

22/09/2002

ASS. REC. BY:

REF: CS/MSG18002033/Krd3ⁿ² Special Instruction:Surveyor:
Merimen

Kenneth

ASSIGNMENT (Office)

From (Person):

Katherine Wong

of

MSG

Date/Time:

01/02/18 @ 11.59 am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDN 1397C

Insured:

SFV 393D

at Workshop m/s

Complete VMS

Tel:

6455 0012

of 176, Sin Ming Drive # 03-14

Policy No:

S29010000SMF

Claim No:

548261

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 31/01/2018

02/02/2018

CA / REV / REP. / REV 24 HRS

'up'

H.O.D. Endorsement:

Date/Time:

1:48pm 01/2/18

Person Contacted:

Darren

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SDN 1397C-X
	SFV 393D-CS3 INC 12021617/Zv
6/2/18	Sent preli ftn merimen
2/3	11 Sy @ 5:50L Confirmed by email
	Ref: 84450.36, 461.

D.O.A. 4/11/2012

REF: MSIG

ASSIGNMENT

Form

Date

02/02/18

Vehicle

SDN 1397C

Page

01 17

Estimated Cost

OD (P) WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No.

SDN1397C

at Workshop No.

complete VMS

at

176 Sin Ming Drive # 03-14

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.



Bal. or Market Value

ICAO Accident Report

Consistent? : Yes or No

GIA / PR Seen

Consistent? : Yes or No

Est. Repairs

06

days

Res.

Yes or No

Sum Sum

1.B.1

%

3 Val.

Yes or No

CA / REV

/ REP.

/ 24 HRS

lwp

Vehicle IN / OUT

Date

Person Contacted

Type M/Cat M/Cycle Bus/Van/Lorry Taxi/Prime Mover

Truck/Trailer

Make

Honda Vezel

1496

Colour

M. Red

A/C

Insured

Std

Nil

NA

Sp. Reading

17886

T. Read

Insured

Std

Nil

NA

Eng. No.

O. No.

RU

1201539

Gen. Cond. Good Fair / Poor / Burnt

Steering In order / Jammed / Leaked / Burnt or

Brake In order / Jammed / Leaked / Burnt or

Mod Nil / S Rim / STD A/Rim or

Tyre Size

F.

215/55R17

R.

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

TOYO / YOKO or

Front

Rear

R. Bal.

5

mm

R. Bal.

6

mm

L. Bal.

5

mm

L. Bal.

6

mm

D.O.A.

31/1/17

D.O.A.

2/2/18

Survey held at

Des. of Damages: Frt

Rear

O/S

N/S

U/C

Roof top or

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

Date / Time

Action / Instruction

5/2 File pass to Carhume

RECEIVED 02-MAR-2018

Date/Time File Passed



Prelim. Report

Final Report

typist

Date/Time File Returned

Days Of Repair

6

Resurvey No. of Trip

2

Survey Fee

200

Transportation

10

Add Fees

Site Insp

Inter. Insp

Rec. Insp

Rec. Insp

Report Format

TP

Amount Due

S150

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 Internationale Des Experts En Automobile				
MSIG INSURANCE (SINGAPORE) PTE LTD			Ref : CS/MSG18002033/Krd3	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 01-02-2018	
			Code : MSG	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SFV 393D	Veh. Inspected	SDN 1397C	
Policy No.	S2901000SMF	Coverage (\$)	0.00	
Claim No.	548261	Excess (\$)	0.00	
Assign From	MERIMEN (KATHERINE WONG)	Assign Date	01/02/2018	
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	31/01/2018	Inspection Date		
Survey held at	COMPLETE VMS PTE LTD BLK 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX SINGAPORE 575721			
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'd	Status
Main	31 Jan 2018		01 Feb 2018 11:59 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	NG PECK ENG SUSAN, ID: S1184775G, Tel: +6598330980, Email: SUSANNG1802@YAHOO.COM.SG		
Main Claimant:	Tan Wee Liang, William, ID: S7203211Z		
Vehicle Reg. No.:	SDN1397C	Date of Loss:	31/01/2018 12:00 - :59
Claim Type:	TP / 548261	Policy/Cover Note No.:	S29010000SMF (Comprehensive) Coverage: 03/09/2017 - 02/09/2018
Vehicle Reg. No. (Insured):	SFV393D	Policy No. (Claimant):	
		Excess:	S\$500.00
Repairer:	COMPLETE VMS PTE LTD (HQ) 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex, 575721 Sin Ming - Tel: 6455 0012		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Katherine Wong Chew Shong - 6594 2544]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 02/02/2018]		
Driver/Custodian (Insured):	NG PECK ENG SUSAN (61 / Female), NRIC: S1184775G, Tel: +6598330980		
Adj Asg. Remarks:	Please assign to Mr Kenneth Kong. Thank you.		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS

[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.									

540261



COMPLETE VMS PTE LTD: The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

NOTICE OF ACCIDENT

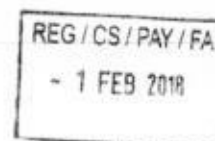
Your Ref : SFV393D
Our Ref : SDN1397C

1st February 2018

BY FAX 6827 7809 & 6225 7402 ONLY

MSIG INSURANCE (SINGAPORE) PTE LTD

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

Attention: Motor Claim Department

Dear Sir,

ACCIDENT INVOLVING SDN1397C AND SFV393D ON 31/1/2018 ALONG AYER RAJAH AVE TOWARDS DOVER ROAD AT ABOUT 12:16 HRS.

We act for **TAN WEE LIANG, WILLIAM** owner of vehicle no. **SDN1397C** with instruction to repair the vehicle.

Please be informed that the said vehicle can be inspected at:-

Venue	Complete VMS Pte Ltd 176, Sin Ming Drive, #03-14, Singapore 575721
Contact person	Ms Lily / Li Hui (Tel: 6455 0012)
Email	lihui@completevms.com.sg

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday, the said workshop will commence repairs thereafter without further reference to you. Please note that there will also be a storage charge of \$60 per day on the 2 day notice period commencing from the date of this letter.

Your Faithfully

li hui

Complete VMS Pte Ltd

Please acknowledge :-

Appointed Surveyor: _____

Date & Time: _____

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

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

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Katherine Wong Chew Shong

Date: 06 Feb 2018

Preliminary Advice

Insured Vehicle No	: SFV393D	Accident Date	: 31/01/2018
TP Vehicle No	: SDN1397C	Assignment Date	: 01/02/2018
Make	: HONDA VEZEL	Est. Duration of Repair	: 6.00
Date of Inspection	: 02/02/2018		
Inspection At	: COMPLETE VMS PTE LTD (HQ) 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX SINGAPORE 575721		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	9,600.36
Revised Amount	:S\$	4,115.04
Check Items (Estimated)	:S\$	2,891.04
Total	:S\$	7,006.08

Lump Sum Repair :S\$

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.
- (X) The above survey was conducted on a 'without prejudice' basis.

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 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	01/02/2018 12:08
Date Of Accident	31/01/2018 12:15
Exact Location Of Accident	AYER RAJAH AVE TOWARDS DOVER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDN1397C
Insured/Policyholder	
Name Of Registered Owner	TAN WEE LIANG WILLIAM
NRIC No	S7203211Z
Email Address	WILLTAN1972@YAHOO.COM
Mobile Phone No	(LOCAL) +65-94885375
Alternative Phone No	OTHERS-94885375

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL
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	5087380911-01
Cover Note Number	

Driver

Name of Driver	TAN WEE LIANG WILLIAM
NRIC No	S7203211Z
Date Of Birth	08/02/1972
Occupation	INDOOR
Date Of Driving Pass	09/05/1995
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94885375
Fax Number	
Contact Number	OTHERS-94885375
Email Address	WILLTAN1972@YAHOO.COM

Address	BLK 7 BOON KENG ROAD #28-132
Postcode	330007
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	1

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 ATTACHED

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	SFV393D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG PECK ENG SUSAN
NRIC/Passport Number	S1184775G
Contact Number	98330980
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	


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:

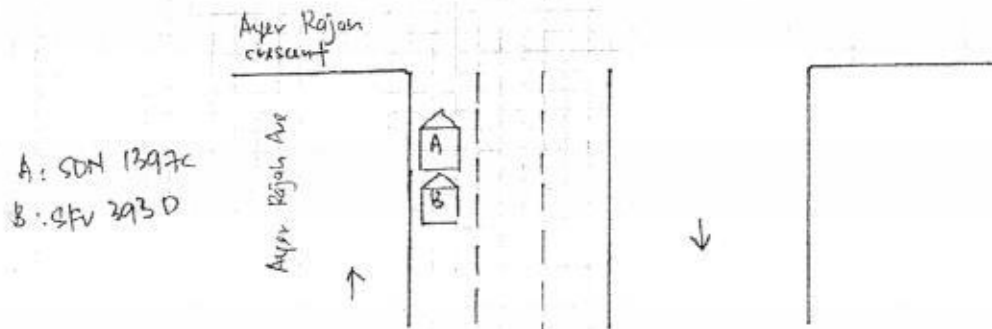
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was waiting at the traffic junction waiting for traffic green light. As the traffic light turns green, I proceed to move forward, after moving forward about a car length, I feel a very big impact at the rear. Vehicle B came from behind and collided into the rear portion of my veh A. We exchange particular and I am filing this report for insurance claim purposes.

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/TIN No.:

Not Authorized
Resurvey B4pam

Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

TAN WEE LIANG, WILLIAM
BLK 7 BOON KENG RD #28-132
SINGAPORE 330007

6 days
11 Day @ 5150/-

Estimate : ES006251

Attention : THE OWNER
Contact : 65948311 94885375

Date : 01/02/2018
Vehicle Num. : SDN1397C
Make/Model : HONDA VEZEL-2016
Chassis/Eng# : RU112015394/L15B4401539
Accident Date : 31/01/2018
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

LIST ITEMS :				
1.	1	TAIL GATE	B ₁ 1,100.90	✓
2.	1	TAIL GATE LOCK	NU 189.00	✓
3.	2	REAR W/SCREEN MOULDING	49.00 NU 98.00	✓
4.	1	H LOGO	NU 44.70	X
5.	1	VEZEL EMBLEM	NU 56.20	✓
6.	1	REVERSE CAMERA	my em SU 1,020.70	X
7.	1	TAIL GATE INNER TRIM	NU 285.00	✓
8.	1	BOOT WEATHERSTRIP	NU 126.80	✓
9.	1	REAR END PANEL	NU 465.60	✓
10.	1	REAR END PANEL TOP GARNISH	NU 122.30	✓
11.	1	REAR BUMPER CENTRE	B ₁ 762.70	✓
12.	2	REAR BUMPER SIDE PAD	B ₁ 391.20	✓
13.	6	REAR BUMPER CLIP	5.90 NU 35.40	✓
14.	2	REAR BUMPER BRACKET	28.00 R 56.00	✓
15.	2	REAR BUMPER REFLECTOR	my em 131.50	✓
16.	1	REAR EXHAUST SILENCER BOX	B ₁ 263.00	✓
17.	1	REAR EXHAUST SILENCER HEAT SHIELD	R 588.00	✓
18.	1	REAR FLOOR UNDER COVER	R 85.00	X
19.	1	SPARE TIRE PANEL	CNA 190.00	✓
20.	1	SPARE TIRE PANEL TOP GARNISH	R 1,130.60	X
			SU 230.60	X

List TotalS\$:

20.00% Discount S\$:

7,241.70

1,448.34

5,793.36

SPECIAL NETT ITEMS :

1.	1	REAR W/SCREEN SEALANT
2.	1	REVERSE SENSOR

405/-
CNA 2005/- 65.00
280.00

CONTINUE / ...

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:



Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

TAN WEE LIANG, WILLIAM
BLK 7 BOON KENG RD #28-132
SINGAPORE 330007

Attention : THE OWNER
Contact : 65948311 94885375

Estimate : ES006251

Date : 01/02/2018
Vehicle Num. : SDN1397C
Make/Model : HONDA VEZEL-2016
Chassis/Eng# : RU112015394/L15B4401539
Accident Date : 31/01/2018
Claim No. :
Reference :
Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
3.	1	REAR BUMPER LOWER LIP	<i>Bul 1111</i>	682.00 ✓
		Special Nett Total S\$:		1,027.00
		LABOUR :		<i>1201</i>
		REMOVE & REINSTALL REAR W/SCREEN GLASS		180.00
		TRANSFER TAILGATE COMPONENT TO NEW GATE		150.00 <i>601</i>
		RUST PROOFING TREATMENT		100.00 <i>601</i>
		REMOVE & REINSTALL REAR EXHAUST SILENCER BOX		150.00 <i>601</i>
		SPRAY PAINT DAMAGED AREA AFFECTED	<i>9001</i>	1,100.00
		TO CUT OFF REAR END PANEL, KNOCK AND STRAIGHTEN REAR CHASSIS FRAME AND CHANGE ALL NECESSARY PARTS		1,100.00 <i>601</i>
		Labour Total S\$:		2,780.00

SingDollars : Nine Thousand Six Hundred & Cents Thirty-Six Only

Total S\$: 9,600.36
=====

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

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/MSG18002033/KRD3N2

Date: 05/03/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	S29010000SMF
Claimant Vehicle No :	SDN1397C	Insured Vehicle No :	SFV393D
Date of Loss:	31/01/2018	Nature of Claim:	TP
		Claim No:	548261

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SDN1397C	Engine No:	L15B4401539
Make & Model:	HONDA VEZEL, 1.5 X CVT ABS D/AIRBAG 2WD 5DR (A)	Chassis No:	RU11201539
Reg. Date:	09/01/2017 (Man. Year: 2016)	Odometer:	17896 km
Colour:	Metallic Red		
Engine Capacity:	1496 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	215/55R17	Rear Tyre Size:	215/55R17
Front Left Side:	Michelin 5 mm	Rear Left Side:	Michelin 6 mm
Front Right Side:	Michelin 5 mm	Rear Right Side:	Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,820.36	4,661.28	2,159.08	31.66
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,780.00	1,800.00	980.00	35.25
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	9,600.36	6,461.28	3,139.08	32.70
Approved Total (Overridden) (\$\$)		5,150.00		
(\$\$)	9,600.36	5,150.00	4,450.36	46.36
+ GST 7.00/7.00% (\$\$)	672.03	360.50	311.53	46.36
Nett Amount (\$\$)	10,272.39	5,510.50	4,761.89	46.36

INSPECTION

Date of Assignment:	01/02/2018	
Date Inspected:	02/02/2018 Inspected At:	COMPLETE VMS PTE LTD (HQ) 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex Singapore 575721

Estimated Period of Repair: 6.0 days

Adjuster: KENNETH KONG

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:	MRM-SG	Version: 1.0 (Last Synchronised: 05 Mar 2018)
Parts:	144	HONDA VEZEL 1.5 X CVT ABS D/AIRBAG 2WD 5DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SDN1397C)	
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	*TAIL GATE	Bent	1,100.90 FL	*1,100.90 FL
2	1	*TAIL GATE LOCK	Dented	189.00 FL	*189.00 FL
3	2	*REAR W/SCREEN MOULDING	Necessary	98.00 FL	*98.00 FL
4	1	*H LOGO	Not Necessary	44.70 FL	*- FL
5	1	*VEZEL EMBLEM	Necessary	56.20 FL	*56.20 FL
6	1	*REVERSE CAMERA	Serviceable	1,020.70 FL	*- FL
7	1	*TAIL GATE INNER TRIM	Mtg Cracked	285.00 FL	*285.00 FL
8	1	*BOOT WEATHERSTRIP	Dented	126.80 FL	*126.80 FL
9	1	*REAR END PANEL	Bent	465.60 FL	*465.60 FL
10	1	*REAR END PANEL TOP GARNISH	Dented	122.30 FL	*122.30 FL
11	1	*REAR BUMPER CENTRE	Bent	762.70 FL	*762.70 FL
12	2	*REAR BUMPER SIDE PAD	Buckled/Mtg Distorted	391.20 FL	*391.20 FL
13	6	*REAR BUMPER CLIP	Necessary	35.40 FL	*35.40 FL
14	2	*REAR BUMPER BRACKET	Repair	56.00 FL	*- FL
15	2	*REAR BUMPER REFLECTOR	Mtg Cracked	263.00 FL	*263.00 FL
16	1	*REAR EXHAUST SILENCER BOX	Bent	588.00 FL	*588.00 FL
17	1	*REAR EXHAUST SILENCER HEAT SHIELD	Repair	85.00 FL	*- FL
18	1	*REAR FLOOR UNDER COVER	Cracked	190.00 FL	*190.00 FL
19	1	*SPARE TIRE PANEL	Repair	1,130.60 FL	*- FL
20	1	*SPARE TIRE PANEL TOP GARNISH	Serviceable	230.60 FL	*- FL
21	1	*REAR W/SCREEN SEALANT	Necessary	65.00 FS	*40.00 FS
22	1	*REVERSE SENSOR	Cracked	280.00 FS	*200.00 FS
23	1	*REAR BUMPER LOWER LIP	Buckled/Distorted	682.00 FS	*682.00 FS

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

Sub Total (\$\$)	8,268.70	5,596.10
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,448.34	934.82
Total Parts (\$\$)	6,820.36	4,661.28

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	REMOVE & REINSTALL REAR W/SCREEN GLASS	New	180.00	120.00
2	TRANSFER TAILGATE COMPONENT TO NEW GATE	New	150.00	60.00
3	RUST PROOFING TREATMENT	New	100.00	60.00
4	REMOVE & REINSTALL REAR EXHAUST SILENCER BOX	New	150.00	60.00
5	SPRAY PAINT DAMAGED AREA AFFECTED	New	1,100.00	900.00
6	TO CUT OFF REAR END PANEL,KNOCK AND STRAIGHTEN REAR CHASSIS FRAME AND CHANGE ALL NECESSARY PARTS	New	1,100.00	600.00
Gross Labour Cost (S\$)			2,780.00	1,800.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >