

ASS. REC. BY:

REF: CS/CTL18020010/Rhb21 Special Instruction:

Surveyor:

Rasul

ASSIGNMENT (Office)

From (Person):

Chung Boon Sen

of

CTL

Date/Time: 02.11.2018 4:57pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBC 9267Z

Insured:

Ym 381K

at Workshop m/s

Ethuz

Tel:

9634 8656

of

30 Bukit Batok Crescent

Policy No:

DMCSGN3061811802

Claim No:

SNM18D04781002

Sum Insured:

Excess:

Make of Veh:

D.O.A.

01.10.2018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'up

H.O.D. Endorsement:

Date/Time: 05.11.2018 11:20am

Person Contacted:

Shah

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

FBC 9267Z - X

Ym 381K - CS/CTL17002535/KHbm2

DA: 04.10.2017

07/11/18 @ 7:47pm Confirmed with Shahh is \$ 2650, 5 days.

CRD \$ 3377.69, 56%

Surveyor *Pam*

REF:

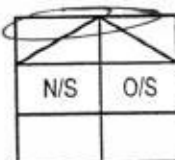
45314

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / IWS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GBC 92672
 at Workshop m/s ETHOZ
 of 30, Bourne Avenue, Cess
 Insured: CTI
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

Remark: *Shah*
 The veh had commenced its
 repair at the time of inspection.



Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS *up*

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: GBC 92672 Yr Regn: 2014 / FEB
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: NISSAN NV350 2.55MT C.C. 2488
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 208627 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: JM1MC2E2620001556
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nit / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195 R15
 R: 2.
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front _____ Rear _____
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 01/10/18 D.O.I. 07/11/18
 Survey held at ETHOZ
 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

RECEIVED 07 DEC 2018

Date/Time, File Pass to?

1) 07/12/18 *twinn*

Date/Time, File Return to?

2) _____

☐ : Preli. Report☐ : Final ReportDays Of Repair: 5Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ 2650)

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

220

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	02 Nov 2018		02 Nov 2018 16:57 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS		[Created by insurer]							
Insured:	A STAR FOAM MANUFACTURERS PTE LTD, Co. Reg. No.: 199600357H								
Main Claimant:	ETHOZ GROUP LTD, Co. Reg. No.: 198104531H								
Vehicle Reg. No.:	GBC9267Z	Date of Loss:	01/10/2018 16:00 - :59						
Claim Type:	TP / SNM18D04781C02	Policy/Cover Note No.:	DMCVSN3061811802 (Comprehensive)						
Vehicle Reg. No. (Insured):	YM381K	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	Ethoz Group Ltd (HQ) 30 Bukit Batok Crescent, 658075 Bukit Batok - Tel:								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]								
Claimant's Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 14/11/2018]								
Driver/Custodian (Insured):	TAN AH CHOON (61 / Male), NRIC: S1171791H, Tel: +6591276854								
Adj. Remarks:	EST \$6449.63, ASSIGN XING QUO 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.									

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Friday, 7 December 2018 2:42 PM
To: 'Selamatshahh Zainal'; Rasul (LKKAUTO); SUR
Subject: RE: Finalization for GBC9267Z

Dear Shahh,

WITHOUT PREJUDICE

Confirm Lump Sum \$2,650.00 before GST and 5 repair days.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sjewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Selamatshahh Zainal <Selamatshahh.Zainal@ethozgroup.com>
Sent: Thursday, 6 December 2018 11:00 AM
To: Rasul (LKKAUTO) <Rasul@lkkauto.com>; SUR <sur@lkkauto.com>
Subject: Finalization for GBC9267Z
Importance: High

Hi Rasul,

Please assist to confirm lump sum final amount at \$2,650.00 5 days.

Appreciate if you could make confirmation soonest.

Warmest regards,

Selamatshahh Zainal
Senior Executive
Motor Claims Operations

ETHOZ

ETHOZ GROUP LTD

30 Bukit Batok Crescent Singapore 658075

HP: 9624 8656 | DID: 6654 7519 | Fax: 6654 7542

Website: www.ethozgroup.com



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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 02/10/2018 12:00
 Date Of Accident 01/10/2018 16:30
 Exact Location Of Accident IMM BUILDING LOADING BAY EXIT GANRY
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBC9267Z
Insured/Policyholder
 Name Of Registered Owner ETHOZ GROUP LTD
 Co Reg No 198104531H
 Email Address NOEMAIL
 Mobile Phone No
 Alternative Phone No OFFICE-66547777

Vehicle Particulars

Manufacturer NISSAN
 Model NV350 PANEL VAN 2.5 5MT 5DR EURO V
 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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.
 Type Of Coverage THIRD PARTY
 Fleet Policy YES
 Policy Number
 Cover Note Number

Driver

Name of Driver JOHANNIZ BIN ALIP
 NRIC No S8626386F
 Date Of Birth 17/09/1986
 Occupation OUTDOOR
 Date Of Driving Pass 06/03/2013
 Driving Experience 5 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-98477858
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address	41 TELOK BLANGAH RISE #04-361 SINGAPORE 090041
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	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)

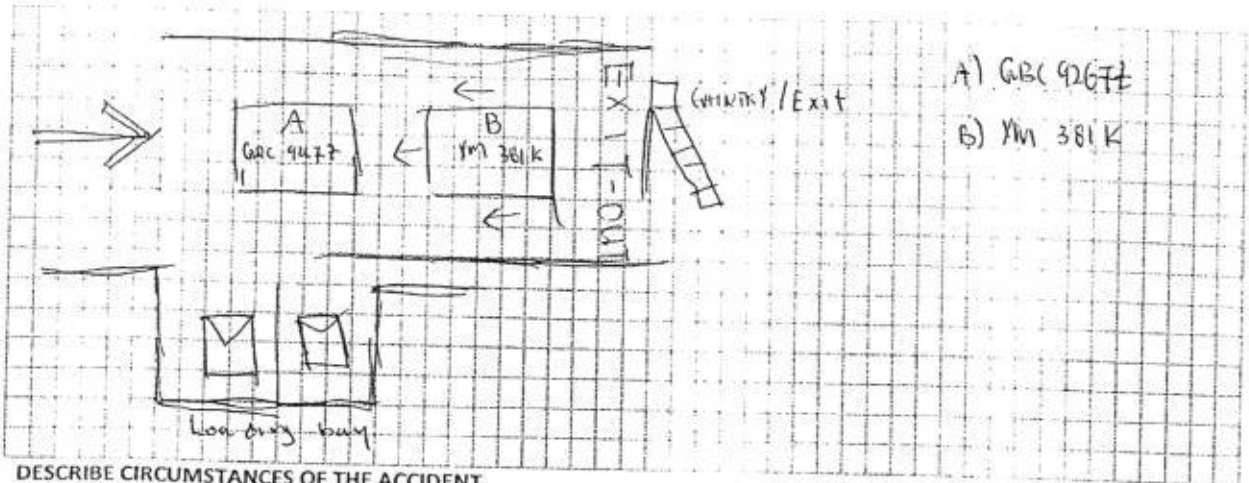
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YM381K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	91276854
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 3

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

my vehicle GBC 9267Z was about to exit the loading bay, I was queuing up behind a "14" forklift lorry (Ym 381K) when suddenly this lorry reversed his vehicle and hit my front part vehicle and caused damage to my my vehicle

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

<input type="checkbox"/>	- Reporting Only
<input checked="" type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input type="checkbox"/>	- Claim OD/ TP at other workshop

DECLARATION

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



Policyholder's signature
Date & Time

hac

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

[Signature]

Reporting Centre Personnel's Signature
Name:
Nric/Fin No.

SKETCH PLAN

IMPORTANT NOTICE

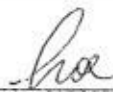
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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)

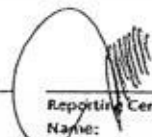
I understand, acknowledge, agree and consent that:

- (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:

Level 3

PLEASE ARRANGE TO SURVEY
VEHICLE AT 30 BUKIT BATOK
CRESCENT (S 658075)

Selamatshahh

CLAIM DEPARTMENT

DID : 66547519

FAX :

Date : 02/11/2018

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D18MTHCVE000138

Accident Date : 01/10/2018

Vehicle No : GBC-9267-Z

Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

ESTIMATED REPAIR COST DETAILS

Excess : 2,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

List Item

1	FRONT BUMPER <i>DE</i>	691.80	/
10	FRONT BUMPER CLIPS <i>neu</i>	50.00	/
1	FRONT GRILLE <i>CRA</i>	545.00	/
1	FRONT GRILLE LOGO <i>neu</i>	137.60	/
1	FRONT OUTER PANEL <i>neu</i>	1,496.90	/

Sub Total

2921.30

~~Add 15% On Parts~~

876.39

dis 30

Special Nett Item

1	FRONT NUMBER PLATE <i>21</i>	30.00	/
1	FRONT WINDSCREEN SEALANT <i>neu</i>	50.00	/

Date : 02/11/2018

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D18MTHCVE000138

Accident Date : 01/10/2018

Vehicle No : GBC-9267-Z

Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

ESTIMATED REPAIR COST DETAILS

Excess : 2,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

Sub Total

80.00

Labour & Misc

LABOUR TO FACILITATE REPAIR

1,000.00

600

TO RESPRAY AFFECTED AREAS

1,000.00

500

TO REMOVE AND REFIT FRONT WINDSCREEN GLASS

120.00

TO CHECK AND RECONNECT ALL NECESSARY WIRINGS

30.00

X

Sub Total

2150.00

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

Remarks:

15 days - long term

Signature: 

SUB TOTAL 6,027.69

GST 7.0 % 421.94

TOTAL 6,449.63

Surveyor's name:

John - Hp 90010068

Principal's name: ETHOZ Group Ltd

Survey Date & Time: 02/11/18 @ 0930

Lump Sum
@ \$2650
5 days

ETHOZ

Date : 06/12/2018

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D18MTHCVE000138 Accident Date : 01/10/2018

Vehicle No : GBC-9267-Z Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

FINAL ESTIMATED REPAIR COST DETAILS Excess : 2,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
List Item			
1	FRONT BUMPER	691.80	691.80
10	FRONT BUMPER CLIPS	50.00	50.00
1	FRONT GRILLE	545.00	545.00
1	FRONT GRILLE LOGO	137.60	137.60
1	FRONT OUTER PANEL	1496.90	1496.90
	Sub Total	2921.30	2921.30
	Discount 30% On Parts	(0.00)	(876.39)
Special Nett Item			
1	FRONT NUMBER PLATE	30.00	30.00
1	FRONT WINDSCREEN SEALANT	50.00	50.00

PAGE : 1



Date : 06/12/2018
To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : D18MTHCVE000138 Accident Date : 01/10/2018
Vehicle No : GBC-9267-Z Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

FINAL ESTIMATED REPAIR COST DETAILS Excess : 2,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	Sub Total	80.00	80.00
Labour & Misc			
	LABOUR TO FACILITATE REPAIR	1000.00	600.00
	TO RESPRAY AFFECTED AREAS	1000.00	500.00
	TO REMOVE AND REFIT FRONT WINDSCREEN GLASS	120.00	120.00
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	0.00
	Sub Total	2150.00	1220.00

PAGE : 2



Date : 06/12/2018
To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Attn : Motor Claim Department FAX :

Owner : ETHOZ Group Ltd
Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.
Certificate No : D18MTHCVE000138 Accident Date : 01/10/2018
Vehicle No : GBC-9267-Z Make & Model : NISSAN NV350 PANEL VAN 2.5 DIESEL G (M)

FINAL ESTIMATED REPAIR COST DETAIL Excess : 2,000.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	Sub Total	4,274.91	3,344.91
	GST 7.0 %	299.24	234.14
	Total	4,574.15	3,579.05

Surveyor Name : RASUL - LKK

Date & Time : 07/11/2018 9:30:00 AM

Selamatshahh

PAGE : 3

CLAIM DEPARTMENT

DID : 66547519

FAX :

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/CTI18020010/R1QBN2
Date: 12/12/2018

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN3061811802
Claimant Vehicle No :	GBC9267Z	Insured Vehicle No :	YM381K
Date of Loss:	01/10/2018	Nature of Claim:	TP
		Claim No:	SNM18D04781C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GBC9267Z	Engine No:	YD25340908A
Make & Model:	NISSAN NV350, 2.5 5MT 5DR EURO V (A)	Chassis No:	JN1MC2E26Z0001556
Reg. Date:	26/02/2014 (Man. Year: 2013)	Odometer:	208627 km
Colour:	Grey		
Engine Capacity:	2488 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:	195R15	Rear Tyre Size:	195R15
Front Left Side:	OHTSU 6 mm	Rear Left Side:	OHTSU 6 mm
Front Right Side:	OHTSU 6 mm	Rear Right Side:	OHTSU 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,124.91	2,124.91	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,150.00	1,220.00	930.00	43.26
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,274.91	3,344.91	930.00	21.75
Approved Total (Overridden) (S\$)		2,650.00		
(S\$)	4,274.91	2,650.00	1,624.91	38.01
+ GST 7.00/7.00% (S\$)	299.24	185.50	113.74	38.01
Nett Amount (S\$)	4,574.15	2,835.50	1,738.65	38.01

INSPECTION

Date of Assignment:	02/11/2018	Inspected At:	Ethoz Group Ltd (HQ)
Date Inspected:	07/11/2018		30 Bukit Batok Crescent
			Singapore 658075
Estimated Period of Repair:	5.0 days		

Adjuster: MOHD RASUL

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

Adjuster Report

knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: (Last Synchronised: 12 Dec 2018)
Parts: N/A NISSAN NV350 2.5 5MT 5DR EURO V (A) (Model not available in database)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for GBC9267Z)
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	Deformed	691.80 FL	*691.80 FL
2	10		*FRONT BUMPER CLIPS	Necessary	50.00 FL	*50.00 FL
3	1		*FRONT GRILLE	Cracked	545.00 FL	*545.00 FL
4	1		*FRONT GRILLE LOGO	Necessary	137.60 FL	*137.60 FL
5	1		*FRONT OUTER PANEL	Buckled	1,496.90 FL	*1,496.90 FL
6	1		*FRONT NUMBER PLATE	Bent	30.00 FS	*30.00 FS
7	1		*FRONT WINDSCREEN SEALANT	Necessary	50.00 FS	*50.00 FS
Sub Total (\$\$)					3,001.30	3,001.30
- List Item Discount on L Items 30.00/30.00% (\$\$)					876.39	876.39
Total Parts (\$\$)					2,124.91	2,124.91

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

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	LABOUR TO FACILITATE REPAIR	New	1,000.00	600.00
2	TO RESPRAY AFFECTED AREAS	New	1,000.00	500.00
3	TO REMOVE AND REFIT FRONT WINDSCREEN GLASS	New	120.00	120.00
4	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	New	30.00	-
Gross Labour Cost (S\$)			2,150.00	1,220.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >