

ASS. REC. BY:

REF:

CS/MSG17022427/K146⁷²

Special Instruction:

Surveyor:

Kalin Anj

ASSIGNMENT (Office)

Meisner

From (Person):

Christina Wong

of

MSG

Date/Time:

24/11/17 @ 9.19a

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 3260K

Insured:

SKN 28672

at Workshop m/s

CDGE

Tel:

of

Loyang

Policy No:

27718272 sup

Claim No:

537900

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

22/11/17

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction () Estimate
	SHC 3260K x
	SKN 28672 x

Surveyor: Kelvin**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.

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHC3260K Yr Regn: 20 Apr 2012Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai Santa c.c. 1991Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 19 4034 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHETKVMCA 824576Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD / Rim orTyre Size: F: 215 / 60 R16R: 4

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

TOYO / YOKO or Wipac

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 22/11/12 D.O.I. 28/11/12Survey held at COKE (Lymington)Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop oro/s w/ing minor

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

Date / Time	Action / Instruction
24/11/12	Carried out IP \$100 / 1 Rpt. (Red 1134.40 91%) MSZG

RECEIVED 20 NOV 2012

Date/Time, File Pass to?

1) 24/11/12 Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 1Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS: \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: TPLump Sum / I.B.I. (\$) 1007

200

10

210

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

MSIG INSURANCE (SINGAPORE) PTE LTD

Ref : CS/MSG17022427/K1tb

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 24-11-2017



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKN 2867Z	Veh. Inspected	SHC 3260L
Policy No.	27718272SMP	Coverage (\$)	0.00
Claim No.	537900	Excess (\$)	0.00
Assign From	CHRISTINA WONG (MERIMEN)	Assign Date	24/11/2017

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	22/11/2017	Inspection Date	24/11/2017
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

5a. Remarks

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

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	23 Nov 2017		24 Nov 2017 09:19 Assign				New Assignment Cancel Case

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

Insured:	DARRELL LIM, CHEELEK (LIN ZILI), ID: S7716538Z		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC3260K	Date of Loss:	22/11/2017 00:00 - :59
Claim Type:	TP / 537900	Policy/Cover Note No.:	27718272SMP (Comprehensive) Coverage: 29/05/2017 - 28/05/2018
Vehicle Reg. No. (Insured):	SKN2867Z	Policy No. (Claimant):	
		Excess:	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 25/11/2017]		

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

There are no mail for this case.

ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Inform
Kalkun
already.

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	23/11/2017 13:39
Date Of Accident	22/11/2017 13:45
Exact Location Of Accident	JALAN BT MERAH > QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3260K
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-1572701MFSH
Cover Note Number	

Driver

Name of Driver	LIM SWEE HOE
NRIC No	S0161939Z
Date Of Birth	15/12/1953
Occupation	OUTDOOR
Date Of Driving Pass	24/11/1976
Driving Experience	40 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	LIMSH1953@GMAIL.COM

Address	547 SERANGOON NORTH AVENUE 3#04-150
Postcode	S550547
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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

PLS SEE ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKN2867Z
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LEFT WING MIRROR
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. Any false reporting may be referred to the Police for investigation.
6. The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
7. By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
8. **Consent under the Personal Data Protection Act (PDPA)**

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this (form) and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of :
 - (i) processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- (b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LTD
CO. REG NO 190030011G



23/11/17
Jackson Heng
CSO

Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22nd/11/2017 at about 1345 hrs, I vehicle A was queue up stationary at the second lane of 4 lane at Jalan Bukit merah while I was waiting, vehicle B came from my right and hit against my left door wing mirror.

DECLARATION

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

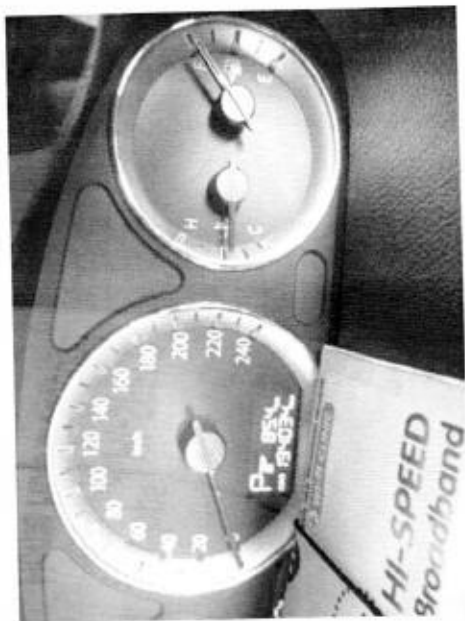
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 190307227R

Policyholder's Signature
Date & Time:

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

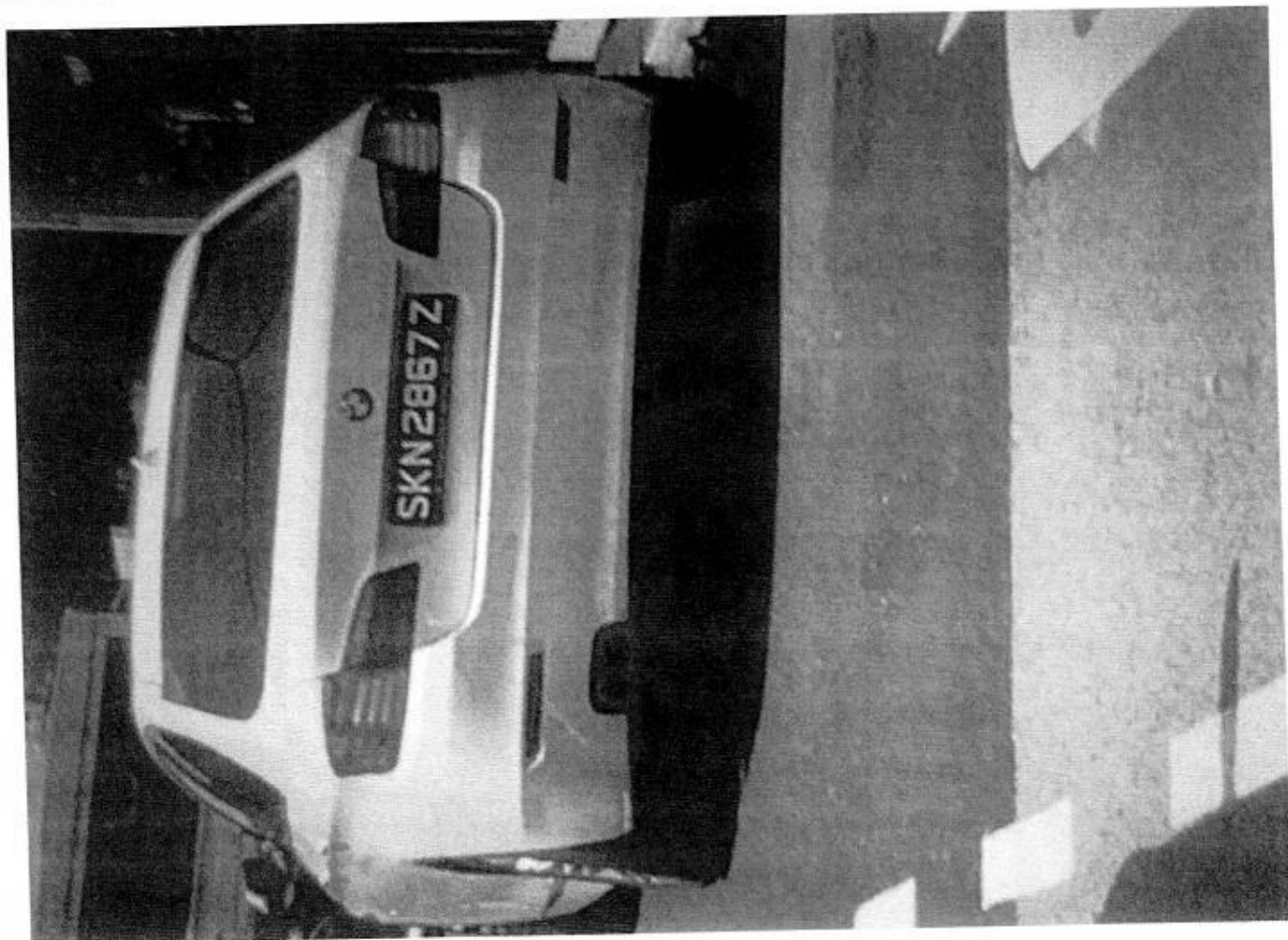
23/11/17 Jackson
Jackson Hong
CSO

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





SINGAPORE
VEHICLE EXEMPT
STAMP
CLASS 2016
REGISTRATION NO. 2016-3500N
VALID FROM 29 APR 2017
EXPIRES 30 OCT 2016
PUBLIC TRANSPORT
XXXXXXXXXXXX



A member of COMFORTDELGRO

Date/Time: 23.11.2017 14:52

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO:305091822

STOMER COMFORT TRANSPORTATION PTE LTD /MS 7010045 STOMER NO 383 SIN MING DRIVE DRESS Singapore SINGAPORE 575717 65508755 (R) (P)		REGN NO: SHC3260K	MILEAGE
		MAKE: HYUNDAI	FUEL E.....1/2.....F
		MODEL: SONATA	DATE/TIME IN 23.11.2017 10:30
		YR OF MANU 30.04.2012	TARGET DATE
		CHASSIS CODE RMHET41VMCA824576	COMPLETION DATE/TIME:
COUNT CARD NO.			

