

22/03/2002

ASS. REC. BY:

REF:

CS3/MSG13003851/mibez

Special Instruction

Surveyor

ma

ASSIGNMENT (Office)

From (Person):

Jasmine Lok

of

MSGH

Date/Time:

29/03/2018 11:45am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJJ 4927D

Insured:

SKR 6774K

at Workshop m/s

Toh Motor

Tel:

9791 9594

of

Blk 160 Sin Ming DVE #05-16

Policy No:

J88959085MF

Claim No:

553807

Sum Insured:

Excess:

Make of Veh:

D.O.A.

26/03/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

02042018

H.O.D. Endorsement:

Date/Time:

29/03/2018 11:52am

Person Contacted:

Aik Shan

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SJJ 4927D - X

SJJ 4927D - X

Dismantle: 4/4/2018

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:

Company

Owner ID:

3821R

Vehicle Details

Vehicle No.:

SHC8089G

Vehicle to be Exported:

No

Intended De-registration Date:

12 Feb 2018

Vehicle Make:

MERCEDES BENZ

Vehicle Model:

E 220 CDI BLUEEFFICIENCY

Primary Colour:

White

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: _____
 at Workshop m/s TOH WTR

of _____

Insured: _____

Policy No. _____

Claims No. _____

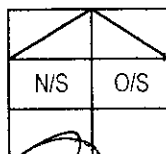
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
 repair at the time of inspection.



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No. STH9270 Yr Regn: SEP 2008
 Type M.Cap / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: TOYOTA AELION C.C. 1496

Colour Black A/C: Insured / Std / NI / NA

Sp. Reading 163150 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NZT2603033227

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: G4 195/65R15
 R: BS 195/65R15

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

Front

Rear

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 26/3/2018 D.O.I. 2/4/2018

Survey held at _____

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

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

Date / Time Action / Instruction

10/5 NO EST UPON SURVEY -
Submit PRS report.

4000/2 - 4500/2

RECEIVED 16 APR 2018

Date/Time, File Pass to?



Preli. Report

1)



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

) S + P.S. SI

) Photos

) Others

)

TOTAL

Add Fee: ☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

☐ Weekend (\$

Report Format: PR2

Lump Sum / I.B.I: (\$

120

50

10

180

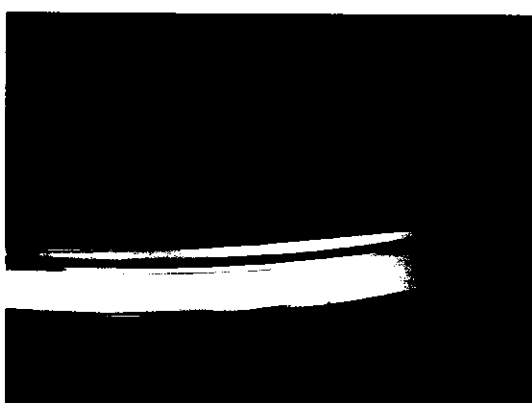
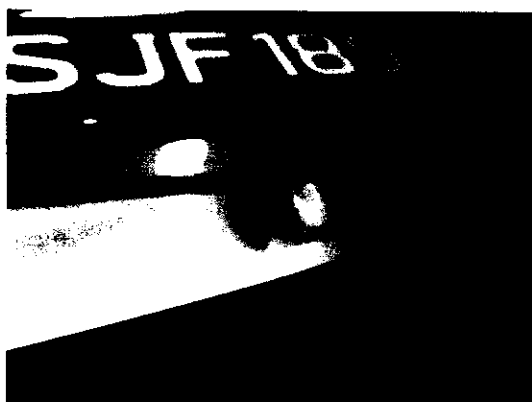
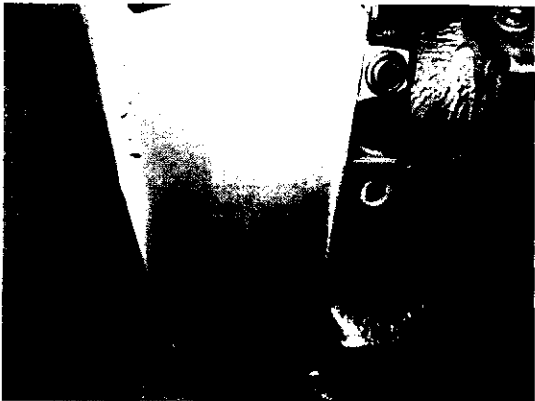


LKK Auto Consultants Pte Ltd

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



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 Mar 2018		29 Mar 2018 11:45 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	IYER MOHAN SRINIVASAN, ID: S7387663Z		
Main Claimant:	EDVANTECH, Co. Reg. No.: 53328913X		
Vehicle Reg. No.:	SJJ6774K	Date of Loss:	26/03/2018 00:00 - :59
Claim Type:	TP / 553807	Policy/Cover Note No.:	28895908SMF (Comprehensive) Coverage: 28/02/2018 - 27/02/2019
Vehicle Reg. No. (Insured):	SKR6774K	Policy No. (Claimant):	
		Excess:	
Repairer:	Toh Motor Enterprise (Autocity) 160 Sin Ming Drive, #05-16 Sin Ming Autocity, 575722 Sin Ming - Tel:		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 30/03/2018]		
Adj Asp. Remarks:	Third Party Pre-Repair Survey		

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.									



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	27/03/2018 16:28
Date Of Accident	26/03/2018 22:45
Exact Location Of Accident	TPE EXIT 3C TOWARD PASIR RIS DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJJ4927D
Insured/Policyholder	
Name Of Registered Owner	EDVANTECH
Co Reg No	53328913X
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98312110
Alternative Phone No	OFFICE-98312110

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALLION

Exact Purpose for which vehicle was being used at time of accident

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	5097689387
Cover Note Number	

Driver

Name of Driver	KWAY ENG CHUAN EDWARD
NRIC No	S0143488H
Date Of Birth	05/06/1947
Occupation	OUTDOOR
Date Of Driving Pass	11/02/1970
Driving Experience	48 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98312110
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	NIL
Postcode	
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	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	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 TO SKETCH PLAN

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	SKR6774K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

SKETCH PLAN

3. You must correctly fill in the details of the content required by the policyholder.

4. This form must be **completed by the Policyholder and/or the Authorised Driver**

5. Information provided must be as **truthful and accurate as possible**. Any willful misrepresentation or withholding of material facts may allow insurance companies to **repudiate policy liability**.

6. The use and acceptance of this form by insurance companies is an advisory only and not binding on the part of the Insurance Company.

7. **Any false reporting may be referred to the Police for investigation**

8. The report will be forwarded by the Assistant of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIAS) for archiving and that copies of this report will for a fee be made available upon application by interested parties.

9. By the lodging of this report to the Insurers, you hereby consent to the sharing of the report with the Insurers and the report being made available aforesaid.

10. **Consent under the Personal Data Protection Act (PDPA)**

I hereby declare, acknowledge, agree and consent that:

(a) My insurer(s), working and the General Insurance Association of Singapore ("GIA") may be 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, in pursuance of my insurer(s) collectively the **"Personal Information"**, and disclose and transfer such Personal Information to a consultant who have insured vehicle(s) involved in this accident, all insurers, 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 agencies/entities involved in the process for the purpose(s) of:

(i) processing, handling and/or dealing with my claims, including the settlement of the claims and any ancillary investigations relating to the claims;

(ii) investigating my accident and/or my claims;

(iii) complying with and/or dealing with my instructions or responding to any enquiries by the Insurers;

(iv) administering my claims, including the mailing of correspondence, statements, invoices, reports, or others to me;

(v) checking and/or disclosure of certain personal data about me to bring about delivery of the same as well as on the external review of my policy/ my packages; and/or

(vi) complying with applicable law in administering, processing, handling and/or dealing with my claims. Before stating "Purposes"

(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers, lawyers/law firms, may also be 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 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 used purpose of Singapore for one or more of the above Purposes;

(d) my Personal Information may also be collected and used to complete my history for the purpose of fraud detection, investigation and management, prevention and all future claims;

(e) the information collected under (d) above may be shared (disclosed)

(f) to all insurers with or any other third parties that assist in evaluating, investigating, or managing fraud, regulatory, law enforcement or government agencies in respect of my participation in my personal data;

(g) for complying with any relevant order or any regulatory action or court order.



1. The following information is being furnished to you for your information only. It is not intended to be used for any other purpose.

Accident Sketch Plan

SKETCH PLAN

Location of accident: _____
 Date: _____

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>On the morning of Sunday, June 10, 1968, at approximately 10:00 AM, I was driving my 1968 Ford Mustang on Highway 101, southbound, near the intersection of Highway 101 and Highway 102. I was traveling at approximately 40 mph. I saw a white pickup truck in the left lane ahead of me. I attempted to pass the truck, but it did not move. I then moved into the right lane and passed the truck. As I passed, the truck turned right into the path of my car. I was unable to avoid the collision and struck the side of the truck. The truck was driven by a man named [Name]. I was not injured in the accident. The truck was damaged. I stopped my car and called the police. The police arrived at the scene and took statements from me and the driver of the truck. They then towed the truck to a nearby repair shop. I then drove my car to the same repair shop. The accident was caused by the driver of the truck failing to yield the right of way to my car.</p>	<p>The accident occurred on a two-lane highway with a center turn line. The road was dry and clear. The weather was clear and sunny. The visibility was good. The driver of the truck was wearing a seat belt. The driver of my car was not wearing a seat belt. The driver of the truck was a male, approximately 30 years old. The driver of my car was a female, approximately 25 years old. The driver of the truck was driving a white pickup truck. The driver of my car was driving a 1968 Ford Mustang. The driver of the truck was driving southbound. The driver of my car was driving southbound. The driver of the truck was in the left lane. The driver of my car was in the right lane. The driver of the truck turned right into the path of my car. The driver of my car was unable to avoid the collision. The collision occurred at approximately 10:00 AM on Sunday, June 10, 1968. The accident was caused by the driver of the truck failing to yield the right of way to my car.</p>
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DECLARATION

I, the undersigned, declare that the foregoing is a true and correct statement of the facts and circumstances of the accident.

Signature of declarant
 Date: _____



Signature of declarant
 Date: _____

Signature of declarant
 Date: _____

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	28 Mar 2018		29 Mar 2018 11:45 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: IYER MOHAN SRINIVASAN , ID: S7387663Z									
Main Claimant: EDVANTECH , Co. Reg. No.: 53328913X									
Vehicle Reg. No.:	SJJ4927D	Date of Loss:	26/03/2018 00:00 - :59 [114 Months and 11 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 553807	Policy/Cover Note No.:	28895908SMF (Comprehensive) Coverage: 28/02/2018 - 27/02/2019						
Vehicle Reg. No. (Insured):	SKR6774K	Policy No. (Claimant):							
		Excess:							
Repairer: Toh Motor Enterprise (Autocity) 160 Sin Ming Drive, #05-16 Sin Ming Autocity, 575722 Sin Ming - Tel:									
Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwel - 6594 2550]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MA CHIN FOOK] ... [Imm.Advice due 30/03/2018]									
Adj Asg. Remarks: Third Party Pre-Repair Survey									
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.									

Claim Documents

***SJJ4927D (553807)**
[SKR6774K]
TP
EDVANTECH
Mar 26 2018 12:00AM
[IYER MOHAN SRINIVASAN]
Toh Motor Enterprise

[Upload Documents](#) |
 [Upload Photos](#) |
 [Compose New Letter](#)

View View in Browser

Assessment Reports				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	28/03/18 18:12	Accident Statement <small>From: SC - Reg. No: SKR6774K, Claimant: IYER MOHAN SRINIVASAN</small>	1	Load HTM	

Photos/Images				3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	04/05/18 17:15	General View	1	Load JPG	<input checked="" type="checkbox"/>
2	04/05/18 17:15	General View	1	Load JPG	<input checked="" type="checkbox"/>
3	04/05/18 17:15	General View	1	Load JPG	<input checked="" type="checkbox"/>
4	04/05/18 17:15	General View	1	Load JPG	<input checked="" type="checkbox"/>
5	04/05/18 17:15	General View	1	Load JPG	<input checked="" type="checkbox"/>
6	04/05/18 17:15	General View	1	Load JPG	<input checked="" type="checkbox"/>
7	04/05/18 17:15	General View	1	Load JPG	<input checked="" type="checkbox"/>
8	04/05/18 17:15	General View	1	Load JPG	<input checked="" type="checkbox"/>
9	04/05/18 17:15	General View	1	Load JPG	<input checked="" type="checkbox"/>
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11	04/05/18 17:15	General View	1	Load JPG	<input checked="" type="checkbox"/>
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17	04/05/18 17:15	General View	1	Load JPG	<input checked="" type="checkbox"/>
18	04/05/18 17:16	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
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27	04/05/18 17:16	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>
28	04/05/18 17:16	Photographs of Damaged Parts	1	Load JPG	<input checked="" type="checkbox"/>

Documentation				1 per page	<input checked="" type="checkbox"/>
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	28/03/18 15:38	TP PRI & ACCDT REPORT	1	Load PDF	
2	28/03/18 17:54	E-FILE REPORT (SJJ4927D)	1	Load PDF	
3	29/03/18 11:43	TP REJECTION REPLY & WE NOMINATED LKK TO BE OUR SJE	1	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer			
<small>Note: Remarks are private unless you show it to other parties.</small>			

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: CS3/MSG18005851/M1BE2

Date: 11/05/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No: 28895908SMF

Claimant Vehicle No : SJJ4927D

Insured Vehicle No : SKR6774K

Date of Loss: 26/03/2018

Nature of Claim: TP

Claim No: 553807

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SJJ4927D

Make & Model: TOYOTA ALLION A15, 1.5 (A)

Engine No: 1NZA202803

Reg. Date: 15/09/2008 (Man. Year: 2008)

Chassis No: NZT2603033227

Colour: Black

Odometer: 163150 km

Engine Capacity: 1496 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: 195/65 R15

Rear Tyre Size: 195/65 R15

Front Left Side: Goodyear 8 mm

Rear Left Side: Bridgestone 8 mm

Front Right Side: Goodyear 8 mm

Rear Right Side: Bridgestone 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 29/03/2018

Date Inspected: 02/04/2018 Inspected At:

Toh Motor Enterprise (Autocity)
160 Sin Ming Drive, #05-16 Sin Ming
Autocity
Singapore 575722

Estimated Period of Repair: 0.0 days

Adjuster: MA CHIN FOOK

Manager: CATHERINE CHONG KAI LING

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.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,000.00 - \$4,500.00

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 11 May 2018)
Parts: 143 TOYOTA ALLION A15 1.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SJJ4927D)
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

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >

