

ASS. REC. BY:

REF: CS/MSG18014536/Ksd3^{m2} Special Instruction:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Irene Tan

of

MSG

Date/Time: 10/8/18 @ 10:17am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLX 42252

Insured:

SGT 8322 E

at Workshop m/s

Complete VMS

Tel:

6455 0012

of

H6 Sin Ming Drive # 03-14

Policy No:

A80401770 QMX

Claim No:

566 352

Sum Insured:

Excess:

Make of Veh:

D.O.A.

1/8/18

(Client's Record)

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

2:47pm @ 10/8/18

Person Contacted:

Li Hui

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SLX 42252 -x

SGT 8322 E - CS/MSG18014448/Kqd3

DOA: 1/8/18

14/03/13

@ 18:15 p.m. revised IA to Irene Tan via merimer.

84701 Cui form

ASS. REC. BY:

REF:

msb-1

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

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: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.31 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLX 425ZYr Regn: 03, 18

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

Truck / Trailer or _____

Make: Honda Shuttlec.c. 1496Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 7437

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: GK8

1201217

Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModl: Nil / S/Rim / STD A/Rim orTyre Size: F: 185/60R15

R: _____

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

Front

Rear

R/Bal. 2 mmR/Bal. 2 mmL/Bal. 2 mmL/Bal. 2 mmD.O.A. 1/8/18D.O.I. 13/8/18

Survey held at _____

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

018/18

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

Date / Time Action / Instruction

14/18 File pass to Catherine

04/09/18 Continued P/P \$470.00 @ 2 days.

(\$ 1,028.48 red - 69%)

RECEIVED 4 SEP 2018

Date/Time, File Pass to?

04/09/18

☐

: Prel. Report

1)

Type 4

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trlp: 1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Report Format :

Lump Sum / I.B.I. (\$) 470.00 P/P

130

10

160



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

MSG INSURANCE (SINGAPORE) PTE LTD

Ref : CS/MSG18014536/Ksd3

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 10-08-2018

Code : MSG



1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|---------------------|----------------|------------|
| Insured Veh. | SGT 8322E | Veh. Inspected | SLX 4225Z |
| Policy No. | A80401770QMX | Coverage (\$) | 0.00 |
| Claim No. | 566352 | Excess (\$) | 0.00 |
| Assign From | MERIMEN (IRENE TAN) | Assign Date | 10/08/2018 |

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 | 01/08/2018 | Inspection Date | 13/08/2018 |
| Survey held at | COMPLETE VMS PTE LTD BLK 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX SINGAPORE 575721 | | |

5a. Remarks

| |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

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: Irene Tan Gek Ing

Date: 14 Aug 2018

Preliminary Advice

| | | | |
|--------------------|--|-------------------------|--------------|
| Insured Vehicle No | : SGT8322E | Accident Date | : 01/08/2018 |
| TP Vehicle No | : SLX4225Z | Assignment Date | : 10/08/2018 |
| Make | : HONDA SHUTTLE | Est. Duration of Repair | : 2 days |
| Date of Inspection | : 13/08/2018 | | |
| Inspection At | : COMPLETE VMS PTE LTD (HQ) 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex Singapore 575721 | | |

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s front portion and parts claimed are consistent to the accident.

| | | |
|-----------------------------|------|----------|
| Repairer's Estimate (Gross) | :S\$ | 1,498.48 |
| Revised Amount | :S\$ | 470.00 |
| Check Items (Estimated) | :S\$ | 0.00 |
| Total | :S\$ | 470.00 |

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'd | Status |
|------|-------------|----------------|--|----------|----------------|-------------|--|
| Main | 08 Aug 2018 | | 10 Aug 2018 10:17 Assign | | | | New Assignment Cancel Case |

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

| | | | |
|-----------------------------|---|------------------------|--|
| Insured: | FU YAO MING, ID: S2676652D, Tel: +6591592518, Email: SINO_SING@YAHOO.COM | | |
| Main Claimant: | LEONG KAM CHEW, ID: S7263068H | | |
| Vehicle Reg. No.: | SLX4225Z | Date of Loss: | 01/08/2018 12:00 - :59 [4 Months and 5 Days From LTA Reg Date (Man Yr)] |
| Claim Type: | TP / 566352 | Policy/Cover Note No.: | A80401770QMX (Comprehensive) Coverage: 26/05/2018 - 25/05/2019 |
| Vehicle Reg. No. (Insured): | SGT8322E | Policy No. (Claimant): | |
| | | Excess: | S\$600.00 |
| Repairer: | COMPLETE VMS PTE LTD (HQ) 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex, 575721 Sin Ming - Tel: 6455 0012 | | |
| Handling Insurer: | MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Irene Tan Gek Ing - 6594 2541] | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 11/08/2018] | | |
| Driver/Custodian (Insured): | ZHAO GANG (48 / Female), NRIC: S6980235D, Tel: +6591592518 | | |
| Adj. Asg. Remarks: | Liability : 100% Please appoint MR KENNETH KONG from LKK AUTO to conduct the survey . Kindly contact MS GAN LI HUI @ 6455 0012 to arrange for survey . Venue - Complete VMS Pte Ltd ,176, Sin Ming Drive #03-14 S(575721) | | |

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. | | | | | | | | | |

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 | 02/08/2018 15:49 |
| Date Of Accident | 01/08/2018 12:45 |
| Exact Location Of Accident | CARPARK AT JURONG WEST ST 52 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLX4225Z |
| Insured/Policyholder | |
| Name Of Registered Owner | LEONG KAM CHEW |
| NRIC No | S7263068H |
| Email Address | KCNATALIE@GMAIL.COM |
| Mobile Phone No | (LOCAL) +65-91803910 |
| Alternative Phone No | OTHERS-91803910 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | HONDA |
| Model | SHUTTLE |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO |
| If No, Please state action to be taken | THIRD PARTY |
| Vehicle Category | PRIVATE CAR |

Insurance Company

| | |
|---------------------------|--|
| Name of Insurance Company | NTUC INCOME INSURANCE CO-OPERATIVE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | 5099147293 |
| Cover Note Number | |

Driver

| | |
|----------------------|------------------------|
| Name of Driver | KONG ZHI HUI |
| NRIC No | S7681720J |
| Date Of Birth | 10/10/1976 |
| Occupation | INDOOR |
| Date Of Driving Pass | 18/08/2005 |
| Driving Experience | 12 YEARS AND 11 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-91803910 |
| Fax Number | |
| Contact Number | |
| Email Address | KCNATALIE@GMAIL.COM |

| | |
|---|---------------------------------|
| Address | BLK 48 LAKESIDE DRIVE #03-23 |
| Postcode | 648305 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------------------------|
| Type Of Accident | COLLIDED INTO PARKED VEHICLE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles involved in the accident | 2 |
| 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) | 0 |

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 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 | SGT8322E |
| Vehicle Make/Model/Colour | TOYOTA / HARRIER |
| Details Of Properties | LEFT SIDE |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | ZHAO GANG |
| NRIC/Passport Number | S6980235D |
| Contact Number | 91592518 |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

Sketch Plan

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:

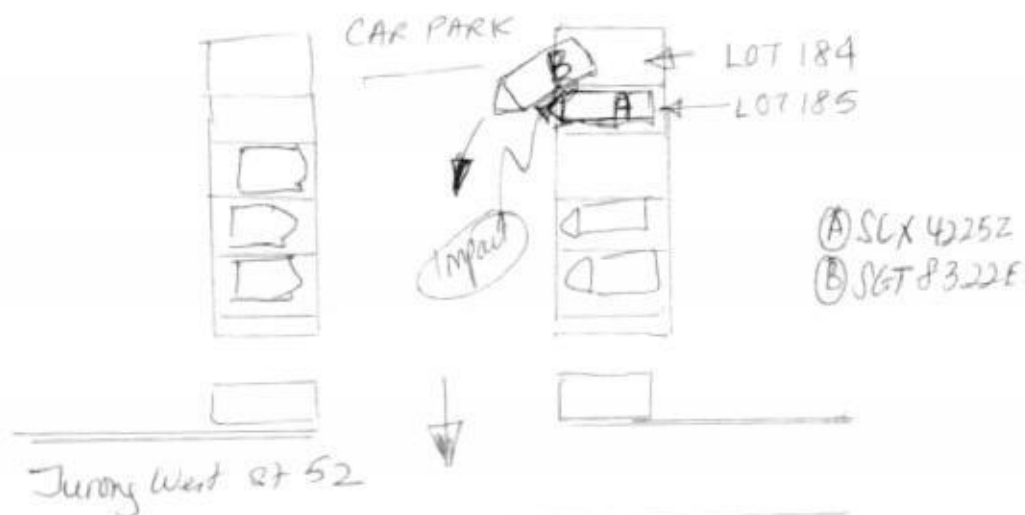
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I parked my car at carpark lot 185 and left the car to pick up my child from a nearby primary school.

When we walked back to the car about 15 minutes later, we saw a black car reversing into the carpark lot 184 on the right hand side of where our car is parked in a very very close proximity. A closer look confirmed that the car has hit the right hand front corner of my car.

I spoke to the driver of the car and she asked me to repair my car and call her for payment. Further, I took down her contact number, driving license and picture of her vehicle.

The driver later called me and recommended a mechanic she frequented, and suggested not settling through insurance companies. We did not oblige as we need a replacement car and wanted to settle through proper channels.

DECLARATION

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

[Signature]

[Signature]



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

LEONG KAM CHEW
BLK 48 LAKESIDE DRIVE #03-23
SINGAPORE 648305

Attention : THE OWNER
Contact : 90284199

Estimate : ES006419

Date : 13/08/2018
Vehicle Num. : SLX4225Z
Make/Model : HONDA SHUTTLE 1.5G-2018
Chassis/Eng# : GK81201217/L15B5461443
Accident Date : 01/08/2018
Claim No. :
Reference :
Policy No. :

Not Authorised
Repair After Paint
2 days
15/8/18

| S/N | Quantity | Particular | Unit Price | Amount S\$ |
|-----|----------|------------|------------|------------|
|-----|----------|------------|------------|------------|

| | | | | |
|---|---|--------------------------------|------|----------|
| 1. | 1 | LIST ITEMS : | | |
| 2. | 6 | FRONT BUMPER | 4.00 | 930.60 X |
| 3. | 1 | FRONT BUMPER CLIP | | 24.00 X |
| | | FRONT BUMPER SIDE RETAINER R/H | | 131.00 X |
| List TotalS\$: | | | | 1,085.60 |
| 20.00% Discount S\$: | | | | 217.12 |
| | | | | 868.48 |
| LABOUR : | | | | |
| SPRAY PAINT DAMAGED AREA AFFECTED | | | | 350.00 |
| CHANGE FRONT BUMPER, CLIP AND SIDE RETAINER | | | | 280.00 |
| Labour Total S\$: | | | | 630.00 |

SingDollars : One Thousand Four Hundred Ninety-Eight & Cents Forty-Eight Only

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 Total S\$: 1,498.48
Signature: =====
Date:

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which
may be required after the work has begun

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/MSG18014536/KSD3N2

Date: 05/09/2018

REFERENCE

| | | | |
|-----------------------|--------------------------------------|----------------------|--------------|
| Handling Insurer: | MSIG Insurance (Singapore) Pte. Ltd. | Policy No: | A80401770QMX |
| Claimant Vehicle No : | SLX4225Z | Insured Vehicle No : | SGT8322E |
| Date of Loss: | 01/08/2018 | Nature of Claim: | TP |
| | | Claim No: | 566352 |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|------------------------------|-------------|-------------|
| Reg No: | SLX4225Z | Engine No: | L15B5461443 |
| Make & Model: | HONDA SHUTTLE, 1.5 G CVT (A) | Chassis No: | GK81201217 |
| Reg. Date: | 27/03/2018 (Man. Year: 2018) | Odometer: | 7437 km |
| Colour: | Metallic Grey | | |
| Engine Capacity: | 1496 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: | 185/60R15 | Rear Tyre Size: | 185/60R15 |
| Front Left Side: | Bridgestone 8 mm | Rear Left Side: | Bridgestone 8 mm |
| Front Right Side: | Bridgestone 8 mm | Rear Right Side: | Bridgestone 8 mm |

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|-------------------------------|-----------------|---------------|-----------------|--------------|
| Parts | 868.48 | 0.00 | 868.48 | 100.00 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 630.00 | 470.00 | 160.00 | 25.40 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Gross Total (S\$) | 1,498.48 | 470.00 | 1,028.48 | 68.63 |
| + GST 7.00/7.00% (S\$) | 104.89 | 32.90 | 71.99 | 68.63 |
| Nett Amount (S\$) | 1,603.37 | 502.90 | 1,100.47 | 68.63 |

INSPECTION

| | | |
|---------------------|------------|---|
| Date of Assignment: | 10/08/2018 | |
| Date Inspected: | 13/08/2018 | Inspected At: COMPLETE VMS PTE LTD (HQ) 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex Singapore 575721 |

Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG

Manager: Hiew May Fung

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: 05 Sep 2018) | |
| Parts: | N/A | HONDA SHUTTLE 1.5 G CVT (A) (Model not available in database) |
| Labour: | Repairer's | (Price-denominated Standard List) |
| Print Code: | (Unsubmitted, no print-code for SLX4225Z) | |
| 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 | | *FRONT BUMPER | Repair | 930.60 FL | *- FL |
| 2 | 6 | | *FRONT BUMPER CLIP | Not Necessary | 24.00 FL | *- FL |
| 3 | 1 | | *FRONT BUMPER SIDE RETAINER R/H | Serviceable | 131.00 FL | *- FL |
| F=Franchise part. L=ListItemDisc. | | | | | | |
| Sub Total (\$\$) | | | | | 1,085.60 | 0.00 |
| - List Item Discount on L Items 20.00/20.00% (\$\$) | | | | | 217.12 | 0.00 |
| Total Parts (\$\$) | | | | | 868.48 | 0.00 |

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 | SPRAY PAINT DAMAGED AREA AFFECTED | New | 350.00 | 250.00 |
| 2 | CHANGE FRONT BUMPER,CLIP AND SIDE RETAINER | New | 280.00 | 220.00 |
| Gross Labour Cost (S\$) | | | 630.00 | 470.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >