22/03/2001

ASS. REC. BY: | REF: CS/CTI18012671/Gqd302 | Special Instruction:

Surveyor: Guo Qiang
Meximen

ASSIGNMENT (Office)

From (Person): Elaine Cheong of: CTI Date/Time: 12/7/18 @ 9:14am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SJL 1512G Insured: SJV 8038E

at Workshop m/s: Allswell Motor Tel: 6679 1146

of: 25 Defu Lane 9

Policy No: DMHCSN1735461700 Claim No: SNM18D03371C02

Sum Insured: Excess:

Make of Veh: D.O.A. 08/07/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time: 9:25am @ 12/7/2018 Person Contacted: Chai Yee Vehicle: IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SJL 1512G - NA / AIG18012466/13 DOA: 8/07/2018
	SJV 8038E - X .
	Guo Qiang finalised with Ben VS @ 3500, 7 days.
	(Rec @ 5753.10, 6Y/.)

(08/11/13) wef

ASS. REC. BY: Xhq

REF: CTI

ASSIGNMENT

From: _____ Date: 12/07/2018

Estimated Cost: _____

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

To Inspect Vehicle No: SJL 4512G

at Workshop m/s Allswell Motor

of 25 Defu Lane 9

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.

N/S	O/S

Bal. or Market Value: $13K.

IDAC Accident Rport: _____ Consistent? : Yes or No

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

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJL 4512G Yr Regn: 27 Nov 2008

Type: M.Cat / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Wish 1.8X c.c 1794

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

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

Eng/No: _____

C/No: 8NE1004124430

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: 195/65 R15

R: 11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or FIRE N8A

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.		D.O.I.	12-07-18.

Survey held at W/S 2pm

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

Date/Time, File Pass to?

1) 10/10 [illegible] ☐ : Preli. Report ☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 7

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($ _____) ☐ : Interview ($ _____) ☐ : Tech. Invs ($ _____) ☐ : Weekend ($ _____)

Report Format : Insp-TP

Lump Sum / I.B.I: ($ 350)

Survey Fee:	
Transportation:	
___S + RS___SI	
Photos	
Others	220
TOTAL	

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

CHINA TAIPING INSURANCE (S) PTE LTD

Ref : CS/CTI18012671/Gqd3

3 ANSON ROAD #16-00
SPRINGLEAF TOWERSINGAPORE 079909

Date : 12-07-2018

Code : CTI

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SJV 8038E	Veh. Inspected	SJL 4512G
	Policy No.	DMHCSN1735461700	Coverage ($)	0.00
	Claim No.	SNM18D03371C02	Excess ($)	0.00
	Assign From	MERIMEN (ELAINE CHEONG)	Assign Date	12/07/2018

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	08/07/2018	Inspection Date	12/07/2018
	Survey held at	ALLSWELL MOTOR TRADERS 100 JALAN SULTAN #02-41 SULTAN PLAZA SINGAPORE 199001		

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'ed	Status
Main	11 Jul 2018		12 Jul 2018 09:14 Assign				**New Assignment** Cancel Case

Main | Reference | Claim Details | Documents | Show All

CLAIM SUBFOLDER DETAILS			**[Created by insurer]**
Insured:	**SKX ENTERPRISES,** Co. Reg. No.: -		
Main Claimant:	**ALLSWELL LEASING & LIMOUSINE PTE LTD**		
Vehicle Reg. No.:	**SJL4512G**	Date of Loss:	08/07/2018 21:00 - :59
Claim Type:	**TP** / SNM18D03371C02	Policy/Cover Note No.:	DMHCSN1735461700 (Comprehensive)
Vehicle Reg. No. (Insured):	**SJV8038E**	Policy No. (Claimant):	
		Excess:	S$0.00
Repairer:	**Allswell Motor Traders (HQ)** 25 Defu Lane 9, 539266 Defu Lane - Tel: 66791146		
Handling Insurer:	**China Taiping Insurance (Singapore) Pte. Ltd. (HQ)** - Tel: 6389 6111 ... [Handled by **Elaine Cheong**]		
Adjuster:	**LKK Auto Consultants Pte Ltd (HQ)** - Tel: 6256-3561 ... [**Final Rpt** due 23/07/2018]		
Adj Asg. Remarks:	NO EST, ASSIGN XING GUO QIANG AS SJE.		

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.

MAMT18089042 / Allswell Motor Traders - HQ
ENTRY DATE & TIME: 10/07/2018 16:30
SUBMITTED BY: Tang Chai Yee

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 10/07/2018 16:39

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 witholding 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	10/07/2018 16:30
Date Of Accident	08/07/2018 09:45
Exact Location Of Accident	PIE EXIT SIMS AVENUE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJL4512G
Insured/Policyholder	
Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE LTD
Co Reg No	201432541Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625405
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH-1.8 X (A)
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095581315
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD INDRA BIN AHMAD SININ
NRIC No	S7830520G
Date Of Birth	27/10/1978
Occupation	OUTDOOR
Date Of Driving Pass	31/08/2007
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90785054
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 108 ANG MO KIO AVENUE 4 #03-96
Postcode	560108
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
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?	YES
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.	YES
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	PUNGGOL N.P.C
Police Station Address	**ROAD**: 21A TEBING LANE , **POSTCODE:** 828837 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: - **FAX NO**:
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

PLEASE REFER TO THE POLICE REPORT ATTACHED.

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	SJV8038E
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

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.

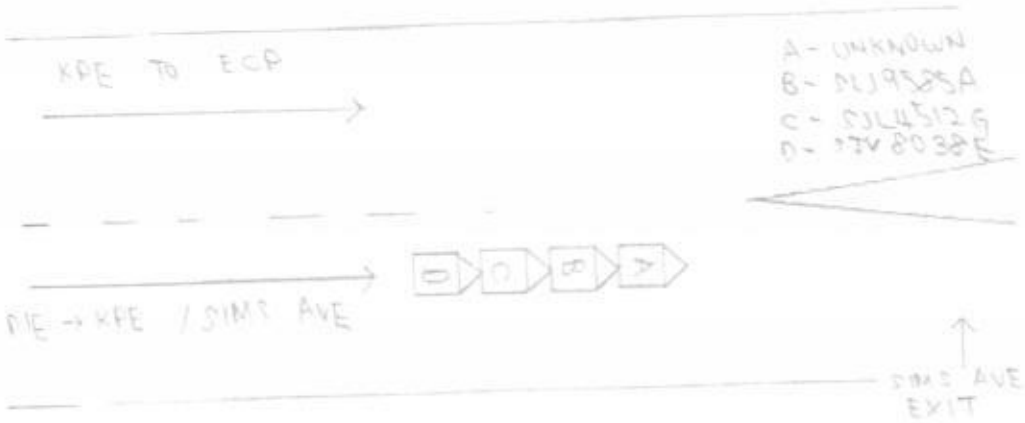
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

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/FIN No:

SINGAPORE POLICE FORCE

T/20180709/2135

Report No: T/20180709/2135

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made:	Vide Report No.:	Station Diary No.:
09/07/2018 17:20	G/20180708/0309	59

Informant's Particulars

Name of Informant: MUHAMMAD INDRA BIN AHMAD SININ		Address: APT BLK 108 ANG MO KIO AVENUE 4 #03-96 SINGAPORE 560108
ID Type / ID No.: NRIC NO / S7830520G		Contact No.: Home/Office: Mobile: 90785054
Nationality: SINGAPORE CITIZEN		Email:
Sex: Male	Age: 39	Date of Birth: 27/10/1978
Race: Malay		Language:
Occupation: ESCORT OFFICER		Driving Licence Information: Class 3

Type of Informant:
Driver

Institution / School Name:

Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 08/07/2018 00:00	Type of Location:

Location:
Along Road 1
PAN ISLAND EXPRESSWAY
SIMS AVENUE
Slip road going towards Sims Ave.

Weather: Clear	Road Surface: Dry	Road Speed Limit:
Traffic Flow:	Traffic Control:	Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance: Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJL4512G	Car	TOYOTA	WISH	Silver	Seriously Damaged	0
SJV8038E	Car					0
SLJ9585A	~~Lorry~~ Car					5

SINGAPORE POLICE FORCE

T/20180709/2135

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No: T/20180709/2135

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	MUHAMMAD INDRA BIN AHMAD SININ	ID No.	S7830520G
Related Vehicle	SJL4512G (Car)	Contact No.	90785054
Hospital/Clinic	TAN TOCK SENG HOSPITAL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	08/07/2018	Date Discharge	09/07/2018
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

I am a driver of SJL4512G. On 08/07/2018 at about 0915hrs, while I was travelling along PIE and going to exit Towards Sims Ave, I was involved in chain collision. It happened when the car bearing registration number SLJ9585A which was in front of me jammed his brake. I managed to applied emergency brake and avoid hitting his rear. However, the vehicle bearing registration number SJV8038E which was travelling at my rear could not brake in time and, hit onto my rear of the vehicle. The impact was so great which caused me to moved forward and hit the rear of the front's car. Due to the impact, 3 of our vehicles sustained serious damage. The ambulance arrived at scene and conveyed me and one of the passenger from vehicle SLJ9585A to Tan Tock Seng Hospital. I was then given 5 days of Medical Leave. Doctors informed that I am having some muscle strains from the impact and would need to go for follow ups. That is all.

SINGAPORE POLICE FORCE

T/20180709/2135

Police Station Of Origin:
Punggol N.P.C
21A Tebing Lane SINGAPORE 828837
Tel No: 1800-6049999

Report No: T/20180709/2135

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Staff Sgt FARHAN BIN ABU	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 09/07/2018 17:20
Officer In Charge Of Case: TP / GIT / Staff Sgt MOHAMMAD ZULKARNIAN BIN SAMSUDIN Contact No.: 65476429	Classification Of Case:

Authentication Stamp

NP168

7 Days.
Lumpsum Repair.
After repair photos.
Guo Qiang - 82880282

Allswell Motor Traders

25 Defu Lane 9. Singapore 539266
Tel : +65 6679 1146

• To resurvey before after spray painting
• Parts price 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
Acknowledged by Repairer
Signature:
Date:

(3rd party claim against Insured SJV803BE
12/7/18

16/7/18

Estimate repair

Vehicle No. : SJL4512G
Make & Model : Toyota Wish 1F
Chassis No. :
Date of survey :

Submitted by : Ben
COE expiry : 26-11-2018
Engine No. :

S/No	Part Description	Qty	Unit Price	Price	Disposition by
01	Bonnet / Buc	01	$830.0	/	
02	Front bumper / RE	01	$812.0	/	
03	Reinforcement bar / BT	01	$340.0	/	
04	LH headlamp / GHA	01	$788.0	/	
05	RH headlamp / GHA	01	$788.0	/	
06	Front support panel / BT	01	$491.5	/	
07	Bumper lower grille / RE	01	$491.3	/	
08	LH headlamp lower bracket X	01	$52.5		
09	RH headlamp lower bracket X	01	$52.5		
10.	Radiator / GBT	01		/	
11.	Condenser / GBT	01		/	
12.	Motor & Fan X NN	01			
13	Rear bumper / RE	01	$799.3	/	
14.	Rear tailgate / Buc	01	$900.0	/	* repair
15	Front bumper retainer (LRR)	02	$57.0	/	
16.	Rear bumper retainer (LRR)	02	$57.0	/ 10	
17	Reinforcement styrofoam X / NN	01	$82.0	Styfoam	
18	License plate n' cover X / NN	01	$48.0		
	Special nett				
01	Bumper clips x 8pc @$5.00 each	01	$40.0	/ NC.	
	Labour Description				
01	Dismantle / Assembly of damage parts	01	$660.0	660.	
02	Panel beating of front chassis and tailgate	01	$800.0	X NN	
03	Spray painting of all damaged	01	$1200.0	1000.	

Note: If any of the quoted parts are recommended to be repaired, then an additional labour cost will be charged accordingly under supplementary.

parts, putty / grind (grind) including anti-rust paint, polish & wash (paint, wash)

Lumpsum $2,500

9289.10

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/CTI18012671/GQD3N2
Date: 11/10/2018

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	**Policy No:**	DMHCSN1735461700		
Claimant Vehicle No :	SJL4512G	**Insured Vehicle No :**	SJV8038E		
Date of Loss:	08/07/2018	**Nature of Claim:**	TP	**Claim No:**	SNM18D03371C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	**SJL4512G**	**Engine No:**	1ZZ3117198
Make & Model:	TOYOTA WISH, 1.8 X (A)	**Chassis No:**	ZNE100412430
Reg. Date:	27/11/2008 (Man. Year: 2008)	**Odometer:**	0 km
Colour:	Silver		
Engine Capacity:	1794 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:	195/65R15	**Rear Tyre Size:**	195/65R15
Front Left Side:	Firenza 6 mm	**Rear Left Side:**	Firenza 6 mm
Front Right Side:	Firenza 6 mm	**Rear Right Side:**	Firenza 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	6,629.10	4,805.57	1,823.53	27.51
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,660.00	1,600.00	1,060.00	39.85
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S$)	**9,289.10**	**6,405.57**	**2,883.53**	**31.04**
Approved Total (Overridden) (S$)		**3,500.00**		
Nett Amount (S$)	**9,289.10**	**3,500.00**	**5,789.10**	**62.32**

INSPECTION

Date of Assignment:	12/07/2018		
Date Inspected:	12/07/2018	**Inspected At:**	Allswell Motor Traders (HQ) 25 Defu Lane 9 Singapore 539266
Estimated Period of Repair:	7.0 days		

Adjuster: XING GUO QIANG

Manager: SHIAU CHAN

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: 11 Oct 2018)
Parts:	M1-MPV	TOYOTA WISH 1.8 X (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SJL4512G)	
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		*BONNET	Buckled	830.00 F	*830.00 FL
2	1		*FRONT BUMPER	Deformed	812.00 F	*812.00 FL
3	1		*REINFORCEMENT BAR	Bent	340.00 F	*340.00 FL
4	1		*LH HEADLAMP	Cracked	788.00 F	*788.00 FL
5	1		*RH HEADLAMP	Cracked	788.00 F	*788.00 FL
6	1		*FRONT SUPPORT PANEL	Bent	491.50 F	*491.50 FL
7	1		*BUMPER LOWER GRILLE	Deformed	491.30 F	*491.30 FL
8	1		*LH HEADLAMP LOWER BRACKET	Not Necessary	52.50 F	*- FL
9	1		*RH HEADLAMP LOWER BRACKET	Not Necessary	52.50 F	*- FL
10	1		*RADIATOR (NPA)	Bent	0.00 F	*- FL
11	1		*CONDENSER (NPA)	Bent	0.00 F	*- FL
12	1		*MOTOR & FAN (NPA)	Not Necessary	0.00 F	*- FL
13	1		*REAR BUMPER	Deformed	799.30 F	*799.30 FL
14	1		*REAR TAILGATE	Buckled	900.00 F	*900.00 FL
15	2		*FRONT BUMPER RETAINER (L&R)	Necessary	57.00 F	*57.00 FL
16	2		*REAR BUMPER RETAINER (L&R)	Necessary	57.00 F	*57.00 FL
17	1		*LICENSE PLATE & COVER	Not Necessary	48.00 F	*- FL
18	8		*BUMPER CLIPS	Necessary	40.00 FS	*40.00 FS
19	1		*REINFORCEMENT STYROFOAM	Not Necessary	82.00 F	*- FL

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

Sub Total (S$)	**6,629.10**	**6,394.10**
- List Item Discount on L Items 0.00/25.00% (S$)	0.00	1,588.53
Total Parts (S$)	**6,629.10**	**4,805.57**

Report was unsubmitted during this print-out.

Adjuster Report

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	DISMANTLE & ASSEMBLY OF DAMAGE PARTS	New	660.00	600.00
2	PANEL BEATING OF FRONT CHASSIS AND TAILGATE	New	800.00	-
3	SPRAY PAINTING OF ALL DAMAGED PARTS,PUTTY/GRIND INCLUDING ANTI-RUST PAINT,POLISH & WASH	New	1,200.00	1,000.00
	Gross Labour Cost (S$)		**2,660.00**	**1,600.00**

Report was unsubmitted during this print-out.

< END OF ESTIMATES >