	ASS. REC. BY:		REF: (SI(T)	19018911 Q	+f301Spec	ial Instruction:		
	-Surveyor :	Sun pin		SNMENT (Office			19	
nriun	From (Person	Tan Kah Loon	of of	C11	I	Date/Time:	24.10.19	16.43 124
	Estimated Co:	t:		Bill to:				
	To Inspect Ve		B FBIB	MV / CS	Insured:	XE	2744 m	1
	of 566 w	m/s (onnect			Tel:	98 50	9666	-
	Policy No: D	MCVSN 1907581	9011	Claim No:	SNM19	520503	2002	
	Sum Insured:			Excess: 25. (0.)o(4				
	Make of Veh				Г).O.A.)4	.10.19	
	CA / REV Date/Time:	REP. / REV 24] 5.10.19 469	HRS "		25.10.2019		idorements	
	Date/Time	Action/Instruction	(V) Es	invate.				
		CB 78318 -				5		
		X 2744M.	- X					
		L/5 = 7,100	,					
				Red: 60151 2	15%)			
,		_	ith winnie.					

ASSIGNMENT

From Date: 25/10/2019	Veh No: CB7831 B Yr Regn: 16/pec	12016
Estimated Cost:	Type: M.Car / M.Cycle Bus Van / Lorry / Taxi / Prime Mover	1
OD (TP)WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No: CB 783 B	Make: Golden PRAGON c.c 3	759.
at Workshop m/s CONNEG+3.	Colour Multicology A/C: Insured / Std	/ NI / NA
of 566 woodland Road	Sp.Reading 90784 T/Radio: Insured / Std	/ NI / NA
Insured:	Eng/No:	
Policy No.	C/No: LL3130ADE9G/A001069	
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: 10am (sharp) waiting	Modi: Nil / S/Rim / STD A/Rim or Steel Rim	
TOUTH CSTAIRS MATTER	Tyre Size: F: 2/5/75 R 17-5	
(Policy Condition)	R: 215/75 R17.5	
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SU	MI /
repair at the time of inspection.	TOYO/YOKO or Thiangle	
Bal, or Market Value:	Front Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 5 mm R/Bal. 5	mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 5 mm L/Bal. 5	mm
Est, Repairs: days Res.: Yes or No	D.O.A. 24/10/2019 D.O.I. 25/18/20	19
Lum Sum: % 3 Val.: Yes or No	Survey held at Connect 3	1.1,
Luin oun.	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop	or
CA / REV / REP. / 24 HRS Vehicle: IN / OU		
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due	to collision.
Date / Time Action / Instruction	mont.	dī7
Sun An		X whit
	soe my remarks.	114/11 BOV
MV:	mese	1
RECEN	#ED 1 3 1 2019	1
KEOLI	301	4
Date/Fine, File Pass to? : Prelf. Report	Days Of Repair:	
1) 14/1 TYPIST : Final Report	Resurvey No. of Trip: Survey Fee:	720
Date/Time, File Return to? Add Fe	Transportation:	
2)	: Interview (\$) Fhotos	
Floring Formation		
Report Formst: Lump Sum / LBJ: 74 71001-		
Lump Som / LBJ: // 7100]-	: West end (8	200
	TOTAL	270

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status		
Main	24 Oct 2019		24 Oct 2019 16:43 Assign				New Assign Cancel Cas	00000	
	Main	Re	ference	Cla	m Details	Docume	ents	Show All	
CLAIM S	UBFOLDER DE	TAILS				[Cre	eated by insu	urer]	
Insured:									
Main Clair	11001100	HONG	YUN BUS SERVI	CES PTE LTD		Tourse		A 1875	
Vehicle Re	eg. No.:	CB78	CB7831B		te of Loss:	24/1	24/10/2019 07:00 - :59		
Claim Typ	e:	TP / S	P / SNM19D205032C02		licy/Cover Note No.:	DMC	DMCVSN18075819011		
Vehicle Re	eg. No. (Insured)	: XE274	2744M		licy No. (Claimant):				
				Ex	cess:	.00			
Repairer:			Connect3 (HQ) 566 Woodlands Road, 728697 Woodlands - Tel: 98509666						
Handling	Insurer:		China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 [Handled by Tan Kah Leong - 63896193]						
Adjuster:		LKK A	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Final Rpt due 05/11/2019]						
Adj Asg. F	Remarks:	PLEAS	PLEASE SURVEY AND REVERT						
ASSOCIATED MAIL RECEIVED		CEIVED	View All Compo				ose Case Mail		
There are	no mail for this	case.					1		
Е									
ALL ASS	OCIATED TASK	(S			View All Sear	rch Tasks Cr	eate New Task	Complete	
Due Da		Type Task	Group Subjec	t Handler	Assigned By	Completed Or	Create	d On Done	

Oi Sun Pin (LKK Auto)

From: Sent: To: Cc:	Winnie Chai <connect3winnie@gmail.com> Saturday, 9 November, 2019 9:07 AM Oi Sun Pin (LKK Auto) Denise Tay (LKKAuto)</connect3winnie@gmail.com>
Subject:	Re: Finalization for CB7831B
Yes, please proceed.	
On Fri, Nov 8, 2019	at 6:07 PM Oi Sun Pin (LKK Auto) < sunpin@lkkauto.com > wrote:
Dear Winnie,	
Good day, please reference repair, before gst).	er our finalize adjustment estimate update. L/S amount COR \$ 7100, DOR 6 DAYS. (Lump sum
Please refer the adjus	tment the amount and repair day, if agree please update ASAP. THANK YOU.
Post Pogosda	
Best Regards,	
Oi Sun Pin Assistar	nt Automotive Assessor
5000 1000 1000 1000 1000 1000 1000 1000	
LKK Auto Consultants	
Phone: 6256 3561 Emi	ail: Sunpin@lkkauto.com fax: 6256-4315
DIL E1 Dava Hbi Industr	ial Bark, Illhi Ayonyo 1, 403, 35 5/409033)
BIK 31, Paya ODI MOUSTI	ial Park, Ubi Avenue 1, #02-25 S(408933)
Sent: Friday, 8 Nover To: Oi Sun Pin (LKK A	nailto: <u>connect3winnie@gmail.com]</u> mber, 2019 5:22 PM auto); Admin-D (LKKAuto) der - Finalization for CB7831B
Hi Sunpin	
Pls kindly revert on	the finalization.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars		
Owner ID Type:	Company	
Owner ID: Vehicle Details	457Z	
Vehicle No.:	CB7831B	
Vehicle to be Exported:	No	
Intended Deregistration Date:	25 Oct 2019	
Vehicle Make:	GOLDEN DRAGON	
Vehicle Model:	XML6772J18 AUTO	
Primary Colour:	Multicolor	
Manufacturing Year:	2016	
Engine No.:	ISF38S516889832136	
Chassis No.:	LL3BDADE9GA001069	
Maximum Power Output:	*	
Open Market Value:	\$69,254.00	
Original Registration Date:	16 Dec 2016	
First Registration Date:	16 Dec 2016	
Transfer Count:	0	
Actual ARF Paid: Intended PARF Rebate Details	\$3,463.00	
PARF Eligibility:	No	
PARF Eligibility Expiry Date:	*	
PARF Rebate Amount: Intended COE Rebate Details	\$0.00	
COE Rebate Amount:	\$0.00	
Total Rebate Amount:	\$0.00	

The information contained herein is correct as at 25 Oct 2019

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 <u>truthful and accurate</u> 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	24/10/2019 11:12
Date Of Accident	24/10/2019 07:30
Exact Location Of Accident	BEDOK NORTH ROAD
Country/State of Loss	SINGAPORE

oddinity/otato of Logo	OIT OT LE	
	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	CB7831B	
Insured/Policyholder		
Name Of Registered Owner	HONG YUN BUS SERVICES PTE LTD	
Co Reg No	201433457Z	
Email Address	NOEMAIL	
Mobile Phone No		

OFFICE-98315851

Alternative Phone No Vehicle Particulars

Manufacturer GOLDEN DRAGON
Model XML6772J18

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

BUS

Insurance Company

Name of Insurance Company SOMPO INSURANCE SINGAPORE PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number D18MTSCBU000778

Cover Note Number

Driver

Name of Driver BOON TAM PENG

 NRIC No
 \$2010482A

 Date Of Birth
 02/02/1954

 Occupation
 OUTDOOR

 Date Of Driving Pass
 13/03/1988

Driving Experience 31 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81138378

Fax Number Contact Number

EMail Address NOEMAIL

APT BLK 346 ANG MO KIO AVENUE 3 #05-2274 S(550346)

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

3

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?

Number of vehicles (including own vehicle) involved in the accident

2

NO

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

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 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

XE2744M

Vehicle Make/Model/Colour

Details Of Properties

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

IMPORTANT NOTICE

- 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.
- 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>.
- 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.
- 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)

lunderstand, 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")
- 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 Parsonal 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 / disclused.
 - 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 Cantra Personnel's Signature

Name:

NRIC/FIN No.

Accident Sketch Plan Pg. 1

AAA

B XE 2744W

Bedok North Rd.

A | B |

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

σV	24/10/19 around ot: sours I was driving my bus CS 78718.
a\ma	Bedok North Rd. Yeh B XE 2744M collided outo my rear portion
INS CO	: SOMPO
DOA: 24	1/10/2019
CLAIM '	TYPE: THIRD PARTY CLAIM
WORKS	SHOP: CONNECT 3

DECLARATION

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

Poliryholder's Squature Date & Time Driver's Signature

(If driver is not the policyholder) Date & Time: Name: NRIC/FIN No.:

Reporting Centre Personnel's Signature

CONNECTS

566 Woodlands Road (Mandai Estate) Singapore 728697 Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

Roc: 53360061L GST: 53360061L

QT19/CB7831B/TPC-587

QUOTATION

China Taiping Insurance (Singapore) Pte Ltd	
3 Anson Rd #15-02	
Springleaf Tower	
Singapore 079909	

Dear Sir

Cost of Repair to Vehicle CB7831B

With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Rear windscreen CRA	1	2,950.00	2,950.00
2.	Rear windscreen moulding / Nec-	1	550.00	550.00
3.	Rear bumper / bp	1	1,650.00	1,650.00
4.	Rear tailgate / bb	1	2,800.00	2,800.00
5.	Rear tailgate outer handle - SCR-	1	350.00	350.00
6.	RH taillamp / CRA	1	1,050.00	1,050.00
7.	XML6772J18 emblem X NN	1	180.00	180.00
8.	Logo emblem XNN	1	195.00	195.00
9.	A.W.C ROV sticker / Nec	1	15.00	15.00
10.	60KM/H sticker / Nec	1	15.00	15.00
11.	Children crossing sign / 5CR	1	380.00	380.00
12.	Rear RH passenger seat upholstery / \$C4+	1	180.00	180.00
13.	Sealant / Nec.	4	40.00	160.00
14.	Labour to remove & refit rear windscreen /Ne	_c 1	400.00	400.00
15.	Check wiring	1	40.00	40.00

			SUB-TOTAL	S\$13,115.00	
17.	Spray painting	1	1,000.00	1,000.00	800
16.	Labour charges	1	1,200.00	1,200.00	80

· Price before 7% gst

1 days - 300

Repair day - & days.

Thank you Yours faithfully,

Winnie Chai

HP: 9850-9666

Sun Pm

Lump Sum Repuir

After pains photo.

25/10/2010 @ 10,20pm.

TP without Prejedice.

P=7,534

L = 2,100

8,880.6

-20%

7,104,48

4s= 7,100

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:

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

LAIM SU	BFOLDER TRA	CKING								
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	1	Adj Submitted	Ins Auth'ed	Pending for Survey Report Cancel Case		
Main	24 Oct 2019		24 Oct 2019 16:43 Edit Adj Rpt	S\$7,100.0		S\$7,100.00 View Rpt				
	Main		Reference	Cla	im Deta	ils	Documents		Show All	
CLAIM S	UBFOLDER D	ETAILS				[Created	by insurer]			
Insured:	-, Co. Reg. No.: -									
Main Claimant:	HONG YU	HONG YUN BUS SERVICES PTE LTD								
Vehicle Re No.:	cB7831	CB7831B			Date of Lo		19 07:00 - :59 ths and 8 Days From LTA Reg Date (Man Yr)]			
Claim Typ	re: TP / SNM19D205032C02				olicy/Cov lote No.:		DMCVSN18075819011			
Vehicle Re No. (Insured):	XE2744M	XE2744M			olicy No. Claimant					
				E	xcess:	S\$0.00				
Repairer:	Connect3	(HQ) 566 Wood	lands Road, 728697 \	Woodlands -	Tel: 9850	9666				
Handling Insurer:	(m) (m) (m) (m)		(Singapore) Pte. L	**************************************	-0.00			T. C.		
Adjuster:	LKK Auto	Consultants Pt	e Ltd (HQ) - Tel: 62	56-3561 [Handled b	y OI SUN PIN	[Final Rpt d	ue 05/11/2019	9]	
Adj Asg. Remarks:	PLEASE S	JRVEY AND REVE	RT							
ASSOCIA	ATED MAIL RE	CEIVED					View	All Compose	Case Mail	
There are	no mail for this	case.								
		weE				0.00 BeV 1			T21	
		KS-				View All	Search Tasks Cre	eate New Task	Complete	
ALL ASS	OCIATED TAS									

Claim Documents

*CB7831B (SNM19D205032C02) [XE2744M] TP HONG YUN BUS SERVICES PTE LTD Oct 24 2019 7:00AM [-] Connect3

Photos/Images			V
No Relabel/Reor	der LKK Auto Consultants Pte Ltd (HQ)	3 per page	bnail Prin
25/10/19 17:0		■ Load	
2 25/10/19 17:0	2 General View	€3 Load	JPG 🗹
3 25/10/19 17:0	2 General View	1 Load	-
25/10/19 17:0	2 General View	€1 Load	JPG 🗹
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18 25/10/19 17:0	2 General View	6 Load	JPG 🗹
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26 25/10/19 17:0	2 General View	1 Load	JPG 🗹
27 25/10/19 17:0	2 General View	6 Load	JPG ☑
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30 25/10/19 17:0	2 General View	6 Load	JPG 🗹
31 25/10/19 17:0	2 General View	■ Load	JPG 🗹
32 25/10/19 17:0	2 Odometer Reading	1 Load	JPG 🔽
33 25/10/19 17:0	2 Chassis Number	1 Load	JPG 🔽
34 14/11/19 11:5	After Repair Photo	1 Load	JPG 🔽
35 14/11/19 11:5	After Repair Photo	Ell Load	JPG ☑
86 14/11/19 11:5	After Repair Photo	£ Load	JPG 🔽
37 14/11/19 11:5	After Repair Photo	1 Load	JPG 🗹
88 14/11/19 11:5	After Repair Photo	1 Load	JPG 🗹
39 14/11/19 11:5	After Repair Photo	1 Load	JPG 🗹
10 14/11/19 11:5	After Repair Photo	1 Load	JPG 🔽
14/11/19 11:5	After Repair Photo	Load	JPG 🗹
12 14/11/19 11:5	After Repair Photo	€ Load	JPG 🗹

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:

CS/CTI19018911/QTF3E2

Date:

18/11/2019

REFERENCE

China Taiping Insurance Handling Insurer:

(Singapore) Pte. Ltd.

Policy No:

DMCVSN18075819011

Claimant Vehicle No:

CB7831B

Insured Vehicle No:

XE2744M

Date of Loss:

24/10/2019

Nature of Claim: TP

Claim No:

SNM19D205032C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

CB7831B

Make & Model:

GOLDEN DRAGON XML6772J18, 3.8 D (M)

Engine No:

ISF38S516889832136

Reg. Date: Colour:

16/12/2016 (Man. Year: 2016)

Chassis No:

LL3BDADE9GA001069

Engine Capacity:

Multi-colour

3759 cc

Odometer:

90784 km

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 Engine Modification:

Footbrake (Serviceable): Yes

Pre-accident Condition:

Yes

Handbrake (Serviceable): **CONDITION OF TYRES**

Front Tyre Size:

215/75 R17.5

Rear Tyre Size:

No

215/75 R17.5

Front Left Side: Front Right Side: Triangle 5 mm Triangle 5 mm Rear Left Side: Rear Right Side: Triangle 5 mm Triangle 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIM	S	Repairer's	Adjuster's	Difference	Diff %
Parts		10,475.00	6,940.60	3,534.40	33.74
Miscellaneous Item	is	0.00	0.00	0.00	
Labour		2,640.00	1,940.00	700.00	26.52
Paintwork Labour		0.00	0.00	0.00	
Towing		0.00	0.00	0.00	
	Calculated Gross Total (S\$)	13,115.00	8,880.60	4,234.40	32.29
	Approved Total (Overridden) (S\$)		7,100.00		
	(S\$)	13,115.00	7,100.00	6,015.00	45.86
	+ GST 7.00/7.00% (S\$)	918.05	497.00	421.05	45.86
	Nett Amount (S\$)	14,033.05	7,597.00	6,436.05	45.86

INSPECTION

Date of Assignment:

24/10/2019

Date Inspected:

25/10/2019

Inspected At:

Connect3 (HQ)

566 Woodlands Road

Singapore 728697

Estimated Period of Repair:

6.0 days

Manager: DENISE TAY KWEE CHENG Adjuster: OI SUN PIN

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		(Last Synchronised: 18 Nov 2019)	
Parts:	N/A	GOLDEN DRAGON XML6772J18 3.8 D (M) (Model not available in database)	
Labour:	Repairer's	(Price-denominated Standard List)	
Print Code:	(Unsubmitted, no print-code for CB7831B)		
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running produced 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 WINDSCREEN	Cracked	2,950.00 F	*2,600.00 FL
2	1		*REAR WINDSCREEN MOULDING	Necessary	550.00 F	*400.00 FL
3	1		*REAR BUMPER	Dented	1,650.00 F	*1,650.00 FL
4	1		*REAR TAILGATE	Dented	2,800.00 F	*1,574.00 FL
5	1		*REAR TAILGATE OUTER HANDLE	Scratched	350.00 F	*200.00 FL
6	1		*RH TAILLAMP	Cracked	1,050.00 F	*750.00 FL
7	1		*XML6772J18 EMBLEM	Not Necessary	180.00 F	*-FL
8	1		*LOGO EMBLEM	Not Necessary	195.00 F	*-FL
9	1		*A.W.C ROV STICKER	Necessary	15.00 F	*15.00 FL
10	1		*60KM/H STICKER	Necessary	15.00 F	*15.00 FL
11	1		*CHILDREN CROSSING SIGN	Scratched	380.00 F	*150.00 FL
12	1		*REAR RH PASSENGER SEAT UPHOLSTERY	Cut	180.00 F	*180.00 FL
13	4		*SEALANT	Necessary	160.00 FS	*160.00 FS
F=Fra	anchise	part. S=Spc	Nett. L=ListItemDisc.		200 50036 393	autosuv son
				Sub Total (S\$)	10,475.00	7,694.00
			- List Item Discount on L Items 0.00/10.00% (S\$)			
				Total Parts (S\$)	10,475.00	6,940.60
			Report was unsubmitted during th	is print-out.		

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	LABOUR TO REMOVE & REFIT REAR WINDSCREEN	New	400.00	300.00
2	CHECK WIRING	New	40.00	40.00
3	LABOUR CHARGES	New	1,200.00	800.00
4	SPRAY PAINTING	New	1,000.00	800.00
	Gross Labour Cost (S\$)		2,640.00	1,940.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >