

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: SFL 6661 TPolicy No. 528771754SMAClaims No. 536271Sum Insured: _____ Excess: \$1500

(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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SJD8994P Yr Regn: 2008Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Axio c.c. 1496Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 32+299 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: NZE 1416672657Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/60R15R: 195/60R15BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. 3/11/17 D.O.I. 06/11/17Survey held at Flying HighDes. of Damages: Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

TP MS/G.SJD 8994P - XConfirm LLS \$1350, 3 days
Red: \$2740.10, 671.

RECEIVED 30 JAN 2018

Date/Time, File Pass to?

☐

Preli. Report

1) typist☒

Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Photos

Others

TOTAL

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format: TPLump Sum / H.I. (\$ 1350)20010210



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 : CC3/MSG17021152/Arb

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 06-11-2017

Code : MSG



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SJD 8994P
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	06/11/2017

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

5. General Information

Accident Date	Inspection Date	06/11/2017
Survey held at	FLYING HIGH SPRAY PAINTING BLK 1 KAKI BUKIT AVE 6 #01-29 AUTOBAY SINGAPORE 417883	

5a. Remarks

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

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	04/11/2017 14:04
Date Of Accident	03/11/2017 11:40
Exact Location Of Accident	ALONG DUNEARN ROAD BEFORE BALMORAL ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJD8994P
Insured/Policyholder	
Name Of Registered Owner	LIM KIM HWEI
NRIC No	S8125420F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98203851
Alternative Phone No	OFFICE-98203851

Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA AXIO
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	AVIVA LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	10304309
Cover Note Number	

Driver

Name of Driver	KHOO MICHELLE
NRIC No	S7931744F
Date Of Birth	13/10/1979
Occupation	INDOOR
Date Of Driving Pass	01/11/1999
Driving Experience	18 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98203651
Fax Number	
Contact Number	
Email Address	MERSHEL13@HOTMAIL.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 COLLISION - HEAD TO REAR
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
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) 4

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
POLICE STATION NAME [OTHER] TAMPINES NORTH NPP
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/201711/03/2112. ON THE ABOVE-MENTIONED DATE AND TIME, I WAS DRIVING V1 (BEARING PLATE REGISTRATION NUMBER SJD8994P) ALONG DUNEARN RD AND WAS STATIONARY AT THE QUEUE TO TURN RIGHT ONTO BALMORAL RD AS IT WAS A RED LIGHT. SUDDENLY, V2 (BEARING PLATE REGISTRATION NUMBER SFL6661T) COLLIDED INTO THE REAR OF MY VEHICLE. I ALIGHTED FROM MY VEHICLE TO MAKE A CHECK AND I DISCOVERED THAT V2 HAS ALREADY REVERSED HER VEHICLE. THE DRIVER OF V2 THEN ALIGHTED AND WE EXCHANGED PARTICULARS. I DO NOT HAVE CCTV ON MY VEHICLE. NO POLICE OR AMBULANCE WERE AT SCENE. THE VISIBLE DAMAGES TO MY VEHICLE IS A DENTED REAR BUMPER.

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 SFL6661T
Vehicle Make/Model/Colour TOYOTA/ESTIMA WELCAB
Details Of Properties
Name of Driver LAM LAI OI
NRIC/Passport Number S0578230I
Contact Number 97384875
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver) 1

Details of Witness

Name

Phone Number

Email Address

DETAILS OF INJURED PERSON 1

Name KHOO MICHELLE

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJD8994P

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 2

Name NG CHIEW

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJD8994P

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 3

Name PENELOPE LIM

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJD8994P

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

DETAILS OF INJURED PERSON 4

Name JAKE LIM

Approximate Age

Injuries Sustain

Injured person in which vehicle? SJD8994P

Were seat belts worn? YES

Was injured conveyed to hospital by ambulance? NO

Address

Postcode

Sketch Plan

SKETCH PLAN

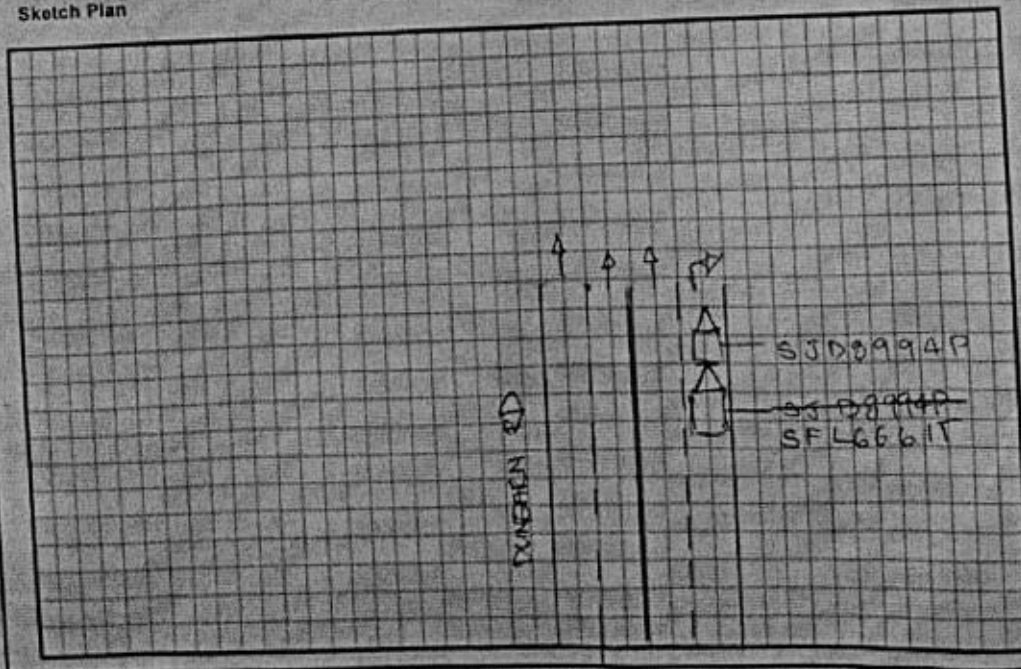
IMPORTANT NOTICE

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 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 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 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 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 insurer(s) who have insured my 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 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 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.

VERIFIED BY AJAX MARS
REPORTING OFFICER
Muhammad Faizal
Bin Pabila

Policyholder's Signature / Date & Time Driver's Signature (If driver is not the policyholder) / Date & Time Witnessed by Reporting Centre Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

Refer to police report no. T/20171103/2112.

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

4 November 2017 at 12:02 PM

Date/Time:

4 November 2017 at 12:02 PM

Police Report



**SINGAPORE
POLICE FORCE**



T/20171103/2112

1 of 4

Report No. T/20171103/2112

Police Station Of Origin
Tampines North NPP
431 Tampines Street 44 #01-58 SINGAPORE
520461
Tel No: 1800-7818999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/11/2017 16:29
Vide Report No:
Station Diary No: 29

Informant's Particulars

Name of Informant KHOO MICHELLE	Address 19A HOOPER ROAD SINGAPORE 229213		
ID Type / ID No. NRIC NO / S7931744F	Contact No. Home/Office	Mobile: 98203651	
Nationality SINGAPORE CITIZEN	Email		
Sex Female	Age 38	Date of Birth 13/10/1979	Type of Informant Driver
Race Chinese	Language English		Institution / School Name
Occupation Tuition teacher	Driving Licence Information Class: 3		Date of Expiry

General Information of the Accident

Type of Accident	Injury Others	Drink Drive No	Date/Time of Accident 03/11/2017 11:40	Type of Location Straight Road
Location DUNEARN ROAD				
Along Duneam Rd. before Balmoral Rd		Road Surface Dry	Road Speed Limit	
Weather Clear		Traffic Control Traffic Light - Working	Traffic Volume Moderate	
Traffic Flow One Way		Anyone conveyed by ambulance No		
Type of Collision Between Moving Vehicles - Head To Rear				

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFL6651T	Car	TOYOTA	ESTIMA	Silver		0
SJD8994P	Car	TOYOTA	AXIO	Silver	Slightly Damaged	3

Details of Person Involved

Any Pedestrian Involved: No	Use of Pedestrian Crossing: NA
No. of Pedestrians Injured: NIL	

Police Report



**SINGAPORE
POLICE FORCE**



T/20171103/2112

2 of 4

Police Station Of Origin:
Tampines North NPP
401, Tampines Street 44 #01-50 SINGAPORE
520461
Tel No: 1800-7818993

Report No: T/20171103/2112

CONTINUATION OF REPORT

Driver			
Name	LAM LAI OI	ID No	S05762301
Related Vehicle	SPL8681T (Car)	Contact No	97384875
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KHOO MICHELLE	ID No	S7931744F
Related Vehicle	SJD8994P (Car)	Contact No	98203651
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/11/2017	Date Discharge	03/11/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	NG CHIEW	ID No	S1277916Z
Related Vehicle	SJD8994P (Car)	Contact No	NIL
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/11/2017	Date Discharge	03/11/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Passenger			
Name	PENELOPE LIM	ID No	T1329997D
Related Vehicle	SJD8994P (Car)	Contact No	NIL
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/11/2017	Date Discharge	03/11/2017
No. of Days granted Medical Leave	01	Degree of Injury	Slight

Police Report



**SINGAPORE
POLICE FORCE**



T/2017/1032112

Police Station Of Origin
Tampines North NPP
461 Tampines Street 44 #01-56 SINGAPORE
520461
Tel No: 1800-7818999

3 of 4
Report No: T/2017/1032112

CONTINUATION OF REPORT

Passenger			
Name	JAKE LIM	ID No	T11210930
Related Vehicle	SJD8994P (Car)	Contact No	NIL
Hospital/Clinic	Y M CHAN CLINIC & SURGERY	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	03/11/2017	Date Discharge	03/11/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight

Brief Details.

On the above-mentioned date and time, I was driving V1(bearing plate registration number SJD8994P) along Dunearn Rd and was stationary at the queue to turn right onto Balmoral Rd as it was a red light. Suddenly, V2(bearing plate registration number SFL6661T) collided into the rear of my vehicle.

I alighted from my vehicle to make a check and I discovered that V2 has already reversed her vehicle. The driver of V2 then alighted and we exchanged particulars.

I do not have CCTV on my vehicle. No Police or Ambulance were at scene. The visible damages to my vehicle is a dented rear bumper.

Police Report



SINGAPORE
POLICE FORCE



T/20171103/2112

4 of 4

Report No. T/20171103/2112

Police Station Of Origin:
Tampines North NPP
481 Tampines Street 44 #01-56 SINGAPORE
620461
Tel No. 1800-7618996

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:
G /
Sgt 2 NURFAIZ BIN NOORDIN

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / AEIT /
SSI KASMAWATI BTE SAMIAN
Contact No. 65476179

Authentication Stamp
NP155

Signature Of Informant:

Date/Time
03/11/2017 16:29

Classification Of Case:

TRMS16
Jenice

SJD8994P.

Toyota Axio. 1496cc

NZE 1416072657

Rear Bumper *2nd*

645.10 -

Rear Bumper Clips. *in*

30 -

Rear Bumper Side Holder x02 *in*

55.5 x 2 = 111 *112.80*

Rear Bumper Impact Bracket x02. *Painted*

112.8 x 2 = 225.60

Reverse Sensor *new*

280(SN) +

Rear End Panel *Repair*

594.60. +

Rear End Panel Sealant. *new*

2760(SN) +

Rear End Panel Top Garnish. *new*

211.80 +

Trunk LH. *Quoted*

332 -

123090

92317

Panel Bunting

Spray Painting

Wiring

To undersoil

To remove reverse sensor

To remove upholstery.

~~700~~ 300

500 400

50 30

100 +

~~100~~ 40.

150 30

~~4072.10~~

total: 1723.17.

2/5. 1350.

03Days.

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:199607196R)

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: CC3/MSG17021152/ARBN2

Date: 01/02/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	S28771754SMA
Claimant Vehicle No :	SJD8994P	Insured Vehicle No :	SFL6661T
Date of Loss:	03/11/2017	Nature of Claim:	TP
		Claim No:	536271

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJD8994P	Engine No:	1NZC950366
Make & Model:	TOYOTA COROLLA, 1.5 AXIO (A)	Chassis No:	NZE1416072657
Reg. Date:	09/04/2008 (Man. Year: 2008)	Odometer:	324299 km
Colour:	Silver		
Engine Capacity:	1496 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	195/60R15	Rear Tyre Size:	195/60R15
Front Left Side:	Goodyear 6 mm	Rear Left Side:	Goodyear 6 mm
Front Right Side:	Goodyear 6 mm	Rear Right Side:	Goodyear 6 mm

The above values represent the remaining tyre treads depth.

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,490.10	923.17	1,566.93	62.93
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,600.00	800.00	800.00	50.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,090.10	1,723.17	2,366.93	57.87
Approved Total (Overridden) (S\$)		1,350.00		
Nett Amount (S\$)	4,090.10	1,350.00	2,740.10	66.99

INSPECTION

Date of Assignment:	19/12/2017	
Date Inspected:	06/11/2017	Inspected At:
		Flying High Spray Painting (HQ) BLK 1 Kaki Bukit Ave 6, #01-29 Auto Bay Singapore 417883

Estimated Period of Repair: 3.0 days

Adjuster: ADRIAN LING

Manager: Janice Lee Si Hua

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: 01 Feb 2018)
Parts:	143	TOYOTA COROLLA 1.5 AXIO (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SJD8994P)	
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	Deformed	645.10 F	*645.10 FL
2	1		*REAR BUMPER CLIPS	Necessary	30.00 F	*30.00 FL
3	2		*REAR BUMPER SIDE HOLDER	Necessary	111.00 F	*111.00 FL
4	1		*REAR BUMPER IMPACT BRACKET	N/s Dented	225.60 F	*112.80 FL
5	1		*REAR END PANEL	Repair	594.60 F	*- FL
6	1		*REAR END PANEL TOP GARNISH	Not Necessary	211.80 F	*- FL
7	1		*REVERSE SENSOR	Not Necessary	280.00 FS	*- FS
8	1		*REAR END PANEL SEALANT	Not Necessary	60.00 FS	*- FS
9	1		*TAILLAMP LH	Cracked	332.00 F	*332.00 FL
					Sub Total (\$\$)	2,490.10 1,230.90
					- List Item Discount on L Items 0.00/25.00% (\$\$)	0.00 307.73
					Total Parts (\$\$)	2,490.10 923.17

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

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	PANEL BEATING	New	700.00	300.00
2	SPRAY PAINTING	New	500.00	400.00
3	WIRING	New	50.00	30.00
4	TO UNDERSEAL	New	100.00	-
5	TO REMOVE REVERSE SENSOR	New	100.00	40.00
6	TO REMOVE UPHOLSTERY	New	150.00	30.00
Gross Labour Cost (S\$)			1,600.00	800.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >