

ASS. REC. BN

REF CS/MSG1702/264/Arbn2

SJ/Workshop Adrian

ASSIGNMENT (Office)

From (Person) Rashidha

MSIG

Date/Time 7/11/17 @ 12.53pm

Redundated Cost

Bill to

OD (IP) WS / IP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No

SJB7777S

Insured

YL958G

at Workshop no

MG Solution

Tel

9188

of 23 Kaki Bukit Ave 4 #02-03B, 415

Policy No 27941839DMA

Claim No

535843

Sum Insured

Excess

Make of Veh

(Client's Record)

D.O.A

3/10/2017

CA / REV / REP. / REV 24 HRS

(wp)

8/11/2017

H.O.D. Endorsed

Date/Time 4.14pm @ 7/11/17

Person Contacted

Ms. Heng

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SJB7777S-CS/INC16013133/Arbn2-D.O.A: 13/07/2016

YL958G-X

REF: MS1G

ASSIGNMENT

From:

Date:

8/11/17

Estimated Cost:

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

To inspect Vehicle No:

SJB 7777 S

at Workshop m/s

MG solution

of 23 kaki Bukit Ave 4 #02-03B, 415

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2

days

Res.: Yes or No

Lump Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

(wp)

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SJB7777S

Yr Regn

2015 July

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

Truck / Trailer or

Make:

Toyota Harrier

cc 1986

Colour

White

A/C

Insured / Std / NI / NA

Sp Reading

74617

T/Radio

Insured / Std / NI / NA

Eng/No:

C/No:

ZSU600048677

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModl: Nil / S/Rim / ☒ STD A/Rim or

Tyre Size:

F:

215/55R17

R:

215/55R17

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

Front

Rear

R/Bal.

06

mm

R/Bal.

06

mm

L/Bal.

06

mm

L/Bal.

06

mm

D.O.A.

D.O.I.

08/11/17

Survey held at

MG solution

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

Rear o/s.

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

Date / Time Action / Instruction

TP MS1G

19/12

Finalised \$1386.77 with repairer. (Red. 1387.51, 50%)

RECEIVED 4 DEC 2017

Date/Time File Pass to?

☐

Prel. Report

1)

☐

Final Report

Date/Time File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Survey Fee:

Transportation

200

10

210

Add Fee:

☐

Site Insp / \$

☐

Interview / \$

☐

Tech. Insp / \$

☐

Weekend / \$

Report Format:

TP

Lump Sum / 1(B): (\$

1386.77

Survey Department Check List (Case Handler)

Reference No. : CS/MSG17021264/Arb
 Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

Admin (Catherine): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

(1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code	✓			
N	Assign From	✓			
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No	✓			
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (Adrian): Case handler to make sure the surveyor completed all required information.

(1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

(2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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(3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

(4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
---	-------------------------	---	--	--	--

Check By: Catherine 19/12/17
 Case Handler Date

*C: Critical *N: Non-Critical

21/05/2014




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				
MSG INSURANCE (SINGAPORE) PTE LTD		Ref : CS/MSG17021264/Arb		
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581		Date : 07-11-2017		
		Code : MSG		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	YL 958G	Veh. Inspected	SJB 7777S	
Policy No.		Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	RASHITHA	Assign Date	07/11/2017	
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	03/10/2017	Inspection Date		
Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

Nivitha (LKK Auto)

From: Rashitha Binte Shahuthuman <rashitha_shahuthuman@sg.msig-asia.com>
Sent: Tuesday, 7 November, 2017 12:53 PM
To: 'mg3solution@gmail.com'; 'Nivitha (LKK Auto)'
Cc: Monica Chung; Rashitha Binte Shahuthuman
Subject: FW: SJB 7777S -(Pre-Inspection)-accident on 03/10/2017
Attachments: SJB 7777S (Pre-Inspection).pdf

Importance: High

OUR REF - YL7958G

WITHOUT PREJUDICE

Dear Ms Heng,

We refer to your email.

We will assign Adrian Ling from LKK Auto Consultants Pte Ltd to be the single joint expert.





Please be informed that our surveyor will also be conducting the post repair inspection within the timeline stipulated under the protocol.

Rashitha

Senior Admin Officer

Direct line +65 6594 2582 | Direct fax +65 6225 7402 | Rashitha_shahuthuman@sg.msig-asia.com



MSIG Insurance (Singapore) Pte. Ltd. 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | Tel +65 6220 9644 | Fax +65 6225 6371 | Co. Reg. No. 200412212G | www.msig.com.sg | Follow us on    

A member of **MS&AD** INSURANCE GROUP

From: MG Solution Pte Ltd [<mailto:mg3solution@gmail.com>]
Sent: 07 November 2017 10:05
To: Claims <claims@sg.msig-asia.com>
Subject: SJB 7777S -(Pre-Inspection)-accident on 03/10/2017
Importance: High

Dear person in charge,

Please refer to attach file and arrange for pre-inspection.

we prefer our single joint expert as below:

ADRIAN LING WAI PING	LKK AUTO CONSULTANTS PTE LTD
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Best Regards,
Heng Yoke Hong(Ms)

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4(South Wing)

#02-03B Vicom Inspection Centre

Singapore 415933

Tel : 6744 4165

Fax : 6744 4604

Co. Reg. No. 201427944N



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MG SOLUTION PTE LTD
23 Kaki Bukit Ave 4 (South Wing) #02-03B
Vicom Inspection Centre, Singapore 415933
Tel: 6243 1373 Fax: 6243 1376
GST Reg. No.: 201427944N

Date: 8/11/17

* vehicle in

To: MSIG Insurance (Singapore) Pte Ltd
Tel: 6827 7888
Fax: 6225 7402
email: claims@sg.mig-asia.com

By Fax & Email

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SJB 777J and YL 795PG along
Sunrise terrace on 03/10/2017

We are instructed by Chin Pak Lim @ Jannatul Naim ^(Chin Abdullah) (Name of Claimant) to notify you of a road traffic accident on the above mentioned. A copy of the Singapore Accident Statement / Traffic Police Report filed is enclosed.

As a result of the accident, our client's / customer's vehicle has been damaged. Before our client / we proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a Pre- Repair Survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client / we shall proceed to repair the vehicle without further reference to you.

Thank you

Yours faithfully


MG HENG HOKE HONG
HP: 9188 6931

FOR SURVEYOR

Please initial here after completion of pre-repair inspection. Thank you.

Appointed Surveyor: _____
(Name & Signature)

Date & Time of Inspection: _____

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	04/10/2017 13:08
Date Of Accident	03/10/2017 14:20
Exact Location Of Accident	SUNRISE TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJB7777S
Insured/Policyholder	
Name Of Registered Owner	CHIN PAK LIM @JANNATUL NAIM CHIN ABDULLAH
NRIC No	S1401843C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94515122
Alternative Phone No	OTHERS-94515122

Vehicle Particulars

Manufacturer	TOYOTA
Model	HARRIER 2.0 PREMIUM AT AIRBAG 2WD
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	5072657110-02
Cover Note Number	

Driver

Name of Driver	CHIN PAK LIM @JANNATUL NAIM CHIN ABDULLAH
NRIC No	S1401843C
Date Of Birth	09/01/1960
Occupation	INDOOR
Date Of Driving Pass	22/11/1986
Driving Experience	30 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94515122
Fax Number	
Contact Number	OTHERS-94515122
Email Address	NOEMAIL

Address	163 JALAN LOYANG BESAR #04-01 SANDY PALM
Postcode	509413
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	SIDE SWIPE
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) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2

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 BELOW STATEMENT/SKETCH PLAN: ATTENDED BY SITI

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YL7958G
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	

Accident Sketch Plan Pg. 1

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:

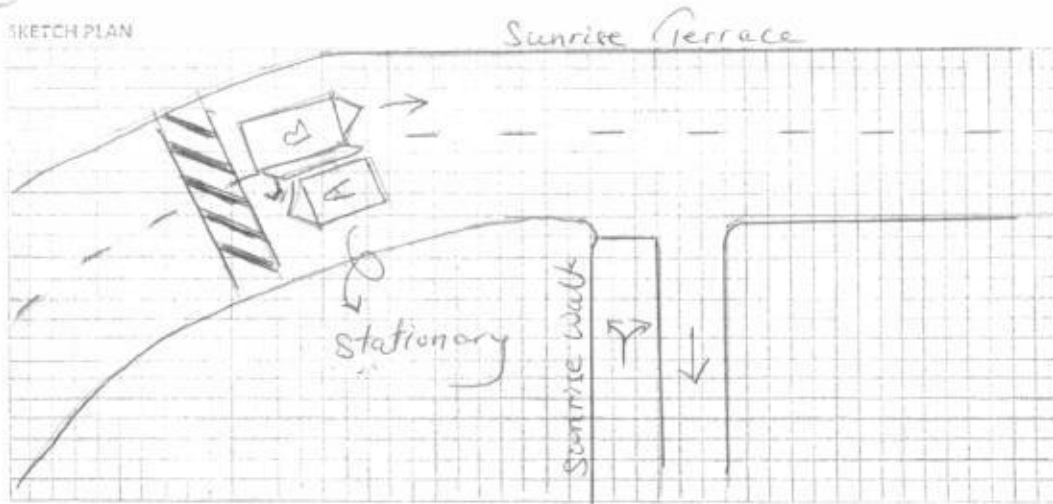
Driver's Signature
(If driver is not the policyholder)
Date & Time:

04 OCT 2017

IDAC KAKI BUKIT(VAC)

Reporting to IDAC KAKI BUKIT(VAC)
Name: Singapore 415933
NRIC/FIN No.: Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 03/10/2017 at about 1420 hrs at along Sunrise Terrace towards Sunrise Close after Sunrise Walk. I was travelling on the above mentioned road and stopped my vehicle while giving way to the opposite direction of Vehicle (B) to pass. While Vehicle (B) by passing my Vehicle (A), the Right Rear side gate railing grazed their my Right Rear Portion of my Vehicle (A) causing damages to my vehicle. I wish to state that the side gate of the vehicle (B) was not return back to its original position and left dangling downward.

(A) SJB 7777S
(B) YL 7958G

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:

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Name: Tel: 67416697
NRIC/PIN No: Fax: 67492305
Email: vackb@singnet.com.sg

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

Email : mg3solution@gmail.com

TO : MSIG
ATTENTION : MOTOR CLAIMS DEPT
ESTIMATE REPORT :
DATE : 07/11/2017
JOB TYPE : T/P CLAIM

VEHICLE DETAILS

VEHICLE NO : SJB7777S
MODEL : TOYOTA HARRIER 2.0 A
CHASSIS NO

Janice

ACCIDENT DETAILS
DATE : 3-Nov-17
TIME : 14:20HRS

THIRD PARTY REQUESTOR / CONTACT : MS HONG / SHARON

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	REAR BUMPER <i>delon d</i>	1	\$ 1,355.70	\$ 1,355.70
2	REAR BUMPER SIDE RETAINER <i>delon</i>	2	\$ 65.00	\$ 130.00

1355.7
1016.7

TOTAL PRICE \$ 1,485.70
LESS 25% \$ 371.43
SUB TOTAL PRICE \$ 1,114.28

SPECIAL NETT ITEMS

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR BUMPER CLIP (SET) <i>delon</i>	1	\$ 20.00	\$ 20.00
2	REVERSE SENSOR <i>delon</i>	1	\$ 220.00	\$ 220.00

20

TOTAL \$ 240.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

1	PANEL BEATING, REMOVAL AND REPLACING PARTS	\$500.00	100	
2	TO SPRAY PAINT AFFECTED AREA	\$500.00	200	
3	TUFF COAT	\$180.00	+	
6	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$120.00	50	
9	CONDUCT WATER LEAKAGE TEST	\$120.00	+	

TOTAL

\$1,420.00

350

ESTIMATE REPORT

TOTAL PARTS COST : \$ 1,354.28

TOTAL LABOUR COST : \$ 1,420.00

TOTAL REPAIR COST : \$ 2,774.28

APPROVED DETAILS

SURVEYOR :

CONTACT NO :

PART BY PART / LUMP SUM :

NO OF DAYS :

FAX :

Adrian Lij
08/11/17.

P/P 02 days.

Total: 1386.77 (P/P) ✓

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/MSG17021264/ARBN2

Date: 22/12/2017

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	27941839DMA
Claimant Vehicle No :	SJB7777S	Insured Vehicle No :	YL7958G
Date of Loss:	03/10/2017	Nature of Claim:	TP
		Claim No:	535843

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJB7777S	Engine No:	3ZRB583541
Make & Model:	TOYOTA HARRIER 2.0, 2.0 PREMIUM AT AIRBAG 2WD (A)	Chassis No:	ZSU600048677
Reg. Date:	15/07/2015 (Man. Year: 2015)	Odometer:	74617 km
Colour:	White		
Engine Capacity:	1986 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):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	215/55 R17	Rear Tyre Size:	215/55 R17
Front Left Side:	Bridgestone 6 mm	Rear Left Side:	Bridgestone 6 mm
Front Right Side:	Bridgestone 6 mm	Rear Right Side:	Bridgestone 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,354.27	1,036.77	317.50	23.44
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,420.00	350.00	1,070.00	75.35
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,774.27	1,386.77	1,387.50	50.01
+ GST 7.00/7.00% (S\$)	194.20	97.07	97.13	50.02
Nett Amount (S\$)	2,968.47	1,483.84	1,484.63	50.01

INSPECTION

Date of Assignment:	08/11/2017	
Date Inspected:	08/11/2017 Inspected At:	MG Solution Pte Ltd (HQ) 23 Kaki Bukit Avenue 4 #02-03B, VICOM Inspection Centre Singapore 415933

Estimated Period of Repair: 2.0 days

Adjuster: ADRIAN LING

Manager: Janice Lee Si Hua

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:	(Last Synchronised: 22 Dec 2017)	
Parts:	N/A	TOYOTA HARRIER 2.0 2.0 PREMIUM AT AIRBAG 2WD (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SJB7777S)	
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 BUMPER	Deformed	1,355.70 FL	*1,355.70 FL
2	2		*REAR BUMPER SIDE RETAINER	Not Necessary	130.00 FL	*- FL
3	1		*SET REAR BUMPER CLIP	Necessary	20.00 FS	*20.00 FS
4	1		*REVERSE SENSOR	Not Necessary	220.00 FS	*- FS
					Sub Total (S\$)	1,725.70
					- List Item Discount on L Items 25.00/25.00% (S\$)	371.43
					Total Parts (S\$)	1,354.27
						1,036.77

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

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
<u>Labour Items</u>				
1	PANEL BEATING,REMOVAL AND REPLACING PARTS	New	500.00	100.00
2	TO SPRAY PAINT AFFECTED AREA	New	500.00	200.00
3	TUFF COAT	New	180.00	-
4	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	New	120.00	50.00
5	CONDUCT WATER LEAKAGE TEST	New	120.00	-
Gross Labour Cost (\$\$)			1,420.00	350.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >