

ASS. REC. BY:

REF: CY/TP/9010113/Kg1302

## ASSIGNMENT

Kenneth

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. \_\_\_\_\_

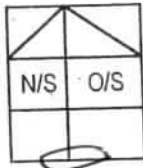
Claims No. \_\_\_\_\_

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: 3 days Res.: Yes or NoLum Sum: 131 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: S/Hc 50227 Yr Regn: 30/10/13Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Perah Latwade C.C. 1995Colour W. White/Red A/C: Insured / Std / NI / NASp. Reading 38646 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: VFI ABL 15 Auc 275153Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Mil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: \_\_\_\_\_

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 14/1/14 D.O.I. 13/1/14

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

S/Hc 50227

\* Billing first, survey report after.

Final fig to 2370.66, 3 days check to 2709.71, 76%  
no resurvey photo

RECEIVED 10 JUN 2019

  
10/6/2019

Date/Time, File Pass to?

Date/Time, File Return to?

- 1) 10/6/2019 2) \_\_\_\_\_  
 3) \_\_\_\_\_ 4) \_\_\_\_\_  
 5) \_\_\_\_\_ 6) \_\_\_\_\_

Prel. Report:

Final Report:

TOTAL  
LOSSKIV FOR  
LOD

Survey Fee:

Date:

Basic &amp; Add.

S + RS, SI

Photos

Others

TOTAL

170

50

14

80

314

## Shiau Chan (LKKAUTO)

---

**From:** Ng Wai Yin <waiyin.ng@transcab.com.sg>  
**Sent:** Friday, 7 June 2019 11:58 AM  
**To:** Shiau Chan (LKKAUTO)  
**Cc:** SUR  
**Subject:** RE: Purchase Survey Report - 5 cases -- AAD1401-151  
**Attachments:** image002.wmz; image006.wmz; SHC5022T 14.01.2014 - GIA.pdf; AAD1401-151 - ESTIMATE MARKING.pdf

WITHOUT PREJUDICE

Dear Shiau Chan

Refer to our tele-conversation.

Enclosed is the GIA report, estimate marking for your action.

Chasis no : VF1ABL15AUC275153

Date of Reg. : 30.10.2013

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](mailto: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](http://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:** Ng Wai Yin [<mailto:waiyin.ng@transcab.com.sg>]  
**Sent:** Thursday, 6 June, 2019 4:49 PM  
**To:** 'Accounts (LKKAUTO)' <[account@lkkauto.com](mailto:account@lkkauto.com)>  
**Cc:** 'SUR' <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: Purchase Survey Report - 5 cases -- AAD1401-151

WITHOUT PREJUDICE

Dear Chew Lian

Can we have the survey invoice to prepare the payment?

**AAD1401-151 -- ACCIDENT INVOLVING SHC5022T & SFZ1504Z, SHC6134X ON 14.01.14**

**Additional information:**

DOA : 14.01.2014

Location : CTE TOWARDS KAMPONG JAVA TUNNEL

## 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 ability
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 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	15/01/2014 11:42
Date Of Accident	14/01/2014 13:50
Exact Location Of Accident	CTE TOWARDS KAMPONG JAVA TUNNEL
Country/State of Loss	Singapore

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5022T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K

### Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 CVT ABS (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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH
Cover Note Number	

### Driver

Name of Driver	BALDEV SINGH S/O MOHINDAR SINGH
NRIC No	S0097962G
Date Of Birth	26/01/1954
Occupation	Outdoor
Date Of Driving Pass	03/09/1974
Driving Experience	39 Years And 4 Months
Gender	Male
Mobile Number	(Local) +65-83673027
Fax Number	
Contact Number	
Email Address	NOEMAIL
Address	BLK 410 TAMPINES STREET 41 #04-213
Postcode	520410
Was driver an employee of the Insured's Company	No

If No, Relationship of the Driver with the Insured	Other - RELIEF
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	Collision- Chain Collision
Weather Conditions	Clear
Road Surface	Dry

#### Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	Yes
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

#### Details of Police Action

Was the accident reported to the police?	Yes
If Yes, Please state which Police Station	
Police Station Name	Tampines North Neighbourhood Police Post
Police Station Address	<b>ROAD:</b> Blk 461 Tampines Street 44 #01-56 , <b>POSTCODE:</b> 520461 , <b>COUNTRY:</b> Singapore
Police Station Contact	<b>TEL NO:</b> 1800-7818999 - <b>FAX NO:</b> 67838603
Was notice of intended Prosecution given?	No
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20140114/4153 3 PASSENGERS ON BOARD OUR TAXI.

Are accident photos available for attachment?	Yes
---	-----

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SFZ1504Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	NG MIN HUI
NRIC/Passport Number	
Contact Number	90175614
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

#### Details of Witness

Name	
Phone Number	
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SHC6134Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

**Details of Witness**

Name

Phone Number

Email Address

**DETAILS OF INJURED PERSON 1**

Name

BALDEV SINGH S/O MOHINDAR SINGH

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHC5022T

Were seat belts worn?

Was injured conveyed to hospital by ambulance?

Address

Postcode

## Sketch Plan

### 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 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.

#### Sketch Plan

(towards Kampong Java Tunnel) ←

CIE ←

A: SHC5022T  
B: SFZ/SD42  
C: SHC6134Y

#### Describe Circumstances of the Accident

Refer to 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

Witnessed by Reporting Centre Personnel

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



T/20140114/4153

1 of 3

Report No. T/20140114/4153

**REPORT OF A TRAFFIC ACCIDENT**

Date/Time Report Made: 14/01/2014 21:00			Vide Report No.:		Station Diary No.: 33
<b>Informant's Particulars</b>					
Name of Informant: BALDEV SINGH S/O MOHINDAR SINGH			Address: APT BLK 410 TAMPINES STREET 41 #04-213 SINGAPORE 520410		
ID Type / ID No.: NRIC NO / S0097962G			Contact No.: Home/Office: Mobile: 83673027		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 59	Date of Birth: 26/01/1954	Type of Informant: Driver		
Race: Sikh			Language: English	Institution / School Name:	
Occupation: Taxi Driver			Driving Licence Information: Class: 3 Date of Expiry:		

<b>General Information of the Accident</b>				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 14/01/2014 13:50	Type of Location: Straight Road
Location: Along Road 1 CTE Towards Kampong Java Tunnel near lamppost 471				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>									
Vehicle No.	Type	Make	Color	Condition	No of Passenger	Insurance Company	Insurance No	Effective Date	Expiry Date
SFZ1504Z	Car	CHEVROLET	Black	Slightly Damaged	0				
SHC5022 T	Car	RENAULT	Red	Slightly Damaged	3				

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

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



T/20140114/4153

2 of 3

Report No. T/20140114/4153

## CONTINUATION OF REPORT

<b>Driver</b>			
Name	Ng Min Hui	ID No.	NIL
Related Vehicle	SFZ1504Z (Car)	Contact No.	90175614
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 (MC)	NIL	Degree of Injury	NIL
<b>Driver</b>			
Name	BALDEV SINGH S/O MOHINDAR SINGH	ID No.	S0097962G
Related Vehicle	SHC5022T (Car)	Contact No.	83673027
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	14/01/2014	Date Discharge	14/01/2014
No. of Days granted Medical Leave (MC)	03	Degree of Injury	Slight
<b>Passenger</b>			
Name	Ms Quek	ID No.	NIL
Related Vehicle	SHC5022T (Car)	Contact No.	97633778
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 (MC)	NIL	Degree of Injury	NIL

**Brief Details.**

On 14/01/2014 at about 1350hrs I was driving my red colour Renault Transcab taxi plate no. SHC5022T along CTE towards AYE before Kampong Java tunnel on the third lane. One lorry in front my taxi slowed down and come to a stop as there was a slight jam. I did the same and also stop. A few seconds later, one black colour Chevrolet car plate no. SFZ1504Z hit my rear bumper. I went to checked and there was 3 cars involved in the accident.

I wish to state that this is the first time such incident happen. My rear bumper was slightly damaged and I was given 3days MC. Thats all.



Sketch Plan #4

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



T/20140114/4153

3 of 3

Report No. T/20140114/4153

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/ *Muhammad Hassan*  
~~AHMAD FARMIZI BIN MOHD SANUSI~~

Signature Of Informant:

*Bing*

Signature Of Interpreter:

Not applicable

Date/Time:

14/01/2014 21:00

Officer In Charge Of Case:

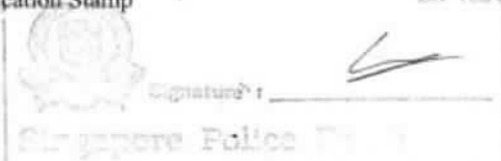
TP / AEIT /  
Toh Hoe Sian Jenn  
Contact No.: 65476185

Classification Of Case:

Authentication Stamp

NP168

ENC 103



04-MAR-2014 TUE 09:30

\* photos at "P" drive → temporary folder

P. 06

Pass to Jasmine

给陈总经理

**TRANS-CAB AUTO SERVICES PTE LTD**

NO.42 S JNGEI KADUT STREET 1 SINGAPORE 729346

TEL NO. 3287 6666 FAX NO. 6366 8862

CO/GST REG NO. 201015626G

**SHC 5022T - III****Andrea****Part BY Part**

Not Authorised

I.B.1

92,370.66

Vehicle No.:	<b>SHC 5022T - Andrea</b>
Chassis No.:	VF1ABL15AUC275153
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE
Date of Accident :	14.01.2014
Third Party Insurer :	<b>III</b>

**PART****LIST**

1	1	BUMFER COVER REAR L70Y	\$	Re 561.70	—
2	1	BUMFER LOWER REAR L70D	\$	Re 389.60	—
3	1	BUMFER BRACKET CTR REAR L70Y	\$	R 57.50	X
4	1	BUMEP R BRACKET SIDE RH REAR L70Y	\$	R 22.80	X
5	1	BUMEP R RETAINER RH REAR L70Y	\$	Re 68.90	X
6	1	BUMEP R BRACKET SIDE LH REAR L70Y	\$	Re 22.80	X
7	1	BUMEP R RETAINER LH REAR L70Y	\$	Re 68.90	X
8	1	BUMPER REFLECTOR RH L70Y	\$	CM Re 22.10	X
9	1	BUMPER REFLECTOR LH L70Y	\$	Re 22.10	X
10	1	BUMPER BEAM REAR L70Y	\$	Re 394.00	—
11	1	BUMPER BEAM BRACKET LH REAR L70Y	\$	R 114.50	X
12	1	BUMPER BEAM BRACKET RH REAR L70Y	\$	R 114.50	X
13	1	OUTER PANEL REAR L70Y (End Panel)	\$	R 745.80	X
14	1	OUTER PANEL REAR L70Y (End Panel) TRIM	\$	Re 205.00	X
15	1	BOOT REAR L70D	\$	R 1,455.70	X
16	1	BOOT REFLECTOR LAMP LH L70Y	\$	Re 250.00	X
17	1	BOOT REFLECTOR LAMP RH L70Y	\$	Re 250.00	X
18	1	BOOT BADGE 'RENAULT'	\$	Re 114.20	X
19	1	BOOT BADGE	\$	Re 114.20	X

<b>TOTAL</b>	<b>\$</b>	<b>4,994.30</b>	
<b>10%</b>	<b>\$</b>	<b>499.43</b>	
	<b>\$</b>	<b>4,494.87</b>	1250.66

**Special Nett**

1 SET	PARKING AID L70Y	\$	Re 600.00	X
1 SET	BUMPER LOWER REAR RIVET(Necessary)	\$	Re 20.00	—
1 SET	BUMPER LOWER REAR CLIP(Necessary)	\$	Re 60.00	—
1 SET	BUMPER BEAM BOLT	\$	Re 30.00	X
1 SET	OUTER PANEL REAR TRIM CLIP	\$	Re 60.00	X

**TRANS-CAB AUTO SERVICES PTE LTD**

NO.42 SUNGEI KADUT STREET 1 SINGAPORE 729346

TEL NO. 6366 6666 FAX NO. 6366 8862

CO/GST REG NO. 201019626G

**SHC 5022T - III****Andrea****Part BY Part**

1SET	BOOT TRIM BOARD CLIP L70Y(Necessary)	\$	<i>nn</i> 15.00 X
1	REAR BOOT STICKER "TRANS-CAB"	\$	<i>nn</i> 30.00 X
1	REAR BOOT STICKER "6555-3333"	\$	<i>nn</i> 30.00 X

<b>TOTAL</b>	<b>\$</b>	<b>845.00</b>	<i>80.00</i>
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<b>TOTAL PARTS</b>	<b>\$</b>	<b>5,339.87</b>
--------------------	-----------	-----------------

Panel Beating, Knocking And Straightening  
The Necessary Portion, Remove And  
Renewal Of Parts, Adjust And Realign The  
Same

\$	1,960.00	<i>500</i>
----	----------	------------

To Rust-Proofing Of The Affected Areas.

\$	<i>nn</i> 170.00 X
----	--------------------

Putty And Spray Painting Of The Affected  
Portion.

\$	2,100.00	<i>440</i>
----	----------	------------

To transfer of end panel fittings and  
conduct water seepage test.

\$	170.00	<i>60</i>
----	--------	-----------

To transfer of bootlid fittings, attachments  
and perform water seepage test.

\$	<i>nn</i> 170.00 X
----	--------------------

To reinstall rear bumper parking sensor.

\$	170.00	<i>60</i>
----	--------	-----------

<b>TOTAL</b>	<b>\$</b>	<b>4,740.00</b>	<i>1060.00</i>
--------------	-----------	-----------------	----------------

<b>Over All Total</b>	<b>\$</b>	<b>10,079.87</b>
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**Repair Days**

*4 Days*  
**(PARTS BY PARTS)**

*3 day*




# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile				
TRANS-CAB AUTO SERVICES PTE LTD			Ref : CS/TP19010113/Kqd3e2	
NO.2 ANG MO KIO STREET 63SINGAPORE 569111			Date : 11-06-2019	
			Code : TP378	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.			Veh. Inspected	SHC 5022T
Policy No.			Coverage (\$)	0.00
Claim No.			Excess (\$)	0.00
Assign From			Assign Date	15/01/2014
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	RENAULT LATITUDE (A)	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	VF1ABL15AUC275153	Colour	METALLIC WHITE / RED	
Odometer	38646	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	PIRELLI	7 mm	
L/H Front Tyre	215/60 R16	PIRELLI	7 mm	
R/H Rear Tyre	215/60 R16	PIRELLI	7 mm	
L/H Rear Tyre	215/60 R16	PIRELLI	7 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.				
DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	14/01/2014	Inspection Date	15/01/2014	
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>3 Working Days</b>		



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 2

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5022T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	BUMPER COVER REAR L70Y	BUCKLED	561.70	561.70
1	BUMPER LOWER REAR L70D	DENTED	389.60	389.60
1	BUMPER BRACKET CTR REAR L70Y	TO REPAIR SEE LABOUR	57.50	-
1	BUMPER BRACKET SIDE RH REAR L70Y	TO REPAIR SEE LABOUR	22.80	-
1	BUMPER RETAINER RH REAR L70Y	SERVICEABLE	68.90	-
1	BUMPER BRACKET SIDE LH REAR L70Y	SERVICEABLE	22.80	-
1	BUMPER RETAINER LH REAR L70Y	SERVICEABLE	68.90	-
1	BUMPER REFLECTOR RH L70Y	CRACKED	22.10	22.10
1	BUMPER REFLECTOR LH L70Y	SERVICEABLE	22.10	-
1	BUMPER BEAM REAR L70Y	BENT	394.00	394.00
1	BUMPER BEAM BRACKET LH REAR L70Y	TO REPAIR SEE LABOUR	114.50	-
1	BUMPER BEAM BRACKET RH REAR L70Y	TO REPAIR SEE LABOUR	114.50	-
1	OUTER PANEL REAR L70Y (END PANEL)	TO REPAIR SEE LABOUR	745.80	-
1	OUTER PANEL REAR L70Y (END PANEL) TRIM	SERVICEABLE	205.00	-
1	BOOT REAR L70D	TO REPAIR SEE LABOUR	1,455.70	-
1	BOOT REFLECTOR LAMP LH L70Y	SERVICEABLE	250.00	-
1	BOOT REFLECTOR LAMP RH L70Y	SERVICEABLE	250.00	-
1	BOOT BADGE 'RENAULT'	NOT NECESSARY	114.20	-
1	BOOT BADGE	NOT NECESSARY	114.20	-
	LESS 10% DISCOUNT		-499.43	-136.74
			4,494.87	1,230.66
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET PARKING AID L70Y (SN)	SERVICEABLE	600.00	-
1	SET BUMPER LOWER REAR RIVET (NECESSARY) (SN)	NECESSARY	20.00	20.00
1	SET BUMPER LOWER REAR CLIP (NECESSARY) (SN)	NECESSARY	60.00	60.00
1	SET BUMPER BEAM BOLT (SN)	SERVICEABLE	30.00	-
1	SET OUTER PANEL REAR TRIM CLIP (SN)	NOT NECESSARY	60.00	-
1	SET BOOT TRIM BOARD CLIP L70Y (NECESSARY) (SN)	NOT NECESSARY	15.00	-
1	REAR BOOT STICKER "TRANS-CAB" (SN)	NOT NECESSARY	30.00	-

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# LKK Auto Consultants Pte Ltd

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REAR BOOT STICKER "6555-3333" (SN)	NOT NECESSARY	30.00	-
			845.00	80.00
	<b>LABOUR</b>			
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF BUMPER BRACKET CTR REAR L70Y, BUMPER BRACKET SIDE RH REAR L70Y, BUMPER BEAM BRACKET LH REAR L70Y, BUMPER BEAM BRACKET RH REAR L70Y, OUTER PANEL REAR L70Y (END PANEL) AND BOOT REAR L70D.		1,960.00	500.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		2,100.00	440.00
	TO TRANSFER OF END PANEL FITTINGS AND CONDUCT WATER SEEPAGE TEST.		170.00	60.00
	TO TRANSFER OF BOOTLID FITTINGS, ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	60.00
			4,740.00	1,060.00
<b>GRAND TOTAL</b>			<b>10,079.87</b>	<b>2,370.66</b>

<b>RECOMMENDED COST OF REPAIRS</b>				<b>2,370.66</b>
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**KONG SENG CHEONG**

Licensed Appraiser

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