

ASS. REC BY: _____ REG: CS/MSG17019493/Dtbnz Special Inspection

SURVEY BY: Bryen ASSIGNMENT (Office)
From (Person): Catherine Thia of MSIG Date/Time: 11/10/17 @ 10:47am

Estimated Cost: _____ Bill to: _____
OD WS TR RES OD RES EVA INV MV CS

To Inspect Vehicle No: SGY 5500B Insured: SJY 1546K
at Workshop ta/s: Karz Work Solutions Tel: 9295 9989
of 53 ubi Avenue # 02-24, 408934 Eunus

Policy No: 2757875/SVP Claim No: 532761

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A: 08/10/2017
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 11/10/17 @ 11:04am Person Contacted: David H.O.D. Endorsement: _____
Vehicle IN / OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate	
	SGY 5500B - NA / MSC 17019336/hll	DOA: 08/10/2017
	SJY 1546K - NA / MSG17019365/zh	DOA: 08/10/2017

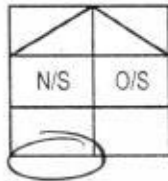
SIRYSUD

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: _____

Veh No: SGY 5500 B Yr Regn: 2011, March
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Volkswagen Tiguan c.c 1984
 Colour: Silw A/C: Insured / Std / NI / NA
 Sp. Reading: 131646 T/Radio: Insured / Std / NI / NA
 Eng/No: CCZ117515
 C/No: WVG2225N2BWO74899
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or _____
 Brake: In order / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 245/45 R19
 R: —

(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: 5 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Yokohama
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 08/10/2017 D.O.I. 11/10/2017
 Survey held at Teamwork Republi
 Des. of Damages: FRt / Rear / O/S / N/S / UIC / Rooftop or
Rear N/S
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
01/06/18	MSIG SJY 1546 K 7 man LIS 5700 - itu 5 days 2 (Red: 9040.02 : 61%)

RECEIVED 04 JUN 2018

Date/Time, File Pass to? 1, Alb Typist
 : Preli. Report
 : Final Report
 Date/Time, File Return to? 2)
 Report Format : TP
 Lump Sum / I.B.I: (\$ 5700)

Days Of Repair: 5
 Resurvey No. of Trip: 2
 Add Fee: Site Insp (\$)
 Interview (\$)
 Tech. Invs (\$)
 Weekend (\$)

Survey Fee:	300
Transportation:	10
S + RS. SI	
Photos	
Others	
TOTAL	310



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			
MSIG INSURANCE (SINGAPORE) PTE LTD		Ref : CS/MSG17019493/Dtb	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 11-10-2017	
		Code : MSG	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SJY 1546K	Veh. Inspected	SGY 5500B
Policy No.	27578751SVP	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (CATHERINE THIA)	Assign Date	11/10/2017
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	08/10/2017	Inspection Date	11/10/2017
Survey held at	KARZ WORK SOLUTIONS 53 UBI AVE 1 #02-24 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	09 Oct 2017		11 Oct 2017 10:47 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS				[Created by insurer]					
Insured:	LIM JIE RU , ID: S8736146B								
Main Claimant:	LIM YONG CHENG LIONEL , ID: S7120166Z								
Vehicle Reg. No.:	SGY5500B	Date of Loss:	08/10/2017 00:00 - :59						
Claim Type:	TP	Policy/Cover Note No.:	27578751SVP (Comprehensive) Coverage: 17/09/2017 - 16/09/2018						
Vehicle Reg. No. (Insured):	SJY1546K	Policy No. (Claimant):							
		Excess:							
Repairer:	Karz Work Solutions (HQ) 53 Ubi Avenue 1 #02-24, Paya Ubi Industrial Park, 408934 Eunos - Tel: 9295 9989								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Catherine Thia Shi Yi - 6594 2545]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 12/10/2017]								
ASSOCIATED MAIL RECEIVED				View All Compose Case Mail					
There are no mail for this case.									
ALL ASSOCIATED TASKS <input type="checkbox"/>				View All Search Tasks Create New Task Complete					
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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 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 aforesaid.

ACCIDENT STATEMENT

Date Of Report	09/10/2017 18:18
Date Of Accident	08/10/2017 14:35
Exact Location Of Accident	CTE TWDS CITY (BEFORE BALESTIER EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGY5500B
Insured/Policyholder	
Name Of Registered Owner	LIM YONG CHENG LIONEL
NRIC No	S7120166Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91155858
Alternative Phone No	OFFICE-96215523

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	TIGUAN
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092251561
Cover Note Number	-

Driver

Name of Driver	LIM YONG CHENG LIONEL
NRIC No	S7120166Z
Date Of Birth	12/06/1971
Occupation	INDOOR
Date Of Driving Pass	01/10/1990
Driving Experience	27 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91155858
Fax Number	
Contact Number	OFFICE-96215523
Email Address	NOEMAIL

Address BLK 415A FERVALE LINK #14-42
 Postcode 791415
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident CHAIN COLLISION
 Weather Conditions CLEAR
 Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
 Was any body injured in the Accident? YES
 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) 4

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

PLEASE REFER TO ATTACHED STATEMENT.

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 SJY1546K
 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

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SGZ4705D
 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

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SKW767U

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

DETAILS OF INJURED PERSON 1

Name LIM YONG CHENG LIONEL

Approximate Age

Injuries Sustain NECK & BACK

Injured person in which vehicle? SGY5500B

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name SHAYNA SANDY CHEN WEIXIN

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SGY5500B

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Accident Sketch Plan

SKETCH PLAN


IMPORTANT NOTICE


1. Please report **correctly** the details of the accident to speed up the claims process.
2. The form must be **completed by the Policyholder and/or the Authorized Driver**.
3. Information provided must be **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **regulate 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 abroad.

2. Content 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 (a) 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.:

Accident Sketch Plan

SKETCH PLAN




A: 26265001B
 B: 237 1246
 C: 2624001B
 D: 2624001B


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car was completely stationary without any contact with the front stationary vehicle. All of a sudden, I felt an impact from my rear. I got off my car and found that vehicle B had hit into my car rear portion. Total 4 cars involved in the accident.

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 Center Personnel's Signature
 Name:
 NITC/IN No.:



Karz Work Solutions

53 Ubi Avenue 1 #02-24 Singapore 408934

Paya Ubi Industrial Park

Tel : 6844 2475

Fax : 6844 2474

E-mail : karzwork@gmail.com

3RD PARTY CLAIM ESTIMATION

MSIG Insurance (Singapore) Pte Ltd
4 Shenton Way #21-01
SGX Centre 2
Singapore 068807

Vehicle number	: -	SGY5500B
Make / Model	:	VOLKSWAGEN/TIGUAN
Chassis number	:	WVGZZZ5N2BW074897
Accident date	:	08 October 2017
Reference	:	K1710-02

Qty Particulars

Unit Price - SGD \$

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	REAR TAILGATE <i>legar</i>	2701.73 X
2	REAR TAILGATE DAMPER <i>HR</i>	320.97 X
1	REAR TAILGATE LOCK <i>src</i>	244.53 X
1	REAR TAILGATE EMBLEM - TIGUAN <i>src</i>	171.14 X
1	REAR BUMPER <i>distrital</i>	1313.65 1616.22 ✓
1	REAR BUMPER LOWER GARNISH <i>distrital</i>	464.23 ✓
2	REAR BUMPER RETAINER <i>src</i>	121.55 X
2	REAR BUMPER REFLECTOR <i>n/s crack o/s src</i>	79.30 158.60 ✓
1	END PANEL <i>Dental</i>	799.30 1433.79 ✓
1	END PANEL GARNISH <i>src</i>	209.36 X
1	REAR EXHAUST <i>st</i>	1220.30 1426.55 ✓
1	REAR LH FENDER OUTER GARNISH <i>close mounting</i>	338.00 669.04 ✓
	4214.78	9537.71
	Less 10%	953.77
	3793.30	8583.94
	Subtotal	8583.94
	Balance C/F	8583.94
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
	Balance B/F	8583.94
1 SET	REAR BUMPER CLIP <i>klc</i>	60.00 30/-
1	JOINT SEALANT <i>klc</i>	150.00 40/-
1	WINDSCREEN SEALANT <i>HR</i>	150.00 X
1 SET	REAR REVERSE SENSOR <i>Dental</i>	400.00 220/-
	290/-	760.00
	Subtotal	9343.94
	Balance C/F	9343.94
<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
	Balance B/F	9343.94
1	CHECK REAR WIRING AND LIGHTNING SYSTEM	60.00 30/-
2	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH	200.00 80/-
2	REMOVE AND RENEW REAR REVERSE SENSOR	150.00 40/-
	AND CLEAR FAULT CODE	500.00 HR
	REAR WINDSCREEN	150.00 HR
	REAR EXHAUST ASSY	150.00 60/-
	ATTACHMENT FROM OLD TAILGATE TO NEW	200.00 HR
	TINTED WINDOW ON AFFECTED AREAS	1400.00 1000/-
	TINTED WINDOW ON AFFECTED AREAS	1200.00 800/-
	TINTED WINDOW ON AFFECTED AREAS	150.00 40/-
	Subtotal	4160.00
	Grand total	13503.94

LKK Auto Computers has provided the Report of the findings. To resolve the problem of the rear windscreen. To replace the rear windscreen. Parts provided by the customer. Tinted window on affected areas. No additional work on affected areas. Supplementary work must be performed and is subject to approval by the customer.

11/10/2017 @ 1300m
Not Authorised

14740.02
155700

2/5/17 LKK Auto
Check price - 6133.30
1993.12
7126.42

- 3.) Remove and ^{Renew rear} Reverse Sensor
- 4.) Diagnostic checks and clear fault code
- 5.) Remove and renew Tric windscreen
- 6.) Remove and renew rear exhaust assy
- 7.) Remove and refit attachment from old Tailgate to new
- 8.) Panel Sealing on affected areas
- 9.) spray painting on affected areas.
- 10.) Apply anti-rust on affected areas.



Karz Work Solutions

53 Ubi Avenue 1 #02-24 Singapore 408934

Paya Ubi Industrial Park

Tel : 6844 2475 Fax : 6844 2474

E-mail : karzwork@gmail.com

3RD PARTY CLAIM ESTIMATION

MSIG Insurance (Singapore) Pte Ltd

4 Shenton Way #21-01

SGX Centre 2



Singapore 068807

Vehicle number	:	SGY5500B
Make / Model	:	VOLKWAGEN/TIGUAN
Chassis number	:	WVGZZZ5NZBW074897
Accident date	:	08 October 2017
Reference	:	K1710-02

Qty Particulars

Unit Price - SGD \$

Qty	Particulars		Unit Price - SGD \$
	<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	REAR BUMPER REINFORCEMENT <i>st</i>	1103.47	520.35 798.30 ✓
1	REAR LH TAILLAMP <i>mounting cradle</i>	993.12	583.12 ✓
			1373.42
		Less 10 %	137.34
		Subtotal	1236.08
		Grand total	1236.08


 2 KK *Ando*


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: CS/MSG17019493/DTBN2

Date: 05/06/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	B27578751SVP
Claimant Vehicle No :	SGY5500B	Insured Vehicle No :	SJY1546K
Date of Loss:	08/10/2017	Nature of Claim:	TP
			Claim No: 532761

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SGY5500B		
Make & Model:	VOLKSWAGEN TIGUAN, 2.0 TSI (5N12K9) (A)	Engine No:	CCZ117515
Reg. Date:	03/03/2011 (Man. Year: 2010)	Chassis No:	WVGZZZ5N2BW074897
Colour:	Silver	Odometer:	131646 km
Engine Capacity:	1984 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	245/45R19	Rear Tyre Size:	245/45R19
Front Left Side:	Yokohama 6 mm	Rear Left Side:	Yokohama 6 mm
Front Right Side:	Yokohama 6 mm	Rear Right Side:	Yokohama 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	10,580.02	5,076.42	5,503.60	52.02
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,160.00	2,050.00	2,110.00	50.72
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	14,740.02	7,126.42	7,613.60	51.65
Approved Total (Overridden) (S\$)		5,700.00		
Nett Amount (S\$)	14,740.02	5,700.00	9,040.02	61.33

INSPECTION

Date of Assignment:	11/10/2017		
Date Inspected:	11/10/2017 Inspected At:	Karz Work Solutions (HQ) 53 Ubi Avenue 1 #02-24, Paya Ubi Industrial Park Singapore 408934	
Estimated Period of Repair:	5.0 days		

Adjuster: BRYAN TANI

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: 05 Jun 2018)
Parts: M1-SUV	VOLKSWAGEN TIGUAN 2.0 TSI (5N12K9) (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SGY5500B)
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	*REAR TAILGATE	Repair	2,701.73 FL	*- FL
2	2	*REAR TAILGATE DAMPER	Not Necessary	320.97 FL	*- FL
3	1	*REAR TAILGATE LOCK	Serviceable	244.53 FL	*- FL
4	1	*REAR TAILGATE EMBLEM-TIGUAN	Serviceable	171.14 FL	*- FL
5	1	*REAR BUMPER	Distorted	1,616.22 FL	*1,313.65 FL
6	1	*REAR BUMPER LOWER GARNISH	Distorted	464.23 FL	*464.23 FL
7	2	*REAR BUMPER RETAINER	Serviceable	121.55 FL	*- FL
8	1	*REAR BUMPER REFLECTOR	N/s Cracked/O/s Serviceable	158.60 FL	*79.30 FL
9	1	*END PANEL	Dented	1,433.79 FL	*799.30 FL
10	1	*END PANEL GARNISH	Serviceable	209.36 FL	*- FL
11	1	*REAR EXHAUST	Bent	1,426.55 FL	*1,220.30 FL
12	1	*REAR LH FENDER OUTER GARNISH	Mounting Cracked	669.04 FL	*338.00 FL
13	1	*REAR BUMPER REINFORCEMENT	Bent	790.30 FL	*520.35 FL
14	1	*REAR LH TAILLAMP	Mounting Cracked	583.12 FL	*583.12 FL
15	1	*SET REAR BUMPER CLIP	Necessary	60.00 FS	*30.00 FS
16	1	*JOINT SEALANT	Necessary	150.00 FS	*40.00 FS
17	1	*WINDSCREEN SEALANT	Not Necessary	150.00 FS	*- FS
18	1	*SET REAR REVERSE SENSOR	Damaged	400.00 FS	*220.00 FS

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

Sub Total (\$\$)	11,671.13	5,608.25
- List Item Discount on L Items 10.00/10.00% (\$\$)	1,091.11	531.83
Total Parts (\$\$)	10,580.02	5,076.42

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
Labour Items				
1	CHECK REAR WIRING AND LIGHTING SYSTEM	New	60.00	30.00
2	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH	New	200.00	80.00
3	REMOVE AND RENEW REAR REVERSE SENSOR	New	150.00	40.00
4	DIAGNOSTIC CHECK AND CLEAR FAULT CODE	New	500.00	-
5	REMOVE AND RENRE REAR WINDSCREEN	New	150.00	-
6	REMOVE AND RENEW REAR EXHAUST ASSY	New	150.00	60.00
7	REMOVE AND REFIT ATTACHMENT FROM OLD TAILGATE TO NEW	New	200.00	-
8	PANEL BEATING ON AFFECTED AREAS	New	1,400.00	1,000.00
9	SPRAY PAINTING ON AFFECTED AREAS	New	1,200.00	800.00
10	APPLY ANTI-RUST ON AFFECTED AREAS	New	150.00	40.00
Gross Labour Cost (S\$)			4,160.00	2,050.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >