UNAJOY -		AS	SIGNM	ENT (Off						
MUMU rom (Person)	: Katherine Wor	la of		MSLG			_ D	ate/Time	106.13301	7.14pm
Estimated Cos	±	J		Bill to:				SELECTION SELECT		
_	TP RES / OD RES /		10916			Ins	ured:		SKP 81	เรเ
at Workshop r	n/s	Premi	er Au	tomotive			Tel:	631	14 6689	
of		10.5	Inangi	South	Ave	2	# (1-12		
Policy No:	A28619428QM	Y	0		No:		53	9440	200	
Sum Insured:				50 W	ess:					
Make of Veh:									02.12.201	1
(Client's Record		45.					1	O.O.A	01.12.101	7
(Client's Record		s Wpi Person	Contacted	i: Go	my			-	ndorsement:	
(Client's Record) REP. REV 24 HR	S 'WP' Person			ay_	(WW)		H.O.D. E	ndorsement:	
(Client's Record CA / REV Date/Time:	0 REP. / REV 24 HR:	Person	Contacted Estina		my	(MM)		H.O.D. E	ndorsement:	
(Client's Record CA / REV Date/Time:	REP. / REV 24 HR	Person			ary			H.O.D. E	ndorsement:	

8/11(t/23) REF:		
Zinve un Kalvin		
	ASSIGNMENT	10 27, 2 1-
rom: Date:	Veh No: 5 HD 78 4	1 Pyr Regn: 2 / Lay 2015
estima telCost:	Type: M.Car / M.Cycle / Bus / Van / L	orry / 🍎 i / Prime Mover /
DITPINS TP RES OD RES / EVA / INV / MV	Truck / Trailer or	
o InspetVehicle No:	Make: Kin option	A/C: Ingliged / Std / NI / NA
Workship m/s	Colour S7ha	A/C: Insured / Std / NI / NA
f	Sp.Reading 300 477	T/Radio: Inseed / Std / NI / NA
sured:	Eng/No:	- Winter 1990
olicy No.	C/No: KNAA.	m414 mf 5+ 9364
laims No.	Gen. Cond: Good / Fair / Poor / Burn	
um In swed: Excess:	Steering: Inorded / Jammed / Leaked	I/Burnt or
(Client's Record)	Brake: Inorder Jammed / Leaked	I/Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD Rim	
	Tyre Size; F:	205/65116
(Policy Condition)	R:	٠.
Remark: The veh had commenced its N/S	BS / DUN / EXNOVA / GY / FS / LIZA	
repair at the time of inspection.	TOYO/YOKO or	Maxxis
Ballor Market Value:	Front	Rear
DAC Accident Rport: Consistent? : Yes or No	R/Bal. + mm	R/Bal mm
GIA / PR Seen: Consistent?: Yes or No	L/Bal. > mm	L/Balmm
Est Repairs: days Res.; Yes or No	D.O.A. 2/14/17	D.O.I. 29/2/1
Lum Sum: % 3 Val.: Yes or No	Survey held at	PHENS "
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/	S N/S U/C Rooftop or S Front
Date: Person Contacted:	e: IN / OUT The U/C / Chassis frame / Bo	ody Structure affected due to collision.
6/5/8 Chil 45\$800/ 7Rg.	(Red: 1396.55, 63%)	ASEG
77		
RECEIVED	1 0 7 MAR 2018	
KLOZITZ	0 1 200	
	Days Of Repair: 3	
Date/Time, File Pass to? : Preli. Report		Survey Fee:
1.7B 99187 Final Report	Resurvey No. of Trip:	Transportation: 200
Date/Time, File Return to?	Add Fee: Site Insp (\$)_S+RSSI 10
2)	Interview (\$) Photos
Report Formet: R	Tech Invs (\$	Crihers
Excholic distance	: Weakend (8	
Lamp Om /1.8.1: (\$ 2001-	The second in	210



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 Internation	nale Des Experts En Autom	obile
MSIC	INSURANCE (SI	NGAPORE) PTE LTD	Ref : CS/MSG17023	195/K1tb
	AFFLES QUAY 01 HONG LEONG	BLDG SINGAPORE 048581	Date: 06-12-2017 Code: MSG	
1.		Policy Particulars	:- THIRD PARTY CLAI	M
	Insured Veh.	SKP 8103U	Veh. Inspected	SHD 1091P
	Policy No.	A28619428QMY	Coverage (\$)	0.00
	Claim No.	539440	Excess (\$)	0.00
	Assign From	MERIMEN (KATHERINE WONG)	Assign Date	06/12/2017
2.		Vehicle Parti	culars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	10E	Steering	
	Brakes		Modification	
	General			
3.		Condit	ions of Tyres	E IN THE PARTY OF THE PARTY.
		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm
4.		Descripti	on of Damages	
5.		Genera	al Information	
	Accident Date	02/12/2017	Inspection Date	
	Survey held at	PREMIER AUTOMOTIVE SERV	VICES PTE LTD	
		23 CHANGI SOUTH AVENUE 2	#01-02 SINGAPORE 486	3443
5a.		F	temarks	
	A)THE INSPECTION	ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V	THOUT PREJUDICE" BAS VE HAVE NOT AUTHORIS	SIS. SED REPAIRS.

LKK Auto Consultants Pte Ltd (Co.Reg.No:199807198R)

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

To:

MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way #21-01 SGX Centre 2 Singapore 068807

LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park

Singapore 408933

Attn:

Katherine Wong Chew Shong

Date:

05 Mar 2018

Preliminary Advice

Insured Vehicle No

: SKP8103U

TP Vehicle No

: SHD1091P

Accident Date

: 02/12/2017 : 06/12/2017

Make

: KIA OPTIMA

Assignment Date

Date of Inspection

: 27/02/2018

Est. Duration of Repair

: 3.00

: PREMIER AUTOMOTIVE SERVICES PTE LTD (CHANGI)

Inspection At

23 CHANGI SOUTH AVE 2 #01-02

SINGAPORE 486443

Point of Impact / General Description of Damages

The vehicle sustained impact / damages n/s front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	2,196.55
Revised Amount	:S\$	1,025.10
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,025.10

:S\$ Lump Sum Repair

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

The vehicle is economical/not economical for repair.

The above survey was conducted on a 'without prejudice' basis.

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

AIM SUE	BFOLDER TRAC	KING	1-00-00-00-00-00-00-00-00-00-00-00-00-00	A SEC POST	Adj Submitted	Ins Auth'ed	Status	
Case Main	Notified 04 Dec 2017	Est Submitted	Adj Assigned 06 Dec 2017 14:14 Assign	Adj Rpt	Auj Suurimees		New Assigni Cancel Case	CONTROL OF COMMERCE
	Main	Re	eference	Cla	im Details	Docum	CONTRACTOR DESCRIPTION	Show All
		TATIE				[Created	by insurer]	
Insured: Main Cla		LEE SOON EN	IG, ID: S253448 s Pte Ltd, Co. F	Reg. No.: 2003	ate of Loss:	A2861942	7 19:00 - :59 BQMY (Compreh	ensive)
Claim Ty	ype:	TP / 53944	0	P	olicy/Cover Note N	Coverage:	13/10/2017 - 1	2/10/2010
	Vehicle Reg. No. SKP81				olicy No. (Claimant xcess:			
Repaire Handlin	er: ng Insurer:	MSIG Insura	ance (Singapore) Pte. Lta. (no	ngi) 23 Changi Sout 2) - Tel: +65 6827 78			ong Chew
Adjuste	er:				5256-3561 [Imm	306441	THE PROPERTY OF	
Driver/ (Insure	Custodian ed):	LEE MOU JIA	N (LI MOUJIAN) ()	, NRIC: S883	6214D, Tel: +6598		L Com	pose Case Mail
ASSOC	TATED MAIL RE	CEIVED				Vie	w All Com	Juge case river
	re no mail for this							
ALL A			k Group Subj	ect Handle	VICE IN THE	arch Tasks Completed	Create New Task On Creat	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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.
- 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	05/12/2017 17:09	
Date Of Accident	02/12/2017 19:10	
Exact Location Of Accident	SCOTTS ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

DET	AILS O	F OWN	VEHICLE

SHD1091P Vehicle Registration Number

Insured/Policyholder

PREMIER TAXIS PTE LTD Name Of Registered Owner

200304975H Co Reg No NOEMAIL Email Address

Mobile Phone No

OFFICE-62148880 Alternative Phone No

Vehicle Particulars

KIA Manufacturer

OPTIMA-1.7 D (A) Model

Exact Purpose for which vehicle was being used at

time of accident

HIRED & REWARDS

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

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

THIRD PARTY Type Of Coverage

YES Fleet Policy

5095103893 Policy Number

Cover Note Number

Driver

MAJID BIN MOOSA Name of Driver

S0100729G NRIC No 01/01/1954 Date Of Birth OUTDOOR Occupation 01/03/1979 Date Of Driving Pass

38 YEARS AND 9 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-91261751 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address

BLK 3C #03-634

UPPER BOON KENG ROAD

Postcode

383003

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - HIRER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

NO

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)

4

Details of Police Action

Was the accident reported to the police?

YES

If Yes, Please state which Police Station

GEYLANG SERAI NEIGHBOURHOOD POLICE POST

Police Station Address

Police Station Name

ROAD: BLK 111 ALJUNIED CRESCENT #01-102, POSTCODE: 380111,

COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-7459999 - FAX NO: 67455673

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

VEH. A - 3 PAX (CHINESE - 1 MALE & 2 FEMALES) VEH. B - 1 PAX

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

SKP8103U

Vehicle Make/Model/Colour

AUDI

Details Of Properties

VEH. B

Name of Driver

MALE CHINESE

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

DAMAGED ON THE RIGHT PORTION

No. Of Passenger (Including Driver)

2

Details of Witness

Name

Phone Number

Email Address

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- 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.
- 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.
- B. 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:
 - 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 invoive 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:
 - 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

80100729/6.0501

(iii) 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 Pg. 2

KETCH PLAN	1 4	
	4	
		1-27
	1	
	0 00 11/	B/1-1
	2,047	//
	Scots 11/2 Boad	
SCRIBE CIRCUMSTAN	CES OF THE ACCIDENT	
Jenot encomorati		
	OF OHOA	910
	A CHIB IC	1917
	4 0 60	8
	D.S.C.	8 1034.
	1/	
ECLARATION		1927
We declare the foregoing	particulars are true in every respect	05 DEC 2012
of Taxle	_ A S010	0729/21017
()()()	7 - Hh	1
olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
late & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

Sketch Plan Pg. 3

Describe Circumstance of the Accident.

ON 02/12/2017 @ 1913 HRS, I WAS DRIVING MY TAXI (SHD 1091P)
TRAVELLING ALONG SCOTTS ROAD WITH 3 PASSENGERS ONBOARD (CHINESE - A MALE & 2 FEMALES) IN THE RIGHT LANE.

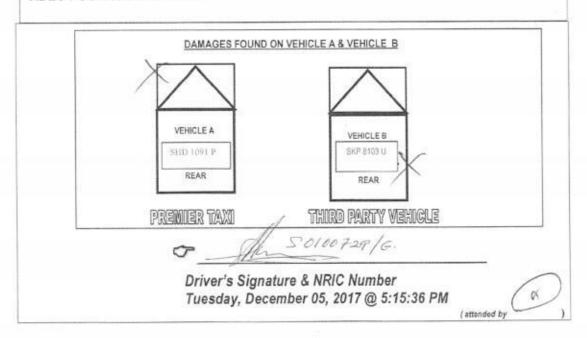
WHILE MOVING AHEAD, VEHICLE B (SKP 8103 U - AUDI) WHICH WAS FROM THE MIDDLE LANE - FAILED TO KEEP FOR PROPER LOOK OUT, HAD ENCROACHED ONTO MY PATH ON MY FRONT LEFT ABURPLTY.

AS SUCH, THE RIGHT PORTION OF VEHICLE B COLLIDED ONTO THE FRONT LEFT PORTION OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE FRONT LEFT PORTION AND VEHICLE B HAD DAMAGES ON THE RIGHT PORTION.

NO INJURY INVOLVED.
VEHICLE B HAD A PASSENGER ONBOARD.

*VIDEO FOOTAGE CAPTURED.



Text size + -

Enquire Transaction History

Transaction History Details

Log Date/Time:

29 May 2015 / 09:14:56

Receipt No.:

AACCK001-AX239-150529-000004

Asset Type:

Vehicle

Transaction Amount:

\$65,428.00

Asset ID:

SHD1091P

Channel:

AA Counterless - CYCLE & CARRIAGE KIA PTE LTD

Transaction Type:

Business Transaction

01.02 Register New Vehicle (AA)

Reference No.:

20150529091456374422

Vehicle No.:

SHD1091P

Vehicle Type:

H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1:

Air-Con (Taxi)

Vehicle Attachment 2:

Vehicle Attachment 3:

Vehicle Scheme:

Taxi (Company)

First Registration Date: 29 May 2015

Original Registration

29 May 2015

Date: Vehicle Make:

KIA

Vehicle Model:

OPTIMA 1.7(A) DIESEL

Chassis No.:

KNAGM414MF5593618

Engine No.:

D4FDEH313577

Motor No.:

Trailer Chassis No.:

Diesel

Propellant:

4

Engine Capacity:

Passenger Capacity:

1685

Power Rating:

Unladen Weight:

1584

Maximum Laden

2050

Weight:

Primary Color:

Silver

Secondary Color: Manufacturing Year:

2014

Open Market Value:

\$21,451.00

Minimum PARF Benefit: \$8,719.00

PARF Eligibility:

Y

No. of Transfer.

Effective Ownership Date/Time:

29 May 2015 09:14:56

COE No.:

2015052901002469H

COE Expiry Date:

28 May 2023

COE Bid Category:

Actual QP/PQP Paid

Amount

\$50,756.00

Lifespan Expiry Date:

28 May 2023

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511 CO. REG:200707743D GST REG:200707743D

5-Dec-17

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHD 1091 P

1 pc	Front bumper	\$	531.00
1 pc	Front bumper n/s side bracket ×	\$	16.00
1 pc		\$	384.00
1 pc	Front n/s fender XMAN Front n/s fender inner shield X Wheel cover	\$	120.00
1 pc	Wheel cover ×	\$	116.00
		\$	1,167.00
	Less 35%	S	408.45
		\$	758.55
S/NETT			
1 pc	Front n/s fender inner shield clips 🗶 📫	\$	28.00
1 pc	Front n/s fender sticker	\$	30.00
	Sundry	\$	50.00 20 nec
	To check wheel alignment	\$	80.00 Xan
	To labour charge for dismantle and renew the accident		
	damaged parts. Including knock-out, straighten, repair, reshape and adjust of the front bumper etc	\$	650.00 3 60 400.00 3 60 200.00 Xm
	To putty and spray painting on rear bumper, bootlid	\$	400.00 360
	To apply rustproofing on the repaired and replaced panels.	\$	200:00 Xm
	\$6.500 B 55	S	2,196.55
	(ALL THE REPAIR COSTS ARE SUBJECTED TO GST.)		

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

LKK Auto Consultants hence notify	Kalar 1164 1/ 27/2/-8 1525 La. Maring
the Repairer of the following: To resurvey before/after spray painting To display damaged part(s) during resurvey	300
Parts prices are subject to confirmation Third party survey is on a "Without Prejudice" basis	1 1/3/10
 No illegal modification(s) is allowed Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company 	Refere Pert pla
Acknowledged by Repairer	De la company de
Signature:	
Date:	_1

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/MSG17023195/K1TBN2

Date: 08/03/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

A28619428QMY

Claimant

SHD1091P

Insured Vehicle No:

SKP8103U

Vehicle No : Date of Loss:

02/12/2017

Nature of Claim:

TP

Claim No: 539440

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHD1091P

Make & Model:

KIA OPTIMA, 1.7 D (A) 29/05/2015 (Man. Year: 2014) Engine No: Chassis No: Odometer: D4FDEH313577 KNAGM414MF5593618

300457 km

Reg. Date: Colour:

Silver

Engine Capacity: Market Value/New Car Price: 1685 cc 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: Front Left Side: 205/65R16 Maxxis 7 mm Rear Tyre Size: Rear Left Side: 205/65R16 Maxxis 7 mm

Front Right Side:

Maxxis 7 mm

Rear Right Side:

Maxxis 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	866.55	365.15	501.40	57.86
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,330.00	660.00	670.00	50.38
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,196.55	1,025.15	1,171.40	53.33
Approved Total (Overridden) (S\$)		800.00		
(S\$)	2,196.55	800.00	1,396.55	63.58
+ GST 7.00/7.00% (S\$)	153.76	56.00	97.76	63.58
Nett Amount (S\$)	2,350.31	856.00	1,494.31	63.58

INSPECTION

Date of Assignment:

06/12/2017

Date Inspected:

27/02/2018 Inspected At:

Premier Automotive Services Pte Ltd

(Changi)

23 Changi South Ave 2 #01-02

Singapore 486443

Estimated Period of Repair:

3.0 days

Adjuster: KALVIN ANG WEI KUN

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: 08 Mar 2018)

KIA OPTIMA 1.7 D (A) (Catalogue:Merimen Singapore 1.0) 143 Parts: (Price-denominated Standard List)

Repairer's Labour: Print Code: (Unsubmitted, no print-code for SHD1091P)

These estimates are valid only if they contain the print code (above) on all estimate pages, running page Validity:

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 *.

R	200	mm	en	ded	Parts
$\overline{}$	EGU			ueu	alto

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
4	1		*FRONT BUMPER	Deformed	531.00 FL	*531.00 FL
2	4		*FRONT BUMPER N/S SIDE BRACKET	Serviceable	16.00 FL	*-FL
3	4		*FRONT N/S FENDER	Repair	384.00 FL	*-FL
3	1		*FRONT N/S FENDER INNER SHIELD	Serviceable	120.00 FL	*-FL
7	,		*WHEEL COVER	Serviceable	116.00 FL	*-FL
5 6	1		*FRONT N/S FENDER INNER SHIELD CLIPS	Not Necessary	28.00 FS	*-FS
7	4		*FRONT N/S FENDER STICKER	Not Necessary	30.00 FS	*-FS
8	1		*SUNDRY	Necessary	50.00 FS	*20.00 FS
F=Franchise part. S=SpcNett. L=ListItemDisc. Sub Total (S\$) - List Item Discount on L Items 35.00/35.00% (S\$)		1,275.00 408.45	551.00 185.85			
				Total Parts (S\$)	866.55	365.15

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items		NAME OF THE PARTY	
1	TO CHECK WHEEL ALIGNMENT	New	80.00	Terror a
2	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS.INCLUDING KNOCK-OUT,STRAIGHTEN,REPAIR,RESHAPE AND ADJUST OF THE FRONT BUMPER ETC	New	650.00	300.00
3	TO PUTTY AND SPRAY PAINTING ON REAR BUMPER, BOOTLID	New	400.00	360.00
4	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS	New	200.00	
	Gross Labo	ur Cost (S\$)	1,330.00	660.00
	Report was unsubmitted du	ring this print-out.		

< END OF ESTIMATES >