MSIG

JOB DESCRIPTION

Accident Date: 22.11.2017
NATURE: 3P 22.11.2017

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC3260K LKE

Vehicle No.: SHC3260K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3260K

DATE 23/11/2017 12:52

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Mirror (RH) <i>X repair</i>			\$ 980.50
	SUB TOTAL			\$ 980.50
	LESS 20%			\$ 196.10
	DISCOUNTED TOTAL			\$ 784.40
	Labour Charge			<i>50</i>
	Panel Beating			\$ 250.00
	Spray Painting Charge			\$ 150.00 <i>50</i>
	Wiring Charge			\$ 50.00 <i>X</i>
	TOTAL LABOUR			\$ 450.00
	ESTIMATE TOTAL			\$ 1,234.40
<p><i>Kalun 16/11/17</i></p> <p><i>24/11/17 1030hrs.</i></p> <p><i>1 Day</i></p> <p><i>4/5</i></p> <p><i>After Repair photo</i></p>				
<p>LIK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before after spray painting • To display damaged parts for survey • Parts prices are subject to quotation • Third party survey with a written acknowledgement • No illegal modification is allowed • Supplemental charges must be surveyed and approved by the insurance company <p>Acknowledged by Repairer:</p> <p>Signature:</p> <p>Date:</p>				
<p>This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.</p>				

H/Sam

MSIG

L/Ko

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 3260K

MAKE :

MODEL : HYUNDAI i40

DATE 23/11/2017 12:52

H/Sam

MSIG

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Mirror (RH) <i>X repair</i>			\$ 980.50
	SUB TOTAL			\$ 980.50
	LESS 20%			\$ 196.10
	DISCOUNTED TOTAL			\$ 784.40
	Labour Charge			<i>50</i>
	Panel Beating			\$ 250.00
	Spray Painting Charge			\$ 150.00 <i>50</i>
	Wiring Charge			\$ 50.00 <i>X 25</i>
	TOTAL LABOUR			\$ 450.00
	ESTIMATE TOTAL			\$ 1,234.40

Kaliy 12/11/17

24/11/17 1030hrs.

1 Day

C/S \$100

After Repair photo

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING

Our Job Ref No 305091822
Date : 24/11/17

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHC3260K CTPL

Fax :

22.11.17

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-


1. The repair job shall bill to: **MSIG** --- **SKN2867Z**
2. The finalized amount shall be:
 - (a) Spare Parts after List discount
 - (b) Labour Charges
 - Total for Part-By-Part Repair Cost**
 - (c) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost **\$100.00**


3. Estimated normal period for repairs: 1 working days.

4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : KALVIN ANG
Date : 24/11/17

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid				
3. Survey Fees				
4. LTA Search Fee				
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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/MSG17022427/K1TBN2

Date: 28/11/2017

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	27718272SMP
Claimant Vehicle No :	SHC3260K	Insured Vehicle No :	SKN2867Z
Date of Loss:	22/11/2017	Nature of Claim:	TP
		Claim No:	537900

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC3260K	Engine No:	D4EAA855725
Make & Model:	HYUNDAI SONATA, 2.0 D CRDi Turbo (NF) (A)	Chassis No:	KMHET41VMCA824576
Reg. Date:	30/04/2012 (Man. Year: 2012)	Odometer:	194034 km
Colour:	Blue		
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):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	784.40	0.00	784.40	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	450.00	100.00	350.00	77.78
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,234.40	100.00	1,134.40	91.90
+ GST 7.00/7.00% (S\$)	86.41	7.00	79.41	91.90
Nett Amount (S\$)	1,320.81	107.00	1,213.81	91.90

INSPECTION

Date of Assignment:	24/11/2017	
Date Inspected:	24/11/2017 Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969

Estimated Period of Repair: 1.0 days

Adjuster: KALVIN ANG WEI KUN

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

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 28 Nov 2017)
Parts:	143	HYUNDAI SONATA 2.0 D CRDi Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC3260K)	
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		*FRONT DOOR MIRROR (RH)	Repair	980.50 FL	*- FL
				Sub Total (S\$)	980.50	0.00
				- List Item Discount on L Items 20.00/20.00% (S\$)	196.10	0.00
				Total Parts (S\$)	784.40	0.00

F=Franchise part. 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	250.00	50.00
2	SPRAY PAINTING CHARGE	New	150.00	50.00
3	WIRING CHARGE	New	50.00	-
Gross Labour Cost (S\$)			450.00	100.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >