

ASS. REC. BY:

REF:

CS/EG1901905/K8302

Special Instruction:

Survey: Kenneth

ASSIGNMENT (Office)

From (Person): Pauline Soh

of EG1

Date/Time: 29/10/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SML325X

Insured: YM7655A

at Workshop w/s Extreme Performance

Tel: 87990066 Serence

of 385 Sin Ming Drive

Policy No:

Claim No: CDMF619002007

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 24/10/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 29/10

Person Contacted:

Convin

Vehicle:  IN  OUT

Date/Time	Action/Instruction
	Behrouz (✓)
	SML325X - X
	YM7655A - X
30/10/19	@ 14:53 pm revised PA to Pauline Soh via merimen

Merimen

ASS. REC. BY:

REF: AG 2061

Kenneth

**ASSIGNMENT**

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To inspect Vehicle No: \_\_\_\_\_

at Workshop m/s Essex

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)

Make of Vsh: \_\_\_\_\_

(Policy Condition)

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

⌒	
N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rport: \_\_\_\_\_ Consistent?: Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent?: Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1-B1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SML 325X Yr Regn: 04, 19

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

Truck / Trailer or Wagon

Make: Toy Noah c.c. 1797

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

Sp. Reading: 46147 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_  
C/No: ZWR 80 0376997

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: NII / S/RIm / STD A/RIm or

Tyre Size: F: 195/65R15  
R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front \_\_\_\_\_ Rear \_\_\_\_\_

R/Bal. 7 mm R/Bal. 6 mm

L/Bal. 7 mm L/Bal. 6 mm

D.O.A. 24/10/19 D.O.I. 29/10/19

Survey held at \_\_\_\_\_

Des. of Damages: FR / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

1 File pass to

22/11 87571.31 Car Panel

(£ 3,988.87 Red - 61%)

RECEIVED 26 NOV 2019

Date/Time, File Pass to?

: Prell. Report

: Final Report

26/11/19  
Typise

Date/Time, File Return to?

2

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

: Tech Invs (\$ \_\_\_\_\_)

: Weekend (\$ \_\_\_\_\_)

250

Other

Other

Other

TOTAL

261

Report Format :

Lump Sum (I.B.F.) (\$ 2,571.31 P/P)

# 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: ERGO Insurance Pte. Ltd.  
5 Temasek Boulevard  
#04-01 Suntec Tower Five  
Singapore 038985

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn:

Date: 30 Oct 2019

## Preliminary Advice

Insured Vehicle No	: YM7655A	Accident Date	: 24/10/2019
TP Vehicle No	: SML325X	Assignment Date	: 30/10/2019
Make	: TOYOTA NOAH HYBRID	Est. Duration of Repair	: 2 days
Date of Inspection	: 29/10/2019		
Inspection At	: ESTEEM PERFORMANCE PTE LTD - SIN MING (HQ) 385 SIN MING DRIVE SINGAPORE 575718		

### Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	6,560.18
Revised Amount	:S\$	2,571.31
Check Items (Estimated)	:S\$	663.75
Total	:S\$	3,235.06

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.
- ( X ) Other comments : TP : WP

## Nivitha (LKK Auto)

---

**From:** ERGO Insurance Pte. Ltd. (Claims Department) <claims@ergo.com.sg>  
**Sent:** Tuesday, 29 October 2019 10:28 AM  
**To:** serence ctc; Admin-D (LKKAuto (admin-d@lkkauto.com)); Admin A (admin-a@lkkauto.com); Mei Kwan (LKKAuto (Meikwan@lkkauto.com))  
**Cc:** Ivy Yong; Phoebe Xie  
**Subject:** RE: FW: Claims ref no. (P) CDMFG19002007 REQUEST FOR PRI SURVEY SML325X

Hi LKK,

Please conduct this survey request.

**(Note: Survey vehicle only, LOD will be handled by Ergo)**

Kindly inform us if you are not able to attend it.

**\*\*\* NOTE:** Please assist to quote our claims ref no. as the subject matter, when forwarding the Preliminary Reports / Survey Reports.

Thank you

Date Classification : Confidential, C3

Warmest Regards,  
Pauline Soh  
ERGO Insurance Pte. Ltd.

5 Temasek Boulevard, #04-05 Suntec Tower Five  
Singapore 038985  
DID : +65 6829 9194  
[pauline.soh@ergo.com.sg](mailto:pauline.soh@ergo.com.sg)

# ERGO

[www.ergo.com.sg](http://www.ergo.com.sg)

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.



Disclaimer: This message and its attachments are confidential, intended only for the named addressee, and may be privileged. If you are not the intended recipient, you should not disclose, distribute, copy or use this communication. If you are not the intended recipient, please notify the sender by return email and delete this message. By opening any attachment to this message, you agree to accept the risk that it may contain a virus or damaging code, and you agree that ERGO Insurance Pte Ltd. will not be liable for any loss or damage thereby caused.

**From:** serence ctc [<mailto:serence@esteemperf.com.sg>]  
**Sent:** Tuesday, 29 October 2019 10:27 am  
**To:** ERGO Insurance Pte. Ltd. (Claims Department)  
**Cc:** Ivy Yong; Phoebe Xie; Pauline Soh  
**Subject:** Re: FW: Claims ref no. (P) CDMFG19002007 REQUEST FOR PRI SURVEY SML325X

*Vicki Lu*

Dear ERGO,

We are prefer LKK Auto Consultants Pte Ltd to survey the car.

Thanks



Freundliche Grüße / Best Regards

## Serence Chee

Claims Assistant | Operation Division

Esteem Performance Pte Ltd

P: 6566 2112

E: [serence@esteemperf.com.sg](mailto:serence@esteemperf.com.sg)

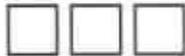
5033 Ang Mo Kio Industrial Park 2 #01-259

(Head Office)

385 Sin Ming Drive Vicom Inspection Centre

(Showroom)

[www.esteemperformance.com](http://www.esteemperformance.com)



On Tue, Oct 29, 2019 at 9:59 AM ERGO Insurance Pte. Ltd. (Claims Department) <[claims@ergo.com.sg](mailto:claims@ergo.com.sg)> wrote:

Dear Serene,

Please refer to our list of surveyors :

1	AIS	Automobile Inspection Services Pte Ltd
2	FTA	FormTeam Consultancy Pte Ltd
3	IAS	Infiniti Appraisal Service
4	JPK	JP Knights Pte Ltd
5	LBS	L.B.S Auto Consultants Pte Ltd
6	LKK	LKK Auto Consultants Pte Ltd
7	PS	Priority Services
8	VAC	Vicom Ltd
9	AJAX	AJAX Inspection Services Pte Ltd
10	QRM	Quantum Risk Management (S) Pte Ltd
11	AA	Appraisal Associate

Warmest Regards,

Pauline Soh

ERGO Insurance Pte. Ltd.

5 Temasek Boulevard, #04-05 Suntec Tower Five

Singapore 038985

DID : +65 6829 9194

[pauline.soh@ergo.com.sg](mailto:pauline.soh@ergo.com.sg)

[www.ergo.com.sg](http://www.ergo.com.sg)

# ERGO

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.



Disclaimer: This message and its attachments are confidential, intended only for the named addressee, and may be privileged. If you are not the intended recipient, you should not disclose, distribute, copy or use this communication. If you are not the intended recipient, please notify the sender by return email and delete this message. By opening any attachment to this message, you agree to accept the risk that it may contain a virus or damaging code, and you agree that ERGO Insurance Pte Ltd. will not be liable for any loss or damage thereby caused.

**From:** serence ctc [<mailto:serence@esteempref.com.sg>]

**Sent:** Friday, 25 October 2019 3:47 pm

**To:** ERGO Insurance Pte. Ltd. (Claims Department)

**Cc:** Carmen Lim; jenny chong

**Subject:** REQUEST FOR PRI SURVEY SML325X

Dear Sir / Madam,

**NOTICE TO INSURER TO CONDUCT PRE-REPAIR INSPECTION WITHIN 2 WORKING DAYS  
PURSUANT TO PRE-ACTION PROTOCOL FOR NON INJURY MOTOR ACCIDENT CASES  
(NIMA)**

We act for Esteem Leasing Pte Ltd who has appointed the under-mentioned workshop to repair his motor vehicle no SML 325 X.

Please be informed that the said vehicle can be inspected at :

Name of workshop : Esteem Performance Pte Ltd

Address : 385, Sin Ming Drive Singapore 571718

Tel : 8799 0066

Fax : 6259 3326

We hereby give 2 clear days notice to conduct a pre-repair inspection of the said vehicle at the above-mentioned workshop during office hours.

If you fail to conduct the pre-repair inspection within the next 2 working days excluding any intervening Saturday, Sunday or Public Holiday. The above-mentioned workshop will commence repairs should you fail to conduct the pre-repair inspection.

Thank you



Freundliche Grüße / Best Regards

**Serence Chee**

Claims Assistant | Operation Division

Esteem Performance Pte Ltd

P: 6566 2112

E: [serence@esteemperf.com.sg](mailto:serence@esteemperf.com.sg)

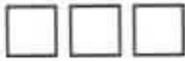
5033 Ang Mo Kio Industrial Park 2 #01-259

(Head Office)

385 Sin Ming Drive Vicom Inspection Centre

(Showroom)

[www.esteemperformance.com](http://www.esteemperformance.com)



## 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 willful 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	25/10/2019 13:53
Date Of Accident	24/10/2019 20:00
Exact Location Of Accident	GEYLANG LOR 8
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SML325X
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ESTEEM LEASING PTE LTD
Co Reg No	201807215D
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98712580
Alternative Phone No	OFFICE-67532112

### Vehicle Particulars

Manufacturer	TOYOTA
Model	NOAH
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	5110341793 (CLASSIC)
Cover Note Number	

### Driver

Name of Driver	GRACE TENG MEI LING
NRIC No	S7735560Z
Date Of Birth	22/12/1977
Occupation	OUTDOOR
Date Of Driving Pass	12/01/2001
Driving Experience	18 YEARS AND 9 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98712580
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address BLK 36 MARSILING DRIVE #15-405  
 Postcode 730036  
 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 -  
 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) 3  
 Passenger 1 NAME: : PASSENGER 1  
 GENDER: : MALE  
 Passenger 2 NAME: : PASSENGER 2  
 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**

REFER STATEMENT (ATTENDED BY: JAMES NG)

**Attachment(s)**

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: CANNOT BE UPLOADED  
 Was there any audio recorded? NO

**DETAILS OF OTHER VEHICLE PROPERTY 1**

Vehicle Registration Number YM7655A  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 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 lodging 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.

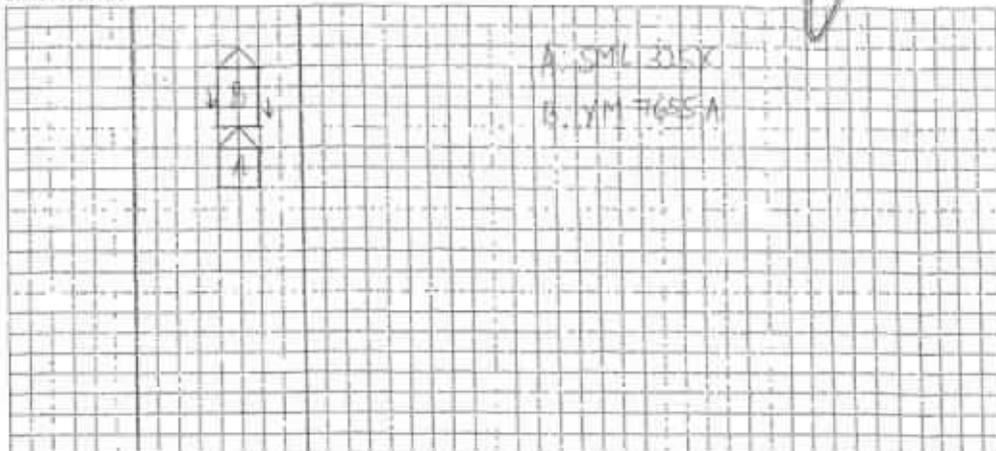
  
 Policyholder's Signature  
 Date & Time: **25 OCT 2019**

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

  
 Reporting Centre Personnel's Signature  
 Name: **NG WING KIN JAMES**  
 Email: **admin.vac@vicom.com.sg**

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was stationary stop along geylang road? in station @ 20:00

vehicle B reversed and hit into my vehicle that person

DECLARATION

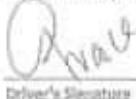
I/we declare the foregoing particulars are true in every respect.

  
 Policyholder's Signature

Date & Time:

25 OCT 2019

SIAMAC SketchPlanForm\_V3

  
 Driver's Signature

(If driver is not the policyholder)

Date & Time:



Reporting Centre Personnel's Signature

Name:

**NG WING KIN JAMES**  
 admin.vac@vicom.com.sg





# ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.  
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteempf.com.sg

## Spare Parts

Vehicle No. : SML 325 X  
 Make & Model : TOYOTA NOAH  
 Chassis No. : ZWR800376997

Submit By : SERENGE  
 Year Manufacture : 2019  
 Engine No. : \_\_\_\_\_

### Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Headlamp RH	1	\$3,001.75		✓
2	Front grille with chrome	1	\$798.30		✓ X
3	Front grille garnish	1			
4	Front grille logo	1	\$72.70		✓ X
5	Front grille clip	4	\$14.00		✓ X
6	Front bumper	1	\$1,997.60		X
7	Front bumper clip	10	\$40.00		X
8	Front bumper reinforcement	1	\$322.70		X
9	Front bumper side retainer LH	1	\$101.75		X
10	Front bumper side retainer RH	1	\$101.75		X
11	Front bumper bracket LH	1	\$92.60		X
12	Front bumper bracket RH	1	\$92.60		X
13	Front bumper sponge	1	\$97.80		X
14	Front bumper lower grille	1			
15	Front bumper lower grille garnish	1	\$198.33		X
16	Front bumper lower grille garnish chrome	1			
17	Front bumper upper grille	1			
18	Front bumper upper grille garnish	1	\$881.69		X
19	Front bumper upper grille garnish chrome	1			
20					
21					
22					
23					

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.



## 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/EGI19019052/KSF3N2

Date: 27/11/2019

**REFERENCE**

Handling Insurer:	ERGO Insurance Pte. Ltd.	Policy No:	
Claimant Vehicle No :	SML325X	Insured Vehicle No :	YM7655A
Date of Loss:	24/10/2019	Nature of Claim:	TP
		Claim No:	CDMFG19002007

**DESCRIPTION & IDENTIFICATION OF VEHICLE**

Reg No:	SML325X	Engine No:	2ZR0D34437
Make & Model:	TOYOTA NOAH HYBRID, 1.8 X CVT (A)	Chassis No:	ZWR800376997
Reg. Date:	30/04/2019 (Man. Year: 2019)	Odometer:	46147 km
Colour:	Metallic Pearl White		
Engine Capacity:	1797 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:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Goodyear 7 mm	Rear Left Side:	Goodyear 6 mm
Front Right Side:	Goodyear 7 mm	Rear Right Side:	Goodyear 6 mm

The above values represent the remaining tyre treads depth

**COST OF CLAIMS**

	Repairer's	Adjuster's	Difference	Diff %
Parts	5,860.18	2,251.31	3,608.87	61.58
Miscellaneous Items	0.00	0.00	0.00	
Labour	700.00	320.00	380.00	54.29
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>6,560.18</b>	<b>2,571.31</b>	<b>3,988.87</b>	<b>60.80</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>459.21</b>	<b>179.99</b>	<b>279.22</b>	<b>60.80</b>
<b>Nett Amount (S\$)</b>	<b>7,019.39</b>	<b>2,751.30</b>	<b>4,268.09</b>	<b>60.80</b>

**INSPECTION**

Date of Assignment:	29/10/2019	
Date Inspected:	29/10/2019	Inspected At: Esteem Performance Pte Ltd - Sin Ming (HQ) 385 Sin Ming Drive Singapore 575718
Estimated Period of Repair:	2.0 days	

Adjuster: KENNETH KONG

Manager: Hiew May Fung

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

<b>Reference</b>		
<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 27 Nov 2019)	
<b>Parts:</b> M1-MPV	TOYOTA NOAH HYBRID 1.8 X CVT (A) (Catalogue:Merimen Singapore 1.0)	
<b>Labour:</b> Repairer's	(Price-denominated Standard List)	
<b>Print Code:</b>	(Unsubmitted, no print-code for SML325X)	
<b>Validity:</b>	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	
<b>Further Info:</b> Items/values not in reference catalogue are prefixed with an asterisk *		

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*HEADLAMP RH	Cut	3,001.75 FL	*3,001.75 FL
2	1		*FRONT GRILLE WITH CHROME }	Serviceable	798.30 FL	*- FL
3	1		*FRONT GRILLE GARNISH }		0.00 FL	*- FL
4	1		*FRONT GRILLE LOGO	Serviceable	72.70 FL	*- FL
5	4		*FRONT GRILLE CLIP	Not Necessary	14.00 FL	*- FL
6	1		*FRONT BUMPER	Repair	1,997.60 FL	*- FL
7	10		*FRONT BUMPER CLIP	Not Necessary	40.00 FL	*- FL
8	1		*FRONT BUMPER REINFORCEMENT	Repair	322.70 FL	*- FL
9	1		*FRONT BUMPER SIDE RETAINER LH	Serviceable	101.75 FL	*- FL
10	1		*FRONT BUMPER SIDE RETAINER RH	Serviceable	101.75 FL	*- FL
11	1		*FRONT BUMPER BRACKET LH	Repair	92.60 FL	*- FL
12	1		*FRONT BUMPER BRACKET RH	Repair	92.60 FL	*- FL
13	1		*FRONT BUMPER SPONGE	Serviceable	97.80 FL	*- FL
14	1		*FRONT BUMPER LOWER GRILLE GARNISH }	Serviceable	198.33 FL	*- FL
15	1		*FRONT BUMPER LOWER GRILLE }		0.00 FL	*- FL
16	1		*FRONT BUMPER LOWER GRILLE GARNISH CHROME }		0.00 FL	*- FL
17	1		*FRONT BUMPER UPPER GRILLE GARNISH }	Serviceable	881.69 FL	*- FL
18	1		*FRONT BUMPER UPPER GRILLE }		0.00 FL	*- FL
19	1		*FRONT BUMPER UPPER GRILLE GARNISH CHROME }		0.00 FL	*- FL

F=Franchise part. L=ListItemDisc.

<b>Sub Total (S\$)</b>	<b>7,813.57</b>	<b>3,001.75</b>
- List Item Discount on L Items 25.00/25.00% (S\$)	1,953.39	750.44
<b>Total Parts (S\$)</b>	<b>5,860.18</b>	<b>2,251.31</b>

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
<b>Labour Items</b>				
1	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA (FRONT BUMPER)	New	300.00	100.00
2	TO PUTTY,RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA (FRONT BUMPER)	New	300.00	200.00
3	TO TUFF COAT	New	50.00	0.00
4	TO CHECK WIRING	New	50.00	20.00
<b>Gross Labour Cost (S\$)</b>			<b>700.00</b>	<b>320.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >