

ASS. REC. BY:

REF:

CS/SMO18021140/K1td3ⁿ²

Special Instruction:

Surveyor:

Kalvin

ASSIGNMENT (Office)

From (Person):

Gnroh Pau Luong

of

SMO

Date/Time:

22/11/18 @ 2:12pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC6041G

Insured:

SLP9892K

at Workshop m/s

premier Automotive

Tel:

6544 6689

of

23 changi south Ave 2 #01-02

Policy No:

D18MTPV01001132

Claim No:

CM7D1805127

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 22/11/2018

CA / REV / REP. / REV 24 HRS

(up)

H.O.D. Endorsement:

Date/Time:

2:18pm @ 22/11/18

Person Contacted:

Vincent

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC6041G-CC3/AIG16013308/H1hb3g2 DOA: 16/7/16
	SLP9892K-X.

Surveyor: Kalvin

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop r/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: _____ days Res.: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHC 60416 Yr Regn: 10 24, 2014

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

Truck / Trailer or

Make: KIA optima C.C. 1885Colour: Silver A/C: Ins / Std / NI / NASp. Reading: 557160 T/Radio: Ins / Std / NI / NA

Eng/No: _____

C/No: KNAH44ME5463832Gen. Cond: Good / For / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD 6 Rim orTyre Size: F: 205/65R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MC / OHTSU / PIR / SUMI /

TOYO / YOKO or Han/Ko/c

Front

R/Bal. 7 mmL/Bal. 7 mmD.O.A. 22/11/8

Rear

R/Bal. 7 mmL/Bal. 7 mmD.O.I. 22/11/8Survey held at Premier

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

Rear

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

Date / Time	Action / Instruction
29/11/8	Handed PP \$630/ 20y. (Red: 2971.10, 82%) Sonpo
RECEIVED 30 NOV 2018	

Date/Time, File Pass to?

☐ : Prel. Report1) 30/11/8☒ : Final Report

Date/Time, File Return to?

2) _____

Report Format: TPLump Sum / I(B.) (\$) 630/-Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$ _____) \$ + RS SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)

Survey Fee:

250

Transportation:

10260

TOTAL

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	22 Nov 2018		22 Nov 2018 14:12 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	LOW SOON LAY, ID: S7579828H		
Main Claimant:	PREMIER TAXIS PTE LTD, Co. Reg. No.: 200304975H		
Vehicle Reg. No.:	SHC6041G	Date of Loss:	22/11/2018 09:00 - :59
Claim Type:	TP / CMTD1805127	Policy/Cover Note No.:	D18MTPV01001132 (Comprehensive)
Vehicle Reg. No. (Insured):	SLT9892K	Policy No. (Claimant):	
		Excess:	
Repairer:	Premier Automotive Services Pte Ltd (Changi) 23 Changi South Ave 2 #01-02, 486443 Changi - Tel:		
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by GNOH PAU LOONG - 63295217]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 03/12/2018]		

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?
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No results.

Nivitha (LKK Auto)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Thursday, 22 November 2018 2:12 PM
To: Vincent Chua; admin-d@lkkauto.com; assignments@lkkauto.com
Cc: Goh Wee Dek; Gary Shi; Gnoh, Pau Loong; Henry, Irene James
Subject: CMTD1805127/GPL - SUV(LKK)/ SLT9892K & SHC6041G ACC ON 22.11.18

Without Prejudice

Our Claim Reference: CMTD1805127/GPL
Your Reference: SHC6041G

Hi Vincent,

We acknowledged receipt of your claim documents

Please be informed that Mr. Gnoh Pau Loong is the handler of this case.

As spoken, we will appoint **LKK AUTO** to conduct the survey.

Aside to **LKK AUTO**,

Please make arrangement to conduct the survey for SHC6041G on a without Prejudice and any admission of liability basis.

Please submit with your report via merimen upon completion of survey.

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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disclosure is permitted/required by laws, our third party service providers and agents (acting on our behalf). Please click [here](#) for our Privacy Policy

From: Vincent Chua [mailto:vincent.chua@premiertaxi.com]
Sent: Thursday, November 22, 2018 12:06 PM
To: Claims - Motor Survey
Cc: Goh Wee Dek; Gary Shi
Subject: Pre-inspection/Accident involving SHC6041G & SLT9892K on 22.11.18

Dear all,

We refer to the vehicles mentioned above.

Vehicle to be Surveyed: SHC6041G
Third party insured Vehicle: SLT9892K
Date of Accident: 22/11/2018
Name of Workshop: PREMIER AUTOMOTIVE SERVICES PTE LTD
Address of Survey Location: 23 Changi South Avenue 2, #01-02, Singapore 486443
Name of Contact Person: MR CHUA
Contact Number: 65446689
Email Address of Contact Person: vincent.chua@premiertaxi.com

vehicle available for survey at any time.

Please arrange for survey.


Thank you.

Regards

Vincent Chua
Operations Assistant
Premier Automotive Services Pte Ltd

Address: 23 Changi South Ave 2, #01-02 Singapore 486443
Tel: 6214 8880 Ext 066 | DID: 6544 6689 | Fax: 6214 1511
Visit us at: www.premiertaxi.com.sg

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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 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	22/11/2018 11:05
Date Of Accident	22/11/2018 09:20
Exact Location Of Accident	SEMPAWANG ROAD // YISHUN AVE 5
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6041G
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	TEO LUAN KHIANG (ZHANG LIANQIANG)
NRIC No	S7515685E
Date Of Birth	26/05/1975
Occupation	OUTDOOR
Date Of Driving Pass	18/03/2002
Driving Experience	16 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90729770
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 245 #13-83 PASIR RIS ST 21
Postcode	510245
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	AFTER RAIN
Road Surface	SLIGHT 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?	YES
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)	2
Passenger 1	NAME: : PAX IN THE REAR SEAT - GRAB PAX/CHINESE GENDER: : MALE

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

VEH. A - 1 PAX VEH. B - NO PAX

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	SLT9892K
Vehicle Make/Model/Colour	HONDA SHUTTLE
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	LOW SOON LAY
NRIC/Passport Number	S7579828H
Contact Number	96674919
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

DETAILS OF INJURED PERSON 1

Name	TEO LUAN KHIANG (ZHANG LIANQIANG) - DRIVER OF VEH. A
Approximate Age	
Injuries Sustain	WILL SEEK FOR MEDICAL TREATMENT SOON
Injured person in which vehicle?	SHC6041G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.
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:

[Signature]

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

X 59515685E
X 5HC 6041G

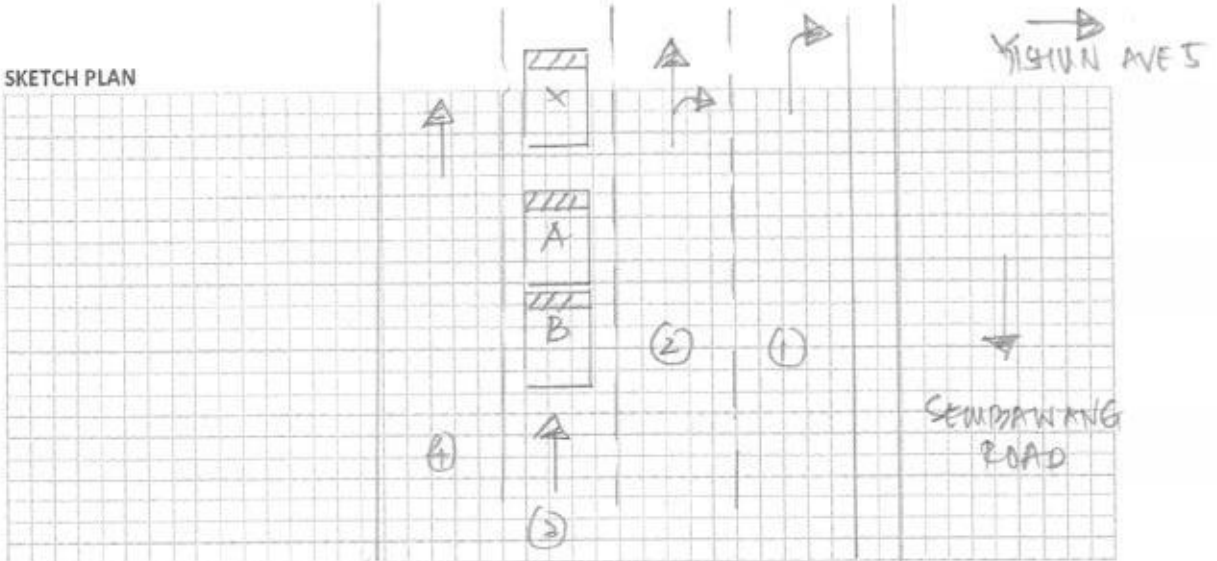
22 NOV 2018

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC60416

B: SLT9892K.

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:

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 3

Describe Circumstance of the Accident.

ON 22/11/2018 @ 0920HRS, I WAS DRIVING MY TAXI (SHC 6041 G), TRAVELLING ALONG SEMBAWANG ROAD AT THE TRAFFIC JUNCTION OF YISHUN AVE 5, WITH A PASSENGER ONBOARD, IN LANE 3.

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SLT 9892 K – HONDA SHUTTLE) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

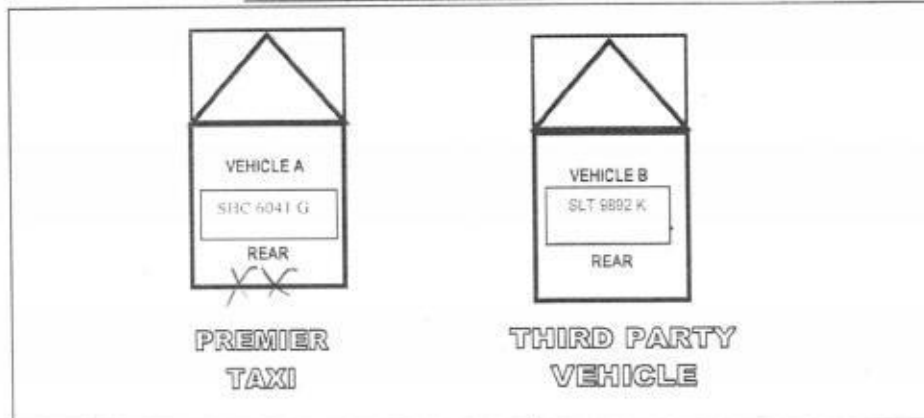
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

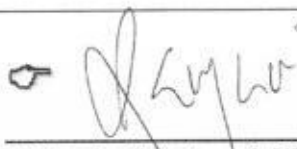

AS A RESULT, I FELT SOME DISCOMFORT & WILL SEEK FOR MEDICAL TREATMENT SOON. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD VEHICLE B.

*VIDEO FOOTAGE CAPTURED & SCENE PHOTOS TAKEN.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



 57515685E.
Driver's Signature & NRIC Number
@ 11:17:40 AM
(attended by )

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	10 Jul 2014 / 09:21:23	Receipt No.:	AACCK001-AX239-140710-000020
Asset Type:	Vehicle	Transaction Amount:	\$85,919.00
Asset ID:	SHC6041G	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20140710092123533024		

Vehicle No.:	SHC6041G
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1:	Air-Con (Taxi)
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Vehicle Attachment 2:	-
-----------------------	---

Vehicle Attachment 3:	-
-----------------------	---

Vehicle Scheme:	Taxi (Company)
-----------------	----------------

First Registration Date:	10 Jul 2014
--------------------------	-------------

Original Registration Date:	10 Jul 2014
-----------------------------	-------------

Vehicle Make:	KIA
---------------	-----

Vehicle Model:	OPTIMA 1.7(A) DIESEL
----------------	----------------------

Chassis No.:	KNAGM414ME5463832
--------------	-------------------

Engine No.:	D4FDDH308338
-------------	--------------

Motor No.:	-
------------	---

Trailer Chassis No.:	-
----------------------	---

Propellant:	Diesel
-------------	--------

Passenger Capacity:	4
---------------------	---

Engine Capacity:	1685
------------------	------

Power Rating:	-
---------------	---

Unladen Weight:	1584
-----------------	------

Maximum Laden Weight:	2050
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Primary Color:	Silver
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Secondary Color:	-
------------------	---

Manufacturing Year:	2013
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Open Market Value:	\$20,007.00
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Minimum PARF Benefit:	\$7,506.00
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PARF Eligibility:	Y
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No. of Transfer:	0
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Effective Ownership Date/Time:	10 Jul 2014 09:21:23
--------------------------------	----------------------

COE No.:	2014071001001219R
----------	-------------------

COE Expiry Date:	09 Jul 2022
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COE Bid Category:	-
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Actual QP/PQP Paid Amount:	\$53,269.00
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Lifespan Expiry Date:	09 Jul 2022
-----------------------	-------------

Owner ID Type:	Company
----------------	---------

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

22-Nov-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6041 G

1 pc	Rear bumper <i>X repair</i>	\$ 696.00
1 pc	Rear bumper lower cover <i>X repair</i>	\$ 206.00
2 pcs	Rear bumper side bracket o/s & n/s @ \$29.00 <i>X see</i>	\$ 58.00
1 pc	Rear bumper inner sponge <i>X see</i>	\$ 114.00
1 pc	Rear bumper reinforcement <i>X see</i>	\$ 607.00
2 pcs	Rear bumper n/s & o/s stay @ \$53.00 <i>X see</i>	\$ 106.00
2 pcs	Rear bumper reinforcement lower bracket @ 18.00 <i>X see</i>	\$ 36.00
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00 <i>X see</i>	\$ 36.00
		<hr/>
		\$ 1,859.00
		<hr/>
		\$ 185.90
		<hr/>
		\$ 1,673.10

S/NETT

1 set	Rear bumper clips <i>X "</i>	\$ 48.00
1 set	Reverse sensor <i>X see</i>	\$ 280.00
1 pc	Rear bumper top protector <i>see</i>	\$ 80.00 <i>50</i>
Sundry <i>see</i>		\$ 50.00 <i>20</i>
To dismantle / replace reverse sensor to new bumper and reset to the same		\$ 120.00 <i>X "</i>
To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.		\$ 180.00 <i>X "</i>
To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the end panel		\$ 650.00 <i>200</i>
To putty and spray painting on rear bumper, end panel <i>lower one</i>		\$ 400.00 <i>560</i>
To apply rustproofing on the repaired and replaced panels.		\$ 120.00 <i>X "</i>
		<hr/>
		\$ 3,601.10

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before further spray painting
- To display damaged car not during resurvey
- Parts prices are subject to confirmation
- Third party surveying (if any) on "no prejudice" basis
- No filing of insurance claim is allowed
- Sup. of repair work is subject to resurvey and is subject to final approval from Insurance Company

Acknowledged by Repairer
Date:

Kalin (LKK)
22/11/18' 6:00 PM
2 Keys
4/5
Allen Repair Ltd

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/SMO18021140/K1TD3N2

Date: 04/12/2018

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTPV01001132
Claimant Vehicle No :	SHC6041G	Insured Vehicle No :	SLT9892K
Date of Loss:	22/11/2018	Nature of Claim:	TP
		Claim No:	CMTD1805127

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC6041G	Engine No:	D4FDDH308338
Make & Model:	KIA OPTIMA, 1.7 D (A)	Chassis No:	KNAGM414ME5463832
Reg. Date:	10/07/2014 (Man. Year: 2013)	Odometer:	557160 km
Colour:	Silver		
Engine Capacity:	1685 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:	205/65R16	Rear Tyre Size:	205/65R16
Front Left Side:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,131.10	70.00	2,061.10	96.72
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,470.00	560.00	910.00	61.90
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	3,601.10	630.00	2,971.10	82.51
+ GST 7.00/7.00% (S\$)	252.08	44.10	207.98	82.51
Nett Amount (S\$)	3,853.18	674.10	3,179.08	82.51

INSPECTION

Date of Assignment:	22/11/2018	
Date Inspected:	22/11/2018 Inspected At:	Premier Automotive Services Pte Ltd (Changi) 23 Changi South Ave 2 #01-02 Singapore 486443

Estimated Period of Repair: 2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: DENISE TAY KWEE CHENG

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: MRM-SG	Version: 1.0 (Last Synchronised: 04 Dec 2018)
Parts: 143	KIA OPTIMA 1.7 D (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHC6041G)	
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	*REAR BUMPER	Repair	696.00 FL	*- FL
2	1	*REAR BUMPER LOWER COVER	Repair	206.00 FL	*- FL
3	2	*REAR BUMPER SIDE BRACKET O/S & N/S	Serviceable	58.00 FL	*- FL
4	1	*REAR BUMPER INNER SPONGE	Serviceable	114.00 FL	*- FL
5	1	*REAR BUMPER REINFORCEMENT	Serviceable	607.00 FL	*- FL
6	2	*REAR BUMPER N/S & O/S STAY	Serviceable	106.00 FL	*- FL
7	2	*REAR BUMPER REINFORCEMENT LOWER BRACKET	Serviceable	36.00 FL	*- FL
8	2	*REAR BUMPER REINFORCEMENT UPPER BRACKET	Serviceable	36.00 FL	*- FL
9	1	*SET REAR BUMPER CLIPS	Not Necessary	48.00 FS	*- FS
10	1	*SET REVERSE SENSOR	Serviceable	280.00 FS	*- FS
11	1	*REAR BUMPER TOP PROTECTOR	Necessary	80.00 FS	*50.00 FS
12	1	*SUNDRY	Necessary	50.00 FS	*20.00 FS

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

Sub Total (\$\$)	2,317.00	70.00
- List Item Discount on L Items 10.00/10.00% (\$\$)	185.90	0.00
Total Parts (\$\$)	2,131.10	70.00

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	TO DISMANTLE/REPLACE REVERSE SENSOR TO NEW BUMPER AND RESET TO THE SAME	New	120.00	-
2	TO DISMANTLE/REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS	New	180.00	-
3	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE END PANEL	New	650.00	200.00
4	TO PUTTY AND SPRAY PAINTING ON REAR BUMPER, END PANEL	New	400.00	360.00
5	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS	New	120.00	-
Gross Labour Cost (S\$)			1,470.00	560.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >