UIVALOY IN (I IMA) rom (Person):	Kathurine Won	55 ACCOUNTS CONTAINED	MENT (Office)	Date/	Time: 23 (12017 258pm
Estimated Cost:		J	Bill to:		
O D (TI) / WS / TP Fo Inspect Vehicle	RES / OD RES /	OFCEL 312		Insured:	9JL 5463H
at Workshop m/s _ of	- WIND	ans Eurokans Ubi Close	-	Tel:	
Policy No:	28852122 DM	The state of the s	Claim No:		
Sum Insured:			Excess:	9.	
Make of Veh: (Client's Record) CA / REV / RE Date/Time: 23-	P. / REV 24 HR	S (Up)	F10611 HG	D.O. 0.00 (Vehicle)	O.D. Endorsement:
Date/Time Ac	tion/Instruction (V) Estin	ute.	170777941 x Gea392	Y DOA: 28/1/17 1 DOA: 13/5/17
7/11/17 Se	it preli thro	ugh Men,	Man		

MSIL



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 Internation	onale Des Experts En Auton	nobile		
MSI	G INSURANCE (SI	NGAPORE) PTE LTD	Ref : CS/MSG17022	420/Grb		
	RAFFLES QUAY -01 HONG LEONG	BLDG SINGAPORE 048581	Date: 24-11-2017 Code: MSG			
1.		Policy Particulars	:- THIRD PARTY CLA	IM		
	Insured Veh.	SJL 5463H	Veh. Inspected	SLE 4327M		
	Policy No.	28852122DMA	Coverage (\$)	0.00		
	Claim No.		Excess (\$)	0.00		
	Assign From	KATHERINE WONG (MERIMEN)	Assign Date	23/11/2017		
2.	Vehicle Partic		culars & Condition			
	Make & Model		c.c	0		
	Engine No.	HIDDEN	Year of Reg.			
	Chassis No.		Colour			
	Odometer	*	Steering			
	Brakes		Modification			
	General					
3.	Electric Space	Condit	ions 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.	Logical bar	Descripti	on of Damages			
5.		Genera	al Information			
	Accident Date	20/11/2017	Inspection Date	24/11/2017		
	Survey held at	TRANS EUROKARS PTE LTD				
		NO 5 UBI CLOSE SINGAPORE 408605				
5a.		R	temarks			

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:

Katherine Wong Chew Shong

Date:

27 Nov 2017

Preliminary Advice

Insured Vehicle No : SJL5463H

TP Vehicle No

: SLE4327M

Accident Date

: 20/11/2017

Make

Assignment Date

: 23/11/2017

: MAZDA 2

Date of Inspection : 24/11/2017

Est. Duration of Repair

:SS

: 3.00

Inspection At

: TRANS EUROKARS PTE LTD NO. 5 UBI CLOSE, SINGAPORE

SINGAPORE 408605

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	4,885.30
Revised Amount	:S\$	3,189.32
Check Items (Estimated)	:S\$	0.00
Total	:S\$	3,189.32

Lump Sum Repair

Total Loss Consideration

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

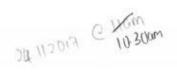
Remarks

The vehicle is economical/not economical for repair.

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

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

LAIM SUE	BFOLDER TRAC	KING							
Case	Notified 23 Nov 2017	Est Submitted	23 Nov 2017 14:58 Assign	Adj Rpt	Adj Submitted	Ins Auth'ed	New Assignm Cancel Case	100000000000000000000000000000000000000	
	Main	Re	ference	Clai	m Details	Docum	ents	Show All	
CLAIM S	UBFOLDER DET	1	ew Tony, ID: S	70700640		[Created b	oy insurer]	and the second	
Main Clai	mant:		(WU ZHENYU),	ID: S7604197	1				
Vehicle R	leg. No.:	SLE4327M			te of Loss:	20/11/2017	08:00 - :59		
Claim Ty	pe:	TP		Po	licy/Cover Note No.	28852122D	200E2122DMA (Companhage)		
Vehicle R (Insured		SJL5463H		Po	licy No. (Claimant):				
					cess:				
Repairer:				A contract of any series of the part of the state of the grade	SINGAPORE, 408605 L				
Handling	Insurer:	Shong - 6594	ice (Singapore) 2544]	Pte. Ltd. (HQ)	- Tel: +65 6827 7888	3 [Handled by	Katherine Wo	ng Chew	
Adjuster:		The second secon	7571717171	(HQ) - Tel: 62	56-3561 [Imm.A	dvice due 24	/11/20171		
Driver/Co (Insured			w Tony (), NRIC						
ASSOCIA	TED MAIL REC	EIVED				View /	All Compos	e Case Mail	
There are	no mail for this c	ase.							
E					N. C. C.	- 1			
	OCIATED TASK				View All Search	Tasks Cr	eate New Task	Complete	
Due Da		Type Task G	roup Subjec	Handler	Assigned By	Completed Or	Created	On Done?	



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 witholding 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.
- Any false reporting may be referred to the Police for investigation.
- 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.
- and to copies of the report being made available

 By the lodgement of this report to the insurers, you aforesaid. 	nu nereby consent to the archiving of this report at the centre and to copies of the report being made available
- 10 mm	ACCIDENT STATEMENT
Date Of Report	20/11/2017 16:57
Date Of Accident	20/11/2017 08:10
Exact Location Of Accident	CLEMENTI AVE 6 AT AYE - CITY EXIT
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLE4327M
Insured/Policyholder	
Name Of Registered Owner	GOH SAO-EE (WU ZHENYU)
NRIC No	S7604197J
Email Address	SEDM0253@YAHOO.COM
Mobile Phone No	(LOCAL) +65-90238893
Alternative Phone No	OFFICE-90238893

Vehicle Particulars

MAZDA Manufacturer Model 2-1.5 (A) Exact Purpose for which vehicle was being used at PRIVATE

time of accident

Are you claiming under your own insurance policy for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY PRIVATE CAR

Vehicle Category

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

Policy Number 5092439707

Cover Note Number

Driver

GOH SAO-EE (WU ZHENYU) Name of Driver

S7604197J NRIC No 05/02/1976 Date Of Birth INDOOR Occupation 05/08/1994 Date Of Driving Pass

23 YEARS AND 3 MONTHS Driving Experience

MALE Gender

Mobile Number (LOCAL) +65-90238893

Fax Number

OFFICE-90238893 Contact Number

SEDM0253@YAHOO.COM EMail Address

Address

BLK 28 JALAN LEMPENG #11-02

Postcode

128807

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OWNER

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?

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

REFER TO 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

SJL5463H

Vehicle Make/Model/Colour

Details Of Properties

Name of Driver

LOW KHUAN PIEW TONY

NRIC/Passport Number

S7920964C

Contact Number

98509302

Address

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

- Please report correctly the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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
- 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
- (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: 20/11/2/7

1125

Driver's Signature (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: 5 H448174 T

NRIC/FIN No.: 592259850

SKETCH PLAN AYE- CITY A. SLE 4327 M B: SJL 5463 H valuete line damaged Near devent Are 6 bumper

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT	
I was driving along the slip road from clementi Ave 6 leading	g into AYEF
(towards city) this morning (~8am) 20 Nov. The slip road	:ntersecto
with a lane Arecuently used by buses. I stopped	d in front
of the dashed white lines as there are buses her	iding in
my direction. After 2 seconds a car (Honda, silver,	SJL 5463 M)
driven by Mr Tony Low Khisan Piew citched into the i	year of my
our. My rear right bumper was crushed in and	the sensor
apped out.	reverse
I have front - and near-vehicle camera to record	I the traffic
structor and to prive that the other driver as	as an a
nounce a traffic on his right and not obsering	ection of
incoming a traffic on his right and not obsering	& that my
cas has stopped.	
,	

DECLARATION

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

Policyholder's Signature

Driver's Signature

Date & Time: 20 Nov 2014, 11 -23 cm (If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name: SHALLIZE

NRIC/FIN No.: 50, 22.57 \$51

SHAN

Enquire Transfer Fee

Vehicle Details			
Vehicle No.	SLE4327M		
Vehicle Type	P10 - Passenger Motor Car		
Vehicle Attachment 1	No Attachment		
Vehicle Scheme	Normal		
Vehicle Make	MAZDA		
Vehicle Model	MAZDA2 SEDAN 1.5L SP.6EAT (LED)	
Chassis No.	MM6DL2SAAGW196280		
Propellant	Petrol		
Engine No.	P520348348		
Engine Capacity	1496 cc		
Maximum Power Output	85.0 kW (113 bhp)		
Maximum Laden Weight	1538 kg		
Unladen Weight	1079 kg		
Year Of Manufacture	2016		
Original Registration Date	21 Jul 2016		
Lifespan Expiry Date	•		
COE Category	A - Car up to 1600cc & 97kW (13	30bhp)	
Quota Premium	\$53,000.00		
COE Expiry Date	20 Jul 2026		
Road Tax Expiry Date	20 Jul 2018		
PARF Eligibility Expiry Date	20 Jul 2026		
Inspection Due Date	20 Jul 2019		
Intended Transfer Date	27 Nov 2017		
CO2 Emission	121.00 (g/km)		
CEVS Rebate Utilised Amount	\$5,000.00		
Late renewal fee(s) will be fee(s) payable.	imposed if road tax / lay up has exp	red. Please use Enquire Ro	oad Tax Payable for
Road tax, including Over F its ownership is being tran	ayment (if any), of a vehicle will follo sferred.	ow the vehicle to the new i	registered owner when
Amount Payable			
	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)



TRANS EUROKARS PTE LTD NO:5 UBI CLOSE, SINGAPORE 408605 ESTIMATE COST OF REPAIRS



Mr Goh Sao-Ee WIP: 46457 MSIG INSURANCE (SINGAPORE) PTE LTD NAME: EXCESS: 42 Springside Place 4 SHENTON WAY ADDRESS: Singapore 786445 DATE: 22-Nov-17 #21-01 SGX CENTRE 2 SINGAPORE 068807 An 24, 7 MOTOR CLAIMS TEL: 90238893 ATTN.: FAX : DATE IN: CONTACT PERSON: JESS 6395 7874 SLE4327M VEH NO: 200014 THIRD PARTY CLAIM MM6DL2SAAGW196280 MILEAGE: TYPE OF CLAIM: CHASSIS NO: MODEL: MAZDA2 SEDAN DATE REG.: 21-Jul-16 POLICY NO. : NATURE OF WORKS Parts Description QTY REVISED PRICES NO 5 909 00 2 MDB7A-50-221BBB 1 REAR BUMPER 1 RETAINER(RHS), REAR BUMPER / \$ 21.70 1 MDB7A-50-2H1 2 NN \$ 3 STAY, REAR BUMPER X 2 MDB7A-50-271 24.60 CHA \$ 50.40 4 REFLECTOR RHS 1 MD350-51-5M0E NN \$ 50.00 RHS REAR MUDGUARD 1 MDB7A-50-340 5 TAPE PROTECTOR, REAR BUMPER S 24.30 3 MGS1D-50-EM1A 6 Ś FASTENER, REAR BUMPER 7 MB45A-56-146A 19.60 7 MC \$ 3.20 1 MGJ21-50-049 CLIP, REAR BUMPER 8 GROMMET, REAR BUMPER 1 M9991-00-501 \$ 2.80 9 Ś 10.00 10 GROMMET, REAR BUMPER 4 MBHN1-50-0Z1A \$ 31.90 GASKET(LHS), TAILLAMP 1 MDB7A-51-163 11 Ś 31.90 MDB7A-51-153 GASKET(RHS), TAILLAMP 1 12 FASTENER, TAILLAMP 2 \$ 7.80 MKD53-51-146B 13 5 GROMMET, TAILLAMP 2 MGJ6A-51-14Y 29.80 14 TOTAL PARTS \$ 1,217.00 \$ 121.70 LESS 10% TOTAL PARTS COST \$ 1,095.30 **Labour Description** MZ-BR-REAR01 TO REPLACE REAR BUMPER, REPAIR ALL AREAS AFFECTED BY THE ACCIDENT. 1,260.00 1,200.00 MZ-SP-SREAR1 TO RESPRAY REAR BUMPER. 2 MZ-BR-REVSEN TO TRANSFER REVERSE SENSORS. 630.00 3 150 MZ-BR-ELECTR TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING. \$ 250.00 4

5	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCID	DENT REPAIR WORKS.	(80	\$ 350.00
6	MZ-BR-SUNDRI	SUNDRIES.	Nec 20	1	NETT	\$ 100.00
			TOTAL LABOUR	\$	(.)	\$ 3,790.00
			TOTAL PARTS	\$		\$ 1,095.30
			TOTAL	\$	300	\$ 4,885.30
			LESS EXCESS	\$		\$
			TOTAL AFTER EXCESS	\$		
			GST 7%	\$		\$
			GRAND TOTAL	\$		\$

REMARKS

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT. TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A QUOTATION FEE OF \$400 WILL BE APPLIED ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

TRANS EUROKARS PTE LTD

Authorised Signature

2 Days.

before paint photos.

Guo Giang - 82880272

Guo Giang @ 1kk auto. com

241 4/17

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

CS/MSG17022420/GRBN2 Our File No:

18/07/2018 Date:

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

28852122DMA

Claimant

SLE4327M

Insured Vehicle No:

SJL5463H

Vehicle No: Date of Loss:

20/11/2017

Nature of Claim:

TP

Claim No: 537638

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

Price:

SLE4327M

Make & Model:

MAZDA 2, 1.5 SEDAN L SP.6EAT (A) 21/07/2016 (Man. Year: 2016)

Engine No: Chassis No: P520348348

Reg. Date:

Silver

Odometer:

MM6DL2SAAGW196280 20094 km

Colour: Engine Capacity:

1496 cc

Market Value/New Car

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition:

Yes

Handbrake (Serviceable):

CONDITION OF TYRES

Front Tyre Size:

185/60R16

Rear Tyre Size:

185/60R16

Front Left Side:

Dunlop 7 mm

Rear Left Side:

Dunlop 7 mm

Front Right Side:

Dunlop 7 mm

Rear Right Side:

Dunlop 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,195.30	1,014.32	180.98	15.14
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,690.00	2,175.00	1,515.00	41.06
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,885.30	3,189.32	1,695.98	34.72
+ GST 7.00/7.00% (S\$)	341.97	223.25	118.72	34.72
Nett Amount (S\$)	5,227.27	3,412.57	1,814.70	34.72

INSPECTION

Date of Assignment:

23/11/2017

Date Inspected:

24/11/2017 Inspected At:

Trans Eurokars Pte Ltd

NO. 5 UBI CLOSE, SINGAPORE

Singapore 408605

Estimated Period of Repair:

3.0 days

Adjuster: XING GUO QIANG

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

Version: 1.0 (Last Synchronised: 18 Jul 2018) Part Source: MRM-SG

MAZDA 2 1.5 SEDAN L SP.6EAT (A) (Catalogue:Merimen Singapore 1.0) 143 Parts:

(Price-denominated Standard List) Labour: Repairer's

Print Code: (Unsubmitted, no print-code for SLE4327M)

These estimates are valid only if they contain the print code (above) on all estimate pages, running page Validity:

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	909.00 FL	*909.00 FL
2	1		*RETAINER (RHS), REAR BUMPER	Necessary	21.70 FL	*21.70 FL
3	2		*STAY,REAR BUMPER	Not Necessary	24.60 FL	*-FL
4	1		*REFLECTOR RHS	Cracked	50.40 FL	*50.40 FL
5	1		*RHS REAR MUDGUARD	Not Necessary	50.00 FL	*-FL
6	3		*TAPE PROTECTOR, REAR BUMPER	Necessary	24.30 FL	*24.30 FL
7	7		*FASTENER,REAR BUMPER	Necessary	19.60 FL	*19.60 FL
8	1		*CLIP,REAR BUMPER	Necessary	3.20 FL	*3.20 FL
9	1		*GROMMET,REAR BUMPER	Necessary	2.80 FL	*2.80 FL
10	4		*GROMMET,REAR BUMPER	Necessary	10.00 FL	*10.00 FL
11	1		*GASKET (LHS),TAILLAMP	Necessary	31.90 FL	*31.90 FL
12	1		*GASKET (RHS),TAILLAMP	Necessary	31.90 FL	*31.90 FL
13	2		*FASTENER,TAILLAMP	Not Necessary	7.80 FL	*- FL
14	2		*GROMMET,TAILLAMP	Not Necessary	29.80 FL	*-FL
15	1		*SUNDRIES	Necessary	100.00 FS	*20.00 FS
F=Fr	anchise	part. S=SpcN	lett. L=ListItemDisc.	_		
				Sub Total (S\$)	1,317.00	1,124.80
			- List Item Discount on L Ite	ems 10.00/10.00% (S\$)	121.70	110.48
				Total Parts (S\$)	1,195.30	1,014.32

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

tems			
REPLACE REAR BUMPER.REPAIR ALL AREAS FECTED BY THE ACCIDENT	New	1,260.00	630.00
RESPRAY REAR BUMPER	New	1,200.00	900.00
TRANSFER REVERSE SENSOR	New	630.00	315.00
CHECK ELECTRICAL SYSTEM FOR PROPER INCTIONING	New	250.00	150.00
REPROGRAMME AFTER THE ACCIDENT REPAIR ORKS	New	350.00	180.00
Gross Labour Cost (S\$)		3,690.00	2,175.00
	REPLACE REAR BUMPER.REPAIR ALL AREAS FECTED BY THE ACCIDENT RESPRAY REAR BUMPER TRANSFER REVERSE SENSOR CHECK ELECTRICAL SYSTEM FOR PROPER NCTIONING REPROGRAMME AFTER THE ACCIDENT REPAIR ORKS	REPLACE REAR BUMPER.REPAIR ALL AREAS FECTED BY THE ACCIDENT RESPRAY REAR BUMPER TRANSFER REVERSE SENSOR CHECK ELECTRICAL SYSTEM FOR PROPER NCTIONING REPROGRAMME AFTER THE ACCIDENT REPAIR ORKS	REPLACE REAR BUMPER.REPAIR ALL AREAS PECTED BY THE ACCIDENT RESPRAY REAR BUMPER New 1,200.00 TRANSFER REVERSE SENSOR CHECK ELECTRICAL SYSTEM FOR PROPER NCTIONING REPROGRAMME AFTER THE ACCIDENT REPAIR New 350.00 DRKS

< END OF ESTIMATES >