

ASS. REC. BY:

REF: TNI / C03 / TNI 19020090 / H43N2Kenneth

ASSIGNMENT

From: _____

Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____

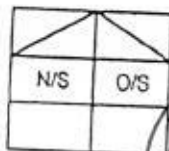
Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 days

Res.: Yes or No

Lum Sum: _____

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SHC 5271R Yr Regn: 03, 14

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

Truck / Traller or _____

Make: _____

Renault Latitude c.c. 1995

Colour: _____

M. White / Red

A/C: Insured / Std / NI / NA

Sp. Reading: _____

399311

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

VI-1 ABL 15 AUG. 276709Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orMod: Nil / S/Rim / STD A/Rim or

Tyre Size: _____

F: Sailun 215/60R16R: Giti

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

Front

Rear

R/Bal. _____

9 mm

R/Bal. _____

9 mm

L/Bal. _____

9 mm

L/Bal. _____

9 mm

D.O.A. _____

9/11/19

D.O.A. _____

12/11/19

Survey held at _____

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

O/S Rear

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

Date / Time

Action / Instruction

13/11/19 1.47pm Email GHA, police reports & estimate and revised to TMI.
 11pm @ 850k (Red: 25029.31, 96%)

SHC 5271R - M4 / INC 100166141

RCA - 21/03/2010

SMN 1580H - X

Date/Time, File Pass to?

1) 5/12 typist

Date/Time, File Return to?



Prell. Report



Final Report

Days Of Repair: 2

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Add Fee: ☐

Site Insp (\$)



Interview (\$)



Tech Invs (\$)



Weekend (\$)

Fees:

Others:

TOTAL

250
11
261

Report Format :

Lump Sum / I.B.F. (\$)

850



Auto
Consultants
Pte Ltd

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

Your Ref: TBA

Date: 13th November 2019

Our Ref: CC3/TMI19020090/Ktf3

The Motor Claims Department
TOKIO MARINE INSURANCE SINGAPORE LTD

Attn: Ms Shirley Too

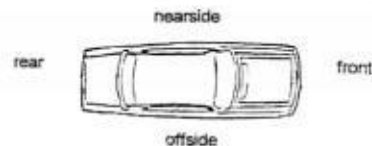
Dear Sirs/Mdm

PRELIMINARY ADVICE OF VEHICLE NO. SHC 5271R .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 12/11/2019 at the premises of M/s TRANS-CAB and have the following to report:-

Workshop Estimate Amount	: S\$ 25,879.31 .
Revised Estimate Amount	: S\$ 1,061.53 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:
The vehicle sustained damages at the o/s rear portion.



Comments/ Present Status:
Damages consistent.

Yours faithfully

KONG SENG CHEONG
Licensed Appraiser

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Wednesday, 13 November 2019 1:47 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP -TRANS-CAB AUTO SERVICES PTE LTD, DOA: 09/11/2019, SHC 5271R (TP VEHICLE), SMN 1580H (OI VEHICLE)
Attachments: CC3TMI19020090Ktf3.pdf; SHC5271 PR.pdf; SHC5271 GIA.pdf; SHC5271 EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 5271R at M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 12/11/2019 .

Enclosed herewith a copy of TP's GIA, police report and estimated cost of repair.

Kindly create claim in merimen for our necessary action.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

Denise Tay (LKKAuto)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Thursday, 5 December 2019 3:30 PM
To: Denise Tay (LKKAuto)
Subject: FW: SHC 5271R / TOKIO DOA: 9/11/2019 -- AAD1911-064
Attachments: SHC5271 EST.pdf

Hi Denise

Amount confirmed \$ 850 (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
Tel: 6287 6666 Fax: 6287 7764

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Thursday, 5 December, 2019 10:57 AM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Subject: SHC 5271R / TOKIO DOA: 9/11/2019

Dear Wai Yin,

Lump sum \$850, 2days

Please check and revert

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	878K
Vehicle Details	
Vehicle No.:	SHC5271R
Vehicle to be Exported:	Yes
Intended Deregistration Date:	11 Nov 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000811
Chassis No.:	VF1ABL15AUC276709
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	07 Mar 2014
First Registration Date:	07 Mar 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Mar 2022
PARF Rebate Amount:	\$8,748.00
Intended COE Rebate Details	
COE Expiry Date:	06 Mar 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$58,745.00
COE Rebate Amount:	\$17,011.00
Total Rebate Amount:	\$25,759.00
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 11 Nov 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	11/11/2019 08:48
Date Of Accident	09/11/2019 18:30
Exact Location Of Accident	LOWER DELTA ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5271R
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	SAAD BIN AZIZ
NRIC No	S1348640I
Date Of Birth	20/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	30/01/1984
Driving Experience	35 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81878995
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 608 CLEMENTI WEST STREET 1 #02-85
Postcode	120608
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)	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

REFER TO POLICE REPORT T/20191111/2059

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	SMN1580H
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


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.

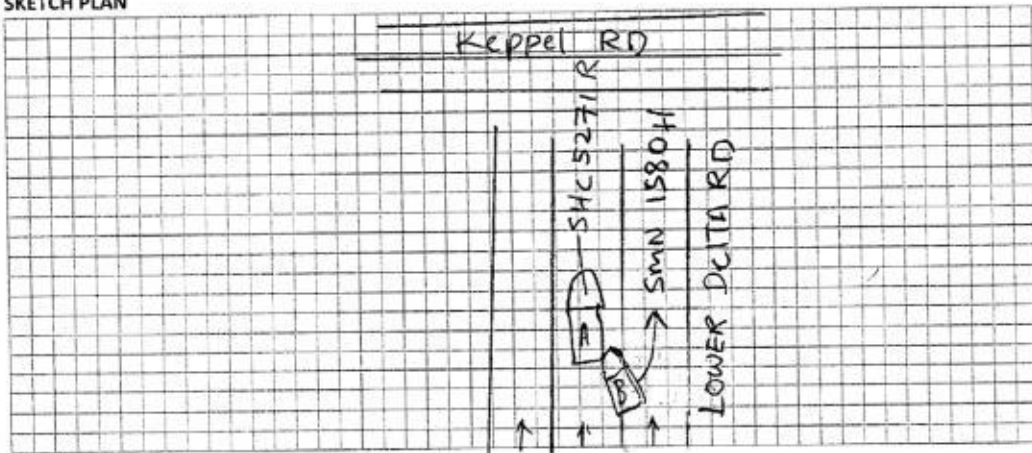
Policyholder's Signature
Date & Time:


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: T/2019111/2059.

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**



T/20191111/2059

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20191111/2059

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 11/11/2019 13:25		Vide Report No.:		Station Diary No.: 63	
Informant's Particulars					
Name of Informant: SAAD BIN AZIZ			Address: APT BLK 608 CLEMENTI WEST STREET 1 #02-85 SINGAPORE 120608		
ID Type / ID No.: NRIC NO / S1348640I			Contact No.: Home/Office: Mobile: 81878995		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 60	Date of Birth: 20/02/1959	Type of Informant: Driver		
Race: Malay			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident

Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 09/11/2019 18:30	Type of Location: Straight Road
Location: Along Road 1 LOWER DELTA ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC5271R	Car				Slightly Damaged	0
SMN1580H	Car				Slightly Damaged	1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20191111/2059

2 of 3

Report No. T/20191111/2059

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Driver			
Name	SAAD BIN AZIZ	ID No.	S1348640I
Related Vehicle	SHC5271R (Car)	Contact No.	81878995
Hospital/Clinic	HORIZON MEDICAL PTE LTD	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	11/11/2019	Date Discharge	NIL
No. of Days granted Medical Leave	03	Degree of Injury	NIL
Driver			
Name	TAN GUO QIANG	ID No.	S8925688G
Related Vehicle	SMN1580H (Car)	Contact No.	88289658
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	NIL	Degree of Injury	NIL

Brief Details.

I am a Transcab taxi driver. On the 09/11/2019 at about 1830hrs. I was driving in my vehicle (SHC5271R) and was travelling along Lower Delta road. At the point in time traffic was heavy. It was a 3 lane road and I was in a second lane. I was moving forward when suddenly another vehicle (SMN1580H) which was initially on my rear right lane (1st lane) had switched lanes behind me. While doing so, the said vehicle collided onto my rear right portion. I had alighted and discovered scratches and dents to my vehicle. The other driver's vehicle had sustained some scratches on its front left portion. No one was injured at that point in time and we had exchanged particulars. My vehicle does not have any in-car camera. I felt some pain after the accident and visited a doctor and was give 3 days of medical leave. I am lodging this report for recording and insurance purposes.



**SINGAPORE
POLICE FORCE**



T/20191111/2059

3 of 3

Report No. T/20191111/2059

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

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:

E /

Sgt 2 JOVI BENEDICK TAN WEI MING

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIA /

Staff Sgt WONG SIEU LUI

Contact No.: 65476151

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

11/11/2019 13:25

Classification Of Case:

SN 168

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

SHC 5271R**AAD1911-064***Not Authorized
C/Ping 88506*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

12 NOV 2019

Date of Accident :

Third Party Insurer :

Date of Registration:

SHC 5271R

VF1ABL15AUC276709

RENAULT

LATITUDE

9.11.19

TOKIO MARINE

7/3/2014

	PART
1	DOOR PANEL REAR RH
1	DOOR HANDLE OUTER REAR RH
1	ROCKER PANEL INNER GARNISH RH
1	ROCKER PANEL INNER RH
1	ROCKER PANEL OUTER RH
1	ROCKER PANEL CENTER RH
1	FENDER PANEL REAR RH
1	FENDER PANEL INNER TRIM REAR RH
1	WHEELARCH REAR RH
1	BUMPER COVER REAR
1	BUMPER LOWER REAR
1	BUMPER BRACKET CTR REAR
1	BUMPER BRACKET SIDE RH REAR
1	BUMPER RETAINER RH REAR
1	BUMPER REFLECTOR RH
1	BUMPER BEAM REAR
1	BUMPER BEAM BRACKET RH REAR
1	TAILLAMP RH
1	EXHAUST CAP REAR

	LIST
\$	758.70
\$	42.10
\$	466.51
\$	1,024.79
\$	1,184.99
\$	990.25
\$	1,933.20
\$	671.45
\$	275.40
\$	561.70
\$	411.90
\$	98.10
\$	82.10
\$	59.80
\$	16.60
\$	547.80
\$	100.90
\$	313.10
\$	125.40
TOTAL	\$ 9,664.79
10%	\$ 966.48
	\$ 8,698.31

Special Nett

1	REAR DOOR STICKER '6555-3333'
1	FENDER INNER TRIM CLIP RH
1	TAILLAMP CLIP RH

\$	80.00	X
\$	28.00	X
\$	5.00	X

Trans-cab Auto Services Pte Ltd**AAD1911-064**

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5271R

1SET	FENDER WHEELARCH REAR RH CLIP	\$	nn	35.00	}	X
2	REAR WINDSCREEN SEALANT	\$	nn	80.00		
1	WINDSCREEN MOULDING	\$	nn	100.00		
1	REAR WINDSCREEN INNER SPONGE SEAL	\$	nn	100.00		
1	REAR RIGHT TYRE	\$	sn	300.00		
1	REAR RIGHT TYRE RIM	\$	sn	380.00	}	
1SET	PARKING AID	\$	sn	700.00		
1SET	REAR BUMPER CLIP	\$	nn	66.00	}	X
1SET	BUMPER BRACKET CTR CLIP	\$	nn	33.00		
1SET	BUMPER BRACKET SIDE CLIP RH RR	\$	nn	10.00		
1SET	BUMPER RETAINER CLIP RH RR	\$	nn	20.00		
1SET	BUMPER LOWER REAR RIVET	\$	nn	22.00		
1SET	BUMPER LOWER REAR CLIP	\$	nn	66.00		
1	EXHAUST MOUNTING REAR	\$	nn	16.00		
TOTAL		\$		2,041.00		

TOTAL PARTS \$ 10,739.31**LABOUR**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same

\$ 6,000.00 2001

Labour charge to mount and dismount vehicle on jig bench, to facilitate repair.

\$ nn 380.00 X

To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.

\$ 380.00 X

To check steering geometry and computer wheel alignment

\$ 220.00 X

To transfer of rear windscreen glass to facilitate bodywork repair.

\$ 170.00 X

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 5271R**AAD1911-064**

To transfer of Rear door fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To transfer of Rear fender fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To transfer of Rear bumper fittings, attachment and perform water seepage test.	\$	nn 380.00	X
To rust-proofing of the affected areas.	\$	nn 170.00	X
To transfer of tire, rim and on wheel balancing.	\$	nn 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	101
To reinstall rear bumper parking sensor.	\$	170.00	601
Putty and spray painting of the affected portion.	\$	6,000.00	229
To repair and realign rear exhaust pipe.	\$	nn 170.00	X
TOTAL	\$	15,140.00	
Over All Total	\$	25,879.31	

LUMP SUM (REPAIR DAY)**20 DAYS***2 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:

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/TMI19020090/KTF3N2

Date: 06/12/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MS008624
Claimant Vehicle No :	SHC5271R	Insured Vehicle No :	SMN1580H
Date of Loss:	09/11/2019	Nature of Claim:	TP
		Claim No:	M1908818

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC5271R	Engine No:	M9R8839C000811
Make & Model:	RENAULT LATITUDE, 2.0 DCI AUTO D/AB 4DR (A)	Chassis No:	VF1ABL15AUC276709
Reg. Date:	07/03/2014 (Man. Year: 2013)	Odometer:	399311 km
Colour:	Metallic White/Red		
Engine Capacity:	1995 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	215/60 R16	Rear Tyre Size:	215/60 R16
Front Left Side:	Sailun 9 mm	Rear Left Side:	Giti 9 mm
Front Right Side:	Sailun 9 mm	Rear Right Side:	Giti 9 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	10,739.31	571.53	10,167.78	94.68
Miscellaneous Items	0.00	0.00	0.00	
Labour	15,140.00	490.00	14,650.00	96.76
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	25,879.31	1,061.53	24,817.78	95.90
Approved Total (Overridden) (\$\$)		850.00		
(\$\$)	25,879.31	850.00	25,029.31	96.72
+ GST 7.00/7.00% (\$\$)	1,811.55	59.50	1,752.05	96.72
Nett Amount (\$\$)	27,690.86	909.50	26,781.36	96.72

INSPECTION

Date of Assignment:	13/11/2019	
Date Inspected:	12/11/2019 Inspected At:	Trans-cab Auto Services Pte Ltd (Ang Mo Kio)
		2, Ang Mo Kio Street 63
		Singapore 569111

Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG

Manager: DENISE TAY KWEE 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		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 06 Dec 2019)
Parts:	143	RENAULT LATITUDE 2.0 DCI AUTO D/AB 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC5271R)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*DOOR PANEL REAR RH	Repair	758.70 FL	*-FL
2	1		*DOOR HANDLE OUTER REAR RH	Serviceable	42.10 FL	*-FL
3	1		*ROCKER PANEL INNER GARNISH RH	Serviceable	466.51 FL	*-FL
4	1		*ROCKER PANEL INNER RH	Repair	1,024.79 FL	*-FL
5	1		*ROCKER PANEL OUTER RH	Repair	1,184.99 FL	*-FL
6	1		*ROCKER PANEL CENTER RH	Repair	990.25 FL	*-FL
7	1		*FENDER PANEL REAR RH	Repair	1,933.20 FL	*-FL
8	1		*FENDER PANEL INNER TRIM REAR RH	Serviceable	671.45 FL	*-FL
9	1		*WHEELARCH REAR RH	Serviceable	275.40 FL	*-FL
10	1		*BUMPER COVER REAR	Bent	561.70 FL	*561.70 FL
11	1		*BUMPER LOWER REAR	Serviceable	411.90 FL	*-FL
12	1		*BUMPER BRACKET CTR REAR	Serviceable	98.10 FL	*-FL
13	1		*BUMPER BRACKET SIDE RH REAR	Serviceable	82.10 FL	*-FL
14	1		*BUMPER RETAINER RH REAR	Serviceable	59.80 FL	*-FL
15	1		*BUMPER REFLECTOR RH	Serviceable	16.60 FL	*-FL
16	1		*BUMPER BEAM REAR	Repair	547.80 FL	*-FL
17	1		*BUMPER BEAM BRACKET RH REAR	Repair	100.90 FL	*-FL
18	1		*TAILLAMP RH	Serviceable	313.10 FL	*-FL
19	1		*EXHAUST CAP REAR	Serviceable	125.40 FL	*-FL
20	1		*REAR DOOR STICKER 6555-3333	Not Necessary	80.00 FS	*-FS
21	1		*FENDER INNER TRIM CLIP RH	Not Necessary	28.00 FS	*-FS
22	1		*TAILLAMP CLIP RH	Not Necessary	5.00 FS	*-FS
23	1		*SET FENDER WHEELARCH REAR RH CLIP	Not Necessary	35.00 FS	*-FS
24	2		*REAR WINDSCREEN SEALANT	Not Necessary	80.00 FS	*-FS
25	1		*WINDSCREEN MOULDING	Not Necessary	100.00 FS	*-FS
26	1		*REAR WINDSCREEN INNER SPONGE SEAL	Not Necessary	100.00 FS	*-FS
27	1		*REAR RIGHT TYRE	Serviceable	300.00 FS	*-FS
28	1		*REAR RIGHT TYRE RIM	Serviceable	380.00 FS	*-FS
29	1		*SET PARKING AID	Serviceable	700.00 FS	*-FS
30	1		*SET REAR BUMPER CLIP	Necessary	66.00 FS	*66.00 FS
31	1		*SET BUMPER BRACKET CTR CLIP	Not Necessary	33.00 FS	*-FS
32	1		*SET BUMPER BRACKET SIDE CLIP RH RR	Not Necessary	10.00 FS	*-FS
33	1		*SET BUMPER RETAINER CLIP RH RR	Not Necessary	20.00 FS	*-FS
34	1		*SET BUMPER LOWER REAR RIVET	Not Necessary	22.00 FS	*-FS
35	1		*SET BUMPER LOWER REAR CLIP	Not Necessary	66.00 FS	*-FS
36	1		*EXHAUST MOUNTING REAR	Not Necessary	16.00 FS	*-FS

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

Sub Total (\$\$)	11,705.79	627.70
- List Item Discount on L Items 10.00/10.00% (\$\$)	966.48	56.17
Total Parts (\$\$)	10,739.31	571.53

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Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	6,000.00	200.00
2	LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH,TO FACILITATE REPAIR	New	380.00	0.00
3	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR	New	380.00	0.00
4	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	0.00
5	TO TRANSFER OF REAR WINDSCREEN GLASS TO FACILITATE BODYWORK REPAIR	New	170.00	0.00
6	TO TRANSFER OF REAR DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	0.00
7	TO TRANSFER OF REAR FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	0.00
8	TO TRANSFER OF REAR BUMPER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	0.00
9	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	0.00
10	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	0.00
11	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	10.00
12	TO REINSTALL REAR BUMPER PARKING SENSOR	New	170.00	60.00
13	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	6,000.00	220.00
14	TO REPAIR AND REALIGN REAR EXHAUST PIPE	New	170.00	0.00
Gross Labour Cost (\$\$)			15,140.00	490.00

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