	ASS. REC. BY:	REF: C33 MSG19011	342 /TKd302/Sp	ecial Instruction:				
MEIMI	Surveyor Tanfith From (Person): Chhia Nour	ASSIGNMENT	(Office)	Date/Time: 26 6 - 2019 16-41p.m				
	Estimated Cost:	Bill		Date Time.				
	OD TP WS / TP RES / O To Inspect Vehicle No:	Stir 5650L 67456932						
	of BIC 3006 ub nuc	Best Motor	Tel	G7456932				
	Policy No: 10008597		laim No: 72854					
	Sum Insured:		Excess:					
	Make of Veh: (Client's Record)	0		D.O.A 20.6 - 2019				
	CA / REV / REP. / REV 24 HRS Date/Time: 16 L M 4-51 J. M Person Contacted: Mr La Vehicle IN LOUT							
	Date/Time Action/Instruction (X) Estimate							
	SKN 5650L: NA INC 19010962 / H4 D.O.A. 20106/2019							
	SGIZ 8015	2019						
	Disman	the: 9 \$ 2019						
	Aster rep	air: 12/7/2019						
4								

ASS. REG. BY: Tought REF MSG	SSIGNMENT	£- 2022 oct
9,1,10	1 S107 8015K. 2	ou 7. Was
From: Date: The Estimated Cost:	Veh No: Yr Regn: Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	Movery
To Inspect Vehicle No: SGZ 8015K	Make: Mitsubish Laner 1.6M c.	c 1584
at Workshop m/s Auto Best	Colour White A/C: Insure	d/Std/NI/NA
of BIK 3006 Wis road 1 #01-362	Sp.Reading 28 68 77. T/Radio: Insure	d/Std/NI/NA
Insured:	Eng/No:	01-0
Policy No.	C/No: JMYSNC 334840	107-10
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/R/m / STD A/Rim gr	
	X Tyre Size: F: 195/60/15	
(Policy Condition)	R:	•
Remark. The veh had commenced its N/S 0	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PI	R/SUMI/
repair at the time of inspection.	тоуо (уоко)ог	
Bal, or Market Value:	Front t Roar	
DAC Accident Rport: Consistent? : Yes or No	R/Bal. 0 mm R/Bal.	y mm
SIA / PR Seen: Consistent? ; Yes or No	L/Bal. \ mm L/Bal.	(p mm
Est. Repairs: days Res.: Yes or No	D.O.A. D.O.I. 9 /	7/19 Q 215
.um Sum: % 3 Val.: Yes or No	Survey held at Aho Bert.	/
CA / REV / REP. / 24 HRS "W"	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Roo	oftop or
Vehicle: IN / Colle: Person Contacted:		
	The U/C / Chassis frame / Body Structure affected	I due to collision.
Date / Time Action / Instruction	000 - \$5000, Fdeys	
	8	*
[]		
nte/Time, File Pass to? : Preli. Report	Days Of Repair:	
; Final Report	Resurvey No. of Trip: Survey Fee:	120
Onte/Time, File Return to? Add F	ee: Site Insp (\$) s+RS, SI	
) Add F	The transfer of	
Report Format : PRS .	70	
Lump Sum / I.B.I: (\$		
Amp oun rasa. (4	;: Weekend (\$	
	TOTAL	12-1

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	25 Jun 2019		26 Jun 2019 16:41 Assign			ALIA ALIA EU	New Assign	
	Main	Ref	erence	Clain	n Details	Docume	nts	Show All
CLAIM S	UBFOLDER DET	AILS			100000000000000000000000000000000000000	[Cre	ated by insu	roel
Insured: Main Clain	nant:		on Reinhart, ID	S2724258H, S1546222A	Tel: 97354527, En			irerj
Vehicle Re	g. No.:	SGZ80)15K	Date	of Loss:	[139	5/2019 00:00 Months and 1 Date (Man Yr)	Days From LTA
Claim Type	e:	TP / 2	28541	Polic	y/Cover Note No.:	Cover	859799 (Compage: 26/12/2	
/ehicle Re	g. No. (Insured):	SKN56	OL	Polic	y No. (Claimant):	23/12	./2019	
		7.5.77		Exce				
epairer:		Auto Be	est Motor Service	es (HQ) BLK 30	06 UBI ROAD 1, #01	-362, 408700 Ubi	- Tel:	
landling I	nsurer:	6594 25	surance (Singa 21]	pore) Pte. Ltd.	(HQ) - Tel: +65 68	27 7888 [Hand	led by Chhia	Nyuk Pui -
djuster:		LKK Au	to Consultants P	te Ltd (HQ) - T	el: 6256-3561 [I	mm.Advice di	ie 27/06/20	1191
	todian (Insured):	Eric Jear	Reinhart (53) ,	NRIC: S272425	58H, Tel: 9735452	7 Email: eric.reinh	art@uhaf.fr	110]
Adj Asg. R	emarks:	on WP. I	iab: dispute. TP la	swyer disagree o	on SJE - assign LKK.	Contact: Mr Lee @	67456932	
ASSOCIA	TED MAIL RECE	IVED				View All	Compo	se Case Mail
here are	no mail for this ca	se.					_ compo	se case rian
-								
ALL ASS	CIATED TASKS	5			View All Search	Tasks Crea	te New Task	Complete
Due Dat		Type Task Gr	oup Subject	Handler	Assigned By	Completed On	Created	

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

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5 bhp)
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Occ & below)
0

The information contained herein is correct as at 22 Jul 2019

ОК

MNA119080695 / National Assessment Centre Services - Ubl ENTRY DATE & TIME: 21/06/2019 10:02 SUBMITTED BY: Liew Shan Hui

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report

21/06/2019 10:02

Date Of Accident

20/06/2019 18:15

Exact Location Of Accident

ANG MO KIO AVE 3

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SGZ8015K

Insured/Policyholder

Name Of Registered Owner

ONG KONG HIAP

NRIC No

S1546222A

Email Address

NOEMAIL

Lillali Address

NOEWAIL

Mobile Phone No

(LOCAL) +65-90028806

Alternative Phone No

OFFICE-90028806

Vehicle Particulars

Manufacturer

MITSUBISHI

Model

LANCER

Exact Purpose for which vehicle was being used at

LANCE

time of accident

PRIVATE USE

Are you claiming under your own insurance policy for repair to your vehicle?

NO

If No, Please state action to be taken

THIRD PARTY

Vehicle Category

PRIVATE CAR

Insurance Company

Name of Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD

种原理的主任证明。但是对中央的特别的

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

5095281445-01

Cover Note Number

Driver

ONG KONG HIAP

Name of Driver NRIC No

S1546222A

Date Of Birth

23/05/1962

Occupation

INDOOR

Date Of Driving Pass

02/06/1982

Driving Experience

37 YEARS AND 0 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-90028806

Fax Number

Contact Number

OFFICE-90028806

EMail Address

NOEMAIL

Address

APT BLK 331 TAMPINES STREET 32 #05-450

Postcode

520331

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - CHANGE/CROSS LANE

是是10.1年15日本日本 14 10年代11日

[25] [[25]

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?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: UNKNOWN

GENDER:

: FEMALE

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 THE STATEMENT 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

SKN5650L

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)

Page 2 of 20

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

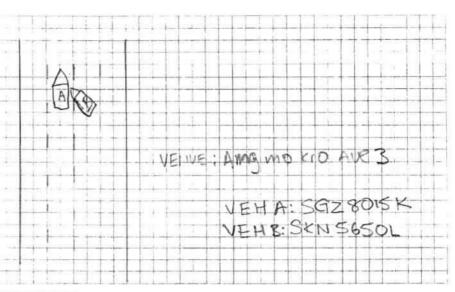
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims. (collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

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

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I (VERIA) travelling along Ang mo kio Ave 3.
VEPT B change lane into mine and hit into my men
from ngh side of ormy vet.

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 .:

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

Case N	otified	Est Submitted	Adj Assigned	Adj Rpt		Adj S	Submitted	Ins Auth'ed	Statu	S	
Main 2	5 Jun 2019		26 Jun 2019 16:41 Edit Adj Rpt	S\$0.00 Edit Esti	mates	S\$0.	.00 ew Rpt		Repo	-	Survey
м	ain	∏ R	Reference	C	aim Det	ails		Document	s		Show All
CLAIM SUB	FOLDER DE	TAILS	The second second second				[Created	by insurer]			
Insured:			S2724258H, Tel: +	659735452	7, Emai	l: eric.	reinhart@ut				
Main Claimant:	ONG KON	G HIAP, ID: S	1546222A								
Vehicle Reg. No.:	SGZ801	5K			Date of I	Loss:		9 00:00 - :59 ns and 1 Days Fr	om LTA Re	g Date	(Man Yr)]
Claim Type:	TP / 228	3541			Policy/Co			9 (Comprehensiv 26/12/2018 - 25/			
Vehicle Reg. No. (Insured):	SKN5650	L			Policy No (Claimar						
					Excess:						
Repairer:	Auto Bes	t Motor Services	s (HQ) BLK 3006 UB	BI ROAD 1, #	01-362,	40870	00 Ubi - Tel:				
Handling Insurer:			ore) Pte. Ltd. (HQ					-			
Adjuster:	27/06/2	Consultants Pt 019]	e Ltd (HQ) - Tel: 62	256-3561	[Handled	by M	OHD TAUF	IKH BIN HAMID)] [Im	m.Adv	ice due
Driver/Custo dian (Insured):		Reinhart (53) ,	NRIC: S2724258H,	Tel: +6597	354527	Email:	eric.reinhar	t@ubaf.fr			
Adj Asg. Remarks:	on WP. Lia	b: dispute. TP la	wyer disagree on SJE	E - assign LK	K. Conta	ct: Mr	Lee @ 6745	6932			
ASSOCIATE	D MAIL RE	CEIVED						Vie	ew All	Compos	e Case Ma
There are no	mail for this	case.									
	TATED TAS	sks⊟				V	/iew All S	Search Tasks	Create New	Task	Comple
ALL ASSOC											

Claim Documents

*SGZ8015K (228541)
[SKN5650L]
TP
ONG KONG HIAP
Jun 20 2019 12:00AM
[Eric Jean Reinhart]
Auto Best Motor Services

Pho	otos/Images		3 per page	
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1	22/07/19 17:47	General View	1 Load JPG	✓
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6	22/07/19 17:47	General View	1 Load JPG	✓
7	22/07/19 17:47	General View	£ Load JPG	V
8	22/07/19 17:47	General View	1 Load JPG	✓
9	22/07/19 17:47	General View	Load JPG	V
10	22/07/19 17:47	General View	Load JPG	V
11	22/07/19 17:47	General View	1 Load JPG	V
12	22/07/19 17:47	General View	1 Load JPG	~
13	22/07/19 17:47	General View	Load JPG	V
14	22/07/19 17:47	General View	1 Load JPG	~
15	22/07/19 17:47	General View	1 Load JPG	V
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18	22/07/19 17:47	General View	1 Load JPG	V
19	22/07/19 17:47	General View	1 Load JPG	V
20	22/07/19 17:47	General View	1 Load JPG	V
21	22/07/19 17:47	General View	1 Load JPG	V
22	22/07/19 17:47	General View	1 Load JPG	V
23	22/07/19 17:47	Photographs of Damaged Parts	1 Load JPG	V
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25	22/07/19 17:47	Photographs of Damaged Parts	1 Load JPG	V
26	22/07/19 17:47	Photographs of Damaged Parts	1 Load JPG	V
27	22/07/19 17:47	Photographs of Damaged Parts	1 Load JPG	V
28	22/07/19 17:47	Photographs of Damaged Parts	1 Load JPG	V
29	22/07/19 17:47	Photographs of Damaged Parts	1 Load JPG	V
30	22/07/19 17:47	Photographs of Damaged Parts	1 Load JPG	V
31	22/07/19 17:47	Photographs of Damaged Parts	1 Load JPG	V
32	22/07/19 17:47	Photographs of Damaged Parts	1 Load JPG	V
33	22/07/19 17:47	Photographs of Damaged Parts	1 Load JPG	V
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35	22/07/19 17:47	Photographs of Damaged Parts	1 Load JPG	
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No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
38	22/07/19 17:47	Photographs of Damaged Parts	0	Load JPG	V
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40	22/07/19 17:47	Photographs of Damaged Parts	0	Load JPG	✓
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Doc	cumentation		1 per	page 🗸	V
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1	25/06/19 13:09	OI GIA	0	Load PDF	
2	25/06/19 13:09	TP GIA	0	Load PDF	
3	26/06/19 08:30	Disagree on SJE - workshop details	0	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
			^
			~
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.			

LKK Auto Consultants Pte Ltd (Co.Reg. No:199607198R)

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park Singapore 408933

Tel: 6256-3561 Fax: 6844-8805 Email: sur@lkkauto.com;assignments@lkkauto.com

VEHICLE DAMAGE INSPECTION REPORT

Our File No:

CS3/MSG19011342/T1CD3E2

Date:

03/09/2019

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

1000859799

Claimant Vehicle No:

SGZ8015K

Insured Vehicle No:

SKN5650L

Date of Loss:

20/06/2019

Nature of Claim:

TP

Claim No: 228541

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SGZ8015K

Make & Model:

MITSUBISHI LANCER, 1.6 (M)

Engine No:

4G18JL7373

286877 km

Reg. Date:

19/11/2007 (Man. Year: 2007)

Chassis No: Odometer:

JMYSNCS3A8U001707

Colour: Engine Capacity: White

1584 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):

Engine Modification:

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

195/60 R15

Rear Tyre Size:

195/60 R15

Front Left Side:

Yokohama 6 mm

Rear Left Side: Rear Right Side: Yokohama 6 mm Yokohama 6 mm

Front Right Side: Yokohama 6 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:

26/06/2019

Date Inspected:

09/07/2019 Inspected At: Auto Best Motor Services (HQ)

BLK 3006 UBI ROAD 1, #01-362

Singapore 408700

Estimated Period of Repair:

7.0 days

CELINE FONG Adjuster: MOHD TAUFIKH BIN HAMID Manager:

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.

A)THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.

B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.

THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.

C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$4,000.00 -\$5,000.00

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 03 Sep 2019)

Parts:

MITSUBISHI LANCER 1.6 (M) (Catalogue:Merimen Singapore 1.0)

Labour:

Repairer's

(Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SGZ8015K)

Validity:

These estimates are valid only if they contain the print code (above) on all estimate pages, running page

numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Adjuster Report Page 4 of 4

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >