

ASS. REC. BY:

REF:

es/SPF 20001757/Ksd302

Special Instruction:

ok

Survey: Kenneth

ASSIGNMENT (Office)

From (Person): Hafizul Farhan

of

SPF

Date/Time: 3/02/2020 @ 12:43pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC5593L

Insured:

QX585B

at Workshop m/s

Transcab

Tel:

6287 6666

of

No. 2 Amkst-63

Policy No:

Claim No:

ALS/109/009/2020/004

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 17/01/2020

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 10:12am @ 3/2/2020

Person Contacted:

Zhe wei

Vehicle IN / OUT

Date/Time	Action/Instruction	Signature
	SHC5593L - (03/GBE190/0174/Ken3s2	
	QX585B - X	

Do Not Finalise

ASSIGNMENT

From: _____ Date: **03/02/2020**

Estimated Cost: _____

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

To inspect Vehicle No: **SHC 5993L**

at Workshop m/s: **Trans cab**

of: **No. 2 AMK sf-63**

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Veh No: **SHC 5993L** Vr Regn: **09 14**

Type: M/Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: **Perseus Latitude** ^{A)} **1995**

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

Sp. Reading: **468769** T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: **VFI ABC15AUC 279387**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

(Policy Condition)

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

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ days Res: Yes or No

Lum Sum: **20** % 3 Val: Yes or No

CA / REV / REP. / 24 HRS ^{wp?}

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Tyre Size: F: **215/60R16**

R: _____

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

<u>Front</u>	<u>Rear</u>
R/Bal. 7 mm	R/Bal. 9 mm
L/Bal. 7 mm	L/Bal. 9 mm
D.O.A. 17/1/20	D.O.I. 3/2/2020

Survey held at

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or **Acc N/S**

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	L/Ry @ 1250h
	Range \$1K - \$2K (Kenneth checked with Kenneth)
	weekends - 0

Do Not Finalise

RECEIVED 11 FEB 2020

Date/Time, File Path to? : Prel. Report

1) **11/02/20** : Final Report

Date/Time, File Path to? _____

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Survey Fee:	220
Transportation:	
3 + PS: 24	
Flood:	
Other:	
TOTAL	220

Arkl Fee: Site Insp: 15

Interview: 15

Tech. Insp: 15

(Next arkl): 15

Report Format: _____

Imp Sum / Fee: **\$1,250/ US**

Nivitha (LKK Auto)

From: Hafizul Farhan RAHMAT (SPF) <Hafizul_Farhan_RAHMAT@spf.gov.sg>
Sent: Monday, 3 February 2020 12:43 AM
To: assignments; sur@lkkauto.com
Cc: Cui Fen ENG (SPF); Frankie THAY (SPF); Lai Kuen LUI (SPF)
Subject: Arrange for survey - SHC5593L (vs QX585B)
Attachments: image003.wmz; image010.wmz; img-131170406-0001.pdf

Hi,

Please arrange pre-repair survey of SHC 5593L at

TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63, Singapore 569111
Main Line :(65) 6287 6666 Fax Line: (65) 6257 1330
Website: www.transcab.com.sg

Thank you.

Best Regards,

Hafizul Farhan Bin Rahmat

Assistant Logistics Support Officer

Logistics Support and Services Division

Tel: 6842 8429

Police Logistics Department / Singapore Police Force



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From: Zhe Wei <zhewei.kek@transcab.com.sg>
Sent: Friday, 31 January 2020 5:07 PM
To: Hafizul Farhan RAHMAT (SPF) <Hafizul_Farhan_RAHMAT@spf.gov.sg>
Cc: Cui Fen ENG (SPF) <ENG_Cui_Fen@spf.gov.sg>; Frankie THAY (SPF) <Frankie_THAY@spf.gov.sg>; Lai Kuen LUI (SPF) <LUI_Lai_Kuen@spf.gov.sg>; candy.kong@transcab.com.sg
Subject: RE: Arrange for survey - SHC5593L (vs QX585B)

Dear Hafizul,

Your request is enclosed.

Thank you.

Best Regards,
Kek Zhewei
Claims Officer



TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63, Singapore 569111
Main Line : (65) 6287 6666 Fax Line: (65) 6257 1330
Website: www.transcab.com.sg

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From: Hafizul Farhan RAHMAT (SPF) [mailto:Hafizul_Farhan_RAHMAT@spf.gov.sg]
Sent: Friday, January 31, 2020 4:45 PM
To: zhewei.kek@transcab.com.sg; candy.kong@transcab.com.sg
Cc: Cui Fen ENG (SPF) <ENG_Cui_Fen@spf.gov.sg>; Frankie THAY (SPF) <Frankie_THAY@spf.gov.sg>; Lai Kuen LUI (SPF) <LUI_Lai_Kuen@spf.gov.sg>
Subject: Arrange for survey - SHC5593L (vs QX585B)

Dear all,

Kindly submit to us the GIA report before we activate our surveyor for the pre-repair survey of your client's vehicle – SHC 5593L.

Take note of the new SPF Accident Claims Section staffs and location below. Thank you.

S/N	Name	Designation	New Contact Number	New Address
1	Lui Lai Kuen	Logistics Services Executive	68428969	Accident Claims Section Police Logistics Base (PLB) 1 Hemmant Road, Singapore 438675
2	Frankie Thay	Logistics Services Executive	68428435	
3	Hafizul Farhan	Assistant Logistics Support Officer	68428429	
4	Eng Cui Fen	Logistics Services Executive	68428401	

Best Regards,

Hafizul Farhan Bin Rahmat
Assistant Logistics Support Officer
Logistics Support and Services Division
Tel: 6842 8429
Police Logistics Department / Singapore Police Force



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From: Rosalyn TAN (SPF) <Rosalyn_TAN@spf.gov.sg>
Sent: Thursday, 30 January 2020 5:11 PM
To: Cui Fen ENG (SPF) <ENG_Cui_Fen@spf.gov.sg>
Cc: Hafizul Farhan RAHMAT (SPF) <[Hafizul Farhan RAHMAT@spf.gov.sg](mailto:Hafizul_Farhan_RAHMAT@spf.gov.sg)>
Subject: FW: RE: Arrange for survey - SHC5593L

Cui Fen,

For your follow up please.

Thanks

Rosalyn Tan
Head Readiness & Review
Logistics Operations Division
Police Logistics Department | Singapore Police Force
DID: (65) 6478 4328



Singapore Police Force – Commemorating 200 Years of Policing

From: Zhe Wei <zhewei.kek@transcab.com.sg>
Sent: Thursday, 30 January 2020 4:25 PM
To: Frankie THAY (SPF) <Frankie_THAY@spf.gov.sg>; Rosalyn TAN (SPF) <Rosalyn_TAN@spf.gov.sg>
Cc: Candy Kong <candy.kong@transcab.com.sg> <candy.kong@transcab.com.sg>
Subject: RE: RE: Arrange for survey - SHC5593L

Re-send.

Thank you.

Best Regards,
Kek Zhewei
Claims Officer



TRANS-CAB SERVICES PTE LTD
No. 2 Ang Mo Kio Street 63, Singapore 569111
Main Line :(65) 6287 6666 Fax Line: (65) 6257 1330
Website: www.transcab.com.sg

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From: Zhe Wei [<mailto:zhewei.kek@transcab.com.sg>]
Sent: Wednesday, January 29, 2020 11:49 AM
To: 'Frankie_thay@spf.gov.sg' <Frankie_thay@spf.gov.sg>; 'Rosalyn_tan@spf.gov.sg' <Rosalyn_tan@spf.gov.sg>
Cc: Candy Kong <candy.kong@transcab.com.sg> (candy.kong@transcab.com.sg) <candy.kong@transcab.com.sg>
Subject: RE: RE: Arrange for survey - SHC5593L

Dear all,

Please arrange for survey as below :

QX585B – 17.01.2020 AT 2105Hrs - SHC5593L

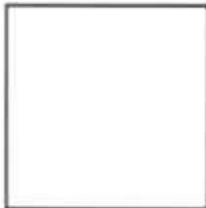
Lunch time : 12pm - 1pm.

Kindly pls dun arrange survey during lunch time.

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

Best Regards,
Kek Zhewei
Claims Officer

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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.:	SHC5593L
Vehicle to be Exported:	Yes
Intended Deregistration Date:	20 Jan 2020
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C001929
Chassis No.:	VF1ABL15AUC279387
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	30 Sep 2014
First Registration Date:	30 Sep 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	29 Sep 2022
PARF Rebate Amount:	\$8,748.00
Intended COE Rebate Details	
COE Expiry Date:	29 Sep 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$50,704.00
COE Rebate Amount:	\$17,059.00
Total Rebate Amount:	\$25,807.00
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 20 Jan 2020

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 willful 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	20/01/2020 13:26
Date Of Accident	17/01/2020 21:05
Exact Location Of Accident	BIDEFORD ROAD TOWARDS CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5593L
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	2XXXXX878K
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	POH MENG CHYE
NRIC No	SXXXX895A
Date Of Birth	02/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	16/03/2010
Driving Experience	9 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82350662
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 527C PASIR RIS STREET 51 #08-701
Postcode	513527
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	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2449999 - FAX NO: 62447258
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT T/20200118/2041

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO WITH TRAFFIC POLICE
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	QX585B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOVERNMENT
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.

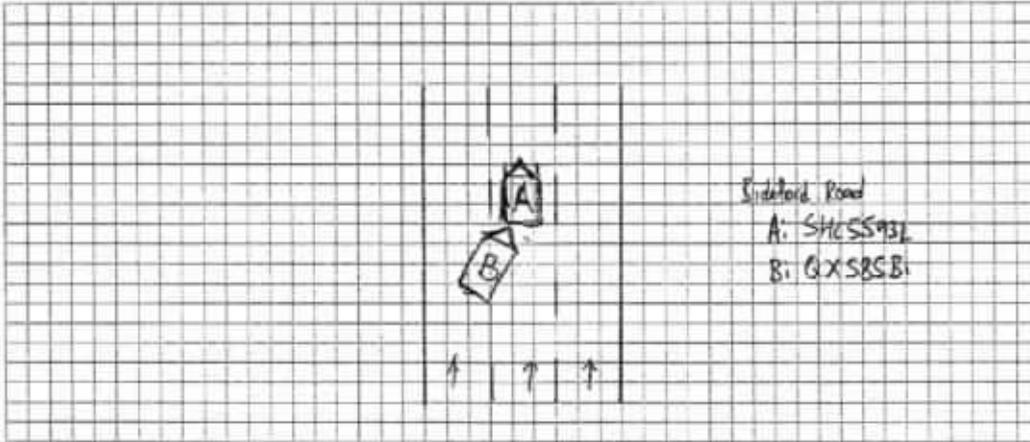
Policyholder's Signature
Date & Time:

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/202.00118/2041

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/20200118/2041

1 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200118/2041

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/01/2020 10:56	Vide Report No.:	Station Diary No.: 53
--	------------------	--------------------------

Informant's Particulars			
Name of Informant: POH MENG CHYE		Address: APT BLK 527C PASIR RIS STREET 51 #08-701 SINGAPORE 513527	
ID Type / ID No.: NRIC NO / S7518895A		Contact No.: Home/Office: Mobile: 82350662	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 44	Date of Birth: 02/06/1975	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 17/01/2020 21:05	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 BIDEFORD ROAD CENTRAL EXPRESSWAY				
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
QX585B	Car					1
SHC5593L	TAXI				Slightly Damaged	1

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



Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200118/2041

CONTINUATION OF REPORT

Driver			
Name	SSGT Muhd Ridzuan Bin Muhamad		ID No. S8807812H
Related Vehicle	QX585B (Car)		Contact No. 0
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
Driver			
Name	POH MENG CHYE		ID No. S7518895A
Related Vehicle	SHC5593L (TAXI)		Contact No. 82350662
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 17/01/2020 at about 2105hrs, I was a taxi driver with 1 passenger on-board driving a red Transcab, SHC5593L at the 2nd lane of 3 lane road along Byford road towards CTE expressway. During which, the traffic was heavy and all the vehicles was moving slowly. When I observed that the vehicle in front of me stopped, I slow down and stop. Subsequently, I felt an impact from behind and when I turned around, I realized that a white Hyundai police vehicle, QX585B had collided onto my rear bumper. After which, I alighted from my vehicle to inspect the damage and discovered crack on the rear left bumper. When exchange particulars with the driver, the driver, SSGT Muhd Ridzuan Bin Muhamad, S8807812H only provide his warrant card to me thus I took a photo of it for own reference. No one is injured and there are in-car camera in my vehicle. The traffic police, Sgt(2) T150055 Paw had took my vehicle memory card for investigation vide report E/20200116/0135. So far, I do not have any witness and I have photo of the scene. The police traffic vehicle blinker is not switch on during the accident.



**SINGAPORE
POLICE FORCE**



T/20200118/2041

3 of 3

Police Station Of Origin:
Bedok North N.P.C
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2449999

Report No. T/20200118/2041

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: G / Staff Sgt HEAP ZHI YONG	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 18/01/2020 10:56
Officer In Charge Of Case: TP / GIA / Staff Sgt WONG SIEU LUI Contact No.: 65476151	Classification Of Case:
Authentication Stamp NP168	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 5593L**AAD2001-160***Not Authorized
C/Sing &*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration:

SHC 5593L

VF1ABL15AUC279387

RENAULT

LATITUDE

17.1.2020

ATTORNEY GENERAL

30/09/2014

PART	LIST	
1 FENDER PANEL REAR LH	R	\$ 1,933.20 X
1 FENDER PANEL INNER TRIM REAR LH	Sn	\$ 671.45 X
1 WHEELARCH REAR LH	Sn	\$ 181.60 X
1 BUMPER COVER REAR	CM	\$ 561.70 —
1 BUMPER LOWER REAR	nd 10.7	\$ 411.90 —
1 BUMPER BRACKET CTR REAR	Sn	\$ 98.10 X
1 BUMPER BRACKET SIDE LH REAR	Sn	\$ 82.10 X
1 BUMPER RETAINER LH REAR	Sn	\$ 54.20 X
1 BUMPER REFLECTOR LH	Sn	\$ 16.60 —
1 BUMPER BEAM REAR	R	\$ 547.80
1 BUMPER BEAM BRACKET LH REAR	R	\$ 114.50
1 TAILLAMP LH	Sn	\$ 401.40
1 TAILLAMP PANEL LH	R	\$ 401.40
1 AIR VENT	Sn	\$ 59.40
1 BOOT REFLECTOR LAMP LH	Sn	\$ 277.70
1 BOOT REAR	R	\$ 1,677.20
1 BOOT FINISHER	Sn	\$ 344.70
1 BOOT BADGE 'RENAULT'	na	\$ 82.40
1 BOOT BADGE	na	\$ 95.80
1 BOOT WHEATERSTRIP	Sn	\$ 178.20
1 BOOT LOCK	R	\$ 246.60
1 OUTER PANEL REAR (End Panel)	R	\$ 745.80
1 OUTER PANEL REAR (End Panel) TRIM	Sn	\$ 404.56
TOTAL		\$ 9,588.31
10%		\$ 958.83

Trans-cab Auto Services Pte Ltd

AAD2001-160

No. 2 Ang Mo Kio Street 63 Singapore 569111

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

CO./GST Reg. No. 201019626G

SHC 5593L

\$	8,629.48
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Special Nett

1 FENDER INNER TRIM CLIP LH	\$	na	28.00	}
1 TAILLAMP CLIP LH	\$	na	5.00	
1SET FENDER WHEELARCH REAR LH CLIP	\$	na	35.00	
2 REAR WINDSCREEN SEALANT	\$	na	80.00	
1 WINDSCREEN MOULDING	\$	na	100.00	
1 REAR WINDSCREEN INNER SPONGE SEAL	\$	na	100.00	
1 REAR LEFT TYRE	\$	Sm	300.00	
1 REAR LEFT TYRE RIM	\$	Sm	380.00	
1SET PARKING AID	\$	Sm	700.00	
1SET REAR BUMPER CLIP	\$	na	66.00	
1SET BUMPER BRACKET CTR CLIP	\$	na	33.00	X
1SET BUMPER BRACKET SIDE CLIP LH RR	\$	na	10.00	X
1SET BUMPER RETAINER CLIP LH RR	\$	na	20.00	X
1SET BUMPER LOWER REAR RIVET	\$	na	22.00	X
1SET BUMPER LOWER REAR CLIP	\$	na	66.00	✓
1SET BOOT FINISHER CLIP	\$	na	24.20	X
1 BOOT STICKER "Trans-cab"	\$	na	30.00	X
1 BOOT STICKER "6555-3333"	\$	na	30.00	X
1 BOOT INNER TRIM CLIP	\$	na	45.00	X
1 Rear Bumper Protector	\$	na	100.00	405A
1SET Rear licence plate with holder	\$	Sm	80.00	X
TOTAL	\$		2,254.20	

