

ASS. REC. BY:

REF:

AAA / TM1

03/TM19006612/Kvd3 12

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: SLH 9280P

Policy No. MK000206

Claims No. m1902508

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Soon: _____ Consistent? : Yes or No

Est. Repairs: 05 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: S140 59R Yr Regn: 02, 16

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

Truck / Trailer or _____

Make: Merant Latitude cc 1995

Colour M. White / Red AC: Insured / Std / NI / NA

Sp. Reading 374420 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABL15AUC.282639

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NT 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

Citi

Front

Rear

R/Bal. 8 mm

R/Bal. 8 mm

L/Bal. 8 mm

L/Bal. 8 mm

D.O.A. 10/4/19

D.O.A. 11/4/19

Survey held at _____

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

O/S Rear

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

Date / Time

Action / Instruction

1 File pass to
ISI not ready

S140 59R - 03/EM1/7022372 / Kvd02

DUA: 21/11/17

SLH 9280P - MBA/CTI19000841/Y

DUA: 14/01/2019

15/4/19 Email GIA to TMX

17/4/19 11 Lm @ 33501 (Red 11.60.50, 779)

RECEIVED 17 APR 2019

Date/Time, File Pass to?

: Prell. Report

Days Of Repair: 5

11

: Final Report

Resurvey No. of Trip: -

Date/Time, File Return to?

Survey Fee:

71 1/4 - typist

Add Fee: : Site Insp (\$

Transportation:

250

Report Format: merimen

Lump Sum / I.B.I.: (\$ 3350)

: Interview (\$

S - RS - SI

10

: Tech Invs (\$

Fuel

: Weekend (\$

Others

TOTAL

360

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	11 Apr 2019		15 Apr 2019 15:18 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
----------------------	---------------------------	-------------------------------	---------------------------	--------------------------

CLAIM SUBFOLDER DETAILS		[Created by insurer]	
Insured:	LCRF PTE LTD, Co. Reg. No.: 201624597K		
Main Claimant:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K		
Vehicle Reg. No.:	SHD59R	Date of Loss:	10/04/2019 15:00 - :59
Claim Type:	TP / M1902508	Policy/Cover Note No.:	MK000206 (Third Party Only) Coverage: 25/02/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLH9280P	Policy No. (Claimant):	
		Excess:	S\$1,500.00
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 Telma Gomez - 65926402]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 25/04/2019]		
Driver/Custodian (Insured):	GOH WAI KEONG, SABESTIAN (), NRIC: S6837160J, Tel: +6590106639 Email: -		

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: Wednesday, 17 April 2019 1:13 PM
To: Ng Wai Yin; calvin.er@transcab.com.sg
Cc: SUR; jasminetan@transcab.com.sg
Subject: SHD 59R-DOA: 10/4/2019
Attachments: MARK EST.pdf

Dear Wai Yin/Calvin,

WITHOUT PREJUDICE

Lump Sum \$ 3350 @ 5 working.

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: Too Joon Hwa <shirleytoo@tokiomarine.com.sg> on behalf of Motor Claims <motorclaims@tokiomarine.com.sg>
Sent: Monday, 15 April 2019 3:20 PM
To: Veron Chen (LKKAuto); Motor Claims
Cc: SUR
Subject: M1902508-TG - RE: DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD, DOA: 10/4/2019, SHD 59R (TP VEHICLE), SLH 9280P (OI VEHICLE)

Hi Veron

We have assigned through Merimen.

Thks

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 | W 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.

From: Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]
Sent: Monday, 15 April, 2019 1:59 PM
To: Motor Claims <motorclaims@tokiomarine.com.sg>
Cc: SUR <sur@lkkauto.com>
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD, DOA: 10/4/2019, SHD 59R (TP VEHICLE), SLH 9280P (OI VEHICLE)

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 59R at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 11/4/2019

Enclosed herewith a copy of TP's GIA report, police 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

This message contains confidential information and is intended only for the addressee named. If you are not the named addressee (or authorised to receive for the addressee) you must not disseminate, distribute or copy this email. Please notify the sender immediately by e-mail if you have received this e-mail by mistake and delete this e-mail from your system.

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Monday, 15 April 2019 1:59 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD,
DOA: 10/4/2019, SHD 59R (TP VEHICLE), SLH 9280P (OI VEHICLE)
Attachments: GIA.pdf; POLICE REPORT.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 59R at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 11/4/2019

Enclosed herewith a copy of TP's GIA report,police 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

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHD59R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	11 Apr 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002989
Chassis No.:	VF1ABL15AUC282639
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	04 Feb 2016
First Registration Date:	04 Feb 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Feb 2024
PARF Rebate Amount:	\$14,998.00

Intended COE Rebate Details

COE Expiry Date:	03 Feb 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$43,040.00
COE Rebate Amount:	\$25,890.00
Total Rebate Amount:	\$40,888.00

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 11 Apr 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	11/04/2019 15:40
Date Of Accident	10/04/2019 15:00
Exact Location Of Accident	CLEMENTI ROAD TOWARDS DUNEARN ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD59R
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666

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	CHERN WEI PONG
NRIC No	S7140086G
Date Of Birth	14/11/1971
Occupation	OUTDOOR
Date Of Driving Pass	31/01/1992
Driving Experience	27 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87870092
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 642 ANG MO KIO AVENUE 5 #02-3051
Postcode	560642
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	3
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 2	NAME: : GUO HUI - 90145836 GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOUGANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 60 HOUGANG AVE 9 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4890999 - FAX NO: 63128989
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190411/2045

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	SLH9280P
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH WAI KEONG, SABESTIAN

NRIC/Passport Number S6837160J
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHERN WEI PONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? SHD59R
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

SKETCH PLAN

IMPORTANT NOTICE

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

B. 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:

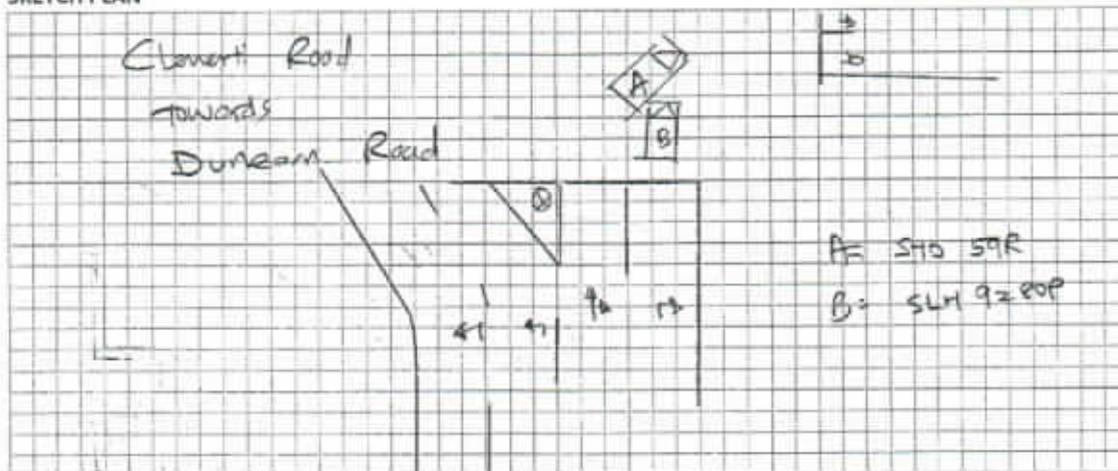


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



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:
NRC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20190411/2045

1 of 3

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

Report No. T/20190411/2045

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/04/2019 11:53		Vide Report No.:		Station Diary No.: 43	
Informant's Particulars					
Name of Informant: CHERN WEI PONG			Address: APT BLK 642 ANG MO KIO AVENUE 5 #02-3051 SINGAPORE 550642		
ID Type / ID No.: NRIC NO / S7140086G			Contact No.:		Mobile: 87870092
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 47	Date of Birth: 14/11/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: TRANSCAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 10/04/2019 15:00	Type of Location: X-Junction
Location: Along Road 1 Traveling Toward Road 2 CLEMENTI ROAD UPPER BUKIT TIMAH ROAD ALONG CLEMENTI ROAD TOWARDS UPPER BUKIT TIMAH ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working	Traffic Volume: Light	
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
SHD59R	Car				Slightly Damaged	2
SLH9280P	Car				Slightly Damaged	1

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20190411/2045

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20190411/2045

CONTINUATION OF REPORT

Driver			
Name	CHERN WEI PONG	ID No.	S7140086G
Related Vehicle	SHD59R (Car)	Contact No.	87870092
Hospital/Clinic	S. LEE CLINIC	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	11/04/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	GOH WAI KEONG, SABESTIAN	ID No.	S6837160J
Related Vehicle	SLH9280P (Car)	Contact No.	NIL
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 10/04/2019 at about 1500hrs, I was driving my said vehicle SHD59R with 2 passengers onboard along this Clementi Road towards Upper Bukit Timah Road. I was the first vehicle to be waiting at the stop line of the left lane. The left lane allows vehicle to proceed forward or make a right turn. The right lane only allow vehicle to make a right turn. As I was waiting for the traffic light to turn green to my favour, another vehicle SLH9280P was waiting on the right lane. As the traffic light turned green I then proceed with my right turn. Before I could complete my right turn, the other vehicle which was on the right lane collided with me. I was able to signal the driver to stop one side.

I exit my vehicle to make a check and observed that the front bumper of the other vehicle had collided with the right rear side of my vehicle which resulted in multiple scratches and slight dent. We then proceed to exchange particulars and left the scene. At this point in time, no one mentioned of any pain or discomfort. However, on the same day at night I began to feel pain and discomfort on my neck and shoulder region. As such today morning, I made my way to the clinic to get a check and was given 3 days of MC. I wish to inform the in-vehicle camera was not operating at that point in time. One of my passenger also provided his detail to assist me in case of anything. Guo Hui: 90145836

HOUGANG NPC
60 HOUGANG AVE 9
SINGAPORE 538775
1800-4890999



**SINGAPORE
POLICE FORCE**



T/20190411/2045

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

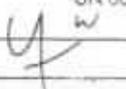
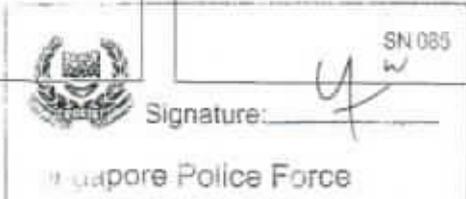
3 of 3
Report No. T/20190411/2045

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

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 2 KOH YEWEI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 11/04/2019 11:53
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:  SN 085
Authentication Stamp NP188	

Trans-cab Auto Services Pte Ltd

AAD1904-126

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 59R*Not Notified*
1/Qty @ 3350p

Vehicle No.:	SHD 59R
Chassis No.:	VF1ABL15AUC282639
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	10.4.2019
Third Party Insurer :	TOKIO MARINE
Date of Registration :	4/2/2016

	PART		LIST
1	FENDER PANEL REAR RH	\$	<i>B1</i> 3,299.13
1	FENDER PANEL INNER TRIM REAR	\$	<i>Sn</i> 671.45
1	WHEELARCH REAR RH	\$	<i>Sn</i> 543.47
1	BUMPER COVER REAR	\$	<i>R</i> 1,108.46
1	BUMPER LOWER REAR	\$	<i>Sn</i> 768.84
1	BUMPER BRACKET CTR REAR	\$	<i>Sn</i> 113.47
1	BUMPER BRACKET SIDE RH REAR	\$	<i>Sn</i> 135.97
1	BUMPER RETAINER RH REAR	\$	<i>Sn</i> 44.99
1	REAR TAILAMP RH	\$	<i>Sn</i> 552.55
		\$	7,238.33
		10% \$	723.83
		\$	6,514.50

Special Nett

1SET	PARKING AID	\$	<i>Sn</i> 700.00
1SET	REAR BUMPER CLIP	\$	<i>nn</i> 66.00
1SET	BUMPER BRACKET CTR CLIP	\$	<i>nn</i> 33.00
1SET	BUMPER BRACKET SIDE CLIP RH RR	\$	<i>nn</i> 10.00
1SET	BUMPER RETAINER RH CLIP RR	\$	<i>nn</i> 20.00
1SET	BUMPER BRACKET SIDE CLIP LH RR	\$	<i>nn</i> 10.00
1SET	BUMPER RETAINER CLIP LH RR	\$	<i>nn</i> 20.00
1SET	BUMPER LOWER REAR RIVET	\$	<i>nn</i> 22.00
1SET	BUMPER LOWER REAR CLIP	\$	<i>nn</i> 66.00
TOTAL		\$	947.00

Trans-cab Auto Services Pte Ltd

AAD1904-126

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 59R

TOTAL PARTS	\$	7,461.50
--------------------	-----------	-----------------

LABOUR

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	3,000.00	<i>60d</i>
Putty and spray painting of the affected portion.	\$	3,000.00	<i>44d</i>
To rust-proofing of the affected areas.	\$	170.00	<i>3d</i>
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	<i>10d</i>
To check steering geometry and computer wheel alignment	\$	220.00	<i>~ X</i>
To transfer of tire, rim and on wheel balancing.	\$	170.00	<i>~ X</i>
To Check Electrical Lighting Concerned.	\$	170.00	<i>2d</i>
To transfer of Rear bumper fittings, attachment and perform water seepage test.	\$	380.00	<i>~ X</i>

TOTAL	\$	7,490.00
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Over All Total	\$	14,951.50
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LUMP SUM (REPAIR DAY)*10 DAYS**5 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/TMI19006612/KVD3N2

Date: 08/05/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000206
Claimant Vehicle No :	SHD59R	Insured Vehicle No :	SLH9280P
Date of Loss:	10/04/2019	Nature of Claim:	TP
		Claim No:	M1902508

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD59R	Engine No:	M9R8839C002989
Make & Model:	RENAULT LATITUDE, 2.0 DCI AUTO D/AB 4DR (A)	Chassis No:	VF1ABL15AUC282639
Reg. Date:	04/02/2016 (Man. Year: 2015)	Odometer:	374420 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	7,461.50	2,969.22	4,492.28	60.21
Miscellaneous Items	0.00	0.00	0.00	
Labour	7,490.00	1,190.00	6,300.00	84.11
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	14,951.50	4,159.22	10,792.28	72.18
Approved Total (Overridden) (S\$)		3,350.00		
	(S\$) 14,951.50	3,350.00	11,601.50	77.59
+ GST 7.00/7.00% (S\$)	1,046.61	234.50	812.11	77.59
Nett Amount (S\$)	15,998.11	3,584.50	12,413.61	77.59

INSPECTION

Date of Assignment:	15/04/2019	
Date Inspected:	11/04/2019 Inspected At:	Trans-cab Auto Services Pte Ltd (Ang Mo Kio)

2, Ang Mo Kio Street 63
Singapore 569111

Estimated Period of Repair: 5.0 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

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 07 May 2019)
Parts: 143	RENAULT LATITUDE 2.0 DCI AUTO D/AB 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHD59R)	
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		*FENDER PANEL REAR RH	Bent	3,299.13 FL	*3,299.13 FL
2	1		*FENDER PANEL INNER TRIM REAR	Serviceable	671.45 FL	*- FL
3	1		*WHEELARCH REAR RH	Serviceable	543.47 FL	*- FL
4	1		*BUMPER COVER REAR	Repair	1,108.46 FL	*- FL
5	1		*BUMPER LOWER REAR	Serviceable	768.84 FL	*- FL
6	1		*BUMPER BRACKET CTR REAR	Serviceable	113.47 FL	*- FL
7	1		*BUMPER BRACKET SIDE RH REAR	Serviceable	135.97 FL	*- FL
8	1		*BUMPER RETAINER RH REAR	Serviceable	44.99 FL	*- FL
9	1		*REAR TAILLAMP RH	Serviceable	552.55 FL	*- FL
10	1		*SET PARKING AID	Serviceable	700.00 FS	*- FS
11	1		*SET REAR BUMPER CLIP	Not Necessary	66.00 FS	*- FS
12	1		*SET BUMPER BRACKET CTR CLIP	Not Necessary	33.00 FS	*- FS
13	1		*SET BUMPER BRACKET SIDE CLIP RH RR	Not Necessary	10.00 FS	*- FS
14	1		*SET BUMPER RETAINER RH CLIP RR	Not Necessary	20.00 FS	*- FS
15	1		*SET BUMPER BRACKET SIDE CLIP LH RR	Not Necessary	10.00 FS	*- FS
16	1		*SET BUMPER RETAINER CLIP LH RR	Not Necessary	20.00 FS	*- FS
17	1		*SET BUMPER LOWER REAR RIVET	Not Necessary	22.00 FS	*- FS
18	1		*SET BUMPER LOWER REAR CLIP	Not Necessary	66.00 FS	*- FS

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

Sub Total (\$\$)	8,185.33	3,299.13
- List Item Discount on L Items 10.00/10.00% (\$\$)	723.83	329.91
Total Parts (\$\$)	7,461.50	2,969.22

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	3,000.00	600.00
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	100.00
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 REAR BUMPER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	0.00
Gross Labour Cost (S\$)			7,490.00	1,190.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >