

ASS. REC. BY:

REF:

CC3/TM119007270/Kgd3 02

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:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

Bal. or Market Value:

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:

SHB 979214

Yr Regn:

07, 13

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

Truck / Trailer or

Make:

Renault Latitude

c.c

1895

Colour:

m. white / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

718856

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

VI-1 ABL 15AUC 273356

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: N/A / S/Rlm / STD A/Rlm or

Tyre Size:

F:

215/60R16

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or

Giti

Front

R/Bal.

9

mm

Rear

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

22/4/19

D.O.I.

23/4/19

Survey held at

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

O/S Rear

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

Date / Time

Action / Instruction

File pass to

11 Pm @ 2400 (had \$13261.50, 85%)

25/4/19 @ 9.30am Email GIA, Police Report & Estimate to TM.

RECEIVED 26 APR 2019

Date/Time, File Pass to?

☐

: Prell. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

250

S + RS. \$

10

Fees

Others

Report Format:

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

MER TP

2400

TOTAL

260

Shiau Chan (LKKAUTO)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Friday, 26 April 2019 4:03 PM
To: Shiau Chan (LKKAUTO)
Subject: RE: TP VEHICLE SHB 9792H (DOA: 22/04/2019) -- AAD1904-215
Attachments: image001.wmz

Hi Shiau Chan

We confirmed COR amount \$2,400.00 (Before GST).

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

***** Please be reminded that all claims correspondence to be send to claims@transcab.com.sg**



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: Shiau Chan (LKKAUTO) [mailto:siewsc@lkkauto.com]
Sent: Friday, 26 April, 2019 11:06 AM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Subject: TP VEHICLE SHB 9792H (DOA: 22/04/2019)

Dear Wai Yin,

WITHOUT PREJUDICE

Based on our surveyor's marking estimate, the calculation of repair cost will be at Lump Sum \$2,400.00 and 2 repair days.

Kindly check.

Best Regards,
Shiau Chan (Ms) | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Thursday, 25 April 2019 9:36 AM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD, DOA: 22/04/2019, SHB 9792H (TP VEHICLE), SLK 5848M (OI VEHICLE)
Attachments: SHB9792 EST.pdf, SHB9792 GIA.pdf, SHB9792 PR.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHB 9792H at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 23/04/2019.

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,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@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.:

SHB9792H

Vehicle to be Exported:

Yes

Intended Deregistration Date:

22 Apr 2019

Vehicle Make:

RENAULT

Vehicle Model:

LATITUDE 2.0L DCI AUTO D/AB 4DR

Primary Colour:

Red

Manufacturing Year:

2013

Engine No.:

M9R8839C000251

Chassis No.:

VF1ABL15AUC273356

Maximum Power Output:

127.0 kW (170 bhp)

Open Market Value:

\$19,998.00

Original Registration Date:

31 Jul 2013

First Registration Date:

31 Jul 2013

Transfer Count:

0

Actual ARF Paid:

\$12,498.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

30 Jul 2021

PARF Rebate Amount:

\$8,748.00

Intended COE Rebate Details

COE Expiry Date:

30 Jul 2021

COE Category:

A - Car (1600cc & below)

COE Period(Years):

8

PQP Paid:

\$51,810.00

COE Rebate Amount:

\$14,710.00

Total Rebate Amount:**\$23,458.00****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 22 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	22/04/2019 15:52
Date Of Accident	22/04/2019 11:30
Exact Location Of Accident	TAMPINES NTH DR 2- INSIDE CARPARK OF TAMPINES ST61
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9792H
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	ONG THIAN HUAT
NRIC No	S1582296A
Date Of Birth	06/07/1963
Occupation	OUTDOOR
Date Of Driving Pass	08/11/1984
Driving Experience	34 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92737801
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 130 BEDOK NORTH STREET 2 #10-59
Postcode	460130
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

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

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TAMPINES NORTH NPP
Police Station Address	ROAD: 461 TAMPINES ST 44 #01-56 , POSTCODE: 520461 , 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/20190422/2084

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	SLK5848M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ONG THIAN HUAT

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHB9792H

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 #2 Pg. 1

SKETCH PLAN

Grid area for sketch plan. Handwritten text: *pls see attachment*

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Lined area for describing circumstances of the accident. Handwritten text: *pls see attach police Report*

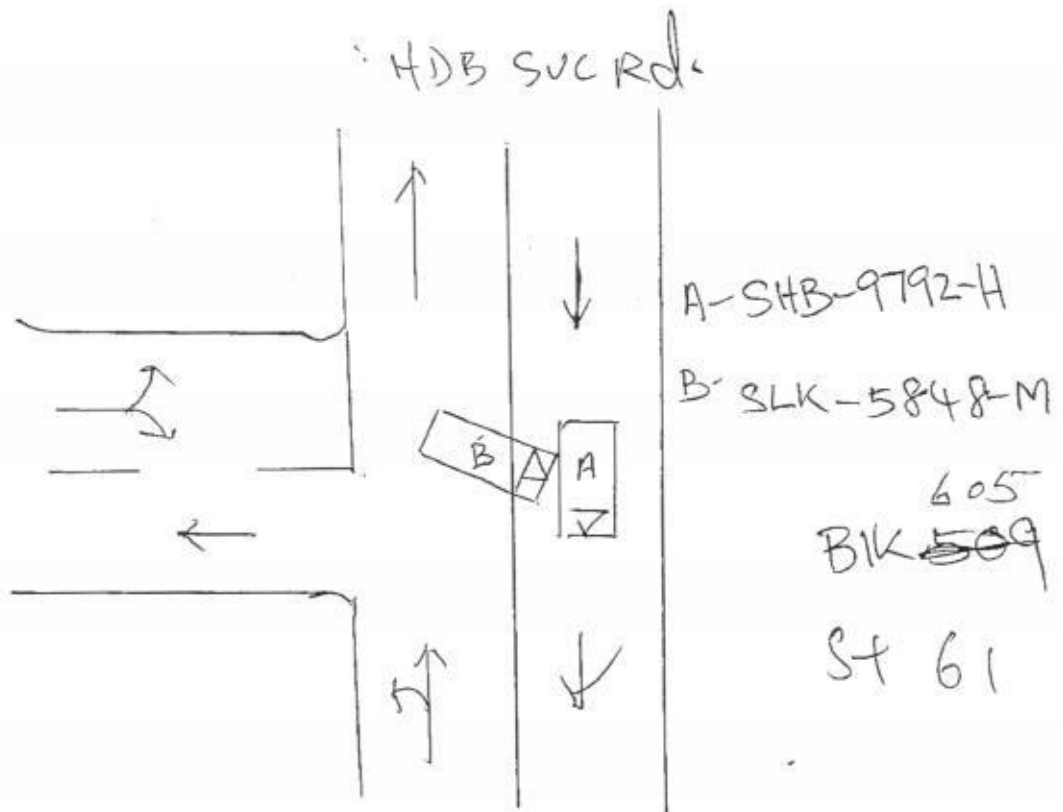
DECLARATION

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:
NRIC/FIN No.:



POLICE REPORT Pg. 1



**SINGAPORE
POLICE FORCE**



T/20190422/2084

1 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20190422/2084

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 22/04/2019 14:46	Vide Report No.:	Station Diary No.: 16
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Informant's Particulars

Name of Informant: ONG THIAN HUAT			Address: APT BLK 130 BEDOK NORTH STREET 2 #10-59 SINGAPORE 460130	
ID Type / ID No.: NRIC NO / S1582296A			Contact No.: Home/Office:	Mobile: 92737801
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 55	Date of Birth: 06/07/1963	Type of Informant: Driver	
Race: Chinese			Language:	Institution / School Name:
Occupation: Taxi 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: 22/04/2019 11:30	Type of Location: Car Park
Location: Along Road 1 TAMPINES NORTH DRIVE 2 INSIDE CARPARK OF TAMPINES ST 61				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: No Traffic	
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
SHB9792H	Car				Slightly Damaged	1
SLK5848M	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/20190422/2084

2 of 3

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

Report No. T/20190422/2084

CONTINUATION OF REPORT

Driver			
Name	ONG THIAN HUAT	ID No.	S1582296A
Related Vehicle	SHB9792H (Car)	Contact No.	92737801
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	22/04/2019	Date Discharge	22/04/2019
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the 22/04/2019 at about 1130hr, I was driving my taxi in my vehicle bearing the plate number SHB9792H with one passenger on board. The passenger was supposed to alight at B/605 Tampines St 61.

As such, I entered the cluster of block to drop off my passenger. I then proceed straight when suddenly one vehicle bearing the plate number SLK5848M who just entered from another entrance and collided with the right side of my vehicle.

No one was injured at that point of time. Both drivers exchanged contact number with each other before driving off. I do not have any in-car camera.

After the incident, I felt some pain on my right side and my back and my ears thus I seek medical treatment and were given 3 days MC.



**SINGAPORE
POLICE FORCE**



T/20190422/2084

3 of 3

Report No. T/20190422/2084

Police Station Of Origin:
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

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 MOHAMAD IZWAN BIN MOHAMAD
ISHAK

Signature Of Interpreter:
Not applicable

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

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
22/04/2019 14:46

Classification Of Case:



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

SHB 9792H

AAD1904-215

*Not Authored
C/Smp & 24001*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

SHB 9792H

VF1ABL15AUC273356

RENAULT

LATITUDE

22.4.2019

TOKIO MARINE

31/7/2013

PART**LIST**

- 1 FENDER PANEL REAR RH
- 1 FENDER PANEL INNER TRIM REAR
- 1 WHEELARCH REAR RH
- 1 BUMPER COVER REAR
- 1 BUMPER LOWER REAR
- 1 BUMPER BRACKET CTR REAR
- 1 BUMPER BRACKET SIDE RH REAR
- 1 BUMPER RETAINER RH REAR
- 1 REAR TAILAMP RH

\$	<i>1</i>	3,299.13	X
\$	<i>Sm</i>	671.45	X
\$	<i>Sm</i>	543.47	X
\$	<i>Bu</i>	1,108.46	✓
\$	<i>Sm</i>	768.84	✓
\$	<i>Sm</i>	113.47	X
\$	<i>Sm</i>	135.97	X
\$	<i>Sm</i>	44.99	X
\$	<i>Sm</i>	552.55	X

\$	7,238.33
----	-----------------

10% \$	723.83
--------	---------------

\$	6,514.50
----	-----------------

Specical Nett

- 1SET PARKING AID
- 1SET REAR BUMPER CLIP
- 1SET BUMPER BRACKET CTR CLIP
- 1SET BUMPER BRACKET SIDE CLIP RH RR
- 1SET BUMPER RETAINER RH CLIP RR
- 1SET BUMPER BRACKET SIDE CLIP LH RR
- 1SET BUMPER RETAINER CLIP LH RR
- 1SET BUMPER LOWER REAR RIVET
- 1SET BUMPER LOWER REAR CLIP
- 1 FRONT LEFT TYRE RIM
- 1 FRONT LEFT TYRE

\$	<i>Sm</i>	700.00	X
\$	<i>Sm</i>	66.00	✓
\$	<i>Sm</i>	33.00	X
\$	<i>Sm</i>	10.00	X
\$	<i>Sm</i>	20.00	X
\$	<i>Sm</i>	10.00	X
\$	<i>Sm</i>	20.00	X
\$	<i>Sm</i>	22.00	X
\$	<i>Sm</i>	66.00	✓
\$	<i>Sm</i>	380.00	X
\$	<i>Ry</i>	330.00	✓

TOTAL \$	1,657.00
-----------------	-----------------

Trans-cab Auto Services Pte Ltd

AAD1904-215

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHB 9792H

TOTAL PARTS \$ 8,171.50**LABOUR**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	3,000.00	3001
Putty and spray painting of the affected portion.	\$	3,000.00	6401
To rust-proofing of the affected areas.	\$	170.00	X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	X
To check steering geometry and computer wheel alignment	\$	220.00	X
To transfer of tire, rim and on wheel balancing.	\$	170.00	201
To Check Electrical Lighting Concerned.	\$	170.00	101
To transfer of Rear bumper fittings, attachment and perform water seepage test.	\$	380.00	601

TOTAL \$ 7,490.00**Over All Total** \$ 15,661.50**LUMP SUM (REPAIR DAY)**~~10-DAYS~~

2 days

LLK Auto Corrections hence notify the Reparer's following:

- To resurvey for bodywork painting
- To deliver car to (MOT) after resurvey
- Parts provided a 1 year confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplementary Part (s) must be resurveyed and is subject to final approval from Insurance Company

Authorised by Reparer

11/1/2015

S. S.

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/TMI19007270/KQD3N2
Date: 03/05/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU003533
Claimant Vehicle No :	SHB9792H	Insured Vehicle No :	SLK5848M
Date of Loss:	22/04/2019	Nature of Claim:	TP
		Claim No:	M1902794

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB9792H	Engine No:	M9R8839C000251
Make & Model:	RENAULT LATITUDE, 2.0 L (A)	Chassis No:	VF1ABL15AUC273356
Reg. Date:	31/07/2013 (Man. Year: 2013)	Odometer:	718856 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 9 mm	Rear Left Side:	Giti 9 mm
Front Right Side:	Giti 9 mm	Rear Right Side:	Giti 9 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	8,171.50	2,151.57	6,019.93	73.67
Miscellaneous Items	0.00	0.00	0.00	
Labour	7,490.00	830.00	6,660.00	88.92
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	15,661.50	2,981.57	12,679.93	80.96
Approved Total (Overridden) (S\$)		2,400.00		
(S\$)	15,661.50	2,400.00	13,261.50	84.68
+ GST 7.00/7.00% (S\$)	1,096.31	168.00	928.31	84.68
Nett Amount (S\$)	16,757.81	2,568.00	14,189.81	84.68

INSPECTION

Date of Assignment:	25/04/2019	
Date Inspected:	23/04/2019 Inspected At:	Trans Cab Auto Services Pte Ltd - Amk (HQ) No 2 Ang Mo Kio St 63 Singapore 569111
Estimated Period of Repair:	2.0 days	

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

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 SHB9792H)	
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	Repair	3,299.13 FL	*- 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	Buckled	1,108.46 FL	*1,108.46 FL
5	1		*BUMPER LOWER REAR	Cut	768.84 FL	*768.84 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	Necessary	66.00 FS	*66.00 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	Necessary	66.00 FS	*66.00 FS
19	1		*FRONT LEFT TYRE RIM	Serviceable	380.00 FS	*- FS
20	1		*FRONT LEFT TYRE	Bent	330.00 FS	*330.00 FS

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

Sub Total (\$\$)	8,895.33	2,339.30
- List Item Discount on L Items 10.00/10.00% (\$\$)	723.83	187.73
Total Parts (\$\$)	8,171.50	2,151.57

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	300.00
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	0.00
4	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR	New	380.00	0.00
5	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	0.00
6	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	20.00
7	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	10.00
8	TO TRANSFER OF REAR BUMPER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	60.00
Gross Labour Cost (\$\$)			7,490.00	830.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >