

ASS. REC. BY:

REF:

TMI/CC3/TMI19006926/Kvd3n2

Kenneth

ASSIGNMENT

From:

Date:

Estimated Cost:

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Vsh:

(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:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

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

TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

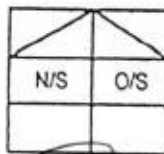
L/Bal.

D.O.A.

Survey held at

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

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



Date / Time

Action / Instruction

1

File pass to

SHC 5368X -X

GIBD 6008U -X

18/4/19

Email GIA to TMI

RECEIVED 3.0 APR 2019

30/4/19

C/Sy 81800

(Red 26,910.15, 949)

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 30/4 - typist

Report Format:

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

merimen

1800k

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

250

10

260

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	18 Apr 2019		18 Apr 2019 16:46 Edit Adj Rpt				Pending for Survey Report Cancel Case

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

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	RENOSIS INDUSTRIES PTE LTD, Co. Reg. No.: 198300319D		
Main Claimant:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K		
Vehicle Reg. No.:	SHC5368X	Date of Loss:	15/04/2019 13:00 - :59
Claim Type:	TP / M1902745	Policy/Cover Note No.:	MT111540 (Comprehensive) Coverage: 14/01/2019 - 13/01/2020
Vehicle Reg. No. (Insured):	GBD6008U	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 Dillen Senthilan so Selvarajoo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 30/04/2019]		
Driver/Custodian (Insured):	AZAHRI (61) Email:		
Adj Asg. Remarks:	OUR INSD HAS NOT RPT THEACCIDENT.		

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

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

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

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Tuesday, 30 April 2019 10:04 AM
To: calvin.er@transcab.com.sg; Ng Wai Yin
Cc: SUR; jasminetan@transcab.com.sg
Subject: SHC 5368X-DOA: 15/4/2019
Attachments: MARKING.pdf

Dear Wai Yin/Calvin,

WITHOUT PREJUDICE

Lump Sum \$1800/- @ 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 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Thursday, 18 April 2019 3:10 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD,
DOA: 15/4/2019, SHC 5368X (TP VEHICLE), GBD 5368X (OI VEHICLE)
Attachments: GIA.pdf; MARK EST.pdf; POLICE REPORT.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 5368X at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 17/4/2019

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)

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

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

Owner ID Type:	Company
Owner ID:	3878K

Vehicle Details

Vehicle No.:	SHC5368X
Vehicle to be Exported:	Yes
Intended Deregistration Date:	16 Apr 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001844
Chassis No.:	VF1ABL15AUC279576
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	21 Oct 2014
First Registration Date:	21 Oct 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Oct 2022
PARF Rebate Amount:	\$9,373.00

Intended COE Rebate Details

COE Expiry Date:	20 Oct 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,938.00
COE Rebate Amount:	\$22,353.00
Total Rebate Amount:	\$31,726.00

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 16 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	16/04/2019 14:58
Date Of Accident	15/04/2019 13:50
Exact Location Of Accident	TANJONG PAGAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5368X
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	LIM KING LAI
NRIC No	S13847811
Date Of Birth	04/06/1959
Occupation	OUTDOOR
Date Of Driving Pass	14/08/1980
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98872462
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 402 BEDOK NORTH AVENUE 3 #04-261
Postcode	460402
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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: : LEE - 9456285 GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES N.P.C
Police Station Address	ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20190416/2057

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	GBD6008U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	AZAHRI
NRIC/Passport Number	
Contact Number	87744178
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

LIM KING LAI

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC5368X

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.
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 area (grid) with handwritten text: *pls see attachment*

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Describe Circumstances of the Accident area (lined) with handwritten text: *pls see attach police Report*

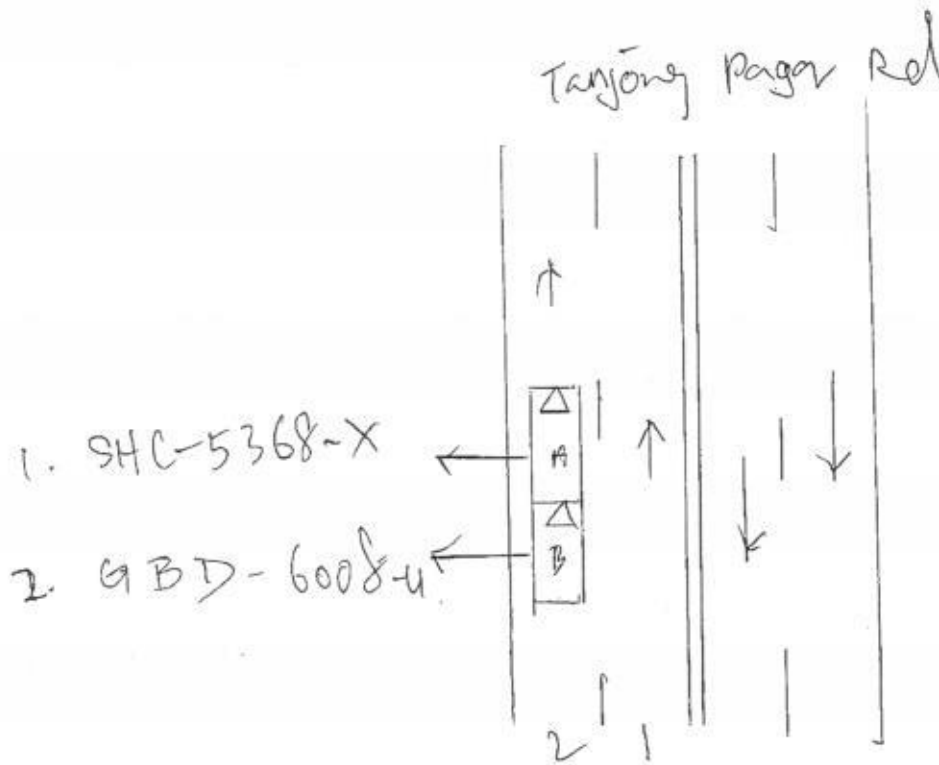
DECLARATION

I/We declare the foregoing particulars are true in every respect.

Policyholder's Signature
Date & Time:

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

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



POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190416/2057

1 of 4

Police Station Of Origin:

Tampines N.P.C

6 Tampines Avenue 4 SINGAPORE 529682

Tel No: 1800-5871999

Report No. T/20190416/2057

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/04/2019 12:26	Vide Report No.:	Station Diary No.: 48
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: LIM KING LAI		Address: APT BLK 402 BEDOK NORTH AVENUE 3 #04-261 SINGAPORE 460402	
ID Type / ID No.: NRIC NO / S1384781I		Contact No.: Home/Office: Mobile: 98872462	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 59	Date of Birth: 04/06/1959	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 15/04/2019 13:50	Type of Location: Straight Road
Location: Along Road 1 TANJONG PAGAR ROAD				
Along the lane 2 of Tanjong Pagar Road				
Weather:		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
GBD6008U	Van				Slightly Damaged	0
SHC5368X	Car				Slightly Damaged	1

Details of Person Involved	
Any Pedestrian Involved: No	1
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

POLICE REPORT Pg. 1



POLICE FORCE

T/20190416/2057

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 4
Report No. T/20190416/2057

CONTINUATION OF REPORT

Driver			
Name	AZAHARI	ID No.	NIL
Related Vehicle	GBD6008U (Van)	Contact No.	87744178
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
Driver			
Name	LIM KING LAI	ID No.	S13847811
Related Vehicle	SHC5368X (Car)	Contact No.	98872462
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	16/04/2019	Date Discharge	16/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	Lee	ID No.	0
Related Vehicle	SHC5368X (Car)	Contact No.	94565285
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 the above mentioned date, time and place, I was driving my taxi (SHC5368X) at the 2nd lane of Tanjong Pagar Road sending my passenger to Marina. I was following the flow of the traffic. Suddenly, I felt an impact at my rear portion of my taxi. I stop my vehicle and went out to make a check. I discovered that one van (GBD6008U) had collided onto my vehicle. I managed to take photo of the accident. The driver doesn't wish to exchange his particulars but he only gave his contact number.

No Traffic police and ambulance at scene. I felt pain on my back and neck area and I went to consult a doctor for treatment at Y M Chan Clinic & Surgery. The doctor gave me 3 days medical leave.



**SINGAPORE
POLICE FORCE**



T/20190416/2057

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

3 of 4

Report No. T/20190416/2057

CONTINUATION OF REPORT

**POLICE FORCE**

T/20190416/2057

4 of 4

Report No. T/20190416/2057

Police Station Of Origin:
 Tampines N.P.C
 6 Tampines Avenue 4 SINGAPORE 529682
 Tel No: 1800-5871999

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:
 G /
 Sgt 3 NUR' HAFIDAH BINTE KAMURIDIN

Signature Of Informant:

Signature Of Interpreter:
 Not applicable

Date/Time:
 16/04/2019 12:26

Officer In Charge Of Case:
 TP / GIA /
 Staff Sgt WONG SIEU LUI
 Contact No.: 65476151

Classification Of Case:

Authentication Stamp
 NP168

SINGAPORE
POLICE FORCE

SIGNATURE

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 5368X

AAF*904-167

Not Authorized
11 Sep 8/1800

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHC 5368X

VF1ABL15AUC279576

RENAULT

LATITUDE

15.4.2019

TOKIO MARINE

21/10/2014

PART**LIST**

- | | |
|----|------------------------------------|
| 1 | 1 BUMPER COVER REAR |
| 2 | 1 BUMPER LOWER REAR |
| 3 | 1 BUMPER BRACKET CTR REAR |
| 4 | 1 BUMPER BRACKET SIDE RH REAR |
| 5 | 1 BUMPER RETAINER RH REAR |
| 6 | 1 BUMPER REFLECTOR RH |
| 7 | 1 BUMPER BRACKET SIDE LH REAR |
| 8 | 1 BUMPER RETAINER LH REAR |
| 9 | 1 BUMPER REFLECTOR LH |
| 10 | 1 BUMPER BEAM REAR |
| 11 | 1 BUMPER BEAM BRACKET LH REAR |
| 12 | 1 BUMPER BEAM BRACKET RH REAR |
| 13 | 1 OUTER PANEL REAR (End Panel) |
| 14 | 1 OUTER PANEL REAR (End Panel)TRIM |
| 15 | 1 BOOT REAR |
| 16 | 1 TAILLAMP RH |
| 17 | 1 TAILLAMP PANEL RH |
| 18 | 1 TAILLAMP LH |
| 19 | 1 TAILLAMP PANEL LH |

\$	<i>Ben</i> 1,108.46 ✓
\$	<i>Sn</i> 768.84 X
\$	<i>Sn</i> 113.47 X
\$	<i>Sn</i> 135.97 X
\$	<i>Sn</i> 44.99 X
\$	<i>Sn</i> 43.61 X
\$	<i>Sn</i> 135.97 X
\$	<i>Sn</i> 44.99 X
\$	<i>Sn</i> 43.61 X
\$	<i>Bn</i> 777.52 ✓
\$	<i>R</i> 225.95 X
\$	<i>R</i> 225.95 X
\$	<i>R</i> 1,471.77 X
\$	<i>Sn</i> 404.56 X
\$	<i>R</i> 2,872.68 X
\$	<i>Sn</i> 552.55 X
\$	<i>R</i> 986.70 X
\$	<i>Sn</i> 552.55 X
\$	<i>R</i> 986.70 X

\$ 11,496.85

10% \$ 1,149.69

\$ 10,347.17**Special Nett**

- | | |
|---|------------------------------|
| 1 | 1SET PARKING AID |
| 2 | 1SET REAR BUMPER CLIP |
| 3 | 1SET BUMPER BRACKET CTR CLIP |

\$	<i>Sn</i> 700.00 X
\$	<i>Sn</i> 66.00 ✓
\$	<i>Sn</i> 33.00 ✓

Trans-cab Auto Services Pte Ltd**AAD1904-167**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5368X

4 1SET BUMPER BRACKET SIDE CLIP RH RR	\$	na	10.00	}	X
5 1SET BUMPER RETAINER RH CLIP RR	\$	na	20.00		
6 1SET BUMPER BRACKET SIDE CLIP LH RR	\$	na	10.00		
7 1SET BUMPER RETAINER CLIP LH RR	\$	na	20.00		
8 1SET BUMPER LOWER REAR RIVET	\$	na	22.00		
9 1SET BUMPER LOWER REAR CLIP	\$	na	66.00		
10 1 EXHAUST MOUNTING REAR	\$	na	17.82		
11 2 REAR WINDSCREEN SELANT	\$	na	80.00		
12 1 WINDSCREEN MOULDING	\$	na	100.00		
13 1 REAR WINDSCREEN INNER SPONGE SEAL	\$	na	100.00		
14 1 REAR BOOT STICKER 'Trans-cab'	\$	na	80.00		
15 1 REAR BOOT STICKER '6555-3333'	\$	na	80.00		
TOTAL	\$		605.82		
TOTAL PARTS	\$		10,952.99		

LABOUR

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	2201
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	2001
To Rust-Proofing Of The Affected Areas.	\$	na	170.00 X
To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	na	170.00 X
To repair and realign rear exhaust pipe.	\$	na	170.00 X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	na	170.00 X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	na	170.00 X

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SHC 5368XTo transfer of rear windscreen fittings and conduct
water seepage test.\$ *na* 170.00 XTo check steering geometry and computer wheel
alignment\$ *na* 220.00 X**TOTAL \$ 7,410.00****Over All Total \$ ~~28,710.15~~***19161.98***(LUMP SUM)****Repair Days***10 DAYS**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 modifications 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: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/TMI19006926/KVD3N2

Date: 03/05/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT111540
Claimant Vehicle No :	SHC5368X	Insured Vehicle No :	GBD6008U
Date of Loss:	15/04/2019	Nature of Claim:	TP
		Claim No:	M1902745

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC5368X	Engine No:	M9R8839C001844
Make & Model:	RENAULT LATITUDE, 2.0 L (A)	Chassis No:	VF1ABL15AUC279576
Reg. Date:	21/10/2014 (Man. Year: 2014)	Odometer:	461285 km
Colour:	Metallic White/Red		
Engine Capacity:	1995 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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	11,751.98	1,796.38	9,955.60	84.71
Miscellaneous Items	0.00	0.00	0.00	
Labour	7,410.00	480.00	6,930.00	93.52
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	19,161.98	2,276.38	16,885.60	88.12
Approved Total (Overridden) (\$\$)		1,800.00		
(\$\$)	19,161.98	1,800.00	17,361.98	90.61
+ GST 7.00/7.00% (\$\$)	1,341.34	126.00	1,215.34	90.61
Nett Amount (\$\$)	20,503.32	1,926.00	18,577.32	90.61

INSPECTION

Date of Assignment: 18/04/2019

Date Inspected: 17/04/2019 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: 03 May 2019)
Parts: 143	RENAULT LATITUDE 2.0 L (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHC5368X)	
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 REAR	Buckled	1,108.46 FL	*1,108.46 FL
2	1		*BUMPER LOWER REAR	Serviceable	768.84 FL	*- FL
3	1		*BUMPER BRACKET CTR REAR	Serviceable	113.47 FL	*- FL
4	1		*BUMPER BRACKET SIDE RH REAR	Serviceable	135.97 FL	*- FL
5	1		*BUMPER RETAINER RH REAR	Serviceable	44.99 FL	*- FL
6	1		*BUMPER REFLECTOR RH	Serviceable	43.61 FL	*- FL
7	1		*BUMPER BRACKET SIDE LH REAR	Serviceable	135.97 FL	*- FL
8	1		*BUMPER RETAINER LH REAR	Serviceable	44.99 FL	*- FL
9	1		*BUMPER REFLECTOR LH	Serviceable	43.61 FL	*- FL
10	1		*BUMPER BEAM REAR	Bent	777.52 FL	*777.52 FL
11	1		*BUMPER BEAM BRACKET LH REAR	Repair	225.95 FL	*- FL
12	1		*BUMPER BEAM BRACKET RH REAR	Repair	225.95 FL	*- FL
13	1		*OUTER PANEL REAR (END PANEL)	Repair	1,471.77 FL	*- FL
14	1		*OUTER PANEL REAR (END PANEL) TRIM	Serviceable	404.56 FL	*- FL
15	1		*BOOT REAR	Repair	2,872.68 FL	*- FL
16	1		*TAILLAMP RH	Serviceable	552.55 FL	*- FL
17	1		*TAILLAMP PANEL RH	Repair	986.70 FL	*- FL
18	1		*TAILLAMP LH	Serviceable	552.55 FL	*- FL
19	1		*TAILLAMP PANEL LH	Repair	986.70 FL	*- FL
20	1		*SET PARKING AID	Serviceable	700.00 FS	*- FS
21	1		*SET REAR BUMPER CLIP	Necessary	66.00 FS	*66.00 FS
22	1		*SET BUMPER BRACKET CTR CLIP	Necessary	33.00 FS	*33.00 FS
23	1		*SET BUMPER BRACKET SIDE CLIP RH RR	Not Necessary	10.00 FS	*- FS
24	1		*SET BUMPER RETAINER RH CLIP RR	Not Necessary	20.00 FS	*- FS
25	1		*SET BUMPER BRACKET SIDE CLIP LH RR	Not Necessary	10.00 FS	*- FS
26	1		*SET BUMPER RETAINER CLIP LH RR	Not Necessary	20.00 FS	*- FS
27	1		*SET BUMPER LOWER REAR RIVET	Not Necessary	22.00 FS	*- FS
28	1		*SET BUMPER LOWER REAR CLIP	Not Necessary	66.00 FS	*- FS
29	1		*EXHAUST MOUNTING REAR	Not Necessary	17.82 FS	*- FS
30	2		*REAR WINDSCREEN SEALANT	Not Necessary	80.00 FS	*- FS
31	1		*WINDSCREEN MOULDING	Not Necessary	100.00 FS	*- FS
32	1		*REAR WINDSCREEN INNER SPONGE SEAL	Not Necessary	100.00 FS	*- FS
33	1		*REAR BOOT STICKER TRANS-CAB	Not Necessary	80.00 FS	*- FS
34	1		*REAR BOOT STICKER 6555-3333	Not Necessary	80.00 FS	*- FS

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

Sub Total (\$\$)	12,901.66	1,984.98
- List Item Discount on L Items 10.00/10.00% (\$\$)	1,149.68	188.60
Total Parts (\$\$)	11,751.98	1,796.38

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	220.00
2	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	3,000.00	200.00
3	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	0.00
4	TO REINSTALL REAR BUMPER PARKING SENSOR	New	170.00	60.00
5	TO TRANSFER OF BOOTLID FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	0.00
6	TO REPAIR AND REALIGN REAR EXHAUST PIPE	New	170.00	0.00
7	TO DROP REAR EXHAUST BOX,RENEW THE SAME,TO REPAIR AND REALIGN CENTRE EXHAUST PIPE	New	170.00	0.00
8	TO TRANSFER OF REAR END PANEL FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	170.00	0.00
9	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST	New	170.00	0.00
10	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	0.00
Gross Labour Cost (\$\$)			7,410.00	480.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >