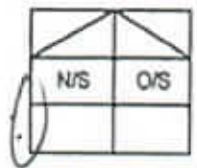


Kenneth

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop n/s Tans Cob
 of _____
 Insured: SLS 5105G
 Policy No: MIC01589
 Claims No: M1902586
 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: 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: S110 9794S Yr Regn: 04 14
 Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /
 Truck / Trailer or _____
 Make: Pencut Carrode cc 1995
 Colour N. White (Red) A/C: Insured / Std / NI / NA
 Sp. Reading 637327 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: VIFIABLISAUC. 277283
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brakes: Inorder / Jammed / Leaked / Burnt or _____
 Modl: NI / 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. 8 mm R/Bal. 8 mm
 L/Bal. 8 mm L/Bal. 8 mm
 D.O.A. 15/4/19 D.O.I. 16/4/19
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or
N/S Rear
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
17/4/19	File pass to 1/2 by 8/1750 (Recd 22,780.98, 937M) S110 9794S - CS/AXA 16047896/UG4 392 DOA - 20/04/2016 SLS 5105G - X
17/4/19	Email GIA to TMI RECEIVED 17 APR 2019

Date/Time, File Pass to? : Prell. Report
 : Final Report
 Days Of Repair: 2
 Resurvey No. of Trip: -
 Survey Fee: _____
 Transportation: 250
 S + RS: 10
 Fines: _____
 Others: _____
 TOTAL: 260

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

Report Format: maximen
 Lump Sum / I.B.I: (\$ 1750/2)

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	15 Apr 2019		17 Apr 2019 14:46 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS		[Created by insurer]							
Insured:	TAY LEONG TENG, ID: S1610724G, Tel: +6596819838, Email: TAYLEONGTENG@YAHOO.COM.SG								
Main Claimant:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K								
Vehicle Reg. No.:	SHD9794S	Date of Loss:	15/04/2019 08:00 - :59						
Claim Type:	TP / M1902586	Policy/Cover Note No.:	M1001589 (Comprehensive) Coverage: 13/01/2019 - 12/01/2020						
Vehicle Reg. No. (Insured):	SLS5105G	Policy No. (Claimant):							
		Excess:	S\$2,000.00						
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 Fiona Gan Bee Song - 65926378]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 29/04/2019]								
Driver/Custodian (Insured):	TAY LEONG TENG (55 / Male) , NRIC: S1610724G, Tel: +6596819838 Email: TAYLEONGTENG@YAHOO.COM.SG								
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 1:52 PM
To: Ng Wai Yin; calvin.er@transcab.com.sg
Cc: SUR; jasminetan@transcab.com.sg
Subject: SHD 9794S-DOA: 15/4/2019
Attachments: MARK EST.pdf

Dear Wai Yin/Calvin,

WITHOUT PREJUDICE

Lump Sum \$1750/- @ 2 working days.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Blk S1, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Wednesday, 17 April 2019 1:48 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD,
DOA: 15/4/2019, SHD 9794S (TP VEHICLE), SLS 5105G (OI VEHICLE)
Attachments: GIA.pdf; MARK EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 9794S at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 16/4/2019

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

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 3878K

Vehicle Details

Vehicle No.: SHD97945
Vehicle to be Exported: Yes
Intended Deregistration Date: 15 Apr 2019
Vehicle Make: RENAULT
Vehicle Model: LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour: Red
Manufacturing Year: 2013
Engine No.: M9R8839C001061
Chassis No.: VF1ABL15AUC277283
Maximum Power Output: 127.0 kW (170 bhp)
Open Market Value: \$19,998.00
Original Registration Date: 14 Apr 2014
First Registration Date: 14 Apr 2014
Transfer Count: 0
Actual ARF Paid: \$12,498.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 13 Apr 2022
PARF Rebate Amount: \$8,748.00

Intended COE Rebate Details

COE Expiry Date: 13 Apr 2022
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 8
PQP Paid: \$59,871.00
COE Rebate Amount: \$22,420.00
Total Rebate Amount: \$31,168.00

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 15 Apr 2019

OK

Veron Chen (LKKAuto)

From: weichunkong <weichunkong@transcab.com.sg>
Sent: Wednesday, 17 April 2019 7:17 PM
To: 'Candy Kong'
Cc: Kenneth Kong (LKKAuto)
Subject: RE: BOOK VALUE REQUIRE FOR CLOSURE

Hi all,

SHC5915S Net book value is \$48,206.05
SHC5278Y Net book value is \$41,767.95
SHD9794S Net book value is \$44,920.44
SHC5368X Net book value is \$45,753.42

Thanks
Best regards

CK



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

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: Candy Kong [mailto:candy.kong@transcab.com.sg]
Sent: Wednesday, 17 April, 2019 2:15 PM
To: 'weichunkong' <weichunkong@transcab.com.sg>
Cc: 'Kenneth Kong (LKKAuto)' <KennethKong@lkkauto.com>
Subject: BOOK VALUE REQUIRE FOR CLOSURE

Hi CK

Kindly assist to forward below vehicles net book value,

SHC5915S DOA: 14/4/2019 7:10 PM
SHC5278Y DOA : 15/4/2019 12:55 PM
SHD9794S DOA : 15/4/2019 8:00 AM
SHC5368X DOA : 15/4/2019 1:50 PM

Thks & Rdgs
Candy Kong
Claims Service Assistant



TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63, Singapore 569111

Main Line : (65) 6287 6666 Fax Line: (65) 6257 1330

Website: www.transcab.com.sg

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This email has been checked for viruses by AVG antivirus software.

www.avg.com

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	15/04/2019 14:04
Date Of Accident	15/04/2019 08:00
Exact Location Of Accident	T1 CHANGI AIRPORT DEPARTURE HALL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD9794S
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	OH CHYE SOON
NRIC No	S6839810Z
Date Of Birth	18/10/1968
Occupation	OUTDOOR
Date Of Driving Pass	05/10/2018
Driving Experience	0 YEAR AND 6 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-91287127
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 470A FERNSVALE LINK #07-412
Postcode	791470
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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

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 15.04.2019 at about 0800Hours, I was travelling straight on the third lane along T1 Changi Airport Departure Hall to alight my passenger. Suddenly I felt an impact. Vehicle B (SLS5105G) which was travelling on my left swerved into my lane and hit onto my taxi's left side rear 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	SLS5105G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ERIC TAY
NRIC/Passport Number	
Contact Number	96819838
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

SKETCH PLAN


IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:



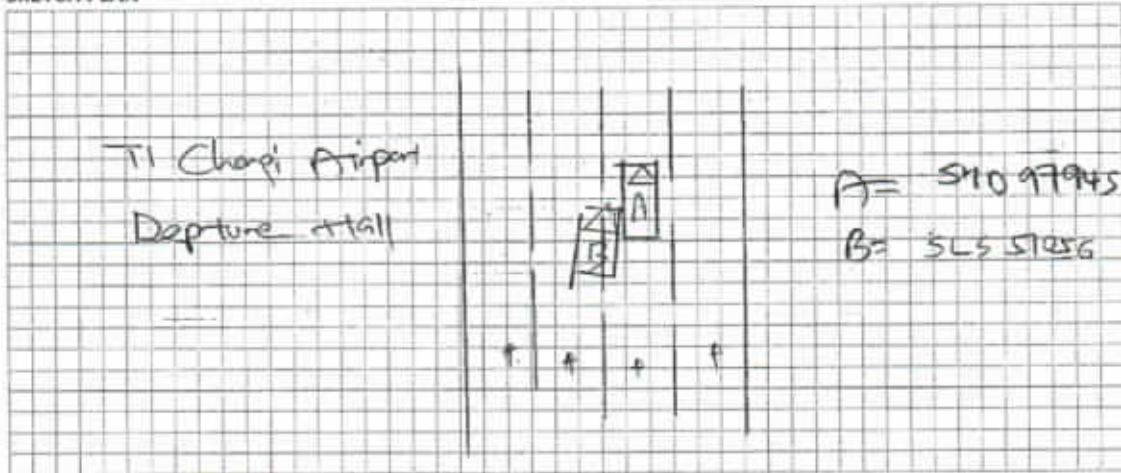
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

PLS see attach SIA 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

SHD 9794S

AAD1904-150

*Not Authored
 C/Sing @ 1750/*

Vehicle No.:
 Chassis No.:
 Vehicle Make:
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :
 Date of Registration :

SHD 9794S
 VF1ABL15AUC277283
 RENAULT
 LATITUDE
 15.4.2019
TOKIO MARINE
 14/4/2014

PART		LIST	
1	DOOR PANEL REAR LH	\$	<i>R</i> 2,844.66 X
1	FENDER PANEL REAR LH	\$	<i>R</i> 3,299.13 X
1	FENDER PANEL INNER TRIM REAR	\$	<i>Sm</i> 671.45 X
1	WHEELARCH REAR LH	\$	<i>Sm</i> 543.47 X
1	BUMPER COVER REAR	\$	<i>R</i> 1,108.46 ✓
1	BUMPER LOWER REAR	\$	<i>Sm</i> 768.84
1	BUMPER BRACKET CTR REAR	\$	<i>Sm</i> 113.47
1	BUMPER RETAINER LH REAR	\$	<i>Sm</i> 44.99
1	BUMPER BEAM REAR	\$	<i>R</i> 777.52
1	BUMPER BEAM BRACKET LH REAR	\$	<i>Sm</i> 225.95
1	TAILLAMP LH	\$	<i>Sm</i> 552.55
1	ROCKER PANEL INNER GARNISH LH	\$	<i>Sm</i> 466.51
1	ROCKER PANEL INNER LH	\$	<i>R</i> 1,024.79 X
1	ROCKER PANEL CENTER LH	\$	<i>R</i> 990.25
1	KUCKLE ARM REAR LH L70Y	\$	<i>Sm</i> 736.67
1	BRAKE DISC REAR L70Y	\$	<i>Sm</i> 525.91
1	ABS SENSOR REAR LH L70Y	\$	<i>Sm</i> 375.93
1	LOWER ARM REAR LH L70Y	\$	<i>Sm</i> 905.99
2	ABSORBER REAR	\$	<i>Sm</i> 389.75
1	STABILIZER BAR REAR L70Y	\$	<i>Sm</i> 604.65

\$	16,970.94
10% \$	1,697.09
\$	15,273.85

Special Nett

1SET	BUMPER CLIP FRT	\$	<i>na</i> 66.00 ✓
1	BUMPER BRACKET CLIP FRT LH	\$	<i>na</i> 12.00 X
1	BUMPER SUPPORT CLIP FRT LH	\$	<i>na</i> 10.50 X

Trans-cab Auto Services Pte Ltd

AAD1904-150

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 9794S

1SET	BUMPER GRILLE LOWER CLIP	\$	na 69.00 X
1	REAR DOOR STICKER '6555 3333'	\$	na 80.00 605a
1	DOOR CHECK BOLT	\$	na 22.69
1	DOOR GUIDE SCREW	\$	na 10.85
1	DOOR HINGE BOLT	\$	na 10.85
1	DOOR HINGE NUT RH	\$	na 14.60
1	DOOR CHECK BOLT	\$	na 22.69
1	DOOR CHECK NUT	\$	na 3.75
1	DOOR LOCK SCREW L70Y	\$	na 6.12
1	DOOR CATCH SCREW L70Y	\$	na 10.06
1	LEFT REAR TYRE RIM	\$	sm 380.00
1	LEFT REAR TYRE	\$	sm 330.00
			11
	TOTAL	\$	1,049.13
	TOTAL PARTS	\$	16,322.98

LABOUR

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	3,000.00	400d
To apply paint protection system (PPS) maintain and enhancement	\$	na 380.00	X
Putty and spray painting of the affected portion.	\$	3,000.00	660d
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
To check steering geometry and computer wheel alignment	\$	na 220.00	X
To transfer of tire, rim and on wheel balancing.	\$	na 170.00	X

Trans-cab Auto Services Pte Ltd

AAD1904-150

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHD 9794S

To Check Electrical Lighting Concerned.	\$	<i>na</i> 170.00 X
To Transfer Of Door Fittings, Attachments And Perform Water Seepage Test.	\$	<i>na</i> 170.00 X
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	<i>na</i> 380.00 X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	<i>na</i> 170.00 X

TOTAL \$ 8,210.00

Over All Total \$ 24,532.98

LUMP SUM(REPAIR DAY)

10 DAYS
2 days

96

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey belowlisted spray painting
- To stop any damaged parts) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modifications is allowed
- Supplementary items) 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:199607196R)

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/TMI19006823/KVD3N2

Date: 08/05/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MI001589
Claimant Vehicle No :	SHD9794S	Insured Vehicle No :	SLS5105G
Date of Loss:	15/04/2019	Nature of Claim:	TP
		Claim No:	M1902586

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD9794S	Engine No:	M9R8839C001061
Make & Model:	RENAULT LATITUDE, 2.0 DCI AUTO D/AB 4DR (A)	Chassis No:	VF1ABL15AUC277283
Reg. Date:	14/04/2014 (Man. Year: 2013)	Odometer:	637327 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	16,322.96	1,123.61	15,199.35	93.12	
Miscellaneous Items	0.00	0.00	0.00		
Labour	8,210.00	1,060.00	7,150.00	87.09	
Paintwork Labour	0.00	0.00	0.00		
Towing	0.00	0.00	0.00		
Calculated Gross Total (S\$)	24,532.96	2,183.61	22,349.35	91.10	
Approved Total (Overridden) (S\$)		1,750.00			
	(S\$)	24,532.96	1,750.00	22,782.96	92.87
+ GST 7.00/7.00% (S\$)		1,717.31	122.50	1,594.81	92.87
Nett Amount (S\$)	26,250.27	1,872.50	24,377.77	92.87	

INSPECTION

Date of Assignment:	17/04/2019		
Date Inspected:	16/04/2019 Inspected At:	Trans-cab Auto Services Pte Ltd (Ang Mo Kio)	
		2, Ang Mo Kio Street 63	
		Singapore 569111	
Estimated Period of Repair:	2.0 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 SHD9794S)
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		*DOOR PANEL REAR LH	Repair	2,844.86 FL	*- FL
2	1		*FENDER PANEL REAR LH	Repair	3,299.13 FL	*- FL
3	1		*FENDER PANEL INNER TRIM REAR	Serviceable	671.45 FL	*- FL
4	1		*WHEELARCH REAR LH	Serviceable	543.47 FL	*- FL
5	1		*BUMPER COVER REAR	Bent	1,108.46 FL	*1,108.46 FL
6	1		*BUMPER LOWER REAR	Serviceable	768.84 FL	*- FL
7	1		*BUMPER BRACKET CTR REAR	Serviceable	113.47 FL	*- FL
8	1		*BUMPER RETAINER LH REAR	Serviceable	44.99 FL	*- FL
9	1		*BUMPER BEAM REAR	Repair	777.52 FL	*- FL
10	1		*BUMPER BEAM BRACKET LH REAR	Serviceable	225.95 FL	*- FL
11	1		*TAILLAMP LH	Serviceable	552.55 FL	*- FL
12	1		*ROCKER PANEL INNER GARNISH LH	Serviceable	466.51 FL	*- FL
13	1		*ROCKER PANEL INNER LH	Repair	1,024.79 FL	*- FL
14	1		*ROCKER PANEL CENTER LH	Repair	990.25 FL	*- FL
15	1		*KUCKLE ARM REAR LH L70Y	Serviceable	736.67 FL	*- FL
16	1		*BRAKE DISC REAR L70Y	Serviceable	525.91 FL	*- FL
17	1		*ABS SENSOR REAR LH L70Y	Serviceable	375.93 FL	*- FL
18	1		*LOWER ARM REAR LH L70Y	Serviceable	905.99 FL	*- FL
19	2		*ABSORBER REAR	Serviceable	389.75 FL	*- FL
20	1		*STABILIZER BAR REAR L70Y	Serviceable	604.65 FL	*- FL
21	1		*SET BUMPER CLIP FRT	Necessary	66.00 FS	*66.00 FS
22	1		*BUMPER BRACKET CLIP FRT LH	Not Necessary	12.00 FS	*- FS
23	1		*BUMPER SUPPORT CLIP FRT LH	Not Necessary	10.50 FS	*- FS
24	1		*SET BUMPER GRILLE LOWER CLIP	Not Necessary	69.00 FS	*- FS
25	1		*REAR DOOR STICKER 65553333	Necessary	80.00 FS	*60.00 FS
26	1		*DOOR CHECK BOLT	Not Necessary	22.69 FS	*- FS
27	1		*DOOR GUIDE SCREW	Not Necessary	10.85 FS	*- FS
28	1		*DOOR HINGE BOLT	Not Necessary	10.85 FS	*- FS
29	1		*DOOR HINGE NUT RH	Not Necessary	14.60 FS	*- FS
30	1		*DOOR CHECK BOLT	Not Necessary	22.69 FS	*- FS
31	1		*DOOR CHECK NUT	Not Necessary	3.75 FS	*- FS
32	1		*DOOR LOCK SCREW L70Y	Not Necessary	6.12 FS	*- FS
33	1		*DOOR CATCH SCREW L70Y	Not Necessary	10.06 FS	*- FS
34	1		*LEFT REAR TYRE RIM	Serviceable	380.00 FS	*- FS
35	1		*LEFT REAR TYRE	Serviceable	330.00 FS	*- FS

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

Sub Total (\$\$)	18,020.05	1,234.46
- List Item Discount on L Items 10.00/10.00% (\$\$)	1,697.09	110.85
Total Parts (\$\$)	16,322.96	1,123.61

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	400.00
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	660.00
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 TRANSFER OF DOOR FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	0.00
10	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH,TO FACILITATE REPAIR	New	380.00	0.00
11	TO TRANSFER OF FENDER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	0.00
Gross Labour Cost (\$\$)			8,210.00	1,060.00

Report was unsubmitted during this print-out.

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