

ASS. REC. BY:

REP:

CS/HSB23002545/Acty3

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SG21313X Yr Regn: 2016 / Oct

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

Truck / Trailer or

Make: Mercedes Benz C300 c.c. 1991

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

Sp. Reading: 137327 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WDD2050482R183780

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 255/35R19

R: 255/35R19

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

TOYO / YOKO or

Continental

Front

Rear

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 15/03/23

Survey held at Hua Meng

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

| | |
|----------------|---|
| | <u>TP HSBC.</u> |
| <u>27/6/23</u> | <u>Adrian finalised LS \$6300; 6 days with repairer. (Red 10,409.65, 62%)</u> |
| | <u>MV: 117 Depreciation @ 25K x 3.5 yr + 50% ARP = 87.5 + 30 = 117.5K</u> |
| | <u>PV: 58.9K</u> |
| | <u>Nett: 58.1K.</u> |
| | |
| | |
| | |

Date/Time, File Pass to?



: Prel. Report

1)



: Final Report

Date/Time, File Return to?

\$

Days Of Repair: 6

Resurvey No. of Trip: _____

Survey Fee:

Transportation:

Photos

Others

Add Fee:



: Site Insp (\$



: Interview (\$



: Tech. Insp (\$

Report Form:

TP

\$6300

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|-------------------------------|---------------------------------------|
| Owner ID Type: | Singapore NRIC |
| Owner ID: | 054H |
| Vehicle Details | |
| Vehicle No.: | SGZ1313X |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 15 Mar 2023 |
| Vehicle Make: | MERCEDES BENZ |
| Vehicle Model: | C300 AUTO |
| Primary Colour: | Silver |
| Manufacturing Year: | 2016 |
| Engine No.: | 27492030638214 |
| Chassis No.: | WDD2050482R183790 |
| Maximum Power Output: | 180.0 kW (241 bhp) |
| Open Market Value: | \$48,714.00 |
| Original Registration Date: | 05 Oct 2016 |
| First Registration Date: | 05 Oct 2016 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$60,200.00 |
| Intended PARF Rebate Details | |
| PARF Eligibility: | Yes |
| PARF Eligibility Expiry Date: | 04 Oct 2026 |
| PARF Rebate Amount: | \$39,130.00 |
| Intended COE Rebate Details | |
| COE Expiry Date: | 04 Oct 2026 |
| COE Category: | B - Car above 1600cc or 97kW (130bhp) |
| COE Period(Years): | 10 |
| QP Paid: | \$55,501.00 |
| COE Rebate Amount: | \$19,716.00 |
| Total Rebate Amount: | \$58,846.00 |

The information contained herein is correct as at 15 Mar 2023

OK

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 Actual 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 Submission | 09/03/2023 15:20 (SGT) |
| Reported by | Both Policyholder and Actual Driver |
| Date of Accident | 08/03/2023 10:45 (SGT) |
| Exact Location of Accident | PIE, Singapore |
| Additional Location Information | PIE NEAR KALLANG BAHRU EXIT. |
| Country/State of Loss | Singapore |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|------------------------|
| Vehicle Registration Number | SGZ1313X |
| INSURED/POLICYHOLDER | |
| Is company? | No |
| Name Of Registered Owner | HO HENG WAH |
| NRIC No | S1732054H |
| Email Address | ANGELAH00099@GMAIL.COM |
| Mobile Phone No | (Phone) +65-92480099 |
| Alternative Phone No | - |

VEHICLE PARTICULARS

| | |
|--|---------------------------|
| Manufacturer | Mercedes |
| Model | C300 |
| Variant | - |
| 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 - Claiming third party |
| Vehicle Category | Private car |
| Transmission | Auto |
| CC | 2000 |

INSURANCE COMPANY

| | |
|-----------------------------------|--------------------------|
| Name of Insurance Company | Income Insurance Limited |
| Policy Number / Cover Note Number | 5130868188 |

DRIVER

| | |
|----------------|-------------|
| Name of Driver | HO HENG WAH |
| NRIC No | S1732054H |
| Date Of Birth | 01/07/1954 |
| Occupation | Indoor |

| | |
|--|-------------------------|
| Date Of Driving Pass | 09/01/1991 |
| Driving experience | 32 YEARS AND 2 MONTHS |
| Gender | Female |
| Mobile Number | (Phone) +65-92480099 |
| Alt. Phone Number | - |
| Email Address | ANGELAH00099@GMAIL.COM |
| Address | 9 TAMPINES AVE 8 #16-13 |
| Address complement | - |
| Postcode | 529598 |
| Is the driver the policyholder? | Yes |
| If No, Relationship of the Driver with the Insured | - |
| Does Driver Own Other Vehicles? | No |
| Vehicle Registration Number of Other Vehicle Owned by Driver | - |
| Insurance Company of Other Vehicle Owned by Driver | - |

GENERAL INFORMATION OF THE ACCIDENT

| | |
|--------------------|-----------------|
| Type of Accident | Chain Collision |
| Weather Conditions | Clear |
| Road Surface | Dry |

OTHER INFORMATION

| | |
|---|-----|
| Was any foreign vehicle involved in the accident? | No |
| Number of vehicles involved in the accident | 3 |
| Was anybody injured in the Accident? | Yes |
| Was any injured conveyed to hospital by ambulance? | No |
| Was any other vehicle or property damaged? | Yes |
| Number of Passengers (Including Driver) | 1 |
| Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance? | No |
| Translator's name | - |
| Translator's ID | - |
| Translator's phone number | - |
| Translator's email | - |
| Original language used in the statement | - |

DETAILS OF POLICE ACTION

| | |
|---|--------------------------------------|
| Was the accident reported to the police? | Yes |
| Police Station Name | Bedok Division Headquarters |
| Police Station Phone No | (Phone) +65-18002440000 |
| Alt. Police Station Phone No | (Fax) +65-64443009 |
| Police Station Address | 30 Bedok North Road Singapore 469676 |
| Was notice of intended Prosecution given? | No |
| If yes, against whom? | - |

CIRCUMSTANCES OF ACCIDENT

REFER TO POLICE REPORT NO.G/20230308/7054.

ATTACHMENT(S)

| | |
|---|-----|
| Are accident photos available for attachment? | Yes |
| Was there any video captured by Car Camera? | No |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|----------|
| Vehicle Registration Number | SHA3241B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |

| | |
|---|----------------------|
| Vehicle Colour | - |
| Vehicle Category | Taxi |
| Name of Driver | NG KWEE MENG |
| NRIC No | S1679449Z |
| Contact Number | (Phone) +65-90173497 |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 3 |

DETAILS OF OTHER VEHICLE PROPERTY 2

| | |
|---|-------------|
| Vehicle Registration Number | SJS6941B |
| Vehicle Manufacturer | - |
| Vehicle Model | - |
| Vehicle Variant | - |
| Vehicle Colour | - |
| Vehicle Category | Private car |
| Name of Driver | - |
| Contact Number | - |
| Address | - |
| Address complement | - |
| Postcode | - |
| Insurance Company Name | - |
| Nature Of Damage | - |
| Details of property damaged in accident | - |
| No. Of Passenger (Including Driver) | 1 |

INJURED PERSONS DETAILS

INJURED 1

| | |
|---|-------------|
| Name of injured person | HO HENG WAH |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SGZ1313X |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | - |

INJURED 2

| | |
|---|-------------------|
| Name of injured person | PASSENGER OF TAXI |
| Gender | - |
| Phone No | - |
| Address | - |
| Address Complement | - |
| Post Code | - |
| Approximate Age Years Old | - |
| Injuries Sustained | - |
| Injured person in which vehicle? | SHA3241B |
| Were seat belts worn? | - |
| Was this injured conveyed to hospital by ambulance? | Yes |

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 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.

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.



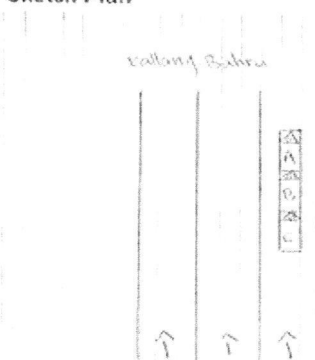
Policyholder's Signature / Date & Time



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

Witnessed by Reporting Centre Personnel

Sketch Plan



A : 062 1313 X
B : 044 3041 B
C : 053 6941 B

Describe Circumstances of the Accident

Ref. to Police Report 6/20230508/7054 and 1/20230509/7026

Declaration

We declare the foregoing particulars are true in every respect.

Handwritten signature

Policyholder's Signature / Date &
Time

Hand

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

Witnessed by Reporting Centre
Personnel

POLICE REPORT


**SINGAPORE
POLICE FORCE**
POLICE REPORT (NP299)

Police Station Of Origin
Bedok Division HQ
30 Bedok North Road SINGAPORE 469676
Tel No: 1800-2440000



G/20230308/7054

1 of 2

Report No. G/20230308/7054

| | | | | |
|---|--|---------------------|-----------------------------|-----------------|
| Date/Time Report Made 08/03/2023 17:52 | Vide Report No. | Station Diary No. | | |
| Name Of Informant HO HENG WAH | Address 9 TAMPINES AVENUE 8 #16-13 SINGAPORE 529598 | | | |
| ID Type / ID No. NRIC NO / S1732054H | Contact No. Home/Office: | Mobile: 92480099 | | |
| Nationality SINGAPORE CITIZEN | Email Address angelaho0099@gmail.com | | | |
| Occupation Hotel operations/Lodging services manager | Sex Female | Age 68 | Date of Birth 01/07/1954 | Race Chinese |
| Institution/School Name | Language English | | | |
| Date/Time Of Incident 08/03/2023 10:45 | Location Of Incident Near PIE near Kallang Bahru exit | | | |

Brief details.

on 8th Mar 2023 around 1045 hrs I was involved in an accident near the exit of Kallang Bahru on PIE.

My vehicle licence nr: SGZ1313X

I was hit on the back of my car by a taxi SHA3241B resulting in a bump on the rear of my car. Afterwards the taxi was hit by another car. No one was injured.

No ambulance came. As I was in a rush for a meeting, I exchanged the details with the taxi driver.

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 08/03/2023 17:52 |
| Officer In-Charge Of Case: | Classification Of Case: |

This report is lodged at Tampines NPC Kiosk 1



**SINGAPORE
POLICE FORCE**



G/20230308/7054

2 of 2

POLICE REPORT (NP299)

CONTINUATION OF REPORT

Report No. G/20230308/7054

| | | | |
|--|---|------------------------|---|
| Subjects Involved | | | |
| Victim | | | |
| Person Name | HO HENG WAH | | |
| ID Type | NRIC NO | ID No | S1732054H |
| Gender | Female | Age | 68 |
| Race | Chinese | Language | English |
| Occupation | Hotel operations/Lodging services manager | Address | 9 TAMPINES AVENUE 8 #16-13 SINGAPORE 529598 |
| Mobile No | 92480099 | Is Informant A Victim? | Yes |
| Person Name HO HENG WAH (Informant) | | | |

| | |
|--|--|
| Signature Of Officer Recording The Report: Not applicable | Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required. |
| Signature Of Interpreter: Not applicable | Date/Time: 08/03/2023 17:52 |
| Officer In-Charge Of Case: | Classification Of Case: |

This report is lodged at Tampines NPC Kiosk 1


**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230309/7036

1 of 4

Report No. T/20230309/7036

REPORT OF A TRAFFIC ACCIDENT

| | | |
|--|-------------------------------------|--------------------|
| Date/Time Report Made: 09/03/2023 13:06 | Vide Report No.: G/20230308/7054 | Station Diary No.: |
|--|-------------------------------------|--------------------|

Informant's Particulars

| | | | |
|--|--|----------------------------------|------------------------------|
| Name of Informant: HO HENG WAH | Address: 9 TAMPINES AVENUE 8 #16-13 ARC AT TAMPINES SINGAPORE 529598 | | |
| ID Type / ID No.: NRIC NO / S1732054H | Contact No.: | Mobile: 92480099 | |
| Nationality: SINGAPORE CITIZEN | Home/Office: | Email: angelaho0099@gmail.com | |
| Sex: Female | Age: 68 | Date of Birth: 01/07/1954 | Type of Informant: Driver |
| Race: Chinese | Language: English | Institution / School Name: | |
| Occupation: | Driving Licence Information: Class: | Date of Expiry: | |

General Information of the Accident

| | | | | |
|--|------------------------------------|-----------------------------|---|---|
| Type of Accident: | Injury Attended by Police | Drink Drive: No | Date/Time of Accident: 08/03/2023 10:45 | Type of Location: Pan Island Expressway |
| Location: KALLANG BAHRU | | | | |
| Weather: Clear | Road Surface: Dry | Road Speed Limit: | | |
| Traffic Flow: One Way | Traffic Control: Not Controlled | Traffic Volume: Moderate | | |
| Type of Collision: Between Moving Vehicles - Head To Rear | | | | Anyone conveyed by ambulance: Yes |

Details of Vehicle Involved

| Vehicle No. | Type | Make | Model | Color | Conditio | No of |
|-------------|------|------------------|-----------|--------|----------|-------|
| SGZ1313X | Car | MERCEDES BENZ | C300 AUTO | Silver | | 0 |
| SHA3241B | Car | | | | | 2 |
| SJS6941B | Car | | | | | 0 |



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230309/7036

2 of 4

Report No. T/20230309/7036

CONTINUATION OF REPORT

| Details of Vehicle Insurance | | | | |
|------------------------------|--|--------------|------------|-------------|
| Vehicle No. | Insurance Company | Insurance No | Effective | Expiry Date |
| SGZ1313X | NTUC Income Insurance Co-Operative Limited | 5130868188 | 07/10/2022 | 06/10/2023 |

| Details of Person Involved | | | | |
|-----------------------------------|----------------|-----|-----------------------------------|-----------------------------------|
| Any Pedestrian Involved: No | | | | |
| No. of Pedestrians Injured: NIL | | | Use of Pedestrian Crossing: NA | |
| Driver | | | | |
| Name | HO HENG WAH | | ID No. | S1732054H |
| Related Vehicle | SGZ1313X (Car) | | Contact No. | 92480099 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | 08/03/2023 | | Date | NIL |
| No. of Days granted Medical Leave | | 02 | Degree of | Slight |
| Driver | | | | |
| Name | NG KWEE MENG | | ID No. | S1679449Z |
| Related Vehicle | SHA3241B (Car) | | Contact No. | 90173497 |
| Hospital/Clinic | NIL | | Class of Driving Licence & Expiry | Class: NIL Date of Expiry: NIL |
| Date | NIL | | Date | NIL |
| No. of Days granted Medical Leave | | NIL | Degree of | NIL |

Brief Details.

On 8th March 2023 around 1045 hrs I was involved in an accident near the exit of Kallang Bahru on PIE.

My vehicle number plate: SGZ 1313X

I was hit on the back of my car by a taxi SHA3241B resulting in a bump on the rear of my car. Afterwards the taxi was hit by another car. The passenger in the taxi was sent to the hospital by Ambulance.

As I was in a rush for a meeting, I exchanged details with the taxi driver.

POLICE REPORT #5



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230309/7036

3 of 4

Report No, T/20230309/7036

CONTINUATION OF REPORT



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20230309/7036

4 of 4

Report No. T/20230309/7036

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPIB /
KOH WEI JIE
Contact No.: 97303412

NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by Singpass. No signature is
required.

Date/Time:
09/03/2023 13:06

Classification Of Case:

WDD2050482R 183790

LKK Auto Parts

HUA MENG SPRAY PAINTING WORKSHOP

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

1, Kaki Bukit Avenue 6, Blk C #01-61 / 01-34, Singapore 417883**Autobay @ Kaki Bukit****Tel: 6747 8064, 6746 5519 / 9666 9680 Fax: 6743 4896****ESTIMATE****Vehicle No : SGZ1313X****Make/Model : MERCEDES C180****Chassis No: WDD2050482R183790****Accident date : 08.03.2023**

Signature:

Date:

| No | DESCRIPTION | Qty | Amount (\$\$) |
|----|-------------|-----|---------------|
|----|-------------|-----|---------------|

List Items

| | | | | |
|----|---|---|-------------|------|
| 1 | Rear bootlid <i>Dented</i> | 1 | \$ 1,417.00 | ✓ |
| 2 | Rear bootlid weather strip <i>3 new</i> | 1 | \$ 237.00 | X |
| 3 | Rear bootlid hinge @ \$331.00 | 2 | \$ 662.00 | X |
| 4 | Rear bootlid upper lock <i>2 new</i> | 1 | \$ 341.00 | X |
| 5 | Rear bootlid lower catch <i>1 new</i> | 1 | \$ 348.00 | X |
| 6 | Rear bootlid top spoiler | 1 | \$ 204.00 | X |
| 7 | Rear bootlid C 300 emblem <i>2 new</i> | 1 | \$ 147.00 | 95 |
| 8 | Rear bootlid centre logo | 1 | \$ 147.00 | 80 |
| 9 | Rear bootlid insulation <i>new</i> | 1 | \$ 994.00 | X |
| 10 | Rear LH lamp <i>new</i> | 1 | \$ 849.11 | X |
| 11 | Rear end panel <i>Dented</i> | 1 | \$ 1,843.72 | 1260 |
| 12 | Rear end panel top garnish <i>new</i> | 1 | \$ 215.00 | X |
| 13 | Rear bumper <i>Deformed</i> | 1 | \$ 2,333.00 | 1450 |
| 14 | Rear bumper side holder @ \$88.00 <i>new</i> | 2 | \$ 176.00 | X |
| 15 | Rear bumper reverse sensor @ \$313 <i>2 pieces dented</i> | 6 | \$ 1,878.00 | 626 |
| 16 | Rear bumper lower grille <i>Deformed</i> | 1 | \$ 364.00 | ✓ |
| 17 | Rear bumper lower lip <i>Deformed</i> | 1 | \$ 374.00 | ✓ |
| 18 | Rear bumper reinforment <i>Dented</i> | 1 | \$ 948.00 | 755 |
| 19 | Rear bumper bracket @ \$36.00 <i>new</i> | 2 | \$ 72.00 | X |
| 20 | Rear bumper inner garish <i>Deformed</i> | 1 | \$ 146.00 | ✓ |
| 21 | Rear bumper clips <i>new</i> | 1 | \$ 70.00 | 30 |
| 22 | Rear exhaust pipe chrome @ \$481.00 <i>LH Best</i> | 2 | \$ 926.00 | 481 |
| 23 | Rear bumper lip moulding <i>new</i> | 1 | \$ 230.00 | X |

7068

6361.20

Less 25% Disc

Total

\$ 14,921.83

\$ 3,730.46

\$ 11,191.37

13,429.65

Labour Cost

| | | | | |
|-------|---|------|-------------|------|
| 1 | To supply rear end panel inner sealant | | \$ 150.00 | X 60 |
| 2 | Remove & reinstall reverse sensor | | \$ 200.00 | 50 |
| 3 | Remove & reinstall bootlid inner garnish | | \$ 200.00 | 50 |
| 4 | Remove & reinstall exhaust pipe | 1590 | \$ 180.00 | X |
| 5 | Remove, replace & repair consistent to the accident | | \$ 1,300.00 | 700 |
| 6 | Respray painting | | \$ 1,100.00 | 700 |
| 7 | Tuff kote | | \$ 150.00 | 30 |
| Total | | | \$ 3,280.00 | |

Grand Total**\$ 14,471.37 16,709.65**

63K

total 7951.20
0622pm L/S: 63K

NEC