

ASS. REC. BY:

REP:

cs/msg880829/Ur b 12

Special Instruction:

Surveyor:

me/min

ASSIGNMENT (Office)

From (Person):

Monica Chung

of MSIG

Date/Time:

14/may @ B'19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBF4967D

Insured:

SJV 1678 D

at Workshop m/s

Ethoz

Tel:

Jimmy 90404688

of

Bukit Batok Crescent

Policy No:

B27077554 SMP

Claim No:

557966

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

08052018

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

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Jimmy

Vehicle-IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	GBF 4967D - X
	SJV 1678D - X
	Report the man

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: Monica Chung Pei Zhen

Date: 03 Aug 2018

Preliminary Advice

Insured Vehicle No	: SJV1678D	Accident Date	: 08/05/2018
TP Vehicle No	: GBF4967D	Assignment Date	: 14/05/2018
Make	: NISSAN NV350	Est. Duration of Repair	: 4.00
Date of Inspection	: 01/08/2018		
Inspection At	: ETHOZ GROUP LTD (HQ) 30 BUKIT BATOK CRESCENT SINGAPORE 658075		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages n/s body and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	7,732.47
Revised Amount	:S\$	1,900.00
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,900.00

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.

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	08 May 2018		14 May 2018 13:19 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: Pee Kim Kee , ID: S0121789E, Tel: +6596662811									
Main Claimant: ETHOZ GROUP LTD , Co. Reg. No.: 198104531H									
Vehicle Reg. No.:	GBF4967D	Date of Loss:	08/05/2018 12:00 - :59 [17 Months and 10 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 557966	Policy/Cover Note No.:	B27077554SMP (Comprehensive) Coverage: 16/03/2018 - 15/03/2019						
Vehicle Reg. No. (Insured):	SJV1678D	Policy No. (Claimant):							
		Excess:							
Repairer:	Ethoz Group Ltd (HQ) 30 Bukit Batok Crescent, 658075 Bukit Batok - Tel: <i>90404688 Jimmy</i>								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Monica Chung Pei Zhen - 6594 2552]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 15/05/2018]								
Driver/Custodian (Insured):	CHAN YEW WAH (67 / Male), NRIC: S0234419Z, Tel: +6596662811								
Adj Asg. Remarks:	Remarks - SJE Agree Please appoint LKK to conduct the survey and contact Mr Jimmy Goh @ 6654 7618 Liability (50/50)								
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.									

No

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	08/05/2018 18:05
Date Of Accident	08/05/2018 12:40
Exact Location Of Accident	TIONG BAHRU FOOD CENTRE ROOFTOP CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBF4967D
Insured/Policyholder	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777

Vehicle Particulars

Manufacturer	NISSAN
Model	NV350 PANEL VAN 2.5 DIESEL G (M) EURO
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	
Cover Note Number	01/01/2018-31/12/2018

Driver

Name of Driver	LEE CHEE KWEE
NRIC No	S1159612F
Date Of Birth	08/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	07/03/1979
Driving Experience	39 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98269712
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 345 BUKIT TIMAH ROAD
07-02

Postcode

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

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) 2

Passenger 1 NAME: : TAY SWEE LEE

GENDER: : MALE

Details of Police Action

Was the accident reported to the police? YES

If Yes, Please state which Police Station

Police Station Name BEDOK NORTH NEIGHBOURHOOD POLICE CENTRE

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

Police Station Contact TEL NO: 1800-2449999 - FAX NO: 62447258

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 SJV1678D

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category COMMERCIAL VEHICLE

Name of Driver MR CHAN

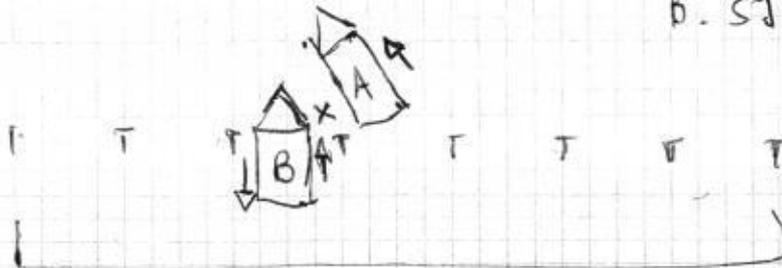
NRIC/Passport Number

Contact Number

Address

SKETCH PLAN

A: GBF 4967D
 B: SJV 16780



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was turning out of the parking lot, Vehicle B reversing in and out of lot.

Upon checking ~~clear~~ clear, I moved off but ~~my~~ my vehicle grazed with vehicle B front right bumper.

Lester

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
<input checked="" type="checkbox"/> Claim TP
Claim OD / TP at other workshop

DECLARATION

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

Policyholder's Signature
 Date & Time:

Lester
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:

[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

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.:

NOTICE OF REPORTING

This is to confirm that Lee Chee Kwee, NRIC S1159612F, has reported to the Police a non-injury traffic accident which occurred at rooftop carpark of Tiong Bahru Food Centre on 08/05/2018 at 12.40pm involving the following vehicles:

- 1) GBF4967D
- 2) SJV1678D

2 If this accident was reported to the Police within 24 hours of its occurrence, then he/she has complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of Issuing Officer: W/SSS Nadiyah Basa

Date: 08/05/2018 Time: 1532hrs

S/D Ref: 84

Police Post/Unit : Bedok North NPC

Bedok North NPC
No. 30 Bedok North Road
Singapore 469676
Tel: 1800-2449999

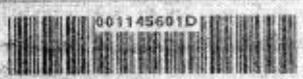
Original - to be issued to informant
Duplicate - to be submitted to Traffic Police

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number **S1159612F**
 Name
LEE CHEE KWEE

Birth Date **08 Sep 1956**
 Issue Date **02 Mar 2004**

001145601D



REPUBLIC OF SINGAPORE
 IDENTITY CARD NO. **S1159612F**



Name
LEE CHEE KWEE

李志贵
 Race
CHINESE

Date of Birth **08-09-1956** Sex **M**

Country of Birth
SINGAPORE



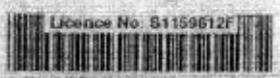
YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(S)

CLASS CLASSIFICATION PASS DATE

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms **07 Mar 1979**

NP 428A

Licence No. **S1159612F**



0053871



NRIC No. **S1159612F**



Speed Group **O+** Date of issue **22-08-1991**

Address
BLK 345 UPPER BUKIT TIMAH ROAD #07-02
SINGAPORE 588197

NTIC No. **S1159612F** Date **21-10-2002** No. **4915004**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company
Owner ID: 4531H

Vehicle Details

Vehicle No.: GBF4967D
Vehicle to be Exported: Yes
Intended De-registration Date: 18 May 2018
Vehicle Make: NISSAN
Vehicle Model: NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour: White
Manufacturing Year: 2016
Engine No.: YD25406758A
Chassis No.: JN1MC2E26Z0007241
Maximum Power Output: -
Open Market Value: \$23,668.00
Original Registration Date: 28 Nov 2016
First Registration Date: 28 Nov 2016
Transfer Count: 0
Actual ARF Paid: \$1,184.00

Intended PARF Rebate Details

PARF Eligibility: No
PARF Eligibility Expiry Date: -
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 27 Nov 2026
COE Category: C - Goods Vehicle & Bus
COE Period(Years): 10
QP Paid: \$49,801.00
COE Rebate Amount: \$39,840.00
Total Rebate Amount: \$39,840.00

The information contained herein is correct as at 09 May 2018

OK

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Company
Owner ID:	4531H

Vehicle Details

Vehicle No.:	GBF4967D
Vehicle to be Exported:	No
Intended De-registration Date:	01 Aug 2018
Vehicle Make:	NISSAN
Vehicle Model:	NV350 PANEL VAN 2.5 5MT 5DR EURO V
Primary Colour:	White
Manufacturing Year:	2016
Engine No.:	YD25406758A
Chassis No.:	JN1MC2E26Z0007241
Maximum Power Output:	-
Open Market Value:	\$23,668.00
Original Registration Date:	28 Nov 2016
First Registration Date:	28 Nov 2016
Transfer Count:	0
Actual ARF Paid:	\$1,184.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	27 Nov 2026
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$49,801.00
COE Rebate Amount:	\$41,445.00
Total Rebate Amount:	\$41,445.00

The information contained herein is correct as at 01 Aug 2018

OK

PLEASE ARRANGE TO SURVEY
VEHICLE AT 22 TAMPINES ST 92 (S
528876)

Jimmy Goh KI
CLAIM DEPARTMENT
DID : 66547618
FAX :

Date : 01/08/2018
To : MSIG INSURANCE (SINGAPORE) PTE.LTD

ESTIMATION

Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
: SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : D17MTHCVE000085 Accident Date : 08/05/2018
Vehicle No : GBF-4967-D Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
<u>Nett Item</u>			
1	SLIDING DOOR LH	R 1,795.30	X
1	SLIDING DOOR UPPER HINGE LH	an 134.20	X
1	SLIDING DOOR LOWER HINGE LH	ra 134.20	X
1	SLIDING DOOR ROLLER LH	17 73.40	X
1	ROCKER PANEL (LH)	RESTORE R ^{an} 1	X
1	REAR FENDER (LH)	R 2,234.50	X
1	REAR STEEL RIM COVER LH	17 386.70	X

*not allowed
like
to be part. Other type
of day.
p 12 1900/-
41900
11/8/18*

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:

Date : 01/08/2018
 To : **MSIG INSURANCE (SINGAPORE) PTE.LTD**
 Attn : **Motor Claim Department**

ESTIMATION

FAX :

Owner : ETHOZ Group Ltd
 : SOMPO INSURANCE SINGAPORE PTE. LTD.
 Certificate No : D17MTHCVE000085 Accident Date : 08/05/2018
 Vehicle No : GBF-4967-D Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	4758.30	
	Discount 10% On Parts	(475.83)	
	<u>Special Nett Item</u>		
1	REAR STEEL RIM LH	17 180.00	X
1	REAR TYRE LH	17 250.00	X
1	SLIDING DOOR ADVERTISEMENT STICKER LH	24 650.00	400
1	REAR FENDER ADVERTISEMENT STICKER LH	24 480.00	400
	Sub Total	1560.00	
	<u>Labour & Misc</u>		
	LABOUR TO FACILITATE REPAIR	700.00	600

Date : 01/08/2018

To : MSIG INSURANCE (SINGAPORE) PTE.LTD

ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTHCVE000085

Accident Date : 08/05/2018

Vehicle No : GBF-4967-D

Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	TO REMOVE & INSTALL LHS SLIDING DOOR COMPONENTS	1 1 80.00	✓
	TO REMOVE & INSTALL REAR FLOOR BOARD & TRIMS TO FACILITATE REPAIR	1 1 100.00	✓
	TO RUST PROOF AFFECTED AREA	1 1 80.00	✓
	TO REMOVE & INSTALL LHR STEEL RIM INCLUDING TYRE BALANCING	1 1 20.00	✓
	TO CONDUCT ALL WHEEL COMPUTERISED WHEEL ALIGNMENT	1 1 80.00	✓
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	1 1 30.00	✓
	TO SPRAY PAINT ON AFFECTED AREAS	800.00	500

Date : 01/08/2018

To : **MSIG INSURANCE (SINGAPORE) PTE.LTD**

ESTIMATION

Attn : **Motor Claim Department**

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTHCVE000085

Accident Date : 08/05/2018

Vehicle No : GBF-4967-D

Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	1890.00	

7,732.47

Remarks:

SUB TOTAL

GST 7.0 % 541.27

TOTAL 8,273.74

Surveyor's name: _____

Principal's name: ETHOZ Group Ltd

Survey 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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/MSG18008729/URBN2

Date: 13/08/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	B27077554SMP
Claimant Vehicle No :	GBF4967D	Insured Vehicle No :	SJV1678D
Date of Loss:	08/05/2018	Nature of Claim:	TP
		Claim No:	557966

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GBF4967D	Engine No:	YD25406758A
Make & Model:	NISSAN NV350, 2.5 5AT 5DR EURO V (A)	Chassis No:	JN1MC2E26Z0007241
Reg. Date:	28/11/2016 (Man. Year: 2016)	Odometer:	26686 km
Colour:	White		
Engine Capacity:	2488 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 R15	Rear Tyre Size:	195 R15
Front Left Side:	Dunlop 6 mm	Rear Left Side:	Dunlop 6 mm
Front Right Side:	Dunlop 6 mm	Rear Right Side:	Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	5,842.47	800.00	5,042.47	86.31
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,890.00	1,100.00	790.00	41.80
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	7,732.47	1,900.00	5,832.47	75.43
+ GST 7.00/7.00% (S\$)	541.27	133.00	408.27	75.43
Nett Amount (S\$)	8,273.74	2,033.00	6,240.74	75.43

INSPECTION

Date of Assignment:	14/05/2018	Inspected At:	Ethoz Group Ltd (HQ) 30 Bukit Batok Crescent Singapore 658075
Date Inspected:	01/08/2018		

Estimated Period of Repair: 4.0 days

Adjuster: MARCUS CHUA

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:	(Last Synchronised: 13 Aug 2018)
Parts:	N/A NISSAN NV350 2.5 5AT 5DR EURO V (A) (Model not available in database)
Labour:	Repairer's (Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GBF4967D)
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		*SLIDING DOOR LH	Repair	1,795.30 FL	*- FL
2	1		*SLIDING DOOR UPPER HINGE LH	Not Necessary	134.20 FL	*- FL
3	1		*SLIDING DOOR LOWER HINGE LH	Not Necessary	134.20 FL	*- FL
4	1		*SLIDING DOOR ROLLER LH	Not Necessary	73.40 FL	*- FL
5	1		*ROCKER PANEL (LH)(NPA)	Not Necessary	0.00 FL	*- FL
6	1		*REAR FENDER (LH)	Repair	2,234.50 FL	*- FL
7	1		*REAR STEEL RIM COVER LH	Not Necessary	386.70 FL	*- FL
8	1		*REAR STEEL RIM LH	Not Necessary	180.00 FS	*- FS
9	1		*REAR TYRE LH	Not Necessary	250.00 FS	*- FS
10	1		*SLIDING DOOR ADVERTISEMENT STICKER LH	Necessary	650.00 FS	*400.00 FS
11	1		*REAR FENDER ADVERTISEMENT STICKER LH	Necessary	480.00 FS	*400.00 FS

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

Sub Total (S\$)	6,318.30	800.00
- List Item Discount on L Items 10.00/10.00% (S\$)	475.83	0.00
Total Parts (S\$)	5,842.47	800.00

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	LABOUR TO FACILITATE REPAIR	New	700.00	600.00
2	TO REMOVE & INSTALL LHS SLIDING DOOR COMPONENTS	New	80.00	-
3	TO REMOVE & INSTALL REAR FLOOR BOARD & TRIMS TO FACILITATE REPAIR	New	100.00	-
4	TO RUST PROOD AFFECTED AREA	New	80.00	-
5	TO REMOVE & INSTALL LHR STEEL RIM INCLUDING TYRE BALANCING	New	20.00	-
6	TO CONDUCT ALL WHEEL COMPUTERISED WHEEL ALIGNMENT	New	80.00	-
7	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	New	30.00	-
8	TO SPRAY PAINT ON AFFECTED AREAS	New	800.00	500.00
Gross Labour Cost (S\$)			1,890.00	1,100.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >