

Survivor
Merimen

ASSIGNMENT (Office)

From (Person): Chen Shu hui of SMO Date/Time: 21/1/19 @ 10:04am
 Estimated Cost: _____ Bill to: _____

OD ☒ TV / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SLJ 8008G Insured: SLN 7296Bat Workshop m/s: Complete VMS Tel: 6455 0012of 176 Sin Ming Drive # 03-14Policy No: D18MTRENT000051 Claim No: CMTD 1900 443

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17/01/2019
(Client's Record)CA / REV / REP. / REV 24 HRS ^{1up}

H.O.D. Endorsement: _____

Date/Time: 10:29am @ 21/1/19 Person Contacted: Li Hui Vehicle IN/OUT

| Date/Time | Action/Instruction (✓) Estimate |
|----------------|---------------------------------------|
| | <u>SLJ 8008G - X</u> |
| | <u>SLN 7296B - X</u> |
| <u>24/1/19</u> | <u>Send preli revised via merimen</u> |
| <u>13/2/19</u> | <u>@ 343pm Li Hui will check</u> |

REF: SMO

ASSIGNMENT

From: Date: 23/01/2019

Estimated Cost:

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

To inspect Vehicle No: SLJ 8008G

at Workshop n/s

of Complete VMS
176 Sin Ming Drive # 03-14

Insured:

Policy No:

Claims No:

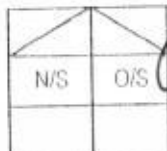
Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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

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 ^{up}

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLJ 8008G 01 09

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

Truck / Trailer or

Make:

Volkswagen A) Golf GTi 1984

Colour:

White

A/C Insured / Std / NI / NA

Sp. Reading:

139341

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

WVW 8881K284 022689

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/40:ZR18

R:

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

TOYO / YOKO or

Front

R/Bal.

8

mm

Rear

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

17/1/19

D.O.I.

23/1/19

Survey held at

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

FR old door mirror

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

24/1 File n/s to Carman

4/3 @ 1328. council & carman (Red 1134.35, 469)

RECEIVED 4

Date/Time, File Pass to?



: Preli. Report



: Final Report

1)

Date/Time, File Return to?

2) 4/3 - typist

Report Format:

merimen

Lump Sum / I.B.I. (\$) 1328p

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Survey Fee:

Transportation:

250

10

) S + RS. SI

) Photos

) Others

TOTAL

260

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

To: Somp Insurance Singapore Pte. Ltd.
50 Raffles Place
#05-01/06, Singapore Land Tower
Singapore 048623

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: CHAN SHU HUI AGNES

Date: 24 Jan 2019

Preliminary Advice

| | | | |
|--------------------|--|-------------------------|--------------|
| Insured Vehicle No | : SLN7296B | Accident Date | : 17/01/2019 |
| TP Vehicle No | : SLJ8008G | Assignment Date | : 21/01/2019 |
| Make | : VOLKSWAGEN GOLF | Est. Duration of Repair | : 2.00 |
| Date of Inspection | : 23/01/2019 | | |
| Inspection At | : COMPLETE VMS PTE LTD (HQ) 176 SIN MING DRIVE #03-14 SIN MING AUTOCARE COMPLEX SINGAPORE 575721 | | |

Point of Impact / General Description of Damages

The vehicle sustained impact / damages front o/s door mirror and parts claimed are consistent to the accident.

| | | |
|-----------------------------|------|----------|
| Repairer's Estimate (Gross) | :S\$ | 2,462.35 |
| Revised Amount | :S\$ | 1,349.85 |
| Check Items (Estimated) | :S\$ | 712.50 |
| Total | :S\$ | 2,062.35 |

| | | |
|-----------------|------|--|
| Lump Sum Repair | :S\$ | |
|-----------------|------|--|

Total Loss Consideration

| | | |
|--------------------|------|--|
| New for Old Value | :S\$ | |
| Pre-Accident Value | :S\$ | |
| COE / PARF Rebate | :S\$ | |
| Salvage Value | :S\$ | |
| Margin for Repair | :S\$ | |

Remarks

() The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.

() The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

(X) Other comments :The above survey was conducted on a 'Without Prejudice' basis.

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

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'd | Status |
|------|-------------|---------------|--|---------|---------------|------------|--|
| Main | 18 Jan 2019 | | 21 Jan 2019 10:04 Assign | | | | New Assignment Cancel Case |

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

CLAIM SUBFOLDER DETAILS [Created by insurer]

| | | | |
|-----------------------------|---|------------------------|------------------------------------|
| Insured: | ETHOZ GROUP LTD, Co. Reg. No.: 198104531H | | |
| Main Claimant: | WAN CHEE GUAN, ID: S1811892J | | |
| Vehicle Reg. No.: | SLJ8008G | Date of Loss: | 17/01/2019 12:00 - :59 |
| Claim Type: | TP / CMTD1900443 | Policy/Cover Note No.: | D18MTRENT000051 (Third Party Only) |
| Vehicle Reg. No. (Insured): | SLN7296B | Policy No. (Claimant): | |
| | | Excess: | |
| Repairer: | COMPLETE VMS PTE LTD (HQ) 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex, 575721 Sin Ming - Tel: 6455 0012 | | |
| Handling Insurer: | Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by CHAN SHU HUI AGNES - 6329 5327] | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 30/01/2019] | | |
| Driver/Custodian (Insured): | TEY TIAN CHYE (), NRIC: S1729422I, Tel: +6591732784 | | |

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. | | | | | | | | | |

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| | |
|-------------------------------------|--------------------|
| Vehicle Owner Particulars | |
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 1892J |
| Vehicle Details | |
| Vehicle No.: | SLJ8008G |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 24 Jan 2019 |
| Vehicle Make: | VOLKSWAGEN |
| Vehicle Model: | GOLF GTI |
| Primary Colour: | White |
| Manufacturing Year: | 2008 |
| Engine No.: | BWA208771 |
| Chassis No.: | WVWZZZ1KZ8U022669 |
| Maximum Power Output: | 147.0 kW (197 bhp) |
| Open Market Value: | \$31,281.00 |
| Original Registration Date: | 14 Jan 2009 |
| First Registration Date: | 14 Jan 2009 |
| Transfer Count: | 4 |
| Actual ARF Paid: | \$31,281.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Forfeited |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 13 Jan 2029 |
| COE Category: | E - Open Category |
| COE Period(Years): | 10 |
| PQP Paid: | \$31,335.00 |
| COE Rebate Amount: | \$31,242.00 |
| Total Rebate Amount: | \$31,242.00 |

The information contained herein is correct as at 24 Jan 2019

OK

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 | 18/01/2019 16:16 |
| Date Of Accident | 17/01/2019 12:20 |
| Exact Location Of Accident | SUNSET WAY TOWARDS CLEMENTI ROAD |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|----------------------|
| Vehicle Registration Number | SLJ8008G |
| Insured/Policyholder | |
| Name Of Registered Owner | WAN CHEE GUAN |
| NRIC No | S1811892J |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-80490468 |
| Alternative Phone No | OTHERS-80490468 |

Vehicle Particulars

| | |
|--|-------------|
| Manufacturer | VOLKSWAGEN |
| Model | GOLF |
| 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 | INDIA INTERNATIONAL INSURANCE PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | D19MPC0000302 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | PATRICIA LEE PEI VOON |
| NRIC No | S7661991C |
| Date Of Birth | 11/07/1976 |
| Occupation | INDOOR |
| Date Of Driving Pass | 29/12/2003 |
| Driving Experience | 15 YEARS AND 0 MONTHS |
| Gender | FEMALE |
| Mobile Number | (LOCAL) +65-80490468 |
| Fax Number | |
| Contact Number | OTHERS-80490468 |
| Email Address | NOEMAIL |

| | |
|---|--------------------------|
| Address | 137 SUNSET WAY #03-21 |
| Postcode | 597159 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | FRIEND |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------|
| Type Of Accident | SIDE SWIPE |
| Weather Conditions | CLEAR |
| Road Surface | DRY |

Other Information

| | |
|---|-----|
| Was any foreign vehicle involved in this accident? | NO |
| Number of vehicles (including own vehicle) 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 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 | SLN7296B |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | TEY TIAN CHYE |
| NRIC/Passport Number | S1729422I |
| Contact Number | 91732784 |
| 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 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:

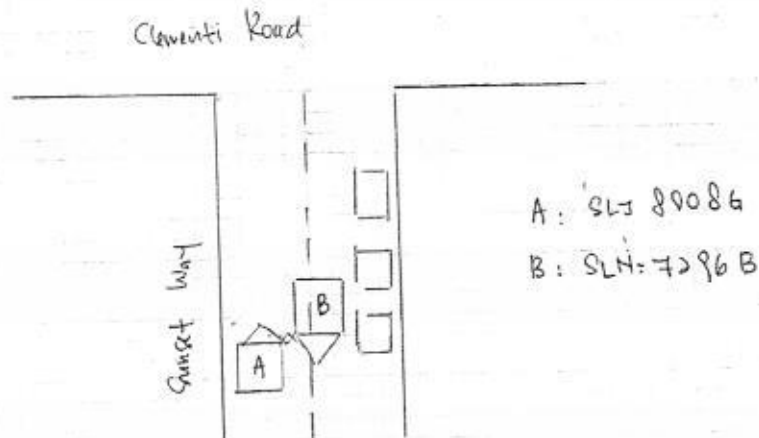
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along sunset way towards Clementi Road when along the stretch in front of freezing condos my right side mirror was hit by the right side mirror of an oncoming car (grey driver). He was/had to squeeze onto my lane as there are cars parked along his left side on his lane.

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.:



Email : darren@completevms.com.sg ()
lily@completevms.com.sg ()
lihui@completevms.com.sg ()

WAN CHEE GUAN
BLK 59C GEYLANG BAHRU #21-3323
SINGAPORE 332059

Attention : THE OWNER
Contact : 98772227

Estimate : ES006584

Date : 23/01/2019

Vehicle Num. : SLJ8008G

Make/Model : VOLKSWAGEN GOLF GTI-2009

Chassis/Eng# : WVVZZZ1KZ8U022669/BWA208771

Accident Date : 17/01/2019

Claim No. :

Reference :

Policy No. :

Not Notarised

Repair by pain

2 days

\$1328.00

| S/N | Quantity | Particular | Unit Price | Amount S\$ |
|-----|----------|------------|------------|------------|
|-----|----------|------------|------------|------------|

| | | | | |
|----|---|-----------------------------------|--|--|
| 1. | 1 | NETT ITEMS : | | |
| 2. | 1 | SIDE MIRROR BASE R/H <i>→ 500</i> | | |
| 3. | 1 | SIDE MIRROR COVER R/H <i>195</i> | | |
| 4. | 1 | SIDE MIRROR SIGNAL LAMP R/H | | |
| | | SIDE MIRROR R/H <i>→ 545</i> | | |

Nett Total S\$:

5.00% Discount S\$:

750.00

285.00

198.00

780.00

2,013.00

100.65

1,912.35

LABOUR :

CHANGE R/H SIDE MIRROR AND SPRAY PAINT

550.00

Labour Total S\$:

550.00

SingDollars : Two Thousand Four Hundred Sixty-Two & Cents Thirty-Five Only

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

Acknowledged by Repairer

Signature:

Date:

Total S\$: 2,462.35

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

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/SMO19001282/KVD3N2

Date: 06/03/2019

REFERENCE

| | | | |
|-----------------------|-------------------------------------|----------------------|-----------------|
| Handling Insurer: | Sompo Insurance Singapore Pte. Ltd. | Policy No: | D19MTRENT000119 |
| Claimant Vehicle No : | SLJ8008G | Insured Vehicle No : | SLN7296B |
| Date of Loss: | 17/01/2019 | Nature of Claim: | TP |
| | | Claim No: | CMTD1900572 |

DESCRIPTION & IDENTIFICATION OF VEHICLE

| | | | |
|-----------------------------|-----------------------------------|-------------|-------------------|
| Reg No: | SLJ8008G | Engine No: | BWA208771 |
| Make & Model: | VOLKSWAGEN GOLF, 1.2 (A7) TSI (A) | Chassis No: | WWWZZZ1KZ8U022669 |
| Reg. Date: | 14/01/2009 (Man. Year: 2008) | Odometer: | 139341 km |
| Colour: | White | | |
| Engine Capacity: | 1984 cc | | |
| Market Value/New Car Price: | N/A | | |
| Sum Insured (\$\$): | 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: | 225/40ZR18 | Rear Tyre Size: | 225/40ZR18 |
| Front Left Side: | Pirelli 8 mm | Rear Left Side: | Pirelli 8 mm |
| Front Right Side: | Pirelli 8 mm | Rear Right Side: | Pirelli 8 mm |

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|--------------------------------|-----------------|-----------------|-----------------|--------------|
| Parts | 1,912.35 | 1,178.00 | 734.35 | 38.40 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 550.00 | 150.00 | 400.00 | 72.73 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Gross Total (\$\$) | 2,462.35 | 1,328.00 | 1,134.35 | 46.07 |
| + GST 7.00/7.00% (\$\$) | 172.36 | 92.96 | 79.40 | 46.07 |
| Nett Amount (\$\$) | 2,634.71 | 1,420.96 | 1,213.75 | 46.07 |

INSPECTION

| | | |
|---------------------|------------|---|
| Date of Assignment: | 21/01/2019 | |
| Date Inspected: | 23/01/2019 | Inspected At: COMPLETE VMS PTE LTD (HQ) 176 Sin Ming Drive #03-14 Sin Ming Autocare Complex Singapore 575721 |

Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG

Manager: VERON CHEN

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: 06 Mar 2019) |
| Parts: 144 | VOLKSWAGEN GOLF 1.2 (A7) TSI (A) (Catalogue:Merimen Singapore 1.0) |
| Labour: Repairer's | (Price-denominated Standard List) |
| Print Code: | (Unsubmitted, no print-code for SLJ8008G) |
| 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 | | *SIDE MIRROR BASE R/H | Cracked | 750.00 FN | *500.00 FN |
| 2 | 1 | | *SIDE MIRROR COVER R/H | Dented/Cut | 285.00 FN | *195.00 FN |
| 3 | 1 | | *SIDE MIRROR SIGNAL LAMP R/H | Not Necessary | 198.00 FN | *- FN |
| 4 | 1 | | *SIDE MIRROR R/H | Cracked | 780.00 FN | *545.00 FN |

F=Franchise part. N=NetItemDisc.

| | | |
|---|-----------------|-----------------|
| Sub Total (S\$) | 2,013.00 | 1,240.00 |
| - Nett Item Discount on N Items 5.00/5.00% (S\$) | 100.65 | 62.00 |
| Total Parts (S\$) | 1,912.35 | 1,178.00 |

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 |
|-------------------------|--|----------|------------|--------|
| <u>Labour Items</u> | | | | |
| 1 | CHANGE R/H SIDE MIRROR AND SPRAY PAINT | New | 550.00 | 150.00 |
| Gross Labour Cost (S\$) | | | 550.00 | 150.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >