

2-017001

ASS. REC. BY:

REF:

CS/MSU/1016019/K9 d3

n2

Special Instruction:

Assigner: Tenneth

ASSIGNMENT (Office)

From (Person): Crystal Lee of MELG Date/Time: 10/9/19 @ 11:15am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SMM 9966G Insured: SLL 3216Uat Workshop m/s HC. Auto Tel: 6457 8287of 160 Sin Ming Drive #05-09Policy No: 29114756 Claim No: 605186

Sum Insured: Excess:

Make of Veh:
(Client's Record)D.O.A. 07/09/2019CA / REV / REP. / REV 24 HRS (up)

H.O.D. Endorsement:

Date/Time: 11:53am @ 10/9/19 Person Contacted: Joe Vehicle IN / OUTDate/Time Action/Instruction 10/9/19SMM 9966G-XSLL 3216U-X12/9/19 @ 3:01pm revised to Pauline Tham via messenger.3/10 11:15pm @ 4:00pm email & confirm (Red \$5870.75, 55%)

REF: MS14

ASS. TO: BY:

ASSIGNMENT

From: _____ Date: 11/9/19

Estimated Cost: _____

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

To inspect Vehicle No: SMM 99666

at Workshop m/s: Hc Auto

of 160 Sin Ming Drive # 05-09

Insured: _____

Policy No: _____

Claims No: _____

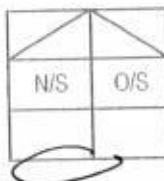
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: After 10am

(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: 04 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: Smm 99666 Yr Regn: 06 / 13

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

Truck / Trailer or _____

Make: BMW X5 C.C. 2979

Colour: M. White A/C: Insured / Std / NI / NA

Sp. Reading: 65385 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WBA ZV 420102 494085

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 255/50R19

R: _____

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

TOYO / YOKO or _____

Front: _____ Rear: _____

R/Bal. 4 mm R/Bal. 5 mm

L/Bal. 4 mm L/Bal. 5 mm

D.O.A. 7/9/19 D.O.I. 11/9/19

Survey held at _____

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

Area N/S

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

Date / Time

Action / Instruction

GIA not ready

RECEIVED 07 OCT 2019

4/10/2019

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Date/Time, File Return to?

3

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

S + RS: \$

Phone:

Other:

TOTAL

Report Format:

Lump Sum / Hourly

MER-TP

4900

200
11
211

Note: This document has not been finalised.

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

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

Singapore 408933

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

To: 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: 12 Sep 2019

Preliminary Advice

Insured Vehicle No	: SLL3216U	Accident Date	: 07/09/2019
TP Vehicle No	: SMM9966G	Assignment Date	: 10/09/2019
Make	: TOYOTA COROLLA ALTIS	Est. Duration of Repair	: 4.00
Date of Inspection	: 11/09/2019		
Inspection At	: H C AUTO PTE LTD (HQ) 160 SIN MING DRIVE, #05-09 SIN MING AUTO CITY SINGAPORE 575722		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	10,770.75
Revised Amount	:S\$	2,889.46
Check Items (Estimated)	:S\$	4,515.97
Total	:S\$	7,405.43

Lump Sum Repair	:S\$	
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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.

Nivitha (LKK Auto)

From: Crystal Lee <crystal_lee@sg.msig-asia.com>
Sent: Tuesday, 10 September 2019 11:18 AM
To: Admin-D (LKKAuto); assignments
Cc: Ong Zi Hui; Helene Phua
Subject: Survey Request - Manual Assigned

Importance: High

Accident Involving SMM 9966 G and SLL 3216 U (MSIG) Along Tampinies Avenue 1 On 07-09-2019

Manual Assigned

Dear LKK,

Refer to the email, please arrange survey the vehicle.

We'll assign via Merimen once we receive the assignment from Motor Team.

Please contact us ASAP if you cannot attend this assignment

Thank you & Best regards,
Crystal Lee
Admin Officer, Claims Services (In-House Survey)
D: +65 6594 2535 | F: +65 6643 1349 | crystal_lee@sg.msig-asia.com



MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

From: Motor Survey
Sent: Tuesday, 10 September, 2019 10:46 AM
To: Crystal Lee <crystal_lee@sg.msig-asia.com>; Helene Phua <helene_phua@sg.msig-asia.com>; Iryani Amin <iryani_amin@sg.msig-asia.com>
Subject: FW: Accident Involving SMM 9966 G and SLL 3216 U (MSIG) Along Tampinies Avenue 1 On 07-09-2019
Importance: High

@ Crystal, outsource this case today

Have a nice day

Jason Sim
Manager, Claims Services (Motor)
D: +65 6643 1325 | F: +65 6225 7402 | jason_sim@sg.msig-asia.com



MSIG

MSIG Insurance (Singapore) Pte Ltd 16 Raffles Quay, #24-01 Hong Leong Building, Singapore 048581 | T: +65 6220 9644 | F: +65 6225 6371 | Co. Reg. No. 200412212G | msig.com.sg



A Member of **MS&AD** INSURANCE GROUP

From: Joe Chee [<mailto:hcauto@singnet.com.sg>]

Sent: Monday, 9 September, 2019 6:02 PM

To: Claims <claims@sg.msig-asia.com>; Motor Survey <motorsurvey@sg.msig-asia.com>

Cc: H C Auto @ Singnet <hcauto@singnet.com.sg>

Subject: Accident Involving SMM 9966 G and SLL 3216 U (MSIG) Along Tampines Avenue 1 On 07-09-2019

EXTERNAL EMAIL: Be careful when you click any links or open any attachment(s).

Dear Sir/Madam,

We are representing **Chia Kwet Lok** the owner of **SMM 9966 G** pertaining to the abovesaid matter.

Our clients' was damaged as a result of the abovesaid accident.

We note that you are the insurers of motor vehicle **SLL3216 U**.

Hence, kindly arrange surveyor to attend at our workshop to survey our clients' damaged motor vehicle.

H C Auto Pte Ltd

160 Sin Ming Drive

#05-09 Sin Ming Auto City

Singapore 575722

Fax: 6457 8287

Kindly contact our Mr. Joe Chee at 94570678 for inspection date and time.

Your immediate attention is appreciated

Thanks & Regards
Elaine
H C Auto Pte Ltd

CONFIDENTIALITY NOTICE

This e-mail (including any attachments) may contain information that is privileged or confidential. The sending of this e-mail to any person other than the intended recipient is not a waiver of the privilege or confidentiality that attaches to it. If you are not the intended recipient, please notify the sender immediately, delete the email and do not copy, distribute or disclose its contents.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	11/09/2019 14:53
Date Of Accident	07/09/2019 19:40
Exact Location Of Accident	TAMPINES AVENUE 1
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMM9966G
Insured/Policyholder	
Name Of Registered Owner	CHIA KWET LOK
NRIC No	S0812375F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90000000
Alternative Phone No	HOME-64439728

Vehicle Particulars

Manufacturer	BMW
Model	X5 XDRIVE35I-3.0 AT 4WD 5DR GAS/D NAV SR (A)
Exact Purpose for which vehicle was being used at time of accident	
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA460036
Cover Note Number	

Driver

Name of Driver	CHIA SEE SHANG, BRYANMAGUIRE
NRIC No	S8622005I
Date Of Birth	28/07/1986
Occupation	INDOOR
Date Of Driving Pass	18/07/2005
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94788808
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 808C CHAI CHEE ROAD #15-62
Postcode	463808
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	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?	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)	4
Passenger 1	NAME: : JASMINE GENDER: : FEMALE
Passenger 2	NAME: : ADEN GENDER: : MALE
Passenger 3	NAME: : ZENITH GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

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	SLL3216U
Vehicle Make/Model/Colour	MAZDA 3
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)

SKETCH PLAN

IMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

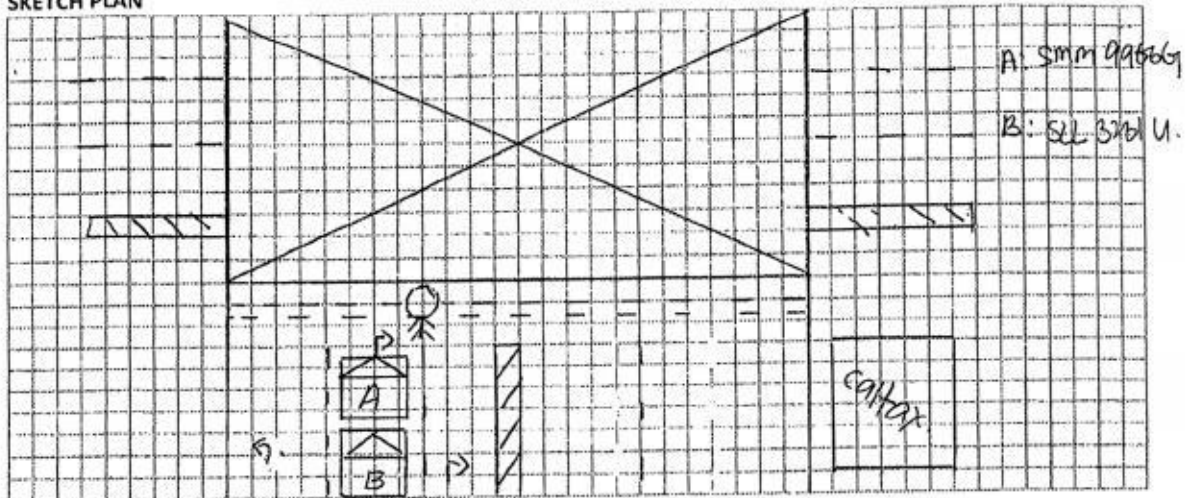
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 07/09/19 at about 1940 hours, while I stopped my motor vehicle A SMM 9966G along Tampines Ave 1 for waiting traffic light to turn green. When the traffic light turned green, I move & stop to give way to pedestrians. Suddenly, I felt an impact from behind. I realised that was vehicle B SLL 3261 U hit onto the rear portion of my stationary vehicle A. I'm lodging this report to claim the insurer of SLL 3261 U. No one was injured.

REPORT ON BEHALF,

* Repair other workshop *
TP Claim

NAME: MR CHIA SEE YEON

NRIC No: S7920896E

HP No: 9033 8877

I would like to inform that as driver is overseas, we called AXA hotline a few times and was given different advise as such I only managed to report today. One say (DION/DIOR) must wait for driver to come back. Another say can report. So please do not consider this as a LATE REPORT.

Chia See Yeon
S7920896E

DECLARATION

I/We declare the foregoing particulars are true in every respect.

謝國榮

Policyholder's Signature
Date & Time:

②

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

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



H C AUTO PTE LTD

160 Sin Ming Drive #05-09 Sin Ming Auto City Singapore 575722

Tel : 6457 0678 Fax : 6457 8287

Co. Reg. No. : 200820153N

Date : 10 / 09 / 2019

ESTIMATE COSTS OF REPAIR

Mr. Chia Kwet Lok

C/o 160 Sin Ming Drive

05-09 Sin Ming Auto City

Singapore 575722

Dear Sir / Madam,

Vehicle no. : SMM 9966 G - BMW X5

Accident date : 07 / 09 / 2019

Kennerth Kong @ 1KK Auto. Com

Quantity	Descriptions	Amount S\$
1	1 pc rear bumper fascia <i>1607.10</i>	<i>Bul for</i> \$ 1,616.00 ✓
2	1 pc rear bumper lower garnish (center)	\$ <i>Sm</i> 266.20 X
3	1 pc n/s bumper side garnish	\$ <i>Sm</i> 126.75 X
4	1 pc n/s rear bumper side reintainer	\$ <i>Sm</i> 133.65 X
5	2 pcs n/s rear bumper side bracket	\$ <i>CM</i> 73.85 X
6	1 pcs rear bumper sensor 1 @	\$ <i>Shat</i> 236.85 ✓
7	1 pc rear bumper tow cover	\$ <i>Sm</i> 42.85 X
8	1 pc rear bumper lower garnish	\$ <i>Sm</i> 141.15 X
9	1 pc rear bumper reinforcement <i>707.10</i>	\$ <i>Ar</i> 764.35 X
10	8 pcs rear bumper clip 1 @ 5.00	\$ <i>Sm</i> 40.00 ✓
11	10 pcs rear bumper rivert nail 1 @ 5.00	\$ <i>Sm</i> 50.00 ✓
12	1 pc rear bumper inner block	\$ <i>CM</i> 186.35 X
13	1 pc n/s rear bumper reflector	\$ <i>CM</i> 46.05 ✓
14	1 pc rear end panel	\$ <i>R</i> 1,140.05 X
15	1 pc rear end panel inner garnish	\$ <i>Sm</i> 222.85 X
16	1 pc rear exhaust box <i>2326.40</i>	\$ <i>Ar</i> 2,326.40 X
17	1 pc n/s rear exhaust chrome pipe	\$ <i>nd</i> 113.75 X
		\$ 7,527.10
	Less 5%	\$ 376.36
	Balance C/FD	\$ 7,150.75

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:

H C AUTO PTE LTD

160 Sin Ming Drive #05-09 Sin Ming Auto City Singapore 575722

Tel : 6457 0678 Fax : 6457 8287

Co. Reg. No. : 200820153N

Balance B/FD (SMM 9966 G)	\$	7,150.75	
Labour charges	\$	1,200.00	450
To put putty and re-spray painting	\$	1,000.00	500
Re-seal anti rust	\$	250.00	✓
To check,replace,repair wiring and reset fault code	\$	850.00	✓
Remove and refix rear bumper sensor	\$	200.00	50
Remove and refix exhaust box	\$	120.00	80
	\$	10,770.75	
Plus 7% GST	\$	753.95	
Grand total	\$	11,524.70	

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/MSG19016019/KQD3N2

Date: 10/10/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	29114756
Claimant Vehicle No :	SMM9966G	Insured Vehicle No :	SLL3216U
Date of Loss:	07/09/2019	Nature of Claim:	TP
		Claim No:	605186

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SMM9966G	Engine No:	04258456N55B30A
Make & Model:	BMW X6 XDRIVE 35I ABS D/AB, 3.0 (A)	Chassis No:	WBAZV42010L494085
Reg. Date:	14/06/2013 (Man. Year: 2013)	Odometer:	65385 km
Colour:	Metallic White		
Engine Capacity:	2979 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:	255/50 R19	Rear Tyre Size:	255/50 R19
Front Left Side:	Bridgestone 4 mm	Rear Left Side:	Bridgestone 5 mm
Front Right Side:	Bridgestone 4 mm	Rear Right Side:	Bridgestone 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	7,150.74	5,118.08	2,032.66	28.43
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,620.00	1,080.00	2,540.00	70.17
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	10,770.74	6,198.08	4,572.66	42.45
Approved Total (Overridden) (\$\$)		4,900.00		
(\$\$)	10,770.74	4,900.00	5,870.74	54.51
+ GST 7.00/7.00% (\$\$)	753.95	343.00	410.95	54.51
Nett Amount (\$\$)	11,524.69	5,243.00	6,281.69	54.51

INSPECTION

Date of Assignment: 10/09/2019

Date Inspected: 11/09/2019 Inspected At:

H C Auto Pte Ltd (HQ)
160 Sin Ming Drive, #05-09 Sin Ming
Auto City
Singapore 575722

Estimated Period of Repair: 4.0 days

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our

knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 10 Oct 2019)	
Parts: M1-SUV	BMW X6 XDRIVE 35i ABS D/AB 3.0 (A) (Catalogue:Merimen Singapore 1.0)	
Labour: Repairer's	(Price-denominated Standard List)	
Print Code:	(Unsubmitted, no print-code for SMM9966G)	
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 FASCIA	Buckled/Cut	1,616.00 FL	*1,607.10 FL
2	1		*REAR BUMPER LOWER GARNISH (CENTER)	Serviceable	266.20 FL	*- FL
3	1		*N/S BUMPER SIDE GARNISH	Serviceable	126.75 FL	*- FL
4	1		*N/S REAR BUMPER SIDE REINTAINER	Serviceable	133.65 FL	*- FL
5	1		*N/S REAR BUMPER SIDE BRACKET	Cracked	73.85 FL	*73.85 FL
6	1		*REAR BUMPER SENSOR	Shorted	236.85 FL	*236.85 FL
7	1		*REAR BUMPER TOW COVER	Serviceable	42.85 FL	*- FL
8	1		*REAR BUMPER LOWER GARNISH	Serviceable	141.15 FL	*- FL
9	1		*REAR BUMPER REINFORCEMENT	Bent	764.35 FL	*707.10 FL
10	8		*REAR BUMPER CLIP	Necessary	40.00 FL	*40.00 FL
11	10		*REAR BUMPER RIVERT NAIL	Necessary	50.00 FL	*50.00 FL
12	1		*REAR BUMPER INNER BLOCK	Cracked	186.35 FL	*186.35 FL
13	1		*N/S REAR BUMPER REFLECTOR	Cracked	46.05 FL	*46.05 FL
14	1		*REAR END PANEL	Repair	1,140.05 FL	*- FL
15	1		*REAR END PANEL INNER GARNISH	Serviceable	222.85 FL	*- FL
16	1		*REAR EXHAUST BOX	Bent	2,326.40 FL	*2,326.40 FL
17	1		*N/S REAR EXHAUST CHROME PIPE	Dented	113.75 FL	*113.75 FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	7,527.10	5,387.45
- List Item Discount on L Items 5.00/5.00% (\$\$)	376.36	269.37
Total Parts (\$\$)	7,150.74	5,118.08

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	LABOUR CHARGES	New	1,200.00	450.00
2	TO PUT PUTTY AND RE-SPRAY PAINTING	New	1,000.00	500.00
3	RE-SEAL ANTI RUST	New	250.00	0.00
4	TO CHECK,REPLACE,REPAIR WIRING AND RESET FAULT CODE	New	850.00	0.00
5	REMOVE AND REFIX REAR BUMPER SENSOR	New	200.00	50.00
6	REMOVE AND REFIX EXHAUST BOX	New	120.00	80.00
Gross Labour Cost (\$\$)			3,620.00	1,080.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >