ASS. EC.BY:

REF: CS /CTI 170 | 68 28/R1 + baz Special Instruction:

Surveyor :	ROSUL		A	SSIGNM	ENT (Office)			,	
From (Person)	Joel	GOh	of		. CTL	I	Date/Time:	3008267	11354m
Estimated Cos	t:				Bill to:		_	-	
OD / THE WS	TP RES /	DD RES	EVA/	INV / MV / C	CS				
To Inspect Vel			3041			Insured:	SJA	8598R	
at Workshop n	n/s	Tou	ver Tr	unsit		Tel:	9848 2	243	200
of		21	Bulim	Drive -		_			
Policy No:	DMHC	PEFI HR	00F116		Claim No:	Symi	7D05036	CU2/8	
Sum Insured:					Excess:				
Make of Veh: (Client's Record						I	0.0.A	16082017	
CA / REV /	REP. / RE 30082017	V 24 HR	S 'Wpi Person	n Contacted:	Sharifa	1Vi	H.O.D. Endor	orsement:	
Date/Time	Action/Instr	uction (1) Estimate	1			•	
		2414 -	- es /		08520/KI	tbk3,	D.o.A	: 01/8	12013
	Party	ry Pau	1 4	5042.	31/5da	gs a	eed: 9	801.19	1.137
									-

ASSIG	NM	ENT
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From: Date:	Veh No: SMB 30414 Yr Regn: 2013, MARC
Estimated Cost:	Type: M.Car / M.Cycle / Sus / Van / Lorry / Taxi / Prime Mover /
OD / TP / WS / TP RES / OĐ RES / EVA / INV-/ MV	Truck / Trailer or
To Inspect Vehicle No: SMB 3044	Make: MAN NL 320F CAZZ) c.c (0518
at Workshop m/s thuck Transii	Colour Muttl A/C: Insured / Std / NI / NA
of 21, fruin Il	Sp.Reading 28 00 97 T/Radio: Insured / Std / NI / NA
Insured CTIMP	Eng/No
Policy No.	C/No: WMA+2222507001754
Claims No.	Gen. Cond. Good Fals / Poor / Burnt
Sum Insured: Excess:	Steering (norder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil S/Rim / STD A/Rim or
	Tyre Size: F: 225/70 RIVS
(Policy Condition)	R: 2, DO.
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO OF CONTINENTAL
Bal. or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or,No	R/Bal. 8 mm R/Bal. 8 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 8 mm L/Bal. c/4 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 26/08/17 D.O.I. 30/08/17
Lum Sum:. % 3 Val.: Yes or No	Survey held at TOWER TRYPS IT
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear O/S / N/S / U/C / Rooftop or
Vehicle: IN / OUT Date: Person Contacted:	
	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
RECEIVED 2 4 JUL	2018
NEOLITED 2 1 JOE	
	23/7/2018
Date/Time. File Pass to? : Preli. Report	Days Of Repair:
123 7 Typist Final Report	Resurvey No. of Trip: Survey Fee: 190
Date/Time, File Return to?	Transportation
Add Fee	
To	: Interview (\$) Photos
Report Format :	: Tech. Invs (\$) Others
Lump Sum / I.B.I: (\$. 5042.31	: Weekend (\$ ·)
	TOTAL 150

LF Consultants Pte Ltd

51 Ubi A Ubi Industrial Park, Singapore 408933

TEL: 9256 3561 FAX: 6256 4315

Rem 381 19907198R GST Reg. No. 19-9607198-R

eratio:	Des Experts En Automobile			
LIL	CS/CTI17016	6828/R1tb		
079900	Time: 30-08-2017			
	PARTY CL			
	1. Inspected	SMB 3041Y		
611700	verage (\$)	0.00		
C02.1	ess (\$)	0.00		
FLOC	an Date	30/08/2017		
	Condition			
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	on Date	30/08/2017		
	JUDICE" BA	ASIS. RISED REPAIRS.		
	317311101	THE PHOTO.		

...CLAIM SUBFOLDER...(New Assignment)

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	30 Aug 2017		30 Aug 2017 11:35 Assign				New Assign Cancel Cas	4
	Main	Re	ference	C	laim Details	Docum	ients	Show All
CLAIM S	UBFOLDER DET	AILS				[Created	by insurer]	
Insured:		TW PREMIUM	AUTOMOBILE P	TE LTD, Co	. Reg. No.: -			
Main Clai	mant:	TOWER TRAN	SIT SINGAPORE	PTE LTD,	Co. Reg. No.: 20141	9417K		
Vehicle F	leg. No.:	SMB3041Y		1	Date of Loss:	26/08/201	26/08/2017 14:00 - :59	
Claim Ty	pe:	TP / SNM17	005036C02/8	1	Policy/Cover Note N	No.: DMHCSN17	: DMHCSN1739611700 (Third Part	
Vehicle Reg. No. (Insured):		SJA8598R		1	Policy No. (Claimant): D-1608630		MFBP	
				1	Excess:	S\$0.00		
Repairer		Tower Transit	Singapore Pte L	td (HQ) 21	Bulim Drive, Bulim B	us Depot, 648170 .	Jurong West - T	el: 81688950
Handling	Insurer:	China Taiping	Insurance (Sing	apore) Pte	. Ltd. (HQ) - Tel: 63	89 6111 [Handle	ed by Joel Goh	1
	's Insurer:	First Capital Insurance Ltd (HQ) - Tel: 62222311						
Adjuster		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Final Rpt due 11/09/2017]						
Driver/Custodian (Insured): NORAZMAN BIN MD KHAMIS (41 / Male), NRIC:					RIC: S7603838D			
Adj Asg.	Remarks:	NO ESTIMATES	. ASSIGNED AS S	E FOR WP P	RS. KINDLY PROVIDE	US WITH YOUR RE	COMMENDATIO	NC
ASSOCIA	TED MAIL REC	EIVED				View	All Comp	ose Case Mall
There are	no mail for this c	ase.						
E ALL ASS	OCIATED TASK	•						0.2
ALL MOS	OCIAILD IASK	.5			View All Sea	arch Tasks C	reate New Task	Complete

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 witholding of material facts may allow insurance companies to repudiate policy ability.
- 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 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

A C C			- w	
ACC	DEN	I STA	- W	

Date Of Report

28/08/2017 17:30

Date Of Accident

26/08/2017 14:50

Exact Location Of Accident

CLEMENTI AVENUE 6

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SMB3041Y

Insured/Policyholder

Name Of Registered Owner

TOWER TRANSIT SINGAPORE PTE LTD

201419417K

Co Reg No Email Address

SHARIFAH@TOWERTRANSIT.SG

Mobile Phone No

Alternative Phone No

OFFICE-68171747

Vehicle Particulars

Manufacturer

MAN

Model

NL320F (A22)-10.5 D ABS TURBO (A)

Exact Purpose for which vehicle was being used at

time of accident

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

BUS

Insurance Company

Name of Insurance Company

FIRST CAPITAL INSURANCE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

YES

Policy Number

D-16086301MFBP

Cover Note Number

Driver

Name of Driver LEE EAM SENG

NRIC No

S7161671A

Date Of Birth

24/07/1971

Occupation

OUTDOOR

Date Of Driving Pass

31/10/2001

Driving Experience

15 YEARS AND 9 MONTHS

Gender

MALE

Mobile Number

Fax Number

r ax riambor

Contact Number EMail Address

NOEMAIL

.....

Address

Postcode

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

Was any body injured in the Accident?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

21

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

Attachment(s)

Are accident photos available for attachment?

NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJA8598R

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Details of Witness

Name

Phone Number

Email Address

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- 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 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.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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' law yers/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;
- (ii) 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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

SING

Policyholder's Signature / Date &

28-8-2017

ature (if driver is not the policyholder) / Date Driver's & Time

Witnessed by Reporting Centre Personnel

Sketch Plan

Clement: AVEG BS17379 Towards BUKH BAHK IM

Describe Circumstances of the Accident
I Bus captein he Fam sens (10496) Was on SVS duty 189 POZ ON 26/8/17
doving Vehicle number SMR 3041 M. At around 1450 his 1 BC 10496 reported
involved in an accident with a private Mehilla STA 8598R at Clement
the formation to the state of t
bus stop with passenger activity (Alight & Boarding). Auddenly provide car
SJA 8598 R hit my bus at my right side of recr to the Centre My by
bus stop with passenger activity (Alight & sociality) Auddenly private car sign 85988 hit my bus at my right side of rear to the Centre My hu Authored right rear side body dented and scratches car sign 85988
Sustained left type punctured, front bumper screetches and side body
Scratches

Declaration

We declare the foregoing particulars are true in every respect.

Policyholder's Signature / Date &

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	1450HRS
ACCIDENT DATE	26-Aug-17
BUS CAPTAIN NAME	LEE EAM SENG
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	SMB3041Y	
BUS TYPE (SD/DD)	SD	
BUS ROUTE NUMBER		
BUS ADVERTS (Y/N)	N	

SECTION 1: PARTS & CONSUMABLE ITEMS (MATERIAL COST)

Part No.	Part or Item Description	Quantity	Total Cost
77200023	RH SIDE PANEL R4		1 \$ 74 / 77.05
77200026	RH SIDE PANEL R6	2	1 \$ 74 / 132.25
77200027	RH SIDE PANEL R7		1 \$ 74 / 404.23
77200028	RH SIDE PANEL R8		1 \$ 74 / 760.73
77200049	COVER TAIL LAMP - O/S/R		1 \$ (44/389.89
77200759	SIDE PANEL		1 \$ 74 / 78.20
77200681	FLASHER ASSY - REAR		1 \$ Xnn 178.25
			1845.21
		7% GST	\$ 136.05
		FINAL TOTAL COST	\$ 2,079.55

SECTION 2: ASSESSMENT / REPAIR / SPRAY PAINT (LABOUR COST)

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)		TO	TAL COST
TO REPLACE/REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING & INSTALLATION OF VINYL)	3200	\$	3,800.00
() grave			
Hy 200 wo68		184	12,31
5 days		320	20100
000		EA	42.3
30/08/17 @ 1575		20	//
		- /	
	7% GST	\$	273.00
	FINAL TOTAL COST	\$	4,173.00

564350

5920 56

ESTIMATED ACCIDENT REPAIR COST



SECTION 3: REPAIR DONE BY CONTRAC	FOR AFTER ASSESSMENT (CONTRACTOR COST)
-----------------------------------	--

TOTAL REPAIR COST BASED ON CONTRACTOR'S QUOTE

SECTION 4: ADMINISTRATIVE (OVERHEADS)

TOTAL OVERHEADS COST (10% OF PARTS & LABOUR)

SECTION 5: REPAIRS TO BUS ADVERTISMENT VINYLS/PANELS (ADVERTISEMENT COST)

TOTAL ADVERTISEMENT REPAIR COST (INCLUSIVE OF LABOUR + 7% GST)

SECTION 6: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST

SECTION 7: NUMBER OF DAYS UNDER ACCIDENT REPAIR (LOSS OF USE COST)

		Date In For Repairs	29/8/2017
		Date Out From Repairs	8/9/2017
BUS TYPE (SD / DD)	SD	Number of Days Under Repair	10
	LOSS OF USE COST	\$	3,000.00

SECTION 8: ENGINEERING RECOVERY OF ACCIDENT BUS (ENGINEERING RECOVERY COST)

ENGINEERING RECOVERY COST	-

SUMI	MARY	
SECTION NO.		COST
1	\$	2,079.55
2	\$	4,173.00
3		
4		
5	•	
6	-	
7	\$	3,000.00
8	•	
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5+6+7+8)	\$	9,252.55

PAGE 2

...CLAIM SUBFOLDER...(Pending for Survey Report)

Case N	lotified	Est Submitted	Adj Assigned	Adj Rpt	I A	di Submitted	Ins Auth'ed	Status		
	0 Aug 2017	LSt Submitted	30 Aug 2017 11:35 Edit Adj Rpt	S\$5,042.	31 S	\$5,042.31 View Rpt	and	Pending for Report	Pending for Survey	
м	ain	R	eference	Cla	im Detail:	,	Documents		Show All	
CLAIM SUB	FOLDER DE	TAILS				[Created	by insurer]			
Insured:	TW PREM	IUM AUTOMOBI	LE PTE LTD, Co. F	Reg. No.: -						
Main Claimant:	TOWER T	RANSIT SINGAP	ORE PTE LTD, C	o. Reg. No.: 2	201419417					
Vehicle Reg. No.:	SMB304	14		1	Date of Los		7 14:00 - :59 and 25 Days Fro	m LTA Reg Date	e (Man Yr)]	
Claim Type:	TP / SNN	417D05036C02	/8		Policy/Cove Note No.:	DMHCSN17	39611700 (Third I	Party Only)		
Vehicle Reg. No. (Insured):	SJA8598F	•			Policy No. (Claimant):	D-1608630	D-16086301MFBP			
					Excess:	S\$0.00				
Repairer:	Tower Tra	ansit Singapore	Pte Ltd (HQ) 21 B	ulim Drive, B	ulim Bus De	pot, 648170 Ju	rong West - Tel: I	81688950		
Handling Insurer:	China Tai	ping Insurance	(Singapore) Pte. L	.td. (HQ) - T	el: 6389 61	.11 [Handled	by Joel Goh]			
Claimant's Insurer:		•	e Ltd (HQ) - Tel: 6							
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 62	56-3561 [Handled by	MOHD RASU	L] [Final Rpt	due 11/09/	2017]	
Driver/Custo dian (Insured):	NORAZMA	N BIN MD KHAMIS	6 (41 / Male), NRI	C: S7603838	D					
Adj Asg. Remarks:	NO ESTIMA	ATES. ASSIGNED	AS SJE FOR WP PRS	. KINDLY PR	OVIDE US V	VITH YOUR REC	COMMENDATION			
ASSOCIATE	D MAIL RE	CEIVED					Viev	v All Compo	ose Case Mai	
There are no	mail for this	case.								
ALL ASSOC	IATED TAS	KS⊡				View All S	earch Tasks C	reate New Task	Complete	
Due Date	Priority	Type Task	Group Subject	t Handle	r Assi	gned By	Completed On	Created C	n Done	

Claim Documents

*SMB3041Y (SNM17D05036C02/8) [SJA8598R] TOWER TRANSIT SINGAPORE PTE LTD Aug 26 2017 2:00PM [TW PREMIUM AUTOMOBILE PTE LTD] **Tower Transit Singapore Pte Ltd**

Ass	sessment Reports		1 per page	
No	Finalized On	Tower Transit Singapore Pte Ltd (HQ)	Thumbn	ail Prin
1	28/08/17 17:41	Accident Statement	1 Load HT	М
Pho	otos/Images		3 per page	7
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10	23/07/18 13:56	General View	1 Load JPG	3 V
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Ass	essment Reports		1 per	page 🔻	
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44	23/07/18 13:57	General View	0	Load JPG	~
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51	23/07/18 13:57	Reinspection Photo	0	Load JPG	~
52	23/07/18 13:57	Reinspection Photo	0	Load JPG	✓
Doc	umentation		1 per	page 🗸	V
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No	Finalized On	Tower Transit Singapore Pte Ltd (HQ)		Thumbnail	Print
1	28/08/17 17:41	Sketch Plan [Linked Accident Report Documents]	0	Load JPG	✓
2	28/08/17 17:41	Sketch Plan #2 [Linked Accident Report Documents]	0	Load JPG	✓

Linked Accident Report Documents

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No	Finalized On	Tower Transit Singapore Pte Ltd (HQ)		Thumbnail	Print
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No	Finalized On	Tower Transit Singapore Pte Ltd (HQ)		Thumbnail	Print
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-	28/08/17 17:41	Sketch Plan #2	0	Load JPG	~

Documents Checklist

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
	<u></u>
	~

LKK Auto Consultants Pte Ltd (Co. Reg. No: 199607198R)

51 Ubi Ave 1 #01-25, Pava 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:

CS/CTI17016828/R1TBE2

Date:

26/07/2018

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMHCSN1739611700

Claimant Vehicle

SMB3041Y

Insured Vehicle No:

SJA8598R

Date of Loss:

26/08/2017

Nature of Claim: TP

Claim No:

SNM17D05036C02/8

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SMB3041Y

Make & Model:

MAN NL320F (A22), 10.5 D ABS TURBO (A)

Engine No:

50333551983346

280097 km

Reg. Date:

01/03/2013 (Man. Year: 2012)

Chassis No: Odometer:

WMAA22ZZ5D7001754

Colour: Engine Capacity: Multi-colour

Market Value/New Car Price: N/A

10518 cc

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Footbrake (Serviceable):

Handbrake (Serviceable):

Engine Modification:

Pre-accident Condition:

Yes

CONDITION OF TYRES

Front Tyre Size:

275/70 R22.5

Rear Tyre Size:

275/70 R22.5 (D)

Front Left Side: Front Right Side: Continental 8 mm

Rear Left Side: Rear Right Side: Continental 8/8 mm Continental 8/8 mm

Continental 8 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,020.56	1,842.31	178.25	8.82
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,900.00	3,200.00	700.00	17.95
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	5,920.56	5,042.31	878.25	14.83
+ GST 7.00/7.00% (S\$)	414.44	352.96	61.48	14.83
Nett Amount (S\$)	6,335.00	5,395.27	939.73	14.83

INSPECTION

Date of Assignment:

30/08/2017

Date Inspected:

30/08/2017 Inspected At:

Tower Transit Singapore Pte Ltd (HQ)

21 Bulim Drive, Bulim Bus Depot

Singapore 648170

Estimated Period of Repair:

5.0 days

MOHD RASUL Adjuster:

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.

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REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 26 Jul 2018)

Parts: N/A MAN NL320F (A22) 10.5 D ABS TURBO (A) (Model not available in database)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SMB3041Y)

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		*RH SIDE PANEL R4	Bent	77.05 F	*77.05 F
2	1		*RH SIDE PANEL R6	Bent	132.25 F	*132.25 F
3	1		*RH SIDE PANEL R7	Bent	404.23 F	*404.23 F
4	1		*RH SIDE PANEL R8	Bent	760.73 F	*760.73 F
5	1		*COVER TAIL LAMP - O/S/R	Cracked	389.85 F	*389.85 F
6	1		*SIDE PANEL	Bent	78.20 F	*78.20 F
7	1		*FLASHER ASSY - REAR	Not Necessary	178.25 F	*-F
F=Fra	anchise	part.		-		
				Total Parts (S\$)	2,020.56	1,842.31

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	TO REPLACE / REPAIR THE DAMAGED PARTS (INCLUDING SPRAY PAINTING & INSTALLATION OF VINYL)	New	3,900.00	3,200.00
	Gross Labour	Cost (S\$)	3,900.00	3,200.00
	Report was unsubmitted during t	his print-out.		

< END OF ESTIMATES >