	Elaine cheory	of	MENT (Office)		Pins 28/12/1803.
Estimated Co			Bill to:		
To Inspect V		SGV:	2307D	Insured:	SLA 5936Y
at Workshop of	m/s	trans Euro			63310683
	MACCALTICA	94 H JON	ung ponjul		
	JMPCSNIF1631	19011 A	Claim No:	SNMI	aD200106(01
Sum Insured			Excess:		
Make of Vel (Client's Reco				D,O	A 21/12/18
CA / REV	/ REP. / REV 24 HRS	(un)		311211	80 lam-12pm
Date/Time:	4.10pm@selslie		Eva		le IN OUT
	Action/Instruction (le		
Date/Time	17 cm.	X			
Date/Time	SGV 2307D-				Diambialia
Date/Time	31A 5935Y-		022363/2	4	JIA:11/12/18

45	
(4)11) T. (4)	
	LAM
THEFT	Damo
-	

4 6	7.3.1	N	1.1	1	No.	3.
Sec. 3.	513	. 1	1.1	1.	Y	A.

From Date 31112118 Estimated Cost	Veh No SGV 2307D YI Regn 2016 / 84P Type M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Moyer /
OD TP WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No. SGV 2307D	Make: MINICOUPER ONE SER 1.24 C. 198
J 1	Colour A/C Insured / Std / NI / NA
of 27 A Tanjong Penjuru	Sp.Reading 33 129 T/Radio: Insured / Std / NI / NA
Insured	Eng/No:
Policy No.	CMO: WMW XS120902 C 75:415
Claims No	Gen. Cond: Good / Par / Poor / Burnt
Sum Insured Excess:	Steering: horder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Voorder / Jammed / Leaked / Burnt or
Make of Veh. 12pm	Modi: Nil / S/Rim / STD A/Rim or
Eva	Tyre Size: F: 215 40 R18 .
(Policy Gondition)	R: 1 ~
Remark: 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
Bat or Market Value.	Front Rear
IDAC Accident Rport. Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm
Est. Repairs: days Res.: Yes or No	D.O.A. 21/2/18 D.O.I. 31/12/18
Lum Sum: % 3 Val.: Yes or No	Survey held al TRANSENSAMO
Cult Out.	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS (W) Vehicle: 1	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
REC	EIVED 2 9 JAN 2019
Onte/Time: File Pass to? 4 : Preli. Report	Days Of Repair: 3
1) 21 Typs Final Report	Resurvey No. of Trip: \ Survey Fee:
Date/Time, File Return to?	Transportation: .
2) A	dd Fee: Site Insp (\$) _ S+RS_SI
To :-	: Interview (\$) Photos
Report Format :	: Tech Invs (\$) Others
Lump Sum / I.B.I: (\$ 4,183.16)	Weekend (\$) -) - ;
	101AL 2:20

Nivitha (LKK Auto)

From:

Elaine Cheong <elaine.cheong@sg.cntaiping.com>

Sent:

Friday, 28 December 2018 3:54 PM

To:

'assignments'; eva.kok@eurokars.com.sg

Cc:

'SUR'

Subject:

FW: TP CLAIMS- SGV2307D & SLA5935Y DOA 21/12/2018 (CLAIM REF:

20180002378 - SFL5935Y)

Attachments:

TP CHINA ESTIMATE.pdf; GIA ADDENDUM MINI.PDF

WITHOUT PREJUDICE

Dear Eva,

We refer to your email of 26.12.18.

We will be assigning M/s LKK Auto Consultants Pte Ltd to survey your client's vehicle and propose direct settlement with quantum to be agreed.

Aside to LKK,

Please refer to the attachment and proceed to survey the third party vehicle.

Thank you.

Regards,

Elaine Cheong

Executive (Motor Claims) Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909 Co. Reg. No. 200208384E

DID: 6389 6530

Fax: 6224 7478 / 6224 7175

Email: elaine.cheong@sg.cntaiping.com

Website www.sg.cntaiping.com



From: eva.kok@eurokars.com.sg [mailto:eva.kok@eurokars.com.sg]

Sent: Wednesday, 26 December, 2018 5:43 PM

To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>

Cc: rickteo@eurokars.com.sg; vion.lim@eurokars.com.sg; jobithomas@eurokars.com.sg

Subject: TP CLAIMS- SGV2307D & SLA5935Y DOA 21/12/2018

YOUR REF: SLA5935Y / OUR REF: SGV2307D THIRD PARTY CLAIM (REQUESTING FOR SURVEY AND A DIRECT SETTLEMENT)

Dear Sir/Mdm,

Kindly arrange the survey of our client's vehicle.

Attached is the ESTIMATE, SAS REPORT, SKETCH PLAN for your perusal

Thank you

Regards,



Eva Kok

Insurance Claims Officer 27A Tanjong Penjuru Singapore 609042

T: (65) 6331 0680 D: (65) 6331 0683 F: (65) 6331 0690 E: eva.kok@eurokars.com.sg W: www.eurokarsgroup.com

This email has been scanned by the Symantec Email Security.cloud service. For more information please visit http://www.symanteccloud.com

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.
- 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.

	ACC	IDEN	NT STA	MEIL	ENT
--	-----	------	--------	------	-----

Date Of Report 21/12/2018 15:27

Date Of Accident 21/12/2018 08:50

Exact Location Of Accident TOA PAYOH LOR 6 / KIM KEAT LINK

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SGV2307D

Insured/Policyholder

Name Of Registered Owner CHONG JIA HUI LEVINA

NRIC No S8035453C

Email Address JEMMYLEVINA@GMAIL.COM

Mobile Phone No (LOCAL) +65-96833236
Alternative Phone No OTHERS-90069330

Vehicle Particulars

Manufacturer MINI

Model MINI ONE

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

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Type Of Coverage

NO

Fleet Policy Policy Number

2100484914-02

COMPREHENSIVE

Cover Note Number

Driver

Name of Driver CHONG JIA HUI LEVINA

 NRIC No
 \$8035453C

 Date Of Birth
 07/11/1980

 Occupation
 INDOOR

 Date Of Driving Pass
 22/07/2002

Driving Experience 16 YEARS AND 4 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-96833236

Fax Number

Contact Number OTHERS-90069330

EMail Address JEMMYLEVINA@GMAIL.COM

Address

51C LENGKONG EMPAT

#11-03

Postcode

417660

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

-

General Information of the Accident

Type Of Accident

COLLISION - HEAD TO REAR

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

2

NO

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)

2

Passenger 1

NAME:

: JEMMY SURYANTO

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

REFER TO SKETCH PLAN & STATEMENT

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

SLA5935Y

Vehicle Make/Model/Colour

TOYOTA

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- 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:
 - 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:

21 Dec 141shr Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN A: SGV 2307D. Too Payon Lon 6 B. SLA 59354. kim heat link

DESCRIBE CIRCUM	ISTANCES OF THE ACCID	ENT	LICENSE PLATE NO:	SGV 2307D.
ACCIDENT DAT	E: 21 DEC 2018.		CONTACT NUMBER:	96833236.
ACCIDENT TIME	0850.		EMAIL:	
LOCATION: S	Plip Road from	kim keat Link	. Slip Rood.	
was	driving out fr	om slip road	Wher car w	oas hit from
	by main Lye			
mdm We	initially refus	ed to share	her contact	details so
a police o	eall was made	and Traffic	police arriv	ied at the
	out 25 min la		- 1	
			es en la companya de	
NOTE: PLEASE NOTE	144400 ANDWA		PARTITION OF THE PROPERTY OF THE PARTITION OF THE PARTITI	CLAIMS UNDER YOUR OWN POLICY
	PLEASE	CHECK YOUR POLICY FOR M	MORE INFORMATION	
PLEASE STATE:	() CLAIM OWN POLICY	CLAIM THIRD PARTY	()REPORTING ONLY	

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:

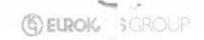
Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

6 AUGC SkeithPlanForm_V3



EUROKARS HABITAT PTE LTD 27A TANJONG PENJURU, SINGAPORE 609042



ESTIMATE COST OF REPAIRS

Ms L Chong WIP: 24637 CHINA TAIPING INSURANCE P/L NAME: ADDRESS: 51C Lengkong Empat EXCESS: 3 ANSON ROAD #11-03 DATE: 24.12.2018 #16-00 SPRINGLEAF TOWER SINGAPORE 079909 Singapore 417660 96833236 ATTN.: MOTOR CLAIMS TEL: FAX: SGV2307D DATE IN: CONTACT PERSON: VION 63310684 EVA 63310683 VEH NO: TYPE OF CLAIM: CHASSIS NO: WMWXS120902C75415 MILEAGE: MODEL: FSS ONE DATE REG.: 16.09.2016 POLICY NO. : NATURE OF WORKS Parts Description s/NO REVISED PRICES QTY cut / REAR BUMPER 1 M51.12.7.380.024 \$ 845.88 x M 47.63 \$ TOW COVER RH 1 M51.31.7.380.026 BUMPER SPOILER SU -\$ 1 M51.12.7.380.030 271.88 ? x sur TRIM COVER FOG LAMP \$ 1 M51.12.7.365.737 95.94 4 \$ BLIND RIVET 4 M07.14.7.411.141 14.52 Ne / \$ PDC HOLDER LH 1 M51.12.7.403.267 52.13 6 m/ PDC HOLDER RH 1 M51.12.7.403.266 52.13 XIV BUMPER GUIDE RH 1 M51.12.7.318.756 \$ 111.63 \$ 4 M07.14.2.754.954 6.24 9 74/ REINFORCMENT 1 M51.12.7.300.788 \$ 518.56 10 GAKSET 2 B51.12.7.300.789 \$ 10.88 11 m-\$ 310.88 1 B66.20.9.274.428 ULTRASONIC C (BLACK) XSVL Ś 475.81 13 ULTRASONIC S (PAINT) 1 M66.20.9.302.466 4 25.24 B66.20.9.283.203 \$ 14 GASKET TOTAL PARTS 2,839.35 \$ 2.839.35 TOTAL PARTS COST **Labour Description** 840 TO REMOVE / REPLACE REAR BUMPER & TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT. TO RESPRAY REAR BUMPER . 150 TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING. 3 2500 TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS. 4 30 nec NETT SUNDRIES. TOTAL LABOUR \$ 3,180.00 TOTAL PARTS 2,839.35

TOTAL	\$ - 64	\$ 6,019.35
LESS EXCESS	\$ 18	\$ 151
TOTAL AFTER EXCESS	\$	
GST 7%	\$	\$
GRAND TOTAL	\$ 100	\$ *1

REMARKS:

6024.17.

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT.

TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400.00 WILL BE APPLY AS ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

Page 10068

3 days

Plp

31/12/18 @1130 Per by part



EUROKARS HABITAT PTE LTD 27A TANJONG PENJURU, SINGAPORE 609042



FINALIZATION COST OF REPAIRS

CHINA TAIPING INSURANCE P/L

NAME:

Ms L Chong

WIP:

24637

3 ANSON ROAD

ATTN.:

ADDRESS:

51C Lengkong Empat

Singapore 417660

EXCESS:

24.12.2018

#16-00 SPRINGLEAF TOWER

DATE:

SINGAPORE 079909

MOTOR CLAIMS

TEL:

96833236

FAX : VEH NO : SGV2307D CHASSIS NO : WMWXS120902C75415		DATE IN :		CONTACT PERSON :	VION	63310684	EVA 63	3310683	
		MILEAGE :		TYPE OF CLAIM:		1	Р		
MODE	-10	F55 ONE	DATE REG.:	16.09.2016	POLICY NO. :				
VIODE		1330110	12	NATURE OF WO	DRKS				
s/NO			Par	ts Description					
3,110				QTY		R	EVISED	F	PRICES
1	REAR BUM	PER		1	M51.12.7.380.024	\$	845.88	s	845.88
	TOW COVE			1	M51.31.7.380.026	\$	-	\$	47.63
3	BUMPER SE	POILER		1	M51.12.7.380.030	\$	271.88	\$	271.88
	TRIM COVE	R FOG LAMP		1	M51.12.7.365.737	\$		\$	95.94
5	BLIND RIVE	waster control to the control		4	M07.14.7.411.141	\$	14.52	\$	14.52
6		ER LH (NECESSARY)		1	M51.12.7.403.267	\$	52.13	\$	52.13
7		ER RH (NECESSARY)	7	1	M51.12.7.403.266	\$	52.13	\$	52.13
8	BUMPER G			1	M51.12.7.318.756	\$		\$	111.63
9	CLIP			4	M07.14.2.754.954	\$	6.24	\$	6.24
10	REINFORCE	MENT		1	M51.12.7.300.788	\$	518.56	\$	518.56
11	GAKSET (N			2		\$	15.70	\$	10.88
12	-	IIC C (BLACK)		1	B66.20.9.274.428	\$	310.88	\$	310.88
13	Continues days	IIC S (PAINT)		1	M66.20.9.302.466	\$	*	\$	475.8
14	GASKET (N	CARL CHIEF CO. C. S. C.		4	866.20.9.283.203	\$	25.24	\$	25.2
					TOTAL PARTS	\$	2,113.16	\$	2,839.35
								\$	
					TOTAL PARTS COST	\$	2,113.16	\$	2,839.3
			Labour Descript	on					
1	TO REMOV	EMOVE / REPLACE REAR BUMPER & TO REPAIR ALL			\$	840.00	\$	1,680.00	
	AREAS AFE	ECTED BY THE ACCIDENT.							
2	TO RESPRAY REAR BUMPER .					\$	800.00	\$	800.0
3	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.				\$	150.00	s	250.0	
4	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.				\$	250.00	\$	350.0	
5	SUNDRIES					\$	30.00	\$	100.0
					TOTAL LABOUR	\$	2,070.00	\$	3,180.0
					TOTAL DABOUR	\$	2,113.16	100	2,839.3

TOTAL	\$	4,183.16	\$ 6,019.35
LESS EXCESS	s		\$
TOTAL AFTER EXCESS	\$	4,183.16	
GST 7%	\$	292.82	\$ 3:00
GRAND TOTAL	\$	4,475.98	\$

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: 0

CS/CTI18023286/R1TD3N2

Date:

29/01/2019

REFERENCE

Handling Insurer: Claimant China Taiping Insurance

(Singapore) Pte. Ltd.

Insured

DMPCSN17163618011

Insur

Vehicle No :

SLA5935Y

Vehicle No : Date of Loss:

21/12/2018

SGV2307D

Nature of Claim:

Policy No:

TP

Claim No:

SNM19D200106C01

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SGV2307D

Make & Model: Reg. Date: MINI ONE, 1.2 F56 (A) 16/09/2016 (Man. Year: 2016) Engine No: Chassis No: Odometer: F188H241B38A12A WMWXS120902C75415

33729 km

Colour:

Red

N/A

Engine Capacity: Market Value/New Car 1198 cc

Price:

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size: Front Left Side: 215/40R18 Yokohama 6 mm

Yes Engine Modification:

Rear Tyre Size:

215/40R18

Rear Left Side: Rear Right Side: Yokohama 6 mm Yokohama 6 mm

Front Right Side: Yokohama 6 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,944.17	2,143.16	801.01	27.21
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,080.00	2,040.00	1,040.00	33.77
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	6,024.17	4,183.16	1,841.01	30.56
+ GST 7.00/7.00% (S\$)	421.69	292.82	128.87	30.56
Nett Amount (S\$)	6,445.86	4,475.98	1,969.88	30.56

INSPECTION

Date of Assignment:

28/01/2019

Date Inspected:

31/12/2018 Inspected At:

27A Tanjong Penjuru

Repairer:Eurokars Habitat Pte Ltd

12 Sungei Kadut Avenue Singapore 729648

Estimated Period of Repair:

3.0 days

Adjuster: MOHD RASUL 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.

Adjuster Report Page 2 of 3

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 29 Jan 2019)

Parts: 144 MINI ONE 1.2 F56 (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SGV2307D)

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	Cut	845.88 FS	*845.88 FS
2	1		*TOW COVER RH	Not Necessary	47.63 FS	*-FS
3	1		*BUMPER SPOILER	Scratched	271.88 FS	*271.88 FS
4	1		*TRIM COVER FOG LAMP	Serviceable	95.94 FS	*-FS
5	4		*BLIND RIVET	Necessary	14.52 FS	*14.52FS
6	1		*PDC HOLDER LH	Necessary	52.13 FS	*52.13FS
7	1		*PDC HOLDER RH	Necessary	52.13 FS	*52.13FS
8	1		*BUMPER GUIDE RH	Serviceable	111.63 FS	*-FS
9	4		*CLIP	Necessary	6.24 FS	*6.24FS
10	1		*REINFORCEMENT	Bent	518.56 FS	*518.56 FS
11	2		*GASKET	Necessary	15.70 FS	*15.70FS
12	1		*ULTRASONIC C (BLACK)	Necessary	310.88 FS	*310.88FS
13	1		*ULTRASONIC S (PAINT)	Serviceable	475.81 FS	*-FS
14	4		*GASKET	Necessary	25.24 FS	*25.24FS
15	1		*SUNDRIES	Necessary	100.00 FS	*30.00FS
F=Fra	anchise	part. S=SpcNe	tt.	· · · · · · · · · · · · · · · · · · ·		
				Total Parts (S\$)	2,944.17	2,143.16
				77 <u>-</u>		

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

D	1 -1
Recommended	Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	TO REMOVE/REPLACE REAR BUMPER & TO REPAIR ALL AREAS AFFECTED BY THE ACCIDENT	New	1,680.00	840.00
2	TO RESPRAY REAR BUMPER	New	800.00	800.00
3	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING	New	250.00	150.00
4	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS	New	350.00	250.00
	Gross Labo	Gross Labour Cost (S\$)		2,040.00
2	Report was unsubmitted du	ring this print-out.		

< END OF ESTIMATES >