

ASS. REC. BY:

REF: (S/SMD 2000 2163) Esf3

Special Instruction:

Surveyor: SteveASSIGNMENT (Office)From (Person): Grau Teo of SMD Date/Time: 7.2.2020 11:29 a.m

Estimated Cost: _____ Bill to: _____

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SMF 8385B Insured: SGU 8773Gat Workshop m/s Motor Image Tel: 9489 9000of 25 Leng Kee RoadPolicy No: _____ Claim No: CMT12 2000595/THB

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 5.2.2020
(Client's Record)CA / REV / REP. / REV 24 HRS mpo

H.O.D. Endorsement: _____

Date/Time: 7/2/2020 11:39 a.m Person Contacted: Dennis Vehicle IN / OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate.
	<u>SMF 8385B - X</u>
	<u>SGU 8773G - CC3/TM12016851/KVE3 D.O.A - 11/07/2012</u>
<u>10/02/20</u>	<u>@ 15:15 pm revised PA to Thelms via email.</u>

ASS. REC. BY:

Steve

REF: SMD

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SMF 8385B

Yr Regn:

21/2/17

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

Truck / Trailer or

Make:

Subaru Forester

C.C.

1998

Colour:

Dk

A/C: Insured / Std / NI / NA

Sp. Reading

7009.7

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JF15JUK 85G6081047

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

225/55R18

R:

11

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

5/2/20

D.O.I.

7/2/20

Survey held at

Mth Image, Alexandra Road

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

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

Date / Time Action / Instruction

MV- 93K

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Report Format:

Lump Sum / L&C

Days Of Repair:

Resurvey No. of Trip:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Week end (\$

Survey Fee:

Transportation:

S + RS. SI

Photos

Others

TOTAL

Summer Lee (LKK Auto)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Friday, 7 February, 2020 11:27 AM
To: Dennis Leong; Choo, Thelma; 'admin-d@lkkauto.com'; 'assignments@lkkauto.com'; sur@lkkauto.com
Cc: LKINSTEAM; Ye, Yong Kang Melvin; Henry, Irene James
Subject: CMTD2000595/THE - LKK/ SGU8773G & SMF8385B ACC ON 05.02.20 - Pls assist to arr suv today or Monday
Attachments: SMF8385B.PDF; SMF8385B BEFORE SURVEY.pdf

Without Prejudice

Our Reference: CMTD2000595/THE
Your Reference: SMF8385B

Hi Dennis,

We refer to your email of today.

Please be informed that we will appoint **LKK AUTO** to survey the above vehicle.

Aside to **LKK Auto**,

Please make arrangement to conduct the survey for **SMF8385B** on a without Prejudice and any admission of liability basis.

Please be informed that **Ms. Thelma Choo** is the handler of this case who can be contacted at 63224 681/ thelma.choo@sompo.com.sg.

Please submit with your report upon completion of survey to my colleague, **Ms. Thelma**.

Thank you.

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147

For motor claims survey request, please email to motorsurvey@sompo.com.sg



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Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

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From: Dennis Leong <dennisleong@motorimage.net>

Sent: Friday, February 7, 2020 10:47 AM

To: Teo, Grace <grace.teo@sompo.com.sg>; Choo, Thelma <thelma.choo@sompo.com.sg>

Cc: LKINSTEAM <LKINSTEAM@tanchong.org>; Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>; Henry, Irene James <irene.henry@sompo.com.sg>

Subject: RE: CMTD2000595/THE - SUV/ SGU8773G & SMF8385B ACC ON 05.02.20

Hi Grace,

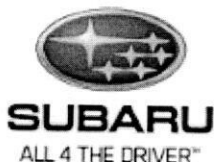
Kindly advise is that possible survey by today or latest by Monday 10/02/2020 10am.

Best Regards,

Dennis Leong

Service Advisor
Motor Image Enterprises Pte Ltd
25 Leng Kee Road
Singapore 159097
HP : (65)9489 9000
DID: (65)6703 8161
FAX: (65)6479 1137
Email: dennisleong@motorimage.net

Save the Earth. Print only when necessary.



From: Teo, Grace [mailto:grace.teo@sompo.com.sg]

Sent: Friday, 7 February 2020 10:03 AM

To: Dennis Leong <dennisleong@motorimage.net>; Choo, Thelma <thelma.choo@sompo.com.sg>

Cc: LKINSTEAM <LKINSTEAM@tanchong.org>; Ye, Yong Kang Melvin <melvin.ye@sompo.com.sg>; Henry, Irene James <irene.henry@sompo.com.sg>

Subject: CMTD2000595/THE - SUV/ SGU8773G & SMF8385B ACC ON 05.02.20

Without Prejudice

Our Reference: CMTD2000595/THE
Your Reference: SMF8385B

Hi Dennis,

We acknowledged receipt of your claim notification.

Please be informed that **Ms. Thelma Choo** is the handler of this case who can be contacted at 63224 681/
thelma.choo@sompo.com.sg.

Kindly advise us when your client will be leaving the vehicle at your premises for survey.

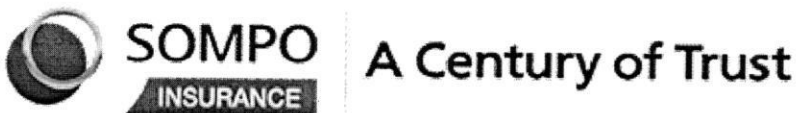
Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147

For motor claims survey request, please email to motorsurvey@sompo.com.sg



Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

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From: Dennis Leong <dennisleong@motorimage.net>

Sent: Thursday, February 6, 2020 6:01 PM

To: claimsreport <claimsreport@sompo.com.sg>; Claims - Motor Survey <MotorSurvey@sompo.com.sg>

Cc: LKINSTEAM <LKINSTEAM@tanchong.org>

Subject: SMF8385B CLAIM AGAINST SGU8773G

Hi Claim Team,

Kindly refer to attachment as GIA report & estimate COR.

Please arrange survey for mention vehicle.

Best Regards,

Dennis Leong

Service Advisor

Motor Image Enterprises Pte Ltd

25 Leng Kee Road

Singapore 159097

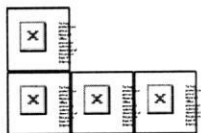
HP : (65) 9489 9000

DID: (65) 6703 8161

FAX: (65) 6479 1137

Email: dennisleong@motorimage.net

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	996G
Vehicle Details	
Vehicle No.:	SMF8385B
Vehicle to be Exported:	No
Intended Deregistration Date:	10 Feb 2020
Vehicle Make:	SUBARU
Vehicle Model:	FORESTER 2.0XT CVT AWD SR
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	FA20B873396
Chassis No.:	JF1SJGK85GG081047
Maximum Power Output:	177.0 kW (237 bhp)
Open Market Value:	\$19,237.00
Original Registration Date:	21 Feb 2017
First Registration Date:	21 Feb 2017
Transfer Count:	0
Actual ARF Paid:	\$19,237.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	20 Feb 2027
PARF Rebate Amount:	\$14,427.00
Intended COE Rebate Details	
COE Expiry Date:	20 Feb 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$48,209.00
COE Rebate Amount:	\$33,889.00
Total Rebate Amount:	\$48,316.00

The information contained herein is correct as at 10 Feb 2020

OK

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto)
Sent: Monday, 10 February 2020 3:15 pm
To: 'Choo, Thelma'
Cc: 'Teo, Grace'; 'Ye, Yong Kang Melvin'; 'Henry, Irene James'; assignments; SUR
Subject: RE: CMTD2000595/THE - LKK/ SGU8773G & SMF8385B ACC ON 05.02.20 - Pls assist to arr suv today or Monday
Attachments: PRELI ADVISE - SMF 8385B.pdf

Dear Thelma,

Enclosed preliminary revised of vehicle SMF 8385B.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto) <admin-d@lkkauto.com>
Sent: Friday, 7 February 2020 11:42 am
To: 'Teo, Grace' <grace.teo@sompo.com.sg>; 'Choo, Thelma' <thelma.choo@sompo.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'LKINSTEAM' <LKINSTEAM@tanchong.org>; 'Ye, Yong Kang Melvin' <melvin.ye@sompo.com.sg>; 'Henry, Irene James' <irene.henry@sompo.com.sg>
Subject: RE: CMTD2000595/THE - LKK/ SGU8773G & SMF8385B ACC ON 05.02.20 - Pls assist to arr suv today or Monday

Dear Sir/Madam,

Thank you for the assignment.

"Wishing you a Happy and Prosperous Lunar New Year"



Best Regards,



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: CMTD2000595/THE

Date: 10 February 2020

Our Ref: CS/SMO20002163/Esf3

The Motor Claims Department
SOMPO INSURANCE SINGAPORE PL

Dear Sir/Madam,

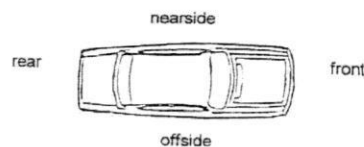
PRELIMINARY ADVISE REPORT OF VEHICLE NO. SMF 8385B .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 07/02/2020 at the premises of M/s Motorimage Enterprise Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ 6,269.80 .
Revised Estimate Amount	: S\$ 3,985.40 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:

The vehicle sustained damages
at the o/s rear portion.



Comments/ Present Status:

Damages Consistent.

Repair days: 3 days

Yours faithfully

Chen Tsue Yee
Automotive Assessor

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	06/02/2020 13:19
Date Of Accident	05/02/2020 18:35
Exact Location Of Accident	CORPORATION ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMF8385B
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	ER CHIANG HWA
NRIC No	SXXXX996G
Email Address	MAIL@CSFRP.BIZ
Mobile Phone No	(LOCAL) +65-96874128
Alternative Phone No	OFFICE-68618535

Vehicle Particulars

Manufacturer	SUBARU
Model	FORESTER-2.0 XT (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? NO

If No, Please state action to be taken THIRD PARTY

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPCSN1736241902
Cover Note Number	

Driver

Name of Driver	YANG YA MEI
NRIC No	SXXXX121F
Date Of Birth	14/09/1969
Occupation	INDOOR
Date Of Driving Pass	18/02/1991
Driving Experience	28 YEARS AND 11 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98898853
Fax Number	
Contact Number	
E Mail Address	MAIL@CSFRP.BIZ

Address	BLK 346 KANG CHING RD #06-119
Postcode	610346
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	COLLISION - CHANGE/CROSS LANE
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)	2
Passenger 1	NAME: : ER CHIANG HWA 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

ON 05/02/2020 @ ABT 1835HRS. I WAS DRIVING ALONG CORPORATION ROAD ON THE LEFT MOST LANE. WHILE DRIVING, SUDDENLY THE VEHICLE B (SGU8773G) CUT INTO MY LANE FROM MY RIGHT & KNOCKED ONTO MY VEHICLE AT RIGHT SIDE PORTION. NO ONE WAS INJURED. THAT'S ALL.

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	SGU8773G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BOAY CHONG ZHENG
NRIC/Passport Number	
Contact Number	91813739
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1


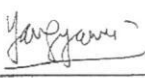

SKETCH PLAN

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 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:

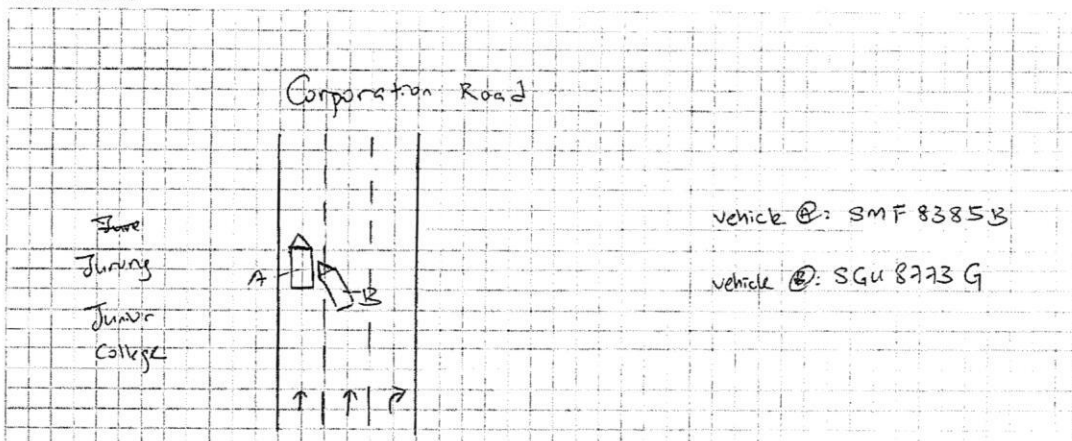
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder) Date & Time:	Name: NRIC/FIN No.:
<div style="border: 1px solid black; padding: 5px;"><p>I AM AWARED THAT MY INSURER MAY HAVE A <u>14 DAYS TIMEFRAME</u> FOR ME TO SUBMIT AN OWN DAMAGE CLAIM UNDER MY OWN POLICY. I WILL CHECK MY POLICY FOR MORE DETAILS.</p></div>		

GIA Form: SKETCHPLAN Form_V2

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/02/2020 @ 24 1835hrs.

Refer to circumstances of 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/FIN No.:

☐ Claim own policy
☐ Claim third party
☒ Claim OD / IF at other works hop
☐ For record purpose

Policy No. DMP/CSN 1736241902
Insurer China (C) Veh. No. SMF 8385B

MOTORIMAGE ENTERPRISES PTE. LTD.
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS
WORKSHOP : LENG KEE
CONTACT NO :
REFERENCE : INS/IC/JHI/062/2020
DATE : 06-FEB-2020

AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#07-16 AIG BUILDING
S(079120)
TEL : 91007211
FAX :
MOTOR CLAIM DEPT

OWNER'S NAME : ER CHIANG HWA
ADDRESS : APT BLK 346 KANG CHING ROAD
#06-119
S(610346)
TELEPHONE NO : 9687 4128

TYPE OF CLAIM : THIRD PARTY CLAIM
POLICY NO : DMPCSN1736241902
VEHICLE NO : SMF8385B
MODEL CODE : SJGDKK8
MODEL/YEAR : FORESTER 2.0XT AWD CVT
ENGINE NO : FA20B873396
CHASSIS NO : JF1SJGK85GG081047
MILEAGE : 1 KM
DATE IN : 06/02/2020
LIABILITY : 0.00
EXCESS CLAUSE : 0.00
ESTIMATE BY : DENNIS LEONG JIA HUI
ACCIDENT DATE : 06/02/2020

Print Date : 06/02/2020
Print Time : 17:52:26

MOTORIMAGE ENTERPRISES PTE. LTD.
25 LENG KEE ROAD
SINGAPORE 159097

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SMF8385B

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	1W0001W	TO CONDUCT 4-WHEEL ALIGNMENT	171.00	/
2	UNDERPANEL	TO CONDUCT PANEL PROTECTION FOR UNDERCARRIAGE	290.00	X
3	ZZ/001	TRANSFER/BALANCE TYRE/RIM	28.00	/
4	ZZ/002	REPLACE FRONT & REAR DOOR PANEL 200	1740.00	400
5	ZZ/003	RESPRAY FRONT & REAR DOOR PANEL 200	960.00	400
6	ZZ/004	TRANSFER DOOR MECHANISM (FRONT & REAR)	284.00	/
7	ZZ/005	SUNDRIES	100.00	20
TOTAL LABOUR CHARGES			3573.00	

MOTORIMAGE ENTERPRISES PTE. LTD.
25 LENG KEE ROAD
SINGAPORE 159097

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SMF8385B

S/NO	PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES			S/LIST REMARKS
			NETT	LIST	S/NETT	
1	DISC WHEEL AL 18 C75 / CUT	28111SG140	1400.00			
2	PNL COMPL DR F RH / 00	60009SG0429P	720.00			
3	PNL COMPL DR RRH / 00	60409SG0019P	684.00			
4	TAPE DR SASH F F RH / MK	90422SG000	5.40			
5	TAPE DR SASH F M RH / MK	90422SG020	18.00			
6	TAPE DR SASH F R RH / MK	90422SG040	18.00			
7	TAPE DR SASH R F RH / MK	90422SG060	18.00			
8	TAPE DR SASH R M RH / MK	90422SG080	10.80			
9	TAPE DR SASH R R RH / MK	90422SG100	14.40			
10	CLIP PIN / MK WITHOUT CUSHION 909130109	909130088	40.00			
11	CLIP / MK USE 909130088	909130109	14.40			
12	GARNISH F FENDER RH (SUPP) X	91112SG101	18.00			
13	GARNISH AY DR F RH / CUT	91112SG222	216.00			
14	GARNISH AY DR R RH / MIS	91112SG242	194.00			
SUB TOTAL			3371.00	0.00	0.00	0.00
LESS DISCOUNT (NETT-20 %)			674.20	0.00	0.00	0.00
GRAND TOTAL			2696.80	0.00	0.00	0.00
OVERALL TOTAL			2696.80			

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

MOTORIMAGE ENTERPRISES PTE. LTD.
25 LENG KEE ROAD
SINGAPORE 159097

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SMF8385B

TOTAL LABOUR CHARGES	3573.00
TOTAL SPARE PARTS CHARGES	2696.80
GRAND TOTAL	6269.80 *

* All charges do not include GST.

SURVEYOR'S PARTICULARS

NAME	:	
SURVEYED DATE	:	
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	0.00
LIABILITY	:	0.00
REMARKS	:	

Steve CLKKJ WKL April
7/2/20, 1.45pm
3 dys
P/P
Ry Bel sh

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.