

ASS. REC. BY:

REF:

Tm1/

CC3/TMU7023627/Kybn2

Kenneth

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: _____

SDX 1234L

Policy No. _____

M4007597

Claims No. _____

M1706272

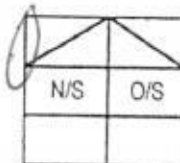
Sum Insured: _____

Excess: _____

(Client's Record)

Make of Veh: _____

(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: _____

2 1/2 days

Res.: _____

Yes or No

Lum Sum: _____

20 %

3 Val.: _____

Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: _____

SHB 9522X Yr Regn: 01, 13

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

Truck / Trailer or

Make: _____

Chevrolet Epica c.c. 1991

Colour _____

White / Red A/C: Insured / Std / NI / NA

Sp. Reading _____

640888 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

KLILA 69RTBB 123785

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: Giti 195/65R15

Liny R: Long

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal. _____

D

mm

Rear

R/Bal. _____

9

mm

L/Bal. _____

D

mm

L/Bal. _____

9

mm

D.O.A. _____

9/12/17

D.O.I. _____

12/12/17

Survey held at _____

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

N/S R

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

Date / Time Action / Instruction

13/12 File pass to Cashier

L1 Eyr @ 1500 (Paid \$14796.00, 91%)

SHB 9522X - NA / DALI7004300 / H/L

SDX 1234L - NA / A7608009121 / F/I

DUF: 01032017

DFA: 060308

13/12/17 @ 1.33pm Email GIA report & estimate to Shirley.

RECEIVED 18 DEC 2017

Date/Time, File Pass to?

1) 18/12 turnst

Date/Time, File Return to?

2) _____

☐ : Preli. Report☐ : Final Report

Days Of Repair: 2 1/2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee: _____

Transportation: _____

S + RS. \$I

Photos

Others

TOTAL

Report Format: _____

MER-TP

Lump Sum / I.B.A. (\$) _____

1500

250

10

260



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

TOKIO MARINE INSURANCE SINGAPORE LTD

Ref : CC3/TMI17023627/Kqb

20 MCCALLUM STREET #09-01

TOKIO MARINE CENTRESINGAPORE 069046

Date : 13-12-2017

Code : TMI



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SDX 1234L	Veh. Inspected	SHB 9522X
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	12/12/2017

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

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5. General Information

Accident Date	09/12/2017	Inspection Date	12/12/2017
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.
--

Survey Department Check List (Case Handler)

Reference No.: 003/7M117023627/Kyb
 Policy Type: OD TP / TP RES / TL / EVA

SHB 9522X

Case Handler

Typist

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

(1) Office Assign Form

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor (Leneth): 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

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Check By:

Cathy 18/12/17

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 13 December, 2017 1:33 PM
To: Too Joon Hwa
Cc: Priscilla Tan; SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD,
DOA: 09/12/2017, SHB 9522X (TP VEHICLE), SDX 1234L (OI VEHICLE)
Attachments: SHB9522 EST.pdf; SHB9522 GIA.pdf

Dear Shirley,

Please be informed that we had inspected the vehicle SHB 9522X M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63 SINGAPORE 569111 on 12/12/2017.

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type	Company
Owner ID	3878K

Vehicle Details

Vehicle No.	SHB9522X
Vehicle to be Exported	Yes
Intended De-registration Date	12 Dec 2017
Vehicle Make	CHEVROLET
Vehicle Model	EPICA 2.0DSL AT ABS D/AB 2WD 4DR TURBO
Primary Colour	Red
Manufacturing Year	2011
Engine No.	Z20S1462215K
Chassis No.	KL1LA69RJBB123785
Maximum Power Output	110.0 kW (147 bhp)
Open Market Value	\$13,971.00
Original Registration Date	29 Jan 2013
First Registration Date	29 Jan 2013
Transfer Count	0
Actual ARF Paid	\$13,971.00

Intended PARF Rebate Details

PARF Eligibility	Yes
PARF Eligibility Expiry Date	28 Jan 2021
PARF Rebate Amount	\$10,478.00

Intended COE Rebate Details

COE Expiry Date	28 Jan 2021
COE Category	A - Car (1600cc & below)
COE Period(Years)	8
PQP Paid	\$60,655.00
COE Rebate Amount	\$23,703.00
Total Rebate Amount	\$34,181.00

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 12 Dec 2017

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	11/12/2017 09:15
Date Of Accident	09/12/2017 08:25
Exact Location Of Accident	AYE TOWARDS MCE BEFORE ALEXANDAR ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9522X
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

Vehicle Particulars

Manufacturer	CHEVROLET
Model	EPICA-2.0 (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	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	CHONG WEI CHIEW
NRIC No	S1439901A
Date Of Birth	06/12/1960
Occupation	OUTDOOR
Date Of Driving Pass	17/03/1993
Driving Experience	24 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96734009
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 261B SENGKANG EAST WAY #06-414
Postcode	542261
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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

On the 09.12.2017 at about 0824hours, I was travelling along 2nd lane of AYE towards MCE before Alexandra road exit with the intention to change my lane to 3rd lane when Vehicle B(SDX1234L) which was on my left suddenly swerved into my lane without checking for oncoming vehicle. Hence, Vehicle B's right side portion had collided onto my taxi's left front side portion.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE TOO BIG
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SDX1234L
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	MISS TENG
NRIC/Passport Number	
Contact Number	97939900
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 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

A - 54B95224

B - 50X1234L

AXE tower 2

MCE

Before

ALEXANDRA RD

← ↑ ↑ ↑

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

- Please refer to CIA report -

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.:

TRANS-CAB AUTO SERVICES PTE LTD

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHB9522X - TOKIO**AAD1712-078***Not Authorized
L1 Syg 81506*

Vehicle No.:	SHB9522X - JHOW
Chassis No.:	KL1LA69RJB123785
Vehicle Make:	CHEVROLET
Vehicle Model:	EPICA 2.0
Date of Accident :	09.12.2017
Third Party Insurer :	TOKIO

PART			LIST	
1	1	Front Bumper	\$	<i>12</i> 1,202.00
2	1	Front Bumper Lower Absorber	\$	<i>12</i> 180.00
3	1	Front Bumper Reinforcement	\$	<i>12</i> 356.00
4	1	Front Bumper Retainer RH	\$	<i>12</i> 102.00
5	1	Front Bumper Retainer LH	\$	<i>12</i> 102.00
6	1	Front Bumper Lower Grille	\$	<i>12</i> 78.00
7	1	Front Bumper Lower Stiffener	\$	<i>12</i> 134.37
8	1	Bumper Fog Lamp Cover LH	\$	<i>12</i> 32.40
9	1	Front Fender LH	\$	<i>12</i> 837.60
10	1	Front Fender Liner LH	\$	<i>12</i> 47.00
11	1	Front Fender Inner Wheel House Panel LH	\$	<i>12</i> 1,437.00
12	1	Front Shock Absorber Assy LH	\$	<i>12</i> 216.17
13	1	Front Lower Arm LH	\$	<i>12</i> 283.00
14	1	Front Knuckle Arm LH	\$	<i>12</i> 230.00
15	1	Resonator (B/S Fender LH) AIR BOX	\$	<i>12</i> 134.67
16	1	Resonator Hose	\$	<i>12</i> 37.00
17	1	Bonnet	\$	<i>12</i> 1,250.00
18	1	Front Support Panel Assy	\$	<i>12</i> 1,222.32
19	1	Headlamp LH	\$	<i>12</i> 816.00
20	1	Radiator Grille (Grille A-Rad)	\$	<i>12</i> 367.00
21	1	Front Door LH	\$	<i>12</i> 1,133.00

TOTAL	\$	10,197.53
10%	\$	1,019.75
	\$	9,177.78

Special Nett

1	1 Set Front Bumper Fastener Clip	\$	<i>12</i> 24.00 X
2	1 Set Front licence plate with holder	\$	<i>12</i> 192.00 X

TRANS-CAB AUTO SERVICES PTE LTD**AAD1712-078**

NO.2 ANG MO KIO ST63 SINGAPORE 569111

TEL NO. 6287 6666 FAX NO. 6257 1330

CO/GST REG NO. 201019626G

SHB9522X - TOKIO

3	1 Set Radiator Grille clip	\$	<i>nn</i> 35.00 X
4	1 Set Front Fender Liner clip	\$	<i>nn</i> 30.00 X
5	2 Bonnet stopper	\$	<i>nn</i> 15.00 X
6	1 Front Wheel Rim Hub Cap LH	\$	<i>nn</i> 166.30 X
7	1 Front Tyre LH	\$	<i>nn</i> 180.00 X
8	1 Front Tyre Rim LH	\$	<i>nn</i> 126.00 X

TOTAL	\$	768.30
TOTAL PARTS	\$	9,946.08

To Check Electrical Lighting Concerned. \$ 170.00 *100*

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same \$ 2,800.00 *400*

Putty and spray painting of the affected portion. \$ 2,700.00 *600*

To check steering geometry and computer wheel alignment \$ 220.00 *60*

Towing fees \$ *nn* 120.00 X

To transfer of tire, rim and on wheel balancing. \$ *nn* 170.00 X

To rust-proofing of the affected areas. \$ 170.00 *30*

TOTAL	\$	6,350.00
Over All Total	\$	16,296.08

Repair Days**10 Days***2 weeks*

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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: CC3/TMI17023627/KQBN2

Date: 27/12/2017

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU007597
Claimant Vehicle No :	SHB9522X	Insured Vehicle No :	SDX1234L
Date of Loss:	09/12/2017	Nature of Claim:	TP
		Claim No:	M1706272

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB9522X	Engine No:	Z20S1462215K
Make & Model:	CHEVROLET EPICA, 2.0 (A)	Chassis No:	KL1LA69RJBB123785
Reg. Date:	29/01/2013 (Man. Year: 2011)	Odometer:	646989 km
Colour:	Red/White		
Engine Capacity:	1991 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:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Giti 8 mm	Rear Left Side:	Linglong 9 mm
Front Right Side:	Giti 8 mm	Rear Right Side:	Linglong 9 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	9,946.08	753.84	9,192.24	92.42
Miscellaneous Items	0.00	0.00	0.00	
Labour	6,350.00	1,100.00	5,250.00	82.68
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	16,296.08	1,853.84	14,442.24	88.62
Approved Total (Overridden) (S\$)		1,500.00		
(S\$)	16,296.08	1,500.00	14,796.08	90.80
+ GST 7.00/7.00% (S\$)	1,140.73	105.00	1,035.73	90.80
Nett Amount (S\$)	17,436.81	1,605.00	15,831.81	90.80

INSPECTION

Date of Assignment:	14/12/2017	
Date Inspected:	12/12/2017 Inspected At:	Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63 Singapore 569111
Estimated Period of Repair:	2.5 days	

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

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: 27 Dec 2017)
Parts: 143	CHEVROLET EPICA 2.0 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB9522X)
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	*FRONT BUMPER	Repair	1,202.00 FL	*- FL
2	1	*FRONT BUMPER LOWER ABSORBER	Serviceable	180.00 FL	*- FL
3	1	*FRONT BUMPER REINFORCEMENT	Repair	356.00 FL	*- FL
4	1	*FRONT BUMPER RETAINER RH	Serviceable	102.00 FL	*- FL
5	1	*FRONT BUMPER RETAINER LH	Serviceable	102.00 FL	*- FL
6	1	*FRONT BUMPER LOWER GRILLE	Serviceable	78.00 FL	*- FL
7	1	*FRONT BUMPER LOWER STIFFENER	Repair	134.37 FL	*- FL
8	1	*BUMPER FOG LAMP COVER LH	Serviceable	32.40 FL	*- FL
9	1	*FRONT FENDER LH	Bent	837.60 FL	*837.60 FL
10	1	*FRONT FENDER LINER LH	Serviceable	47.00 FL	*- FL
11	1	*FRONT FENDER INNER WHEEL HOUSE PANEL LH	Repair	1,437.00 FL	*- FL
12	1	*FRONT SHOCK ABSORBER ASSY LH	Serviceable	216.17 FL	*- FL
13	1	*FRONT LOWER ARM LH	Serviceable	283.00 FL	*- FL
14	1	*FRONT KNUCKLE ARM LH	Serviceable	230.00 FL	*- FL
15	1	*RESONATOR (B/S FENDER LH) AIR BOX	Serviceable	134.67 FL	*- FL
16	1	*RESONATOR HOSE	Serviceable	37.00 FL	*- FL
17	1	*BONNET	Repair	1,250.00 FL	*- FL
18	1	*FRONT SUPPORT PANEL ASSY	Repair	1,222.32 FL	*- FL
19	1	*HEADLAMP LH	Serviceable	816.00 FL	*- FL
20	1	*RADIATOR GRILLE (GRILLE A-RAD)	Serviceable	367.00 FL	*- FL
21	1	*FRONT DOOR LH	Repair	1,133.00 FL	*- FL
22	1	*SET FRONT BUMPER FASTENER CLIP	Not Necessary	24.00 FS	*- FS
23	1	*SET FRONT LICENCE PLATE WITH HOLDER	Serviceable	192.00 FS	*- FS
24	1	*SET RADIATOR GRILLE CLIP	Not Necessary	35.00 FS	*- FS
25	1	*SET FRONT FENDER LINER CLIP	Not Necessary	30.00 FS	*- FS
26	2	*BONNET STOPPER	Not Necessary	15.00 FS	*- FS
27	1	*FRONT WHEEL RIM HUB CAP LH	Serviceable	166.30 FS	*- FS
28	1	*FRONT TYRE LH	Serviceable	180.00 FS	*- FS
29	1	*FRONT TYRE RIM LH	Serviceable	126.00 FS	*- FS

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

Sub Total (\$\$)	10,965.83	837.60
- List Item Discount on L Items 10.00/10.00% (\$\$)	1,019.75	83.76
Total Parts (\$\$)	9,946.08	753.84

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	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	10.00
2	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	2,800.00	400.00
3	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	2,700.00	600.00
4	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	60.00
5	TOWING FEES	New	120.00	-
6	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	-
7	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	30.00
Gross Labour Cost (\$\$)			6,350.00	1,100.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >