

Surveyor: MARCUS ASSIGNMENT (Office)

W/Inman

From (Person): Pauline Thom of MSG Date/Time: 16.5.19 17.00 p.m

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SLV 1860 V Insured: FBE 9386 C

at Workshop m/s: Poly Math Garage Tel: 82289818

of 10 Kaki Bukit Road 2 #01-21

Policy No: MSD/VMS/18-995600-WTT Claim No: MSC/V/19-090569

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 6.5.19  
(Client's Record) 17.5.2019

CA / REV / REP. / REV 24 HRS "cap" H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 16.5.19 5.33pm Person Contacted: Sebastian Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SLV 1860V - NA/AIG/19008/60/24 D.O.A - 06/05/2019
	FBE 9386C - NA/AIG/19008/60/24 D.O.A - 06/05/2019
<u>22/5-</u>	<u>Revised via W/Inman.</u>

REF: MS19

ASSIGNMENT

From: \_\_\_\_\_ Date: 17.5.2019

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SLV 1860V

at Workshop m/s: Polymath Garage

of 10 Kaki Bukit Road 2 #01-21

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 Report: \_\_\_\_\_ Consistent?: Yes or No

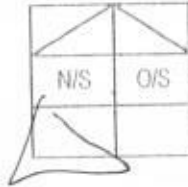
GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 4 days Res.: Yes or No

Lump Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS *map*

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT



Veh No: SLV1860V Yr Regn: 3109

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

Truck / Trailer or *CA1*

Make: Toyota wish c.c. 1794

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 366623 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JTDER12WX03002131

Gen. Cond:  Good / Fair / Poor / Burnt

Steering:  In order / Jammed / Leaked / Burnt or

Brake:  In order / Jammed / Leaked / Burnt or

Modi: Nil / SRim / STD A/Rim or

Tyre Size: F: 195/65R15

R: \_\_\_\_\_

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

TOYO / YOKO or

Front		Rear	
R/Bal.	6 mm	R/Bal.	6 mm
L/Bal.	6 mm	L/Bal.	6 mm
D.O.A.	6/5/19	D.O.I.	17/5/19

Survey held at \_\_\_\_\_

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

23/5/19 | Cue 23-3-2024 LTA \$1601 / Conf. mtd w/s \$1800 with Sebastian (LRA \$ 4398.50, 71%)

RECEIVED 27 MAY 2019

*[Signature]*  
24/5/2019

Date/Time, File Pass to?  : Preli. Report  
 1) 27/5/2019 *[Signature]*  : Final Report

Days Of Repair: 4  
 Resurvey No. of Trip: 1

Add Fee:  Site Insp (\$ )  
 Interview (\$ )  
 Tech. Invs (\$ )  
 Weekend (\$ )

Survey Fee:	
Transportation:	150
S + RS, SI	10
Photos	
Others	
TOTAL	160

Report Format: MER-7P  
 Lump Sum / I.B.I. (\$) 1800

**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: MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way  
#21-01 SGX Centre 2  
Singapore 068807

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

Attn: Pauline Tham

Date: 22 May 2019

**Preliminary Advice**

Insured Vehicle No	: FBE9386C	Accident Date	: 08/05/2019
TP Vehicle No	: SLV1860U	Assignment Date	: 16/05/2019
Make	: TOYOTA WISH	Est. Duration of Repair	: 4.00
Date of Inspection	: 17/05/2019		
Inspection At	: POLYMATH GARAGE PTE LTD - KAKI BUKIT (HQ) 10 KAKI BUKIT ROAD 2, #01-21 FIRST EAST CENTRE SINGAPORE 417868		

**Point of Impact / General Description of Damages**

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	6,198.50
Revised Amount	:S\$	2,265.83
Check Items (Estimated)	:S\$	0.00
Total	:S\$	2,265.85
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 economical/not economical for repair.
- ( x ) 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	16 May 2019 09:33		16 May 2019 17:00 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

- Main
- Reference
- Claim Details
- Documents
- [Show All](#)

CLAIM SUBFOLDER DETAILS				[Created by insurer]
Insured:	AU YONG CARRIE, ID: S7335864G			
Main Claimant:	AUTO TRUST LEASING PTE LTD, Co. Reg. No.: 201533654Z			
Vehicle Reg. No.:	SLV1860U	Date of Loss:	08/05/2019 00:00 - :59 [121 Months and 14 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP	Policy/Cover Note No.:	MSD/VMS/18-995600-WTT (TP, Fire & Theft) Coverage: 11/11/2018 - 10/11/2019	
Vehicle Reg. No. (Insured):	FBE9386C	Policy No. (Claimant):		
Repairer:	Polymath Garage Pte Ltd - Kaki Bukit (HQ) 10 KAKI BUKIT ROAD 2, #01-21 FIRST EAST CENTRE, 417868 Kaki Bukit - Tel:			
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Pauline Tham - 6594 2545]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 17/05/2019]			
Adj Asg. Remarks:	SURVEY AGREE ON SJE - REQ TO ASSIGN LKK. LIABILITY:DISPUTE (NON-REPORTING) CONTACT: SEBASTIAN HUANG 8228 9818			

ASSOCIATED MAIL RECEIVED	<a href="#">View All</a>	<a href="#">Compose Case Mail</a>
There are no mail for this case.		

ALL ASSOCIATED TASKS										<a href="#">View All</a>	<a href="#">Search Tasks</a>	<a href="#">Create New Task</a>	<a href="#">Complete</a>
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?				
No results.													

### 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	08/05/2019 19:05
Date Of Accident	06/05/2019 18:00
Exact Location Of Accident	LABRADOR VILLA RD BEFORE PORT RD
Country/State of Loss	SINGAPORE

#### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLV1860U
<b>Insured/Policyholder</b>	
Name Of Registered Owner	AUTOTRUST LEASING PTE LTD
Co Reg No	201533654Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-83396986
Alternative Phone No	OFFICE-83396986

#### Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH 1.8 AUTO
Exact Purpose for which vehicle was being used at time of accident	WORKING
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 HIRE

#### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	999994248
Cover Note Number	

#### Driver

Name of Driver	MUHAMMAD TAUFIQ BIN SAMADI
NRIC No	S8012459G
Date Of Birth	23/04/1980
Occupation	OUTDOOR
Date Of Driving Pass	28/12/2000
Driving Experience	18 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-88086251
Fax Number	
Contact Number	OFFICE-88086251
Email Address	NOEMAIL

Address	BLK 108 YISHUN RING ROAD #09-331
Postcode	760108
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	CLEAR
Road Surface	WET

#### 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 TO 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	FBE9386C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

# Accident Sketch Plan


## 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.

*ai*  
  
Policyholder's Signature  
Date & Time

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

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

# Accident Sketch Plan

**SKETCH PLAN**



Location: Labrador Villa Rd  
 > Port Rd

'A' SLV 1860 U

'B' FBE 9386 C

**DESCRIBE CIRCUMSTANCES OF THE ACCIDENT**

On the stated date and time, I vehicle 'A' was travelling along the stated venue. As I stopped to give way to on coming traffic to turn into port road. shortly after while I felt an impact from the rear, then I realized vehicle 'B' had bumped into my rear.  
 Causing damage to my rear left portion.

*[Signature]*  
 DECLARATION  
 We declare that the information provided is true in every respect.

Policyholder's Signature  
 Date & Time:



*[Signature]*

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

*[Signature]*

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



> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	3654Z
<b>Vehicle Details</b>	
Vehicle No.:	SLV1860U
Vehicle to be Exported:	No
Intended Deregistration Date:	17 May 2019
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 AUTO
Primary Colour:	White
Manufacturing Year:	2009
Engine No.:	1ZZ3232213
Chassis No.:	JTDER12WX03002131
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$18,803.00
Original Registration Date:	24 Mar 2009
First Registration Date:	24 Mar 2009
Transfer Count:	1
Actual ARF Paid:	\$18,803.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	23 Mar 2024
COE Category:	B - Car (1601cc & above)
COE Period(Years):	5
PQP Paid:	\$16,509.00
COE Rebate Amount:	\$16,011.00
<b>Total Rebate Amount:</b>	<b>\$16,011.00</b>
<b>Message</b>	
Please note that the 5-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 17 May 2019

OK



# Polymath garage

Polymath Garage Pte Ltd  
 10 Kaki Bukit Road 2 #01-21  
 First East Centre, Singapore 417868  
 24 Hour: +65 8229 9818  
 Phone: +65 6871 8861 | Fax: +65 6871 8814  
 Email: enquiry@polymathgarage.com.sg  
 UEN: 2016051232

14/5/2019

### Estimated repair checklist

Vehicle Registration No.: SLV1860U  
 Vehicle Make/Model: Toyota Wish

*Not Authorized*  
*LLLH*  
*meaus*  
*Whip the Attorney*  
*17/5/19*  
*Hdy.*  
*1/5 \$1800*

### QTY Parts

- 1 Rear bumper
- 1set Rear bumper clips
- 1 Rear bumper RH side retainer
- 1 Rear bumper LH side retainer
- 1 Rear bumper RH bracket
- 1 Rear bumper LH bracket
- 1 Rear bumper RH side reflector
- 1 Rear bumper LH side reflector
- 1 End panel
- 1 End panel inner garnish
- 1 Tailgate
- 1 Tailgate centre emblem *68.10*
- 1 Tailgate weatherstrip
- 1 RH taillamp assy
- 1 LH taillamp assy

		Prices \$	
	\$ <i>Toa</i>	481.90	—
	\$ <i>see</i>	50.00	—
	\$ <i>17</i>	121.10	X
	\$ <i>17</i>	121.10	X
	\$ <i>17</i>	132.20	X
	\$ <i>17</i>	132.20	X
	\$ <i>17</i>	54.05	X
	\$ <i>17</i>	54.05	X
	\$ <i>27/27</i>	581.10	—
	\$ <i>27</i>	374.55	X
	\$ <i>2</i>	1,272.00	X
	\$ <i>see</i>	132.55	—
	\$ <i>17</i>	182.10	X
	\$ <i>17</i>	374.55	X
	\$ <i>17</i>	374.55	X
<b>Sub total</b>	\$	<b>4,438.00</b>	
less 25%	\$	1,109.50	
<b>Total List</b>	\$	<b>3,328.50</b>	

### Special Nett items

- 1 Rear bumper reverse sensor
- 1 Tailgate windscreen glass inner seal
- 1 Tailgate windscreen glass sealant

	\$ <i>see</i>	250.00	X
	\$ <i>17</i>	40.00	X
	\$ <i>17</i>	80.00	X
<b>Total Special Nett</b>	\$	<b>370.00</b>	

### Labour charges

- Panel beating, cut, weld and replacing above parts
- Spray painting on affected areas
- Remove and refit tailgate windscreen glass
- Transfer and replace tailgate inner components
- Remove and replace rear inner trims
- Remove and replace rear bumper reverse sensor

	\$	900.00	<i>600</i>
	\$	1,000.00	<i>650</i>
	\$ <i>17</i>	200.00	X
	\$ <i>17</i>	100.00	X
	\$	200.00	<i>80</i>
	\$	100.00	<i>50</i>
<b>Total Labour</b>	\$	<b>2,500.00</b>	

**ESTIMATE PARTS AND LABOUR GRAND TOTAL \$**

LKK Auto Consultancy hereby notify  
 the Receiver of the following:  
 • To receive the bill for repair painting  
 • Part prices are based on a combination  
 • That prices are based on a "without prejudice" basis  
 • An agreement to work with the receiver  
 • A commitment to provide the best and most  
 • To be used to show a receipt from the Auto Company

Authorised by Receiver

Signature

Date

*2-1181.1*  
*25%*  
 \$ **6,198.50**

*p-885.82*  
*Labu-1380.00*  
*2265.82*  
*181265*

## 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/MSG19008740/UTD3N2

Date: 28/05/2019

## REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMS/18-995600-WTT
Claimant Vehicle No :	SLV1860U	Insured Vehicle No :	FBE9386C
Date of Loss:	06/05/2019	Nature of Claim:	TP
		Claim No:	MSC/V/19-000569

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SLV1860U	Engine No:	1ZZ3232213
Make & Model:	TOYOTA WISH, 1.8 (A)	Chassis No:	JTDER12WX03002131
Reg. Date:	24/03/2009 (Man. Year: 2009)	Odometer:	366623 km
Colour:	White		
Engine Capacity:	1794 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:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Dunlop 6 mm	Rear Left Side:	Dunlop 6 mm
Front Right Side:	Dunlop 6 mm	Rear Right Side:	Dunlop 6 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,698.50	885.82	2,812.68	76.05
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,500.00	1,380.00	1,120.00	44.80
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>6,198.50</b>	<b>2,265.82</b>	<b>3,932.68</b>	<b>63.45</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,800.00</b>		
<b>Nett Amount (S\$)</b>	<b>6,198.50</b>	<b>1,800.00</b>	<b>4,398.50</b>	<b>70.96</b>

## INSPECTION

Date of Assignment:	16/05/2019	
Date Inspected:	17/05/2019 Inspected At:	Polymath Garage Pte Ltd - Kaki Bukit (HQ) 10 KAKI BUKIT ROAD 2, #01-21 FIRST EAST CENTRE Singapore 417868

Estimated Period of Repair: 4.0 days

Adjuster: MARCUS CHUA

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

<b>Reference</b>		
<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 28 May 2019)	
<b>Parts:</b> M1-MPV	TOYOTA WISH 1.8 (A) (Catalogue:Merimen Singapore 1.0)	
<b>Labour:</b> Repairer's	(Price-denominated Standard List)	
<b>Print Code:</b>	(Unsubmitted, no print-code for SLV1860U)	
<b>Validity:</b>	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	
<b>Further Info:</b> 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	Torn	481.90 FL	*481.90 FL
2	1		*SET REAR BUMPER CLIPS	Necessary	50.00 FL	*50.00 FL
3	1		*REAR BUMPER RH SIDE RETAINER	Not Necessary	121.10 FL	*- FL
4	1		*REAR BUMPER LH SIDE RETAINER	Not Necessary	121.10 FL	*- FL
5	1		*REAR BUMPER RH BRACKET	Not Necessary	132.20 FL	*- FL
6	1		*REAR BUMPER LH BRACKET	Not Necessary	132.20 FL	*- FL
7	1		*REAR BUMPER RH SIDE REFLECTOR	Not Necessary	54.05 FL	*- FL
8	1		*REAR BUMPER LH SIDE REFLECTOR	Not Necessary	54.05 FL	*- FL
9	1		*END PANEL	Dented/Bent	581.10 FL	*581.10 FL
10	1		*END PANEL INNER GARNISH	Not Necessary	374.55 FL	*- FL
11	1		*TAILGATE	Repair	1,272.00 FL	*- FL
12	1		*TAILGATE CENTRE EMBLEM	Necessary	132.55 FL	*68.10 FL
13	1		*TAILGATE WEATHERSTRIP	Not Necessary	182.10 FL	*- FL
14	1		*RH TAILLAMP ASSY	Not Necessary	374.55 FL	*- FL
15	1		*LH TAILLAMP ASSY	Not Necessary	374.55 FL	*- FL
16	1		*REAR BUMPER REVERSE SENSOR	Serviceable	250.00 FS	*- FS
17	1		*TAILGATE WINDSCREEN GLASS INNER SEAL	Not Necessary	40.00 FS	*- FS
18	1		*TAILGATE WINDSCREEN GLASS SEALANT	Not Necessary	80.00 FS	*- FS

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

<b>Sub Total (S\$)</b>	<b>4,808.00</b>	<b>1,181.10</b>
- List Item Discount on L Items 25.00/25.00% (S\$)	1,109.50	295.28
<b>Total Parts (S\$)</b>	<b>3,698.50</b>	<b>885.82</b>

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
<b>Labour Items</b>				
1	PANEL BEATING,CUT,WELD AND REPLACING ABOVE PARTS	New	900.00	600.00
2	SPRAY PAINTING ON AFFECTED AREAS	New	1,000.00	650.00
3	REMOVE AND REFIT TAILGATE WINDSCREEN GLASS	New	200.00	0.00
4	TRANSFER AND REPLACE TAILGATE INNER COMPONENTS	New	100.00	0.00
5	REMOVE AND REPLACE REAR INNER TRIMS	New	200.00	80.00
6	REMOVE AND REPLACE REAR BUMPER REVERSE SENSOR	New	100.00	50.00
<b>Gross Labour Cost (S\$)</b>			<b>2,500.00</b>	<b>1,380.00</b>

Report was unsubmitted during this print-out.
---

&lt; END OF ESTIMATES &gt;