Surveyor : F	enneth	ASS	IGNMENT	(Office)			
From (Person):	Rush chua	Gel Tians of	Smo		Da	ate/Time: 2./0.19	15.71 p.W
Estimated Cost		0 -	Bill	to:		1480 (1920-1400 (1930) - 17 2	
To Inspect Veh	icle No:	RESIEVAINV SLU 91915	/MV/CS		Insured:	FBP 2175	۲.
		ir motors			Tel:	91082728	
of BIK 50			7 401-				
Policy No: DI	9 m7 mc 01	001578	(Claim No:	CMT12 191	04611	
Sum Insured:_		,		Excess:			
Make of Veh:					D	O.A. 20.9. 201	9
CA / REV /	REP. / REV -10.11 3.4	24 HRS Person Co	ontacted:	nthony	Vel	H.O.D. Endorsement:	
Date/Time	Action/Instruc	ction (V)	Estimate				
		125-X					
		5(-×					
10/10/19	1.30m m	enged to	Ruth Cl	iua v	a menio	ren ,	
	0.0	_	0			/	
111.	V 161	00 0	. /	. 0	. 1 .1 1	7.44, 66%	1

ASS. REC. BY:	
ennerh	ASSIGNMENT
From: Date:	0
Estimated Cost:	Veh No: 324 91925 Yr Regn: 12, 1
OD TP/WS/TP RES/OD RES/EVA/INV/MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
To Inspect Vehicle No:	Truck/Trailer or
at Workshop m/s light life	Make: by Cl-1R c.c 178
of Chan the	Colour A. Cray AC: Insured / Std / NI / NA
Insured:	Sp.Reading 163086 T/Radio: Insured / Std / NI / NA
Policy No.	Eng/No:
Claims No.	CNO: 208570
Sum land	Gen. Cond: Good / Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
The state of Fort	Modi: NII / S/Rim / STD A/Rim or
(Delias Co. 4M.)	Tyre Size: F: 215/60R13
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
y 1	TOYO / YOKO or
Bal. or Market Value:	Front P Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. O mm R/Bal CP
GIA / PR Seen: Consistent?: Yes or No	L/Bal. / mm L/Bal. / mm
Est. Repairs: 02 days Res.: Yes or No	D.O.A. 20/9/19 D.O.I. 6/10/19
Lum Sum: 1-13. / % 3 Val.: Yes or No	Survey held at
CA / REV / REP. / 24 HRS	
Vehicle: IN / OII	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
Fix pass to	
Con A Es not realy	
	- mar 00/0
	RECEIVED 1 5 UU1 2019
Prell. Report	Days Of Repair: 2
S D MM47 : Final Report	Passer II
tte/Time, File Raturn to?	
Add Fee	2: Site Insp (\$) S.ES St. []
12	
	1: Intondour /5
port Format: MER-70	: Interview (\$) Fixed
. /	Tech Invs (\$). Others
eport Format: MER-7p ump Sum / I.B.I: (S 85/.89	Tach love (\$

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:

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place

#05-01/06, Singapore Land Tower

Singapore 048623

From: LKK Auto Consultants Pte Ltd

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

Singapore 408933

Attn:

Ruth Chua Gek Tiang

Date:

10 Oct 2019

Preliminary Advice

Insured Vehicle No : FBP2275C

TP Vehicle No

: SLU9192S

Accident Date

: 20/09/2019

Make

: TOYOTA C-HR

Assignment Date

: 02/10/2019

Date of Inspection

: 04/10/2019

Est. Duration of Repair

: 2.00

Inspection At

: LIAN HER MOTORS

BLK 5038 ANG MO KIO INDUSTRIAL PARK 2, #01-405

SINGAPORE 569541

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	2,509.33
Revised Amount	:S\$	851.89
Check Items (Estimated)	:S\$	0.00
Total	:S\$	851.89

Lump Sum Repair

:S\$

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

)	The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
()	The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
()	Other comments:

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

Case:	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	02 Oct 2019		02 Oct 2019 15:21 Assign				New Assign Cancel Cas	7777
	Main	R	eference) (laim Details	Docume	ents	Show All
CLAIM S	UBFOLDER DE	TAILS				[Cre	ated by insu	urer]
Insured:		11.001.00	N NATH BHAGU					
Main Clair	mant:	HLC	AR RENTAL PTE	LTD, Co. R	eg. No.: 201004543E	1.000		N. C. Wallet
Vehicle R	eg. No.:	SLU	SLU9192S		Date of Loss:		20/09/2019 12:00 - :59	
Claim Typ	e:	TP /	TP / CMTD1904611		Policy/Cover Note No.:		D19MTMC01001578 (TP, Fire & Theft)	
Vehicle R	eg. No. (Insured)	: FBP2	FBP2275C		Policy No. (Claimant):			
			100		Excess:			District Section 1
Repairer:					MO KIO INDUSTRIAL PA			
Handling	Insurer:	6329	5153]		Ltd. (HQ) - Tel: 6461		W.	
Adjuster:		LKK	Auto Consultants	Pte Ltd (H	2) - Tel: 6256-3561	Final Rpt due	11/10/2019	9]
Adj Asg.	Remarks:	WS:	1082728 ANOTH	NY -PLEASE B	E INFORMED THAT OUR	INSURED HAS NO	T REPORTED	THE ACCIDENT
ASSOCI	ATED MAIL RE	CEIVED				View A	II Comp	ose Case Mail
There are	no mail for this	case.						
Θ.								
ALL AS	SOCIATED TAS	KS			View All Sear	ch Tasks Cr	eate New Task	
Due D	ate Priority	Type Task	Group Subje	ect Handi	er Assigned By	Completed Or	1 Create	d On Done

Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 24/09/2019 16:09

MSUB19126569 / Su Brothers' Motor Workshop - AMK ENTRY DATE & TIME: 24/09/2019 16:01 SUBMITTED BY: Koh Siew Ling

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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

福度探告与5000000000000000000000000000000000000	ACCIDENT STATEMENT
Date Of Report	24/09/2019 16:01
Date Of Accident	20/09/2019 12:55
Exact Location Of Accident	TAMAN WARNA NEAR TO RAFFLES HOLLAND VILLAGE MALL
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLU9192S
Insured/Policyholder	
Name Of Registered Owner	H.L CAR RENTAL PTE LTD
Co Reg No	201004543E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91188848
Alternative Phone No	OFFICE-91188848
Vehicle Particulars	THE RESIDENCE OF THE STATE OF T
Manufacturer	тоуота
Model	C-HR
Exact Purpose for which vehicle was being used at time of accident	GRAB
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	YES
Policy Number	5109155610-000094
Cover Note Number	
Driver	
Name of Driver	CHUA SEOW CHYE, JOSEPH
NRIC No	S7940801H
Date Of Birth	28/12/1979
Occupation	OUTDOOR
Date Of Driving Pass	30/11/2000
Driving Experience	18 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91188848
Fax Number	
Contact Number	4
EMpil Address	NOEMAL

NOEMAIL

Address

BLK 107 JLN BT MERAH

#07-1806

Postcode

160107

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

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

2

NO

NO

1

YES

Weather Conditions CLEAR DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

YES Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver) **Details of Police Action**

Was the accident reported to the police?

If Yes, Please state which Police Station

Police Station Name

RIVER VALLEY NEIGHBOURHOOD POLICE POST

ROAD: BLK 4 DELTA AVENUE , POSTCODE: 161004 , COUNTRY: Police Station Address

SINGAPORE

Police Station Contact TEL NO: 1800-2789999 - FAX NO: 62786427

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?

YES

NO

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

KIV, SUBMIT BY CLAIMANT W/S

Was there any audio recorded?

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

FBP2275C

Details Of Properties

Vehicle Category

MOTORCYCLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- 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 Manusement Centre established by the General Insurance
 Association of Eliquipore (GIA) for exchiving and that report of this report will for a fee be made available upon epplication by
 Interested watters.
- By the lightening of this report to the inturers you hereby consent to the archiving of this report at the centre and to copies of the report heing made available elements.
- 8. Consent under the Personal Data Protection Act (FDPA)

I understand, admowledge, agree and concert that:

- (a) Wy Direct, my workered and the advanced insurance Association of Directors ("GE") may no provided to color, use, displayed in a cross any displayed in the light matter of the second of the light and say displayed into inclination may display and manager and the second of the manager and the second of the seco
 - 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 addigent and/or my duims:
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by mo;
 - (iv) administed by praises (including the malling of captop endonce, statements, laveleges, repeats or notices to me, while would produce the carrier of each a personal consistent me to brink about delivery of the carriers well be on the carriers to reverse the carriers and personal producers.
 - (v) complying with applicable leaven administering, processing, handling unefor dealing with my chima. (solibetively the "Yourseless")
- (b) all inspected who have inspeed vottness for Research in this applicant and the informs' isosperal averaged from the permitted to could by the disclose and/or properties for Research in this attains for one or triple attains above the passes and
- (c) my remaind promission may have bedied and by any by the money and he do their field for the service providers or appendicular their lawyers flaw drine), which may be steel outside of Shippore, for one is not above burboses.
- (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 of collected under (d) above they be shared f 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.

H.L CAR RENTAL PTE LTD

Policyholder's Signature pare & Time: Driver's Signatury (if driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name

WRIC/FIN No :

Sketch Plan #2 Pg. 1

TCH PLAN	41111111111	
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DECLARATION -		- 1
I/We declare the foregoing particul	ars are true in every respect.	
		X.
H.L CAR RENTAL PTE L'	d.	A
Policyholder's Signature	Driver's Signa wre (If driver is not the policyholder)	Reporting Centre Fersonnel's Signature
Date & Time:		





Police Station Of Origin: River Valley NPP 4 Delta Avenue #01-02 SINGAPORE 161004 Tel No: 1800-2789999

1 of 3 Report No. T/20190920/2144

REPORT C	OF A TRAFFIC	CACCIDENT				
	ne Report M 119 16:46	Aade:	Vide Report No.:	Station Diary No.: 22		
	表			AMAYON CONTROL OF BUSINESS		
CHUA S		E, JOSEPH	Address: APT BLK 107 JALAN BUKI 160107	T MERAH #07-1806 SINGAPORE		
ID Type / ID No.: NRIC NO / 87940801H			Contact No.: Home/Office: Mobile: 91188848			
National SINGAP	ity: ORE CITIZ	EN 4	Email:			
Sex: Male	Age:	Date of Birth: 28/12/1979	Type of Informant: Driver			
Race: Chinese			Language:	Institution / School Name:		
Occupat Grab Dri	THE PERSON ASSESSMENT OF THE PERSON ASSESSMENT	or the latest	Driving Licence Information Class: 2B,3	Date of Expiry:		

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time Accident: 20/09/201	· ·	Type of Location Straight Road	
Location: Along Road 1 TAMAN WAR						
near to Raffles Holland Village Mail Weather: Clear		Road Surface: Dry		Ro	ad Speed Limit:	
Traffic Flow: Two Way		Traffic Controlle			Traffic Volume: Moderate	
Type of Collis Between Mov	ion: ing Vehicles - Head T	o Rear			yone conveyed by bulance:	

		The Parket		机成物 计	在影响	11年20年11年1
11 1/2 1 10	and apply with the	AND A MENTAL OF	Concession of	Variation 2	- Coperation	tin in Starter, 19
FBP2275C	Motorcycle		The second second			0
SLU9192S	Car				Slightly Damaged	0 -

Discussion of the second	The state of the s
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA





Police Station Of Origin: River Valley NPP

4 Delta Avenue #01-02 SINGAPORE 161004

Tel No: 1800-2789999

resport

2 of 3 Report No. T/20190920/2144

Name	CHUA SEOW CHYE, JOSE	PH	ID No.	S7940801H
Related Vehicle	SLU9192S (Car)	-	Contact No.	91188848
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date	Class; 2B,3 Date of Expiry: NIL
Date Treatment	NIL	Date	Discharge NIL	
	ted Medical Leave NIL		ree of Injury NIL	1

CONTINUATION OF REPORT

Brief Details.

On 20/09/2019 about 12.55pm, my car was walting along Taman Warna towards Holiand Avenue for the traffic to clear on the opposite side to turn into Raffies Holland Village Mail. I suddenly felt there was some impact on the rear left of my car. As I need to pick up a passenger at the mail, I did not alight to check. After sending the passenger, I checked the car and discovered there was some dents on the left rear bumper. I checked my incer camera and found out a motorcycle FBP2275C had tried to squeeze through my car on the left on a one way lane. While squeezing through, the motorcycle had knocked onto the car but he did not stop and continued to ride on. I believed the rider is a GrabFood rider as he was wearing the Grab T-shirt. No one was injured in this incident.

POLICE REPORT PG 3/3





Police Station Of Origin:
River Valley NPP
4 Delta Avenue #01-02 SINGAPORE 161004
Tel No: 1800-2789999 CONTINUATION OF REPORT

Report No. T/20190920/2144

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 <u>report number as reference</u>.

Signature Of Officer Recording The Report: E / SI CHUA KIM HUAT	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 20/09/2019 16:46
Officer In Charge Of Case: TR/HRT/ SrSter Schrown, BIN MOHAMAD S. 200069 Contact No.: 65476145	Classification Of Case:
Authentication Stamp NP118 SIGNATURE	

Lian Her Motors

Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541 Tel: 64817221

H.L.Car Rental Pte Ltd Blk 5038 #01-405 Ang Mo Kio Industrial Pk 2 Singapore 569541

Vehicle No

: SLU 9192 S

Make

: Toyota C-HR

Year

: 2017

Fax: 64816131

Not Norhank

Russy Able Pains 8 851.89 2 day,

Qty	Description	Unit Price	Amount
Estimate C	Cost Of Repair		
1 pc 1 pc 1 pc	Rear n/s fender Rear n/s fender arch garnish Rear n/s tail-lamp assy 201-35 74-50	Less 25 %	\$1,068.40 X \$255.60 \$635.10 \$1,959.10 \$489.77
		Less 25 %	\$1,469.33

Remove/renew the above parts including knocking, welding & cutting.

To putty & spray paint on accident affected portion

Check and recoonect wiring

\$500.00 2001

\$500.00 2001

\$40.00 \$2,509.33 Total

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:

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:

D19MTMC01001578

CS/SMO19017366/KQF3N2

Date:

16/10/2019

REFERENCE

Handling Insurer:

Sompo Insurance Singapore Pte.

Claimant Vehicle No:

Date of Loss:

SLU9192S

20/09/2019

Insured Vehicle

Policy No:

No:

FBP2275C

TP Nature of Claim:

Claim No:

CMTD1904611

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SLU9192S

Make & Model: Reg. Date:

TOYOTA C-HR, 1.8 (A) 18/12/2017 (Man. Year: 2017)

Chassis No: Odometer:

Engine No:

2ZR8239537 ZYX102085709

163084 km

Colour:

Metallic Grey 1797 cc

Engine Capacity: Market Value/New Car

General Condition:

N/A

Price:

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

Yes Footbrake (Serviceable):

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Steering (Serviceable): Yes Engine Modification:

No Pre-accident Condition:

215/60 R15

Front Tyre Size: Front Left Side:

215/60 R15 Yokohama 8 mm

Rear Tyre Size: Rear Left Side: Rear Right Side:

Yokohama 8 mm Yokohama 8 mm

Yokohama 8 mm Front Right Side: The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts	Repairer's 1,469.32	Adjuster's 431.89	Difference 1,037.43	Diff % 70.61
Miscellaneous Items	0.00	0.00	0.00	
Labour Paintwork Labour	1,040.00 0.00	420.00 0.00	620.00 0.00	59.62
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	2,509.32	851.89	1,657.43	66.05

INSPECTION

Date of Assignment:

02/10/2019

Date Inspected:

04/10/2019 Inspected At:

Lian Her Motors

BLK 5038 ANG MO KIO INDUSTRIAL

PARK 2, #01-405 Singapore 569541

Estimated Period of Repair:

2.0 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

Referen	ce			
Part Source	: MRM-SG	Version: 1.0 (Last Synchronised: 16 Oct 2019)		
Parts:	M1-SUV	TOYOTA C-HR 1.8 (A) (Catalogue:Merimen Singapore 1.0)		
Labour:	Repairer's	(Price-denominated Standard List)		
Print Code:	(Unsubmitted, no print-code for SLU9192S)			
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 *.			

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR N/S FENDER	Repair	1,068.40 FL	*- FL
2	1		*REAR N/S FENDER ARCH GARNISH	Cut	255.60 FL	*201.35 FL
3	1		*REAR N/S TAIL-LAMP ASSY	Cut	635.10 FL	*374.50 Fl
_	anchise	part. L=ListIter	mDisc.	-		
				Sub Total (S\$)	1,959.10	575.85
			- List Item Discount on L Items	s 25.00/25.00% (S\$)	489.78	143.96
				Total Parts (S\$)	1,469.32	431.89

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	REMOVE/RENEW THE ABOVE PARTS INCLUDING KNOCKING, WELDING & CUTTING	New	500.00	200.00
2	TO PUTTY & SPRAY PAINT ON ACCIDENT AFFECTED PORTION	New	500.00	200.00
3	CHECK AND RECONNECT WIRING	New	40.00	20.00
	Gross Labo	ur Cost (S\$)	1,040.00	420.00
	Report was unsubmitted dur	ing this print-out.		

< END OF ESTIMATES >