TOTAL PARTS	\$	10,883.68
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Trans-cab Auto Services Pte Ltd

AAD2001-160

No. 2 Ang Mo Kio Street 63 Singapore 569111

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SHC 5593L

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.	\$	NA 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
To rust-proofing of the affected areas.	\$	↪ 170.00	X
To transfer of Rear fender fittings, attachment and perform water seepage test.	\$	↪ 380.00	X
To transfer of Rear bumper fittings, attachment and perform water seepage test.	\$	↪ 380.00	X
To transfer of tire, rim and on wheel balancing.	\$	↪ 170.00	X
To Check Electrical Lighting Concerned.	\$	170.00	151
To reinstall rear bumper parking sensor.	\$	170.00	601
Putty and spray painting of the affected portion.	\$	6,000.00	2001

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

\$ *nn* 380.00 X

To transfer of rear end panel fittings, attachment and perform water seepage test.

\$ *nn* 170.00 X

TOTAL \$ **15,140.00**

Over All Total \$ **26,023.68**

LUMP SUM (REPAIR DAY)

~~20 DAYS~~

2 days

LKK Auto Consultants hereby notify the Repairer of the following:

- To receive below for repair pricing
- To display damaged part(s) during recovery
- Parts prices are subject to confirmation
- This quote is on a "Without Prejudice" basis
- No time limit is allowed
- Supplemental items must be reviewed and subject to final approval from Insurance Company

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

AUTOMOTIVE ENGINEERING & MGT DIVISION Ref : CS/SPF20001757/Ksd3e2

ACCIDENT CLAIMS SECTION (SPORE POLICE
FORCE) POLICE LOGISTICS BASE (PLB) 1
HEMMANT ROAD SINGAPORE 438675

Date : 13-02-2020



ATTN : HAFIZUL FARHAN

Code : SPF

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 585B	Veh. Inspected	SHC 5593L
Policy No.		Coverage (\$)	0.00
Claim No.	ACS/105/009/2020/004	Excess (\$)	0.00
Assign From	HAFIZUL FARHAN	Assign Date	03/02/2020

2. Vehicle Particulars & Condition

Make & Model	RENAULT LATITUDE (A)	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	VF1ABL15AUC279387	Colour	METALLIC WHITE / RED
Odometer	468769	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/60 R16	SAILUN	7 mm
L/H Front Tyre	215/60 R16	SAILUN	7 mm
R/H Rear Tyre	215/60 R16	SAILUN	9 mm
L/H Rear Tyre	215/60 R16	SAILUN	9 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	17/01/2020	Inspection Date	03/02/2020
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS.
B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 5593L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FENDER PANEL REAR LH	TO REPAIR SEE LABOUR	1,933.20	-
1	FENDER PANEL INNER TRIM REAR LH	SERVICEABLE	671.45	-
1	WHEELARCH REAR LH	SERVICEABLE	181.60	-
1	BUMPER COVER REAR	CRACKED	561.70	561.70
1	BUMPER LOWER REAR	DENTED / DISTORTED	411.90	411.90
1	BUMPER BRACKET CTR REAR	SERVICEABLE	98.10	-
1	BUMPER BRACKET SIDE LH REAR	SERVICEABLE	82.10	-
1	BUMPER RETAINER LH REAR	SERVICEABLE	54.20	-
1	BUMPER REFLECTOR LH	SCRATCHED	16.60	16.60
1	BUMPER BEAM REAR	TO REPAIR SEE LABOUR	547.80	-
1	BUMPER BEAM BRACKET LH REAR	TO REPAIR SEE LABOUR	114.50	-
1	TAILLAMP LH	SERVICEABLE	401.40	-
1	TAILLAMP PANEL LH	TO REPAIR SEE LABOUR	401.40	-
1	AIR VENT	SERVICEABLE	59.40	-
1	BOOT REFLECTOR LAMP LH	SERVICEABLE	277.70	-
1	BOOT REAR	TO REPAIR SEE LABOUR	1,677.20	-
1	BOOT FINISHER	SERVICEABLE	344.70	-
1	BOOT BADGE 'RENAULT'	NOT NECESSARY	82.40	-
1	BOOT BADGE	NOT NECESSARY	95.80	-
1	BOOT WEATHERSTRIP	SERVICEABLE	178.20	-
1	BOOT LOCK	TO REPAIR SEE LABOUR	246.60	-
1	OUTER PANEL REAR (END PANEL)	TO REPAIR SEE LABOUR	745.80	-
1	OUTER PANEL REAR (END PANEL) TRIM	SERVICEABLE	404.56	-
	LESS 10% DISCOUNT		-958.83	-99.02
			8,629.48	891.18

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
SPECIAL NETT ITEMS				
1	FENDER INNER TRIM CLIP LH (SN)	NOT NECESSARY	28.00	-
1	TAILLAMP CLIP LH (SN)	NOT NECESSARY	5.00	-
1	SET FENDER WHEELARCH REAR LH CLIP (SN)	NOT NECESSARY	35.00	-
2	REAR WINDSCREEN SEALANT (SN)	NOT NECESSARY	80.00	-
1	WINDSCREEN MOULDING (SN)	NOT NECESSARY	100.00	-
1	REAR WINDSCREEN INNER SPONGE SEAL (SN)	NOT NECESSARY	100.00	-
1	REAR LEFT TYRE (SN)	SERVICEABLE	300.00	-
1	REAR LEFT TYRE RIM (SN)	SERVICEABLE	380.00	-
1	SET PARKING AID (SN)	SERVICEABLE	700.00	-
1	SET REAR BUMPER CLIP (SN)	NECESSARY	66.00	66.00
1	SET BUMPER BRACKET CTR CLIP (SN)	NOT NECESSARY	33.00	-
1	SET BUMPER BRACKET SIDE CLIP LH RR (SN)	NOT NECESSARY	10.00	-
1	SET BUMPER RETAINER CLIP LH RR (SN)	NOT NECESSARY	20.00	-
1	SET BUMPER LOWER REAR RIVET (SN)	NOT NECESSARY	22.00	-
1	SET BUMPER LOWER REAR CLIP (SN)	NECESSARY	66.00	66.00
1	SET BOOT FINISHER CLIP (SN)	NOT NECESSARY	24.20	-
1	BOOT STICKER "TRANS-CAB" (SN)	NOT NECESSARY	30.00	-
1	BOOT STICKER "6555-3333" (SN)	NOT NECESSARY	30.00	-
1	BOOT INNER TRIM CLIP (SN)	NOT NECESSARY	45.00	-
1	REAR BUMPER PROTECTOR (SN)	NECESSARY	100.00	40.00
1	SET REAR LICENCE PLATE WITH HOLDER (SN)	SERVICEABLE	80.00	-
			2,254.20	172.00
LABOUR				
PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF FENDER PANEL REAR LH, BUMPER BEAM REAR, BUMPER BEAM BRACKET LH REAR, TAILLAMP PANEL LH, BOOT REAR, BOOT LOCK AND OUTER PANEL REAR (END PANEL).			6,000.00	200.00
LABOUR CHARGE TO MOUNT AND DISMOUNT VEHICLE ON JIG BENCH, TO FACILITATE REPAIR.		NOT NECESSARY	380.00	-
TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.		NOT NECESSARY	220.00	-

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TO TRANSFER OF REAR WINDSCREEN GLASS TO FACILITATE BODYWORK REPAIR.	NOT NECESSARY	170.00	-
	TO RUST-PROOFING OF THE AFFECTED AREAS.	NOT NECESSARY	170.00	-
	TO TRANSFER OF REAR FENDER FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO TRANSFER OF REAR BUMPER FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	170.00	-
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	15.00
	TO REINSTALL REAR BUMPER PARKING SENSOR.		170.00	60.00
	TO TRANSFER OF REAR BOOTLID FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	380.00	-
	TO TRANSFER OF REAR END PANEL FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	170.00	-
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		6,000.00	220.00
	TO REMOVE AND REFIT INTERIOR FITTINGS, TRIMINGS, GARNISH, FITTINGS AND OTHER, TO ENABLE REPAIR.	NOT NECESSARY	380.00	-
			15,140.00	495.00
GRAND TOTAL			26,023.68	1,558.18
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,250.00

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NOTES : THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$1,000-\$2,000

KONG SENG CHEONG

Licensed Appraiser

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