| 1/10° | 7 | | 0 | LILKK: | |
|----------------------------------|--|---------------------------------|-----------------|--|----------------|
| 16953H0 | | CC 7/AIG1702 | 394, | ELUGH IDAC: | |
| INS. CASE OWNER | | ASSIGNN | IENT | | 1 |
| | taluin | DOI: ASSIGNA | 1114 | Date / Time : | 14 |
| Surveyor: | Latte | - DOI: | 1 | | MULLY |
| Pre-assign / CCU | /FTE | 90 | 2. | Registered in Merimen. | P. T. T. L. |
| Pre-assign/CCC | SLK 625 | &J (| | . 494459877 | 118 |
| Insured Vehicle No | | utn : | Claim No. | | - |
| Name of Insured | : LAN Hun 4 | WOAY | Policy No. | : NO149865 | 2 |
| Insured Tel No. | : HP: | | Make / Model | | |
| Excess Sec II :S\$ | D.O | 1.A: 20 11/14 | Place of Accid | tent: MELETIER |) |
| Is driver the owner | The second section of the second | ure of Accident : | | | |
| If NO. Driver Nar | ne / Age : | tion of the order protection of | OI GIA REPO | RT: YES / NO ; TP GIA REPOR | T: YES / NO |
| Driver Tel | | (V/L: YES / NO) | Insured Liabili | ity: % Final? Yes | / No |
| SU 142 | +B | th Minesantes towers | 77 | | |
| 261 41.62 | <u> </u> | | | | |
| INSRS: WA | INSRS: | | INSRS: | INSRS WSP: | 1 |
| 4: A War. | WSP: Tel: | | WSP: Tel: | Tel: | |
| Liability: | Liability: | 2_0 | Liability: | Liabili | T0 |
| RMKS: | RMKS: | | RMKS: | RMKS | t . |
| Date/ Time | | 7 | 1.1 | | |
| 25/11/2 | SMALLY - COMMUN | PARKATE TEKNETY | District of the | STAGE | DATE/PIC |
| WY WY | The state of the s | | | Non-Reporting ltr (1st): | the - set me |
| nA 1A | 216 PARP - 10 | | | Non-Reporting ltr (2nd): "DUO" Non-Reporting ltr (Final): | (10 - the the |
| MINI | wo or him, som | UNT Set telter | | Notification ltr (if non-pickup): | |
| | | | | Call OI: | |
| | | | | After call ltr to OI: | n |
| 14/19/4/15200 | | nth 1842320 by no t | the ad will | Documentation Check List: Har | ndler Typist |
| | sind without then experience | LENG ! | | Notification ltr (if non-pickup) After call ltr to OI: | |
| 1201/18 | THE THE CHANG | TO 01. | | Authorisation To Act: | |
| 23/1/18 | -10F BIR -> \$2-84 | / | | Release Voucher: | |
| 15 | | 1 | | Final Repair Bill: | |
| OFF. | | | | Car Rental Invoice: | |
| 19 | | | | Towing Invoice | |
| | | | | LTA / GIA : Medical Bill: | |
| | | | | PIR: | HH |
| | | | | Mandate/Reject Instruction: | |
| | | | | LOD | |
| | | | | Payment Breakdown Form: | |
| PRELIMINARY ADVICE | Date/Time: | Sent By: | | Post-Repair Photos: | |
| | | | | Others: | |
| PANALIZATION | Date/Time: | Confirm with: | er. | Confirm by: | Call |
| Reput Cost: | | days) Reduction: | % | Email Call | ican [|
| THAL SETTLEMENT | Date/Time: 1518 48 Cor | essed) BOLA S/N No.: 2 | 1 | If NO or B 28, Ass. Lia: | |
| Final Liability: Repair Cost: | SS 561.10 | waster over over 190. | | 66 | |
| Loss of Rental (LOR): | ss 196.50 (2 | days) x 98.25 | | The state of the s | |
| Loss of Use (LOU): | 55 100.00 (5 50 x 2 | days) | | MICHAL | 1P |
| Loss of Income (LOI): | SS (\$ x | days) | | 40 | <i>J</i> |
| GIA/LTA Search | ss 5.35 | LOI [Tick only one] | | | |
| Medical: | SS 2.53 | | | 1) Claim status: Normal/Reject/ | Private Settle |
| Dist-arsement: | SS | (e.g. Tow/ Independen |) | 2) Report Format: | |
| Legal Cost | SS CLO OF CH | | | 3) Survey fee: | |
| Total: | | obal Sum S\$: 860.00 | | Email Call | |
| FINAL PAYMENT | Er eller Tillion | | 1600 | ENGINEERING PIE | 110 |
| Payee I: | | me 1: COMFORTDE | - MIN O | PROMINER LIE | |
| Pance 3: (Strike if N.A.) | 10,170 | me 2: me 3: | | | |
| i. avec 3: (Sinke if N.A.) | [04] | 35 | | | - |
| pile. | | | | | |
| 1.02 | | | | | |
| S 7-14 | | | | | |
| 1000 | | | | | |

| ASSIGNMENT From: Date: Veh No. SH942 7B Yr Regn: 27 No. 1 No. 1 No. 1 No. 27 No. 27 No. 27 No. 27 No. 27 No. 28 No. 29 N | Surrenor | Kaluis | REF: | | | | | | | |
|--|--------------------------|----------------------|--------------------|------------------|--|-------------------------|----------------|---------------|----------------|-----------|
| Type: M.Car / M.Cycle / Bus / Van / Lorry / T. | | | | ASSI | GNMEN | T | | | | |
| Type: M.Car / M.Cycle / Bus / Van / Lorry / T. | From: | | Date: | | Veh No. | SH | 9427B | Yr Regn; | 27 Mar | 812 |
| To inspect Vehicle No: at Workshop mis of set Workshop mis of insued insued Policy No. Claims No. Sum Insured Excess: (Clert's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. (Policy Condition) Ball or Market Value: IDAC Accident Rport: Consistent?: Yes or No Lum Sum: PIP % 3 Vall: Yes or No Lum Sum: PIP % 3 Vall: Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Condacted: Person Condacted: Date / Time Action / Instruction Add Fee: Site Insp Site Insp ACC Inflored / Starth Conforting Try of Starth C | Estimated Cost: | | | | Type: M.Ca | ar / M.Cycle / | Bus / Van / L | | | |
| Insured Policy No. Claims No. Sum Insured: Excess: (Clent's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of Inspection. Ball or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No CLum Sum: PIP % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date: Date: Person Contacted: Date: Person Contacted: Date: Date: Person Contacted: Date: Date: Person Contacted: Date: Person Contacted: Date: Date: Person Contacted: Date: Date: Date: Person Contacted: Date: Da | OD/TP/WS/TP | RES / OD RES / E | VA / INV / MV | | Truc | ck / Trailer or | | | | |
| Insured Policy No. Claims No. Sum Insured: Excess: (Clent's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of Inspection. Ball or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No CLum Sum: PIP % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date: Date: Person Contacted: Date: Person Contacted: Date: Date: Person Contacted: Date: Date: Person Contacted: Date: Person Contacted: Date: Date: Person Contacted: Date: Date: Date: Person Contacted: Date: Da | To inspect Vehicle | No: | | | Make: | H, | pudi Su | A | 0.0 /9 | as |
| Insured: Policy No. Claims No. Sum Insured: Excess: Clean's Record) Make of Veh: (Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No CLum Sum: PIP % 3 Val.: Yes or No CLum Sum: PIP % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Date / Time Action / Instruction Date: Person Contacted: Date / Time Action / Instruction Date / Time Action / Instructi | at Workshop m/s | | | | Colour | 1 | 0/4 | A/C: In | wed Std | NI / NA |
| Cilion No. Cil | of | | | | Sp.Reading | 9 7 | 79046 | T/Radio: In | Gred / Std / | NI / NA |
| Claims No. Sum Insured: Excess: (Citien'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 Rport: Consistent? : Yes or No Lum Sum: PfP % 3 Val.: Yes or No Lum Sum: PfP % 3 Val.: Yes or No Ca / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / Out Date: Person Contacted: Vehicle: IN / Out Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collice of the Contacted: Structure affected due to collice of the Contacted: Structure Structure affected due to collice of the Contacted: Structure Structure affected due to collice of the Contacted: Structure Structure Structure affected due to collice of the Contacted: Structure Structu | insured: | | | | Eng/No: | | | | | |
| Steering: Inorder Jammed Leaked Burnt or Brake: Inorder Jammed Leaked Burnt or Modi: Nill SIRIm STD Aprom or Tyre Size: F: 215 Go R o Rear T | Policy No. | | | | C/No: | /< | MHET | G/VMC | ABZIA | 86 |
| Brake Inord Jammed Leaked Burnt or Modi Nill SiRim STD ARity or Tyre Size F: 2 (5 / 6 / 7 / 6 R: Bs DUN EXNOVA GY FS Liza Mic OHTSU/ PIR SUMI) TOYO YOKO or World Nill SiRim STD ARity or Tyre Size F: 2 (5 / 6 / 7 / 6 R: Bs DUN EXNOVA GY FS Liza Mic OHTSU/ PIR SUMI) TOYO YOKO or World Nill | Claims No. | | | | Gen. Cond | Good / Fee | Poor / Burn | | | |
| Make of Veh: Modi Nill S/Rim STD A/Rim or Tyre Size F: 2.51 6. A. 6 | Sum Insured: | | Excess: | | Steering: In | norti é r / Jami | med / Leaked | / Burnt or | | |
| Tyre Size: F: 2.15 / 6 A / 6 R: R: Remark: The veh had commenced its repair at the time of inspection. N/S O/S | (Client's Record) |) | | | Brake: In | nor Gf / Jam | med / Leaked | / Burnt or | | |
| Remark: The veh had commenced its repair at the time of inspection. | Make of Veh: | | | | Modi: N | II / S/Rim / | 1 1 | | | |
| Remark: The veh had commenced its repair at the time of inspection. Ball or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Lum Sum: P(P) % 3 Vall.: Yes or No CA / REV / REP. / 24 HRS Date / Time | | | , and the second | , | Tyre Size: | F: | 2 | 15/ 60 A | -6 | |
| repair at the time of inspection. Ball or Market Value: IDAC Accident Rport: Consistent?: Yes or No GIA / PR Seen: Consistent?: Yes or No Est. Repairs: 2 days Res.: Yes or No Lum Sum: P 9 % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Confacted: Vehicle: IN / OUT Date / Time | (Policy Condition | n) | | | | R: | | -(| N . | |
| IDAC Accident Rport Consistent? : Yes or No GIA / PR Seen: Consistent? : Yes or No Lum Sum: P P % 3 Val.; Yes or No CA / REV / REP. / 24 HRS Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collist Date / Time Action / Instruction Action / Instruction S | | | | N/S 0/S | 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1 | | GY / FS / LIZA | | | I. |
| Consistent Sear Consistent Sear Consistent Sear Sear Consistent Sear Consistent Sear Sear Consistent Sear | Bal. or Market Val | ue. | , | | Front | | | Rear | | |
| Est Repairs: 2 days Rest: Yes or No Lum Sum: P | IDAC Accident Rp | ort: Co | onsistent? : Yes o | r No | R/Bal. | 7 | mm | R/Bal. | 7 | mm |
| Lum Sum: Problem Problem Person Contacted: Person Contact | GIA / PR Seen: | Co | onsistent? : Yes o | r No | L/Bal. | 7 | mm | L/Bal. | 7 | mm |
| Lum Sum: PP % 3 Val.: Yes or No CA / REV / REP. / 24 HRS Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Date / Time Action / Instruction Date / Time File Pass to? Prelli. Report Prelli | Est. Repairs: | 2 days | Res.: Yes | or No | D.O.A. | 20/11/2 | | D.O.I. | 22/11/-1 | 8 |
| Date: Person Contacted: Vehicle: IN / OUT Date / Time Action / Instruction Date / Time File Pass to 7 Date / Time Preli. Report Date / Time Preli. Report Date / Time Pass to 7 Date / Time Preli. Report Date / Time Pie Return to 7 Date / Time Pie Return to 7 Add Fee: Site Insp (\$) SHRS SI Interview (\$) Pricos Tech Invs (\$) Opers (RK) Date / Time Pie Return (RK) Proces Proces Tech Invs (\$) Opers (RK) Date / Time Pie Return (RK) Date / Ti | Lum Sum: | P1P % | 3 Val.: Yes o | or No | | 1.5 | | COSEC | (0700) | |
| Date: Person Contacted: Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affected due to collis Date / Time Action / Instruction ACG \$ 530,00 (Rod: \$ 1762.02 / 7.7 *) | CA / REV / I | Maria and American | | | Des. of Da | mages : Frt | Rear / O/S | / N/S / U/C | Rooftop or | |
| Date / Time Action / Instruction \$ 530.00 (Rod : \$ 1762.02 / 77 /) | | | | ehicle: IN / OUT | | 22 | | | | |
| State Stat | | | | | The U/ | C / Chassis | frame / Bod | y Structure a | ffected due to | collision |
| \$ 530.00 (Aod: \$ 1762.02 / 77.) C/s. Days Of Repair: 1) | Date / Time | Action / Instruction | 1 | | | | | | 47 | |
| Date/Time. File Pass to7 : Prelli. Report Days Of Repair: 1) : Final Report Resurvey No. of Trip: Survey Fee Transportation: 2) Add Fee: : Site Insp (\$)s+Rsst Interview (\$) Photos Report Format: Tech Invs (\$) Others (AK) | | 4 | 520 00 l | And t | 1262. | 02/7- | 7-1-) | | | |
| 1) Survey Fee Date/Time, File Return to? Add Fee: Site Insp (\$)s+Rssi Interview (\$) Photos Report Format : Tech, Invs (\$) Others (\$RC) | | 3 | 330,00 | LVW.D | 1700. | / | 1 / | | 4,5 | |
| 1) Survey Fee Date/Time, File Return to? Add Fee: Site Insp (\$)s+Rssi Interview (\$) Photos Report Format : Tech, Invs (\$) Others (\$RC) | | | | | | | | | | |
| 1) Survey Fee Date/Time, File Return to? Add Fee: Site Insp (\$)s+Rssi Interview (\$) Photos Report Format : Tech, Invs (\$) Others (\$RC) | | | 3 | | | | | | | |
| 1) Survey Fee Date/Time, File Return to? Add Fee: Site Insp (\$)s+Rssi Interview (\$) Photos Report Format : Tech, Invs (\$) Others (\$RC) | | | | | | | | | | |
| 1) Survey Fee Date/Time, File Return to? Add Fee: Site Insp (\$)s+Rssi Interview (\$) Photos Report Format : Tech, Invs (\$) Others (\$RC) | | | | | | | | | | |
| 1) Survey Fee Date/Time. File Return to? Add Fee: Site Insp (\$)s+Rssi Interview (\$) Photos Report Format : Tech. Invs (\$) Others (\$RC) | | | | | | | | | | |
| Date/Time, File Return to? | Dirie/Time. File Pass to | 07 : Pre | eli, Report | | Days Of R | epair: | | | | |
| 2) Add Fee: : Site Insp (\$)s+Rssi | 1) | : Fin | al Report | | Resurvey | No. of Trip |): | Survey Fe | ie – | |
| Report Format : | Date/Time, File Return | n to? | | | | | | Transportati | ON: | |
| Report Format : Tech Invs (\$) Open (AR) | 2) | | | Add Fee | : Sit | e Inap (\$ | |)5+R5_ | 31 | |
| A STATE OF THE PARTY OF T | | | | | . Inte | erview (\$ | |) Photos | 1 | |
| Lump Sum / I.B.I: (\$) Weekend (\$) | Report Forma | t; | | | Te | ch invs (\$ | |) Opes (| R) / \$2- | 54 / |
| | Lump Sum / I. | B.I: (\$ | | J | : VVe | eekend (\$ | |) | | |

TOTAL



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 Inter | rnationale Des Experts En Autom | |
|-----|--|-------------------------------------|---------------------------------|------------|
| AIG | ASIA PACIFIC INS | URANCE PTE LTD | Ref : CC3/AIG17022 | 394/K1ub3 |
| CHA | HENTON WAY #08 RTIS BUILDING GAPORE 079120 | 3-16 | Date: 23-11-2017 Code: AIG | |
| 1. | | Policy Particu | lars :- THIRD PARTY CLAI | M |
| _ | Insured Veh. | SLK 6258J | Veh. Inspected | SH 9427B |
| | Policy No. | 57/10/10/20/20/20 | Coverage (\$) | 0.00 |
| | Claim No. | | Excess (\$) | 0.00 |
| | Assign From | | Assign Date | 23/11/2017 |
| 2. | Carl III III III II | Vehicle I | Particulars & Condition | |
| 0. | Make & Model | | c.c | 0 |
| | Engine No. | HIDDEN | Year of Reg. | |
| | Chassis No. | | Colour | |
| | Odometer | | Steering | |
| | Brakes | | Modification | |
| | General | | | |
| 3. | | Co | enditions of Tyre: | |
| | 6.6 | Size | Make | Balance |
| | R/H Front Tyre | | 6 | mm |
| | L/H Front Tyre | | | mm |
| | R/H Rear Tyre | | | mm |
| | L/H Rear Tyre | | | mm |
| 4. | | Desc | cription of Damages | |
| F | | Gr | eneral Information | |
| 5. | Accident Date | 20/11/2017 | Inspection Date | 22/11/2017 |
| | Survey held at | COMFORTDELGRO ENG | | |
| | July tey field at | 59 LOYANG DRIVE SINGAPORE 508969 | 3 B | |
| 5a. | | 210 500 12 1400 | Remarks | |

OMFORTDELGRO ENGINEERING

member of COMFORIDELGING

Date/Time: 21.11.2017 16:53

Page: 1

| am: | ARC | Repair | TP(| CLSO | 11 |
|-----|-----|--------|-----|------|----|

JOB CARD Sales Order:

JC NO305091315

OMER

S COMFORT TRANSPORTATION PTE LTD

7010045
OMER ND 383 SIN MING DRIVE
ESS Singapore SINGAPORE 575717
(R) 65508755
(P)

OUNT CARD NO.

cident Date: 20.11.2017 ATURE: 3P 20.11.2017

NO

LABOR CODE

ComfortDelGro Engineering Pte Ltd

DESCRIPTION

JOB DESCRIPTION

| | -8 | | | |
|----------------|--------------|---|-----------------------|--|
| | | - | CUSTOMER'S SIGNAT | TURE |
| | Exit Pass | | | |
| LVIN | Vehicle No.: | SH 9427B | | 2 |
| Signature/Date | | | Date | = |
| | | Vehicle No.: Vehicle No.: Name of Service A | Vahicle No.: SH 9427B | Exit Pass Vehicle No.: SH 9427B Signature/Date Name of Service Advisor Date |

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO: SH 9427B

MAKE

· HVINDALSONATA

DATE 21/11/2017 15:05

4 Sum AlG

| DEL_ Qty | : HYUNDAI SONATA Parts Description/ Labour | Type | Lin | it Price | | Amount |
|-------------|--|------|--|--|--------------|----------|
| Qty | Rear Bumper X +440 | туре | C/II | II TIME | S | 578.40 |
| | Rear Bumper Reinforcement ? | | | | S | 483.30 |
| | Rear Bumper Clip × | | 1 | | S | 22.00 |
| | | | | | | |
| | Rear Bumper Sponge ? | | | | S | 137.40 |
| | Rear Bumper Under Cover X | | 0340 | | S | 185.80 |
| | Rear Bumper Protector (LH/RH) | | \$ | 38.00 | 5 | 76.00 |
| | SUB TOTAL | | | | s | 1,482.90 |
| | LESS 20% | | | | S | 296.58 |
| | DISCOUNTED TOTAL | | | | \$ | 1,186.32 |
| | | | | | | |
| | Rear Bumper Reverse Sensor × | | | | \$ | 135.70 |
| | Rear Bumper Advertisement Logo 😿 / | | | | \$ | 50.00 |
| | Rear Fender Advertisement Logo (LH/RH) | | S | 100.00 | \$ | 200.00 |
| | | | | | s | 385.70 |
| | Labour Charge | | | | | |
| | Panel Beating | | | | S | 350.00 |
| | Spray Painting Charge | | | | \$ | 200.00 |
| | Wiring Charge | | | | S | 50.00 |
| | Remove/Refix Reverse Sensor | | | | \$ | 129.00 |
| | TOTAL LABOUR | | | | s | 720.00 |
| | ESTIMATE TOTAL | | | | s | 2,292.02 |
| | 7.1 | | | | | |
| | Kalin ((((1)) 1 22/11/17 1040hr | | | | | |
| | 2 0471 | LKH | (Auto Cons | sultants hence r | otify | |
| | 20471 | the | Repairer of | the fallowing: | | |
| | 11. | | | reume spr _{ee} part. Pedia III salduvas | ed Hillor | · · |
| | 4, | | | Libert team | in. | 3 |
| | 4 fler Report photo | | The second secon | | | 067715 |
| | Harles 12 bross | • S. | person. | The state of the second | CENT | |
| | | | | | 1 | |
| | | | newledged by | Peparer | | |

be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our Job Ref No 305091315 ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 24/11/17 Fax: 6546 8156 FINALIZATION FORM LKK Fax: KALVIN ANG Attn : Mr CTPL 20.11.17 Vehicle Reg No. SH9427B The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-SLK6258J The repair job shall bill to: AIG The finalized amount shall be: Spare Parts after List discount (a) Labour Charges (b) Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 20% Final Lumpsum Repair cost \$530.00 Estimated normal period for repairs: 2 working days. 3. 4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days We confirm the estimates and 5. Thank you for your assistance. finalized amount Signature: Signature: Name : LIM KWOK ENG 24/4/17 Tel 62148316 Fax : 65468156 For Official Use Only Document Confirm By Item Remarks Amount Attached (Signature) Yes or No 1. Rental Rate P/Day YES 2. Loss of Income Paid Survey Fees LTA Search Fee 5. Medical Fees (on behalf of driver, if applicable) 6 Overrun Remarks:

, COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SH 9427B

MAKE :

· HVUNDAL SONATA

DATE 21/11/2017 15:05

Cice

419

| ODEL Qty | : HYUNDAI SONATA Parts Description/ Labour | Type | Unit Price | Amount | |
|-------------|--|-----------|---------------------------|---|----|
| Vi) | Rear Bumper KHALL Rear Bumper Reinforcement Rear Bumper Clip X 4. Rear Bumper Sponge X X Rear Bumper Under Cover X Rear Bumper Protector (LH/RH) X X SUB TOTAL LESS 20% DISCOUNTED TOTAL | | Check : 38.00 | \$ 578.40 \$ 483.30 \$ 22.00 \$ 137.40 \$ 185.80 \$ 76.00 \$ 1,482.90 \$ 296.58 \$ 1,186.32 | |
|) | Rear Bumper Reverse Sensor X An Rear Bumper Advertisement Logo X Rear Fender Advertisement Logo (LH/RH) | | 250 \$ 100.00 | \$ 135.70 \$ 50.00 \$ 200.00 \$ 385.70 | Ne |
|). | Labour Charge Panel Beating Spray Painting Charge Wiring Charge Remove/Refix Reverse Sensor TOTAL LABOUR ESTIMATE TOTAL | | 280 | \$ 350.00 \$ 200.00 \$ 50.00 \$ 120.00 \$ 720.00 | × |
| | Kahin (C((4) M 22/11/17 1040hr 2 Pags Us \$\$ 530 After Report photo | | | | |
| | This is an initial estimate based on a visual inspection of be prepared after the vehicle is surveyed by a motor Surv | the above | vehicle. The final repair | r quantum will | |



| Our | | T 1117 / SH 9427B | /CL(st) | | V | | ENGINEERING |
|----------|---------------|--|------------------|--|-----------|------------|---|
| Date | Ref. | 27-Nov-17 | - | | | | ortDelGro Engineering Pte Ltd |
| | | | | CDGE Taxi C | | | Braddell Road Singapore 579701 |
| AIG | ASIA PAG | CIFIC INSURANCE | PTE LTD | 59 Loyang D | | r | Mainline +65 6383 6280 Facsimile +65 6280 9755 |
| CHA | ARTIS Buli | iding | | Singapore 50 | 08969 | | www.sidge.com.sg |
| 78 S | henton Wa | y | | | | | Complete Registration for Employability |
| #07- | 16 | | | | | | Workshops |
| Sing | apore 0791 | 20 | | | | | Braddell |
| Attn | : Motor (| Claims Department | WITHOU | T PREJUDICE | | | 205 Braddell Road Singapore 579701 |
| Dear | | | | | | | Loyang 59 Loyang Drive Singapora 508969 |
| ACC | IDENT INV | OLVING OUR TAXI | SH 9427B | YOUR INSURE | D SLK | 258J | Sin Ming |
| AND | OTHER | | | ON <u>20.11.17</u> | | | 383 Sin Ming Drive Singapore 575717 |
| Vehi | cle No: | | involved in th | e captioned accid | fent with | your ins | of motor Pandan ured vehicle 45 Pandan Road ured vehicle 15 Pandan Road |
| in pr | esenting the | er and the taxi driver or eir claims against the pa | | | | | |
| the d | lamage to the | ne vehicle. | | | | | Senoko |
| As th | ne accident | was caused by the neg | ligent act of y | our insured driving | g SLK6 | 258J | 24 Sendira Loop Singapore 758158 |
| | | ng these claim for your | consideration | on behalf of the | claimant | S. | Sungel Kadut |
| | I OWNER'S | Vol. 1 Control of the | | | | 507.40 | 7 Sungel Kadul Way Singapore 728791 |
| 1 | Cost of R | | e 000E | nor day | \$ | 567.10 | Yishiin |
| 3 | | days Loss of Rental @ eport Fees | | by M/s LKK) | \$ | 294.75 | 561 Yishun Industrial Park A Singapore 758732 |
| 4 | | Search Fees | (ourreyear | by mis Erriy | \$ \$ | 5.35 | |
| 5 | GIA / Poli | ce Report Fees | | | \$ | - | |
| 6 | Towing / I | Medical / Transporation | 1 | | \$ | | |
| | enic et i t | | | Sub Total | 1:_\$ | 867.20 | - |
| 7 | ER'S CLAIN | ท days Loss of Income @ | 00.08 2.6 | ner days | \$ | 240.00 | |
| | | days coss of income (g | 2 00.00 | | - | 7 | • |
| 200 | | | | Total Claims | _ | 1,107.20 | • |
| | | rewith the following doo | | | • | | |
| a) b) | | epair bill and photocopi | | 10.00 to 10. | | 6 | pcs. |
| c) | | ch slip/s of : ce report/s of : | SLK625 SH 942 | | * | | |
| d) | | authority from owner / h | | | | | |
| - 0 | | ograph/s of Accident Sce | | () Certificate of In | surance | | |
| | | ss statement/s | | e/Mileage record | | | |
| Kindl | v look into t | he matter and let us he | ar from you | on the settlement | of the sa | aid claims | s as |
| | as possible | | | | | | 10758 |

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully Cecilia Lee Executive

RH

CDGE Claims Department

Tel: 6214 8354 Fax: 6214 1843 Email: cecilialee@sparkcarcare.com

This is a computer generated letter. No signature is required.

A member of









LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING SONATA SH9427B , SLK6258J

ON 20-Nov-17 17:00

ALONG

PARKLANE MALL

1/We

KONG KOK PING (JIAN ... (Hirer) NRIC No.: \$7136143H

and/or

(Relief) NRIC No .:

Taxi Number

SH9427B

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

- 1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
- 2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
- 3. To sign Discharge Voucher on my/our behalf.
- 4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of "ComfortDelGro Engineering Pte Ltd".

Date

21-Nov-2017

Name of Hirer

KONG KOK PING (JIANG GUOBIN)

Hirer NRIC

S7136143H Signature:

Address

180 BUKIT BATOK WEST AVENUE 8 ...

650180

Contact No.

98894461

Our Ref: CT17110732

Date: 27 November 2017



TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

20/11/2017 @ 17:00 hrs

ALONG

PARKLANE MALL

INVOLVING

SLK6258J

We refer to the above-mentioned accident and wish to inform that Comfort Transportation Pte Ltd is the registered owner of the taxi bearing vehicle registration number SH9427B (the "Taxi"). The Taxi was hired to KONG KOK PING (JIANG GUOBIN) IC NO S7136143H a registered hirer-operator of Comfort Transportation Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$98.25 per day (inclusive of GST).

Please be advised that the Taxi was insured with First Capital Insurance Ltd on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay Executive, Fleet Safety

This is a computer generated letter. No signature is required.

| DATE | | | The state of the s | 200000 | HOURS UPERALED (TIME) |
|-----------|----------------|--|--|--------|-----------------------|
| | NAME OF DRIVER | MILEAGE READING | TRAVELLED (KM) | FROM | COL |
| 121 10 13 | Verman | 7 2 3 9 9 7 | | 1:03 | 13:30 |
| 41/11/0 | Arident ? | C. C | Leyang 1240 | 1240 |) |
| 23/11/17 | Repair | KONO, KOK PINGS | D D | 1 | 1330 |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| MLEAGE | HOURS OPERATED (TIME) | (ATED (TIME) |
|-------------------|-----------------------|--------------|
| TRAVELLED (KM) | FROM | O1 |
| 132 | (300) | 0/40 |
| | (130) | 150 |
| 952 | 01/8) | 62/0 |
| | 6779 | 130 |
| to | 1818 | 0400 |
| | 67.20 | 17:00 |
| 261 | 1/8/0 | 0330 |
| 168 | 92.19 | 16535 |
| 243 | 1830 | 0220 |
| | (130 | 1/8/0 |
| 368 | 1830 | office |

Enquire Vehicle Insurer

Vehicle

Incident

Search

Insurance

No.

Date/Time

Status

Company Code

Insurance Company Name

SLK6258J

20 Nov 2017 / 17:00:00

Successful A04

AIG ASIA PACIFIC INSURANCE PTE. LTD.

Previous

OK

SH9427

1/1

Singapore Foat Limmd (Rey, No. 190204023M) 10 Euros Read 8 416-30 Singapore Post Centre Singapore 409500

To chock delivery status or to raise an enquiry on your registered article(s), pleasn visit

Tel: 1605 Fax: 4842 5114

www.singpost.com

POSTING RECEIPT FOR REGISTERED ARTICLE(S)

Please provide all information required and produce this receipt for all enquiries. Separate forms are to be used for Insured and Non-Insured Registered Article. 820G

NOTES:

* Please tick where applicable, it shall be assumed no Advice of Receipt (AR) is required or delivery by air is requested if relevant * is loft blank.

Please indicate the return address on the Item(s) to essure prompt return in event of non-delivery to the addressee(s) Please post item(s) at the post office counter according to the sequence stated below.

For Official Use Only (Ben numbers are printed in order of posting at counter) SUR AIR By*:(

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insurance": (

Contents:

(5) 75808G (01:9UKGZ685 TP:94194Z78)

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insurance.:(

Contonts

406-201 GD 521134 (01:34670741 -10:34478874)

BLOCK 134 THURINGS ST

2. Name & Address of Addressee のなる

300

Name & Signature

09/2014

Date

Ref. No: PSL01/1926/023/0056 Postage Label LOCAL

2.54

Date: 23 Jan 2018

Description

2.33

GST@7%

SUB TOTAL

14 X

35.56 2.33

Time: 10:35:24

TOTAL AMOUNT GST COLLECTED BY SINGPOST

2.33

MOP: CASH

\$35.56

Collect a FREE HPB steps tracker at participating Post Offices located island-wide! Book an appointment now at stepschallenge-appointment.com! Terms & conditions apply.

SINGAPORE POST

10 EUNOS ROAD 8 SINGAPORE 408600

Amount (S\$)

MACPHERSON RD GST Reg. Add: SINGAPORE POST CENTRE

GST Reg. No : M2-0105651-9

Pay any bills on SAM and earn LinkPoints now! Terms & conditions apply

Thank you for visiting Singapore Post

#Zero-rated for GST

*Exempt

+Out of Scope

**Supplier Item

Price inclusive of 7% GST where applicable I have checked & confirmed the product is visually good, functional & performed within expectation.

I have read, understood and agreed to the terms and conditions of posting overleaf. I accept the maximum liability payable for Registered Mail Service and cortify that all information provided by me is true and the item(s),

Sender's Agreement

Page 1 of 1 Merimen e-Claims

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

| LAIM SUB | FOLDER TRA | CKING | | | | | | | | |
|----------------------------------|-------------------------|------------------|--------------------------------------|----------------------|-------------------------|------------------------|---|------------------|--|-----------|
| Case | Notified | Est Submitted | Adj Assigned | Adj Rpt | | Adj Submitted | Ins Auth'ed | Statu | s | |
| Main | 23 Nov 2017 Edit Reg | | 22 Nov 2017 00:00 Edit Adj Rpt | S\$530.0 Edit Est | | \$\$530.00 View Rpt | | Repo | ling for ort icel Case | Survey |
| | Main | R | eference | a | aim Deta | ils | Documer | its | 1 | Show All |
| CLAIM SU | BFOLDER DE | TAILS | | ALC: N | | [Created | by adjuster] | | ALPRE MEDICAL PROPERTY AND ADDRESS OF THE PERTY ADDRESS OF THE PERTY AND ADDRESS OF THE PERTY ADD | |
| Insured: | Law Chur | Yuen, 1D: 527 | 32630G | | | | | | | |
| Main Claimant: | COMFORT | TRANSPORTAT | ION PTE LTD, Co | Reg. No.: | 19930382 | 1R | | | | |
| Vehicle Reg No.: | SH9427 | В | | | Date of L | | 7 17:00 - :59 s and 24 Days F | rom LTA Re | g Date (| Man Yr)] |
| Claim Type | TP / 493 | 5598770SG | | | Policy/Co Note No.: | | i5 (Comprehens | ive) | | |
| Vehicle Reg No. (Insured): | SLK6258 | 1 | | | Policy No. (Claimant | | MFSH | | | |
| Taracania son | | | | | Excess: | | | | | |
| Repairer: | ComfortD | elGro Engineeri | ng Pte Ltd (Loyang |) 59 Loyang | Drive, 5 | 08969 Loyang - 1 | Tel: 6214 8300 | | | |
| Handling Insurer: | WZ.Tan@a | | e Pte. Ltd. (Expres | is) - Tel: 65 | 6419-30 | 00 [Handled b | y Tan, Bennie | WZ - 6419 | 1718] B | ennie- |
| Claimant's Insurer: | MS First (| Capital Insuranc | e Ltd (HQ) - Tel: 62 | 2222311 | | | | | | |
| Adjuster: | 04/12/20 | | Ltd (HQ) - Tel: 62 | 56-3561 | Handled | by KALVIN AND | WEI KUN] | [Final Rp | ot due | |
| ASSOCIAT | ED MAIL RE | CEIVED | | | | | V | iew All | Compose | Case Mail |
| AIG_SG | (24/11/2017) | No OI GIA Rep | ort | | | | | | | |
| ALL ASSO | CIATED TAS | KS⊟ | | | | View All 5 | Search Tasks | Create New | Task | Complete |
| Due Date No results. | e Priority | Type Task | Group Subject | t Handle | ır As | signed By | Completed Or | Crea | ted On | Done |

Merimen e-Claims Page 1 of 2

Claim Documents

*SH9427B (4935598770SG)

[SLK6258J]

TP

COMFORT TRANSPORTATION PTE LTD

Nov 20 2017 5:05PM

[Law Chun Yuen]

ComfortDelGro Engineering Pte Ltd

| Let | ters/Corresponder | nces | 1 per | page 🔻 | ~ |
|-----|-------------------|--|------------|--|----------|
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Merimen e-Claims Page 2 of 2



Documents Checklist

| DOCUMENTS CHECKLIST | Reset | Save | Print |
|---|-------|------|-------|
| There are no document checklists configured. | | | |
| Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ) | | | |
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| Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties. | | | |

Page 1 of 1

NOTE: TO BE COMPLETED BY SURVEYOR

| TEA | | | |
|-----|--|--|--|
| | | | |
| | | | |

THIRD PARTY EXPRESS SETTLEMENT (PAYMENT BREAKDOWN)

| venicle No. | ehicle No: SLK6258J (Insd veh | | sd veh) |) Model: | | iel: | HYUNDAI S | | AI SONATA 2.0 | SONATA 2.0 (A) | |
|--|--------------------------------|---------------------------|--------------------------|----------|--------------------|------------------------------|-----------|---------------------|-------------------|----------------|--|
| | SH9427B (TP veh) 20/11/2017 | | | | 1 | | | | | | |
| Date of Accident: | | | | | | | | | | | |
| | | | | | | | _ | | -7 | | |
| Global Sum Settlen | nent : | [X] | Yes | | [] | No | | | | | |
| Repair Estimate | | | | S |). | 2,452.46 | | | | | |
| Final Repair Cost | | | | \$ | | 860.0 | 0 | | | | |
| Loss of Use | | | | \$ | | | | 2.00 da | ys at \$50.00 per | day | |
| Rental (if any) | | | 9.5 | \$ | | | 2 | da | ys | | |
| LTA / GIA Search F | ee | | Ď | \$ | | | | | | | |
| Others: | | | | \$ | | | | | | | |
| | | | ** | \$ | | | | | | | |
| Final Settlement Su | m (Globa | l Sum) | 2 | \$ | | 860.00 |) | | | | |
| Is Third Party Wor | kshop Gi | A Regi | stered? | - 1 | X] | YES | [] | NO | (Kindly indica | te | |
| [[[하다]]] [[[] 하스타이 [[] [[] [[] [] | | | | | | | | | | | |
| pelow) A) For Non GIA R | egistere | d Work | shop: | | Agre | ed Liabilit | / | | _(%) | | |
| A) For Non GIA R B) For GIA Regist BOLA Liability: | tered Wo | rkshop | <u>):</u> (%) | | BOL _27 Asse | A Applicat — ssed Liab | ole: Ye | s/ No- 1 | BOLA Scenario (%) | | |
| A) For Non GIA R B) For GIA Regist BOLA Liability: * Assessed Lia | tered Wo | rkshop | <u>):</u> (%) | ıain (| BOL _27 Asse | A Applicat — ssed Liab | ole: Ye | s/ No- 1 | BOLA Scenario | | |
| B) For GIA Regist BOLA Liability: * Assessed Lia Remarks | tered Wo | rkshop 0 e filled c | o: (%) only for ch | iain (| BOL _27 Asse | A Applicat — ssed Liab | ole: Ye | s/ No- 1 | BOLA Scenario (%) | | |
| B) For GIA Regis BOLA Liability: * Assessed Lia Remarks Payment Instruction | 100 | rkshop 0 e filled c | (%) only for ch | ain (| BOL _27 Asse | A Applicat — ssed Liab | ole: Ye | s/ No- 1 | BOLA Scenario (%) | | |
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| B) For GIA Regist BOLA Liability: * Assessed Lia Remarks Payment Instruction 1) ComfortDelGree 2) | 100 | rkshop 0 e filled c | (%) only for ch | aain (| BOL _27 Asse | A Application seed Liab | ole: Ye | s/ No- 1 | BOLA Scenario (%) | oply. | |

Please attach all the supporting documents to the form. (Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any)

Page 1 of 4 Adjuster Report

LKK Auto Consultants Pte Ltd (Co. Reg. No. 199607 198R)

51 Ubi Ave 1 #01-25. Pava 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/AIG17022394/K1UB3Q2

Date:

03/09/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No:

2100498655

Claimant Vehicle No:

SH9427B

Insured Vehicle No:

SLK6258J

Date of Loss:

20/11/2017

Nature of Claim:

TP.

Claim No: 4935598770SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SH9427B

Make & Model:

HYUNDAI SONATA, 2.0 (A)

Engine No: Chassis No: D4EAB972614

KMHET41VMCA821786

Reg. Date: Colour

27/03/2012 (Man. Year: 2011)

Odometer:

779096 km

Engine Capacity:

1991 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):

Handbrake (Serviceable):

Engine Modification:

Pre-accident Condition:

Yes

CONDITION OF TYRES

Front Tyre Size: Front Left Side:

215/60 R16

Rear Tyre Size:

215/60 R16

Front Right Side:

West Lake 7 mm West Lake 7 mm Rear Left Side: Rear Right Side: West Lake 7 mm West Lake 7 mm

The above values represent the remaining tyre treads depth

| COST OF CLAIMS | | Repairer's | Adjuster's | Difference | Diff % |
|---------------------|------------------------|----------------------|------------|------------|--------|
| Parts | | 1,572.02 | 250.00 | 1,322.02 | 84.10 |
| Miscellaneous Items | | 0.00 | 0.00 | 0.00 | |
| Labour | | 720.00 | 280.00 | 440.00 | 61.11 |
| Paintwork Labour | | 0.00 | 0.00 | 0.00 | |
| Towing | | 0.00 | 0.00 | 0.00 | |
| | Gross Total (S\$) | 2,292.02 | 530.00 | 1,762.02 | 76.88 |
| | + GST 7.00/7.00% (S\$) | 160.44 | 37.10 | 123.34 | 76.88 |
| | Nett Amount (S\$) | 2,452.46 | 567.10 | 1,885.36 | 76.88 |
| | + Loss of Use (2.0 x 5 | 100.00 | | | |
| | + Car Rental (2.0 x S | 196.50 | | | |
| | + Doc | /Search Fee (S\$) | 5.35 | | |
| | i | Nett Liability (S\$) | 868.95 | | |
| | Global Sun | Settlement (S\$) | 860.00 | | |

INSPECTION

Date of Assignment:

22/11/2017

Date Inspected:

22/11/2017 Inspected At:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Adjuster Report

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

2.0 days

Adjuster: KALVIN ANG WEI KUN Manager: THIN THIN HLAING

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.

Adjuster Report Page 3 of 4

REPAIR DETAILS

Recommended Parts

| No. | Qty | Part No. | Particulars | Condition | Repairer's | Amount |
|-------|--------|-------------|---|--------------------|------------|------------|
| 1 | 1 | | *REAR BUMPER | Repair | 578.40 FL | *-FL |
| 2 | 1 | | *REAR BUMPER REINFORCEMENT | Serviceable | 483.30 FL | *-FL |
| 3 | 1 | | *REAR BUMPER CLIP | Not Necessary | 22.00 FL | *-FL |
| 4 | 1 | | *REAR BUMPER SPONGE | Serviceable | 137.40 FL | *-FL |
| 5 | 1 | | *REAR BUMPER UNDER COVER | Serviceable | 185.80 FL | *-FL |
| 3 | 2 | | *REAR BUMPER PROTECTOR (LH/RH) | Repair | 76.00 FL | *-FL |
| 7 | 1 | | *REAR BUMPER REVERSE SENSOR | Not Necessary | 135.70 FS | *- FS |
| В | 1 | | *REAR BUMPER ADVERTISEMENT LOGO | Necessary | 50.00 FS | *50.00 FS |
| 9 | 2 | | *REAR FENDER ADVERTISEMENT LOGO (LH/RH) | Necessary | 200.00 FS | *200.00 FS |
| F≡Fra | nchise | part. S=Spc | Nett. L=ListItemDisc. | - | | |
| | | | | Sub Total (S\$) | 1,868.60 | 250.00 |
| | | | - List Item Discount on L Items | 20.00/20.00% (S\$) | 296.58 | 0.00 |
| | | | | Total Parts (S\$) | 1,572.02 | 250.00 |

Adjuster Report Page 4 of 4

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

| Particulars | Lab.Type | Repairer's | Amount |
|-----------------------------|---|---|--|
| our Items | | | |
| PANEL BEATING | New | 350.00 | 100.00 |
| SPRAY PAINTING CHARGE | New | 200.00 | 180.00 |
| WIRING CHARGE | New | 50.00 | 0.00 |
| REMOVE/REFIX REVERSE SENSOR | New | 120.00 | 0.00 |
| | Gross Labour Cost (S\$) | 720.00 | 280.00 |
| | PANEL BEATING SPRAY PAINTING CHARGE WIRING CHARGE | PANEL BEATING New SPRAY PAINTING CHARGE New WIRING CHARGE New REMOVE/REFIX REVERSE SENSOR New | PANEL BEATING New 350.00 SPRAY PAINTING CHARGE New 200.00 WIRING CHARGE New 50.00 REMOVE/REFIX REVERSE SENSOR New 120.00 |

Report was unsubmitted during this print-out.

< END OF ESTIMATES >