S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :
ATTN : **MOTOR CLAIM DEPT.** T/P VEH. NO. : **SH6126P**

ESTIMATE REPORT 1st QUOTATION JOB NO :_____
OWNER'S PARTICULAR
NAME : **JULIAH BINTE MOHAMED SAID** CONTACT :
ADDRESS :

LICENSE NO. : **SLB1353Y** TRANS. : CHASSIS NO :
MAKE / MODEL : **MINI COOPER** ENGINE NO :
OWNER'S INSURER : **ERGO INSURANCE PTE LTD**
JOB-CODE : **TP** S/A : **MICHELLE** ACCDENT DATE : **29-Dec-17**

SUPPLYMENTRAY

CLAIM DETAIL	QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUB. DIS	REV. PRICE
1 BONNET FRONT MOUNLDING ~~CHA~~	1.00	296.50	10.00	266.85	Y	
2 TURBO RESONATOR ~~BR~~	1.00	335.8	10.00	302.22	Y	
3 CATALYTIC CONVERTER COVER ~~Bmc~~	1.00	188.5	10.00	169.65	Y	
4 TOP PANEL ~~Bmc~~	1.00	309.4	10.00	278.46	Y	
5 HEADLAMP CHROME BLACK MOULDING RIM RH ~~CHA~~ BR	1.00	222.5	10.00	200.25	Y	
6 HEADLAMP CHROME BLACK MOULDING RIM LH ~~Mis~~	1.00	222.5	10.00	200.25	Y	
7 CANOPY BRACKET GARNISH ~~Re~~	1.00	398.6	10.00	358.74	Y	
8 WINDSCREEN PILLAR OUTER COVER ~~BR~~	1.00	245.5	10.00	220.95	Y	
TOTAL (PARTS) : Quo Gi 4. 05/1/18		2940.00		1997.37		

EXCESS : : S$_____

NO. OF DAY : _____

RE-SURVEY : BEFORE / AFTER PAINTING

PART-BY-PART OR LUMP-SUM : S$_____

DATE OF SURVEY :____/____/____

SURVEY BY :_____

CONTACT NO :_____ FAX NO :_____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :
ATTN : MOTOR CLAIM DEPT.

T/P VEH. NO. : SH6126P

ESTIMATE REPORT 1st QUOTATION
OWNER'S PARTICULAR
NAME : JULIAH BINTE MOHAMED SAID
ADDRESS :

JOB NO : _____

CONTACT :

LICENSE NO. : SLB1353Y TRANS. :
MAKE / MODEL : MINI COOPER
OWNER'S INSURER : ERGO INSURANCE PTE LTD
JOB-CODE : TP S/A : MICHELLE

CHASSIS NO :
ENGINE NO :

ACCDENT DATE : 29-Dec-17

SUPPLYMENTRAY - 2

CLAIM DETAIL		QTY	QUO-PRICE	DISC. %	DISC-PRICE	SUR. DISP	REV. PRICE
1	INTAKE TURBO HOSE / BR	1.00	295.50	10.00	265.95	Y	
2	FRONT DRIVE SHAFT RH / CRA (1176.65	1.00	X 1785	10.00	1606.50	Y	

Cano Q'ty
08/1/18

TOTAL (PARTS) : 2080.50 1872.45

EXCESS : : S$_____

NO. OF DAY : _____

RE-SURVEY : BEFORE / AFTER PAINTING

PART-BY-PART OR LUMP-SUM : S$_____

DATE OF SURVEY : ____/____/____

SURVEY BY : _____

CONTACT NO : _____

FAX NO : _____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

M - 34879.95
S/N - 775
L - 5390
Supp - 3869.82
44914.77 - 20%
= 35931.80