ASS, REC. BY:	Coun Day	REF CS3 MSG1	8012788	Gz4d3ezipecial hastructions
Monnen	ano Warg	L CCTT COSTS	CENNTERS AND OF	uw n
Estimated Cos	Elaine Ng	Λ of	MSIG	Date/Time 13 07 20180
		ES / EVA / INV / MV 7		
To Inspect Ve	hicle No:	GX 9304	FF.	Insured: FBM 9920T
at Workshop n	u/sRe	liable Carz		Tel: 8166 9797
of	& Kaki Bu	kit Avo 4 #	05-50)
Policy No:	MSD]VMW]	18-384892-CA	Claim 1	No: MSC/V/18-000945
Sum Insured:_		·	Exce	•
Make of Veh: (Client's Record				D.O.A. 10 07 2018
CA / REV /	REP. / REV 24 H	IRS lup)		H.O.D. Endorsement:
Date/Time:	55pm@13/7/18	Person Contacted:	Ta	Vehicle IN OUT
Date/Time		(+ Estimate	()	
	GX 9304	E-X		
	FBM 9921) 7-X		
31/4/81	Dismanfled			
- 19/11/19	3/11/1/1/0			

(08/11:63) wef REF: MS1G	C\$180p
ASSI	GNMENT (-2
Estimated Cost: OD TP WS / TP RES / OD RES / EVA / INV / MV To Inspect Vehicle No: A Q30A E at Workshop m/s OF Reliable Cerz OF Reli	Veh No: 6X9 VE Yr Regn: 03 Nov 2 Type: M.Car / M.Cycle / Bus / Vap / Lorry / Taxi / Prime Mover / Truck / Trailer or Make:
CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted:	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 France - \$3000 Supplies Supplies FRS Report.	
	Days Of Repair:
	Resurvey No. of Trip: Survey Fee:
Date/Time, File Return to? 2) Add Fee:	Transportation:
Report Format:	: Tech. Invs (\$) Others

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

LAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	13 Jul 2018		13 Jul 2018 17:06				New Assignment
			Assign				Cancel Case

Mi	ain	Reference	Claim Details	Docu	ments	Show All
CLAIM SUB	FOLDER DETAIL	LS	STALL IN HIS SIZE TO MAKE STATE OF THE	[Created by insure	·]	
Insured:	MUHAMMAD II	RSADI BIN MUNARIS, ID: SE	3319358A		-	
Main Claimant:	BENJI PET SER	RVICES PTE LTD, Co. Reg. No	o.: 20143180R			
Vehicle Reg. No.:	GX9304E		Date of Loss:	10/07/2018 22:00 - :5		g Date (Man Yr)]
Claim Type:	TP / MSC/V/1	18-000945	Policy/Cover Note No.:	MSD/VMW/18-384892 Coverage: 13/06/2018	-CA (Comprehe	
Vehicle Reg. No. (Insured):	FBM9920T		Policy No. (Claimant):			
			Excess:			
Repairer:	Reliable Carz F	Pte Ltd (HQ) 8 Kaki Bukit Ave 4	, #05-50, 415875 Kaki Bi	ukit - Tel:		
Handling Insurer:	MSIG Insurance	ce (Singapore) Pte. Ltd. (HQ)	- Tel: +65 6827 7888	[Handled by Elaine Ng	u Siau Mei - 65	594 2540]
Adjuster:	LKK Auto Cons	sultants Pte Ltd (HQ) - Tel: 62	56-3561 [Imm.Advi	ice due 14/07/2018	1	
Adj Asg. Remarks:		ON SJE - REQUEST TO ASSIGN				66 9797
ASSOCIATE	D MAIL RECEIV	ED			View All	Compose Case Ma
There are no	mail for this case.					
ALL ASSOC	IATED TASKS			View All Search Tas	sks Create Ne	w Task Complet
Due Date No results.	Priority Typ	pe Task Group Subject	Handler Assign	ed By Complete	i On Crea	ted On Done



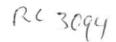
LKK Auto Consultants Pte Ltd

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

	THE DUTY STATE OF	Affiliated to Federation Internati	onale Des Experts En Autor	nobile		
MS	IG INSURANCE (S	SINGAPORE) PTE LTD	Ref: CS3/MSG1801	12788/Gz4d3		
	RAFFLES QUAY -01 HONG LEONG	BLDG SINGAPORE 048581	Date: 13-07-2018 Code: MSG			
1.		Policy Particulars	:- (THIRD PARTY CLA	IM)		
	Insured Veh.	FBM 9920T	Veh. Inspected	GX 9304E		
	Policy No.	MSD/VMW/18-384892-CA	Coverage (\$)	0.00		
	Claim No.	MSC/V/18-000945	Excess (\$)	0.00		
	Assign From MERIMEN (ELAINE NGU)		Assign Date	13/07/2018		
2.		Vehicle Parti	culars & Condition			
	Make & Model		c.c	0		
	Engine No. HIDDEN		Year of Reg.			
	Chassis No.		Colour			
	Odometer	•	Steering			
	Brakes		Modification			
	General					
3.		Conditi	ons 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		
		Description	on of Damages			
		Genera	I Information			
	Accident Date	10/07/2018	Inspection Date	17/07/2018		
	Survey held at	RELIABLE CARZ PTE LTD	p			
		8 KAKI BUKIT AVE 4 #05-50 PREMIER @ KAKI BUKIT SINGAPORE 415875				
a.		Re	emarks			
	THE REPAIR ES	ON WAS CONDUCTED ON A "WIT STIMATE WAS NOT PRESENTED AS TOLD TO PREPARE THE EST EASE FIND DAMAGED VEHICLE	AT THE TIME OF INSPECTIMATE.	BIS. CTION.		



MOR118089800 / ETHOZ Protect Pte Ltd - Bukit Batok ENTRY DATE & TIME: 12/07/2018 11:29 SUBMITTED BY: Suhelmi Bin Suharman

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 12/07/2018 11:50

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 the

aforesaid.	ru nereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	12/07/2018 11:29
Date Of Accident	10/07/2018 22:45
Exact Location Of Accident	WEST COAST PARK TWDS JURONG
Country/State of Loss	SINGAPORE
44 基础设置 在 11 15 15 15 15 15 15 15 15 15 15 15 15	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GX9304E
Insured/Policyholder	
Name Of Registered Owner	BENJI PET SERVICES PTE LTD
Co Reg No	20143180R
Email Address	RELIABLECARZPL@GMAIL.COM
Mobile Phone No	

Alternative Phone No Vehicle Particulars

Manufacturer NISSAN

Model URVAN-3.0 D (M)

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?

If No, Please state action to be taken

THIRD PARTY

OFFICE-63423383

Vehicle Category

COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company

AXA INSURANCE PTE LTD

Type Of Coverage

THIRD PARTY

Fleet Policy

NO

Policy Number

GA292041/1

Cover Note Number

19/12/2017-18/12/2018

Driver

Name of Driver CHEN YANTI NRIC No S7889866F Date Of Birth 25/03/1978 Occupation **INDOOR** Date Of Driving Pass 17/02/2011

Driving Experience 7 YEARS AND 4 MONTHS

Gender

FEMALE

Mobile Number

(LOCAL) +65-98284921

Fax Number

Contact Number

EMail Address

NOEMAIL

Address

212/214 JOO CHIAT PLACE SINGAPORE 427922

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-1

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

ambulance?

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

NO

NO

Was any injured conveyed to hospital by

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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

FBM9920T

Vehicle Make/Model/Colour

HONDA

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

MUHAMMAD IRSADI

NRIC/Passport Number

S8319358A 96488684

Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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;
 - administering my claims (including the mailing of correspondence statements, invoices, reports or notices to me, which could make also course of certain personal data about me to bring about delivery of the same as well as on the
 - In a second with my claims (collectively the
- to collect, use, diadose and/or process my Persona information for one or more of the above Purposes; and
- The Personal Information may can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents including the Flawyers (aw firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- The Personal information will also be collected and used to compile claims history for the purpose of fraud detection, meeting of and management in present and all future claims.

The information to collected under (d) above may be chared / disclosed

The following of the first parties the states in evaluating, investigating, controlling or managing fraud,

and the same of th

Sales & Serve



Cherry Harts

Name Ceptie Personne's Signature

Sketch Plan Pg. 2

SKETCH PLAN	: GX9304EB; FBM9920
Bus stop	
ED (BIX) A	
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
10-7-2018 成品上10:450~行名出在1	West Coast Part Fils
17301 阿土拉阿安姆时到一部日 17301 阿土拉阿安乌(车特: 下BM 9920T	》 其多一位来一声巨小
一种后左右部各有其后车车的.一日	平13年4年
40 V1 1378 700 1 127	
	Reporting Only
You had been advised by workshop that in the event that you wish to c against your own policy (OD claim), there is a Fourteen (14) days cla	ause Claim OD
whereby the claim must be made within the stipulated timeframe fr	rom Saim TP
the day of occurance.	Claim OD / TP at other workshop
DECLARATION I/We declare the foregoing particulars are true in every respect ON NET CONTROL OF THE PROPERTY	2 hou
Policyholdri Date & Time: Onto & Time: Driver's Signature (If driver is not the policyholder)	Reporting central Personnel's Signature Name: 1 h / m'

AXA FORM

AN	redefining characters		
Date:	15/4/16		
To Ou	ner of Venicle Number: CyX-935-41	7	
15 Ow	ner to Verice (Varioe).		
The ful sloff	lowing has seen advised to you six your workship.	-	through 1 mi
Picase:	tick the applicable how if you had been advice on the contr	nt as seen below:	
V	You had been advised by the workship that in the case to there is a Fourteen (24) days clause whereby the claim in from the day of occurrence.	hat you wish to claim agai must be made within the s	nst your own policy, appliated timeframe
W	"You had been advised by the workshop on the liability at	nd monts of the case acco	yegmbi
(b)	You had been advised by the work-You on the claims of making due to this accident.	acedure for the type of c	are that you will be
X	There will be delay to your vehicle repair due to the unarether option except to indent it from overseas.	vallability of spare parts is	cally and there is no
X	There will be no cancellation/withdrawal of the Own Da have been placed. If you wish to cancel/withdraw the related charges incurred directly &/or indirectly to the p	dam, you shall bear all c	cests, expenses &/cr
X	The estimated waiting time for the space parts to across estimated across time does not include the repair period		The
X_1	You will be driving the vehicle out despite being advised vehicle may not be road worthy.	by the workshop mechani	c/personnel that the
K	For vehicles below Three (3) years old, your insurance C repair your vehicle	ompany will use only gen	ume original packs to
	For your explose Three (a) years old, your insurance (combination of ground original parts and/or original ec	geigens ad beganging proposed manufacturer (C	nut repairs using any B.M.) parts
X	You had been advised by the workshop of the Twelve i on wedeneship related to the accordi	(2) months warranty for	Own Domage repairs
+1	For vehicles that are under warranty with a local district to check with your local distributor on any effect to your claim.	arter, you have been artis- us warrandy prior to make	ted by the workshop ng this Own Damage
1/K	actors their Pal good	At other w	chap
State	and acknowledge by		
Covil	E 16.4.		
ALL.	and signature of policyholder/authorised driver		
	Kur		
Name	and signature of workshop personnel including company	stamp	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Company
Owner ID:	1801R
/ehicle Details	· 法规则和通常主义 (4) 10 10 10 10 10 10 10 10 10 10 10 10 10
/ehicle No.:	GX9304E
/ehicle to be Exported:	No
ntended De-registration Date:	23 Jul 2018
/ehicle Make:	NISSAN
/ehicle Model:	URVAN
Primary Colour:	Silver
Manufacturing Year:	2004
ingine No.:	ZD30044415
Chassis No.:	JN1MG4E25Z0712037
Aaximum Power Output:	-
Open Market Value:	\$21,779.00
Original Registration Date:	03 Nov 2004
irst Registration Date:	03 Nov 2004
ransfer Count:	6
Actual ARF Paid:	\$1,089.00
ntended PARF Rebate Details	。 第16章 是在各种的基础,在16章 医阿拉克斯氏病,是16章 医克克斯氏病
ARF Eligibility:	No
ARF Eligibility Expiry Date:	-
ARF Rebate Amount:	\$0.00
ntended COE Rebate Details	等的是自然的是 对你从这 种的人的特殊的。
OE Expiry Date:	31 Oct 2019
OE Category:	C - Goods Vehicle & Bus
OE Period(Years):	5
QP Paid:	\$25,133.00
OE Rebate Amount:	\$7,053.00
otal Rebate Amount:	\$7,053.00
1essage	or this vehicle can only be for a 5-year period, subject to

The information contained herein is correct as at 23 Jul 2018

OK

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj S	Submitted	Ins Auth'ed	Status	
Main	13 Jul 2018		13 Jul 2018 17:06 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0. Vie	00 w Rpt		Pending for Survey Report Cancel Case	
	Main	R	eference	Claim	Details		Documents		Show All
CLAIM S	UBFOLDER D	ETAILS				[Created	by insurer]		
Insured:	MUHAMN	AD IRSADI BIN	MUNARIS, ID: S8	319358A					
Main Claimant:	BENJI PE	T SERVICES PTE	LTD, Co. Reg. No	.: 20143180R					
Vehicle Re No.:	GX9304E			of Loss:	[164 Mont	8 22:00 - :59 hs and 7 Days From L		(Man Yr)]	
Claim Typ	m Type: TD / MS(///18=000045		Total Control	y/Cover No.:	MSD/VMW/18-384892-CA (Comprehensive) Coverage: 13/06/2018 - 12/06/2019				
Vehicle Re No. (Insured)	FBM9920	т		100.000	y No. imant):				
				Exce	Account to				
Repairer:	Reliable	Carz Pte Ltd (HQ) 8 Kaki Bukit Ave 4	, #05-50, 41587	5 Kaki Bu	kit - Tel:			
Handling Insurer:							Elaine Ngu Siau Me]
Adjuster:	14/07/2		Ltd (HQ) - Tel: 62	56-3561 [Han	dled by X	ING GUO Q	QIANG] [Imm.Ad	lvice due	
Adj Asg. Remarks:	SURVEY A	GREE ON SJE - RE	QUEST TO ASSIGN	LKK (ADRIAN LI	NG) OI NO	T REPORTE	D CONTACT: JASON LI	EE 8166 9797	
ASSOCI	ATED MAIL R	CEIVED					View Al	Compos	e Case Mail
There are	no mail for this	case.					_		
ALL ASS	OCIATED TA	sks⊡			_ \	/iew All	Search Tasks Creat	e New Task	Complete
Due Da	,	Type Task	Group Subjec	t Handler	Assign	ed By	Completed On	Created On	Done

Merimen e-Claims Page 1 of 2

Claim Documents

*GX9304E (MSC/V/18-000945)

[FBM9920T]

TP

BENJI PET SERVICES PTE LTD

Jul 10 2018 10:00PM

[MUHAMMAD IRSADI BIN MUNARIS]

Reliable Carz Pte Ltd

s/Images telabel/Reorder 4/07/18 10:46 4/07/18 10:46 4/07/18 10:46 4/07/18 10:46 4/07/18 10:46 4/07/18 10:46 4/07/18 10:46 4/07/18 10:46 4/07/18 10:46 4/07/18 10:46 4/07/18 10:46 4/07/18 10:46 4/07/18 10:46 4/07/18 10:46	LKK Auto Consultants Pte Ltd (HQ) General View	3 per p	Thumbnail Load JPG	Prin Y Y Y Y Y Y Y Y Y Y Y Y Y
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Documents Checklist

DOCUMENTS CHECKLIST	Reset Save Print
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
	^
	~
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.	

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/MSG18012788/GZ4D3E2

Date:

24/07/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Policy No:

MSD/VMW/18-384892-

Claimant Vehicle

Insured Vehicle

No:

GX9304E

No:

FBM9920T

Date of Loss:

10/07/2018

Nature of Claim:

TP

Claim No:

MSC/V/18-000945

JN1MG4E25Z0712037

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

GX9304E

Make & Model:

NISSAN URVAN, 3.0 D (M)

03/11/2004 (Man. Year: 2004)

Engine No: Chassis No:

Odometer:

ZD30044415

397115 km

Reg. Date: Colour:

Engine Capacity: Market Value/New Car Price: N/A

2953 cc

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable):

CONDITION OF TYRES

Front Tyre Size:

195 R15

Rear Tyre Size:

195 R15

Front Left Side:

OHTSU 5 mm

Rear Left Side:

OHTSU 5 mm

Front Right Side:

OHTSU 5 mm

Rear Right Side:

OHTSU 5 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:

13/07/2018

Date Inspected:

17/07/2018

Inspected At:

Reliable Carz Pte Ltd (HQ) 8 Kaki Bukit Ave 4, #05-50

Singapore 415875

Estimated Period of Repair:

0.0 days

Adjuster:

XING GUO QIANG

Manager:

Ho Zhao Tian

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 \$2,000.00 -\$3,000.00

REPAIR DETAILS

Reference

Part Source:

(Last Synchronised: 24 Jul 2018)

Parts:

N/A

NISSAN URVAN 3.0 D (M) (Model not available in database)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for GX9304E)

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.

Adjuster Report Page 5 of 5

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 >