

ASS. REC. BY:

REF:

CS/UOI/19016794/KH/m

Special Instruction:

Assigner: KennethASSIGNMENT (Office)From (Person): Jenny Lew

of

UOI

Date/Time:

25/09/19 @ 11:26am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

8HD 320K

Insured:

GB C 9791X

at Workshop m/s

Trans cab

Tel:

62876666

of

No. 2 Amk st - 63

Policy No:

Claim No:

M11D08301A10

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

20/09/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

11:41am @ 25/9/19

Person Contacted:

Candy CareyVehicle In / OUT

Date/Time

Action/Instruction

Voluntary /

ASS. REC. BY:

REF: 0021

## 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. \_\_\_\_\_

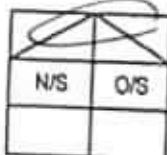
Claims No. \_\_\_\_\_

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: 03 ~~days~~ 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: SHD 320K Yr Regn: 03, 16

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

Truck / Trailer or \_\_\_\_\_

Make: Renault Latitude cc 1995

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

Sp. Reading: 575707 T/Radio: Insured / Std / NI / NA

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

C/No: VI-1 ABL 15AUC 282413

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 215/60R16

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

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

Front: \_\_\_\_\_ Rear: \_\_\_\_\_

R/Bal: \_\_\_\_\_ mm R/Bal: \_\_\_\_\_ mm

L/Bal: \_\_\_\_\_ mm L/Bal: \_\_\_\_\_ mm

D.O.A. 20/9/19 D.O.I. 25/9/19

Survey held at \_\_\_\_\_

Des. of Damages: Fr / 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 post to

1 / Lump &amp; 6300 (Red: 22/06/03: 77%)

RECEIVED 8 OCT 2019

Date/Time, File Pass to?

11/3/10 Typist

Date/Time, File Return to?

☐ : Prel. Report☒ : Final Report

Days Of Repair: 3

Resurvey No. of Trlp: \_\_\_\_\_

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

Survey Fee:

Transportation:

S - RS - SI

Fees

Others

TOTAL

18x25 = 450

250 + 450

60

17

777

Report Format :

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

6300/-

## Nivitha (LKK Auto)

---

**From:** LEW JENNY <jennylew@uoi.com.sg>  
**Sent:** Wednesday, 25 September 2019 11:26 AM  
**To:** Candy Kong; SUR; assignments  
**Subject:** RE: ARRANGE FOR SURVEY SHD320K  
**Attachments:** img-925091035-0001.zip

WITHOUT PREJUDICE

Dear Candy,

We will arrange LKK as SJE as agreed.

Dear Shiau Chan,

Please arrange to survey the vehicle at Transcab.

Warmest Regards

Jenny Lew

Claims Division

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909 Main . (65) 6222 7733 | DID . (65) 6490 9329 | Fax . (65) 6327 3869 | Email . jennylew@uoi.com.sg

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### -----Original Message-----

**From:** Candy Kong [mailto:candy.kong@transcab.com.sg]  
**Sent:** Wednesday, 25 September, 2019 11:11 AM  
**To:** LEW JENNY <jennylew@uoi.com.sg>  
**Subject:** ARRANGE FOR SURVEY SHD320K

Hi Jenny

Kindly assign to LKK AUTO CONSULTANTS PTE LTD TO SURVEY

Thks & Rdgs

Candy Kong

Claims Service Assistant

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

-----Original Message-----

From: LEW JENNY [mailto:jennylew@uoi.com.sg]  
Sent: Wednesday, 25 September, 2019 10:56 AM  
To: Candy Kong <candy.kong@transcab.com.sg>  
Subject: RE: ARRANGE FOR SURVEY SHD320K

WITHOUT PREJUDICE

Dear Candy,

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case, we propose to appoint M/s Autoprobe Consultants.

Please revert to the undersigned within two (2) working days whether you have any objections to the appointment of any of our Surveyors, failing which we shall proceed to carry out the survey of your client's vehicle by our appointed Surveyors.

We reserve all our rights in this matter.

Thank You.

Warmest Regards

Jenny Lew

Claims Division

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909 Main . (65) 6222 7733 | DID . (65) 6490 9329 | Fax . (65) 6327 3869 | Email . jennylew@uoi.com.sg

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-----Original Message-----

From: Candy Kong [mailto:candy.kong@transcab.com.sg]  
Sent: Wednesday, 25 September, 2019 9:14 AM  
To: LEW JENNY <jennylew@uoi.com.sg>  
Subject: ARRANGE FOR SURVEY SHD320K

Dear all,

Please arrange for survey as below :

GBC9741X - 20.09.2019 AT 1555Hrs - SHD320K

Lunch time : 12pm - 1pm.

Kindly pls dun arrange survey during lunch time.

"We Agree to let your In-house surveyor assess/ survey our vehicle with estimate."

Thks & Rdgs  
Candy Kong  
Claims Service Assistant

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This email has been checked for viruses by AVG.  
<https://www.avg.com>

## Denise Tay (LKKAUTO)

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**From:** Ng Wai Yin <waiyin.ng@transcab.com.sg>  
**Sent:** Thursday, 26 September 2019 4:32 PM  
**To:** Denise Tay (LKKAUTO)  
**Subject:** FW: SHD 320K / TP / DOA: 20/9/2019 -- AAD1909-191  
**Attachments:** ESTIMATE.pdf

Dear Denise

Amount confirmed \$ 6,300 (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)

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**From:** Denise Tay (LKKAUTO) [mailto:[denisetay@lkkauto.com](mailto:denisetay@lkkauto.com)]  
**Sent:** Thursday, 26 September, 2019 1:38 PM  
**To:** Ng Wai Yin <waiyin.ng@transcab.com.sg>  
**Subject:** SHD 320K / TP / DOA: 20/9/2019

Dear Wai Yin.

Lump Sum \$6300, 3 Days

Please check and confirm

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)

## Denise Tay (LKKAuto)

---

**From:** LEW JENNY <jennylew@uoi.com.sg>  
**Sent:** Thursday, 3 October 2019 4:29 PM  
**To:** Denise Tay (LKKAuto); Admin-D (LKKAuto); assignments  
**Cc:** SUR  
**Subject:** RE: ARRANGE FOR SURVEY SHD320K

Dear Denise,

M11D08301910

Warmest Regards

Jenny Lew

Claims Division

United Overseas Insurance Limited

3 Anson Road, #28-01 Springleaf Tower, Singapore 079909 Main . (65) 6222 7733 | DID . (65) 6490 9329 | Fax . (65) 6327 3869 | Email . jennylew@uoi.com.sg

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### -----Original Message-----

**From:** Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]  
**Sent:** Thursday, 3 October, 2019 4:03 PM  
**To:** Admin-D (LKKAuto) <admin-d@lkkauto.com>; LEW JENNY <jennylew@uoi.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** SUR <sur@lkkauto.com>  
**Subject:** RE: ARRANGE FOR SURVEY SHD320K

Dear Jenny,

Please provide you claim ref no.

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)

### -----Original Message-----

**From:** Admin-D (LKKAuto) <admin-d@lkkauto.com>  
**Sent:** Wednesday, 25 September 2019 3:22 PM  
**To:** 'LEW JENNY' <jennylew@uoi.com.sg>; assignments <assignments@lkkauto.com>  
**Cc:** SUR <sur@lkkauto.com>  
**Subject:** RE: ARRANGE FOR SURVEY SHD320K

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

Owner ID Type:	Company
Owner ID:	878K

**Vehicle Details**

Vehicle No.:	SHD320K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	23 Sep 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	M9R8839C002965
Chassis No.:	VF1ABL15AUC282413
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	04 Mar 2016
First Registration Date:	04 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$19,998.00

**Intended PARF Rebate Details**

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	03 Mar 2024
PARF Rebate Amount:	\$14,998.00

**Intended COE Rebate Details**

COE Expiry Date:	03 Mar 2024
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$39,633.00
COE Rebate Amount:	\$22,006.00
<b>Total Rebate Amount:</b>	<b>\$37,004.00</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 23 Sep 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	23/09/2019 09:41
Date Of Accident	20/09/2019 15:55
Exact Location Of Accident	HOUGANG STREET 51
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD320K
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	VFX/P1680520
Cover Note Number	
Driver	
Name of Driver	LOH WEE YONG
NRIC No	S1166475Z
Date Of Birth	04/11/1956
Occupation	OUTDOOR
Date Of Driving Pass	27/02/1979
Driving Experience	40 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96688335
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 719 YISHUN ST 71 #02-199
Postcode	760719
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	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)	1

#### 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 20.09.2019 at about 1555hours, I was heading towards carpark exit making a left turn towards HOugang Street 51 when I made a stop to check for oncoming vehicle. While stationary, I felt an strong impact. Vehicle B (GBC9741X) made a left turn towards Hougang Green Shopping Mall carpark and hit onto my taxi's front portion.

#### 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	GBC9741X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	MOHAMED NOR BIN MOHAMED YUSOF
NRIC/Passport Number	S1606102F
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

**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.

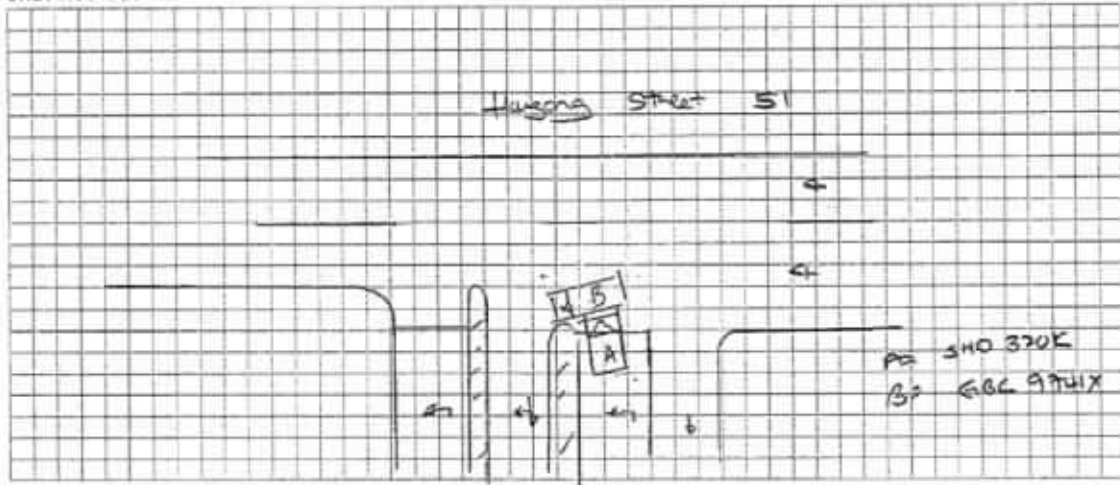
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

\_\_\_\_\_  
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

plz see attach GVA 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.:

**Trans-Cab Services Pte Ltd**

No. 2 Ang Mo Kio Street 63  
Singapore 569111

**Tel:** 6287 6666  
**Fax:** 6281 1400  
**Co. Reg. No.:** 200303878K  
**GST Reg. No.:** 200303878K

**23. September 2019**

SHD0320K (Relief)

LOH WEE YONG  
BLK 719 YISHUN ST 71  
#02-199  
Singapore, 760719

Dear Sir / Madam,

**INSTALLMENTS PLAN FOR ACCIDENT LIABILITY FOR SHD0320K**

**DATE OF ACCIDENT :** 20-09-2019 03:55 PM  
**PLACE OF ACCIDENT :** HOUGANG STREET 51  
**THIRD PARTY :** GBC9741X

We understand that your accident case has been classified under 50/50. Therefore we have to collect the accident liability of \$ 1,070.00 from you.

**We will proceed to contra the full amount of incentive and any cashless payment against the accident liability, which may be earlier than your payment due date.**

Please see the installments plan for the accident liability payment due date given to you.

**The below mentioned schedule payment only apply to relief driver or hirer who do not entitle the monthly incentive.**

<b>PAYMENT DUE DATE</b>	<b>AMOUNT TO PAY (SGD)</b>
10. October 2019	250.00
10. November 2019	250.00
10. December 2019	250.00
10. January 2020	250.00
10. February 2020	70.00

Please come to office on the due date or whichever is early to make payment for the accident liability during office hours.

Yours faithfully

Trans-Cab Services Pte Ltd

JASMINE TAN  
GENERAL MANAGER

**THIS IS A COMPUTER GENERATED WHICH REQUIRES NO 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

**SHD 320K****AAD1909-191***Not Authored  
L1 Imp 86300/*

Vehicle No.:

*25 SEP 2019*

Chassis No.:

Vehicle Make:

Vehicle Model:

*25 SEP 2019*

Date of Accident :

Third Party Insurer :

Date of Registration:

**SHD 320K**

VF1ABL15AUC282413

RENAULT

LATITUDE

20.9.19

**UOI**

4/3/2016

**PART****LIST**

1	1	BUMPER COVER FRT	\$	<i>mit</i>	747.20	—
2	1	BUMPER SPOILER FRT	\$	<i>mit</i>	344.70	—
3	1	BUMPER ABSORBER FRT	\$	<i>mit</i>	394.68	—
4	1	BUMPER RETAINER FRT LH	\$	<i>cm</i>	101.40	—
5	1	BUMPER SUPPORT FRT	\$	<i>sl</i>	10.70	X
6	1	BUMPER RETAINER FRT RH	\$	<i>sl</i>	101.40	X
7	1	BUMPER SUPPORT FRT	\$	<i>sl</i>	10.70	X
8	1	BUMPER UNDERTRAY FRT	\$	<i>cm</i>	292.50	—
9	1	BUMPER GRILLE LOWER FRT	\$	<i>mit</i>	147.00	—
10	1	BUMPER FOG LAMP GRILLE LH	\$	<i>mit</i>	207.21	—
11	1	BUMPER FOG LAMP GRILLE RH	\$	<i>mit</i>	207.21	—
12	1	BUMPER BEAM FRT	\$	<i>B</i>	663.70	—
13	1	TOW COVER FRT	\$	<i>mit</i>	60.90	—
14	1	FRONT BRACE PANEL	\$	<i>R</i>	177.22	X
15	1	RADIATOR GRILLE	\$	<i>cm</i>	969.90	—
16	1	RADIATOR GRILLE BADGE 'RENAULT'	\$	<i>B</i>	225.36	—
17	1	RADIATOR GRILLE FRAME	\$	<i>cm</i>	686.00	—
18	1	FRAME FULL SUPPORT PANEL	\$	<i>sl</i>	592.70	X
19	1	FRAME FULL SUPPORT BRACKET	\$	<i>R</i>	41.60	X
20	1	HEADLAMP LH	\$	<i>cm</i>	743.60	—
21	1	HEADLAMP RH	\$	<i>sl</i>	743.60	X
22	1	HEADLAMP PANEL FRT LH	\$	<i>R</i>	127.70	X
23	1	HEADLAMP PANEL FRT RH	\$	<i>R</i>	128.30	X
24	1	BONNET	\$	<i>B</i>	1,312.70	—
25	1	BONNET INSULATOR	\$	<i>sl</i>	294.30	X
26	1	BONNET STRUT LH	\$	<i>sl</i>	53.30	X
27	1	BONNET STRUT RH	\$	<i>sl</i>	53.30	X

**Trans-cab Auto Services Pte Ltd**

AAD1909-191

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

**SHD 320K**

28	1	BONNET HINGE LH	\$	R	236.50	}	X	
29	1	BONNET HINGE RH	\$	H	237.40			
30	1	BONNET CABLE COVER	\$	SL	80.60			
31	1	BONNET SEAL OUTER	\$	SL	83.20			
32	1	BONNET SEAL INNER	\$	SL	70.10			
33	1	BONNET LOCK	\$	M	152.80	}	X	
34	1	BONNET CABLE	\$	SL	55.20			
35	1	FENDER PANEL FRT LH	\$	M	414.40			
36	1	WHEELARCH FRT LH	\$	CMS	112.30	✓		
37	1	FENDER BRACKET LOWER LH	\$	SL	11.80	X		
38	1	FENDER INSULATOR LH	\$	SL	65.50	X		
39	1	FENDER PANEL FRT RH	\$	M	437.10	X		
40	1	WHEELARCH FRT RH	\$	CMS	191.40	✓		
41	1	FENDER BRACKET LOWER RH	\$	SL	11.80	}	X	
42	1	FENDER INSULATOR RH	\$	SL	66.30			
43	1	WIPER RESERVOIR	\$	SL	179.60			
44	1	WIPER RESERVOIR NECK	\$	SL	29.30			
45	1	WIPER RESERVOIR MOTOR	\$	SL	82.60			
46	1	AIR CLEANER BOX	\$	SL	464.20	}	X	
47	1	AIR CLEANER HOSE	\$	SL	175.85			
48	1	AIR CLEANER LOWER	\$	SL	271.26			
49	1	SUBFRAME OUTER FRT	\$	SL	1,094.20			
50	1	SUBFRAME BRACKET OUTER LH	\$	SL	49.00	}		
51	1	SUBFRAME BRACKET OUTER RH	\$	SL	49.00			
TOTAL			\$		14,060.29			
10%			\$		1,406.03			
			\$		12,654.26			

**Special Nett**

1	1SET	RADIATOR GRILLE FRAME CLIP	\$	<i>RR</i>	52.00	✓
2	1SET	BUMPER CLIP FRT	\$	<i>RR</i>	66.00	✓
3	1SET	BUMPER BRACKET CLIP FRT LH	\$	<i>RR</i>	12.00	<i>X</i>
4	1	BUMPER SUPPORT CLIP FRT LH	\$	<i>RR</i>	10.50	<i>X</i>
5	1	BUMPER BRACKET CLIP FRT RH	\$	<i>RR</i>	12.00	<i>X</i>
6	1	BUMPER SUPPORT CLIP FRT RH	\$	<i>RR</i>	10.50	<i>X</i>

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**SHD 320K**

7	1	TOW COVER FRT	\$	14.50	X
8	1	RADIATOR GRILLE SCREW	\$	16.00	
9	1SET	BUMPER GRILLE LOWER CLIP	\$	69.00	
10	1SET	FRAME FULL SUPPORT PANEL CLIP	\$	70.00	
11	1SET	FRAME FULL SUPPORT PANEL NUT	\$	20.00	
12	2	FRAME FULL SUPPORT PANEL STUD	\$	30.00	
13	1	Windscreen moulding	\$	120.00	
14	1	FRONT WINDSCREEN SEALANT	\$	253.80	
15	1	FRONT WINDSCREEN INNER SPONGE SEAL	\$	100.00	
16	1	Front licence plate with holder	\$	80.00	25%
17	1SET	WHEELARCH CLIP FRT LH	\$	30.50	
18	1SET	WHEELARCH CLIP FRT RH	\$	30.50	
19	6	BONNET INSULATOR CLIP L70Y	\$	7.30	X
20	2	BONNET CABLE CLIP L70Y	\$	6.31	X
21	2	BONNET CABLE COVER SCREW L70Y	\$	10.85	X
<b>TOTAL</b>			<b>\$</b>	<b>1,021.77</b>	
<b>TOTAL PARTS</b>			<b>\$</b>	<b>13,676.03</b>	

**Labour**

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
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	6,000.00	50%
To rust-proofing of the affected areas.	\$	170.00	30%
Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.	\$	380.00	X

**Trans-cab Auto Services Pte Ltd****AAD1909-191**

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CO./GST Reg. No. 201019626G

**SHD 320K**

To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
To Transfer Of Front Fender Fittings, Attachments And Perform Water Seepage Test.	\$	nn 170.00	X
To transfer of bonnet fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To Check Electrical Lighting Concerned.	\$	170.00	2d
Putty and spray painting of the affected portion.	\$	6,000.00	4d
To transfer of front bumper fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To transfer of front windscreen glass to facilitate bodywork repair.	\$	nn 200.00	X
Towing Fees	\$	170.00	5d
<b>TOTAL</b>	<b>\$</b>	<b>14,790.00</b>	
<b>Over All Total</b>	<b>\$</b>	<b>28,466.03</b>	

**(LUMP SUM) Repair Days****20 DAYS****3 days**

LYK Auto Consultants hereby notify  
the Repairer of the following:

- To remedy defective spray painting
- To display damaged parts during remedy
- Price quote are subject to confirmation
- That any survey is on a "Without Prejudice" basis
- No legal responsibility is assumed
- Discrepancy between quote and remedy cost  
is subject to final quotation from Lyk Auto Consultants

Acknowledged by Repairer  
Signature:  
Date:



## 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			
UNITED OVERSEAS INSURANCE LTD		Ref : CS/UOI19016794/Ktf3n2	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909		Date : 08-10-2019	
		Code : UOI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
	Insured Veh. GBC 9741X	Veh. Inspected	SHD 320K
	Policy No.	Coverage (\$)	0.00
	Claim No. M11D08301910	Excess (\$)	0.00
	Assign From JENNY LEW	Assign Date	25/09/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
	Make & Model RENAULT LATITUDE (A)	c.c	1995
	Engine No. HIDDEN	Year of Reg.	2016
	Chassis No. VF1ABL15AUC282413	Colour	METALLIC WHITE / RED
	Odometer 575707	Steering	IN ORDER
	Brakes IN ORDER	Modification	NIL
	General GOOD		
<b>3. Conditions of Tyres</b>			
		Size	Make
	R/H Front Tyre	215/60 R16	SAILUN
	L/H Front Tyre	215/60 R16	SAILUN
	R/H Rear Tyre	215/60 R16	SAILUN
	L/H Rear Tyre	215/60 R16	SAILUN
			Balance
			8 mm
			8 mm
			8 mm
			8 mm
<b>4. Description of Damages</b>			
	THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.		
	DAMAGES SEE DETAILS.		
<b>5. General Information</b>			
	Accident Date 20/09/2019	Inspection Date	25/09/2019
	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>



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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 320K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	BUMPER COVER FRT	MISSING	747.20	747.20
1	BUMPER SPOILER FRT	MISSING	344.70	344.70
1	BUMPER ABSORBER FRT	MISSING	394.68	394.68
1	BUMPER RETAINER FRT LH	CRACKED	101.40	101.40
1	BUMPER SUPPORT FRT	SERVICEABLE	10.70	-
1	BUMPER RETAINER FRT RH	SERVICEABLE	101.40	-
1	BUMPER SUPPORT FRT	SERVICEABLE	10.70	-
1	BUMPER UNDERTRAY FRT	CRACKED	292.50	292.50
1	BUMPER GRILLE LOWER FRT	MISSING	147.00	147.00
1	BUMPER FOG LAMP GRILLE LH	MISSING	207.21	207.21
1	BUMPER FOG LAMP GRILLE RH	MISSING	207.21	207.21
1	BUMPER BEAM FRT	BENT	663.70	663.70
1	TOW COVER FRT	MISSING	60.90	60.90
1	FRONT BRACE PANEL	TO REPAIR SEE LABOUR	177.22	-
1	RADIATOR GRILLE	CRACKED	969.90	969.90
1	RADIATOR GRILLE BADGE "RENAULT"	BROKEN	225.36	225.36
1	RADIATOR GRILLE FRAME	CRACKED	686.00	686.00
1	FRAME FULL SUPPORT PANEL	SERVICEABLE	592.70	-
1	FRAME FULL SUPPORT BRACKET	TO REPAIR SEE LABOUR	41.60	-
1	HEADLAMP LH	CRACKED	743.60	743.60
1	HEADLAMP RH	SERVICEABLE	743.60	-
1	HEADLAMP PANEL FRT LH	TO REPAIR SEE LABOUR	127.70	-
1	HEADLAMP PANEL FRT RH	TO REPAIR SEE LABOUR	128.30	-
1	BONNET	BENT	1,312.70	1,312.70
1	BONNET INSULATOR	SERVICEABLE	294.30	-
1	BONNET STRUT LH	SERVICEABLE	53.30	-
1	BONNET STRUT RH	SERVICEABLE	53.30	-
1	BONNET HINGE LH	TO REPAIR SEE LABOUR	236.50	-
1	BONNET HINGE RH	TO REPAIR SEE LABOUR	237.40	-
1	BONNET CABLE COVER	SERVICEABLE	80.60	-

Report Ref No. CS/UOI19016794/Ktf3n2



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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	BONNET SEAL OUTER	SERVICEABLE	83.20	-
1	BONNET SEAL INNER	SERVICEABLE	70.10	-
1	BONNET LOCK	TO REPAIR SEE LABOUR	152.80	-
1	BONNET CABLE	SERVICEABLE	55.20	-
1	FENDER PANEL FRT LH	TO REPAIR SEE LABOUR	414.40	-
1	WHEELARCH FRT LH	CRACKED	112.30	112.30
1	FENDER BRACKET LOWER LH	SERVICEABLE	11.80	-
1	FENDER INSULATOR LH	SERVICEABLE	65.50	-
1	FENDER PANEL FRT RH	TO REPAIR SEE LABOUR	437.10	-
1	WHEELARCH FRT RH	CRACKED	191.40	191.40
1	FENDER BRACKET LOWER RH	SERVICEABLE	11.80	-
1	FENDER INSULATOR RH	SERVICEABLE	66.30	-
1	WIPER RESERVOIR	SERVICEABLE	179.60	-
1	WIPER RESERVOIR NECK	SERVICEABLE	29.30	-
1	WIPER RESERVOIR MOTOR	SERVICEABLE	82.60	-
1	AIR CLEANER BOX	SERVICEABLE	464.20	-
1	AIR CLEANER HOSE	SERVICEABLE	175.85	-
1	AIR CLEANER LOWER	SERVICEABLE	271.26	-
1	SUBFRAME OUTER FRT	SERVICEABLE	1,094.20	-
1	SUBFRAME BRACKET OUTER LH	SERVICEABLE	49.00	-
1	SUBFRAME BRACKET OUTER RH	SERVICEABLE	49.00	-
	LESS 10% DISCOUNT		-1,406.03	-740.78
			12,654.26	6,666.98
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET RADIATOR GRILLE FRAME CLIP (SN)	NECESSARY	52.00	52.00
1	SET BUMPER CLIP FRT (SN)	NECESSARY	66.00	66.00
1	SET BUMPER BRACKET CLIP FRT LH (SN)	NOT NECESSARY	12.00	-
1	BUMPER SUPPORT CLIP FRT LH (SN)	NOT NECESSARY	10.50	-
1	BUMPER BRACKET CLIP FRT RH (SN)	NOT NECESSARY	12.00	-
1	BUMPER SUPPORT CLIP FRT RH (SN)	NOT NECESSARY	10.50	-
1	TOW COVER FRT (SN)	SERVICEABLE	14.50	-
1	RADIATOR GRILLE SCREW (SN)	SERVICEABLE	16.00	-
1	SET BUMPER GRILLE LOWER CLIP (SN)	NOT NECESSARY	69.00	-
1	SET FRAME FULL SUPPORT PANEL CLIP (SN)	NOT NECESSARY	70.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	SET FRAME FULL SUPPORT PANEL NUT (SN)	NOT NECESSARY	20.00	-
2	FRAME FULL SUPPORT PANEL STUD (SN)	NOT NECESSARY	30.00	-
1	WINDSCREEN MOULDING (SN)	NOT NECESSARY	120.00	-
1	FRONT WINDSCREEN SEALANT (SN)	NOT NECESSARY	253.80	-
1	FRONT WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	100.00	-
1	FRONT LICENCE PLATE WITH HOLDER (SN)	BENT	80.00	25.00
1	SET WHEELARCH CLIP FRT LH (SN)	NECESSARY	30.50	30.50
1	SET WHEELARCH CLIP FRT RH (SN)	NECESSARY	30.50	30.50
6	BONNET INSULATOR CLIP L70Y (SN)	NOT NECESSARY	7.30	-
2	BONNET CABLE CLIP L70Y (SN)	NOT NECESSARY	6.31	-
2	BONNET CABLE COVER SCREW L70Y (SN)	NOT NECESSARY	10.85	-
			1,021.76	204.00
	<b>LABOUR</b>			
	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH, FITTINGS AND OTHER,TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	220.00	-
	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME INCLUSIVE OF THE REPAIR OF FRONT BRACE PANEL,FRAME FULL SUPPORT BRACKET,HEADLAMP PANEL FRT LH,HEADLAMP PANEL FRT RH,BONNET HINGE LH,BONNET HINGE RH,BONNET LOCK,FENDER PANEL FRT LH AND FENDER PANEL FRT RH.		6,000.00	500.00
	TO RUST-PROOFING OF THE AFFECTED AREAS.		170.00	30.00
	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH,TO FACILITATE REPAIR.	NOT NECESSARY	380.00	-
	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO TRANSFER OF FRONT FENDER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	TO TRANSFER OF BONNET FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	20.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		6,000.00	440.00
	TO TRANSFER OF FRONT BUMPER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO TRANSFER OF FRONT WINDSCREEN GLASS TO FACILITATE BODYWORK REPAIR.	NOT NECESSARY	200.00	-
	TOWING FEES.		170.00	50.00
			14,790.00	1,040.00
GRAND TOTAL			28,466.02	7,910.98
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				6,300.00

Report Ref No. CS/UOI19016794/Ktf3n2

KONG SENG CHEONG

Licensed Appraiser

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