

ASS. REC. BY: Merimen REF: CS/MSG17019506/Tigbuz
 From (Person): Catherine Thia of MSIG Date/Time: 11/10/17 @ 2:17pm
 Estimated Cost: _____ Bill to: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CS
 To Inspect Vehicle No: SKX 7865T Insured: SFU 5885Z
 at Workshop n/s: Connect 3 Tel: 98509666
 or 7 Old Toh Tuck Road
 Policy No: 28970540mcx Claim No: 530602
 Sum Insured: _____ Excess: _____
 Make of Veh: _____
 (Client's Record)
 CA / REV / REP. / REV 24 HRS 'up' (Minicle, 48 Toh Guan Rd East, #04-126, 608586) D.O.A. 20/09/17
 Date/Time: 11/10/17 @ 2:07pm Person Contacted: Winnie 16/10/17 @ 11:30am
 Vehicle IN / OUT: OUT (owner waiting @ 11:30am)

Date/Time	Action/Instruction (✓) Estimate
	SKX 7865T - x
	SFU 5885Z - x

Surveyor
meimin

Tanpin

REF: msch

ASSIGNMENT

From:

Date: 16.10.2017

Estimated Cost:

OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SKX 7865T

at Workshop m/s

Connect 3

of

48 Toh Guan Rd East #04-126

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

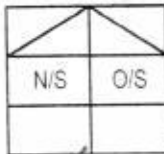
(Client's Record)

Make of Veh:

(Policy Condition)

11:30am
Owner waiting

Remark: The veh had commenced its
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2 days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SKX 7865T

Yr Regn: 2015 DEC.

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

Truck / Trailer or

Make:

Lexus ES250

c.c 2494

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

42973

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

5TRBJ166502089427

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: 25/55R17
R: 2-

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.

D.O.I.

16/10/17

Survey held at

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

17/10/17

REV preli in meimin

5/12/17

confirmed 4s \$1600 with winnie.

CRed: 4176.20, 72%.

RECEIVED 03 DEC 2017

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend. (\$

) \$ + RS. SI

) Photos

) Others

TOTAL

Report Format: TP

Lump Sum / I.B.I. (\$ 1600)

200
10
210



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

MSIG INSURANCE (SINGAPORE) PTE LTD

Ref : CS/MSG17019506/T1gb

16 RAFFLES QUAY
#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 11-10-2017



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SFU 5885Z	Veh. Inspected	SKX 7865T
Policy No.	28970540MCX	Coverage (\$)	0.00
Claim No.	530602	Excess (\$)	0.00
Assign From	MERIMEN (CATHERINE THIA)	Assign Date	11/10/2017

2. Vehicle Particulars & Condition

Make & Model	c.c	0
Engine No.	HIDDEN	Year of Reg.
Chassis No.		Colour
Odometer	-	Steering
Brakes		Modification
General		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

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5. General Information

Accident Date	20/09/2017	Inspection Date	16/10/2017
Survey held at	48 TOH GUAN RD EAST #04-126		
Repairer	CONNECT3		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	21 Sep 2017		11 Oct 2017 14:17 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	DIVINE LIMOUSINE PTE LTD, Co. Reg. No.: 201528899W		
Main Claimant:	SWEE SENG LEASING PTE LTD, Co. Reg. No.: 201111948K		
Vehicle Reg. No.:	SKX7865T	Date of Loss:	20/09/2017 19:00 - :59
Claim Type:	TP / 530602	Policy/Cover Note No.:	28970540MCX (Comprehensive) Coverage: 31/05/2017 - 15/01/2018
Vehicle Reg. No. (Insured):	SFU5885Z	Policy No. (Claimant):	
		Excess:	
Repairer:	Connect3 (HQ) 7 Old Toh Tuck Road, 597648 Bukit Batok - Tel: 98509666		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Catherine Thia Shi Yi - 6594 2545]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 12/10/2017]		
Driver/Custodian (Insured):	YEE WENG TUCK (), NRIC: S2512090F, Tel: +6591149854		
Adj Asg. Remarks:	Survey - owner waiting 12pm next monday 16/10/17 (Survey location will be at Miricle, 48 TOH GUAN ROAD EAST, #04-126, 608586)		

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

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.									

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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Catherine Thia Shi Yi

Date: 17 Oct 2017

Preliminary Advice

Insured Vehicle No : SFU5885Z

TP Vehicle No : SKX7865T

Make : TOYOTA LEXUS

Date of Inspection : 16/10/2017

Inspection At : CONNECT3 (HQ)
7 OLD TOH TUCK ROAD
SINGAPORE 597648

Accident Date : 20/09/2017

Assignment Date : 11/10/2017

Est. Duration of Repair : 2.00

Point of Impact / General Description of Damages

The vehicle sustained impact / damages rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	5,776.20
Revised Amount	:S\$	1,911.00
Check Items (Estimated)	:S\$	251.80
Total	:S\$	2,162.80

Lump Sum Repair :S\$

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

() The vehicle is economical/not economical for repair.

(X) The above survey was conducted on a 'without prejudice' basis.

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 GI&A Records Management Centre established by the General Insurance Association of Singapore (GI&A) 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	21/09/2017 17:51
Date Of Accident	20/09/2017 19:15
Exact Location Of Accident	KRAMAT ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX7865T
Insured/Policyholder	
Name Of Registered Owner	SWEE SENG LEASING PTE LTD
Co Reg No	201111948K
Email Address	YIYI.CHEN@SSGROUP.SG
Mobile Phone No	
Alternative Phone No	OFFICE-64663808

Vehicle Particulars

Manufacturer	LEXUS
Model	ES250-2.5 (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 HIRE

Insurance Company

Name of Insurance Company	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMHCSN1733821700
Cover Note Number	

Driver

Name of Driver	AZLI BIN MOHAMED SAHID
NRIC No	S6843918C
Date Of Birth	21/11/1968
Occupation	OUTDOOR
Date Of Driving Pass	02/04/2003
Driving Experience	14 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93391853
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address BLK 106B CANBERRA ST #04-441 S(752106)

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - LESSEE

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION

Weather Conditions CLEAR

Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO

Was any body injured in the Accident? NO

Was any other material or property damaged? YES

I have been approached by unknown person(s) soliciting/offering accident claims assistance. NO

Number of Passengers (Including Driver) 1

Details of Police Action

Was the accident reported to the police? NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given? NO

If Yes, against whom?

Circumstances of Accident

AS PER SKETCH PLAN

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 SFU5885Z

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver YEE WENG TUCK

NRIC/Passport Number S2512090F

Contact Number 91149854

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

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
Date & Time:

[Signature]

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

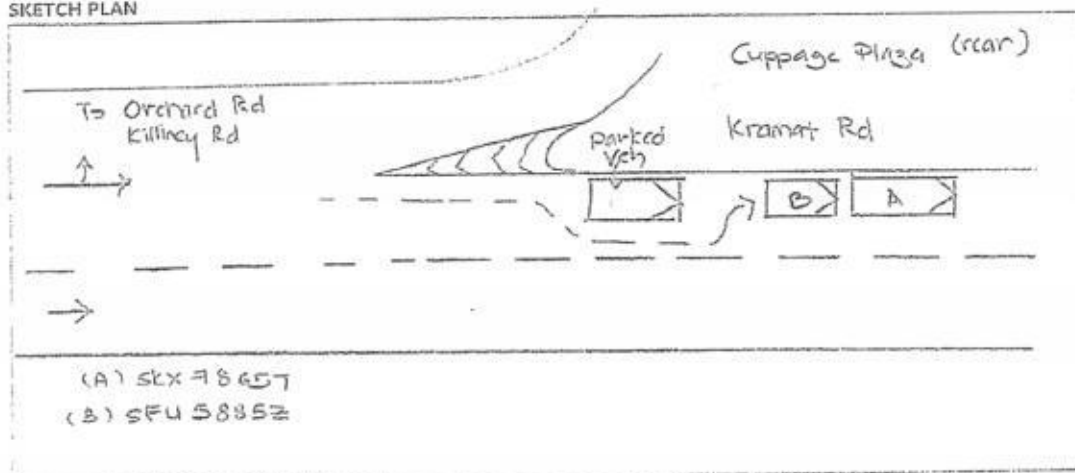
06/28/2017

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON MENTIONED DATE/TIME, I WAS INSIDE MY STATIONARY VEHICLE, ON
STANDBY INSTRUCTIONS FROM MY BOSS. THERE WAS ANOTHER PARKED
VEHICLE 2 CAR LENGTHS FROM ME. SUDDENLY, I FELT AN IMPACT FROM
THE REAR OF MY VEHICLE. I ALIGHTED FROM MY VEHICLE TO CHECK. I
REALIZED THAT VEHICLE B HAD COLLIDED INTO THE REAR OF MY VEHICLE,
CAUSING DAMAGES. NO ONE WAS INJURED.

DECLARATION

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



Policyholder's Signature
Date & Time:

[Signature]

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

[Signature]

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

CONNECT 3

7 Old Toh Tuck Road Singapore 597648

Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

R o c : 5 3 3 6 0 0 6 1 L

QT17/SKX7865T/TPC-068

MSIG Insurance (Singapore) Pte Ltd
4 Shenton Way
#21-01
SGX Centre 2
Singapore 068807

Taufik 97495749
WP
16/10/17 @ 1130
2 days
Lumpsum
Resumy after repair.
Sub @ lkkauto.com
taufik@lkkauto.com

Dear Sir,

Cost of Repair to Vehicle SKX7865T

With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (S\$)	AMOUNT (S\$)
1.	Rear bumper	1	1,089.00	cut ✓ 1,089.00
2.	Rear reinforcement	1	734.60	un x 734.60
3.	Rear bumper absorber	1	222.60	de ✓ 222.60
4.	Rear bumper LH support	1	107.50	un x 107.50
5.	Rear bumper RH bumper	1	107.50	un x 107.50
6.	Rear bumper bracket	2	14.60	un x 29.20
7.	Rear bumper plate	1	40.00	un x 40.00
8.	Rear bumper clips	2	39.00	un ✓ 78.00
9.	Retainer , ultrasonic	1	74.00	un ✓ 74.00
10.	Sensor, ultrasonic	1	1,063.80	un x 1,063.80
11.	Labour charges	1	1,000.00	250. 1,000.00
12.	Spray painting	1	700.00	250 700.00
13.	Check wiring	1	30.00	20. 30.00
14.	Reset ECU & reprogrammed	1	250.00	120. 250.00
15.	Remove & transfer rear sensor to new bumper	1	250.00	30. 250.00
			SUB-TOTAL	S\$5,776.20

1463.60
10% - 137.24

670
1987.24
4581600 # 2days

parts
- 10%

670

Thank you.

Yours faithfully,



Winnie Chai
HP: 9850-9666



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:

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: CS/MSG17019506/T1GBN2

Date: 06/12/2017

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	28970540MCX
Claimant Vehicle No :	SKX7865T	Insured Vehicle No :	SFU5885Z
Date of Loss:	20/09/2017	Nature of Claim:	TP
		Claim No:	530602

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKX7865T	Engine No:	2ARF140306
Make & Model:	TOYOTA LEXUS, 2.5 ES250 AUTO (A)	Chassis No:	JTHBJ1GG502089422
Reg. Date:	29/12/2015 (Man. Year: 2015)	Odometer:	42973 km
Colour:	Silver		
Engine Capacity:	2494 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

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

CONDITION OF TYRES

Front Tyre Size:	215/55R17	Rear Tyre Size:	215/55R17
Front Left Side:	Yokohama 6 mm	Rear Left Side:	Yokohama 6 mm
Front Right Side:	Yokohama 6 mm	Rear Right Side:	Yokohama 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,546.20	1,317.24	2,228.96	62.85
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,230.00	670.00	1,560.00	69.96
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	5,776.20	1,987.24	3,788.96	65.60
Approved Total (Overridden) (\$\$)		1,600.00		
Nett Amount (\$\$)	5,776.20	1,600.00	4,176.20	72.30

INSPECTION

Date of Assignment:	11/10/2017	Inspected At:	48 Toh Guan Rd East
Date Inspected:	16/10/2017		#04-126
			Repairer: Connect3

Estimated Period of Repair: 2.0 days**Adjuster:** MOHD TAUFIKH**Manager:** LOW AI PHING

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.

REPAIR DETAILS

Reference

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 06 Dec 2017)
Parts: 143	TOYOTA LEXUS 2.5 ES250 AUTO (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SKX7865T)
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

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER	Cut	1,089.00 F	*1,089.00 FL
2	1		*REAR REINFORCEMENT	Not Necessary	734.60 F	*- FL
3	1		*REAR BUMPER ABSORBER	Deformed	222.60 F	*222.60 FL
4	1		*REAR BUMPER LH SUPPORT	Not Necessary	107.50 F	*- FL
5	1		*REAR BUMPER RH BUMPER	Not Necessary	107.50 F	*- FL
6	2		*REAR BUMPER BRACKET	Not Necessary	29.20 F	*- FL
7	1		*REAR BUMPER PLATE	Not Necessary	40.00 F	*- FL
8	2		*REAR BUMPER CLIPS	Necessary	78.00 F	*78.00 FL
9	1		*RETAINER,ULTRASONIC	Necessary	74.00 F	*74.00 FL
10	1		*SENSOR,ULTRASONIC	Not Necessary	1,063.80 F	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	3,546.20	1,463.60
- List Item Discount on L Items 0.00/10.00% (\$\$)	0.00	146.36
Total Parts (\$\$)	3,546.20	1,317.24

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	LABOUR CHARGES	New	1,000.00	250.00
2	SPRAY PAINTING	New	700.00	250.00
3	CHECK WIRING	New	30.00	20.00
4	RESET ECU & REPROGRAMMED	New	250.00	120.00
5	REMOVE & TRANSFER REAR SENSOR TO NEW BUMPER	New	250.00	30.00
Gross Labour Cost (\$\$)			2,230.00	670.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >