veron Chen (LKKAuto)  
**Sent:** Tuesday, 2 April 2019 1:51 PM  
**To:** SUR; motorclaims@tokiomarine.com.sg  
**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD,  
DOA: 25/3/2019, SHC 5588C (TP VEHICLE), GBA 9333B (OI VEHICLE)  
**Attachments:** GIA.pdf; MARK EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 5588C at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 28/3/2019

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

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)

[> Back to OneMotoring](#)

### Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	3878K
<b>Vehicle Details</b>	
Vehicle No.:	SHC5588C
Vehicle to be Exported:	Yes
Intended Deregistration Date:	26 Mar 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001926
Chassis No.:	VF1ABL15AUC279380
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	30 Sep 2014
First Registration Date:	30 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Sep 2022
PARF Rebate Amount:	\$9,373.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	29 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$22,235.00
<b>Total Rebate Amount:</b>	<b>\$31,608.00</b>
<b>Message</b>	
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 26 Mar 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	26/03/2019 11:33
Date Of Accident	25/03/2019 16:40
Exact Location Of Accident	VEERASAMY ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5588C
<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	SHRIEE GOPIKRISHNAN
NRIC No	S2662058I
Date Of Birth	22/06/1966
Occupation	OUTDOOR
Date Of Driving Pass	31/03/2000
Driving Experience	18 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94890695
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 580 HOUGANG AVE 4 #03-614
Postcode	530580
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 - OPENING DOOR OF VEHICLE
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 25/03/2019 AT ABOUT 1640HRS, I HAD PARKED MY TAXI AT PARKING LOT 55 ALONG VEERASAMY ROAD. VEHICLE B(GBA9333B) WAS ALSO STATIONARY AND WAS LOADING THINGS INTO THE VEHICLE, SUBSEQUENTLY THE DRIVER CLOSED THE REAR DOOR OF HIS VAN AND IT HIT 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	GBA9333B
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	TAY TUNG
NRIC/Passport Number	S1275568F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)



## Sketch Plan Pg. 1

### SKETCH PLAN


#### IMPORTANT NOTICE


1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the Insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
- (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
  - (ii) investigating the accident and/or my claims;
  - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
  - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
  - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents (including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
- (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

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

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

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

Sketch Plan #2 Pg. 1

SKETCH PLAN

Veemansy Road

A: SHC55886  
B: GBA93338

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 5588C****AAD1903-200***Not Withheld  
\$220k*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**SHC 5588C**

VF1ABL15AUC279380

RENAULT

LATITUDE

25.3.2019

**TOKIO MARINE**

30/9/2014

**LIST**

1	1	BUMPER COVER FRT	\$	1,259.42
2	1	BUMPER SPOILER FRT	\$	181.75
3	1	BUMPER ABSORBER FRT	\$	394.68
4	1	BUMPER RETAINER FRT LH	\$	151.41
5	1	BUMPER SUPPORT FRT	\$	123.88
6	1	BUMPER RETAINER FRT RH	\$	150.77
7	1	BUMPER SUPPORT FRT	\$	123.88
8	1	BUMPER UNDERTRAY FRT	\$	472.83
9	1	BUMPER GRILLE LOWER FRT	\$	266.80
10	1	BUMPER FOG LAMP GRILLE LH	\$	207.21
11	1	BUMPER FOG LAMP GRILLE RH	\$	207.21
12	1	BUMPER BEAM FRT	\$	914.08
13	1	TOW COVER FRT	\$	28.61
14	1	RADIATOR GRILLE	\$	1,707.78
15	1	RADIATOR GRILLE BADGE 'RENAULT'	\$	225.36
16	1	RADIATOR GRILLE FRAME	\$	1,353.75
17	1	FRAME FULL SUPPORT PANEL	\$	615.90
18	1	FRAME FULL SUPPORT BRACKET	\$	89.79
19	1	HEADLAMP LH	\$	1,184.43
20	1	HEADLAMP RH	\$	1,184.43
21	1	HEADLAMP PANEL FRT LH	\$	152.15
22	1	HEADLAMP PANEL FRT RH	\$	152.15

**TOTAL** \$ **11,148.30**  
**10%** \$ **1,114.83**  
\$ **10,033.47**

44

**Trans-cab Auto Services Pte Ltd****AAD1903-200**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC 5588C****Special Nett**

1	1SET	RADIATOR GRILLE FRAME CLIP	\$	<i>na</i>	52.00	} <i>X</i>
2	1SET	BUMPER CLIP FRT	\$	<i>~</i>	66.00	
3	1	BUMPER BRACKET CLIP FRT LH	\$	<i>~</i>	12.00	
4	1	BUMPER SUPPORT CLIP FRT LH	\$	<i>~</i>	10.50	
5	1	BUMPER BRACKET CLIP FRT RH	\$	<i>~</i>	12.00	
6	1	BUMPER SUPPORT CLIP FRT RH	\$	<i>~</i>	10.50	
7	1	TOW COVER FRT	\$	<i>~</i>	14.50	
8	1SET	RADIATOR GRILLE SCREW	\$	<i>~</i>	16.00	
9	1SET	BUMPER GRILLE LOWER CLIP	\$	<i>~</i>	69.00	
10	1SET	FRAME FULL SUPPORT PANEL CLIP	\$	<i>~</i>	70.00	
11	2	FRAME FULL SUPPORT PANEL NUT	\$	<i>~</i>	20.00	
12	2	FRAME FULL SUPPORT PANEL STUD	\$	<i>~</i>	30.00	
21	1	Windscreen moulding	\$	<i>~</i>	100.00	}
22	1SET	Front licence plate with holder	\$	<i>na</i>	80.00	

<b>TOTAL</b>	<b>\$</b>	<b>562.50</b>
<b>TOTAL PARTS</b>	<b>\$</b>	<b>10,595.97</b>

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$ *na* 3,000.00 *X*

To apply paint protection system (PPS) maintain and enhancement

\$ *na* 380.00 *X*

Putty and spray painting of the affected portion.

\$ 3,000.00 *22a*

To rust-proofing of the affected areas.

\$ *na* 170.00 *X*

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ *na* 380.00 *X*

**Trans-cab Auto Services Pte Ltd****AAD1903-200**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHC 5588C**

To check steering geometry and computer wheel alignment	\$	220.00 X
To transfer of tire, rim and on wheel balancing.	\$	170.00 X
To Check Electrical Lighting Concerned.	\$	170.00 X
To vacuum, replace, refix and recharge air condenser	\$	380.00 X
To replace, refix and top up coolant for radiator	\$	170.00 X
To vacuum, replace, refix and recharge Air Intercooler	\$	170.00 X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	170.00 X

**TOTAL \$ 8,380.00****Over All Total \$ 18,975.97****(LUMP SUM) Repair Days****10 DAYS**

/ day

94

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/TMI19005766/KVD3N2

Date: 04/04/2019

**REFERENCE**

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MS003314
Claimant Vehicle No :	SHC5588C	Insured Vehicle No :	GBA9333B
Date of Loss:	25/03/2019	Nature of Claim:	TP
		Claim No:	M1902219

**DESCRIPTION & IDENTIFICATION OF VEHICLE**

Reg No:	SHC5588C		
Make & Model:	RENAULT LATITUDE, 2.0 DCI AUTO D/AB 4DR (A)	Engine No:	M9R8839C001926
Reg. Date:	30/09/2014 (Man. Year: 2014)	Chassis No:	VF1ABL15AUC279380
Colour:	Metallic White/Red	Odometer:	445218 km
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:	215/60 R16	Rear Tyre Size:	215/60 R16
Front Left Side:	Giti 8 mm	Rear Left Side:	Giti 7 mm
Front Right Side:	Giti 8 mm	Rear Right Side:	Giti 7 mm

The above values represent the remaining tyre treads depth

**COST OF CLAIMS**

	Repairer's	Adjuster's	Difference	Diff %
Parts	10,595.94	0.00	10,595.94	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	8,380.00	220.00	8,160.00	97.37
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>18,975.94</b>	<b>220.00</b>	<b>18,755.94</b>	<b>98.84</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>1,328.32</b>	<b>15.40</b>	<b>1,312.92</b>	<b>98.84</b>
<b>Nett Amount (S\$)</b>	<b>20,304.26</b>	<b>235.40</b>	<b>20,068.86</b>	<b>98.84</b>

**INSPECTION**

Date of Assignment:	03/04/2019	
Date Inspected:	28/03/2019 Inspected At:	Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63 Singapore 569111

Estimated Period of Repair: 1.0 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: 04 Apr 2019)
<b>Parts:</b>	143	RENAULT LATITUDE 2.0 DCI AUTO D/AB 4DR (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHC5588C)	
<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	Repair	1,259.42 FL	*- 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	Serviceable	151.41 FL	*- 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	Serviceable	207.21 FL	*- FL
11	1		*BUMPER BEAM FRT	Repair	914.08 FL	*- FL
12	1		*TOW COVER FRT	Serviceable	28.61 FL	*- FL
13	1		*RADIATOR GRILLE	Serviceable	1,707.78 FL	*- FL
14	1		*RADIATOR GRILLE BADGE RENAULT	Serviceable	225.36 FL	*- FL
15	1		*RADIATOR GRILLE FRAME	Serviceable	1,353.75 FL	*- FL
16	1		*FRAME FULL SUPPORT PANEL	Serviceable	615.90 FL	*- FL
17	1		*FRAME FULL SUPPORT BRACKET	Serviceable	89.79 FL	*- FL
18	1		*HEADLAMP LH	Serviceable	1,184.43 FL	*- FL
19	1		*HEADLAMP RH	Serviceable	1,184.43 FL	*- FL
20	1		*HEADLAMP PANEL FRT LH	Serviceable	152.15 FL	*- FL
21	1		*HEADLAMP PANEL FRT RH	Serviceable	152.15 FL	*- FL
22	1		*SET RADIATOR GRILLE FRAME CLIP	Not Necessary	52.00 FS	*- FS
23	1		*SET BUMPER CLIP FRT	Not Necessary	66.00 FS	*- FS
24	1		*BUMPER BRACKET CLIP FRT LH	Not Necessary	12.00 FS	*- FS
25	1		*BUMPER SUPPORT CLIP FRT LH	Not Necessary	10.50 FS	*- FS
26	1		*BUMPER BRACKET CLIP FRT RH	Not Necessary	12.00 FS	*- FS
27	1		*BUMPER SUPPORT CLIP FRT RH	Not Necessary	10.50 FS	*- FS
28	1		*TOW COVER FRT	Not Necessary	14.50 FS	*- FS
29	1		*SET RADIATOR GRILLE SCREW	Not Necessary	16.00 FS	*- FS
30	1		*SET BUMPER GRILLE LOWER CLIP	Not Necessary	69.00 FS	*- FS
31	1		*SET FRAME FULL SUPPORT PANEL CLIP	Not Necessary	70.00 FS	*- FS
32	2		*FRAME FULL SUPPORT PANEL NUT	Not Necessary	20.00 FS	*- FS
33	2		*FRAME FULL SUPPORT PANEL STUD	Not Necessary	30.00 FS	*- FS
34	1		*WINDSCREEN MOULDING	Not Necessary	100.00 FS	*- FS
35	1		*SET FRONT LICENCE PLATE WITH HOLDER	Serviceable	80.00 FS	*- FS
36	1		*BUMPER FOG LAMP GRILLE RH	Serviceable	207.21 FL	*- FL

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

<b>Sub Total (\$\$)</b>	<b>11,710.77</b>	<b>0.00</b>
<b>- List Item Discount on L Items 10.00/10.00% (\$\$)</b>	<b>1,114.83</b>	<b>0.00</b>
<b>Total Parts (\$\$)</b>	<b>10,595.94</b>	<b>0.00</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	0.00
2	TO APPLY PAINT PROTECTION SYSTEM (PPS) MAINTAIN AND ENHANCEMENT	New	380.00	0.00
3	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	220.00
4	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	0.00
5	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR	New	380.00	0.00
6	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	0.00
7	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	0.00
8	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	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 FENDER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	0.00
Gross Labour Cost (S\$)			8,380.00	220.00

Report was unsubmitted during this print-out.

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