

ASS. REC. BY:

REF:

TM1 / (C3) TM19015529/kyf3

12

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. \_\_\_\_\_

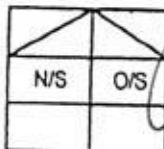
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: 842,300

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 04 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Veh No: SHC 54574 Yr Regn: 12, 14

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

Truck / Trailer or

Make: Renault Latitude c.c. 1993Colour: White / Red A/C: Insured / Std / NI / NASp. Reading: 581153 T/Radio: Insured / Std / NI / NA

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

C/No: VFIABGL15AUC 280942

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: M/T / S/Rim / STD A/Rim orTyre Size: Front: Touring 215/60R16R: Giti

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

Front

R/Bal. 9 mmL/Bal. 9 mmD.O.A. 29/8/19

Survey held at

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.I. 2/9/19

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

11 Sep 8 5300 (Red \$27274-93, 83%)

SHC 54574 - C33 / AXA 180 / C910 / RICHARD

SLD 5132 - X

D.O.A - 02/09/2018

9/9@11:02am - sent GIA / Police Report / Estimate to tokio

RECEIVED 11 SEP 2019

Date/Time, File Pass to?

☐ : Prel. Report☐ : Final Report

1)

Date/Time, File Return to?

2)

11/9/19 Typist

Days Of Repair: 4

Resurvey No. of Trip: \_\_\_\_\_

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

Survey Fee:

Transportation:

S + RS. \$

Fees

Others

TOTAL

250

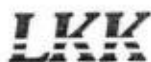
11

261

Report Format :

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

5300F



Auto  
Consultants  
Pte Ltd

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

Your Ref: -

Date: 9/9/2019

Our Ref: CC3/TMI19015529/Kyf3

The Motor Claims Department  
TOKIO MARINE INSURANCE SINGAPORE LTD

Dear Sirs/Mdm

**PRELIMINARY ADVICE OF VEHICLE NO. SHC 5457Y.**

Please be informed that we had conducted the inspection of the above-mentioned vehicle on 2/9/2019 at the premises of M/s Trans Cab and have the following to report: -

Workshop Estimate Amount	: S\$ <u>32,574.93</u>
Revised Estimate Amount	: S\$ <u>5,300.00(Lump Sum)</u>
"Check" Items Amount	: S\$ <u>0.00</u>
Market Value	: S\$ <u>          </u>
LTA Reimbursement Value	: S\$ <u>          </u>
Nett Value	: S\$ <u>          </u>

**Description of Damage:**

The vehicle sustained damages  
at the o/s body portion.

Repair days: 4

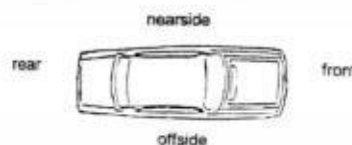
**Comments/ Present Status:**

Damages Consistent.

Yours faithfully

Kenneth

Automotive Assessor



## Yvonne Wong (LKK Auto)

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**From:** Ng Wai Yin <waiyin.ng@transcab.com.sg>  
**Sent:** Tuesday, September 10, 2019 2:18 PM  
**To:** Yvonne Wong (LKK Auto)  
**Cc:** 'Jasmine Tan'  
**Subject:** RE: SHC5457Y DOA: 29/08/2019 -- AAD1908-235

Dear Yvonne

Amount confirmed \$ 5,300 (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](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.

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**From:** Yvonne Wong (LKK Auto) [mailto:[yvonne.wong@lkkauto.com](mailto:yvonne.wong@lkkauto.com)]  
**Sent:** Tuesday, 10 September, 2019 1:54 PM  
**To:** waiyin.ng@transcab.com.sg; calvin.er@transcab.com.sg  
**Cc:** jasminetan@transcab.com.sg  
**Subject:** SHC5457Y DOA: 29/08/2019

Dear Wai Yin/Calvin,

WITHOUT PREJUDICE

Lump Sum \$5,300/= @ 4 working days.

Thank you.

Best Regards,  
**Yvonne Wong (Ms) | Case Handler**  
**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [yvonnewong@lkkauto.com](mailto:yvonnewong@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](http://www.avg.com)

## Denise Tay (LKKAUTO)

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**From:** Denise Tay (LKKAUTO)  
**Sent:** Monday, 9 September 2019 11:02 AM  
**To:** Motor Claims  
**Cc:** SUR  
**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD, DOA: 29/8/2019, SHC 5457Y (TP VEHICLE), SLD 513Z (OI VEHICLE)  
**Attachments:** POLICE REPORT.pdf; GIA.pdf; ESTIMATE SHC 5457Y.pdf; PRELI ADVISED OF SHC 5457Y.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 5457Y at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111

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,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: [sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

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

8/30/2019

PARF/COE Rebate Enquiry

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

Owner ID Type:	Company
Owner ID:	878K

**Vehicle Details**

Vehicle No.:	SHC5457Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	30 Aug 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C002300
Chassis No.:	VF1ABL15AUC280942
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	18 Dec 2014
First Registration Date:	18 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00

**Intended PARF Rebate Details**

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Dec 2022
PARF Rebate Amount:	\$9,373.00

**Intended COE Rebate Details**

COE Expiry Date:	17 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$21,285.00
<b>Total Rebate Amount:</b>	<b>\$30,658.00</b>

**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 30 Aug 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	30/08/2019 14:01
Date Of Accident	29/08/2019 22:20
Exact Location Of Accident	HANDY ROAD TOWARDS ORCHARD ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHC5457Y
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
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
<b>Insurance Company</b>	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VFX/P1680520
Cover Note Number	
<b>Driver</b>	
Name of Driver	YANG YOONG CHENG
NRIC No	S1382823G
Date Of Birth	19/05/1959
Occupation	OUTDOOR
Date Of Driving Pass	27/02/1979
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97310634
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 105A EDGEFIELD PLAINS #06-23
Postcode	821105
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

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

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	ANG MO KIO NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 51 ANG MO KIO AVE 9 , POSTCODE: 569784 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-4849999 - FAX NO: 62181399
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO POLICE REPORT F/20190830/2038

#### 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	SLD513Z
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.

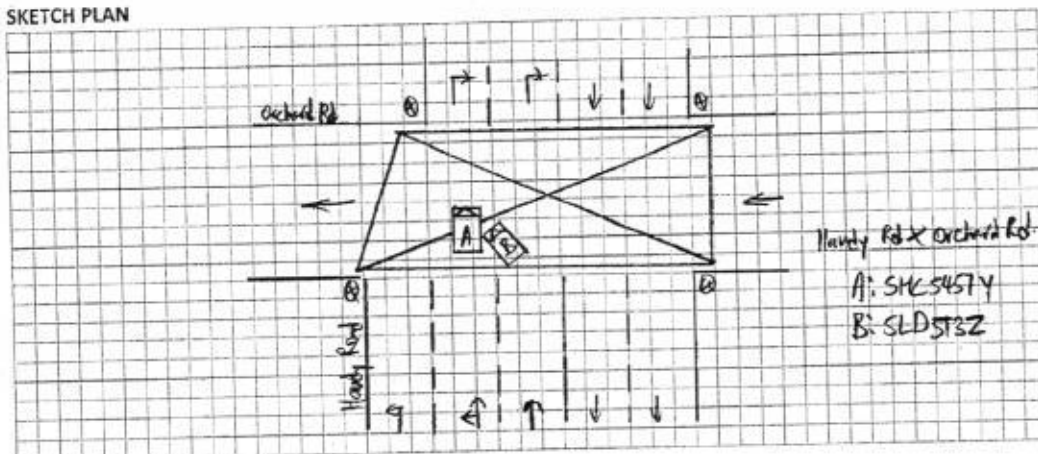
Policyholder's Signature  
Date & Time:

  
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 Police Report F/20140530/2038.

## 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.:



# SINGAPORE POLICE FORCE



F/20190830/2038

1 of 2

## POLICE REPORT (NP299)

Report No. F/20190830/2038

Police Station Of Origin  
Ang Mo Kio North N.P.C  
51 Ang Mo Kio Avenue 9 SINGAPORE  
569784  
Tel No: 1800-4849999

Date/Time Report Made 30/08/2019 12:10	Vide Report No.	Station Diary No. 32		
Name Of Informant YANG YOONG CHENG	Address APT BLK 105A EDGEFIELD PLAINS #06-23 SINGAPORE 821105			
ID Type / ID No. NRIC NO / S1382823G	Contact No. Home/Office	Mobile 97310634		
Nationality SINGAPORE CITIZEN	Email Address			
Occupation Taxi driver	Sex Male	Age 60	Date of Birth 19/05/1959	Race Chinese
Institution/School Name	Language Chinese			
Date/Time Of Incident 29/08/2019 22:00	Location Of Incident ORCHARD ROAD SINGAPORE Junction of Orchard road and Handy road			

### Brief details.

I am a taxi driver driving vehicle bearing plate number (SHC5457Y)

On 29/08/2019 at about 2220hrs, I was driving along the junction of Orchard road and Handy road. It was a 3 lane road and I was travelling on lane 2 and there was another vehicle bearing plate number (SLD513Z) was travelling lane on 1.

Ang Mo Kio North N.P.C  
51 Ang Mo Kio Ave 9  
Singapore 569784  
Tel: 484 9999

Signature Of Officer Recording The Report:

F / Sgt 2 FOO CHUAN ZHEN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Ang Mo Kio North N.P.C /  
Sgt 2 KERK LI PING  
Contact No.: 62181998

Signature Of Informant:

Date/Time:  
30/08/2019 12:10

Classification Of Case:

Authentication Stamp





POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. F/20190830/2038

As I was driving straight towards the junction, I saw that the vehicle (SLD513Z) cut into my lane. And hence hit onto the side of my vehicle. Both of us stopped and exchanged particulars.

Subsequently on 30/08/2019 at 1130hrs, I went to my taxi company (Transcab) to inform them about the insurance, however my company informed that I should go and try for private settlement with the other party.

I then tried to call the contact number (9099383) which was missing 1 digit. However to no avail.

Hence I am lodging this report for record purposes.

Signature Of Officer Recording The Report:

F / Sgt 2 FOO CHUAN ZHEN

Signature Of Interpreter:  
Not applicable

Officer In-Charge Of Case:  
F / Ang Mo Kio North N.P.C /  
Sgt 2 KERK LI PING  
Contact No.: 62181998

Signature Of Informant:

Date/Time:  
30/08/2019 12:10

Classification Of Case:

Authentication Stamp



**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 5457Y****AAD1908-235***Not Authorized  
L Bmp & 5300*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

**SHC 5457Y**

VF1ABL15AUC280942

RENAULT

LATITUDE

29.8.19

**TOKIO MARINE**

18/12/2014

**PART**

- |    |   |                                 |
|----|---|---------------------------------|
| 1  | 1 | FENDER PANEL INNER TRIM REAR RH |
| 2  | 1 | FENDER PANEL REAR RH            |
| 3  | 1 | WHEELARCH REAR RH               |
| 4  | 1 | DOOR PANEL REAR RH              |
| 5  | 1 | DOOR PANEL FRONT RH             |
| 6  | 1 | DOOR HANDLE OUTER FRONT RH      |
| 7  | 1 | DOOR HANDLE COVER FRONT RH      |
| 8  | 1 | DOOR HANDLE MODULE FRONT RH     |
| 9  | 1 | DOOR SEAL FRONT RH              |
| 10 | 1 | DOOR WHEATHESTRIIP FRONT RH     |
| 11 | 1 | DOOR MIRROR ASSY RH             |
| 12 | 1 | ROCKER PANEL INNER GARNISH RH   |
| 13 | 1 | ROCKER PANEL INNER RH           |
| 14 | 1 | ROCKER PANEL OUTER RH           |
| 15 | 1 | ROCKER PANEL CENTER RH          |
| 16 | 1 | DOOR HARNESS WIRE RH            |

**LIST**

\$	671.45	X
\$	3,866.40	X
\$	543.47	X
\$	2,844.66	✓
\$	2,844.66	✓
\$	477.76	} X
\$	13.22	
\$	133.60	
\$	162.02	
\$	613.85	
\$	1,483.40	
\$	466.51	
\$	1,024.79	
\$	1,184.99	
\$	990.25	
\$	2,670.00	
<b>TOTAL</b>	<b>\$ 19,991.03</b>	
<b>10%</b>	<b>\$ 1,999.10</b>	
	<b>\$ 17,991.93</b>	

**Special Nett**

- |   |      |                                   |
|---|------|-----------------------------------|
| 1 | 1SET | FENDER WHEELARCH REAR RH CLIP     |
| 2 | 1    | FENDER INNER TRIM CLIP RH         |
| 3 | 2    | REAR WINDSCREEN SEALANT           |
| 4 | 1    | WINDSCREEN MOULDING               |
| 5 | 1    | REAR WINDSCREEN INNER SPONGE SEAL |
| 6 | 1    | REAR RH DOOR STICKER '6555-3333'  |
| 7 | 1    | FRONT DOOR STICKER 'Trans-Cab'    |
| 8 | 1    | FRONT DOOR STICKER 'Classic'      |

\$	35.00	X
\$	28.00	X
\$	80.00	X
\$	100.00	X
\$	100.00	X
\$	80.00	605n
\$	80.00	605n
\$	80.00	155n

**Trans-cab Auto Services Pte Ltd**

AAD1908-235

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5457Y

**TOTAL \$ 583.00****TOTAL PARTS \$ 18,574.93****LABOUR**Putty And Spray Painting Of The Affected Portion. \$ 6,000.00 *6601*Panel Beating, Knocking And Straightening The  
Necessary Portion, Remove And Renewal Of Parts,  
Adjust And Realign The Same \$ 6,000.00 *5001*To Rust-Proofing Of The Affected Areas. \$ 170.00 *601*To transfer of rear windscreen fittings and conduct  
water seepage test. \$ *nn* 170.00 XTo Check Electrical Lighting Concerned. \$ 170.00 *201*Labour charge to mount and dismount vehicle  
on jig bench, to facilitate repair. \$ *nn* 380.00 XTo check steering geometry and computer wheel  
alignment \$ *nn* 220.00 XTo remove and refit interior fittings, trimings,  
garnish, fittings and other, to enable repair. \$ *nn* 380.00 XTo transfer of front door fittings, attachment and  
perform water seepage test. \$ 170.00 *601*To transfer of rear door fittings, attachment and  
perform water seepage test. \$ 170.00 *601*To transfer of tire, rim and on wheel balancing. \$ *nn* 170.00 X**TOTAL \$ 14,000.00****Over All Total \$ 32,574.93**

Acknowledged by Repairer:

Signature:

Date:

**Repair Days (LUMP SUM)****20 DAYS***4 days*

the Repairer of the following:

- To resurvey before/after repair
- 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

## 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/TMI19015529/KYF3N2  
Date: 18/09/2019

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000587
Claimant Vehicle No :	SHC5457Y	Insured Vehicle No :	SLD513Z
Date of Loss:	29/08/2019	Nature of Claim:	TP
		Claim No:	M1906784

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHC5457Y	Engine No:	M9R8839C002300
Make & Model:	RENAULT LATITUDE, 2.0 D dCi (A)	Chassis No:	VF1ABL15AUC280942
Reg. Date:	18/12/2014 (Man. Year: 2014)	Odometer:	561153 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:	Touring 9 mm	Rear Left Side:	Giti 7 mm
Front Right Side:	Touring 9 mm	Rear Right Side:	Giti 7 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	18,574.93	5,255.39	13,319.54	71.71
Miscellaneous Items	0.00	0.00	0.00	
Labour	14,000.00	1,360.00	12,640.00	90.29
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>32,574.93</b>	<b>6,615.39</b>	<b>25,959.54</b>	<b>79.69</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>5,300.00</b>		
<b>(S\$)</b>	32,574.93	5,300.00	27,274.93	83.73
<b>+ GST 7.00/7.00% (S\$)</b>	2,280.25	371.00	1,909.25	83.73
<b>Nett Amount (S\$)</b>	<b>34,855.18</b>	<b>5,671.00</b>	<b>29,184.18</b>	<b>83.73</b>

## INSPECTION

Date of Assignment:	09/09/2019	
Date Inspected:	02/09/2019 Inspected At:	Trans Cab Auto Services Pte Ltd - Amk (HQ) No 2 Ang Mo Kio St 63 Singapore 569111

Estimated Period of Repair: 4.0 days

Adjuster: KENNETH KONG

Manager: YVONNE WONG YIN CHENG

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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 18 Sep 2019)
<b>Parts:</b> 143	RENAULT LATITUDE 2.0 D dCi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SHC5457Y)	
<b>Validity:</b>	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
<b>Further Info:</b>	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 INNER TRIM REAR RH	Serviceable	671.45 FL	*- FL
2	1		*FENDER PANEL REAR RH	Repair	3,866.40 FL	*- FL
3	1		*WHEELARCH REAR RH	Serviceable	543.47 FL	*- FL
4	1		*DOOR PANEL REAR RH	Bent	2,844.66 FL	*2,844.66 FL
5	1		*DOOR PANEL FRONT RH	Bent	2,844.66 FL	*2,844.66 FL
6	1		*DOOR HANDLE OUTER FRONT RH	Serviceable	477.76 FL	*- FL
7	1		*DOOR HANDLE COVER FRONT RH	Serviceable	13.22 FL	*- FL
8	1		*DOOR HANDLE MODULE FRONT RH	Serviceable	133.60 FL	*- FL
9	1		*DOOR SEAL FRONT RH	Serviceable	162.02 FL	*- FL
10	1		*DOOR WEATHERSTRIP FRONT RH	Serviceable	613.85 FL	*- FL
11	1		*DOOR MIRROR ASSY RH	Serviceable	1,483.40 FL	*- FL
12	1		*ROCKER PANEL INNER GARNISH RH	Serviceable	466.51 FL	*- FL
13	1		*ROCKER PANEL INNER RH	Repair	1,024.79 FL	*- FL
14	1		*ROCKER PANEL OUTER RH	Repair	1,184.99 FL	*- FL
15	1		*ROCKER PANEL CENTER RH	Repair	990.25 FL	*- FL
16	1		*DOOR HARNESS WIRE RH	Serviceable	2,670.00 FL	*- FL
17	1		*SET FENDER WHEELARCH REAR RH CLIP	Not Necessary	35.00 FS	*- FS
18	1		*FENDER INNER TRIM CLIP RH	Not Necessary	28.00 FS	*- FS
19	2		*REAR WINDSCREEN SEALANT	Not Necessary	80.00 FS	*- FS
20	1		*WINDSCREEN MOULDING	Not Necessary	100.00 FS	*- FS
21	1		*REAR WINDSCREEN INNER SPONGE SEAL	Not Necessary	100.00 FS	*- FS
22	1		*REAR RH DOOR STICKER 6555-3333	Necessary	80.00 FS	*60.00 FS
23	1		*FRONT DOOR STICKER TRANS-CAB	Necessary	80.00 FS	*60.00 FS
24	1		*FRONT DOOR STICKER CLASSIC	Necessary	80.00 FS	*15.00 FS

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

<b>Sub Total (\$\$)</b>	<b>20,574.03</b>	<b>5,824.32</b>
<b>- List Item Discount on L Items 10.00/10.00% (\$\$)</b>	<b>1,999.10</b>	<b>568.93</b>
<b>Total Parts (\$\$)</b>	<b>18,574.93</b>	<b>5,255.39</b>

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## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	6,000.00	660.00
2	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	6,000.00	500.00
3	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	60.00
4	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST	New	170.00	0.00
5	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	20.00
6	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH,TO FACILITATE REPAIR	New	380.00	0.00
7	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	0.00
8	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR	New	380.00	0.00
9	TO TRANSFER OF FRONT DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	170.00	60.00
10	TO TRANSFER OF REAR DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	170.00	60.00
11	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	0.00
<b>Gross Labour Cost (S\$)</b>			<b>14,000.00</b>	<b>1,360.00</b>

Report was unsubmitted during this print-out.

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