

ASS. REC. BY:

REF: CS/CTU800-7788/Tlvon2 Special Instruction:

Surveyor

Taufan

ASSIGNMENT (Office)

Mumma

From (Person):

Irene Jay

of

CTL

Date/Time:

27/04/2018 3:04pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SBX 8D

Insured:

CB 6657U

at Workshop m/s

Motorway Car Care

Tel:

6571 9635

of

1094 Lower Delta Rd

Policy No:

DMB19N1328871702

Claim No:

SNM18D02066C02

Sum Insured:

Excess:

Make of Veh:

D.O.A

21/04/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS WPI

30-04-2018

H.O.D. Endorsement:

Date/Time:

27/04/2018

3.15pm

Person Contacted:

KH / Lynn

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SBX 8D - X

CB 6657U - X

3/7/18

@ 4:21pm Lynn will check

13/7/18

LS \$ 1100 confirmed by email (Ref 516.99, 3270)

17/7

date of accident is 21/4/2018 (check with Catherine)

Surinder  
Munim

Tanjah

REF: CTE

## ASSIGNMENT

From: Date: 30042018

Estimated Cost:

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

To Inspect Vehicle No: SBX 8D

at Workshop m/s

of 10914 Lower Delta Rd

Insured:

Policy No.

Claims No.

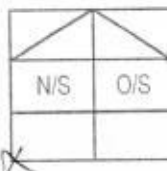
Sum Insured: Excess:

(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 Report: 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

GA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBX 8D Yr Regn: 2017 Aug.

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

Truck / Trailer or

Make: Scanyang Tivoli C/C 1597.

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

Sp. Reading: 936 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: KPT30B1V SMP/168444

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: 205/60K16

R: 7

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

TOYO / YOKO or Nexen

Front Rear

R/Bal. 6 mm R/Bal. 6 mm

L/Bal. 6 mm L/Bal. 6 mm

D.O.A. D.O.I. 30/4/18 @ 1145

Survey held at Motormey

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

Rear n/s.

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

Date / Time Action / Instruction

RECEIVED 13 JUL 2018

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 13/7 - typst

Days Of Repair: 4

Resurvey No. of Trip: -

Report Format : merimen

Lump Sum / I.B.I. (\$) 1100/-

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Invs (\$)

☐ Weekend (\$)

Survey Fee:

Transportation:

) \$ + RS \$

) Photos

) Others

TOTAL

220

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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Apr 2018		27 Apr 2018 15:04 Assign				<b>New Assignment</b> Cancel Case

Main	Reference	Claim Details	Documents	Show All
<b>CLAIM SUBFOLDER DETAILS</b>		<b>[Created by insurer]</b>		
Insured:	<b>HJ TRANSPORT SERVICES</b> , Co. Reg. No.: 53146257M			
Main Claimant:	<b>LEO MENG FOO</b> , ID: S1305815F			
Vehicle Reg. No.:	<b>SBX8D</b>	Date of Loss:	21/04/2018 09:00 - :59	
Claim Type:	<b>TP / SNM18D02066C02</b>	Policy/Cover Note No.:	DMB1SN1528871702 (TP, Fire & Theft)	
Vehicle Reg. No. (Insured):	<b>CB6657U</b>	Policy No. (Claimant):		
		Excess:	S\$0.00	
Repairer:	<b>Motorway Car Care Centre Pte Ltd - Lower Delta (HQ)</b> 1094 LOWER DELTA ROAD, 169205 Bukit Merah - Tel:			
Handling Insurer:	<b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111 ... [Handled by <b>Irene Tay Hui Ping</b> - 638986192]			
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... <b>[Final Rpt due 09/05/2018]</b>			
Adj Asg. Remarks:	EST \$1616.99, ASSIGN KENNETH KONG AS SJE.			
<b>ASSOCIATED MAIL RECEIVED</b>		<b>View All</b> <b>Compose Case Mail</b>		
There are no mail for this case.				
<b>ALL ASSOCIATED TASKS</b>				
		<b>View All</b>	<b>Search Tasks</b>	<b>Create New Task</b>
<b>Due Date</b>	<b>Priority</b>	<b>Type</b>	<b>Task Group</b>	<b>Subject</b>
				<b>Handler</b>
				<b>Assigned By</b>
				<b>Completed On</b>
				<b>Created On</b>
				<b>Done?</b>
No results.				

## Veron Chen (LKKAUTO)

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**From:** Veron Chen (LKKAUTO)  
**Sent:** Friday, 13 July 2018 1:46 PM  
**To:** Lynn  
**Cc:** "Steve"; 'Allan'; 'Zambri'; SUR  
**Subject:** RE: LIABILITY STATUS - SBX8D - DOA: 21/4/18

Dear Lynn,

Noted with thanks.

Final invoice and all supporting documents sent over to CHINA TAIPING

OIC- Irene Tay , Ref No SNM18D02066C02

Email: irene.tay@sg.cntaiping.com

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** Lynn [mailto:lynn@motorway.com.sg]  
**Sent:** Friday, 13 July 2018 12:36 PM  
**To:** Veron Chen (LKKAUTO) <veronchen@lkkauto.com>  
**Cc:** "Steve" <steve@motorway.com.sg>; 'Allan' <allan@motorway.com.sg>; 'Zambri' <zambri@motorway.com.sg>; SUR <sur@lkkauto.com>  
**Subject:** RE: LIABILITY STATUS - SBX8D - DOA: 21/4/18

Dear Veron

We confirm COR Lump Sum \$1,100 @ 4days.

May I have the officer in-charge name and email address please.

Thank You

Best Regards,

**Lynn Ahmad**

**Motor Claims Executive**

**Motorway Car Care Centre Pte Ltd**

1094 Lower Delta Road

Motorway Building, Singapore 169205

DID : 6571 9635 | Fax : 6278 5531

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**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]

**Sent:** Friday, 13 July, 2018 10:42 AM

**To:** Lynn <lynn@motorway.com.sg>

**Cc:** "Steve" <steve@motorway.com.sg>; 'Allan' <allan@motorway.com.sg>; 'Zambri' <zambri@motorway.com.sg>; SUR <sur@lkkauto.com>

**Subject:** RE: LIABILITY STATUS - SBX8D - DOA: 21/4/18

Dear Lynn,

WITHOUT PREJUDICE

Offer Lump Sum \$1100 before GST @ 4 working days.

Kindly confirmed.

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** Lynn [mailto:lynn@motorway.com.sg]

**Sent:** Thursday, 5 July 2018 9:11 AM

**To:** Veron Chen (LKKAUTO) <veronchen@lkkauto.com>

**Cc:** "Steve" <steve@motorway.com.sg>; 'Allan' <allan@motorway.com.sg>; 'Zambri' <zambri@motorway.com.sg>

**Subject:** RE: LIABILITY STATUS - SBX8D - DOA: 21/4/18

Dear Veron

Kindly finalise COR.

Thank You

Best Regards,

**Lynn Ahmad**

**Motor Claims Executive**

**Motorway Car Care Centre Pte Ltd**

1094 Lower Delta Road

Motorway Building, Singapore 169205

DID : 6571 9635 | Fax : 6278 5531

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**From:** Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]

**Sent:** Friday, 8 June, 2018 8:26 AM

**To:** Lynn <lynn@motorway.com.sg>

**Cc:** "Steve" <steve@motorway.com.sg>; 'Allan' <allan@motorway.com.sg>; 'Zambri' <zambri@motorway.com.sg>

**Subject:** RE: LIABILITY STATUS - SBX8D - DOA: 21/4/18

Dear Lynn,

Kindly refer to CHINA TAIPING for liability.

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** Lynn [mailto:lynn@motorway.com.sg]

**Sent:** Friday, 8 June 2018 8:12 AM

**To:** Veron Chen (LKKAuto) <veronchen@lkkauto.com>

**Cc:** "Steve" <steve@motorway.com.sg>; 'Allan' <allan@motorway.com.sg>; 'Zambri' <zambri@motorway.com.sg>

**Subject:** LIABILITY STATUS - SBX8D - DOA: 21/4/18

Dear Veron

We refer to the above matter, may we check on the liability status?

Thank You

Best Regards,

**Lynn Ahmad**

**Motor Claims Executive**

**Motorway Car Care Centre Pte Ltd**

1094 Lower Delta Road

Motorway Building, Singapore 169205

DID : 6571 9635 | Fax : 6278 5531

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**From:** Veron Chen (LKKAuto) [mailto:veronchen@lkkauto.com]

**Sent:** Tuesday, 5 June, 2018 12:18 PM

**To:** lynn@motorway.com.sg

**Subject:** RE: PENDING FINALIZE

Dear Lynn,

Kindly advise vehicle status.

**If vehicle has been repaired, please finalize with us.**

- 1) SLJ 3398M-DOA: 8/1/18
- 2) SLB 8629G-DOA: 17/2/18
- 3) SBX 8D-DOA: 21/4/18

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** Veron Chen (LKKAuto)

**Sent:** Monday, 4 June 2018 5:19 PM

**To:** 'lynn@motorway.com.sg' <lynn@motorway.com.sg>

**Subject:** PENDING FINALIZE

Dear Lynn,

Kindly advise vehicle status.

**If vehicle has been repaired, please finalize with us.**

- 1) SLJ 3398M-DOA: 8/1/18
- 2) SLB 8629G-DOA: 17/2/18

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

## 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	25/04/2018 16:54
Date Of Accident	22/04/2018 09:25
Exact Location Of Accident	HAIG ROAD HDB OPEN CAR PARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBX8D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LEO MENG FOO
NRIC No	S1305815F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-81333331
Alternative Phone No	OTHERS-81333331
<b>Vehicle Particulars</b>	
Manufacturer	SSANGYONG
Model	TIVOLI-1.6 G 6AT ABS 2WD (A)
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
<b>Insurance Company</b>	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD17V11991/VPC/R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	LEO MENG FOO
NRIC No	S1305815F
Date Of Birth	04/05/1958
Occupation	INDOOR
Date Of Driving Pass	17/07/1978
Driving Experience	39 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81333331
Fax Number	
Contact Number	OTHERS-81333331
Email Address	NOEMAIL



Address 31 BROADRICK ROAD SINGAPORE 439494

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 COLLIDED INTO PARKED VEHICLE

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? YES

If Yes, Please state which Police Station

Police Station Name BEDOK POLICE DIVISIONAL HQ (G DIVISION)

Police Station Address ROAD: 30 BEDOK NORTH ROAD , POSTCODE: 469676 , COUNTRY: SINGAPORE

Police Station Contact TEL NO: 1800-2440000 - FAX NO: 64443009

Was notice of intended Prosecution given? NO

If Yes, against whom?

#### Circumstances of Accident

REFER TO THE POLICE REPORT AND STATEMENT

#### 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 CB6657U

Vehicle Make/Model/Colour PRIVATE BUS

Details Of Properties SIDE PORTION LH

Vehicle Category BUS

Name of Driver AZMAN BIN ARSHAD

NRIC/Passport Number S1822771A

Contact Number 83066560

Address

Postcode

Insurance Company Name

Nature Of Damage

Sketch Plan



MotorWay Car Care Centre Pte Ltd

(CO-REG NO.: 20050-0605)

1094, Lower Delta Road, Motorway Building, Singapore 169205

Tel: (65) 6466 2000 Fax: (65) 6373 5535

Website: www.motorway.com.sg

Details of Other Vehicle / Property 1

Vehicle Registration Number: CS6657U

Vehicle Make and Model: Private Hire Bus

Name of Driver: Azmi Bin Arshad

NRIC / FIN / Passport number: S1822931A

Address: \_\_\_\_\_

H/P: 93066960

Insurance Company Name: \_\_\_\_\_

Details of Other Vehicle / Property 2

Vehicle Registration Number: \_\_\_\_\_

Vehicle Make and Model: \_\_\_\_\_

Name of Driver: \_\_\_\_\_

NRIC / FIN / Passport number: \_\_\_\_\_

Address: \_\_\_\_\_

H/P: \_\_\_\_\_

Insurance Company Name: \_\_\_\_\_

Details of Witness (if any)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

H/P: \_\_\_\_\_

Email: \_\_\_\_\_

Details of Injured Person 1 (if any)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Injuries sustained: \_\_\_\_\_

Injured person in which vehicle: \_\_\_\_\_

Was injured conveyed to hospital by ambulance: Yes / NO

Details of Injured Person 2 (if any)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Injuries sustained: \_\_\_\_\_

Injured person in which vehicle: \_\_\_\_\_

Was injured conveyed to hospital by ambulance: Yes / NO

I / We declare the foregoing particulars are true in every respect

Policyholder's signature: [Signature]

Date and time: 24/04/18

Driver's signature: [Signature]

Date and time: 24/04/18

## Sketch Plan #2

### 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 Authorized 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 revoke policy liability.
4. The issue and completion of this Form by insureds does not constitute an admission of policy liability on the part of the insurance companies.
5. Accident reporting must be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the QIA Records Management Centre established by the General Insurance Association of Singapore (QIA) to the relevant authorities and the details of this report will for a fee be made available upon application by interested parties.
7. By the completion of this report to the insurers, you hereby consent to the forwarding of this report to the centre and to release of the report being made available thereof.

#### Sketch Plan

Refer To The Sketch Plan

#### Describe Circumstances of the Accident

Refer To The Police Report - G/20180422/7004

#### Declaration

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

Witnessed by Reporting Centre's Personnel

24/04/2018

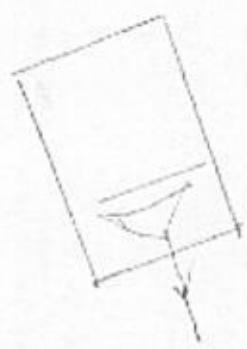
Leaving Broadway Dr.



BUS hit side  
scratch my  
car rear  
left part



On the kind side many vehicle parked





1094 Lower Delta Road Motorway Building Singapore 169205  
Main +65.6468 2200 | Fax +65.6273 5535

CHINA TAIPING INSURANCE (S) PTE LTD  
MOTOR CLAIMS DEPARTMENT  
3 ANSON ROAD  
#16-00 SPRINGLEAF TOWER  
SINGAPORE 079909

### ESTIMATES

VEHICLE NO. : SBX8D  
CHASSIS NO : KPT30B1V5HP168444  
MAKE / MODEL : SSANGYONG TIVOLI  
DATE OF ACCIDENT : 22/04/2018 @ 09:25HRS  
YOUR INSURED VEHICLE NUMBER : CB6657U

<u>PARTS DISCRPTION</u>	<u>QTY</u>	<u>List Price</u>	<u>Total List Price</u>
REAR TAILLAMP LH	1		\$ 380.22 <i>cur</i>
REAR BUMPER	1		\$ 308.72 <i>aut</i>
REAR BUMPER UPPER LH	1		\$ 51.01 <i>de</i>
REAR WHEEL ARCH GARNISH LH	1		\$ 48.30 <i>x 111</i>
REAR WHEEL ARCH GARNISH CLIPS LH	8	\$ 1.05	\$ 8.40 <i>x 111</i>
		Total	\$ 796.65
		LESS 10%	\$ 79.67
		TOTAL PARTS	\$ 716.99

### LABOUR CHARGES

TO REMOVE, REPLACE & REPAIR ALL DAMAGES ITEMS  
TO SPRAY PAINT ON THE AFFECTED AREAS DUE TO ACCIDENT  
TUFF KOTE

	\$ 350.00 <i>300</i>
	\$ 500.00 <i>400</i>
	\$ 50.00 <i>30</i>
TOTAL LABOUR	\$ 900.00

SUB TOTAL **\$ 1,616.99**

Mr Kit  
Motor Claims Department  
Motorway Car Care Centre Pte Ltd  
TEL: 6571 9635  
FAX : 6278 5535  
EMAIL: klkuan@motorway.com.sg  
WEBSITE: www.motorway.com.sg

**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:

*Tanpin 97495749*  
*30/4/18 @ 1145*  
*Resurvey after repair.*

*sure 1 month in*

*4 days.*

*[Signature]*  
*24/5/18.*

## 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/CT118007788/T1VBN2

Date: 17/07/2018

## REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMB1SN1528871702
Claimant Vehicle No :	SBX8D	Insured Vehicle No :	CB6657U
Date of Loss:	21/04/2018	Nature of Claim:	TP
		Claim No:	SNM18D02066C02

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SBX8D	Engine No:	17391002092480
Make & Model:	SSANGYONG TIVOLI, 1.6 G 6AT ABS 2WD (A)	Chassis No:	KPT30B1VSHP168444
Reg. Date:	01/08/2017 (Man. Year: 2017)	Odometer:	936 km
Colour:	Blue		
Engine Capacity:	1597 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:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Nexen 6 mm	Rear Left Side:	Nexen 6 mm
Front Right Side:	Nexen 6 mm	Rear Right Side:	Nexen 6 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	716.98	665.95	51.03	7.12
Miscellaneous Items	0.00	0.00	0.00	
Labour	900.00	730.00	170.00	18.89
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (\$\$)</b>	<b>1,616.98</b>	<b>1,395.95</b>	<b>221.03</b>	<b>13.67</b>
<b>Approved Total (Overridden) (\$\$)</b>		<b>1,100.00</b>		
<b>Nett Amount (\$\$)</b>	<b>1,616.98</b>	<b>1,100.00</b>	<b>516.98</b>	<b>31.97</b>

## INSPECTION

Date of Assignment:	27/04/2018	
Date Inspected:	30/04/2018 Inspected At:	Motorway Car Care Centre Pte Ltd - Lower Delta (HQ) 1094 LOWER DELTA ROAD Singapore 169205
Estimated Period of Repair:	4.0 days	

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: VERON CHEN

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

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 16 Jul 2018)
<b>Parts:</b>	M1-SUV	SSANGYONG TIVOLI 1.6 G 6AT ABS 2WD (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SBX8D)	
<b>Validity:</b>	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	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR TAILLAMP LH	Cracked	380.22 FL	*380.22 FL
2	1		*REAR BUMPER	Cut	308.72 FL	*308.72 FL
3	1		*REAR BUMPER UPPER LH	Deformed	51.01 FL	*51.01 FL
4	1		*REAR WHEEL ARCH GARNISH LH	Not Necessary	48.30 FL	*- FL
5	8		*REAR WHEEL ARCH GARNISH CLIPS LH	Not Necessary	8.40 FL	*- FL
						F=Franchise part, L=ListItemDisc.
					<b>Sub Total (S\$)</b>	<b>796.65 739.95</b>
					<b>- List Item Discount on L Items 10.00/10.00% (S\$)</b>	<b>79.67 74.00</b>
					<b>Total Parts (S\$)</b>	<b>716.98 665.95</b>

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
<b>Labour Items</b>				
1	TO REMOVE,REPLACE & REPAIR ALL DAMAGED ITEMS	New	350.00	300.00
2	TO SPRAY PAINT ON THE AFFECTED AREAS DUE TO ACCIDENT	New	500.00	400.00
3	TUFF KOTE	New	50.00	30.00
Gross Labour Cost (S\$)			900.00	730.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >