

ASS. REC. BY:

REF:

CS/CT17019958 / D4b n2

Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person):

Irene Tay

of

CTL

Date/Time:

17-10-2017 5:04pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKX 150T

Insured:

YN 6085X

at Workshop m/s

Teamwork

Tel:

of

53 Ubi Ave 1 #01-25

Policy No:

DMCVSN3053191601

Claim No:

SNMI7D06015C02

Sum Insured:

Excess:

Make of Veh:

D.O.A

13-10-2017

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SKT 150T - X

YN 6085X - X

Singapore

## 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. \_\_\_\_\_

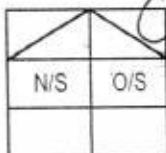
Claims No. \_\_\_\_\_

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 4 days Res: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: 8KX150T Yr Regn: 2015, NWType: M. Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Corolla Axio c.c. 1496Colour: SILV A/C: Insured / Std / NI / NASp. Reading: 35637 T/Radio: Insured / Std / NI / NAEng/No: 2NR8492351C/No: NRE1610008702Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 205/45R16R: — " —

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

TOYO / YOKO or

Front

R/Bal. 5 mmL/Bal. 5 mmD.O.A. 13/10/2017Survey held at Technique Page UbiDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or0/3 Front.

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

Rear

R/Bal. 5 mmL/Bal. 5 mmD.O.I. 17/10/2017

Date / Time Action / Instruction

14/05/18 China Tarping YH 6085XPrague 2/538001 - into 4 days, 7  
(Red: 4044.14, 51%)

RECEIVED 10 MAY 2018

Date/Time, File Pass to?

18/5 Typist

Date/Time, File Return to?

2)

Report Format :

Lump Sum / I.B.I. (\$ 3800 )☐ : Preli. Report☒ : Final ReportDays Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ )☐ : Interview (\$ )☐ : Tech. Invs (\$ )☐ : Weekend (\$ )

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

150



# 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			
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CS/CT117019958/Dtb	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERS SINGAPORE 079909		Date : 17-10-2017	
		Code : CTI	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	YN 6085X	Veh. Inspected	SKT 150T
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	IRENE TAY	Assign Date	17/10/2017
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
<b>4. Description of Damages</b>			
<b>5. General Information</b>			
Accident Date	13/10/2017	Inspection Date	17/10/2017
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		
<b>5a. Remarks</b>			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

## Catherine Chong (LKK Auto)

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**From:** Irene Tay <irene.tay@sg.cntaiping.com>  
**Sent:** Tuesday, 17 October, 2017 5:04 PM  
**To:** TEAMWORK GARAGE CLAIMS; assignments@lkkauto.com  
**Cc:** assignments@lkkauto.com  
**Subject:** CTP REF NO. YN6085X TG REF NO. SKT150T - ACCIDENT INVOLVING YN6085X AND SKX150T ON 13 OCTOBER 2017

Dear Sir/Mdm,

We refer to the above matter and the email below.

Please assist to get your surveyor to liaise with Teamwork Garage.

Regards

### Irene Tay

Claims Department  
China Taiping Insurance (Singapore) Pte. Ltd.  
3, Anson Road, #16-00  
Springleaf Tower,  
Singapore 079909  
Co. Reg. No. 200208384E  
DID: 6389-6192  
Fax: 6224 7175  
Email: [claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)  
Email: [irene.tay@sg.cntaiping.com](mailto:irene.tay@sg.cntaiping.com)  
Website: [www.sg.cntaiping.com](http://www.sg.cntaiping.com)

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**From:** TEAMWORK GARAGE CLAIMS [mailto:claims@teamworkgarage.com]  
**Sent:** Tuesday, 17 October, 2017 9:15 AM  
**To:** Irene Tay <irene.tay@sg.cntaiping.com>  
**Cc:** claims@teamworkgarage.com  
**Subject:** RE: CTP REF NO. YN6085X TG REF NO. SKT150T - ACCIDENT INVOLVING YN6085X AND SKX150T ON 13 OCTOBER 2017  
**Importance:** High

Dear Sir,

We have agreed and selected the surveyor / surveyor company proposed by you to conduct the pre-repair inspection as a single joint expert whereby the cost of the pre-repair survey carried out by single joint expert will be bear by you.

We have selected :

### LKK Auto Consultants Pte Ltd

as the motor surveyor / surveyor company named in your attached list.

Kindly forward your assignment to them asap so that we can arrange for the survey with them.

*\*Do get the surveyor / surveyor office to check with us on the availability of the car at the workshop before sending their surveyor down for PRI survey. We'll not be held responsible for wasted trips made to 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 willful 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	14/10/2017 14:04
Date Of Accident	13/10/2017 17:45
Exact Location Of Accident	50 CHOA CHU KANG AVE 3 ESSO PETROL STATION
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKX150T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	POH TUAN CHOON
NRIC No	S1779372A
Email Address	CHEERFULPOH8295@YAHOO.COM
Mobile Phone No	(LOCAL) +65-97503238
Alternative Phone No	OFFICE-97503238

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO 1.5G A
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC16S017066
Cover Note Number	N.A

### Driver

Name of Driver	MEINAR LAU MEI SHE
NRIC No	S7883602D
Date Of Birth	27/05/1978
Occupation	INDOOR
Date Of Driving Pass	15/07/2010
Driving Experience	7 YEARS AND 2 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97503238
Fax Number	
Contact Number	
Email Address	CHEERFULPOH8295@YAHOO.COM

Address  
 Postcode  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured SPOUSE  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

#### General Information of the Accident

Type Of Accident SIDE SWIPE  
 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) 2

#### 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

I was turning out from Esso Petrol Station along Choa Chu Kang Ave 3 when i saw vehicle YN6085X on my right turned out together with my car. I immediately brake my car to a stop and sounded my horn but vehicle YN6085X continue driving and cut across infront of my car and its left side collided onto my car front right side. Damages to my car were on the front right portion. No injuries were involved.

#### Attachment(s)

Are accident photos available for attachment? YES  
 Was there any video captured by Car Camera? YES  
 Remarks/ Reasons: PENDING FROM INSURED  
 Was there any audio recorded? NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YN6085X  
 Vehicle Make/Model/Colour ISUZU/ NPR85UH5AK  
 Details Of Properties NA  
 Name of Driver THANGAVEL SURESH  
 NRIC/Passport Number G7212299U  
 Contact Number 85183908 (BOSS)  
 Address NA  
 NA  
 Postcode  
 Insurance Company Name  
 Nature Of Damage  
 No. Of Passenger (Including Driver)

#### Details of Witness

Name  
 Phone Number

Email Address



# 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 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 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 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 Reports Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of the 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)
  - (a) I understand, acknowledge, agree and consent that:
    - (i) My insurer, my workshop and the General Insurance Association of Singapore (GIA) may be 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 insurers who have insured vehicle(s) involved in this accident (all insurers) 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 insurers who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may be 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 also 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 use or more of the above Purposes.

VERIFIED BY AJAX MARS  
REPORTING OFFICER

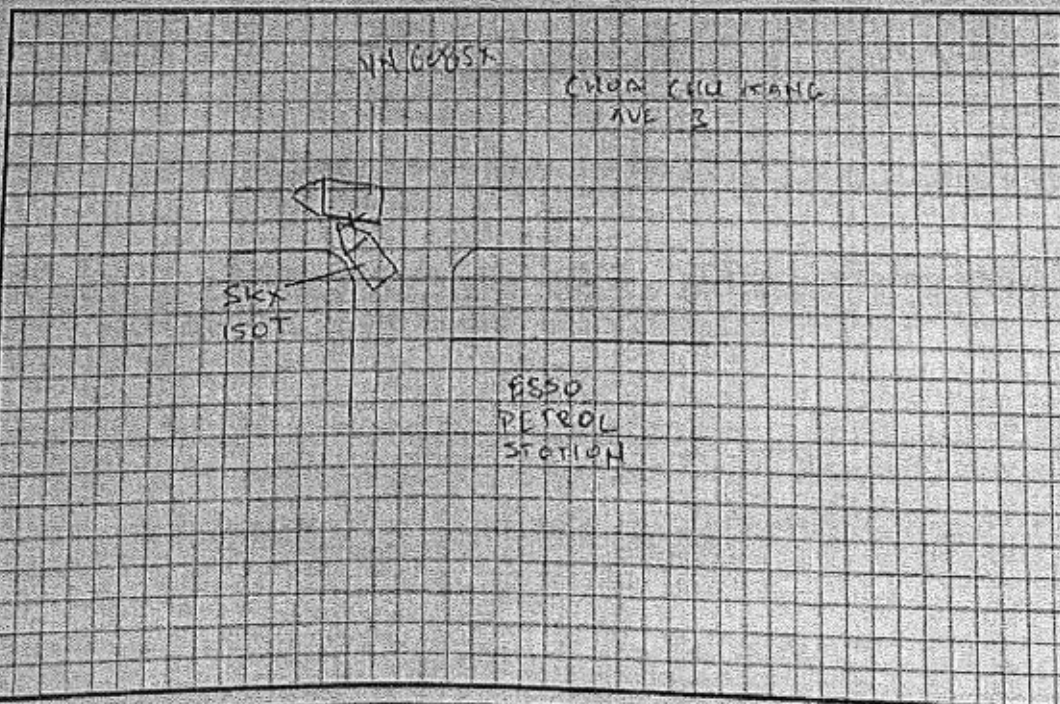
Muhammad Faizal  
Bin Pabla

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre  
Personnel

### Sketch Plan





Sketch Plan #2

ACCIDENT STATEMENT (2000 characters)

I was turning out from Esso Petrol Station along Choa Chu Kang Ave 3 when i saw vehicle YN6085X on my right turned out together with my car. I immediately brake my car to a stop and sounded my horn but vehicle YN6085X continue driving and cut across infront of my car and its left side collided onto my car front right side. Damages to my car were on the front right portion. No injuries were involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MUHAMMAD FAIZAL BIN PABILA

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

14 October 2017 at 12:50 PM

Date/Time:

14 October 2017 at 12:50 PM



Pte Ltd

TeamWork Garage Pte Ltd  
53 Ubi Avenue 1 #01-23/24 Spore 408934  
Paya Ubi Industrial Park  
Tel : 6844 2475 Fax : 6844 2474  
E-mail : claims@teamworkgarage.com  
Register number : 201015366H  
3RD PARTY CLAIM ESTIMATION

China Taiping Insurance (Singapore) Pte Ltd  
105 Cecil Street #19-00  
The Octagon  
Singapore 069534

Vehicle number : SKX150T  
Make / Model : TOYOTA/AXIO  
Chassis number : NRE1610008702  
Accident date : 13 October 2017  
Reference : 1710-30

Qty Particulars

Unit Price - SGD \$

PARTS REPLACEMENT - LIST ITEMS		
1	FRONT BUMPER cut	755.00 ✓
1	FRONT BUMPER REINFORCEMENT NH	455.60 x
1	FRONT BUMPER SPONGE torn torn	175.00 ✓
2	FRONT BUMPER RETAINER o/s crack r/s s/c	80.00 160.00 ✓
1	SUPPORT PANEL NH	875.00 x
1	FRONT GRILLE CHROME ASSY monty crack	457.00 ✓
1	FRONT RH HEADLAMP scratched	2157.08 ✓
1	FRONT BUMPER RH SIDE COVER NH	155.00 x
1	BONNET r/w	964.20 x
1	BONNET INSULATOR NH	315.00 x
1	BONNET LOCK NH	195.00 x
1	FRONT RH FENDER Dented	835.10 ✓
1	FRONT RH FENDER INNER SHIELD torn	186.53 ✓
		7685.51
Less 25%		1921.37
Subtotal		5764.14
Balance C/F		5764.14
PARTS REPLACEMENT - SPECIAL NETT ITEMS		
Balance B/F		5764.14
1SET	FRONT BUMPER CLIP h/c	60.00 30/-
1 SET	FRONT FENDER INNER TRIM CLIP h/c	60.00 20/-
Subtotal		120.00
Balance C/F		5884.14
LABOUR AND MISCELLANEOUS CHARGES		
Balance B/F		5884.14
1	CHECK FRONT WIRING AND LIGHTNING SYSTEM	60.00 30/-
2	CHECK FRONT WHEEL ALIGNMENT	150.00 NH
3	PANEL BEATING ON AFFECTED AREAS	800.00 600/-
4	SPRAY PAINTING ON AFFECTED AREAS	800.00 600/-
5	APPLY ANTI RUST ON AFFECTED AREAS	150.00 40/-
Subtotal		1960.00
Grand total		7844.14

KK Auto Consultants hence notify the repairer to the following:

- To ensure the repairer is aware of the damage
- To display damaged parts 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:

17/10/2017 e 1030am  
H15 Auto  
L150m  
4 days  
2KK Auto

4804.28  
1153800/-

## 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/CTI17019958/DTBN2

Date: 22/05/2018

## REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN3053791601
Claimant Vehicle No :	SKX150T	Insured Vehicle No :	YN6085X
Date of Loss:	13/10/2017	Nature of Claim:	TP
		Claim No:	SNM17D06015C02

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SKX150T	Engine No:	2NR8492351
Make & Model:	TOYOTA COROLLA AXIO, 1.5 G (A)	Chassis No:	NRE1610008702
Reg. Date:	24/11/2015 (Man. Year: 2015)	Odometer:	35637 km
Colour:	Silver		
Engine Capacity:	1496 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:	205/45R16	Rear Tyre Size:	205/45R16
Front Left Side:	Dunlop 5 mm	Rear Left Side:	Dunlop 5 mm
Front Right Side:	Dunlop 5 mm	Rear Right Side:	Dunlop 5 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	5,884.13	3,534.28	2,349.85	39.94
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,960.00	1,270.00	690.00	35.20
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (\$\$)</b>	<b>7,844.13</b>	<b>4,804.28</b>	<b>3,039.85</b>	<b>38.75</b>
<b>Approved Total (Overridden) (\$\$)</b>		<b>3,800.00</b>		
<b>(\$\$)</b>	<b>7,844.13</b>	<b>3,800.00</b>	<b>4,044.13</b>	<b>51.56</b>
<b>+ GST 7.00/7.00% (\$\$)</b>	<b>549.09</b>	<b>266.00</b>	<b>283.09</b>	<b>51.56</b>
<b>Nett Amount (\$\$)</b>	<b>8,393.22</b>	<b>4,066.00</b>	<b>4,327.22</b>	<b>51.56</b>

## INSPECTION

Date of Assignment:	19/10/2017	
Date Inspected:	17/10/2017	Inspected At:
		Teamwork Garage Pte Ltd (HQ)
		53 Ubi Ave 1 #01-24, Paya Ubi
		Industrial Park
		Singapore 408934

Estimated Period of Repair: 4.0 days

Adjuster: BRYAN TANI

Manager: DENISE TAY KWEE CHENG

*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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 22 May 2018)
<b>Parts:</b> 143	TOYOTA COROLLA AXIO 1.5 G (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SKX150T)	
<b>Validity:</b>	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
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *

## Recommended Parts

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*FRONT BUMPER	Cut	755.00 FL	*755.00 FL
2	1	*FRONT BUMPER REINFORCEMENT	Not Necessary	455.60 FL	*- FL
3	1	*FRONT BUMPER SPONGE	Torn	175.00 FL	*175.00 FL
4	1	*FRONT BUMPER RETAINER	O/s Cracked/N/s Serviceable	160.00 FL	*80.00 FL
5	1	*SUPPORT PANEL	Not Necessary	875.00 FL	*- FL
6	1	*FRONT GRILLE CHROME ASSY	Mounting Cracked	457.00 FL	*457.00 FL
7	1	*FRONT RH HEADLAMP	Scratched	2,157.08 FL	*2,157.08 FL
8	1	*FRONT BUMPER RH SIDE COVER	Not Necessary	155.00 FL	*- FL
9	1	*BONNET	Repair	964.20 FL	*- FL
10	1	*BONNET INSULATOR	Not Necessary	315.00 FL	*- FL
11	1	*BONNET LOCK	Not Necessary	195.00 FL	*- FL
12	1	*FRONT RH FENDER	Dented	835.10 FL	*835.10 FL
13	1	*FRONT RH FENDER INNER SHIELD	Torn	186.53 FL	*186.53 FL
14	1	*SET FRONT BUMPER CLIP	Necessary	60.00 FS	*30.00 FS
15	1	*SET FRONT FENDER INNER TRIM CLIP	Necessary	60.00 FS	*20.00 FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>7,805.51</b>	<b>4,695.71</b>
<b>- List Item Discount on L Items 25.00/25.00% (\$\$)</b>	<b>1,921.38</b>	<b>1,161.43</b>
<b>Total Parts (\$\$)</b>	<b>5,884.13</b>	<b>3,534.28</b>

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
<b>Labour Items</b>				
1	CHECK FRONT WIRING AND LIGHTING SYSTEM	New	60.00	30.00
2	CHECK FRONT WHEEL ALIGNMENT	New	150.00	-
3	PANEL BEATING ON AFFECTED AREAS	New	800.00	600.00
4	SPRAY PAINTING ON AFFECTED AREAS	New	800.00	600.00
5	APPLY ANTI RUST ON AFFECTED AREAS	New	150.00	40.00
Gross Labour Cost (S\$)			1,960.00	1,270.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >