

ASS. REC. BY:

REF: CS/MSG 190221 50 / Kq f3

02
Special Instruction:

SURVEYOR

Kenneth

ASSIGNMENT (Office)

From (Person):

Pauline Tham

of

MSG

Date/Time:

17-12-19 9:57 a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

STJ 1496A

Insured:

SLM 45165

at Workshop m/s

Trust Auto works

Tel:

91082728

of BIK 5035

A 01-345 AMC Industrial Part 2

Policy No:

29114752 MKF

Claim No:

614756

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A 13-12-19

CA / REV / REP. / REV 24 HRS

imp

H.O.D. Endorsement:

Date/Time:

17-12-19 11:17 a.m

Person Contacted:

Anthony

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

STJ 1496A - X

SLM 45165 - X

26/12/19

1.59 pm revised to Pauline Tham via message.

ASS. REC. BY:

REF: 1256/

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. _____

Claims No. _____

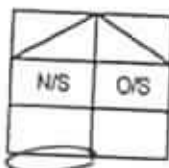
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: 9/23 Person Contacted: _____ Vehicle: IN / OUT

Veh No: STJ 1496A Yr Regn: 09, 08

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

Truck / Trailer or

Make: Mit Lancer EX cc 1499

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

Sp. Reading: 15659 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JMY SRUY 2A-PUCO 7649

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD / RIM or

Tyre Size: F: 205/55R16

R: _____

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

Continental

Front

R/Bal: 0 mm

L/Bal: 0 mm

D.O.A. 13/12/19

Survey held at

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

Rear N/S

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

Date / Time Action / Instruction

1 File pass to

GIA & EN not ready

26/12 11pm 82400 Carbox checked \$4376.70, 65%

RECEIVED 26 DEC 2019

26/12/2019

Date/Time, File Pass to?

1: 26/12 11pm

Date/Time, File Return to?

2:

Report Format:

Lump Sum / I.B./S

MER 7P

2400

Days Of Repair: 3

Resurvey No. of Trip: 2

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

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

LSD

11

161

Note: This document has not been finalised.

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

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

Singapore 408933

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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

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

Attn: Pauline Tham

Date: 26 Dec 2019

Preliminary Advice

| | | | |
|--------------------|---|-------------------------|--------------|
| Insured Vehicle No | : SLM4516S | Accident Date | : 13/12/2019 |
| TP Vehicle No | : SJJ1496A | Assignment Date | : 17/12/2019 |
| Make | : MITSUBISHI LANCER | Est. Duration of Repair | : 3.00 |
| Date of Inspection | : 23/12/2019 | | |
| Inspection At | : TRUST AUTOWORKS - ANG MO KIO (HQ) BLK 5035, #01-345 ANG MO KIO INDUSTRIAL PK 2 SINGAPORE 569538 | | |

Point of Impact / General Description of Damages

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

| | | |
|-----------------------------|------|----------|
| Repairer's Estimate (Gross) | :S\$ | 6,776.70 |
| Revised Amount | :S\$ | 3,001.10 |
| Check Items (Estimated) | :S\$ | 0.00 |
| Total | :S\$ | 3,001.10 |

| | | |
|-----------------|------|----------|
| Lump Sum Repair | :S\$ | 2,400.00 |
|-----------------|------|----------|

Total Loss Consideration

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

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis.

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

CLAIM SUBFOLDER TRACKING

| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | Adj Submitted | Ins Auth'd | Status |
|------|----------------------|---------------|--|---------|---------------|------------|--|
| Main | 16 Dec 2019 15:31 | | 17 Dec 2019 09:57 Assign | | | | New Assignment Cancel Case |

| Main | Reference | Claim Details | Documents | Show All | | | | | |
|---|--|------------------------|---|----------|---------|-------------|--------------|------------|-------|
| CLAIM SUBFOLDER DETAILS [Created by insurer] | | | | | | | | | |
| Insured: | GRAB RENTALS PTE LTD, Co. Reg. No.: 201617200G | | | | | | | | |
| Main Claimant: | UTHIRAPATHY KAYALVIZHI, ID: S7986790Z | | | | | | | | |
| Vehicle Reg. No.: | SJJ1496A | Date of Loss: | 13/12/2019 12:00 - :59 [135 Months and 10 Days From LTA Reg Date (Man Yr)] | | | | | | |
| Claim Type: | TP | Policy/Cover Note No.: | 29114756MKF (Comprehensive) Coverage: 01/02/2019 - 31/01/2020 | | | | | | |
| Vehicle Reg. No. (Insured): | SLM4516S | Policy No. (Claimant): | | | | | | | |
| | | Excess: | | | | | | | |
| Repairer: | Trust Autoworks - Ang Mo Kio (HQ) 81k 5035, #01-345 Ang Mo Kio Industrial Pk 2, 569538 Ang Mo Kio - Tel: 91082728 | | | | | | | | |
| Handling Insurer: | MSIG Insurance (Singapore) Pte. Ltd, (HQ) - Tel: +65 6827 7988 ... [Handled by Pauline Tham - 6594 2545] | | | | | | | | |
| Adjuster: | LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 18/12/2019] | | | | | | | | |
| Adj Asg. Remarks: | on WP. Oi:Grab. Liab: clear. Agree on SJE. Assign: Kenneth Kong from LKK Auto Consultants Pte Ltd. Contact: Mr Anthony Cheong @ 9108 2728. | | | | | | | | |
| 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 | 14/12/2019 10:58 |
| Date Of Accident | 13/12/2019 12:30 |
| Exact Location Of Accident | BEATTY ROAD PARKING LOT |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SJJ1496A |
| Insured/Policyholder | |
| Name Of Registered Owner | UTHIRAPATHY KAYALVIZHI |
| NRIC No | S7986790Z |
| Email Address | MANI23MANIAM@YAHOO.COM |
| Mobile Phone No | (LOCAL) +65-98600444 |
| Alternative Phone No | OTHERS-90977729 |

Vehicle Particulars

| | |
|--|--|
| Manufacturer | MITSUBISHI |
| Model | LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR |
| Exact Purpose for which vehicle was being used at time of accident | PRIVATE USE |
| 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 | DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD |
| Type Of Coverage | COMPREHENSIVE |
| Fleet Policy | NO |
| Policy Number | MT/00301267/03 |
| Cover Note Number | 03/09/2019 - 02/09/2020 |

Driver

| | |
|----------------------|-------------------------|
| Name of Driver | SUBRAMANIAM S/O MAYANDI |
| NRIC No | S1857368G |
| Date Of Birth | 23/10/1966 |
| Occupation | INDOOR |
| Date Of Driving Pass | 24/12/2009 |
| Driving Experience | 9 YEARS AND 11 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-90977729 |
| Fax Number | |
| Contact Number | |

| | |
|---|--|
| Address | BLK 711 CLEMENTI WEST STREET 2 #03-211 |
| Postcode | 120711 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | SPOUSE |
| Vehicle Registration Number of Driver's Own Vehicle | - |
| | - |
| | - |
| Insurance Company of Driver's Own Vehicle | - |
| | - |
| | - |

General Information of the Accident

| | |
|--------------------|------------------------------|
| Type Of Accident | COLLIDED INTO PARKED VEHICLE |
| 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 | 3 |
| 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) | 0 |

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 SKETCH PLAN BY DRIVER.

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 | SLM4516S |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE HIRE |
| Name of Driver | HO HWEE CHING |
| NRIC/Passport Number | S1409308G |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

DETAILS OF OTHER VEHICLE PROPERTY 2

• • Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

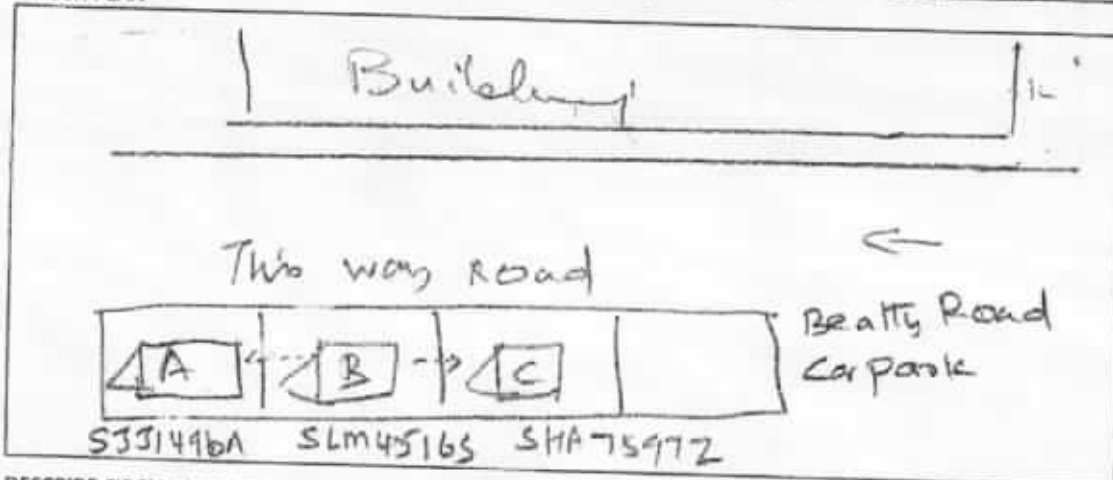
Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

Date of accident: 13/12/19 Time: 12.30pm Location: Beatty Road parking lot.
 My Vehicle A: SJJ1496A Vehicle B: SLM4516S Vehicle C: SHA7597Z

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I saw vehicle C driver is talking with somebody near the place that I parked my vehicle. So I walk toward my vehicle to check. The vehicle B driver inform me that she had accidentally hit onto my vehicle at the rear portion while she parking forward and reversing. Vehicle B hit onto vehicle A & C.

Veh B: Ho Hwee Ching / 814093086

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop:

Email address: cheonganthony@yahoo.com.sg.
 & myself:
 Email address:

Note: Please take note that your insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own insurer for more information.

DECLARATION

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

Policyholder's Signature
 Date & Time:

[Signature]
 Driver's Signature
 (If driver is not the policyholder)
 Date & Time: 14/12/19

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

SKETCH PLANIMPORTANT NOTICE

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

I understand, acknowledge, agree and consent that:

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

Policyholder's Signature
Date & Time:

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

14/12/19



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

Trust Autoworks

Mailing address : Blk 225 #07-579 Ang Mo Kio ve 1 Singapore 560225
H/P 91082728

Fax : 64816131

Uthirapathy Kayalvizhi
Blk 711 Clementi West St 2
#03-211
Singapore 120711

Not Notarized
61 Day 82400k
Running After Paint
3 days

Vehicle No : SJJ 1496 A
Make : Mitsubishi Lancer
Year : 2008

| Qty | Description | Unit Price | Amount |
|-----|-------------|------------|--------|
|-----|-------------|------------|--------|

Estimate Cost Of Repair

| | | | |
|-----------|--------------------------------------|-------|------------|
| 1 pc | Rear boot lid ✓ | R | \$683.00 X |
| 1 pc | Rear boot lid emblem - Mivec nll | na | \$47.00 X |
| 1 pc | Rear boot lid emblem - Logo nll | na | \$46.00 X |
| 1 pc | Rear boot lid emblem - Lancer nll | na | \$43.00 X |
| 1 pc | Rear boot lid emblem - EX nll | na | \$35.00 X |
| 1 pc | Rear boot rubber | su | \$155.00 X |
| 1 pc | Rear end panel ? photo | R | \$485.00 X |
| 1 pc | Rear end panel inner garnish ? photo | ng/cm | \$172.00 ✓ |
| 1 pc | Rear n/s tail-lamp assy X | su | \$405.00 X |
| 1 pc | Rear boot lid reflector X | su | \$305.00 X |
| 1 pc | Rear n/s fender inner trim ? photo | su | \$325.00 X |
| 1 pc | Rear bumper ✓ | cm | \$682.00 ✓ |
| 1 pc | Rear bumper reinforcement ? photo | R | \$455.00 ✓ |
| 1 pc | Rear bumper top beam photo | R | \$150.00 ✓ |
| 1 pc | Rear n/s bumper side retainer ✓ | Pi | \$65.00 ✓ |
| 1 pc | Rear bumper tow cover ✓ | Mi | \$30.00 ✓ |
| 1 pc | Rear n/s bumper reflector ? | su | \$55.00 X |
| 1 pc | Rear n/s fender innershield ? photo | cm | \$125.00 ✓ |
| | | | \$4,263.00 |
| Less 10 % | | | \$426.30 |
| | | | \$3,836.70 |

S. Nett Item

| | | | |
|-------|-------------------------|----|--------------|
| 1 pc | Rear bumper lower skirt | cm | \$450.00 ✓ |
| 1 pc | Rear no plate | cm | \$35.00 25su |
| 1 set | Rear reverse sensor | su | \$200.00 X |
| | | | \$685.00 |

balance c/f \$4,521.70

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:

SJJ 1496 A

balance b/f \$4,521.70

Labour Charges

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

\$1,000.00 ^{400l}

To putty & spray paint on front & rear accident affected portion.

\$1,000.00 ^{600l}

Check/reconnect wiring.

\$35.00 ^{15l}

To spray anti rust on accident affected portion.

~ \$100.00 X

Remove/refit rear boot upholstery to facilitate repair.

~ \$120.00 X

Total \$6,776.70

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS/MSG19022150/KQF3N2
 Date: 30/12/2019

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. Policy No: A29114756MKF
 Claimant Vehicle No: SJJ1496A Insured Vehicle No: SLM4516S
 Date of Loss: 13/12/2019 Nature of Claim: TP Claim No: 614756

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SJJ1496A
 Make & Model: MITSUBISHI LANCER, 1.5 MIVEC GLX AT ABS D/AB Engine No: 4A910084334
 2WD 4DR (A)
 Reg. Date: 03/09/2008 (Man. Year: 2008) Chassis No: JMYSRCY2A8U007649
 Colour: White Odometer: 156591 km
 Engine Capacity: 1499 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 R16 Rear Tyre Size: 205/55 R16
 Front Left Side: Continental 8 mm Rear Left Side: Continental 8 mm
 Front Right Side: Continental 8 mm Rear Right Side: Continental 8 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | Repairer's | Adjuster's | Difference | Diff % |
|--|-----------------|-----------------|-----------------|--------------|
| Parts | 4,521.70 | 1,986.10 | 2,535.60 | 56.08 |
| Miscellaneous Items | 0.00 | 0.00 | 0.00 | |
| Labour | 2,255.00 | 1,015.00 | 1,240.00 | 54.99 |
| Paintwork Labour | 0.00 | 0.00 | 0.00 | |
| Towing | 0.00 | 0.00 | 0.00 | |
| Calculated Gross Total (S\$) | 6,776.70 | 3,001.10 | 3,775.60 | 55.71 |
| Approved Total (Overridden) (S\$) | | 2,400.00 | | |
| Nett Amount (S\$) | 6,776.70 | 2,400.00 | 4,376.70 | 64.58 |

INSPECTION

Date of Assignment: 17/12/2019
 Date Inspected: 23/12/2019 Inspected At: Trust Autoworks - Ang Mo Kio (HQ)
 Singapore 569538
 Estimated Period of Repair: 3.0 days

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

NOTE: This report represents our findings at the time and place of inspection stated herein. Such inspection has been carried out to the best of our knowledge and ability but any other liability under any other circumstances is hereby expressly excluded.

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 30 Dec 2019)

Parts: 143 MITSUBISHI LANCER 1.5 MIVEC GLX AT ABS D/AB 2WD 4DR (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SJJ1496A)

Validity: These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page

Further Info: Items/values not in reference catalogue are prefixed with an asterisk *.

Recommended Parts

| No. | Qty | Part No. | Particulars | Condition | Repairer's | Amount |
|-----|-----|----------|--------------------------------|---------------|------------|------------|
| 1 | 1 | | *REAR BOOT LID | Repair | 683.00 FL | *- FL |
| 2 | 1 | | *REAR BOOT LID EMBLEM-MIVEC | Not Necessary | 47.00 FL | *- FL |
| 3 | 1 | | *REAR BOOT LID EMBLEM-LOGO | Not Necessary | 46.00 FL | *- FL |
| 4 | 1 | | *REAR BOOT LID EMBLEM-LANCER | Not Necessary | 43.00 FL | *- FL |
| 5 | 1 | | *REAR BOOT LID EMBLEM-EX | Not Necessary | 35.00 FL | *- FL |
| 6 | 1 | | *REAR BOOT RUBBER | Serviceable | 155.00 FL | *- FL |
| 7 | 1 | | *REAR END PANEL | Repair | 485.00 FL | *- FL |
| 8 | 1 | | *REAR END PANEL INNER GARNISH | Mtg Cracked | 172.00 FL | *172.00 FL |
| 9 | 1 | | *REAR N/S TAIL-LAMP ASSY | Serviceable | 405.00 FL | *- FL |
| 10 | 1 | | *REAR BOOT LID REFLECTOR | Serviceable | 305.00 FL | *- FL |
| 11 | 1 | | *REAR N/S FENDER INNER TRIM | Serviceable | 325.00 FL | *- FL |
| 12 | 1 | | *REAR BUMPER | Cracked | 682.00 FL | *682.00 FL |
| 13 | 1 | | *REAR BUMPER REINFORCEMENT | Bent | 455.00 FL | *455.00 FL |
| 14 | 1 | | *REAR BUMPER TOP BEAM | Bent | 150.00 FL | *150.00 FL |
| 15 | 1 | | *REAR N/S BUMPER SIDE RETAINER | Distorted | 65.00 FL | *65.00 FL |
| 16 | 1 | | *REAR BUMPER TOW COVER | Missing | 30.00 FL | *30.00 FL |
| 17 | 1 | | *REAR N/S BUMPER REFLECTOR | Serviceable | 55.00 FL | *- FL |
| 18 | 1 | | *REAR N/S FENDER INNERSHIELD | Cracked | 125.00 FL | *125.00 FL |
| 19 | 1 | | *REAR BUMPER LOWER SKIRT | Cracked | 450.00 FS | *450.00 FS |
| 20 | 1 | | *REAR NO PLATE | Cracked | 35.00 FS | *25.00 FS |
| 21 | 1 | | *SET REAR REVERSE SENSOR | Serviceable | 200.00 FS | *- FS |

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

| | | |
|--|-----------------|-----------------|
| Sub Total (\$\$) | 4,948.00 | 2,154.00 |
| - List Item Discount on L Items 10.00/10.00% (\$\$) | 426.30 | 167.90 |
| Total Parts (\$\$) | 4,521.70 | 1,986.10 |

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

| No | Particulars | Lab.Type | Repairer's | Amount |
|---------------------------------|---|----------|-----------------|-----------------|
| Labour Items | | | | |
| 1 | REMOVE/RENEW THE ABOVE PARTS INCLUDING KNOCKING,WELDING & CUTTING | New | 1,000.00 | 400.00 |
| 2 | TO PUTTY & SPRAY PAINT ON FRONT & REAR ACCIDENT AFFECTED PORTION | New | 1,000.00 | 600.00 |
| 3 | CHECK/RECONNECT WIRING | New | 35.00 | 15.00 |
| 4 | TO SPRAY ANTI RUST ON ACCIDENT AFFECTED PORTION | New | 100.00 | 0.00 |
| 5 | REMOVE/REFIT REAR BOOT UPHOLSTERY TO FACILITATE REPAIR | New | 120.00 | 0.00 |
| Gross Labour Cost (\$\$) | | | 2,255.00 | 1,015.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >