

Our Reference: **SKH788M/7014219**
Your Reference: **PC6462E**

By Email / Mail

27 September 2018

CHINA TAIPING INSURANCE (SINGAPORE) PTE. C/O LKK AUTO CONSULTANTS
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SKH788M & PC6462E ON 16 Jul 2018.

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

Details	Remarks	Amount (SGD)
Cost of Repairs		8,045.22
Loss Of Rental	160.50 x 9 days	1,444.50
Others		
TOTAL		9,489.72

Kindly let us have your offer to Christine.yow@wearnes.com

Your soonest reply is much appreciated. Thank you.



Yours faithfully
Christine Yow
D (65) 6430 4899
Wearnes Automotive Pte Ltd
Bodyshop and Paint Division
249 Alexandra Road
Singapore 159935

This is a computer generated printout, no signature is required.

(PAYMENT BREAKDOWN)

Vehicle No	:	8KAT788M	(Insd veh)	Model	:	VDLW-S60
	:	PC 6462E	(TP veh)			
Date of Accident	:	16/07/2018				

Global Sum Settlement	:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Liability	:	100	% (Agreed/Assessed)

Repair Estimate	:	\$ 53739.35	
Final Repair Cost	:	\$ 8045.22	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 1444.50	9 days at \$ 160.50 (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 9489.72	

Remarks: _____

Payment Instruction: Payee's Breakdown			
1)	NEARNS AUTOMOTIVE PTY LTD.	:	\$ 9489.72
2)		:	\$
3)		:	\$
4)		:	\$

SERVICE TAX INVOICE

0 - C00010	SL: CHINA TAIPING INSURANCE (SINGAPORE)	GST Reg.No:M28920628X
CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD		Inv.No. . : B&P 7014219 Page 1
3 ANSON ROAD		Inv.date. : 17/08/2018
#16-00, SPRINGLEAF TOWER		WIP No. . : 16976
SINGAPORE 079909		Veh.In/Out: 24/07/2018 01/08/2018
		*Tel.No. . : 63896111
		Reg.No. . : SKH788M
Closed by : Richmond Ho		Reg.date .: 26/07/2012
Svc Consultant : ACC		Mileage ...: 140,750
Remarks : Mr Jerald Cheong Yon		Chassis No: YV1FS475BC2098321

Parts/Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR LH FENDER, REAR BUMPER,ETC	0	3600.00	0		3,600.00	S
800	TO PUTTY SPRAY PAINT ON REAR LH FENDER,REAR BUMPER,REAR END PANEL,LH ROCKER PANEL,ETC	0	1400.00	0		1,400.00	S
802	TO REMOVE & INSTALL REAR BOOT COMPARTMENT PARTS	0	1600.00	0		1,600.00	S
10	COMPUTERISED WHEEL ALIGNMENT	0	280.00	0		280.00	S
280	TO CHECK WIRING INCLUDE RESETTNG OF ALL ELECTRICAL MODULES	0	450.00	0		450.00	S
031333252	WHEELARCH REAR LH SV	1.0 EA	188.90			188.90	S

Gross Total. 7,518.90

Labour Total	7,330.00
Parts Total	188.90
Package Total	0.00

Net.....	7,518.90
GST @ 7.0%	526.32
Total.....	8,045.22
Paid.....	0.00
Please Pay..	8,045.22

GST: S=StdRated; O=OutOfScope; Z=ZeroRated
 Enquiries must be lodged within 14 days from the invoice date
 This is a computer generated invoice. No signature is required.

**Wearnes Automotive Pte. Ltd.**

Co Reg No. 199501400R / GST Reg No. M28920628X
28 Leng Kee Road, Singapore 159105
Telephone: +65 6876 5063
www.wearnesleasing.com

Tax Invoice**China Taiping Insurance (Singapore)**

3 Anson Road
#16-00
Springleaf Tower
Singapore 079909

Inv No. : R1801567
Inv Date : 17 Aug 2018
Ref :
Terms : 90 Days

Rental Information

Agreement No. : RA18/00897
Billing Period : 23/07/2018 09:00 - 01/08/2018 17:30
Driver Name : Jerald Cheong You-Jun

Car Information

Registration No. : SMC4184G
Make : VOLVO
Model : XC60 T5

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	9.00	Days	150.00	1,350.00

Remarks:

SKH788M_China Taiping_Derek

Payment method:

Interbank Giro: deduction will take place between 9th to 13th of the month.
Credit Card payments: deduction will take place between 5th to 10th of the month.

Cheque payments: all cheques should be crossed and made payable to "Wearnes Automotive Pte Ltd".

Bank Transfers:

Oversea-Chinese Banking Corporation Limited

Bank Code: 7339

Branch Code: 501

Bank Account Name: Wearnes Automotive Pte Ltd

Bank Account: 296727-001

SWIFT CODE: OCBGSGSG

Subtotal : S\$ 1,350.00
GST 7.0% : S\$ 94.50
Total : S\$ 1,444.50

Please note that late payment interest will be imposed at a rate of 2% per month commencing from the date the payment is due, compounded daily, plus an administrative fee of \$50 each time.

This is a computer generated document. No signature is required.

YOUR REF : **SKH788M**
OUR CLAIM NO : **SNM18D03533**

DATE : **18 JUL 2018**

BY FAX / MAIL

WEARNES AUTOMOTIVE PTE LTD
249 ALEXANDRA ROAD
SINGAPORE 159935

WITHOUT PREJUDICE
SAVE AS TO COSTS

Dear Sir(s),

Accident Involving **PG6462E & SKH788M ON 16 JUL 2018**

-
- * We refer to your letter/facsimile/email message of **17/07/2019**.
 - * Without prejudice and admission of liability, we have instructed the surveyor below to survey your/your client's vehicle.
Surveyor : **LKK AUTO CONSULTANTS PTE LTD**
 - * Kindly quantify your/your client's claim together with the supporting documents for our consideration.
 - * **We are prepared to do Direct Settlement based on our surveyor's recommendation on Cost of Repairs and Loss of Use (\$100.00 x no of days recommended) / Rental (\$150.00 x no of days recommended) is strictly to our surveyor's recommendation on duration of repairs.**
 - * Please be informed that the Officer-in-charge of your case is :-
Name : HWANG SHIANG YI
Dept : CLAIMS DEPARTMENT
Email : claimsdept@sg.cntaiping.com
Fax No: 6224 7478 / 6224 7175

THIS IS A COMPUTER GENERATED DOCUMENT AND NO SIGNATURE IS REQUIRED.

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	16/07/2018 19:30
Date Of Accident	16/07/2018 06:15
Exact Location Of Accident	FCP EXIT TO STILL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH788M
Insured/Policyholder	
Name Of Registered Owner	JERALD CHEONG YON JUN
NRIC No	S7720520I
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98898788
Alternative Phone No	OTHERS-98898788

Vehicle Particulars

Manufacturer	VOLVO
Model	S60-2.0 T5 (A)
Exact Purpose for which vehicle was being used at time of accident	SOCIAL
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	JERALD CHEONG YON JUN
NRIC No	S7720520I
Date Of Birth	04/07/1977
Occupation	INDOOR
Date Of Driving Pass	14/02/1997
Driving Experience	21 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98898788
Fax Number	
Contact Number	OTHERS-98898788
Email Address	NOEMAIL

Address	BLK 517 PASIR RIS ST 52 #15-51
Postcode	510517
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	4
Passenger 1	NAME: : EMMELINE LAU GENDER: : FEMALE
Passenger 2	NAME: : RAEALYN CHEONG GENDER: : FEMALE
Passenger 3	NAME: : KYLA CHEONG GENDER: : FEMALE

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 ATTACH

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	PC6462E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	BALJIT SINGH
NRIC/Passport Number	G7620697Q
Contact Number	

AUTHORIZATION TO ACT

I, JERALD CHONG YON JUN ("the third party Claimant")
of BK 517 PASIR RU 81 52 #15-51 S(555A) (address),
owner of SKH 788M (vehicle no.)
hereby authorize WARRNS AUTOMOTIVE PTE LTD ("The workshop")
to act for me with respect to my claim for repair costs and / or rental and / or loss of use
("claim") for my Vehicle No. SKH 788M that was damaged
pursuant to the accident which occurred on 16/07/2018 (date) along
BEP EROT TO STILL RD (location)
involving Vehicle No/s PC64626 ("The accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

Date this _____ day of _____ (month) 20 _____ (year)



Signed by "the third party claimant"



Signed by "the workshop"

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for e-filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 16/07/2018 Time: 0615
Exact Location of Accident	FCP RM TO SILL ROAD.

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKH 788M.
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INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	JERALD CHONG YON-JUN
Personal Identification - NRIC (Singaporean/PR)	S77205201.
- FIN/Passport Number	
- Not Applicable	

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer VOLVO Model S60.
Type of Vehicle*	<input checked="" type="checkbox"/> Saloon <input type="checkbox"/> MPV <input type="checkbox"/> CRV <input type="checkbox"/> Van <input type="checkbox"/> Lorry <input type="checkbox"/> Bus <input type="checkbox"/> M/cycle <input type="checkbox"/> Others, _____
Exact Purpose for which vehicle was being used at time of accident	SOCIAL.
Are you claiming under your own insurance policy for repair to your vehicle?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No, Pls select: <input checked="" type="checkbox"/> Third Party <input type="checkbox"/> Reporting)
Vehicle Category*	<input checked="" type="checkbox"/> Private <input type="checkbox"/> Commercial <input type="checkbox"/> Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	AGF ASIA PACIFIC
Type of Policy	<input type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party Fire & Theft <input type="checkbox"/> TP Only
Fleet Policy	<input type="checkbox"/> Yes <input type="checkbox"/> No
Policy Number	
Motor CI	

DRIVER

	<input type="checkbox"/> Same as Insured above
Name of Driver	JERALD CHONG YON-JUN
Personal Identification - NRIC (Singaporean/PR)	S77205201.
- FIN/Passport Number	
Date of Birth	04 dd/ 07 mm/ 1977 yy
Driving Date Pass	14 dd/ 02 mm/ 1997 yy
Year of Driving Experience	Year(s) Month(s)
Occupation	<input checked="" type="checkbox"/> Indoor <input type="checkbox"/> Outdoor
Gender	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Contact Number / Mobile Phone / Fax No.	9889 8788

Address of Driver	BKC 517 PASIR KJ 87 52 #1551		Postcode (510517)
Email Address	MFMALV		
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	
If No, Relationship of the Driver with the Insured	OWNER		
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes	<input type="radio"/> No	
Vehicle Registration Number of Driver's Own Vehicle (if applicable)			
Insurance Company of Driver's Own Vehicle (if applicable)			
GENERAL INFORMATION OF THE ACCIDENT			
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	HEAD-REAR		
Weather Conditions	<input checked="" type="radio"/> Clear	<input type="radio"/> Raining	<input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry	<input type="radio"/> Wet	<input type="radio"/> Others, _____
OTHER INFORMATION			
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	FRANKLINE LAG (F)
Was any body injured in the accident?	<input type="radio"/> Yes	<input checked="" type="radio"/> No	RACLYN OEPONK (F)
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	KYLA OEPONK (F)
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes	<input type="radio"/> No	
Number of Passengers (Including Driver)	4		
DETAILS OF POLICE ACTION			
Was the Accident reported to the Police?	<input type="radio"/> Yes	<input type="radio"/> No (If Yes, please state which Police Station.)	
Police Station Name			
Police Station Address			
Police Station Contact	Tel No.	Fax No.	
Was notice of intended Prosecution given?	<input type="radio"/> Yes	<input type="radio"/> No (If Yes, against whom?)	
DETAILS OF OTHER VEHICLE / PROPERTY 1			
Vehicle Registration Number	PC 64626		
Vehicle Make/ Model/ Colour			
Details of Properties			
Name of Driver	BALJIT SINGH		
Personal Identification - NRIC (Singaporean/PR)	G76 20897Q		
- FIN/Passport Number			
Contact Number			
Address			
Name of Insurance Company			
Nature of Damage			
No. of Passenger (Including Driver)			
(Note - Please use page 6 if you need to add more vehicles)			

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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5. Any false reporting may be referred to the Traffic Police Department for investigation.
6. This report will be forwarded by the insurers to 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.

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' law yers/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 w ith 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 w ell as on the external cover of envelopes/mail packages); and/or
- (v) complying w ith applicable law in administering, processing, handling and/or dealing w ith my claims.
- (collectively the "**Purposes**")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

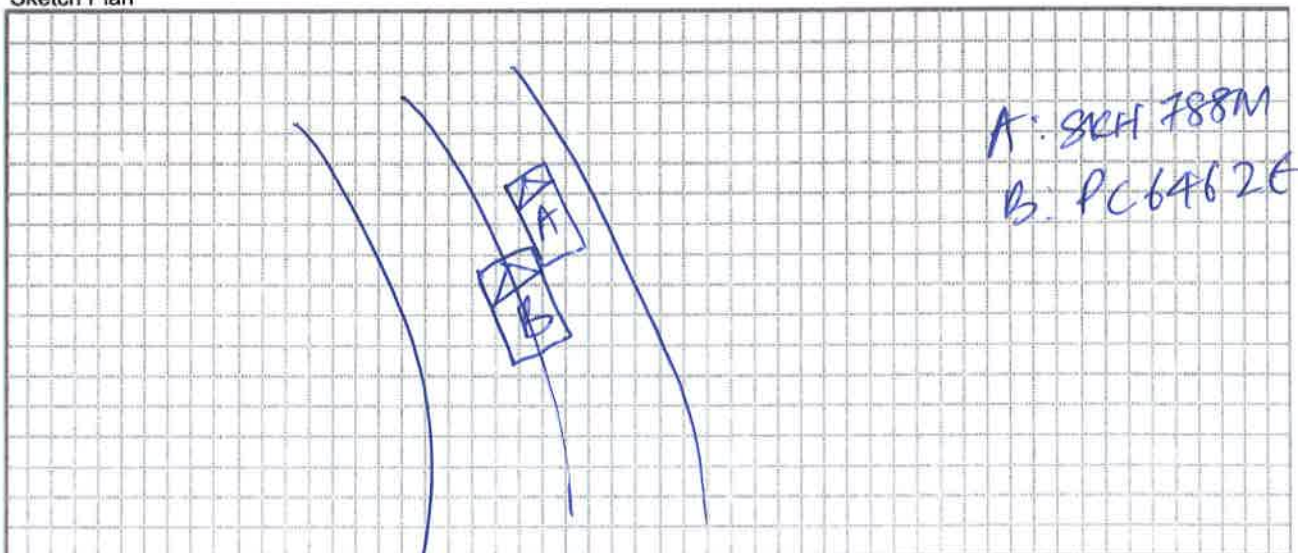
[Signature]

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Describe Circumstance of the Accident

When I was exiting the highway, I approached the bus from the rear, as I saw that the bus was keeping left, I decided to take the right lane. As I was passing the bus, the bus kept approaching my lane, and hit the rear left wheel of my car.

IMPORTANT NOTE

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Witnessed by Reporting Centre Personnel

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S77205201



Name
JERALD CHEONG YON-JUN
(ZHANG YONGJUN)
张永俊

Race
CHINESE

Date of birth
04-07-1977

Sex
M

Country of birth
SINGAPORE




REPUBLIC OF SINGAPORE DRIVING LICENCE

Identity Number: **S77205201**

Name
JERALD CHEONG YON-JUN
(JERALD ZHANG YONGJUN)


Date of Birth: **04 Jul 1977**

Issue Date: **15 Feb 2003**





000190546H

4-110478



NRIC No. **S77205201**



Date of Issue
05-10-2007

APT BLK 517 PASIR RIS STREET 52 #15-51
SINGAPORE 510517

NRIC No: **S77205201** Date: **16/02/2009** No: **6078765**

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

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

PASS DATE
14 Feb 1997

Licence No: **S77205201**



NP 428A

Veh in 23.07.18

SERVICE ESTIMATE

70989 - C00001 SL: SERVICE SALES - PC

Mr Jerald Cheong Yon-Jun
Blk 517 Pasir Ris Street 52
#15-51

Singapore 510517

Closed by : Derek Oh Siong Wee
Svc Consultant :
Remarks : Mr Jerald Cheong Yon

GST Reg.No:M28920628X

Inv.No. . : B&P 0 Page 1

Inv.date. : 17/07/2018

WIP No. . : 16976

Veh.In/Out: 16/07/2018

*Tel.No. . : Mobile: 93665760

Reg.No. . : SKH788M

Reg.date . : 26/07/2012

Mileage .. : 0

Chassis No: YV1FS475BC2098321

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR LH FENDER, REAR BUMPER,ETC	0	5600.00	0		5,600.00 S	4800
800	TO PUTTY SPRAY PAINT ON REAR LH FENDER,REAR BUMPER,REAR END PANEL,LH ROCKER PANEL,ETC	0	3500.00	0		3,500.00 S	1400
802	TO REPLACE REAR WINDSCREEN	0	800.00	0		800.00 S	1600
802	TO REMOVE & INSTALL REAR BOOT COMPARTMENT PARTS	0	2400.00	0		2,400.00 S	2400
802	TO REMOVE & INSTALL INTERIOR PARTS	0	3200.00	0		3,200.00 S	
031	TO REPLACE REAR LH RIM	0	50.00	0		50.00 S	
10	COMPUTERISED WHEEL ALIGNMENT	0	280.00	0		280.00 S	
89994	TO INSTALL REAR WINDSCREEN FIL	0	280.00	0		280.00 S	
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	450.00	0		450.00 S	
	ALLOY RIM 8x17", "NJ	1.0 EA	918.70			918.70 S	800

SERVICE ESTIMATE

70989 - C00001 SL: SERVICE SALES - PC

Mr Jerald Cheong Yon-Jun
Blk 517 Pasir Ris Street 52
#15-51

Singapore 510517

Closed by : Derek Oh Siong Wee
Svc Consultant :
Remarks : Mr Jerald Cheong Yon

GST Reg.No:M28920628X
Inv.No. . : B&P 0 Page 2
Inv.date. : 17/07/2018
WIP No. . : 16976
Veh.In/Out: 16/07/2018
*Tel.No. . : Mobile: 93665760
Reg.No. . : SKH788M
Reg.date. : 26/07/2012
Mileage . : 0
Chassis No: YV1FS475BC2098321

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
-------	-------------	----------	-------	-------	-----	--------	---

FENDER REAR LH S60 1	1.0 EA	2032.70				2,032.70	S	HA -
D WINDSCREEN SEALA	2.0 EA	122.10				244.20	S	na -
D PRIMER GLASS & P	1.0 EA	37.40				37.40	S	dec -
V001161436/*D* GLASS	1.0 EA	51.30				51.30	S	na -
WINDSCREEN REAR S60	1.0 EA	1288.90				1,288.90	S	Rec - photo Can
WHEELARCH REAR LH SV	1.0 EA	188.90				188.90	S	7 -
WHEELARCH PLASTIC NU	10.0 EA	6.10				61.00	S	na -
NOISE DEADENING PAD	1.0 EA	500.00				500.00	S	X
ADHESIVE TUBE CHEMIC	4.0 EA	75.80				303.20	S	na -

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:

Labour Total	16,560.00
Parts Total	5,626.30
Package Total	0.00

Gross Total. 22,186.30

Net..... 22,186.30

GST @ 7.0% 1,553.04

Total..... 23,739.35

Paid..... 0.00

Please Pay.. 23,739.35

GST: S=StdRated; O=OutOfScope; Z=ZeroRated