www.ior	Steve	ASSIGNMEN	T (Office)	,			
	Tan kan bong	of CTI	- 1		Date/Time.	18-12.2019	9.484.
firsting of Fo			3ill to:				
	STIPRESTOD RESTE	VA/INV/MV/CS HOOT		Insured:	УN	59364	
of Verkshop	ng ka Road			Tel:	1.4		
Policy No. D	MCVS/V 190 860 190	00	Claim No:	SVM19	2599	100	
Sum boared			Excess:				
Make of Vels (Client's Record		h ar			D.O.A. E	3.12.2019	
CA / REV	/ REP. / REV 24 HRS	my			H.O.D. Fre	lug spangil	
Cristo/Lune. J	18.12.19 1156a.m	Person Contacted;	Shawn	V	chicle IN	/	
Date/Time	Action/listruction (	1) Estimate				77	
	302 5836YC X						
	SER SHOUT NOW	ağı titooltaw/Gen	His Don	12,54,1201	4		

	ntanine Stew REE:		3/38/3/25/25	
1.		37.77	GUNIENT	1.1.5
Fto	TATAL TACKERS		Vah Na: SCR 7190T Yr Rej	on: 17/12/15
	imaled Cost:		Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi /	Prime Mover I
	TP/WS/TP-RES/OD RES/EVA/INV/M	MY .	Truck / Traller or	
	Inspect Vehicle No:		Mako: - Nissan X-Trail.	c.c 1997
	Varkshop m/s	54	Colour Red . "A/C:	AN IN IN Std / NI / NA
10			Sp.Reading 64392 T/Redio:	Insured / Std / NI / NA
Insu	ered .		Eng/No:	27
Polic	cy No.	E 388 5	CINO: IN 1 JANT 32 Z 90 9 12	1,2
Clair	ms Na.	N N 2	Gen. Cond: Good / Fair / Poor / Burnt	n e
Sum	Insured: Excess:		Steering: Inorder I Jammed / Leaked / Burnt or	÷
(C	llent's Record)		Brake: Inorder / Jammed / Leaked / Burnt or	
Make	e of Veh:		Modi: NII / S/RIm / STD A/RIm or	
			Tyre Size: F: 975/55 R17	22 CONTRACTOR OF THE PARTY OF T
			R: (	27 700
Rem	ark: The ven had commonced Its	N/SS Ots	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHT	SU / PIR / SUMI /
	repair at the time of inspection.	1	TOYO'/YOKO or	
Bal, o	or Market Value:	79	Eroni Rear	~
IDAC	Accident Rport; Consistent? : Yo	es or No	R/Bal. 5 mm R/Bal.	5 mm
GIA	/ PR Seen: Consistent? : Yo	es or No	L/Bal. 5 mm L/Bal.	5 mm
Est. F	Repairs: days Res.: Ye	ss or No	D.O.A. 13/12/19 D.O.I.	30/17/19
Lum	Sum: % 3 Val.; Ye	s or No	Survey held at TC AutoClinic	11551 <b>4</b> 110.7 <b>4</b> 00.17
CA	/ REV / REP. / 24 HRS		Dos. of Damages : Frt / Rear / O/S / N/S / U/C	/ Rooftop or
	The Title Terrino	Vehicle: IN / OUT	Rec RH	
				M
Date:			The U/C / Chassis frame / Body Structure	affected due to collision.
	e / Time   Action / Instruction		The U/C / Chassis frame / Body Structure i	affected due to collision.
	MV-70K	c 1 (d		
	MV-70K	5 dys (\$	min) CRED 16389-28 18	
	MV-70K	S dys (\$	min) (Red 16389-28 18	
-200	MV-70K	S dys (S		
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	MV-70K	S dys (S)	min) (Red 16389-28 18	
	MV-70K	S dys (S)	min) (Red 16389-28 18	
Date 17	Action / Instruction  MV-70K  J/20 Findle \$ 2,490.52 ,	EIVED 1 T	mm) CRED 16389.28 18	
Date 17	me, Fig Piss to? : Proll. Report	EWED 1711	Oays Of Repair: 5	D'7.)
Detartie	Action / Instruction  MV-70K  J/20 Findle \$ 2,490.52 ,	EWED 1711	Days Of Repair: 5. 1. Survey Fr	0°7°)
Date/Til	MV-70K   3/70   Findle \$ 2,490.52    REU  TO PER PER 107   Proll. Report  13 TUPS   Final Report	EIVED 1-1-1	Days Of Repair: 5 Resurvey No. of Trip: 1 Survey For Intersperious	0°7°)
Date Date Till 17	MV-70K   3/70   Findle \$ 2,490.52    REU  TO PER PER 107   Proll. Report  13 TUPS   Final Report	EWED 1717	Days Of Repair: 5 Resurvey No. of Trip: 1 Site insp (\$ ):_5+Rs	0°7°)
Data/Ti	me, File Pass to?   3/74   Finally   Proll. Report   Final Report   Final Report   Proll. Repo	EIVED 1-1-1	Days Of Repair: 5 Resurvey No. of Trip: 1 Site Insp (\$ )5+RS Interview (\$ ) Figure	0°7°)
Data/Til Data/Til Data/Til 2)	me, File Pass to?  Finally: Proll. Report  The Return to?  The Return to?	EIVED 1-1-1	Days Of Repair: 5 Resurvey No. of Trip: 1   Survey For   Itansported   I	0°7°)
Dela/Te 1) (2) Cata/Ti 2)	me, File Pass to?   3/74   Finally   Proll. Report   Final Report   Final Report   Proll. Repo	EIVED 1-1-1	Days Of Repair: 5 Resurvey No. of Trip: 1 Site Insp (\$ )5+RS Interview (\$ ) Figure	0°7°)

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

CERT I	votified.	Est Supmitted	(Ad) Assigned	Adl 8pt	Adj Sub	mitted	Ins Authled	Status		
Main	7 Dec 2019		18 Dec 2019 09:48 Assign					New Ass Cancel C	The second second	Ę.
	inin:	Re	ference		Claim Details		Documen	ts	5	how All
CLAIM SUE	FOLDER DE	TAILS				[Create	ed by insurer]	-		
Insured:										
Main Claimant:	HADEMAL	M BO GORAN,	ID: 52644121H							
Vehicle Reg. No.:	SCR710	ОТ			Date of Loss:	13/12/2	019 18:00 - :59			
Claim Type:	TP / SNM19D205991C02				Policy/Cover Note No.:	DMCV5N19086019000				
Vehicle Reg. No. (Insured):	YN5936Y				Policy No. (Claimant):	2100443847-04				
					Excess:	5\$500.0	0			
Repairer:	TC AutoC	inic Pte Ltd (Len	g Kee) 25 Leng	Kee Road,	159097 Leng Kee	e - Tei: 67	038511			
Handling Insurer:	China Tai	ping Insurance (	Singapore) Pto	e. Ltd. (HQ	) - Tel: 6389 611	1 [Han	dled by Tan Kah	Leong - 638	396193]	
Claimant's Insurer:	AIG Asia	Pacific Insurance	Pte. Ltd. (SG)	) - Tel: 65-6	5419-3000					
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Final Rpt	due 30/	12/2019]			
ASSOCIAT	ED MAIL RE	CEIVED						View All	Compose	Case Mail
There are no	mail for this	case.								
ALL ASSO	CIATED TAS	KS=				View Al	Search Tasks	Create Ne	w Task	Complete
Due Date	Princity	Type Task	Group Subj	lett Har	ndler Assign	sed By	Completed Or	Crea	ted On	Done
No results.										

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE

CONTACT NO : 67038511 REFERENCE

: 180/IC/TCAC/CCR/2019

DATE

: 14-BEC-2019

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

5(079909)

TEL: 63896111 FAX : 62247175

OWNER'S NAME : MR HADEMALM BO GORAN

ADDRESS

: 21 HUME AVENUE

#09-04

5(598728)

TELEPHONE NO : 66935139/96689897

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM

POLICY NO : 2100443847-04 VEHICLE NO : SCR7100T

MODEL CODE : JORNREZT32EWA----

MODEL/YEAR : X-TRAIL 2.0L ALL MODE 4X41

ENGINE NO : MR20790525B CHASSIS NO : JN1JANT32Z0001232

MILEAGE : 63852 KM

LIABILITY : 14/12/2019 : 0.00

EXCESS CLAUSE :

0.00

ESTIMATE BY : SHAWN CHUA CHU RONG ACCIDENT DATE : 13/12/2019

#### 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 truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy liability
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.

<ol><li>By the lodgement of this report to the insurers, yo aforesaid.</li></ol>	u hereby consent to the archiving of this report at the centre and to copies of the report being made available
	ACCIDENT STATEMENT
Date Of Report	16/12/2019 10:09
Date Of Accident	13/12/2019 18:00
Exact Location Of Accident	JLN AHMAD IBRAHIM/JURONG PIER RD TRAFFIC LIGHT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SCR7100T
Insured/Policyholder	
Name Of Registered Owner	HADEMALM BO GORAN
NRIC No	S2644121H
Email Address	BOHADEMALM@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96689897
Alternative Phone No.	OTHERS-96689897
Vehicle Particulars	
Manufacturer	NISSAN

Model X-TRAIL-2.0 CVT (A)

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?

If No. Please state action to be taken

THIRD PARTY PRIVATE CAR

Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE, LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number 2100443847-04

Cover Note Number 17/12/2019 - 16/12/2020

Driver

Name of Driver HADEMALM BO GORAN

NRIC No S2644121H Date Of Birth 07/01/1965 Occupation INDOOR Date Of Driving Pass 26/08/1992

Driving Experience 27 YEARS AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-96689897

Fax Number

Contact Number OTHERS-96689897

EMail Address BOHADEMALM@GMAIL.COM Address

21 HUME AVE #09-04

Postcode

S598728

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

COLLISION - HEAD TO REAR

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles (including own vehicle)

2

involved in the accident

NO

Was any body injured in the Accident? 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)

1

**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 attached sketch plan.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

## DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YN5936Y

Vehicle Make/Model/Colour

MITSUBISHI FUSO

Details Of Properties

Vehicle Category

GOODS VEHICLE

Name of Driver

RAJIV S/O MOHAN

NRIC/Passport Number

S8532635Z

Contact Number

82249469

Address

Postcode

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

No. Of Passenger (Including Driver)

AHIMU DESCRIBE CIRCUMSTÂNCES OF THE ACCIDENT WAS @ STWO STILL IN FRONT OF THE TRAFFIC LIGHT CAR A (SCR71047) 17 FILM REHIND AFTER FAILING TO STUP. Important: Reporting Only You have been advised by the workshop that in the event that you wish to Claim OD claim against your own policy (OD CLAIM), There is a FOURTEEN (14) Claim TP DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence. Claim OD/ TP at other workshop DECLARATION I/WE declare the foregoing particulars are true in every respect.

Policyholder's signature

Date & Time

Driver's Signature (if driver not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name:

Nric/Fin No.

### 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records 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.
- S. Consent under the Personal Data Protection Act (PDPA)

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 :
  - 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:
  - 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:

14/12/2019

NRIC/FIN No.:

Sales Completed as A

# > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID: Vehicle Details	121H
Vehicle No.:	SCR7100T
Vehicle to be Exported:	No
Intended Deregistration Date:	30 Dec 2019
Vehicle Make:	NISSAN
Vehicle Model:	X-TRAIL 2.0 CVT ABS 4WD S/R 7-STR
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	MR20790525B
Chassis No.:	JN1JANT32Z0001232
Maximum Power Output:	106.0 kW (142 bhp)
Open Market Value:	\$21,714.00
Original Registration Date:	17 Dec 2015
First Registration Date:	17 Dec 2015
Transfer Count:	0
Actual ARF Paid: Intended PARF Rebate Details	\$22,400.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	16 Dec 2025
PARF Rebate Amount: Intended COE Rebate Details	\$16,800.00
COE Expiry Date:	16 Dec 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$61,103.00
COE Rebate Amount:	\$36,415.00
Total Rebate Amount:	\$53,215.00

The information contained herein is correct as at 30 Dec 2019

OK

### ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SCR7100T

5/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
I	BYOIW	**COMPLETE WAXING OF VEHICLE	71.00	X
2	RC1	REPLACE REVERSE CAMERA, FINISHER MOUNTING, ALIGNMENT, SETTING & FUNCTION TEST	120.00	Х
3		PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	120.00	/
4		REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	55.00	1
5	SEALI	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	300.00	X
5	IHM	CHECK & INSPECT WIRE HARNESS FOR DAMAGE & OPEN/ SHORT CIRCUIT, REPAIR WHEN NECESSARY	240.00	X
7	ZZ/001	REPLACE REAR BUMPER, BODYKIT, TAILGATE, REAR RIGHT FENDER & TRIM, REFLECTOR ETC. REPAIR PANELS. 1875	1400.00	720 840
8	22/002	REPLACE TAILGATE GLASS TO FACILITATE REPAIR	250.00	X
9	ZZ/003	INSTALL SOLAR FILM ON TAILGATE GLASS	144.00	X
10	ZZ/004	REPLACE REAR RIGHT QUARTER GLASS TO FACILITATE REPAIR	250.00	X
11	ZZ/005	INSTALL SOLAR FILM ON REAR RIGHT QUARTER GLASS	32.00	X
12	ZZ/006	REMOVE & INSTALL HEADLINER, SEATS, CARPETING, PANELS TO FACILITATE REPAIR	120.00	X
13		RESPRAY REAR BUMPER, BODYKIT, TAILGATE, REAR RIGHT FENDER ETC 2584	1250.00	750
14	ZZ/008	QC. RETUNE & CONSULT CHECK		
15	ZZ/009	COMPLIMENTARY WASH & VACUUM		
		TOTAL LABOUR CHARGES	4352.00	

### MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SCR7100T

DAMAGED PARTS & PRICES

			MUNICIPAL FORM			
5	S/NO PARTS DESCRIPTION	PARTS NUMBER		LIST		
	1 BUMPER BODYKIT X AIA!	H5901-4CE10			484.20	
	2 X-TRAIL EMBLEM / PC	84895-4CLDA	110.00			
	3 NISSAN EMBLEM / WYC	84890-4CL0A	64.90			
	4 REAR RIGHT QUARTER GLASS 🗶 👫	83300-4CC0A			400.00	
	5 REAR RIGHT FENDER	G8100-4CCMB	1155.20			
	6 TAILGATE CENTRE FINISHER 🗴 🎮	90810-4CE0A	145.20			
	7 TAILGATE GLASS X AIA	90300-4CC0A	1386.00			
	B TAILGATE X K	9001A-4CC5C	4380.00			
	9 RIGHT REINFORCEMENT STAY 7 X MAI	H5210-4CCMA	195.60			
	10 REINFORCEMENT X AIA	B5032-4CC0A	596.20			
[ [ [ [ ] ]	11 RIGHT BUMPER BRACKET ? ALM / GR	85220-4CEGA	38.90			
	12 BUMPER CENTRE FINISHER X A/AI	85070-1KA0A	117.50			
	13 REAR BUMPER / DIJ	B5022-4CE0H	693.10			
	14 REAR UPPER PANEL X A/AI	79110-4CCOA	447.50			
	15 REAR RIGHT FENDER TRIM X NA	78860-4CE0A	162.50			
	16 RIGHT REFLECTOR $\checkmark$	26560+JJ90A	61.90			
	2/2/2/2/		*********			
	SUB TOTAL LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT	0083	9554.50	0.00	884.20	
	The state of the s	uunj	1910.90	0.00	0.00	
	GRAND TOTAL		7643.60	0.00	884.20	
	OVERALL TOTAL		8527.80			

LEGEND: REMARKS( DK ) = APPROVED, REMARKS( X ) = NOT APPROVED

#### SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SCR7100T

\$1

TOTAL LABOUR CHARGES

SURVEYOR'S PARTICULARS

SURVEYED DATE

LIABILITY

REMARKS

AUTHORIZED DATE

EXCESS CLAUSE

4352.00

TOTAL SPARE PARTS CHARGES

8527.80

GRAND TOTAL

12879.80 \*

\* All charges do2 not include GST.

30/0/19, 11.3900 Stere CLKK) Wil PAL Schys

0.00

0.00

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:

PLS NOTE: This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.



FINALIZED

: ACCIDENT/BODY REPAIRS

WORKSHOP

: LENG KEE

CONTACT NO

1 67038511

REFERENCE

: 180/IC/TCAC/CCR/2019

DATE

: 14-DEC-2019

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD

3 ANSON ROAD

#16-00 SPRINGLEAF TOWER

5(079909)

TEL : 63896111 FAX : 62247175

CWNER'S NAME

: MR HADEMALM BD GORAN

ADDRESS

: 21 HUME AVENUE

5(598728)

#09-04

TELEPHONE NO : 66935139/96689897

TYPE OF CLAIM : DIRECT SETTLEMENT / THIRD PARTY CLAIM

POLICY NO

: 2100443847-04

VEHICLE NO

: SCR7100T

MODEL CODE : JURNRRZTBZEWA----

MODEL/YEAR

: X-TRAIL 2.OL ALL MODE 4X4I

ENGINE NO

: MR207905258

CHASSIS NO : JNIJANT32Z0001232

MILEAGE

: 63852 KM

:

DATE IN

: 14/12/2019

LIABILITY

0.00

EXCESS CLAUSE :

0.00

ESTIMATE BY : SHAWN CHUA CHU RONG

ACCIDENT DATE : 13/12/2019

## LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SCR7100T

\$/NO	JOH CODE		CHARGES	SURVEYOR'S RECOMMENDATION
1	RCI	REPLACE REVERSE CAMERA, FINISHER MOUNTING, ALIGNMENT, SETTING & FUNCTION TEST	120.00	
2	RP1	PERFORM RUST PROOFING & TREATMENT FOR AFFECTED PANEL	120.00	120.00 /
3	RSI	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	55.00	55.00
4	SEALI	APPLY SEALANT TO ALL AFFECTED PANEL JOINTS & RESEAL NECESSARY AREA	300.00	.00
5	MHI	CHECK & INSPECT WIRE HARNESS FOR DAMAGE & DPEN/ SHORT CIRCUIT, REPAIR WHEN NECESSARY	240.00	.00
5	ZZ/001	REPLACE REAR BUMPER, EMBLEMS, RIGHT BUMPER BRACKET REPAIR REAR RIGHT FENDER, TAILSATE	1400.00	840.00
7	22/002	REPLACE TAILGATE GLASS TO FACILITATE REPAIR	250.00	.00
8	ZZ/003	INSTALL SOLAR FILM ON TAILGATE GLASS	144.00	.00
9	ZZ/004	REPLACE REAR RIGHT QUARTER GLASS TO FACILITATE REPAIR	250.00	.00
10	ZZ/005	INSTALL SOLAR FILM ON REAR RIGHT QUARTER GLASS	32.00	.00
11	ZZ/006	REMOVE & INSTALL HEADLINER, SEATS, CARPETING, PANELS TO FACILITATE REPAIR	120.00	.00
12	22/007	RESPRAY REAR BUMPER, TAILGATE, REAR RIGHT FENDER	1250.00	750.00/
13	ZZ/008	QC. RETUNE & CONSULT CHECK		13
14 7	22/009	COMPLIMENTARY WASH & VACUUM		
		TOTAL LABOUR CHARGES	4281.00	1765.00 /

## MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SCR71007

		DAMAGED	PARTS & PR	ICES		
/NO PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST S/NET		T REMARKS	
1 RIGHT BUMPER BRACKET (SUPPLEMENTARY) / DR	85220-4CEDA	38.90		********	OK .	
2 RIGHT REFLECTOR	26560-JJ90A	61.90			x	
3 REAR RIGHT FENDER TRIM	78860-4CEOA	162.50			x	
4 REAR UPPER PANEL	79110-4CCOA	447.50			х	
5 BUMPER CENTRE FINISHER	85070-1KA0A	117.50			X	
6 REINFORCEMENT	B5032-4CC0A	595.20			x	
7 RIGHT REINFORCEMENT STAY	H5210-4CCMA	195.60			x	
8 TAILGATE	9001A-4CC5C	4380.00			x	
9 TAILGATE GLASS	90300-4CC0A	1386.00			x	
O TAILGATE CENTRE FINISHER	90810-4CEDA	145.20			x	
1 REAR RIGHT FENDER	G8100-4CCM8	1155.20			X	
Z REAR RIGHT QUARTER GLASS	83300-4CC0A			400.00	X	
3 BUMPER BODYKIT	H5901-4CE10			484.20	X	
4 X-TRAIL EMBLEM	84895-4CLDA	110.00			ox /	
5 NISSAN EMBLEM	84890-4CL0A	64.90			ok /	
6 REAR BUMPER	B5022-4CEDH	693.10			OK /	
SUB TOTAL		205 00				
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NET	T00%)	905.90 181.38	0.00	0.00		
		**********	********	0.00		
GRAND TOTAL		725.52	0.00	0.00		
OVERALL YOUR						
OVERALL TOTAL						

725.52

LEGEND: REMARKS( DK ) = APPROVED, REMARKS( X ) = NOT APPROVED

OVERALL TOTAL

# SUMMARY OF OVERALL CHARGES FOR VEHICLE REGN NO SCR7100T

NETT ITEM	905.90	
LESS 20.00%)	-181.38	
NETT AMOUNT	725.52	
LIST ITEM	0.00	
LESS 30.00%)	0.00	
LIST AMOUNT	0.00	
SPECIAL NETT ITEM	0.00	
LESS .00%)	0.00	
SPECIAL NETT AMOUNT	0.00	
TOTAL LABOUR CHARGES	1765.00	
TOTAL SPARE PARTS CHARGES	725.52	
	/	
TOTAL CHARGES	2490.52	
A00 7 % GST	174.34	
TELL VALUE OF THE STATE OF THE	**********	
GRAND TOTAL	2664.85	
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