

INS. CASE OWNER:

Ruth chua

C.S3 / AXA160 11180

T1 ha392

LKK:

IDAC:

Surveyor:

T Ang 114

DOI:

ASSIGNMENT

22/6/16

Date / Time:

16/6/16

Registered in Merimen:

16/6/16

Pre-assign / CCU / FTE



Insured Vehicle No. : SJN 6387

Name of Insured :

Insured Tel No. : HP:

Excess Sec II : SS D.O.A: 13.06.16

Is driver the owner? (YES / NO) Nature of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

GRB 1693J



INSRS:

WSP:

Tel :

Liability :

RMKS:

zone



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:



INSRS:

WSP:

Tel :

Liability :

RMKS:

Date/ Time

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA :

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(

days) Reduction:

%

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(

days)

Loss of Use (LOU):

S\$

(\$

x

days)

Loss of Income (LOI):

S\$

(\$

x

days)

LOR only

LOU only

LOR + LOU

LOR + LOI

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

PRI

4100

"NO ESTIMATE/TP INVOLVING"

COPY SENT 11/12/17

RECEIVED 5 JUL 2017

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

PRI Incomplete Estimation

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	16 Jun 2016		16 Jun 2016 13:53 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	LIM, KWANG ENG, NRIC: S7345205H, Tel: +6597281193, Email: SKYFRESH23@GMAIL.COM		
Main Claimant:	INNER NEW FASHION TRADING, NRIC: 53238536E		
Vehicle Reg. No.:	GBB1693J	Date of Loss:	13/06/2016 14:00 - :59
Claim Type:	TP / C0387922	Policy/Cover Note No.:	GA100248 (Comprehensive)
Vehicle Reg. No. (Insured):	SJN638T	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Z-One Automotive Pte Ltd - Kaki Bukit (HQ) 1 Kaki Bukit Avenue 6,, Blk D #01-87, Autobay @ Kaki Bukit, 417883 Kaki Bukit - Tel: 6634 2112		
Handling Insurer:	AXA Insurance Singapore Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Ruth Chua - 68804087]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 27/06/2016]		
Driver/Custodian (Insured):	DAKSTON LIM HAN SHENG (22 / Male), NRIC: S9419987E, Tel: +6596660987		
Adj Asg. Remarks:	Chua Weijie (LKK Auto Consultants Pte Ltd) appointed as SJE.		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

- AXA_SG (16/06/2016): WP / PRI Assignment - C0387922/GA100248
- AXA_SG (16/06/2016): WP / New TP Assignment - C0387922/GA100248

ALL ASSOCIATED TASKS

[View All](#)[Search Tasks](#)[Create New Task](#)[Complete](#)

Due Date Priority Type Task Group Subject Handler Assigned By Completed On Created On Done?

No results.

16/6/2016 @ 2:05pm
Yvonne
vehicle not in

Mei Kwan (LKKAuto)

From: Mei Kwan (LKKAuto)
Sent: Tuesday, 22 August, 2017 12:12 PM
To: 'service@z-one.com.sg'
Subject: ACCIDENT INVOLVING GBB1693J AND SJN638T ON 13.06.2016 *** LKK REF: CC4/AXA16011180/T1ha3

Dear Sir / Madam,

We refer to the above matter.

Please provide us the following document for our necessary action.

- TP's estimated COR

Thank you.

Best Regards,

Mei Kwan | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366 0055 | email: MeiKwan@lkkauto.com | fax: 67414108

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

Print Sent Message

This mail is associated with :

***GBB1693J (C0387922)**

[SJN638T]

TP

INNER NEW FASHION TRADING

Jun 13 2016 2:00PM

[LIM, KWANG ENG]

Z-One Automotive Pte Ltd - Kaki Bukit

From LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 01/12/2017 08:49 AM.
To AXA_SG; AXA_RuthChua
CC admin-a@lkkauto.com; vicalpeh@lkkauto.com; ashersng@lkkauto.com
Subject Re: WP/ PRI Assignment - C0387922/GA100248

Dear Ruth,

We refer further to your below email.

Please be informed that we had inspected the TP vehicle.

We had requested for the estimate but till date, we did not received any feedback and estimate from the TP repairer.

As such, we will proceed to close file in our end and submit PRI report.

We will reopen the matter should there be any further development and instruction.

Thank you.

Vic Alpeh
LKK Auto Consultants Pte Ltd
Tel: 6841 2096

<-- Original Message -->

From: AXA_SG
To: LKK_HQ;sur@lkkauto.com;assignments@lkkauto.com
CC: AXA_SG
Sent On: 16/06/2016 01:53 PM
Subject: WP/ PRI Assignment - C0387922/GA100248

Dear LKK Auto Consultants Pte Ltd,

Please conduct pre-repair inspection.

Workshop Name: Z-One Automotive Pte Ltd - Kaki Bukit
Policy Number: GA100248
Vehicle Number: GBB1693J
Date of Accident: 13/06/2016
Estimated Claim Amount:
Excess: 0.00
Claim Handler Name: Ruth Chua

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 ability.
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 insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	14/06/2016 13:28
Date Of Accident	13/06/2016 14:20
Exact Location Of Accident	BOON LAY WAY TOWARDS YUAN CHING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBB1693J
Insured/Policyholder	
Name Of Registered Owner	INNER NEW FASHION TRADING
Co Reg No	53238536E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91514831
Alternative Phone No	Office-91514831

Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR 3.0 5M/T ABS 2DR 2WD 3.4T
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	Commercial Vehicle

Insurance Company

Name of Insurance Company	NTUC Income Insurance Co-operative Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	5069624312-01
Cover Note Number	

Driver

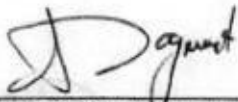
Name of Driver	GOH TUCK SONG
NRIC No	S6909219E
Date Of Birth	11/03/1969
Occupation	Outdoor
Date Of Driving Pass	15/06/1989
Driving Experience	26 Years And 11 Months
Gender	Male
Mobile Number	(Local) +65-91514831
Fax Number	
Contact Number	
Email Address	NOEMAIL

Sketch Plan

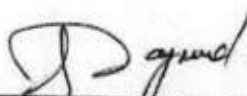
SKETCH PLAN

IMPORTANT NOTICE

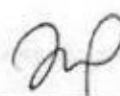
1. Please report correctly the details of the accident to speed up the claims process.
 2. This Form must be completed by the Policyholder and/or the Authorised Driver.
 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts 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' law firms/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' law firms/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 law firms/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

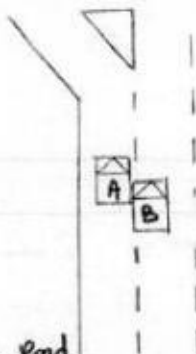


Sketch Plan

Vehicle A: GBB 1693J

Vehicle B: SJN 638T

Boon Lay Way towards
Yuan Ching Road



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 ability.
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 insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	14/06/2016 15:56
Date Of Accident	13/06/2016 14:10
Exact Location Of Accident	YUAN CHING ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJN638T
Insured/Policyholder	
Name Of Registered Owner	LIM KWANG ENG
NRIC No	S7345205H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97970009
Alternative Phone No	Office-97970009

Vehicle Particulars

Manufacturer	AUDI
Model	AG2.0
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	Reporting Only
Vehicle Category	Private Car

Insurance Company

Name of Insurance Company	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	GA/160208/1
Cover Note Number	

Driver

Name of Driver	DAKSTON LIM HAN SHENG
NRIC No	S9419987E
Date Of Birth	01/06/1994
Occupation	Indoor
Date Of Driving Pass	14/04/2013
Driving Experience	3 Years And 1 Month
Gender	Male
Mobile Number	(Local) +65-96660987
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Sketch Plan

13 Jun 2016 04:07PM Maxima Page 9 67959651

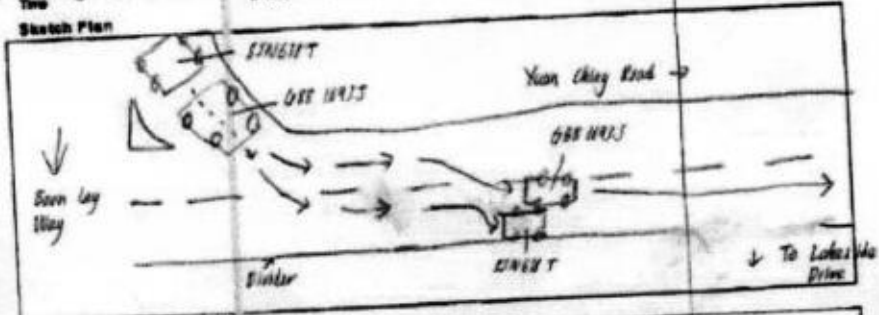
PAGE 9

4. Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



Describe Circumstances of the Accident

Description of Circumstances of the Accident

On 15 June 2018, 2:10 pm, I was driving on Ban Lay Rd turning left from Ching Road. I was following behind a light blue, 880 NBT, driven by Suk Tuck Sang. I was trying to move to the right lane as soon as possible as I had to turn right into Calicut St. returning to my home, Carpen Construction. While I was accelerating, the blue car cut into right lane forcing me back to the driver. Unfortunately, the blue car only saw that I cut back even though I slowed down. He continued moving without notice until a good moment when he was in front of him to stop. He states that he did not notice he hit my car. He was successfully stop down.

1102

057 Fresh

13/06 2016 16:14 FAX 07195335

Sketch Plan #3

1 Jan 2016 04:07PM Maxinus Radh 67259621

page 2

DedARATION

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


- ☐ Claim own policy
- ☐ Claim third party
- ☐ Claim OD / TP at other workshop
- ☐ For record purposes

Policy No.

Veh. No.

Insurer


 Policyholder's Signature / Date & Time

 12/16/2016
 Driver's Signature (if other is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

0100

MAX Fresh

13/06 2016 16:14 FAX 67259621

...CLAIM SUBFOLDER...(Pending for Survey Report)

PRI Incomplete Estimation









CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	16 Jun 2016		16 Jun 2016 13:53 Edit Adj Rpt	\$0.00 Edit Estimates	\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: LIM, KWANG ENG, ID: S7345205H, Tel: +6597281193, Email: SKYFRESH23@GMAIL.COM									
Main Claimant: INNER NEW FASHION TRADING, Co. Reg. No.: 53238536E									
Vehicle Reg. No.: GBB1693J		Date of Loss:	13/06/2016 14:00 - :59						
Claim Type: TP / C0387922		Policy/Cover Note No.:	GA100248 (Comprehensive)						
Vehicle Reg. No. (Insured): SJN638T		Policy No. (Claimant):	5069624312-01						
		Excess:	S\$0.00						
Repairer: Z-One Automotive Pte Ltd - Kaki Bukit (HQ) 1 Kaki Bukit Avenue 6,, Blk D #01-87, Autobay @ Kaki Bukit, 417883 Kaki Bukit - Tel: 6634 2112									
Handling Insurer: AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Ruth Chua - 68804087]									
Claimant's Insurer: NTUC Income Insurance Co-operative Ltd (HQ) - Tel:									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH] ... [Final Rpt due 27/06/2016]									
Driver/Custodian (Insured): DAKSTON LIM HAN SHENG (22 / Male), NRIC: S9419987E, Tel: +6596660987									
Adj Asg. Remarks: Chua Weijie (LKK Auto Consultants Pte Ltd) appointed as SJE.									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
<ul style="list-style-type: none"> AXA_SG (16/06/2016): WP / PRI Assignment - C0387922/GA100248 AXA_SG (16/06/2016): WP / New TP Assignment - C0387922/GA100248 									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Claim Documents

***GBB1693J (C0387922)**
[SJN638T]
TP
INNER NEW FASHION TRADING
Jun 13 2016 2:00PM
[LIM, KWANG ENG]
Z-One Automotive Pte Ltd - Kaki Bukit

Upload Documents		Upload Photos	Compose New Letter	View		Use Viewer
Photos/Images				3 per page	<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print	
1	01/12/17 08:45	LKK INSPECTION PHOTOS		 Load PDF		
Documentation				1 per page	<input checked="" type="checkbox"/>	
No	Finalized On	AXA Insurance Pte Ltd (HQ)		Thumbnail	Print	
1	16/06/16 11:40	EMAIL_ABS		 Load PDF		
2	16/06/16 11:40	CO CLAIMANT THIRD PARTY_ABS		 Load PDF		
3	16/06/16 11:40	GIA REPORT OF SJN638T (INSD)_ABS		 Load PDF		
4	16/06/16 11:40	GIA REPORT OF GBB1693J (TP)_ABS		 Load PDF		
5	16/06/16 13:08	EMAIL TO WORKSHOP - 10 SURVEYORS		 Load PDF		
6	16/06/16 13:51	EMAIL TO WORKSHOP - 10 SURVEYORS - ASSIGN TO LKK (SJE)		 Load PDF		
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print	
1	29/11/17 17:57	EMAIL TO WKSP FOR ESTIMATE DD 22.08.2017		 Load PDF		

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<p>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</p> <div style="border: 1px solid #ccc; height: 100px; width: 100%;"></div>			
<p>Show Remarks To: <input type="checkbox"/> Handling Insurer</p> <p><small>Note: Remarks are private unless you show it to other parties.</small></p>			

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

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

Singapore 408933

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

VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/AXA16011180/T1HA3S2

Date: 05/12/2017

REFERENCE

Handling Insurer:	AXA Insurance Pte Ltd	Policy No:	GA100248
Claimant Vehicle No :	GBB1693J	Insured Vehicle No :	SJN638T
Date of Loss:	13/06/2016	Nature of Claim:	TP
		Claim No:	C0387922

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GBB1693J	Engine No:	ZD30177316K
Make & Model:	NISSAN CABSTAR, 3.0 (M)	Chassis No:	JN1SC2F24Z0800343
Reg. Date:	08/08/2008 (Man. Year: 2008)	Odometer:	136290 km
Colour:	Gold		
Engine Capacity:	2953 cc		
Market Value/New Car Price:	N/A		
Sum Insured (S\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	195 R15	Rear Tyre Size:	165 R13 (D)
Front Left Side:	Yokohama 6 mm	Rear Left Side:	Yokohama 6/6 mm
Front Right Side:	Yokohama 6 mm	Rear Right Side:	Yokohama 6/6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:	16/06/2016	
Date Inspected:	22/06/2016	Inspected At: Z-One Automotive Pte Ltd - Kaki Bukit (HQ) 1 Kaki Bukit Avenue 6., Blk D #01-87, Autobay @ Kaki Bukit Singapore 417883

Estimated Period of Repair: 0.0 days

Adjuster: MOHD TAUFIKH

Manager: VIC ALPEH

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

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 05 Dec 2017)	
Parts:	N/A	NISSAN CABSTAR 3.0 (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GBB1693J)	
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END OF ESTIMATES marker on the last estimate page	
Further Info:	Items/values not in reference catalogue are prefixed with an asterisk *.	

Recommended Parts

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >