

ASS. REC. BY:

REF:

CS/SMO 191019205 / Uj362

Special Instructions:

Surveyor

WIRUS

ASSIGNMENT (Office)

From (Person):

Hwang Shiang Yi

of

SMO

Date/Time:

30.10.19 16.10 p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKG 942P

Insured:

SJV 73304

at Workshop m/s

Exclusiv Interpise

Tel:

6459655

of

8 kakis Bukit Ave 4 #03-50

Policy No:

D18MTPro1019857

Claim No:

CNT11105068

Sum Insured:

Excess:

Make of Veh:

D.O.A

28.10.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

my

H.O.D. Endorsement:

Date/Time:

30.10.19 5.00 p.m

Person Contacted:

Ica

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SKG 942P - CS3/PC213020138/194/62 DOA - 28/11/2015

SJV 73304 - X

01/11/19 @ 2.40pm Informed Shiang Yi, we are pending estimate from repairer.
 13/11/19 Submit prali report. - The vehicle has not send in for repair.

ASSIGNMENT

From:

Date: *31.10.2019*

Estimated Cost:

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

To inspect Vehicle No: *SKG 942P*at Workshop m/s *Exclusive Enter prise*
of *2 kaki Bukit Ave 4 #03-50*

Insured:

Policy No:

Claims No:

Sum Insured: Excess:

(Client's Record)

Make of Veh: *2008-3 up on road m/s*

(Policy Condition)

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

Bal. or Market Value

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: *2* days Res.: Yes or NoLum Sum: *20* % 3 Val.: Yes or NoCA / REV / REP. / 24 HRS *up*

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SKG 942P

Yr Regn:

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

Truck / Trailer or

car

Make:

Toyota wish

C.C.

1798

Colour

grey

A/C: Insured / Std / NI / NA

Sp. Reading

158343

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

*JT06620W505003022*Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ NI / S/Bin / STD A/Rim or

Tyre Size:

F:

R:

*205/55R16*BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

mm

R/Bal.

mm

L/Bal.

mm

L/Bal.

mm

D.O.A.

28/10/19

D.O.L.

31/10/19

Survey held at

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

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

Date / Time

Action / Instruction

*L1A 36656 2yr. 9m**Revised purpose**13/11/19 cont. with 1/5 \$800 with ice
while hasn't send in for repair*

RECEIVED 13 NOV 2019

Date/Time, File Pass to?

13/11/19 harris

Date/Time, File Return to?

3)

Rep. Form:

Lump Sum / REP. /



Prel. Report



Final Report

Days Of Repair:

Resurvey No. of Trip:

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Wheel and (\$)

Survey Fee:

Transportation

S + RS \$

Photos

Notes

TOTAL

<i>290</i>
<i>11</i>
<i>261</i>

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	30 Oct 2019		30 Oct 2019 16:10 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	CHIA BENG CHYE, ID: S0017038J								
Main Claimant:	ZAINAL ABIDIN BIN HARON, ID: S7410399E								
Vehicle Reg. No.:	SKG942P	Date of Loss:	28/10/2019 17:00 - :59						
Claim Type:	TP / CMTD1905068	Policy/Cover Note No.:	D18MTPV01019857 (Comprehensive)						
Vehicle Reg. No. (Insured):	SJU7330Y	Policy No. (Claimant):							
Repairer:	Exclusive Enterprise Pte Ltd (HQ) 8 KAKI BT AV 4#03-50 PREMIER@KB, 415B75 Kaki Bukit - Tel:								
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by Hwang Shiang Yi - 6329 5205]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 08/11/2019]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

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	28/10/2019 17:35
Date Of Accident	28/10/2019 17:10
Exact Location Of Accident	JALAN TENGGU AZIZAH TURNING TO JALAN SULTAN ISKAND
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKG942P
Insured/Policyholder	
Name Of Registered Owner	ZAINAL ABIDIN BIN HARON
NRIC No	S7410399E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-90013135
Alternative Phone No	OFFICE-90013135

Vehicle Particulars

Manufacturer	TOYOTA
Model	WISH
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	AUTO & GENERAL INSURANCE (SINGAPORE) PTE. LIMITED.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	P10040692R01
Cover Note Number	

Driver

Name of Driver	ZAINAL ABIDIN BIN HARON
NRIC No	S7410399E
Date Of Birth	11/03/1974
Occupation	INDOOR
Date Of Driving Pass	21/01/1998
Driving Experience	21 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90013135
Fax Number	
Contact Number	OFFICE-90013135
E-Mail Address	NOEMAIL

Address BLK 498D TAMPINES ST 45 #02-386
 Postcode 522498
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE
 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) 5
 Passenger 1
 NAME: UNKNOWN
 GENDER: FEMALE
 Passenger 2
 NAME: UNKNOWN
 GENDER: FEMALE
 Passenger 3
 NAME: UNKNOWN
 GENDER: FEMALE
 Passenger 4
 NAME: UNKNOWN
 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

MY VEHICLE WAS TRAVELLING SLOWLY TO MAKE A LEFT TURN AND VEHICLE B CAME SQUEEZING PASS MY RIGHT SIDE THEN I BRAKE IMMEDIATELY. BUT VEHICLE B STILL HIT MY VEHICLE FRONT RIGHT PORTION WHILE TRYING TO OVERTAKE ME THRU THIS SINGLE LANE ROAD. I WISH TO SAY THAT TRAFFIC IS HEAVY AND VEHICLE B DID NOT WAIT AND TRY TO OVERTAKE ME CAUSING THE ACCIDENT.

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 SJU7330Y
 Vehicle Make/Model/Colour

Details Of Properties

VEHICLE B

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 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. 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 firm, 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 claim;
 - (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:

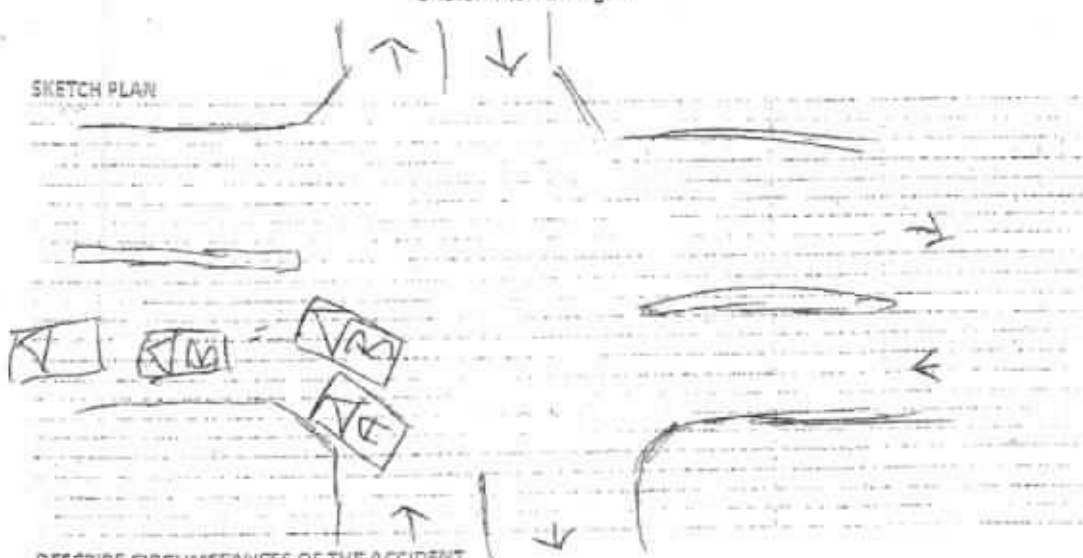
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Excuse (V)
BMT

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My VEH was travelling slowly to make a left turn & VEH B
 Came squeezing ~~pass~~ my right side then, I brance
 Immediately but VEH B still hit my VEH front right portion.
 While trying to overtake me thru this single lane road.
 I wish to say that traffic is very heavy & VEH B did not
 want try to overtake me causing the Accident

DECLARATION

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

Policyholder's Signature
 Date & Time:

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

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

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC

Owner ID: 399E

Vehicle Details

Vehicle No.: SKG942P

Vehicle to be Exported: No

Intended Deregistration Date: 31 Oct 2019

Vehicle Make: TOYOTA

Vehicle Model: WISH 1.8 CVT

Primary Colour: Grey

Manufacturing Year: 2012

Engine No.: 2ZR1067891

Chassis No.: JTDGG20W505003022

Maximum Power Output: 105.0 kW (140 bhp)

Open Market Value: \$23,453.00

Original Registration Date: 30 Jul 2012

First Registration Date: 30 Jul 2012

Transfer Count: 1

Actual ARF Paid: \$23,453.00 11746

Intended PARF Rebate Details

PARF Eligibility: Yes

PARF Eligibility Expiry Date: 29 Jul 2022

PARF Rebate Amount: \$14,071.00

Intended COE Rebate Details

COE Expiry Date: 29 Jul 2022

COE Category: E - Open Category

COE Period(Years): 10

QP Paid: \$86,999.00

COE Rebate Amount: \$22,585.00

Total Rebate Amount: \$36,656.00

The information contained herein is correct as at 31 Oct 2019

OK

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to choose from, ranging from
all European to Japanese Makes.

Browse by Category

Sort by Date Posted20 results/page

1 vehicles

Wish

Advanced Search Submit

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
Search Selection	Wish		Any	Any	2012	Any	Any	Any	Available
	Toyota	Wish 1.8A	\$46,800	\$12,900 /yr	20-Jul-2012	1,798 cc	111,000 km	MPV	Available
Borneo Unit, 1 Owner, Well Maintained By Previous Owner! Loan With High Trade In Available. Non Grab/PHV Unit. Good Fuel Efficiency...									
Posted: 19-Oct-2019 Tag: 2012 Toyota Wish, 2012 toyota wish, Toyota Wish, toyota wish, Toyota, Wish, wish, Used Toyota									

Save this search criteria, to get email alerts whenever a match is found.

	Make	Model	Price	Depreciation	Reg Date	Eng Cap	Mileage	Veh Type	Status
For old advertisements, view Expired ads									

20 results/page

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Compare

Shiau Chan (LKKAuto)

From: Do-Not-Reply <do-not-reply@merimen.com>
Sent: Friday, 1 November 2019 2:40 PM
To: do-not-reply@merimen.com
Cc: SUR
Subject: TP VEHICLE SKG 942P (YOUR REF: CMTD1905068)

This mail is associated with :

***SKG942P (CMTD1905068)**

[SJU7330Y]

TP

ZAINAL ABIDIN BIN HARON

Oct 28 2019 5:00PM

[CHIA BENG CHYE]

Exclusive Enterprise Pte Ltd

Dear Shiang Yi,

Please be informed that we have inspected the vehicle SKG 942P on 31/10/2019.

We are pending for estimate from repairer.

Thanks & Regards,

Shiau Chan (Ms)
LKK Auto Consultants Pte Ltd
Tel: 6256 3561

This is an auto-generated email. Do not reply to this email.

Sent by : SHIAU CHAN (LKK Auto Consultants Pte Ltd)

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	30 Oct 2019		30 Oct 2019 16:10 Edit Adj Rpt	S\$800.00 Edit Estimates	S\$800.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by Insurer]									
Insured:	CHIA BENG CHYE, ID: S0017038J								
Main Claimant:	ZAINAL ABIDIN BIN HARON, ID: S7410399E								
Vehicle Reg. No.:	SKG942P	Date of Loss:	28/10/2019 17:00 - :59 [86 Months and 28 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / CMTD1905068	Policy/Cover Note No.:	D18MTPV01019857 (Comprehensive)						
Vehicle Reg. No. (Insured):	SJU7330Y	Policy No. (Claimant):							
		Excess:							
Repairer:	Exclusive Enterprise Pte Ltd (HQ) 8 KAKI BT AV 4#03-50 PREMIER@KB, 415875 Kaki Bukit - Tel:								
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by Hwang Shiang Yi - 6329 5205]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MARCUS CHUA] ... [Final Rpt due 08/11/2019]								
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

*SKG942P (CMTD1905068)
[SJU7330Y]

TP
ZAINAL ABIDIN BIN HARON
Oct 28 2019 5:00PM
[CHIA BENG CHYE]
Exclusive Enterprise Pte Ltd

Upload Documents Upload Photos Compose New Letter			View View in Browser	
Video			1 per page	☒
No	Finalized On	Sompo Insurance Singapore Pte. Ltd. (HQ)	Thumbnail	Print
1	05/11/19 08:53	Video - Accident	Load MP4	
Photos/Images			1 per page	☒
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	31/10/19 18:42	Chassis Number	Load JPG	☒
2	31/10/19 18:43	General View	Load JPG	☒
3	31/10/19 18:43	General View	Load JPG	☒
4	31/10/19 18:43	General View	Load JPG	☒
5	31/10/19 18:43	General View	Load JPG	☒
6	31/10/19 18:43	General View	Load JPG	☒
7	31/10/19 18:43	General View	Load JPG	☒
8	31/10/19 18:43	General View	Load JPG	☒
9	31/10/19 18:43	General View	Load JPG	☒
10	31/10/19 18:43	General View	Load JPG	☒
11	31/10/19 18:43	General View	Load JPG	☒
12	31/10/19 18:43	General View	Load JPG	☒
13	31/10/19 18:43	General View	Load JPG	☒
14	31/10/19 18:43	General View	Load JPG	☒
15	31/10/19 18:43	General View	Load JPG	☒
16	31/10/19 18:43	General View	Load JPG	☒
Documentation			1 per page	☒
No	Finalized On	Sompo Insurance Singapore Pte. Ltd. (HQ)	Thumbnail	Print
1	30/10/19 14:03	Third Party E-filed GIA report & Letter from W/S	Load PDF	
2	30/10/19 14:08	PRI - ACK	Load HTM	
3	30/10/19 16:10	PRI - LKK	Load HTM	
4	30/10/19 17:19	EMAIL FROM CALL CENTER OI DID NOT FILE POLICE REPORT AT MALAYSIA	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST		Reset Save Print
There are no document checklists configured.		
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)		
Show Remarks To: ☐ Handling Insurer Note: Remarks are private unless you show it to other parties.		

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

51 Ubi Ave 1 #01-25, Paya Ubi Industrial Park
Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/SMO19019205/UQF3E2

Date: 15/11/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTPV01019857
Claimant Vehicle No :	SKG942P	Insured Vehicle No :	SJU7330Y
Date of Loss:	28/10/2019	Nature of Claim:	TP
		Claim No:	CMTD1905068

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKG942P	Engine No:	2ZR1067891
Make & Model:	TOYOTA WISH, 1.8 (A)	Chassis No:	JTDGG20W505003022
Reg. Date:	30/07/2012 (Man. Year: 2012)	Odometer:	158343 km
Colour:	Grey		
Engine Capacity:	1798 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:	205/55 ZR16	Rear Tyre Size:	205/55 ZR16
Front Left Side:	Michelin 6 mm	Rear Left Side:	Michelin 6 mm
Front Right Side:	Michelin 6 mm	Rear Right Side:	Michelin 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,586.50	411.39	1,175.11	74.07
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,050.00	620.00	430.00	40.95
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,636.50	1,031.39	1,605.11	60.88
Approved Total (Overridden) (S\$)		800.00		
Nett Amount (S\$)	2,636.50	800.00	1,836.50	69.66

INSPECTION

Date of Assignment:	30/10/2019	
Date Inspected:	31/10/2019 Inspected At:	Exclusive Enterprise Pte Ltd (HQ) 8 KAKI BT AV 4#03-50 PREMIER@KB Singapore 415875
Estimated Period of Repair:	2.0 days	

Adjuster: MARCUS CHUA

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.

THE VEHICLE HAS NOT SEND IN FOR REPAIRS.
(REPAIR COST NOT CONCLUDE)

REPAIR DETAILS

Reference

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 15 Nov 2019)
Parts:	M1-MPV	TOYOTA WISH 1.8 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SKG942P)	
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		*FRT BUMPER	Deep Cut	481.85 FL	*481.85 FL
2	2		*FRT BUMPER SIDE RETAINER L/R	Not Necessary	264.00 FL	*- FL
3	1		*FRT BUMPER REINFORCEMENT	Not Necessary	289.90 FL	*- FL
4	1		*FRT BUMPER SPONGE	Not Necessary	164.40 FL	*- FL
5	1		*HEADLAMP RH	Not Necessary	781.85 FL	*- FL
6	1		*SET HEADLAMP CLIPS	Not Necessary	50.00 FS	*- FS
7	1		*SET FRT BUMPER CLIPS	Necessary	50.00 FS	*50.00 FS
					Sub Total (S\$)	2,082.00
					- List Item Discount on L Items 25.00/25.00% (S\$)	495.50
					Total Parts (S\$)	1,586.50
						531.85
						120.46
						411.39

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

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
<u>Labour Items</u>				
1	WIRE CHECK	New	50.00	20.00
2	LABOUR	New	500.00	200.00
3	PAINTING	New	500.00	400.00
Gross Labour Cost (S\$)			1,050.00	620.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >