

ASS. REC. BY:

REF: CDFCI19015192/Kfd3

Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Serene Ter

of FCI

Date/Time: 2:24pm @ 28/8/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHC 59212

Insured: SHB 4289C

at Workshop in/s: Trans cab

Tel: 6287 6666

of No. 2 AMK St. 63

Policy No:

Claim No: D19005482 MP84

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A. 04/08/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 3:11pm @ 28/8/19

Person Contacted: Kek Zhewei

Vehicle IN/OUT

Date/Time	Action/Instruction	Initials
	SHC 59212 - CCA / ASM 19005793 / Klwb3	DA: 31/3/2019
	SHB 4289 C - CS / FCI 18013685 / Kvd3n2	DA: 17/7/2018
29/8 - 4:05pm	Sent email preli advise	

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s Trans Cab

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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 03 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: SHC 59218 Yr Regn: 03, 15

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

Truck / Traller or

Make: PENALT Latitude c.c. 1995

Colour: M. White/Red A/C: Insured / Std / NI / NA

Sp. Reading: 554780 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VI=1 ABL 15AUC. 281438

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: M/I / 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

Sailun

Front

Rear

R/Bal. 9 mm

R/Bal. 9 mm

L/Bal. 9 mm

L/Bal. 9 mm

D.O.A. 24/8/19

D.O.I. 28/8/19

Survey held at _____

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

o/s m

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

Date / Time Action / Instruction

1 File pass to

U/Lm @ 7900 (Red: 42737.62; 84%)

Temporary close due to both insurance and workshop no out come.

114- Spoken to may First Capital Temporary close (date 1/4/2020)

Date/Time, File Pass to?

29/1/2019

: Prell. Report

: Final Report

Date/Time, File Return to?

Days Of Repair: 3

Resurvey No. of Trip: -

Survey Fee:

Transportation:

S - RS. SI

Fuel

Others

TOTAL

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Report Format: TP

Lump Sum / I.B.I: (\$ 79001-)

MOTOR SURVEY ASSIGNMENT

Date	26-08-2019	Our Ref No. D19005482MFSH
Accident Date	24-08-2019	Claim Type. Third Party
Insured Vehicle	SHB4289C	Third Party Vehicle. SHC5921Z
Survey Location	NO. 2 ANG MO KIO STREET 63	
Contact Person.	KEK ZHEWEI	
Contact No.	62876666/ 0	Fax No. 62571330
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	TRANS-CAB AUTO SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Denise Tay (LKKAuto)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Thursday, 29 August 2019 5:11 PM
To: Denise Tay (LKKAuto)
Subject: FW: SHC 5921Z / FIRST CAPITAL / DOA: 04/05/2019 -- AAD1908-184
Attachments: ESTIMATE SHC 5921Z.pdf

Hi Denise

Amount confirmed \$ 7,900 (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: Denise Tay (LKKAuto) [<mailto:denisetay@lkkauto.com>]
Sent: Thursday, 29 August, 2019 4:09 PM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Subject: SHC 5921Z / FIRST CAPITAL / DOA: 04/05/2019

Dear Wai Yin,

Please see estimate, offer lump sum \$7900 3days

Best Regards,

Denise Tay | 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)



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

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Thursday, 29 August 2019 4:05 PM
To: Admin-D (LKKAuto); 'CWS Motor Claims'; assignments
Cc: 'Serene Ler'; SUR
Subject: RE: SURVEY ASSESSMENT - D19005482MFSH/2
Attachments: PRELI ADVISED OF SHC 5921Z.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SHC 5921Z**

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Wednesday, 28 August 2019 2:46 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Serene Ler' <Sereneler@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19005482MFSH/2

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Wednesday, 28 August 2019 2:24 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Serene Ler <Sereneler@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19005482MFSH/2

Dear Sir/Mdm,



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19005482MFSH

Date: 29/8/2019

Our Ref: CS/FCI19015192/Ktd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

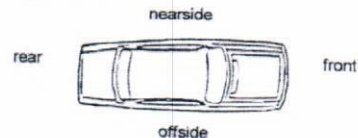
INITIAL INSPECTION REPORT OF VEHICLE NO. SHA 9730S

Please be informed that we had conducted the inspection of the abovementioned vehicle 28/8/2019 at the premises of M/s Trans Cab have the following to report: -

Workshop Estimate Amount	: S\$ 50,638.62
Revised Estimate Amount	: S\$ 7,900.00(lump sum)
"Check" Items Amount	: S\$ 0.00
Market Value	: S\$ _____
LTA Reimbursement Value	: S\$ _____
Nett Value	: S\$ _____

Description of Damage:

The vehicle sustained damages at the o/s front portion



Comments/ Present Status:

Damages Consistent.

Estimated Repair days: 3

Yours faithfully

Kenneth

Automotive Assessor

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	26/08/2019 10:20
Date Of Accident	24/08/2019 12:40
Exact Location Of Accident	PIE TOWARDS CHANGI AIRPORT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC5921Z
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-62876666
Vehicle Particulars	
Manufacturer	RENAULT
Model	LATITUDE-2.0 D DCI (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	VFX/P1680520
Cover Note Number	
Driver	
Name of Driver	LEE YIN KIANG
NRIC No	S1119408G
Date Of Birth	16/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	10/06/1976
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90231528
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 858 WOODLANDS STREET 83 #05-224
Postcode	730858
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF DRIVER
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	3
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 24/08/2019 AT ABOUT 1240HRS, I WAS TRAVELLING STRAIGHT ALONG THE SECOND LANE OF PIE TOWARDS CHANGI AIRPORT. SUDDENLY VEHICLE B(SHB4289C) SWERVED INTO MY LANE AT FAST SPEED AND COLLIDED ONTO THE REAR RIGHT PORTION OF VEHICLE C(SE2000K) WHICH WAS IN FRONT OF ME, THEN COLLIDING ONTO THE FRONT RIGHT PORTION OF MY TAXI AND DRAGGED MY FRONT BUMPER OFF.

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	SHB4289C
Vehicle Make/Model/Colour	COMFORT
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SHANGKAR
NRIC/Passport Number	S6930590C
Contact Number	
Address	
Postcode	

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number

SE2000K

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)

Sketch Plan Pg. 1

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.

Zhuwei

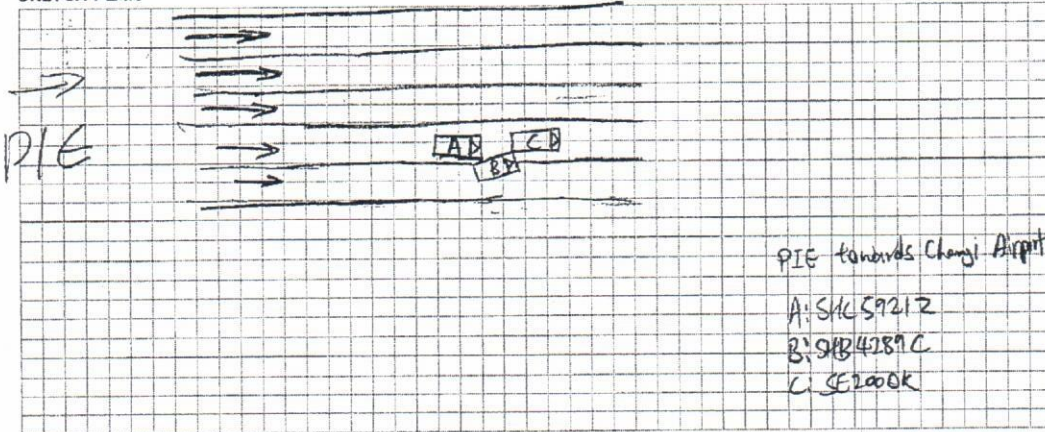
Policyholder's Signature
Date & Time:

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

Refer to GIA 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.:

> [Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	878K

Vehicle Details

Vehicle No.:	SHC5921Z
Vehicle to be Exported:	Yes
Intended Deregistration Date:	26 Aug 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002621
Chassis No.:	VF1ABL15AUC281438
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	23 Mar 2015
First Registration Date:	23 Mar 2015
Transfer Count:	0
Actual ARF Paid:	\$12,498.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	22 Mar 2023
PARF Rebate Amount:	\$9,373.00

Intended COE Rebate Details

COE Expiry Date:	22 Mar 2023
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,092.00
COE Rebate Amount:	\$22,768.00
Total Rebate Amount:	\$32,141.00

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 26 Aug 2019

OK

Trans-cab Auto Services Pte Ltd

AAD1908-184

No. 2 Ang Mo Kio Street 63 Singapore 569111
 Tel No. : 6287 6666 Fax No. : 6257 1330
 CO./GST Reg. No. 201019626G

Not Authored
11 Samp & 7900.

SHC 5921Z

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

28 AUG 2019

SHC 5921Z

VF1ABL15AUC281438
 RENAULT
 LATITUDE
 24.8.19
FCIL
 23/3/2015

PART

LIST

QTY	PART	PRICE	LIST	STATUS
1	BUMPER COVER FRT	\$	Per/cm 1,259.42	✓
2	BUMPER SPOILER FRT	\$	Per 181.75	✓
3	BUMPER ABSORBER FRT	\$	Per 394.68	✓
4	BUMPER RETAINER FRT LH	\$	Per 151.41	✓
5	BUMPER SUPPORT FRT	\$	Per 123.88	X
6	BUMPER RETAINER FRT RH	\$	CM 150.77	✓
7	BUMPER SUPPORT FRT	\$	Per 123.88	X
8	BUMPER UNDERTRAY FRT	\$	CM 472.83	✓
9	BUMPER GRILLE LOWER FRT	\$	Per 266.80	X
10	BUMPER FOG LAMP GRILLE LH	\$	Per 207.21	X
11	BUMPER FOG LAMP GRILLE RH	\$	Per 207.21	X
12	BUMPER BEAM FRT	\$	R 914.08	X
13	TOW COVER FRT	\$	Per 28.61	X
14	FRONT BRACE PANEL	\$	R 177.22	X
15	RADIATOR GRILLE	\$	Mgmt 1,707.78	✓
16	RADIATOR GRILLE BADGE 'RENAULT'	\$	Per 225.36	✓
17	RADIATOR GRILLE FRAME	\$	CM 1,353.75	✓
18	FRAME FULL SUPPORT PANEL	\$	Per 615.90	X
19	FRAME FULL SUPPORT BRACKET	\$	R 89.79	X
20	HEADLAMP LH	\$	Mgmt 1,184.43	✓
21	HEADLAMP RH	\$	CM 1,184.43	✓
22	HEADLAMP PANEL FRT LH	\$	R 152.15	} X
23	HEADLAMP PANEL FRT RH	\$	R 152.15	
24	BONNET	\$	R 1,941.63	
25	BONNET INSULATOR	\$	Per 405.73	
26	BONNET STRUT LH	\$	Per 88.61	
27	BONNET STRUT RH	\$	Per 88.61	
28	BONNET HINGE LH	\$	R 348.31	
29	BONNET HINGE RH	\$	R 348.31	
30	BONNET CABLE COVER	\$	Per 161.03	

Trans-cab Auto Services Pte Ltd

AAD1908-184

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5921Z

31	1	BONNET SEAL OUTER	\$	Sn	92.36	X
32	1	BONNET SEAL INNER	\$	Sn	157.28	X
33	1	BONNET LOCK	\$	R	305.48	X
34	1	BONNET CABLE	\$	Sn	119.19	X
35	1	FENDER PANEL FRT LH	\$	R	783.83	X
36	1	WHEELARCH FRT LH	\$	Sn	278.84	X
37	1	FENDER BRACKET LOWER LH	\$	Sn	15.79	X
38	1	FENDER INSULATOR LH	\$	Sn	130.84	X
39	1	FENDER PANEL FRT RH	\$	R	783.83	✓
40	1	WHEELARCH FRT RH	\$	CM	278.84	✓
41	1	FENDER BRACKET LOWER RH	\$	Sn	15.79	X
42	1	FENDER INSULATOR RH	\$	Sn	130.84	X
43	1	WIPER RESERVOIR	\$	Ma	348.25	✓
44	1	WIPER RESERVOIR NECK	\$	Sn	136.11	} X
45	1	WIPER RESERVOIR MOTOR	\$	Sn	270.06	
46	1	AIR CLEANER BOX	\$	Sn	464.20	
47	1	AIR CLEANER HOSE	\$	Sn	175.85	
48	1	AIR CLEANER LOWER	\$	Sn	271.26	
49	1	LOWER ARM RH L70Y	\$	Sn	685.76	
50	1	KNUCKLE ARM RH L70Y	\$	↪	846.98	
51	1	ABSORBER FRT RH L70Y	\$	↪	360.54	
52	1	DRIVESHAFT RH	\$	↪	1,747.45	
53	1	STABILIZER BAR FRT	\$	↪	604.65	
54	1	SUBFRAME OUTER FRT	\$	↪	2,652.45	
55	1	SUBFRAME BRACKET OUTER LH	\$	↪	92.36	
56	1	SUBFRAME BRACKET OUTER RH	\$	↪	92.36	
57	1	A/C CONDENSER	\$	↪	2,020.37	
58	1	A/C PIPE CONDENSER TO COMPRESSOR	\$	↪	208.39	
59	1	A/C PIPE CONDENSER TO EXPENSION VALVE	\$	↪	658.72	
60	1	A/C PIPE COMPRESSOR	\$	↪	334.29	
61	1	A/C PIPE	\$	↪	658.72	
62	1	STEERING PINION RACK L70Y	\$	↪	4,413.11	

TOTAL	\$	34,842.50
10%	\$	3,484.25
	\$	31,358.25

Special Nett

1	1SET	RADIATOR GRILLE FRAME CLIP	\$	Mc	52.00	✓
---	------	----------------------------	----	----	-------	---

Trans-cab Auto Services Pte Ltd

AAD1908-184

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5921Z

2	1SET BUMPER CLIP FRT	\$	<i>na</i>	66.00 ✓
3	1SET BUMPER BRACKET CLIP FRT LH	\$	<i>na</i>	12.00
4	1 BUMPER SUPPORT CLIP FRT LH	\$	<i>na</i>	10.50
5	1 BUMPER BRACKET CLIP FRT RH	\$	<i>na</i>	12.00
6	1 BUMPER SUPPORT CLIP FRT RH	\$	<i>na</i>	10.50
7	1 TOW COVER FRT	\$	<i>sa</i>	14.50
8	1 RADIATOR GRILLE SCREW	\$	<i>na</i>	16.00
9	1SET BUMPER GRILLE LOWER CLIP	\$	<i>na</i>	69.00
10	1SET FRAME FULL SUPPORT PANEL CLIP	\$	<i>na</i>	70.00
11	1SET FRAME FULL SUPPORT PANEL NUT	\$	<i>na</i>	20.00
12	2 FRAME FULL SUPPORT PANEL STUD	\$	<i>na</i>	30.00
13	1 Windscreen moulding	\$	<i>na</i>	120.00
14	1 FRONT WINDSCREEN SEALANT	\$	<i>na</i>	253.80
15	1 FRONT WINDSCREEN INNER SPONGE SEAL	\$	<i>na</i>	100.00
16	1 Front licence plate with holder	\$	<i>sa</i>	80.00
17	1SET WHEELARCH CLIP FRT LH	\$	<i>na</i>	30.50
18	1SET WHEELARCH CLIP FRT RH	\$	<i>na</i>	30.50
19	6 BONNET INSULATOR CLIP L70Y	\$	<i>na</i>	7.30
20	2 BONNET STRUT L70Y	\$	<i>na</i>	88.61
21	2 BONNET CABLE CLIP L70Y	\$	<i>na</i>	6.31
22	2 BONNET CABLE COVER SCREW L70Y	\$	<i>na</i>	10.85
TOTAL		\$		1,110.38

TOTAL PARTS \$ 32,468.62

Labour

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	<i>na</i>	380.00 X
To check steering geometry and computer wheel alignment	\$	<i>na</i>	220.00 X
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$		<i>500</i> 7,500.00
To transfer of tire, rim and on wheel balancing.	\$	<i>na</i>	170.00 X

Trans-cab Auto Services Pte Ltd

AAD1908-184

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5921Z

To Transfer Of Front Fender Fittings, Attachments And Perform Water Seepage Test.	\$	<i>na</i> 170.00 X
To rust-proofing of the affected areas.	\$	170.00 <i>301</i>
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	<i>na</i> 380.00 X
To transfer of bonnet fittings, attachment and perform water seepage test.	\$	<i>na</i> 380.00 X
To Check Electrical Lighting Concerned.	\$	170.00 <i>201</i>
Putty and spray painting of the affected portion.	\$	7,500.00 <i>4401</i>
To transfer of front bumper fittings, attachment and perform water seepage test.	\$	<i>na</i> 380.00 X
To transfer of front windscreen glass to facilitate bodywork repair.	\$	<i>u</i> 200.00 X
Towing Fees	\$	170.00 <i>501</i>
To dismantle and refit front end suspension, undercarriage parts, final checking and testing.	\$	<i>u</i> 380.00 X
TOTAL	\$	18,170.00
Over All Total	\$	50,638.62

(LUMP SUM) Repair Days

25-DAYS

3 days

LKK Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date: