

ASS. REC. BY:

REP: CS/SMO19006625/Kqd3

Special Instruction:

Surveyor
Meimien

ASSIGNMENT (Office)

From (Person): Ruth chua

of

SMO

Date/Time: 15/4/19 @ 9:15pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBH 4024P

Insured:

SCU 22112

at Workshop n/a

Complete RMS

Tel:

64550012

of

176 Sin Ming Drive #03-14

Policy No:

D1AM7pv01001179

Claim No:

CMTD1901811

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A

9/4/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

9.33am @ 15/4/19

Person Contacted:

Li Hui

Vehicle IN /

GBH

Date/Time

Action/Instruction (✓) Estimate

GBH 4024P-x

SCU 22112-x

14/4/19 @ 2:56pm revised to Ruth Chua via Meimien.

82064.30 email

REF: SMO

Surveyor

ASSIGNMENT

From:

Date: 22.4.2019

Veh No:

GBH 4024P Yr Regn: 0-5, 18

Estimated Cost:

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

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

Truck / Trailer or

To inspect Vehicle No: GBH 4024P

Make:

Toy Hieu

C.C.

2982

at Workshop m/s Complete Vms

Colour White ~~Red~~ Cat A/C: Insured / Std / NI / NA

of BIK 176 sin ming Drive

Sp. Reading

27483

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

JTFH702 P.000 242623

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/Rim / STD A/Rim or

(Policy Condition)

N/S	O/S

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

Tyre Size:

F:

195R 15X8

R:

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

TOYO / YOKO or

Bal. or Market Value:

Front

Rear

IDAC Accident Rpt:

Consistent? : Yes or No

R/Bal.

mm

R/Bal.

mm

GIA / PR Seen:

Consistent? : Yes or No

L/Bal.

mm

L/Bal.

mm

Est. Repairs:

03

days

Res.: Yes or No

D.O.A.

9/4/19

D.O.I.

23/4/19

Lum Sum:

1.31

%

3-Val.: Yes or No

Survey held at

CA / REV / REP. / 24 HRS

"wp"

Vehicle: IN / OUT

Date:

Person Contacted:

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

ols body

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

Date / Time

Action / Instruction

28/4 8 2359.30 Confirmed (Ref 0 2310.79, 49%)

RECEIVED 09 MAY 2019

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

3

1) 09/5 19/5

☐

Final Report

Resurvey No. of Trip:

1

Date/Time, File Return to?

Survey Fee:

Transportation:

250

2)

Add Fee:

☐

Site Insp (\$)

S + RS, SI

☐

Interview (\$)

Photos

☐

Tech. Invs (\$)

Others

☐

Weekend (\$)

Report Format:

MER 70

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

2359.30

TOTAL

260

Note: This document has not been finalised.**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: Ruth Chua Gek Tiang

Date: 24 Apr 2019

Preliminary Advice

Insured Vehicle No	: SCU2211Z	Accident Date	: 09/04/2019
TP Vehicle No	: GBH4024P	Assignment Date	: 15/04/2019
Make	: TOYOTA HIACE VAN TURBO 5DR MT (2982cc)	Est. Duration of Repair	: 3.00
Date of Inspection	: 23/04/2019		
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 o/s body and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	4,670.05
Revised Amount	:S\$	1,779.30
Check Items (Estimated)	:S\$	850.00
Total	:S\$	2,629.30
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 : KINDLY ASSIST TO ADD-ON THE MAKE & MODEL OF GBH 4024P: TOYOTA HIACE VAN TURBO 5DR MT (2982cc) IN MERIMEN.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est. Submitted	Adj. Assigned	Adj. Rpt	Adj. Submitted	Ins. Auth'd	Status
Main	10 Apr 2019		15 Apr 2019 09:15 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	QUAH SOON KOK JACKIE, ID: S1500421E, Tel: +6596483992, Email: JACKQUAH88@GMAIL.COM			
Main Claimant:	INFINITY AIR SERVICES, Co. Reg. No.: 201805308E			
Vehicle Reg. No.:	GBH4024P	Date of Loss:	09/04/2019 18:00 - :59	
Claim Type:	TP / CMTD1901811	Policy/Cover Note No.:	D19MTPV01001179 (Comprehensive)	
Vehicle Reg. No. (Insured):	SCU2211Z	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 Ruth Chua Gek Tiang - 6329 5153]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 25/04/2019]			
Driver/Custodian (Insured):	LIM YANG KIM STELLA (57 / Female) , NRIC: S1474877F, Tel: +6597963681 Email: STELLALIMYK@GMAIL.COM			
Adj. Asg. Remarks:	Please assign to Mr Kenneth Kong to conduct the survey.			

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:	Company
Owner ID:	5308E
Vehicle Details	
Vehicle No.:	GBH4024P
Vehicle to be Exported:	No
Intended Deregistration Date:	24 Apr 2019
Vehicle Make:	TOYOTA
Vehicle Model:	HIACE VAN TURBO 5DR MT
Primary Colour:	White
Manufacturing Year:	2018
Engine No.:	1KD2801031
Chassis No.:	JTFHT02P000242623
Maximum Power Output:	-
Open Market Value:	\$28,138.00
Original Registration Date:	14 May 2018
First Registration Date:	14 May 2018
Transfer Count:	0
Actual ARF Paid:	\$1,407.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	13 May 2028
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$30,655.00
COE Rebate Amount:	\$27,747.00
Total Rebate Amount:	\$27,747.00

The information contained herein is correct as at 24 Apr 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	11/04/2019 17:13
Date Of Accident	09/04/2019 18:50
Exact Location Of Accident	SOMMERVILLE ROAD / CROUCHER ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH4024P
Insured/Policyholder	
Name Of Registered Owner	INFINITY AIR PTE. LTD.
Co Reg No	201805308E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83106054
Alternative Phone No	OFFICE-83106054

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE VAN TURBO 5DR MT
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100441839
Cover Note Number	

Driver

Name of Driver	KHAN MD MONAYEM
Passport No/FIN	G8468460R
Date Of Birth	10/11/1988
Occupation	OUTDOOR
Date Of Driving Pass	06/08/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83106054
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	12 LITTLE ROAD #07-02
Postcode	536986
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 - CROSS JUNCTION
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?	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: : AHAMED SULTAN 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 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	SCU2211Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LIM YANG KIM STELLA
NRIC/Passport Number	
Contact Number	97963681
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name KHAN MD MONAYEM
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBH4024P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name AHAMED SULTAN
Approximate Age
Injuries Sustain
Injured person in which vehicle? GBH4024P
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

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.



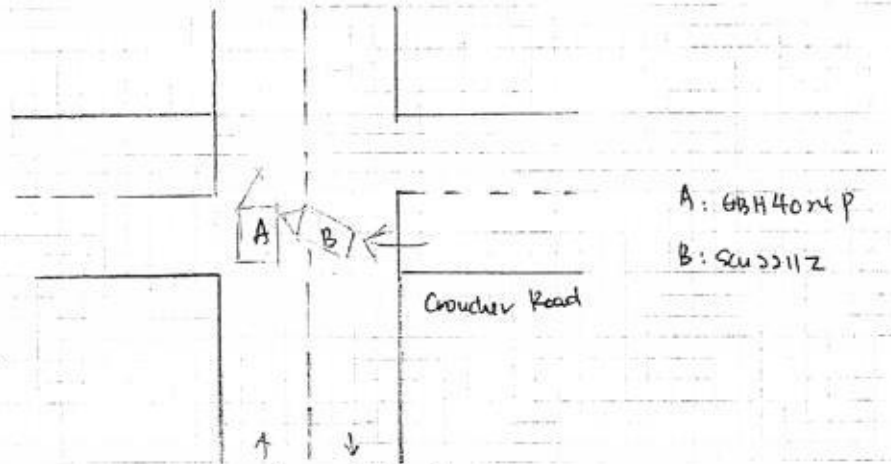
Policyholder's Signature
Date & Time:

MD. Monayen R

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 driving straight along Somerville Road, suddenly I felt a big impact, vehicle B coming out from Croucher Road didn't stop at the stop line and hit the RH portion of my vehicle.

DECLARATION

I/We declare that the above 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.:



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

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

INFINITY AIR PTE LTD
12 LITTLE ROAD #07-02
SINGAPORE 536986

Attention : THE OWNER
Contact : 62856756 83106054

Not Withstand Estimate : ES006659

Resurvey Bk paint
3 days

62064.30

Date : 22/04/2019
Vehicle Num. : GBH4024P
Make/Model : TOYOTA HIACE VAN TURBO-2018
Chassis/Eng# : JTFHT02P000242623/1KD2801031
Accident Date : 09/04/2019
Claim No. :
Reference :
Policy No. :

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

- | | | | | |
|----|---|------------------------------|--|--|
| 1. | 1 | LIST ITEMS : | | |
| 2. | 1 | SLIDING DOOR R/H | | |
| 3. | 1 | SLIDING DOOR INNER TRIM R/H | | |
| | | SLIDING DOOR LOWER HINGE R/H | | |

List TotalS\$:
25.00% Discount S\$:

<i>R</i>	1,652.40	✓
<i>in</i>	465.00	X
<i>n</i>	376.00	X
	2,493.40	
	623.35	
	1,870.05	

LABOUR :
RUST PROOFING TREATMENT
TRANSFER R/H SLIDING DOOR COMPONENTS TO NEW DOOR
SPRAY PAINT DAMAGED AREA AFFECTED
VINYL PRINT STICKER
KNOCK, STRAIGHTEN R/H RUNNING BOARD PANEL AND CHANGE
ALL NECESSARY PARTS

Labour Total S\$:

	100.00	<i>30d</i>
	150.00	<i>60d</i>
<i>(Part 1)</i>	800.00	<i>25d</i>
	850.00	<i>50d</i>
	900.00	<i>200d</i>
	2,800.00	<i>380d</i>

SingDollars : Four Thousand Six Hundred Seventy & Cents Five Only

Total S\$: 4,670.05

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 hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- 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:



BusAds Pte Ltd 125 KAKI BUKIT AVENUE 1 SHUN LI INDUSTRIAL PARK SINGAPORE 415997 TEL : 6848 6200 FAX : 6749 4492

Quotation

Bill To:

Complete VMS Pte Ltd
176 Sin Ming Dr, #03-14, Singapore 575721

Deliver To:

Complete VMS Pte Ltd
176 Sin Ming Dr, #03-14, Singapore 575721

GST Reg No: 20-0104399-D

ACRA Regn No :200104399D

Attention : LIHUI

Fax :

Phone : 9362 2222

Quote No:	00049801
Date :	25/4/2019
Pages :	1

P/O Number	SalesPerson	Delivery Date	Validity	Terms
	ELSIE LIM	26/4/2019	1 month from above date	Strictly C.O.D.Days
Qty	Description		Price	Amount
1	Item : TOUCH UP OF MIDEA VAN ONE SIDE PANEL (GBH4024P) Size : AS PER VISUAL Colour : FULL Method : DIGITAL Material : VINYL		\$500.00	\$500.00

Remarks :

Total	\$500.00
Add: GST	\$35.00
Total Inc GST	\$535.00

Kindly endorse acceptance of this quote by company stamp and signature and fax soonest possible.
Thank you.

Elsie Lim

Company stamp and signature

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/SMO19006625/KQD3N2

Date: 13/05/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D19MTPV01001179
Claimant Vehicle No :	GBH4024P	Insured Vehicle No :	SCU2211Z
Date of Loss:	09/04/2019	Nature of Claim:	TP
		Claim No:	CMTD1901811

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GBH4024P	Engine No:	1KD2801031
Make & Model:	TOYOTA HIACE, 3.0 (A)	Chassis No:	JTFHT02P000242623
Reg. Date:	14/05/2018 (Man. Year: 2018)	Odometer:	27483 km
Colour:	White		
Engine Capacity:	2982 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:	195R 15X8	Rear Tyre Size:	195R 15X8
Front Left Side:	Bridgestone 8 mm	Rear Left Side:	Bridgestone 8 mm
Front Right Side:	Bridgestone 8 mm	Rear Right Side:	Bridgestone 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,870.05	1,239.30	630.75	33.73
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,800.00	1,120.00	1,680.00	60.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	4,670.05	2,359.30	2,310.75	49.48
+ GST 7.00/7.00% (\$\$)	326.90	165.15	161.75	49.48
Nett Amount (\$\$)	4,996.95	2,524.45	2,472.50	49.48

INSPECTION

Date of Assignment:	15/04/2019	
Date Inspected:	23/04/2019	Inspected At:
		COMPLETE VMS PTE LTD (HQ)
		176 Sin Ming Drive #03-14 Sin Ming
		Autocare Complex
		Singapore 575721

Estimated Period of Repair: 3.0 days

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 13 May 2019)		
Parts:	N/A	TOYOTA HIACE 3.0 (A) (Model not available in database)	
Labour:	Repairer's	(Price-denominated Standard List)	
Print Code:	(Unsubmitted, no print-code for GBH4024P)		
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		*SLIDING DOOR RH	Bent	1,652.40 FL	*1,652.40 FL
2	1		*SLIDING DOOR INNER TRIM R/H	Serviceable	465.00 FL	*- FL
3	1		*SLIDING DOOR LOWER HINGE R/H	Repair	376.00 FL	*- FL
				Sub Total (S\$)	2,493.40	1,652.40
				- List Item Discount on L Items 25.00/25.00% (S\$)	623.35	413.10
				Total Parts (S\$)	1,870.05	1,239.30

F=Franchise part. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	RUST PROOFING TREATMENT	New	100.00	30.00
2	TRANSFER R/H SLIDING DOOR COMPONENTS TO NEW DOOR	New	150.00	60.00
3	SPRAY PAINT DAMAGED AREA AFFECTED	New	800.00	250.00
4	VINYL PRINT STICKER	New	850.00	580.00
5	KNOCK,STRAIGHTEN R/H RUNNING BOARD PANEL AND CHANGE ALL NECESSARY PARTS	New	900.00	200.00
Gross Labour Cost (\$\$)			2,800.00	1,120.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >