

Surveyor: Tan Aik H

ASSIGNMENT (Office)

From (Person): Cheng Boon San of CTI Date/Time: 04/6/19

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SMJ 1906Z Insured: SMD 8581Lat Workshop m/s: MY CAR CONSULTANT Tel: 8866 8832 / 69255219of 53 Upi Ave 1Policy No: bmjpcsn30644318000 Claim No: SNM19D202442

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 29/5/19
(Client's Record)CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement: _____

Date/Time: _____ Person Contacted: _____ Vehicle IN/OUT

Date/Time	Action/Instruction () Estimate
	SMJ 1906Z / SMD 8581L NAT/INC 19009892/24 D.O.A: 29/5/19
	Tan Aik H Finalised CS @ 3000, 5 days CRD @ 5692.57, 65%.

Tough

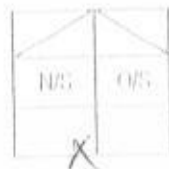
REF

CTI

ASSIGNMENT

2019 Feb.

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP / RS / O / RS / L / VA / RP / RV:
Is the part Vehicle No. _____
of Workshop No. _____
of _____
to meet _____
Policy No. _____
Claims No. _____
Some Insured _____
(Client's Record) _____
Make of Veh. _____
(Policy Condition) _____
Remark: The veh had commenced its
repair at the time of inspection.
Bal. or Market Value: _____
BAC / Accident Report _____ Consistent? Yes or No
GIA / PR / Geom _____ Consistent? Yes or No
Est. Repairs: 5 days Res: Yes or No
Lump Sum: _____ 3 Val: Yes or No
CA / REV / REP: / 24 HRS
Date: _____ Person Contacted _____
Vehicle: IN / OUT



Vehicle: SMJ 1906 Z or People
Type: W / C / M / Cycle / Bus / Van / Lorry / Taxi / Prime Mover
Truck / Trailer or
Make: Honda Freed or 1496
Colour: white or Acc. Incurred / Std / RI / HA
Sp Reading: 31867 or (Bicycle Incurred / Std / RI / HA)
Engine: _____
C/E: 6571073737
Gen Cond: Good / Fair / Poor / Burnt
Steering: Good / Jammed / Leaked / Burnt or
Brake: Good / Jammed / Leaked / Burnt or
Mod: Nil / SRim / STD / RRim or
Tyre Size: 185/65R15
R
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSD / PR / SUMI /
TOYO / YOKO or
Front: 6 mm Rear: 6 mm
R/R: 6 mm L/R: 6 mm
D.O.A. 10/6/19
Survey held at: My Car, 534b Ave 1 #01-33
Des. of Damages: Ext / Real / O/S / HS / UIC / Roodtop or
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time: _____ Action / Instruction: w/ will email estimate

RECEIVED 18 JUN 2019

17/6/2019

Date/Time, File Pass to? ☐ : Prelim. Report
18/6/2019 ☐ : Final Report
Date/Time, File Return to?

Days Of Repair: 5
Resurvey No. of Trip:

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

Survey Fee:
Transportation:
TOTAL: 220

Report Format: MER-TP
Lump Sum / H.R. (\$): 3000

Nivitha (LKK Auto)

From: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>
Sent: Tuesday, 4 June 2019 11:24 AM
To: admin@mycar.sg
Cc: assignments
Subject: RE: RE: OUR REF: SNM19D202442 - OUR REF: SMJ1906Z YOUR REF: SMD8581LPRE-REPAIR INSPECTION FOR SMJ1906Z

Dear Sir,

We will be assigning M/s LKK Auto Consultants Pte Ltd to survey your client's vehicle.

Aside to LKK,

Please proceed to survey the third party vehicle on WP basis.

Thank you.

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平獅城 Taiping SG 3 Anson
Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: My Car Consultant [mailto:admin@mycar.sg]

Sent: Tuesday, 4 June, 2019 11:20 AM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Subject: fw: RE: OUR REF: SNM19D202442 - OUR REF: SMJ1906Z YOUR REF: SMD8581LPRE-REPAIR INSPECTION FOR SMJ1906Z

WITHOUT PREJUDICE

Dear Boon Sen,

Pls advice the surveyor co that you've assigned for survey of this vehicle. Many thanks

Best Regards,

Huiqin

Direct line: 88668832 | Fax: 69255219

My Car Consultant Pte Ltd

53 Ubi Avenue 1
Paya Ubi Industrial Park #01-33
Singapore 408934

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From: "My Car Consultant" <admin@mycar.sg>

Sent: Saturday, June 1, 2019 12:58 PM

To: "Chong Boon Sen" <boonsen.chong@sg.cntaiping.com>

Subject: RE: OUR REF: SNM19D202442 - OUR REF: SMJ1906Z YOUR REF: SMD8581LPRE-REPAIR INSPECTION FOR SMJ1906Z

WITHOUT PREJUDICE

Dear Boon Sen,

OUR REF: SMJ1906Z

YOUR REF: SMD8581L

We agree to your list of surveyor.

Best Regards,

Huiqin

Direct line: 88668832 | Fax: 69255219

My Car Consultant Pte Ltd

53 Ubi Avenue 1

Paya Ubi Industrial Park #01-33

Singapore 408934

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From: "Chong Boon Sen" <boonsen.chong@sg.cntaiping.com>

Sent: Friday, May 31, 2019 10:37 AM

To: "admin@mycar.sg" <admin@mycar.sg>

Subject: RE: OUR REF: SNM19D202442 - OUR REF: SMJ1906Z YOUR REF: SMD8581LPRE-REPAIR INSPECTION FOR SMJ1906Z

Dear Sir,

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

ADRIAN LING
Kelvin Ang
SEE CHEW SENG
LOW SAR HUEI
HONG FOOK CHOY
XING QUO QIANG
KENNETH KONG

SIMON HO
CHUA WEIJIE
MARCUS CHUA

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Chong Boon Sen

Claims Executive
Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: ???? Taiping SG 3 Anson Road
#16-00 Springleaf Tower Singapore 079909
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

From: Lim Shu Min

Sent: Friday, 31 May, 2019 10:04 AM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>; Irene Tay <irene.tay@sg.cntaiping.com>;
shumin@mycar.sg; Chee So Chow <sochow.chee@sg.cntaiping.com>

Cc: Lim Shu Min <shumin.lim@sg.cntaiping.com>

Subject: OUR REF: SNM19D202442 - OUR REF: SMJ1906Z YOUR REF: SMD8581L PRE-REPAIR INSPECTION FOR SMJ1906Z

Dear Boon Sen,

Please conduct PRS – SMJ1906Z soonest possible.

Officer-In-Charge – Irene Tay – 63896192 (file with Boon Sen)

Thank you

Lim Shu Min

Executive
Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 63896156 | F: (65) 62247175

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: ???? Taiping SG

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From: Claims Dept of CTI
Sent: Friday, 31 May, 2019 8:51 AM
To: Lim Shu Min <shumin.lim@sg.cntaiping.com>
Subject: FW: OUR REF: SMJ1906Z YOUR REF: SMD8581L PRE-REPAIR INSPECTION FOR SMJ1906Z

From: My Car Consultant [<mailto:admin@mycar.sg>]
Sent: Thursday, 30 May 2019 7:09 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Subject: OUR REF: SMJ1906Z YOUR REF: SMD8581L PRE-REPAIR INSPECTION FOR SMJ1906Z

WITHOUT PREJUDICE

OUR REF: SMJ1906Z
YOUR REF: SMD8581L

Dear Sir/Madam,

PRE-REPAIR INSPECTION FOR SMJ1906Z
ACCIDENT INVOLVING SMJ1906Z AND SMD8581L

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

We also enclosed herewith the State Court of the Republic of Singapore Practice Direction - Amendment No. 1 of 2016 of 2016 of Pre-repair Inspection for your attention

Warm Regards,
Kai Ling

My Car Consultant Pte Ltd
53 Ubi Avenue 1
Paya Ubi Industrial Park
#01-33 S(408934)

Tel: +65 9868 6000 / Fax: 6925 5219

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For more information please visit <http://www.symanteccloud.com>

Shiau Chan (LKKAuto)

From: My Car Consultant <admin@mycar.sg>
Sent: Friday, 14 June 2019 1:02 PM
To: SUR
Subject: SMJ1906D

WITHOUT PREJUDICE

Dear Summer,

Based on finalisation amount from Taufiq,

I confirm the same for this vehicle at:
COR \$3,000.00
Rental 05 Days

**Please proceed to close the file on your end while i submit LOD.*

Best Regards,

Huiqin

Direct line: 88668832 | Fax: 69255219

My Car Consultant Pte Ltd
53 Ubi Avenue 1
Paya Ubi Industrial Park #01-33
Singapore 408934

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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	30/05/2019 18:55
Date Of Accident	29/05/2019 14:00
Exact Location Of Accident	SLIP RD JLN EUNOS TWDS EUNOS CRESCENT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMJ1906Z
Insured/Policyholder	
Name Of Registered Owner	JACY PTE LTD
Co Reg No	201705208G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-899999999

Vehicle Particulars

Manufacturer	HONDA
Model	FREED 1.5G HYBRID 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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5107760033
Cover Note Number	

Driver

Name of Driver	PHUA NAM HENG
NRIC No	S1389625I
Date Of Birth	16/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	17/06/1980
Driving Experience	38 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93656941
Fax Number	
Contact Number	OFFICE-93656941
Email Address	NOEMAIL

Address	BLK 435 HOUGANG AVENUE 8 #05-1677
Postcode	530435
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	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 TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SMD8581L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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 Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 lodging 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 them) 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/are 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 future claims.
- (e) the information so collected under (b) above may be shared / disclosed:
 - (i) to lawyers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, investigations, law enforcement and government agencies as reasonably required for the purposes stated; or
 - (ii) in complying with requirements under any regulations, laws or court orders.



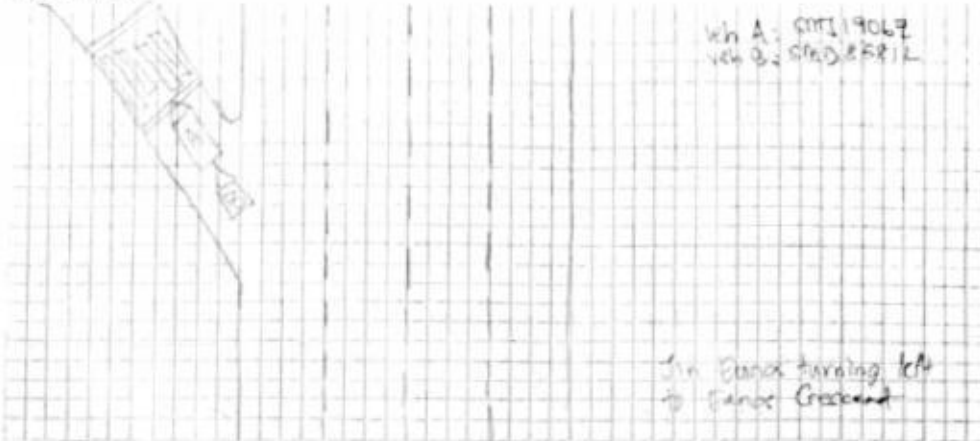
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name:
SUBC/PLC no.:

Accident Sketch Plan

SKETCH PLAN



veh A: SM119062
veh B: SM0385212

In lane turning left
to lane Crescent

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the stated time & date

I am driving my vehicle SM119062 on In lane wanting to turn left to lane Crescent, I came to a stop at a zebra crossing suddenly I felt a great impact from my rear, and realise SM0385212 collided to my rear.

DECLARATION

(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 Person's Signature
Name:
Address: No. 1

NOTE: To be filled in by the

Accident Photo





MY CAR CONSULTANT PTE LTD

Reg no.: 201605878Z

Address: 53 Ubi Ave 1 #01-33 Paya Ubi Industrial Park Singapore 408934

HP: 98888885

Estimation

Date: 10 Jun 19
Vehicle: SMJ1906Z
Make / Model: HONDA/FREED
Chassis:

No.	Description		Unit Price	Amount
Parts Replacement:				
1	REAR BUMPER	1	\$ 590.30	\$ 590.30
2	REAR BUMPER TOW COVER	1	\$ 24.70	\$ 24.70
3	REAR BUMPER SIDE RETAINER	2	\$ 63.00	\$ 126.00
4	END PANEL	1	\$ 531.00	\$ 531.00
5	END PANEL GARNISH	1	\$ 161.00	\$ 161.00
6	REAR TAILLAMP	2	\$ 779.60	\$ 1559.20
7	REAR EXHAUST SILENCER	1	\$ 661.00	\$ 661.00
8	REAR EXHAUST MOUNTING	2	\$ 30.00	\$ 60.00
9	REAR FENDER INNER TRIM	2	\$ 791.00	\$ 1582.00
10	TAILGATE	1	\$ 1,417.30	\$ 1,417.30
11	TAILGATE ABSORBER	2	\$ 301.00	\$ 602.00
12	TAILGATE EMBLEM LOGO -H	1	\$ 51.00	\$ 51.00
13	TAILGATE EMBLEM - FREED	1	\$ 65.00	\$ 65.00
14	TAILGATE OUTER GARNISH	1	\$ 199.00	\$ 199.00
15	TAILGATE WEATHERSTRIP	1	\$ 165.91	\$ 165.91
16	TAILGATE LOCK	1	\$ 186.70	\$ 186.70
17	TAILGATE DAMPER	2	\$ 310.70	\$ 621.40
18	TAILGATE INNER TRIM	1	\$ 445.00	\$ 445.00
				\$ 5,503.21
			Less 20%	\$ 1,100.64
			Total	\$ 4,402.57
S/Nett items:				
19	REAR BUMPER CLIP	1 SET	\$ 40.00	\$ 40.00
20	REAR REVERSE SENSOR	1 SET	\$ 400.00	\$ 400.00
21	REAR NUMBER PLATE	1	\$ 70.00	\$ 70.00
22	WINDSCREEN SEALANT	1	\$ 150.00	\$ 150.00
	JOINT SEALANT	1	\$ 150.00	\$ 150.00
				\$ 710.00
Labour to:				
23	CHECK WIRING AND LIGHTNING SYSTEM		\$ 60.00	\$ 60.00
24	REMOVE AND REFIT LINING, TRIM AND GARNISH		\$ 120.00	\$ 120.00
25	REMOVE AND RENEW REAR REVERSE SENSOR		\$ 150.00	\$ 150.00
26	REMOVE AND RENEW REAR EXHAUST SILENCER		\$ 150.00	\$ 150.00
27	REMOVE AND REFIT REAR WINDSCREEN		\$ 150.00	\$ 150.00
28	TRANSFER PARTS, ATTACHMENT FROM OLD TAILGATE TO NEW		\$ 200.00	\$ 200.00
29	PANEL BEATING ON AFFECTED AREAS		\$ 1,400.00	\$ 1,400.00
30	SPRAY PAINTING ON AFFECTED AREAS		\$ 1,200.00	\$ 1,200.00
31	APPLY ANTI RUST ON AFFECTED AREAS		\$ 150.00	\$ 150.00
				\$ 3,580.00
Parts Replacement Amount			\$	5,112.57
Total Amount for Labour			\$	3,580.00
Total Amount			\$	8,692.57

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:

Tanpin 97495749 / 67418434

10/6/19 @ 4:50pm

5 days

sur@lkkauto.com

Lumpsum

Repairing after spray.

3769.28

4583000

1730

700

700

700

290

2186.60

1749.28

1417.30

1417.30

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/CTI19009892/GQD3N2
Date: 20/06/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN30644318000	
Claimant Vehicle No :	SMJ1906Z	Insured Vehicle No :	SMD8581L	
Date of Loss:	29/05/2019	Nature of Claim:	TP	Claim No: SNM19D202442C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SMJ1906Z	Engine No:	LEB5608546
Make & Model:	HONDA FREED HYBRID, 1.5 (A)	Chassis No:	GB71073757
Reg. Date:	25/02/2019 (Man. Year: 2018)	Odometer:	31867 km
Colour:	White		
Engine Capacity:	1496 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:	185/65 R15	Rear Tyre Size:	185/65 R15
Front Left Side:	Yokohama 6 mm	Rear Left Side:	Yokohama 6 mm
Front Right Side:	Yokohama 6 mm	Rear Right Side:	Yokohama 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	6,228.57	2,039.28	4,189.29	67.26
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,580.00	1,730.00	1,850.00	51.68
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	9,808.57	3,769.28	6,039.29	61.57
Approved Total (Overridden) (\$\$)		3,000.00		
Nett Amount (\$\$)	9,808.57	3,000.00	6,808.57	69.41

INSPECTION

Date of Assignment:	04/06/2019	
Date Inspected:	10/06/2019	Inspected At: My Car Consultant Pte Ltd (Ubi) 53 Ubi Ave 1, #01-33, Paya Ubi Industrial Park Singapore 408934

Estimated Period of Repair: 5.0 days

Adjuster: XING GUO QIANG

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:	MRM-SG	Version: 1.0 (Last Synchronised: 20 Jun 2019)
Parts:	M1-MPV	HONDA FREED HYBRID 1.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SMJ1906Z)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Deformed	590.30 FL	*590.30 FL
2	1		*REAR BUMPER TOW COVER	Not Necessary	24.70 FL	*- FL
3	2		*REAR BUMPER SIDE RETAINER	Necessary	63.00 FL	*63.00 FL
4	1		*END PANEL	Repair	531.00 FL	*- FL
5	1		*END PANEL GARNISH	Not Necessary	161.00 FL	*- FL
6	2		*REAR TAILLAMP	Not Necessary	779.60 FL	*- FL
7	1		*REAR EXHAUST SILENCER	Not Necessary	661.00 FL	*- FL
8	2		*REAR EXHAUST MOUNTING	Not Necessary	30.00 FL	*- FL
9	2		*REAR FENDER INNER TRIM	Not Necessary	791.00 FL	*- FL
10	1		*TAILGATE	Bent	1,417.30 FL	*1,417.30 FL
11	2		*TAILGATE ABSORBER	Not Necessary	301.00 FL	*- FL
12	1		*TAILGATE EMBLEM LOGO - H	Necessary	51.00 FL	*51.00 FL
13	1		*TAILGATE EMBLEM - FREED	Necessary	65.00 FL	*65.00 FL
14	1		*TAILGATE OUTER GARNISH	Not Necessary	199.00 FL	*- FL
15	1		*TAILGATE WEATHERSTRIP	Not Necessary	165.91 FL	*- FL
16	1		*TAILGATE LOCK	Not Necessary	186.70 FL	*- FL
17	2		*TAILGATE DAMPER	Not Necessary	310.70 FL	*- FL
18	1		*TAILGATE INNER TRIM	Not Necessary	445.00 FL	*- FL
19	1		*SET REAR BUMPER CLIP	Necessary	40.00 FS	*30.00 FS
20	1		*SET REAR REVERSE SENSOR	Not Working	400.00 FS	*200.00 FS
21	1		*REAR NUMBER PLATE	Not Necessary	70.00 FS	*- FS
22	1		*WINDSCREEN SEALANT	Necessary	150.00 FS	*60.00 FS
23	1		*JOINT SEALANT	Not Necessary	150.00 FS	*- FS

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

Sub Total (\$\$)	7,583.21	2,476.60
- List Item Discount on L Items 20.00/20.00% (\$\$)	1,354.64	437.32
Total Parts (\$\$)	6,228.57	2,039.28

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	CHECK WIRING AND LIGHTING SYSTEM.	New	60.00	30.00
2	REMOVE AND REFIT LINING, TRIM AND GARNISH.	New	120.00	60.00
3	REMOVE AND RENEW REAR REVERSE SENSOR.	New	150.00	30.00
4	REMOVE AND RENEW REAR EXHAUST SILENCER.	New	150.00	0.00
5	REMOVE AND REFIT REAR WINDSCREEN.	New	150.00	120.00
6	TRANSFER PARTS, ATTACHMENT FROM OLD TAILGATE TO NEW.	New	200.00	60.00
7	PANEL BEATING ON AFFECTED AREAS.	New	1,400.00	700.00
8	SPRAY PAINTING ON AFFECTED AREAS.	New	1,200.00	700.00
9	APPLY ANTI RUST ON AFFECTED AREAS.	New	150.00	30.00
Gross Labour Cost (S\$)			3,580.00	1,730.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >