ASS. REC. BY | REF: cs/MSG18022312/GV/3/19 | Special Instruction:

Surveyor: Guo Qiang

ASSIGNMENT (Office)

Meiren

From (Person): Pauline Tham

MSIG

Date/Time: 24/7/2019

Estimated Cost:

Bill to:

OD / (TP) / WS / TP RES / OD RES / LVA / INV / MV / CS

To Inspect Vehicle No: SLT 6649S

Insured: SKR9286H

at Workshop name: Teamwork Garage

Tel: 68442475

of: 53 Ubi Ave 1 # 01-24

Policy No: A80460901QMX

Claim No: 578267

Sum Insured:

Excess:

Make of Veh: (Client's Record)

D.O.A. 5/12/2018

CA / REV / REP. / REV 24 HRS: up

12/12/18

H.O.D. Endorsement

Date/Time: 5pm @ 11/12/18

Person Contacted: Darren

Vehicle: (IN) / OUT

Date/Time	Action/Instruction (×) Estimate
	Submit LS
5/8/19	$ 5450 , 7 Days
	(Red 3300, 38%)

Do Not Finalise

5/8/2019

XAL | MSIG | 47695 /

PRS (Menmen)

Date: 12/12/18

OD / WS / TP LOSS / OP RES / EVA / ...

Vehicle No: SLT 6649S

Workshop: Teamwork Gerage
53 Ubi Ave1 #01-24

(Policy Condition)

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

NS | O/S

Est. or Market Value: $25K

Est. Repair: 7 day | Res: Yes or No

Lum Sum: 20 %

CA / REV / REP / 24 HR: 1up

IN / OUT

$7000 - $8000

CoE: 17280

Veh No: SLT 6649S | 19 Feb 2010

Type: M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Toyota Camry | 1998

Colour: Silver | Insured / Std / Nil / NA

Speedometer: 153739 | Insured / Std / Nil / NA

Engine No:

Chassis: MR053BK4107055250

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mods: Nil / S/Rim / STD Rim or

Tyre Size: F: 215/60 R16
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			D.O.I	12/12/18	

Survey held at: W/S 12:50pm

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

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

Profit Report
Final Report

Days Of Repair: 7

Resurvey No. of Trip: 1

Survey Fee: 120

Add Fee: $
$
$
$

Report Format: PRS

Lump Sum:

10

Total: 130

Nivitha (LKK Auto)

From: Accounts (LKKAuto) <account@lkkauto.com>
Sent: Thursday, 25 July 2019 5:26 PM
To: Admin-D (LKKAuto)
Cc: Accounts (LKKAuto)
Subject: Report Send Back Alerts - SLT6649S (TP)

Dear Nivitha,

FYNA Please...

Pending for Survey Report-CS3/MSG18022312/GCD3E2

24 Jul 2019 17:45 **Ins Send Back Adj Rpt**	Please conduct a paper survey	[I] Pauline Tham
24 Jul 2019 17:45 **Adj Next Rpt Changed**	Next Rpt:Final Rpt.Due Date:2019/07/26	[I] Merimen Administrator
24 Jul 2019 17:45 **Adj Mandate Set**	Maintained.	[I] Merimen Administrator

Thank You

Best Regards,

SuthaShelia (Shelia) | Accounts Dept.

LKK Auto Consultants Pte Ltd

Phone: **6841 1891** | email: account@lkkauto.com | fax: 6844-8805

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Do-Not-Reply [mailto:do-not-reply@merimen.com]
Sent: Wednesday, 24 July 2019 6:00 PM
To: account@lkkauto.com
Subject: Report Send Back Alerts - SLT6649S (TP)

Dear Sir / Madam,

Please login to Merimen Online at www.merimen.com.sg for more information.

Thanks,
The Merimen Team

JP Knights
Adjusters & Surveyors

INVOICE

To: T Isvari D/O p Tiruppathy
C/o: Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-23/24, Paya Ubi Industrial Park
Singapore 408934

Invoice No: IR19-1168
Your Ref: SLT6649S
Our Ref: TP18-12001
Date: 31-May-19

Description	Amount S$
PARTICULARS	
Vehicle Registration No. : SLT6649S Date of Accident : 5-Dec-18 Date of Inspection : 12-Dec-18	
SERVICES :	
Assessment with report (inclusive of transport charges and photographs etc)	$ 746.00
Add 7% GST	$ 52.22
Singapore Dollars : Seven Hundred Ninety Eight Dollars and Cents Twenty Two Only.	
Total Amount	$ 798.22

Payment Terms: 30 days from date of invoice

Please remit by electronic transfer as follows:
Payee: JP Knights Pte Ltd
OCBC Bank
Account No: 581500527001
Email remittance advice to: accounts@jpknights.com

1812-05

$ 8750

JP Knights
Adjusters & Surveyors

VEHICLE APPRAISAL REPORT

Our Reference:	TP18-12001	Date: 31-May-2019
Your Reference:	SLT6649S	
Vehicle Number:	SLT6649S	

To: T Isvari D/O p Tiruppathy

C/o: Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-23/24, Paya Ubi Industrial Park
Singapore 408934

Assessment of Vehicle No:	SLT6649S
Date of Accident:	5-Dec-2018
Date of Inspection:	12-Dec-2018

We have carried out a physical assessment of SLT6649S at Teamwork Garage Pte Ltd according to your instruction on 12/12/2018 and are pleased to submit our report herewith.

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLT6649S	Make:	TOYOTA
Reg Year:	2015	Model:	CAMRY 2.0
Colour:	Grey	Engine No:	1AZE164404
Odometer No:	153739	Chassis No:	MR053BK4107055250
Engine Cap.:	1998 cc		

CONDITION OF VEHICLE AT THE TIME OF SURVEY
(STATIC ONLY)

General Condition:	Good	Steering:	Serviceable	Engine Modification:	NA
Paint work:	Good	Handbrake:	Serviceable	Pre-accident	NA
		Footbrake	Serviceable		

CONDITION OF TYRES

Front Size (LH) :	Yokohama 215/60R16 60%	Front Size (RH):	Yokohama 215/60R16 60%
Rear Size (LH) :	Yokohama 215/60R16 60%	Rear Size (RH):	Yokohama 215/60R16 60%

The above percentages represent the remaining life of the tyre threads

COST OF REPAIRS	Repairer's S$	Adjuster's S$	Difference S$
Parts	9,706.98	7,238.65	2,468.33
Labour	5,660.00	3,700.00	1,960.00
Calculated Cost (S$) :	15,366.98	10,938.65	4,428.33

Recommended Lump Sum Repair: $ 8,750.00
Estimated Repair Period: 10
Repair Status: Surveyed on a "Without Prejudice" basis.

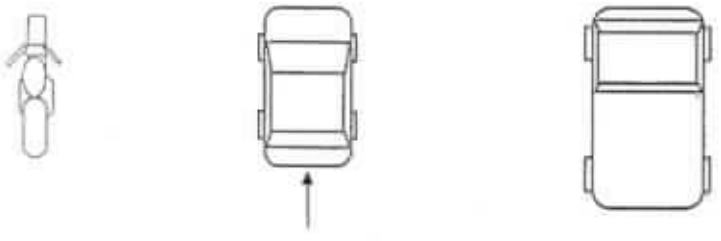
JP Knights Pte Ltd
53 Ubi Ave 3, #05-47 Vertex Tower A, Singapore 408868 Tel: (65) 6345 0068 Fax: (65) 6344 5328
Email: motor@jpknights.com Co Reg GST No: 200723763Z

JP Knights
Adjusters & Surveyors

Our Reference: TP18-12001
Your Reference: SLT6549S
Vehicle Number: SLT6549S

DESCRIPTION OF DAMAGE

At the time of inspection, this vehicle sustained damages to the rear portion. Please see attached scheduled details.



SPECIAL REMARKS

Under normal circumstances, estimated **7 working days** are required to repair the vehicle.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Inpection Report and photographs.

JP Knights Pte Ltd JP Knights Co Reg. 200723763Z

Faizal Ghulam Mohd
Automobile Appraiser

Disclaimer

Pursuant to your instruction, we have **NOT AUTHORIZED** repair. The assessment was conducted on a "Without Prejudice" basis. If we are not notified of anything to the contrary within **14 days** from the date hereof, this report shall be treated as correct.

This report is intended for the exclusive use of the address solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **JP KNIGHTS PTE LTD** for any reliance on this report by any third party.

JP Knights Pte Ltd
33 Ubi Ave 3, #05-47 Vertex Tower A, Singapore 408868 Tel (65) 6345 0068 Fax (65) 6344 5328
Email motor@jpknights.com Co Reg GST No 200723763Z

JP Knights
Adjusters & Surveyors

Our Reference : TP18-12001
Your Reference : SLT6649S
Vehicle Number : SLT6649S

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE (S$)	OUR ASSESSMENT (S$)	
	PARTS (LIST ITEMS)				
1	Rear Bumper	Distorted	691.59	691.59	581.4
2	Rear Bumper Reflector	Cracked	131.90	131.90	122.4
2	Rear Bumper Bracket	Bent	121.40	NNX 121.40	X
1	Rear Bumper Reinforcement	Bent	461.40	461.40	326.4
1	Rear Bumper Sponge	Not Fitted	125.00	NN -	
1	End Panel Lock Sensor	Not Fitted	113.60	NN -	
1	Rear End Panel - Inner	Bent	591.25	NN X 591.25	X
1	Rear End Panel - Outer	Bent	589.10	589.10	✓
1	Rear End Panel Top Garnish	Deformed	289.40	289.40	✓
2	Rear Taillamp Panel	Buckled	331.56	331.56	✓
1	Rear Windscreen Moulding	Necessary	171.55	NNX 171.55	X
1	Bootlid	Distorted	981.40	981.40	888.6
1	Bootlid Weatherstrip	Torn	185.25	185.25	✓
1	Bootlid Emblem Logo	Necessary	39.75	39.75	✓
1	Bootlid Emblem Logo - 2.0	Necessary	38.70	38.70	-
1	Bootlid Outer Chrome Strip	Cracked	192.50	192.50	✓
2	Bootlid Lamp	Cracked	391.60	391.60	✓
1	Bootlid Lock	Bent	287.40	287.40	✓
1	Bootlid Lock Striker	Serviceable	52.10	NN -	
2	Bootlid Hinge	To Repair	182.10	NN -	
2	Bootlid Number Plate Lamp	Cracked	83.20	83.20	✓
1	Spare Tyre Top Board	Deformed	181.15	181.15	✓
2	Rear Taillamp	Cracked	916.00	916.00	816.6
1	Rear Exhaust Silencer	Serviceable	981.40	NN -	
2	Rear Exhaust Mounting	Not Necessary	80.60	NN -	
1	Rear Exhaust Chrome Pipe	Dented	171.10	NN X 171.10	X
1	Rear Floor Compartment Panel	To Repair	916.30	-	
1	Rear Fender LH	Bent	936.50	Repair X 936.50	X
2	Rear Fender Inner Trim	Torn	574.50	574.50	346.8
			10,809.30	8,358.20	5691.81
		Less Discount :	25% 2,702.33	25% 2,089.55	
		Parts Total :	8,106.98	6,268.65	

4268.86

JP Knights Pte Ltd
33 Ubi Ave 3, #05-47 Vertex Tower A, Singapore 408868 Tel (65) 6345 0068 Fax (65) 6344 5328
Email motor@jpknights.com Co Reg GST No 200723763Z

JP Knights
Adjusters & Surveyors

Our Reference : TP18-12001
Your Reference : SLT6649S
Vehicle Number : SLT6649S

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE (S$)	OUR ASSESSMENT (S$)	
	SPECIAL NETT ITEMS				
1 set	Rear Bumper Clips	Necessary	50.00	30.00	✓
1 set	Rear Fender Inner Trim Clips	Necessary	40.00	30.00	20
1 set	Rear End Panel Top Clips	Necessary	30.00	20.00	10
1	Rear Number Plate	Cracked	80.00	40.00	✓
1	Rear Reverse Camera	Malfunction	500.00	NN X 400.00	X
1 set	Rear Reverse Sensor	Malfunction	450.00	250.00	200
1	Joint Sealant	Necessary	150.00	100.00	40
1	Windscreen Sealant	Necessary	150.00	NN X 100.00	X
1	Floor Insulator	Not Necessary	150.00	-	
		Special Nett Total:	1,600.00	970.00	340
		Total Parts:	9,705.98	7,238.65	

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JP Knights
Adjusters & Surveyors

Our Reference : TP18-12001
Your Reference : SLT6649S
Vehicle Number : SLT6649S

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (S$)	OUR ASSESSMENT(S$)	
	LABOUR			
1	Check rear wiring and lightning system.	60.00	40.00	30
2	Remove and renew rear reverse sensor.	150.00	100.00	40
3	Remove and refit rear lining, trim and garnish.	200.00	120.00	60
4	Remove and renew rear exhaust silencer.	150.00	X 100.00	NN
5	Remove and renew floor insulator.	150.00	-	NN
6	Remove and refit rear windscreen.	150.00	X 120.00	NN
7	Remove and refit fuel tank.	150.00	-	NN
8	Transfer parts, attachment from old bootlid to new.	200.00	100.00	40
10	Panel beating on affected areas.	2,500.00	1,600.00	800
11	Spray painting on affected areas.	1,800.00	1,400.00	1200
12	Apply anti rust on affected areas.	150.00	120.00	60
	Labour Total :	5,660.00	3,700.00	2230
	TOTAL (PARTS & LABOUR) :	15,366.98	10,938.65	

Adjustment / Recommendations

Note : (For Lump Sum Repair)
The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex-stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements).
The final adjusted Lump Sum contract amount is **S$8,750.00.**
Under normal circumstances, the repair period would be about **10 working days**.

6838.86
20% : 5450

JP Knights Pte Ltd
33 Ubi Ave 3, #05-47 Vertex Tower A, Singapore 408868 Tel (65) 6345 0068 Fax (65) 6344 5328
Email motor@jpknights.com Co Reg GST No 200723763Z

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	06/12/2018 16:22
Date Of Accident	05/12/2018 14:00
Exact Location Of Accident	CTE TWDS CITY AFTER YIO CHU KANG RD EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLT6649S
Insured/Policyholder	
Name Of Registered Owner	T ISVARI D/O P TIRUPPATHY
NRIC No	S2644769J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90304336
Alternative Phone No	OFFICE-90304336
Vehicle Particulars	
Manufacturer	TOYOTA
Model	CAMRY 2.0 AUTO ABS AIRBAG
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5096223974
Cover Note Number	
Driver	
Name of Driver	KURUMBIAN S/O VIJAENDIAN
NRIC No	S9535422Z
Date Of Birth	30/09/1995
Occupation	OUTDOOR
Date Of Driving Pass	08/08/2014
Driving Experience	4 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90304336
Fax Number	
Contact Number	OFFICE-90304336
EMail Address	NOEMAIL

Address	BLK 535 ANG MO KIO AVENUE 5 #09-4078
Postcode	560535
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	CHAIN COLLISION
Weather Conditions	RAINING
Road Surface	WET

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	YES
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?	YES
If Yes,Please state which Police Station	
Police Station Name	ANG MO KIO SOUTH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 81 ANG MO KIO AVE 3 , **POSTCODE:** 569929 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800-4519999 - **FAX NO**: 65535679
Was notice of intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT - T/20181206/2005.

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	SKR9286H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KOH
NRIC/Passport Number	S7026494C
Contact Number	94870803
Address	
Postcode	
Insurance Company Name	

Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SLR8295B
Vehicle Make/Model/Colour	HARRIER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TEO CHOON HUAT JEFFERY
NRIC/Passport Number	S7925620Z
Contact Number	97979883
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	KURUMBIAN S/O VIJAENDIAN
Approximate Age	
Injuries Sustain	BODY
Injured person in which vehicle?	SLT6649S
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	YES
Address	
Postcode	

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 clarification 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 thereafter.
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

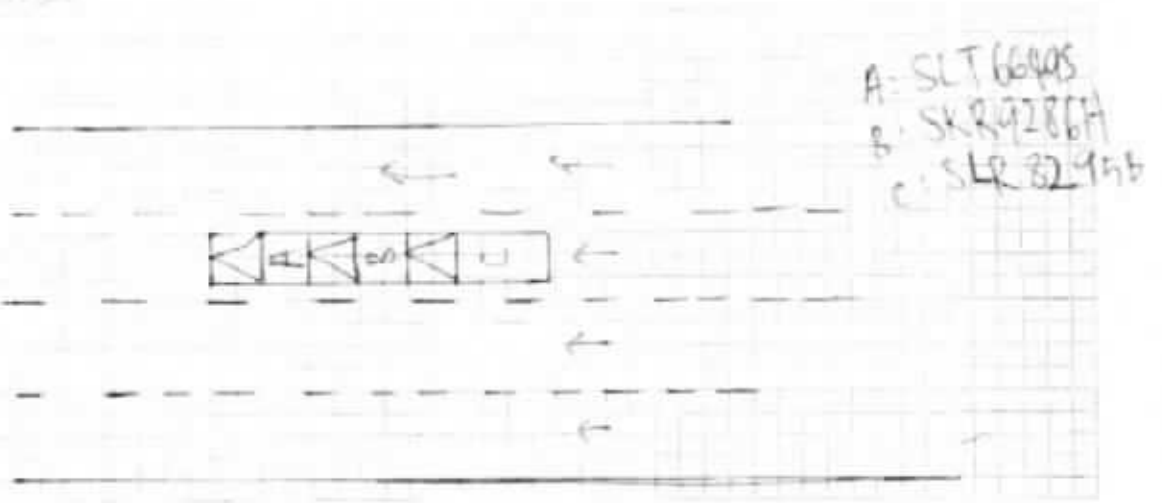
(ii) for complying with requirements under any regulations, laws or court orders.

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.

Accident Sketch Plan



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling on the Tourists City after the car from exit. When the vehicle infront of me came to stop I also came to a stop without any contact with the vehicle infront of me. Suddenly I felt a huge impact from the rear portion of my vehicle. When I got down of my vehicle, I felt very dizzy and realised that I was involved in a accident

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:

Police Report

SINGAPORE POLICE FORCE

T/20181206/2005

Police Station Of Origin
Ang Mo Kio South N.P.C
51 Ang Mo Kio Avenue 3 SINGAPORE 569929
Tel No: 1800-4519999

Report No: T/20181206/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No	Station Diary No
06/12/2018 01:35	F/20181205/0124	18

Informant's Particulars

Name of Informant KURUMBIAN S/O VIJAENDIAN	Address APT BLK 535 ANG MO KIO AVENUE 5 #09-4078 SINGAPORE 560535	
ID Type / ID No NRIC NO / S9535422Z	Contact No Home/Office	Mobile 90304336
Nationality SINGAPORE CITIZEN	Email	
Sex: Male / Age: 23 / Date of Birth: 30/09/1995	Type of Informant Driver	
Race Indian	Language	Institution / School Name
Occupation NAVY REGULAR	Driving Licence Information Class 3	Date of Expiry

General Information of the Accident

Type of Accident	Injury	Drink Drive	Date/Time of Accident	Type of Location
	Attended by Police	No	05/12/2018 14:20	Straight Road

Location
Along Road 1
CENTRAL EXPRESSWAY

(AYE) 15KM

Weather	Road Surface	Road Speed Limit
Clear	Dry	
Traffic Flow	Traffic Control Traffic Light - Working	Traffic Volume Moderate
Type of Collision Between Moving Vehicles - Head To Rear		Anyone conveyed by ambulance Yes

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SKR9286H	Car					0
SLR8295B	Car					0
SLT8648S	Car					0

SINGAPORE POLICE FORCE

T/20181206/2005

Police Station Of Origin
Ang Mo Kio South N P C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No: T/20181206/2005

CONTINUATION OF REPORT

Details of Person Involved					
Any Pedestrian Involved: No					
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA		
Driver					
Name	KOH		ID No	S7026494C	
Related Vehicle	SKR9286H (Car)		Contact No	94870803	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
Driver					
Name	TEO CHOON HUAT JEFFERY		ID No	S7925820Z	
Related Vehicle	SLR8295B (Car)		Contact No	97979883	
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL	
Date Treatment	NIL		Date Discharge	NIL	
No. of Days granted Medical Leave	NIL		Degree of Injury	NIL	
Driver					
Name	KURUMBIAN S/O VIJAENDIAN		ID No	S9535422Z	
Related Vehicle	SLT6649S (Car)		Contact No	90304336	
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE LTD		Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL	
Date Treatment	05/12/2018		Date Discharge	05/12/2018	
No. of Days granted Medical Leave	01		Degree of Injury	NIL	

Brief Details:

On 05/12/18 at about 1422hours, my vehicle(SKR9286H) was travelling at first lane,I saw there was tree pruning ahead and filtered to the 2nd lane. While filtering into 2nd lane, a vehicle who was behind me when I was at 1st lane sped past me and other few other vehicles and cut into 2nd lane in front of us. Due to that, vehicles in front of me applied jam brake as well as myself. Behind me there was another vehicle(SKR9286H) driver who managed to jam brake on time however vehicle(SLR 8295B) driver who was behind vehicle(SKR9286H) did not managed to stop on time and due to that vehicle (SLR8295B) hit onto vehicle(SKR9286H). Vehicle(SKR9286H) then surged forward and hit onto my vehicle. My vehicle suffered damages. I do not know which part as I was being conveyed to Hospital by ambulance. Due to

SINGAPORE POLICE FORCE

T/20181205/2006

Police Station Of Origin*
Ang Mo Kio South N.P.C
81 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

Report No. T/20181205/2005

CONTINUATION OF REPORT

the accident. I suffered sprained thumb and was given 1 day MC.

I wish to state that traffic police and ambulance was at scene.
I am lodging this report as requested by the Traffic Police and for my insurance claims.

SINGAPORE POLICE FORCE

T/20181206/2005

Report No: T/20181206/2005

Police Station Of Origin
Ang Mo Kio South N P C
51 Ang Mo Kio Avenue 3 SINGAPORE
569929
Tel No: 1800-4519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference

Signature Of Officer Recording The Report Sgt 2 ELAINE ONG EE LING	Signature Of Informant
Signature Of Interpreter Not applicable	Date/Time 06/12/2018 01:36
Officer In Charge Of Case TP / GIT / Sr Staff Sgt NOR FAIZAL BIN YAHYA Contact No: 65476202	Classification Of Case

Authentication Stamp

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

MNA118157545 / National Assessment Centre Services - Ubi
ENTRY DATE & TIME: 05/12/2018 17:50
SUBMITTED BY: Jackson Ho Zhao Tian

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	05/12/2018 17:50
Date Of Accident	05/12/2018 14:40
Exact Location Of Accident	CTE TWDS YIO CHU KANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKR9286H
Insured/Policyholder	
Name Of Registered Owner	KOH KAR KHEE
NRIC No	S7026494C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-94870803
Alternative Phone No	Office-94870803
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HARRIER 2.0 PREMIUM CVT
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A80460901QMX
Cover Note Number	
Driver	
Name of Driver	KOH KAR KHEE
NRIC No	S7026494C
Date Of Birth	01/08/1970
Occupation	INDOOR
Date Of Driving Pass	06/09/1991
Driving Experience	27 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94870803

Fax Number	
Contact Number	OFFICE-94870803
EMail Address	NOEMAIL
Address	BLK 228 CHOA CHU KANG CENTRAL #06-105
Postcode	680228
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	CHAIN COLLISION
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	3
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) 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	SLR8295B
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)	1

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SCT6649S
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)	1

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 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.
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 ON THE CTE YIO CHU KANG TOWARDS CITY THERE ARE ROAD WORKS ON THE 1ST LANE. SO I WAS MOVING ALONG THE 2ND LANE I FOLLOWED THE FRONT VEHICLES TO SLOW DOWN AND STOPPED. SUDDENLY VEHICLE B HIT ONTO MY REAR PORTION THE IMPACT PUSHED MY CAR FORWARD.

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

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

Accident Photo

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	05 Dec 2018		11 Dec 2018 16:21 Edit Adj Rpt	**S$5,450.00** Edit Estimates	**S$5,450.00** View Rpt		**Pending for Survey Report** Cancel Case

Main | Reference | Claim Details | Documents | Show All

CLAIM SUBFOLDER DETAILS **[Created by insurer]**

Insured:	**KOH KAR KHEE**, ID: S7026494C, Tel: +6594870803, Email: NOEMAIL		
Main Claimant:	**T ISVARI D/O P TIRUPPATHY**, ID: S2644769J		
Vehicle Reg. No.:	**SLT6649S**	Date of Loss:	05/12/2018 14:00 - :59 [**105** Months and **16** Days From LTA Reg Date (Man Yr)]
Claim Type:	**TP** / 578267	Policy/Cover Note No.:	A80460901QMX (Comprehensive) Coverage: 18/09/2018 - 17/09/2019
Vehicle Reg. No. (Insured):	**SKR9286H**	Policy No. (Claimant):	
		Excess:	S$600.00
Repairer:	**Teamwork Garage Pte Ltd (HQ)** 53 Ubi Ave 1 #01-24, Paya Ubi Industrial Park, 408934 Ubi - Tel: 6844 2475		
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 ... [Handled by **XING GUO QIANG**] ... [**Final Rpt** due 26/07/2019]		
Driver/Custodian (Insured):	KOH KAR KHEE (48 / Male) , NRIC: S7026494C, Tel: +6594870803 Email: NOEMAIL		
Adj Asg. Remarks:	liability 100% on OI (Bola 28) Assign LKK CONSULTANCY (called ws to ask) Contact : 68442475		

ASSOCIATED MAIL RECEIVED View All | Compose Case Mail

- MSIG_SG (24/07/2019): **Report Send Back Alerts - SLT6649S (TP)**

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.									

Claim Documents

***SLT6649S (578267)**
[SKR9286H]
TP
T ISVARI D/O P TIRUPPATHY
Dec 5 2018 2:00PM
[KOH KAR KHEE]
Teamwork Garage Pte Ltd

Upload Documents | Upload Photos | Compose New Letter — View: View in Browser

Assessment Reports — 1 per page

No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	10/12/18 10:35	**Accident Statement** From:SC - Reg. No: SKR9286H, Claimant: KOH KAR KHEE		Load HTM	

Photos/Images — 3 per page

No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	17/12/18 13:53	**General View**		Load JPG	☑
2	17/12/18 13:53	**General View**		Load JPG	☑
3	17/12/18 13:53	**General View**		Load JPG	☑
4	17/12/18 13:53	**General View**		Load JPG	☑
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17	17/12/18 13:53	**General View**		Load JPG	☑
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33	17/12/18 13:53	**General View**		Load JPG	☑

Assessment Reports			1 per page		☑
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
34	17/12/18 13:53	General View		Load JPG	☑
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36	17/12/18 13:53	General View		Load JPG	☑
37	17/12/18 13:53	General View		Load JPG	☑
38	17/12/18 13:53	Photographs of Damaged Parts		Load JPG	☑
39	17/12/18 13:53	Photographs of Damaged Parts		Load JPG	☑
40	17/12/18 13:53	Photographs of Damaged Parts		Load JPG	☑
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74	17/12/18 13:53	Photographs of Damaged Parts		Load JPG	☑
75	17/12/18 13:53	Photographs of Damaged Parts		Load JPG	☑
76	17/12/18 13:53	Photographs of Damaged Parts		Load JPG	☑

Documentation			1 per page		☑
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	10/12/18 10:35	SLT6649S GIA REPORT From:SC - Reg. No: SKR9286H, Claimant: KOH KAR KHEE		Load PDF	
2	10/12/18 10:38	PRI Request SLT6649S		Load PDF	
3	11/12/18 13:52	TP AGREE MSIG IHS EMAIL		Load PDF	
4	18/07/19 16:36	LOD - TP survey report & photo		Load PDF	
5	18/07/19 16:36	LOD - TP survey photo		Load PDF	

Assessment Reports			1 per page		☑
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
6	24/07/19 17:45	colour survey photo 1	1	Load PDF	
7	24/07/19 17:45	colour survey photo 2	1	Load PDF	
8	24/07/19 17:45	colour survey photo 3	1	Load PDF	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	06/08/19 10:37	Colour Photo	1	Load PDF	
2	06/08/19 10:37	PRS Invoice	1	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/MSG18022312/GVD3E2-1
Date: 06/08/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	A80460901QMX		
Claimant Vehicle No :	SLT6649S	**Insured Vehicle No :**	SKR9286H		
Date of Loss:	05/12/2018	Nature of Claim:	TP	Claim No:	578267

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	**SLT6649S**		
Make & Model:	TOYOTA CAMRY, 2.0 (A)	Engine No:	1AZE164404
Reg. Date:	19/02/2010 (Man. Year: 2010)	Chassis No:	MR053BK4107055250
Colour:	Silver	Odometer:	153739 km
Engine Capacity:	1998 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:	215/60 R16	Rear Tyre Size:	215/60 R16
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	9,706.97	4,608.86	5,098.11	52.52
Miscellaneous Items	0.00	0.00	0.00	
Labour	5,660.00	2,230.00	3,430.00	60.60
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S$)	**15,366.97**	**6,838.86**	**8,528.11**	**55.50**
Approved Total (Overridden) (S$)		**5,450.00**		
(S$)	15,366.97	5,450.00	9,916.97	64.53
+ GST 7.00/7.00% (S$)	1,075.69	381.50	694.19	64.53
Nett Amount (S$)	**16,442.66**	**5,831.50**	**10,611.16**	**64.53**

INSPECTION

Date of Assignment:	11/12/2018		
Date Inspected:	12/12/2018	Inspected At:	Teamwork Garage Pte Ltd (HQ) 53 Ubi Ave 1 #01-24, Paya Ubi Industrial Park Singapore 408934
Estimated Period of Repair:	7.0 days		

Adjuster: XING GUO QIANG

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 Aug 2019)
Parts:	143	TOYOTA CAMRY 2.0 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLT6649S)	
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	Distorted	691.59 FL	*581.40 FL
2	2		*REAR BUMPER REFLECTOR	Cracked	131.90 FL	*122.40 FL
3	2		*REAR BUMPER BRACKET	Not Necessary	121.40 FL	*- FL
4	1		*REAR BUMPER REINFORCEMENT	Bent	461.40 FL	*326.40 FL
5	1		*REAR BUMPER SPONGE	Not Necessary	125.00 FL	*- FL
6	1		*END PANEL LOCK SENSOR	Not Necessary	113.60 FL	*- FL
7	1		*REAR END PANEL - INNER	Not Necessary	591.25 FL	*- FL
8	1		*REAR END PANEL - OUTER	Bent	589.10 FL	*589.10 FL
9	1		*REAR END PANEL TOP GARNISH	Deformed	289.40 FL	*289.40 FL
10	2		*REAR TAILLAMP PANEL	Buckled	331.56 FL	*331.56 FL
11	1		*REAR WINDSCREEN MOULDING	Not Necessary	171.55 FL	*- FL
12	1		*BOOTLID	Distorted	981.40 FL	*888.60 FL
13	1		*BOOTLID WEATHERSTRIP	Torn	185.25 FL	*185.25 FL
14	1		*BOOTLID EMBLEM LOGO	Necessary	39.75 FL	*39.75 FL
15	1		*BOOTLID EMBLEM LOGO - 2.0	Necessary	38.70 FL	*38.70 FL
16	1		*BOOTLID OUTER CHROME STRIP	Cracked	192.50 FL	*192.50 FL
17	2		*BOOTLID LAMP	Cracked	391.60 FL	*391.60 FL
18	1		*BOOTLID LOCK	Bent	287.40 FL	*287.40 FL
19	1		*BOOTLID LOCK STRIKER	Not Necessary	52.10 FL	*- FL
20	2		*BOOTLID HINGE	Not Necessary	182.10 FL	*- FL
21	2		*BOOTLID NUMBER PLATE LAMP	Cracked	83.20 FL	*83.20 FL
22	1		*SPARE TYRE TOP BOARD	Deformed	181.15 FL	*181.15 FL
23	2		*REAR TAILLAMP	Cracked	916.00 FL	*816.60 FL
24	1		*REAR EXHAUST SILENCER	Not Necessary	981.40 FL	*- FL
25	2		*REAR EXHAUST MOUNTING	Not Necessary	80.60 FL	*- FL
26	1		*REAR EXHAUST CHROME PIPE	Not Necessary	171.10 FL	*- FL
27	1		*REAR FLOOR COMPARTMENT PANEL	Repair	916.30 FL	*- FL
28	1		*REAR FENDER LH	Repair	936.50 FL	*- FL
29	2		*REAR FENDER INNER TRIM	Torn	574.50 FL	*346.80 FL
30	1		*SET REAR BUMPER CLIPS	Necessary	50.00 FS	*30.00 FS
31	1		*SET REAR FENDER INNER TRIM CLIPS	Necessary	40.00 FS	*20.00 FS
32	1		*SET REAR END PANEL TOP CLIPS	Necessary	30.00 FS	*10.00 FS
33	1		*REAR NUMBER PLATE	Cracked	80.00 FS	*40.00 FS
34	1		*REAR REVERSE CAMERA	Not Necessary	500.00 FS	*- FS
35	1		*SET REAR REVERSE SENSOR	Malfunction	450.00 FS	*200.00 FS
36	1		*JOINT SEALANT	Necessary	150.00 FS	*40.00 FS
37	1		*WINDSCREEN SEALANT	Not Necessary	150.00 FS	*- FS
38	1		*FLOOR INSULATOR	Not Necessary	150.00 FS	*- FS

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

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
				Sub Total (S$)	**12,409.30**	**6,031.81**
				- List Item Discount on L Items 25.00/25.00% (S$)	2,702.33	1,422.95
				Total Parts (S$)	**9,706.97**	**4,608.86**

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 REAR WIRING AND LIGHTNING SYSTEM**	New	60.00	30.00
2	**REMOVE AND RENEW REAR REVERSE SENSOR**	New	150.00	40.00
3	**REMOVE AND REFIT REAR LINING, TRIM AND GARNISH**	New	200.00	60.00
4	**REMOVE AND RENEW REAR EXHAUST SILENCER**	New	150.00	0.00
5	**REMOVE AND RENEW FLOOR INSULATOR**	New	150.00	0.00
6	**REMOVE AND REFIT REAR WINDSCREEN**	New	150.00	0.00
7	**REMOVE AND REFIT FUEL TANK**	New	150.00	0.00
8	**TRANSFER PARTS, ATTACHMENT FROM OLD BOOTLID TO NEW**	New	200.00	40.00
9	**PANEL BEATING ON AFFECTED AREAS**	New	2,500.00	800.00
10	**SPRAY PAINTING ON AFFECTED AREAS**	New	1,800.00	1,200.00
11	**APPLY ANTI RUST ON AFFECTED AREAS**	New	150.00	60.00
	Gross Labour Cost (S$)		**5,660.00**	**2,230.00**

Report was unsubmitted during this print-out.

< END OF ESTIMATES >