SULVOUOT:	11116/16	ACCUECINIA	CONTRACTOR S		
From (Person Estimated Cos	o: Thelma Choo	of	SMO	Dat	e/Time: 3/1/190 5.21pm
	the state of the s		EXILITION:	•	
To Inspect Ve	chicle No:	SKH 858	6 <b>B</b>	Insured:	GRD 1551A
at Workshop i	m/s	RAT Motor		Tel: 0	9859 9677
Policy No:_[	DISMTH CVE DOL	0158	Claim No:	CMI	1100024
Sum Insured:			Excess:	10	1000-9
Make of Veh: Client's Record				D.O	8106   41 FC A.
				H.	O.D. Endorsement:
Date/Time:	9.47am@3/1/18	Person Contacted:	jusie.	Vehic	de (IN)OUT
Date/Time	Action/Instruction (	×) Estimate	2		
	SKH8586B- (	1/AIG1402	2569/N-	)	DOA: 2/12/2014
	GBD 1551A-X	1			
	Repair large 6	K-AK 6	days repair	m	anto
			$\nu$	1/2/	120119
	My North My North Policy No:	ASS. REC. BY:  Whith Lall filth  From (Person): Think Chio  Estimated Cost:  OD /FP WS/TP RES / OD RES / I  To Inspect Vehicle No:  at Workshop m/s  of  Policy No: DISMTH CVE OOD  Sum Insured:  Make of Veh:  Client's Record)  CA / REV / REP. / REV 24 HRS  Date/Time: 9.47000 3/1/18  Date/Time: Action/Instruction (  SKH 8586B-(  GBD 1551A-X	ASS. REC. BY:  SUPPLYOF LUMBER  ASSIGNM  From (Person): TWIMA Cheo  SET ASSIGNM  AND  ASSIGNM  AND  ASSIGNM  ASSIGNM  ASSIGNM  ASSIGNM  ASSIGNM  ASSIGNM  AND  ASSIGNM  ASSIGNM  ASSIGNM  ASSIGNM  ASSIGNM  ASSIGNM  ASSIGNM  AND  ASSIGNM  A	REF: CS3 SM019000106 Tlcc  SMINON ASSIGNMENT (Office)  ASSIGNMENT (Office)  ASSIGNMENT (Office)  ASSIGNMENT (Office)  SM0  Estimated Cost:  OD /FP WS/TP RES / OD RES / EVA / INV / MV / CS  To Inspect Vehicle No:  SKH 8586B  at Workshop m/s  ASSIGNMENT (Office)  Bill to:  SKH 8586B  AT Mofur  Of 24 Defn fore 12  Policy No: D18MTH CVE 000158  Claim No:  Excess:  Make of Veh:  Client's Record)  CA / REV / REP. / REV 24 HRS W  Date/Time: 9.4700 3/118  Person Contacted:  SKH 8586B - Q / AIG   A022569 / N - 2	REF: CS3 SMOIGOODIOG TICC 301 Special SMOIGOODIOG TICC 301 Special SMOIGOODIOG TICC 301 Special Membry Company Child ASSIGNMENT (Office)  Membry Membry Child ASSIGNMENT (Office)  SMO Date Stimated Cost:  Bill to:  Cod (FP) WS/TP RES / OD RES / EVA / INV / MV / CS  To Inspect Vehicle No:  SKH 8586B  Insured:  At Workshop m/s  SAT Mofur  Tel:  Of 24 Defn fore 12  Policy No: D18MTH CVE 000158  Claim No:  CMTC  Sum Insured:  Excess:  Make of Veh:  Client's Record)  CA / REV / REP. / REV 24 HRS W  Date/Time: 9.470mD 3/1/18 Person Contacted:  SKH 8586B O A A G   A O 2569 / N - 2  BBD 1551A - X  SET MOTOR  SMO Date Signment (Office)  SKH 8586B O A A G   A O 2569 / N - 2  BOD 1551A - X  SET MOTOR  SMO Date Signment (Office)  SKH 8586B O A A G   A O 2569 / N - 2  BOD 1551A - X  SET MOTOR  SMO Date Signment (Office)  SMO Date Signment (Office)  SKH 8586B O A A G   A O 2569 / N - 2  BOD 1551A - X  SET MOTOR  SMO Date Signment (Office)  SMO Date Signment

amorgon T	affi	Sompo.	
		ASSIGNMENT	
From: Estimated Cost:	Date:	Veh No. SKH & 586 B. Yr Regn. 2010, Type: M.Cay / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /	5
DD / TP / WS / TP R	ES / OD RES / EVA / INV / MV	Truck / Trailer or	10
To Inspect Vehicle No	0.	Make: BMW 5231 c.c 2	7 1
at Workshop m/s		Colour Blue A/C: Insured / Std / N	
of		Sp.Reading 166716. T/Radio: Insured / Std /	
nsured:		Eng/No: WB A FP3 2030 C 5447	22
Policy No.		CTNO: WIS 17	
Claims No.		Gen. Cond: Good / Fair / Poor / Burnt	
Sum Insured:	Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)		Brake: Inorder / Jammed / Leaked / Burnt or	
Make of Veh:		Modi: Nil / S/Prim / STD A/Rim or 755/35/620.	
		Tyre Size: F: 2)) 75 312420.	
(Policy Condition)		R:	
Remark: The veh ha	d commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU (PIR / SUMI	1
repair at th	ne time of inspection.	TOYO / YOKO or	
Bal. or Market Value		Front ( Rear	
IDAC Accident Rport	Consistent?: Yes or No	R/Bal. mm R/Bal. 6	
GIA / PR Seen:	Consistent?: Yes or No	L/Bal. L/Bal.	
Est. Repairs:	days Res.: Yes or No % 3 Val.: Yes or No	D.O.A.  Survey held at  SAT Motor	e
Lum Sum:	088	Des. of Damages : Frt / Rear / Q/S / N/S / U/C / Rooftop or	_
CA / REV / RE	P. / 24 HRS Vehicle: II	+ + 11/2	
Date:	Person Contacted:	The U/C / Chassis frame / Body Structure affected due to	colli
Date / Time A	ction / Instruction		
			-
Date/Time, File Pass to?	: Preli. Report	Days Of Repair:	
	: Final Report	0	00
1) Date/Time, File Return to	housement	Transportation:	00
2)		d Fee: : Site Insp (\$ ) _s+Rssi	
		: Interview (\$ ) Photos	
Report Format :	PRS.	: Tech. Invs (\$ ) Others	
		:Weekend (\$	
Lump Sum / I.B		the contract of the contract o	

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

Case	Notified	Est Submitted	Adj Assigned	Adi Rpt	Adica	In contract of			
Main	28 Dec 2018		02 Jan 2019 17:21 Assign	AS AP	Adj Su	bmitted	Ins Auth'ed		ssignment
N.	1ain	Re	ference		Claim Details		Docume	nts	Show A
CLAIM SU	BFOLDER DE	TAILS		Control of the last of the las	Charles and Aller	NAME OF TAXABLE PARTY.			_ Show A
Insured:	ETHOZ GR	OUP LTD, Co. F	leg. No.: 198104	531H		[Create	ed by insurer]		
Main Claimant:	PHUA JUN	REN (PAN JUNI							
Vehicle Reg. No.:	SKH858				Date of Loss:	27/12/20	018 23:00 - :59		
Claim Type:		D1900024			Policy/Cover	D18MTH	CVE000158 (Third	d Party Only	
Vehicle Reg. No. (Insured):	GBD1551A				Note No.: Policy No. (Claimant):			a raity Only	<u>')</u>
Repairer:	Sat Motors	(HO) 24 Doft L	12 522		Excess:				
Handling Insurer:	Sompo Ins	(HQ) 24 Defu La	re Pte. Ltd. (HO	efu Lane -	Tel:	J			
Adjuster:	LKK Auto C	Onsultante Bto	td (UO)	7 101, 040	1 0333 [Han	alea by Th	ielma Choo - 632	22 4681]	
Oriver/Custo dian (Insured):		Consultants Pte I I JAYAPRAKASH B					01/2019]		
ASSOCIATE	D MAIL REC	EIVED							
here are no	mail for this c	ase.						View All	Compose Case M
ALL ASSOC	IATED TASK	S=					1		
Due Date	Priority	Type Task G	roup Subjec	ct Hand	ler Assigne	View All	Search Tasks Completed On	Create Ne	w Task Comple

# > Back to OneMotoring

**Enquire PARF/COE Rebate for Registered Vehicle** 

Vehicle Owner Particulars		
Owner ID Type:	Singapore NRIC	
Owner ID: Vehicle Details	1338Z	
Vehicle No.:	SKH8586B	
Vehicle to be Exported:	No	
Intended Deregistration Date:	04 Jan 2019	
Vehicle Make:	B.M.W.	
Vehicle Model:	523I A	
Primary Colour:	White	
Manufacturing Year:	2010	
Engine No.:	03907408N52B25AF	
Chassis No.:	WBAFP32030C544220	
Maximum Power Output:	150.0 kW (201 bhp)	
Open Market Value:	\$40,914.00	
Original Registration Date:	09 Sep 2010	
First Registration Date:	09 Sep 2010	
Transfer Count:	1	
Actual ARF Paid: Intended PARF Rebate Details	\$40,914.00	
PARF Eligibility:	Yes	
PARF Eligibility Expiry Date:	08 Sep 2020	
PARF Rebate Amount: Intended COE Rebate Details	\$22,502.00	
COE Expiry Date:	08 Sep 2020	
COE Category:	B - Car (1601cc & above)	
COE Period(Years):	10	
QP Paid:	\$42,889.00	
COE Rebate Amount:	\$7,195.00	
Total Rebate Amount:	\$29,697.00	

The information contained herein is correct as at 04 Jan 2019

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	28/12/2018 15:07
Date Of Accident	27/12/2018 23:30
Exact Location Of Accident	ALONG JALAN BESAR
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SKH8586B
Insured/Policyholder	
Name Of Registered Owner	PHUA JUN REN (PAN JUNREN)
NRIC No	S8531338Z
Email Address	AHJON86@GMAIL.COM
Mobile Phone No	(LOCAL) +65-91269987
Alternative Phone No	OTHERS-91269987
Vehicle Particulars	
Manufacturer	BMW
Model	5231
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	5103304673
Cover Note Number	
Driver	
Name of Driver	LIM CHANG LIANG JONATHAN
NRIC No	S8636001B
Date Of Birth	14/12/1986

Date Of Birth 14/12/1986 INDOOR Occupation 01/09/2008 Date Of Driving Pass

10 YEARS AND 3 MONTHS **Driving Experience** 

Gender MALE

Mobile Number (LOCAL) +65-91269987

Fax Number

Contact Number

EMail Address AHJON86@GMAIL.COM Address

BLK 522B TAMPINES CENTRAL 7

#13-15

Postcode

522522

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

NO

involved in the accident

NO

Was any body injured in the Accident?

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)

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 ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

GBD1551A

Vehicle Make/Model/Colour

**Details Of Properties** 

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



#### 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 <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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:
  - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
  - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time:

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

SKETCH PLAN

A: SKHFSFBB B: GBD1551A

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a see there exists	* PT T PT T T T T T T T T T T T T T T T	hamilton been been been been been been been be
DESCRIBE CIRCUMSTANCE	COETIER ACCIDENT	
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1 441. 114	office of the state of	THE OPPLE NOAD, WIED
VEHICLE B G	BDISSIA TRED TO TURN	FROM A NON-TUDDING
	DE TITLE TO TOTAL	The state of the state of
LANE INTO TH	E SMALL LANE TO MY	RIGHT. RESULTING IN
		1[.]
A COLUCION		
DECLARATION		^
/We declare the foregoing part	ticulars are true in every respect.	
¥.		- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
No literate and a selection of the second		- American
Policyholder's Signature Date & Time:	Driver's Signature	Reporting Centre Personnel's Signature
Date of Time;	(If driver is not the policyholder)	Name:

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

LAIM SUB	FOLDER TRA	CKING						
Case Main	Notified 28 Dec 2018	Est Submitted	Adj Assigned 02 Jan 2019 17:21 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt			for Survey
	Main	R	eference	Claim De	tails	Docume	ents	Show All
	JBFOLDER DE				[Cre	eated by insurer]	an tor all all a per trails	4000
Insured: Main Claimant:			Reg. No.: 198104531 REN), ID: S853133					
Vehicle Re	g. SKH858	6B		Date of		2/2018 23:00 - :59 Months and <b>18</b> Days	From LTA Reg Da	ate (Man Yr)]
Claim Type	E: TP / CM	TD1900024		Policy/ Note N		MTHCVE000158 (Thir	d Party Only)	
Vehicle Red No. (Insured):	g. GBD1551	A		Policy I (Claims				
				Excess				
Repairer: Handling Insurer:			ane 12, 539131 Defu ore Pte. Ltd. (HQ) -		. [Handled b	y <b>Thelma Choo</b> - 63	22 4681]	
Adjuster:	11/01/20		e Ltd (HQ) - Tel: 625	6-3561 [Handle	d by <b>MOHD</b>	TAUFIKH BIN HAM	IID] [Final F	Rpt due
Driver/Cus dian (Insured):	to		BALAJI (), NRIC: (	55184850R, Tel:	+65816892	66		
ASSOCIA	TED MAIL RE	CEIVED					View All   Com	npose Case Mail
There are	no mail for this	case.				_		
ALL ASS	OCIATED TAS	SKS⊡			View A	II Search Tasks	Create New Tas	k Complete
Due Dat	,	Type Task	Group Subject	Handler	Assigned B	y Completed (	On Created	I On Done

#### Claim Documents

\*SKH8586B (CMTD1900024)

[GBD1551A]

TP
PHUA JUN REN (PAN JUNREN)

Dec 27 2018 11:00PM

[ETHOZ GROUP LTD]

Sat Motors

Up	oload Documents U	pload Photos Compose New Letter	View	View in Brows	ser 🗸
Ass	essment Reports		1 per p	age 🔻	~
No	Finalized On	Sompo Insurance Singapore Pte. Ltd. (HQ)		Thumbnail	Print
1	02/01/19 17:20	Accident Statement From:SC - Reg. No: GBD1551A, Claimant: ETHOZ GROUP LTD	0	Load HTM	
Pho	otos/Images		3 per p	age 🔻	~
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	07/01/19 14:42	General View	0	Load JPG	<b>✓</b>
2	07/01/19 14:42	General View	0	Load JPG	<b>✓</b>
3	07/01/19 14:42	General View	0	Load JPG	<b>✓</b>
4	07/01/19 14:42	General View	0	Load JPG	<b>✓</b>
5	07/01/19 14:42	General View	0	Load JPG	<b>V</b>
6	07/01/19 14:42	General View	0	Load JPG	V
7	07/01/19 14:42	General View	0	Load JPG	V
8	07/01/19 14:42	General View	0	Load JPG	~
9	07/01/19 14:42	General View	0	Load JPG	✓
10	07/01/19 14:42	General View	0	Load JPG	<b>✓</b>
11	07/01/19 14:42	General View	0	Load JPG	<b>✓</b>
12	07/01/19 14:42	General View	Ð	Load JPG	₹
13	07/01/19 14:42	General View	0	Load JPG	<b>✓</b>
14	07/01/19 14:42	General View	0	Load JPG	<b>✓</b>
15	07/01/19 14:42	General View	0	Load JPG	✓
16	07/01/19 14:42	General View	0	Load JPG	✓
Dog	cumentation		1 per j	oage 🗸	<b>▼</b>
No	Finalized On	Sompo Insurance Singapore Pte. Ltd. (HQ)		Thumbnail	Print
1	02/01/19 16:57	Pre-Repair Survey	0	Load PDF	
2	02/01/19 16:57	Third Party E-filed GIA report(M)	0	Load PDF	
3	02/01/19 17:20	Pre-Repair Survey - ASSIGN LKK	0	Load PDF	

# **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, 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:

CS3/SMO19000106/T1CD3E2

Date:

09/01/2019

REFERENCE

Handling Insurer:

Sompo Insurance Singapore Pte.

Policy No:

D18MTHCVE000158

Claimant Vehicle No:

SKH8586B

Insured Vehicle No:

GBD1551A

Date of Loss:

27/12/2018

Nature of Claim:

TP

Claim

No:

CMTD1900024

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

SKH8586B

Make & Model:

BMW 5231, 2.5 (A)

Engine No:

03907408N52B25AF

Reg. Date: Colour:

09/09/2010 (Man. Year: 2010)

Chassis No: Odometer:

WBAFP32030C544220 166716 km

**Engine Capacity:** 

2497 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: No

**CONDITION OF TYRES** 

Front Tyre Size:

255/35 R20

Rear Tyre Size:

255/35 R20

Front Left Side:

Pirelli 6 mm

Rear Left Side:

Pirelli 6 mm

Front Right Side:

Pirelli 6 mm

Rear Right Side:

Pirelli 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:

02/01/2019

Date Inspected:

03/01/2019

Inspected At:

Sat Motors (HQ)

24 Defu Lane 12 Singapore 539131

Estimated Period of Repair:

6.0 days

MOHD TAUFIKH BIN HAMID 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.

https://singapore.merimen.com/claims/index.cfm?fusebox=MTRadjuster&fuseaction=gen\_p... 9/1/2019

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 \$6,000.00 -\$7,000.00

Page 4 of 5

# **REPAIR DETAILS**

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 08 Jan 2019)

BMW 523I 2.5 (A) (Catalogue:Merimen Singapore 1.0) Parts: 143

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

Print Code: (Unsubmitted, no print-code for SKH8586B) 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.

# 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 >