ASS. REC. B)	REF: CS3 CTI18018624 Gcd3 Agrecial Instruction:
menmen	ASSIGNMENT (Office)
From (Person	1): Flaine Cheory of Ctt Date/Time: 15/10/188 11-45cm
Estimated Co	est:Bill to:
OD TP W	STTP RES / OD RES / EVA / INV / MY 7 CS
To Inspect V	ehicle No: 312 4346 × Insured: 31K 4120J
at Workshop	m/s Evergum Auto Tel: 9382 9991
of	BIK 3022 A Ubi Rd 1 #0+51
Policy No:	DMPCSN 30 4658 1703 Claim No: SNM 18 D 0 48 64 C 02
Sum Insured:	
Make of Veh (Client's Recor	D.O.A. 10 (10 10 0 0
CA / REV	/ REP. / REV 24 HRS W)
Date/Time:	11.50am@15/10/18 Person Contacted: Ah heng Vehicle ID/OUT
Date/Time	Action/Instruction (4) Estimate Ahlery 9107-9182
	8 Z 4346x-x
	SIK 4120) - 03/MSG13022625/UCbd1-1 DOA: 29/11/2013
	Dismartle: 16 10 2018.

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	$\omega(tQ)$
· n · · · · · · · · · · · · · · · · · ·	ASSIGNMENT (-2020) Veh No: SJZ 4346 X Yr Regn: 25 Nov 201
rom: Date:	Veh No: SJZ 4346 X Yr Regn: 25 Nov 201
stimated Cost:	Type: M.Ca. / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
D / TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
o Inspect Vehicle No:	Make: Tayota Vios and 1497
Workshop m/s Evergum Ando	Colour Black A/C: Insured / Std / NI / NA
	Sp.Reading 53 85 T/Radio: Insured / Std / NI / NA
sured: Heng - 9107 9182	Eng/No:
olicy No.	C/No: MROS 3 HY 93.0 5173693
laims No.	Gen. Cond: God / Fair / Poor / Burnt
um Insured: Excess:	Steering: Ino Gr / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Indirer / Jammed / Leaked / Burnt or
lake of Veh:	Modi: Nil / Skim / STD A/Rim or
۲.	Tyre Size: F: 205/45 BR16
(Policy Condition)	Ř: U
emark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO OF KUMHO
ial. or, Market Value: \$ 25 K	<u>Front</u> <u>Rear</u>
DAC Accident Rport: Consistent?: Yes or No	R/Bal. 6 mm R/Bal. 6 mm
SIA / PR Seen: Consistent?: Yes or No	L/Bal. 6 mm L/Bal. 6 mm
st. Repairs: 3 days Res.: Yes or No	D.O.A. D.O.I. 15-10-18
um Sum: 29 % 3 Val.: Yes or No	Survey held at WS 5105 M
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Regr / O/S / N/S / U/C / Rooftop or
Date: Person Contacted: Venicle:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction \$ 500 - \$ 1000	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 3
	Days Of Repair: 3 Resurvey No. of Trip: Survey Fee: 150 Transportation:
Date/Time, File Pass to? : Preli, Report : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: 150
Date/Time, File Pass to? : Preli. Report : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: 150
Date/Time, File Pass to? : Preli. Report : Final Report Date/Time, File Return to?	Resurvey No. of Trip: Survey Fee: 150 Transportation: Steel Insp (\$)S+RSSI

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

	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Sut	mitted	Ins Auth'ed	Status	
Main	12 Oct 2018		15 Oct 2018 11:45 Assign					New	Assignment el Case
M	lain	Re	erence		Claim Details		Docume	ents	Show All
CLAIM SUE	FOLDER DE	TAILS	MAIN TO SERVICE STATE OF THE S			[Cront	ed by insurer]		STATE OF STREET
Insured:		INGAPORE PTE L	TD. Co. Reg. N	No.: 198801	762D	Creat	ed by insurer]		
Main Claimant:	FAM DI Z	HI , ID: S907001			, 020				
Vehicle Reg. No.:	SJZ4346	5X			Date of Loss:	10/10/2	018 19:00 - :59		
Claim Type:	TP / SNN	M18D04864C02			Policy/Cover Note No.:	DMPCSN3046581703 (Comprehensive)			
Vehicle Reg. No. (Insured):	SJK4120J				Policy No. (Claimant):	5102257246			
Repairer:	F				Excess:	S\$0.00			
Handling		Auto Services (H							
Insurer:	China Tai	ping Insurance (Singapore) Pte	. Ltd. (HQ)	- Tel: 6389 611	1 [Han	dled by Elaine C	heong]	
Claimant's Insurer:	NTUC Inc	ome Insurance C	o-operative Ltd	d (HQ) - Te	:				
Adjuster:	LKK Auto	Consultants Pte	td (HQ) - Tel:	6256-3561	[Final Rpt	due 24/	10/20181		
Driver/Custo dian (Insured):		(37 / Female), N							
Adj Asg. Remarks:	NO EST, CA	ASE W/O SJE.							
ASSOCIATE	D MAIL RE	CEIVED						View All	Compose Case Mail
There are no	mail for this	case.							compose case Mail
ALL ASSOC	IATED TAS	KS ⁻				View A	II Search Tasks	1 Create N	lew Task Complete
Due Date	Priority	Type Task G	roup Subje	ect Hand	ller Assign		Completed C		eated On Done

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Owner ID Type:	Singapore NRIC
Owner ID:	0019G
Vehicle Details	
Vehicle No.:	SJZ4346X
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Oct 2018
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS E AUTO
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	1NZY120130
Chassis No.:	MR053HY9305173693
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,306.00
Original Registration Date:	25 Nov 2010
First Registration Date:	25 Nov 2010
Transfer Count:	1
Actual ARF Paid:	\$12,306.00
Intended PARF Rebate Details	A THE TRANSPORT OF THE PARTY OF
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Nov 2020
PARF Rebate Amount:	\$7,383.00
Intended COE Rebate Details	(1) 是 (2) 全国 国际 (2) 是 (2) 是 (3) 是 (3) 是 (3) 是 (4) 是
COE Expiry Date:	24 Nov 2020
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$39,000.00
COE Rebate Amount:	\$8,211.00
Total Rebate Amount:	\$15,594.00

The information contained herein is correct as at 16 Oct 2018

ОК

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 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. 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	11/10/2018 16:35
Date Of Accident	10/10/2018 19:40
Exact Location Of Accident	BARTLEY ROAD EAST TOWARDS KPE
Country/State of Loss	SINGAPORE
	ETAIĻS OF OWN VEHICLE
Vehicle Registration Number	SJZ4346X
Insured/Policyholder	
Name Of Registered Owner	FAM DI ZHI
NRIC No	S9070019G
Email Address	RANDON2XC@GMAIL.COM
Mobile Phone No	(LOCAL) +65-83219311
Alternative Phone No	OFFICE-83219311
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VIOS-1.5 E (A)
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	5102257246
Cover Note Number	
Driver	
Name of Driver	FAM DI ZHI
NPIC No.	\$90700196

Name of Driver FAM DI ZHI
NRIC No S9070019G
Date Of Birth 17/01/1990
Occupation INDOOR
Date Of Driving Pass 13/08/2010

Driving Experience 8 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-83219311

Fax Number

Contact Number OFFICE-83219311

EMail Address RANDON2XC@GMAIL.COM

Address

BLK 683A EDGEFIELD PLAINS #09-705

Postcode

821683

Was driver an employee of the Insured's Company NO

was driver all employee of the modified's Compar

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

RAINING

Road Surface

WET

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?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: NA

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

I WAS DRIVING ALONG BARTLEY ROAD EAST TOWARDS KPE. THE TRAFFIC WAS HEAVY, VEHICLE INFRONT SLOW DOWN AND SO I FOLLOW SLOW DOWN. SUDDENLY, VEHICLE SJK4120J HIT ONTO MY REAR PORTION.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

WITH OWNER

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJK4120J

Vehicle Make/Model/Colour

VOLVO

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

VOO LI QI

NRIC/Passport Number

S8156315B

Contact Number

92315906

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- 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.
- 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:
 - 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:

Miliolis

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

Sketch Plan Pg. 2

SKETCH PLAN

B	ortley Road East	
->	LBDAD	
\rightarrow		

A: SJZ 4346X B=SJK4120J

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT
I was driving along Bartley Road East towards
I was driving along Bartley Road East towards KPE. The traffic was heavy, vehicle in front slowdown
and so I forman standown, suddenly, vehicle SJK4120]
hist acto my rear portion.
DECLARATION
/We declare the foregoing particulars are true in every respect.

Policyholder's Signature

Date & Time:

(If driver is not the policyholder)

Date & Time: 11/10/18

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

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

CLAIM SUB	FOLDER TRA	CKING								
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Ad	j Submitted	Ins Auth'ed	Statu		
Main	12 Oct 2018		15 Oct 2018 11:45 Edit Adj Rpt	S\$0.00 Edit Estima	4	View Rpt		Repo	ding for sort ort ncel Case	Survey
	Main	R	eference	Clair	m Details		Documen	its		Show All
CLAIM SU	BFOLDER DE	TAILS				[Created	by insurer]			
Insured:	Insured: HAFELE SINGAPORE PTE LTD, Co. Reg. No.: 198801762D									
Main Claimant:	FAM DI Z	HI , ID: S90700	19G							
Vehicle Reg No.:	SJZ434	5X		Da	ate of Loss		8 19:00 - :59 s and 15 Days F	rom LTA Re	eg Date (Man Yr)]
Claim Type	: TP / SNI	M18D04864C02			olicy/Cover ote No.:	DMPCSN30	46581703 (Com	nprehensive	2)	
Vehicle Reg No. (Insured):	SJK4120J Policy No. (Claimant): 5102257246									
				Ex	cess:	S\$0.00				
Repairer:	Evergum	Auto Services (1Q) BLK 3022A Ubi	Road 1, #01-5	1, 408716	5 Ubi - Tel: 93	829991			
Handling Insurer:	China Tai	ping Insurance	(Singapore) Pte. L	td. (HQ) - Tel	: 6389 61	11 [Handle	d by Elaine Che	eong]		
Claimant's Insurer:			Co-operative Ltd (••						
Adjuster:		Consultants Pte	Ltd (HQ) - Tel: 62	56-3561 [H	andled by	XING GUO Q	IANG] [Fin	al Rpt du	ie 24/10	0/2018]
Driver/Cust dian (Insured):		(37 / Female),	NRIC: S8156315B,	Tel: +65923	15906					
Adj Asg. Remarks:	NO EST, C	ASE W/O SJE.								
ASSOCIAT	TED MAIL RE	CEIVED					v	iew All	Compose	Case Mail
There are n	o mail for this	case.								
ALL ASSO	CIATED TAS	SKS ⁼				View All	Search Tasks	Create Nev	v Task	Complete
Due Dat No results.	e Priority	Type Task	Group Subjec	t Handler	Assi	gned By	Completed Or	n Cre	ated On	Done?
	Mark Control									AND FINE OF SE

Claim Documents

*SJZ4346X (SNM18D04864C02)

[SJK4120J]

TP

FAM DI ZHI

Oct 10 2018 7:00PM

[HAFELE SINGAPORE PTE LTD]

Evergum Auto Services

	load Documents Up	oload Photos Compose New Letter			
Ass	essment Reports		1 per p	age 🗸	~
No	Finalized On	Modern Automotive Pte Ltd (HQ)		Thumbnail	Print
1	11/10/18 16:47	Accident Statement	0	Load HTM	
Pho	tos/Images		3 per p	age 🔻	✓
No	Finalized On	Modern Automotive Pte Ltd (HQ)		Thumbnail	Print
1	11/10/18 16:44	Accident Photo [Linked Accident Report Documents]	Ð	Load JPG	✓
2	11/10/18 16:44	Accident Photo [Linked Accident Report Documents]	0	Load JPG	✓
3	11/10/18 16:44	Accident Photo [Linked Accident Report Documents]	0	Load JPG	✓
4	11/10/18 16:44	Accident Photo [Linked Accident Report Documents]	Ø	Load JPG	✓
5	11/10/18 16:44	Accident Photo [Linked Accident Report Documents]	0	Load JPG	✓
6	11/10/18 16:44	Accident Photo [Linked Accident Report Documents]	0	Load JPG	✓
7	11/10/18 16:46	Accident Photo [Linked Accident Report Documents]	O	Load JPG	✓
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	19/10/18 11:03	General View	0	Load PDF	
2	19/10/18 11:04	Photographs of Damaged Parts	0	Load PDF	
Doc	cumentation		1 per p	age 🔻	✓
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	15/10/18 11:44	PRS	0	Load PDF	
2	15/10/18 11:44	OI GIA	0	Load PDF	
No	Finalized On	Modern Automotive Pte Ltd (HQ)		Thumbnail	Print
1	11/10/18 16:43	Sketch Plan [Linked Accident Report Documents]	0	Load TIF	

Linked Accident Report Documents

			View View	ew in Brows	ser 🗸
Ass	essment Reports		1 per page	page 🔻	
No	Finalized On	Modern Automotive Pte Ltd (HQ)	Th	umbnail	Print
1	11/10/18 16:47	Accident Statement	0 L	oad HTM	
Pho	tos/Images		3 per page	· V	✓
No	Finalized On	Modern Automotive Pte Ltd (HQ)	Th	umbnail	Print
1	11/10/18 16:44	Accident Photo	1	oad JPG	✓
2	11/10/18 16:44	Accident Photo	6	oad JPG	✓
3	11/10/18 16:44	Accident Photo	13 L	oad JPG	✓
4	11/10/18 16:44	Accident Photo	3 L	oad JPG	✓
5	11/10/18 16:44	Accident Photo	6	oad JPG	₹
6	11/10/18 16:44	Accident Photo	1	oad JPG	~

Ass	essment Reports		1 per pa	ige 🗸	✓
No	Finalized On	Modern Automotive Pte Ltd (HQ)		Thumbnail	Print
7	11/10/18 16:46	Accident Photo	0	Load JPG	✓
Doc	cumentation		1 per pa	age 🔻	4
No	Finalized On	Modern Automotive Pte Ltd (HQ)		Thumbnail	Print
			n	Load TIF	

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. Pava 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/CTI18018624/GCD3E2

Date:

29/10/2018

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMPCSN3046581703

Claimant Vehicle

SJZ4346X

Insured Vehicle No:

SJK4120J

Date of Loss:

10/10/2018

Nature of Claim: TP

Claim No:

SNM18D04864C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Rea No:

No:

SJZ4346X

Make & Model:

TOYOTA VIOS, 1.5 E (A)

Engine No:

1NZY120130

Reg. Date: Colour:

25/11/2010 (Man. Year: 2010)

Chassis No: Odometer:

MR053HY9305173693 53851 km

Engine Capacity:

1497 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:

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size: Front Left Side:

205/45Z R16

Rear Tyre Size:

205/45Z R16

Front Right Side:

Kumho 6 mm Kumho 6 mm Rear Left Side: Rear Right Side: Kumho 6 mm Kumho 6 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:

15/10/2018

Date Inspected:

15/10/2018 Inspected At:

1 KAKI BUKIT AVE 6# 01-107

Repairer: Evergum Auto Services (HQ)

Estimated Period of Repair:

3.0 days

XING GUO QIANG Adjuster:

Manager:

CELINE FONG

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 \$500.00 -\$1,000.00

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 29 Oct 2018)

Parts: 143 TOYOTA VIOS 1.5 E (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SJZ4346X)

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 4 of 4

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 >