

DISCHARGE RECEIPT

CLAIM REFERENCE : D20001831MFSH
ACCIDENT DATE : 07/04/2020
ACCIDENT LOCATION : SENNETT AVE
INSURED : COMFORT TRANSPORTATION PTE LTD
INSURED DRIVER : SIM BOON CHUAN
INSURED VEHICLE : SHC8076T
INVOLVED PARTY : SLR7968A
SETTLEMENT SUM : 4,795.85

I/We, the undernoted CLAIMANT being the person/entity entitled to receive the compensation in relation to the accident, hereby agree to accept the SETTLEMENT SUM as full and final settlement of all claims for damages, costs & disbursements arising out of the ACCIDENT, and I/WE also agree that the said settlement sum:

1. is paid without admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and/or its INSURED DRIVER in respect of the said loss and for damage whether now or hereafter to become manifest,

2. is accepted by me/us to the intent that the said MS First Capital Insurance Limited and /or its INSURED and/or its INSURED DRIVER be absolutely and finally discharged from all claims whatsoever which I/WE now or hereafter may have arising out of or connected with or traceable to the said accident.

I/WE acknowledge that this DISCHARGE RECEIPT is not to be construed as an admission of liability on the part of MS First Capital Insurance Limited and/or its INSURED and /or its INSURED DRIVER and it shall not be used as evidence in any claims or actions which may be made against them or any of them.

CLAIMANT : Wearnes Automotive Pte Ltd

Signature and Date :



WITNESS : Wearnes Automotive Pte Ltd

Signature and Date :



Cecilia Chong (LKK Auto)

From: Karen Tan <karentan@msfirstcapital.com.sg>
Sent: Wednesday, 22 July 2020 11:01 AM
To: Cecilia Chong (LKK Auto)
Subject: MANDATE: SURVEY ASSESSMENT - D20001831MFSH/1 // EXPRESS SETTLEMENT
Attachments: LOD AND OTHER DOCUMENTS.pdf; TP FINAL EST LIST.pdf; TP FINAL EST REPORT.pdf; LKK ADJUSTMENT REPORT.pdf; LKK INSPECTION REPORT.pdf; LKK SURVEY PHOTO.pdf

Dear Cecilia,

Please see our comments in **RED** below.

Best Regards,

Karen Tan

Motor Claims Dept.

MS First Capital Insurance Ltd | 36 Robinson Road #16-01 City House Singapore 068877 | DID : 6507 3582 | Fax No. : 6507 3849 | Company Regn. No. 195000106C

A Member of  **MS&AD** INSURANCE GROUP

Personal Data Protection Act 2012 ("PDPA"):

Under the PDPA, there are various requirements that regulate the processing of your personal data. Please refer to <http://www.msfirstcapital.com.sg> for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged. If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it. If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

As a response to the COVID19 outbreak, we are observing staggered working hours and some of us are on Work From Home arrangement. However, we are actively working to support our clients and partners. We have access to e-mails and will work to respond in a timely manner.

We appreciate your kind understanding. Stay safe.

From: Cecilia Chong (LKK Auto) <CeciliaChong@lkkauto.com>
Sent: Tuesday, 21 July 2020 5:29 pm
To: Karen Tan <karentan@msfirstcapital.com.sg>
Subject: RE: PRI: SURVEY ASSESSMENT - D20001831MFSH/1 // EXPRESS SETTLEMENT

Your ref : D20001831MFSH

Our ref : CC4/FCI20005146/R1ga3q2

Dear Sirs/Madam,

ACCIDENT INVOLVING SHC 8076T & SLR 7968A ON 07/04/2020

We refer to the above matter.

OI HIT ONTO TP STATIONARY VEHICLE (BOLA S22). Liability is not in our driver's favour.

We did clarify with insured the nature of the accident and he's aware that NCD (if any) would be affected.

We seek your approval to offer Third Party repairer " **WEARNES AUTOMOTIVE**" at **\$4,855.85**.

The summary is as follows: -

	Amount Claimed	Amount Revised	MSFC comments
Cost of Repair (w/GST)	\$10,106.35	\$ 4,495.85	\$ 4,495.85
Loss of Rental (3days x \$120.00)	\$ 360.00	\$ 360.00 (3days x \$120.00)	\$ 300.00 to 360.00 (3days x \$100.00 to 120.00)
Loss of Income	\$ -	\$ -	\$ -
LTA/GIA Search Fee	\$ -	\$ -	\$ -
Total	\$10,466.35	\$ 4,855.85	\$ 4,795.85 to 4,855.85

**03 days recommendation for repair

Enclosed here with all the relevant documents for your perusal.

For your approval/instruction please.

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

Best Regards,



WEARNES

Our Reference: **SLR7968A/7018015**

By Email / Mail

Your Reference: **SHC8076T**

29/06/2020

MS FIRST CAPITAL INSURANCE LIMITED C/O LKK AUTO CONSULTANTS

Attn: Third Party Claim Department -

ACCIDENT INVOLVING SLR7968A & SHC8076T ON 07 Apr 2020.

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

Details	Remarks	Amount (SGD)
Cost of Repairs		\$4,495.85
Loss Of Rental	\$120.00 x 3 days	\$360.00
Others		
TOTAL		\$4,855.85

Kindly let us have your offer to Christine.yow@wearnes.com

Your soonest reply is much appreciated. Thank you.



Yours faithfully

Christine Yow

D (65) 6430 4899

Wearnes Automotive Pte Ltd

Bodyshop and Paint Division

249 Alexandra Road

Singapore 159935

This is a computer generated printout, no signature is required.

Wearnes Automotive Pte. Ltd.

45 Leng Kee Road, Singapore 159103 T 65 6430 4700 www.wearnesauto.com

Co reg no. 199501400R

SERVICE TAX INVOICE

0 - F00003 SL: FIRST CAPITAL INSURANCE LTD
 FIRST CAPITAL INSURANCE LTD GST Reg.No:M28920628X
 36 ROBINSON ROAD Inv.No. : B&P 7018015 Page 1
 #16-01, CITY HOUSE Inv.date. : 18/06/2020
 SINGAPORE WIP No. : 17917
 Singapore 068877 Veh.In/Out: 05/06/2020 10/06/2020
 *Tel.No. :
 Reg.No. : SLR7968A
 Reg.date : 28/08/2017
 Mileage : 37,785
 Chassis No: SAJAC06N5FPU56737

Closed by : Paul Ong Qing Yong
 Svc Consultant : ACC
 Remarks : Wearnes Automotive P

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRT BUMPER	0		900.00	0		900.00	S
800	TO SPRAYPAINT & BLEND ON	0		800.00	0		800.00	S
FRT BUMPER								
280	TO CHECK WIRING INCLUDE	0		540.00	0		540.00	S
RESETTING OF ALL ELECTRICAL								
MODULES								
C2Z13208XX	BUMPER COVER FRT S20	1.0	EA	2179.70	10		1,961.73	S

				Gross Total.	4,201.73
Labour Total	2,240.00	Net.....	4,201.73		
Parts Total	1,961.73	GST @ 7.0%	294.12		
Package Total	0.00	Total.....	4,495.85		
		Paid.....	0.00		
		Please Pay..	4,495.85		

GST: S=StdRated; O=OutOfScope; Z=ZeroRated
 Enquiries must be lodged within 14 days from the invoice date
 This is a computer generated invoice. No signature is required.

(PAYMENT BREAKDOWN)

Vehicle No	:	SLRT968A (Insd veh)	Model	:	Jaguar 2.0 L
	:	SHC8076T (TP veh)			
Date of Accident	:	07/04/2020			

Global Sum Settlement	:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Liability	:	100 %	(Agreed/Assessed)

Repair Estimate	:	\$ 10,106.35	
Final Repair Cost	:	\$ 4,495.85	
Loss of Use	:	\$ 360.00	3 days at \$ 120 per day
Rental (if any)	:	\$	days at \$ (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 4,855.85	

Remarks:	
----------	--

Payment Instruction: Payee's Breakdown		
1)	Wearnes Automotive Pte Ltd	: \$ 4,855.85
2)		: \$
3)		: \$
4)		: \$

X


AUTHORIZATION TO ACT


I, WEARNES AUTOMOTIVE PTE LTD ("the third party claimant")
of 45 LENG KEE RD 159103 (address),
owner of SLR7968A (vehicle no.) hereby authorize
WEARNES AUTOMOTIVE PTE LTD
("the workshop") to act for me with respect to my claim for repair costs and / or rental
and / or loss of use ("claim") for my vehicle no. SLR7968A that was
damaged pursuant to the accident which occurred on 07/04/20 (date) along
SENNETT AVENUE (S) 461078 (location)
involving vehicle no. SHC 80767 ("the accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle
my above mentioned claim in a manner that they deem fit and the workshop is further
authorized to receive payment further to settlement of my claim with payment
cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on
a without prejudice and without admission of liability basis insofar as the driver /
owner / insurers of the other vehicle/s is concerned.

Dated this _____ day of _____ (month) 20 _____ (year)


Signed by "the third party claimant"
Policyholder's Signature only
& Company Chop – (if registered under a company)


Signed by "the workshop"

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	09/04/2020 11:39
Date Of Accident	07/04/2020 15:50
Exact Location Of Accident	SENNETT AVE SINGAPORE 467078
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLR7968A
Insured/Policyholder	
Name Of Registered Owner	WEARNES AUTOMOTIVE PTE LTD
Co Reg No	1XXXXX400R
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64304700

Vehicle Particulars

Manufacturer	JAGUAR
Model	XF-2.0 GTDI LUXURY (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	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	SD20V00513
Cover Note Number	

Driver

Name of Driver	DAVID MICHAEL WONG WAI CHOY
NRIC No	SXXXX828G
Date Of Birth	09/11/1955
Occupation	INDOOR
Date Of Driving Pass	28/08/1982
Driving Experience	37 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98398303
Fax Number	

Address	70 SENNETT AVE
Postcode	467078
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - COURTESY CAR
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	
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 ATTACHED

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	SHC8076T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	SIM BOON CHUAN
NRIC/Passport Number	SXXXX718J
Contact Number	
Address	79C TOA PAYOH CENTRAL #09-33
Postcode	313079
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	2

IMPORTANT NOTICE

1. This Form must be **completed** by the **Police Officer** *under the Authorized Driver*.
2. This Form must be **completed** by the **Police Officer** *under the Authorized 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 **rescind 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. **Abs false spending may be referred to the Traffic Policy Department for investigation.**
6. This report will be forwarded by the insurers to the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report 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 **online**.
8. Consent under the Personal Data Protection Act (PDPA)
 - (a) understand, acknowledge, agree and consent that:
 - (i) 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" law yet/after this time, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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.
 - (b) all insurer(s) who have insured vehicle(s) involved in this accident and the insurers' investigators (ins, 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/are be disclosed by any of the insurers and/or GIA to their third party service providers or Agents (such as their Agents/law firms), which may be e-tilted outside of Singapore, for one or more of the above Purposes.

Witnessed by Reporting Centre Personnel

Driver's Signature (if driver is not the policyholder) / Date

Sketch Plan

Sketch Plan

XX
No 70 Summit Ave

Describe Circumstances of the Accident

We were all at home when door bell rang
 opposite house neighbor rang the doorbell and
 told me that the taxi which just dropped
 him off had scraped the signpost as taking
 was moving out from the part-de-sac of
 Genest deval
 spoke to the taxi-driver and the neighbor
 and took down the particulars of the taxi
 and driver
 then took a few pictures of the 2 vehicles
 (sent to insurance)

IMPORTANT NOTE

Under General Condition - Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

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

Policyholder's Signature / Date & Time

Driver's Signature (if present) and the policyholder / Date & Time

Witnessed by Reporting Centre Personnel

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident Date: 7th April 2020 Time: Approx 3.50 pm
 Exact Location of Accident SENNETT AVE S467078

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLR 7968A

INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)
 Personal Identification - NRIC (Singaporean/PR)
 - FIN/Passport Number
 - Not Applicable

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model Manufacturer JAGUAR Model XF
 Type of Vehicle* ☒ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry
☐ Bus ☐ M/cycle ☐ Others
 Exact Purpose for which vehicle was being used at time of accident Vehicle was parked in front of residence
 Are you claiming under your own insurance policy for repair to your vehicle? ☐ Yes ☒ No (If No, Pls select: ☒ Third Party ☐ Reporting)
 Vehicle Category* ☐ Private ☐ Commercial ☐ Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *
 Type of Policy ☐ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only
 Fleet Policy ☐ Yes ☐ No
 Policy Number
 Motor CI

DRIVER

☐ Same as Insured above
 Name of Driver DAVID MICHAEL WONG DAH CHOY
 Personal Identification - NRIC (Singaporean/PR) S2502828G
 - FIN/Passport Number
 Date of Birth 09 dd/ 11 mm/ 1955 yy
 Driving Date Pass 28 dd/ 08 mm/ 1982 yy
 Year of Driving Experience 37 Year(s) 6 Month(s)
 Occupation
 Gender ☒ Male ☐ Female
 Contact Number / Mobile Phone / Fax No. 98398303

Describe Circumstance of the Accident

- We were all at home when door bell rang
- Opposite house neighbor rang the doorbell and told me that the taxi which just dropped him off had scraped the Jaguar as taxi was moving out from the back-de-sac of Bennett Mehune
- Spoke to the taxi-driver and the neighbor and took down the particulars of the taxi and driver
- Also took a few pictures of the 2 vehicles (sent to lawyer)

IMPORTANT NOTE

Under General Condition - Conduct of Claim of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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

Policyholder's Signature / Date & Time

Driver's Signature (if given) / Date & Time

Witnessed by Reporting Centre Personnel

[Signature]
8/10/2020 5:30pm



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 09 Apr 2020 / 12:14:47

Receipt Date/Time : 09 Apr 2020 / 12:14:47

Tax Invoice/Receipt

Receipt No. : ITNET-00000-200409-001182

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SHC8076T				
As at 07 Apr 2020/15:50:00				
Insurance Co: MS FIRST CAPITAL INSURANCE LIMITED				
1	Insurance Enquiry - SHC8076T Enquiry Fee 20200409121324619001	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
411911XXXXXX4932 eNETS Credit Card				7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

Paul Ong Qing Yong

From: Rasul (LKKAUTO) <Rasul@lkkauto.com>
Sent: Thursday, June 18, 2020 11:07 AM
To: Paul Ong Qing Yong
Cc: Cecilia Chong (LKK Auto)
Subject: RE: SLR7968A Finalise
Attachments: SLR 7968A.pdf; SLR 7986A FINALISE.pdf

Hi Paul,

Finalised amount of \$ 4,201.73 / 3 days of repair is confirmed

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

From: Paul Ong Qing Yong [mailto:paul.ong@wearnes.com]
Sent: Thursday, 18 June, 2020 10:31 AM
To: Rasul (LKKAUTO)
Cc: Admin A; Admin-D (LKKAUTO)
Subject: SLR7968A Finalise

Attached for finalise

Paul Ong
Service Consultant
Bodyshop & Paint



WEARNES

Wearnes Automotive Pte Ltd
45 Leng Kee Road Singapore 159103
M (65) 8126 1237 D (65) 6378 9336
www.wearnesauto.com paul.ong@wearnes.com

*This email, including any attachment, is confidential and may also be privileged.
If you have received it in error, please notify us immediately by reply email and then delete this message from your system.
Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

Paul Ong Qing Yong

From: Claim Workflow System <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Monday, April 13, 2020 10:25 AM
To: Paul Ong Qing Yong
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG;
KARENTAN@MSFIRSTCAPITAL.COM.SG
Subject: SURVEYOR APPOINTED; OUR REF : D20001831MFSH ; YOUR REF: SLR7968A

Dear Sir/Madam

PRI Request For **SLR7968A** Accident Involving **SHC8076T** On 07-04-2020 AT 15:50:00HRS.

Please find below details for your reference

- **Claim number :** D20001831MFSH
- **Insured vehicle number :** SHC8076T
- **Accident date :** 07-04-2020
- **Third-party vehicle number :** SLR7968A
- **Assignment type :** DIRECT SETTLEMENT
- **Surveyor :** LKK AUTO CONSULTANTS PTE LTD
- **Officer-in-Charge :** KARENT

PS: This is a system generated mail. Please do not reply to this mail.

Regards,
Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849



WEARNES

Paul
Up 90010568
3 days
P/P

04/06/2020 @ 11:00

Reamy bot
paint

SERVICE ESTIMATE

63413 - C00001 SL: SERVICE SALES - PC
Wearnes Automotive Pte Ltd (159-f&L)
45 Leng Kee Road

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date. : 09/04/2020

WIP No. : 17917

Veh.In/Out:

*Tel.No. :

Reg.No. : SLR7968A

Reg.date : 28/08/2017

Mileage : 0

Chassis No: SAJAC06N5FPU56737

Singapore 159103

Closed by : Paul Ong Qing Yong

Svc Consultant :

Remarks : Wearnes Automotive P

Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
-------	-------------	------	-----	-------	-------	-----	--------	---

802	TO REPLACE FRT BUMPER, HEADLAMP RH ETC	0		1800.00	0		1,800.00 \$	<i>900</i>
800	TO SPRAYPAINT & BLEND ON FRT BUMPER, FRT RH FENDER, ETC	0		1600.00	0		1,600.00 \$	<i>800</i>
280	TO FOCUS HEADLAMP	0		180.00	0		180.00 \$	<i>X</i>
280	TO CHECK WIRING INCLUDE RESETTNG OF ALL ELECTRICAL MODULES	0		540.00	0		540.00 \$	<i>X</i>
	BUMPER COVER FRT S20	1.0	EA	2179.70			2,179.70 \$	<i>See</i>
	BUMPER BRACKET FRT R	1.0	EA	44.20			44.20 \$	<i>?</i>
	JC2Z31443/HEADLAMP R	1.0	EA	3101.30			3,101.30 \$	<i>X</i>

Gross Total. 9,445.20

Labour	Total	4,120.00
Parts	Total	5,325.20
Package	Total	0.00

Net	9,445.20
GST @ 7.0%	661.16
Total	10,106.35
Paid	0.00
Please Pay..	10,106.35

GST: S=StdRated; O=OutOfScope; Z=ZeroRated