

ASS. REC. BY:

REF:

REF: CS3 /MS617024709/T1 b6 b7c

Special instructions

Survivor

ASSIGNMENT (Office)

From (Person):

Jasmine Lok

of

mslh

Date/Time:

29/12/2017 1053am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKL 6707Z

Insured:

SKZ 6784P

at Workshop m/s

V-Tech Auto

Tel:

6264 6311

of

No. 1 Soan Lee St #06-04

Policy No:

A28 679992Avw

Claim No:

5446

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

18122017

CA / REV / REP. / REV 24 HRS wpi

02.01.2018 @ Morning

H.O.D. Endorsement:

Date/Time:

29.12.07 2.40pm

Person Contacted:

Ms. Chang

Vehicle ~~IN/OUT~~

Date/Time	Action/Instruction (X) Estimate
	SKE 6707Z - X
	SKZ 6784P - X

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: SKE 6707Z

at Workshop no: V-Teck

of No. 1 Soon Lee St. #06-04

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

2/1/18 Morning

(Policy Condition)

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

N/S	O/S
	<input checked="" type="checkbox"/>

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: SKE 6707Z Reg: 2012 March

Type: ☒ Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover

Truck / Trailer or

Make: Volkswagen New Golf 1.4 : 1390

Colour: Blue A/C Insured / Std / NI / NA

Scratching: 77947 Radio Insured / Std / NI / NA

Eng No: _____

C No: WVW ZZZ / K ZCW 23699

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 205/55R11

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Continental

Front	Rear
R.Bal. <u>6</u> mm	R.Bal. <u>6</u> mm
L.Bal. <u>6</u> mm	L.Bal. <u>6</u> mm

D.O.A. 12/12/2017 D.O.I. 02/1/18 P11am

Survey held at: V-Teck

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date Time Action Instruction

Estimated repair range \$3,000 - \$9,000.

Date Time File Pass to: ☐ : Preli. Report

☐ : Final Report

Date Time File Return to: _____

Days Of Repair: _____

Resurvey No. of Trip: _____

Survey Fee: _____

Transportation: _____

Report Format: _____

Lump Sum / L.B. / S: _____

Add Fee: ☐ Site Insp: \$

☐ Inter. Insp: \$

☐ Test Insp: \$

☐ Clean Insp: \$

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	19 Dec 2017		29 Dec 2017 10:53 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS		[Created by insurer]							
Insured:	TAI CHER YI KEVIN, ID: S8374608D, Tel: +6598298419								
Main Claimant:	VIJAYA D/O MUTTRIAH, ID: S2178801E								
Vehicle Reg. No.:	SKE6707Z	Date of Loss:	18/12/2017 18:00 - :59						
Claim Type:	TP / 541416	Policy/Cover Note No.:	A28679992AVW (Comprehensive) Coverage: 29/01/2017 - 28/01/2018						
Vehicle Reg. No. (Insured):	SKZ6784P	Policy No. (Claimant):							
		Excess:	S\$500.00						
Repairer:	V-Tech Auto Service (HQ) No.1 Soon Lee Street, #06-04 Pioneer Center, 627605 Pioneer - Tel: 62646211								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 30/12/2017]								
Driver/Custodian (Insured):	WONG MEI CHING TRACY (), NRIC: S8306371H, Tel: +6598298419								
Adj Asg. Remarks:	Third Party Pre-Repair Survey								
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.									

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	19/12/2017 10:32
Date Of Accident	18/12/2017 18:40
Exact Location Of Accident	BT CHERMIN RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKE6707Z
Insured/Policyholder	
Name Of Registered Owner	VIJAYA D/O MUTTRIAH
NRIC No	S2178801E
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91809864
Alternative Phone No	OFFICE-91809864

Vehicle Particulars

Manufacturer	VOLKSWAGEN
Model	NEW GOLF 1.4 AT 5K13G5

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 PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100457566
Cover Note Number	

Driver

Name of Driver	VIJAYA D/O MUTTRIAH
NRIC No	S2178801E
Date Of Birth	02/08/1960
Occupation	INDOOR
Date Of Driving Pass	13/05/1997
Driving Experience	20 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91809864
Fax Number	
Contact Number	OFFICE-91809864
Email Address	NOEMAIL

Address
 Postcode
 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) 3

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

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 SKZ6784P
 Vehicle Make/Model/Colour VM GOLF
 Details Of Properties
 Name of Driver TRACY
 NRIC/Passport Number S8306371H
 Contact Number 98488838
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

SKETCH PLAN

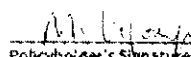
IMPORTANT NOTICE

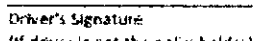
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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:

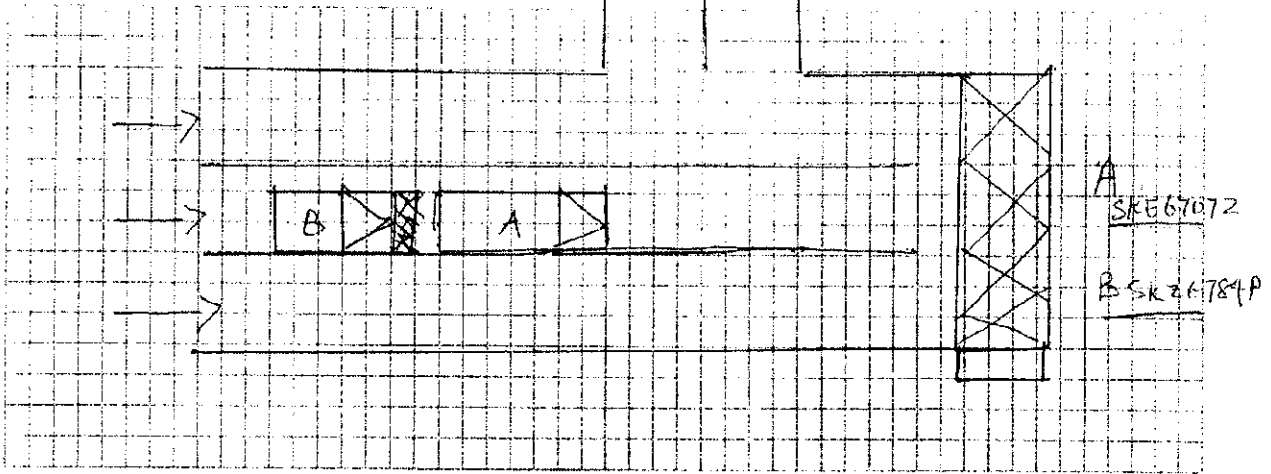
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.


Policyholder's Signature
Date & Time:


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


Reporting Centre Personnel's Signature
Name: HASBULLAH
NIC/TIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving in the 2nd Lane along the
 Keppel Rd and I was slowing down and
 then the car at the back didn't brake
 in time and hit my back of the car twice.

Important:

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE within the stipulated time frame from the day of the occurrence.

	- Reporting Only
	- Claim OD
✓	- Claim TP
	- Claim OD/ TP at other workshop

DECLARATION

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

M. V. Jeyaraj 19/12/17
 Policyholder's signature
 Date & Time 10:35 AM

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

[Signature]
 Reporting Centre Personnel's Signature
 Name: HASBULLAH
 Nric/Fin No.

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	19 Dec 2017		29 Dec 2017 10:53 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
------	-----------	---------------	-----------	--------------------------

CLAIM SUBFOLDER DETAILS		[Created by insurer]
Insured:	TAI CHER YI KEVIN, ID: S8374608D, Tel: +6598298419	
Main Claimant:	VIJAYA D/O MUTTRIAH, ID: S2178801E	
Vehicle Reg. No.:	SKE6707Z	Date of Loss: 18/12/2017 18:00 - :59
Claim Type:	TP / 541416	Policy/Cover Note No.: A28679992AVW (Comprehensive) Coverage: 29/01/2017 - 28/01/2018
Vehicle Reg. No. (Insured):	SKZ6784P	Policy No. (Claimant):
		Excess: S\$500.00
Repairer:	V-Tech Auto Service (HQ) No.1 Soon Lee Street, #06-04 Pioneer Center, 627605 Pioneer - Tel: 62646211	
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]	
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD TAUFIKH BIN HAMID] ... [Imm.Advice due 30/12/2017]	
Driver/Custodian (Insured):	WONG MEI CHING TRACY (), NRIC: S8306371H, Tel: +6598298419	
Adj Asg. Remarks:	Third Party Pre-Repair Survey	

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																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Due Date</th> <th style="width: 10%;">Priority</th> <th style="width: 10%;">Type</th> <th style="width: 10%;">Task Group</th> <th style="width: 10%;">Subject</th> <th style="width: 10%;">Handler</th> <th style="width: 10%;">Assigned By</th> <th style="width: 10%;">Completed On</th> <th style="width: 10%;">Created On</th> <th style="width: 10%;">Done?</th> </tr> </thead> <tbody> <tr> <td colspan="10">No results.</td> </tr> </tbody> </table>	Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?	No results.										
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?												
No results.																					

Claim Documents

***SKE6707Z (541416)**
[SKZ6784P]
TP
VIJAYA D/O MUTTRIAH
Dec 18 2017 6:00PM
[TAI CHER YI KEVIN]
V-Tech Auto Service

[Upload Documents](#) | [Upload Photos](#) | [Compose New Letter](#)

View [View in Browser](#) ▼

Photos/Images			3 per page ▼	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	08/03/18 15:19	General View	Load JPG	
2	08/03/18 15:19	General View	Load JPG	
3	08/03/18 15:19	General View	Load JPG	
4	08/03/18 15:19	General View	Load JPG	
5	08/03/18 15:19	General View	Load JPG	
6	08/03/18 15:19	General View	Load JPG	
7	08/03/18 15:19	General View	Load JPG	
8	08/03/18 15:19	General View	Load JPG	
9	08/03/18 15:19	General View	Load JPG	
10	08/03/18 15:19	General View	Load JPG	
11	08/03/18 15:19	General View	Load JPG	
12	08/03/18 15:19	General View	Load JPG	
13	08/03/18 15:19	General View	Load JPG	
14	08/03/18 15:19	General View	Load JPG	
15	08/03/18 15:19	General View	Load JPG	
16	08/03/18 15:19	General View	Load JPG	
17	08/03/18 15:19	General View	Load JPG	
18	08/03/18 15:19	General View	Load JPG	
19	08/03/18 15:19	General View	Load JPG	
20	08/03/18 15:19	General View	Load JPG	
21	08/03/18 15:19	General View	Load JPG	
22	08/03/18 15:25	Photographs of Damaged Parts	Load JPG	
23	08/03/18 15:25	Photographs of Damaged Parts	Load JPG	
24	08/03/18 15:25	Photographs of Damaged Parts	Load JPG	
25	08/03/18 15:25	Photographs of Damaged Parts	Load JPG	
26	08/03/18 15:25	Photographs of Damaged Parts	Load JPG	
27	08/03/18 15:25	Photographs of Damaged Parts	Load JPG	
28	08/03/18 15:25	Photographs of Damaged Parts	Load JPG	
29	08/03/18 15:25	Photographs of Damaged Parts	Load JPG	
30	08/03/18 15:25	Photographs of Damaged Parts	Load JPG	
31	08/03/18 15:25	Photographs of Damaged Parts	Load JPG	
32	08/03/18 15:25	Photographs of Damaged Parts	Load JPG	
33	08/03/18 15:25	Photographs of Damaged Parts	Load JPG	
34	08/03/18 15:25	Photographs of Damaged Parts	Load JPG	

			1		
35	08/03/18 15:25	Photographs of Damaged Parts	1	Load JPG	
36	08/03/18 15:25	Photographs of Damaged Parts	1	Load JPG	
37	08/03/18 15:25	Photographs of Damaged Parts	1	Load JPG	
38	08/03/18 15:25	Photographs of Damaged Parts	1	Load JPG	
39	08/03/18 15:25	Photographs of Damaged Parts	1	Load JPG	
40	08/03/18 15:25	Photographs of Damaged Parts	1	Load JPG	
41	08/03/18 15:25	Photographs of Damaged Parts	1	Load JPG	
42	08/03/18 15:25	Photographs of Damaged Parts	1	Load JPG	
43	08/03/18 15:25	Photographs of Damaged Parts	1	Load JPG	
44	08/03/18 15:25	Photographs of Damaged Parts	1	Load JPG	
45	08/03/18 15:25	Photographs of Damaged Parts	1	Load JPG	
Documentation			1 per page		
No	Finalized On	MSIG Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print
1	29/12/17 10:30	E-FILE REPORT (SKZ6784P)	1	Load PDF	
2	29/12/17 10:32	E-FILE REPORT (SKE6707Z)	1	Load PDF	
3	29/12/17 10:38	TP PRI	1	Load PDF	
4	29/12/17 10:52	TP LIST OF SJE & OUR REJECTION REPLY & WE NORMINATED LKK	1	Load PDF	
5	15/02/18 11:14	VEHICLE HIRING AGREEMENT & INVOICE, CERTIFICATE OF INSURANCE	1	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To:

☒ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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: CS3/MSG17024709/T1BE2
Date: 09/03/2018

REFERENCE

Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. **Policy No:** A28679992AVW
Claimant Vehicle No : SKE6707Z **Insured Vehicle No :** SKZ6784P
Date of Loss: 18/12/2017 **Nature of Claim:** TP **Claim No:** 541416

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SKE6707Z
Make & Model: VOLKSWAGEN NEW GOLF 5K13G5, 1.4 (A) **Engine No:** CAXA19781
Reg. Date: 23/03/2012 (Man. Year: 2012) **Chassis No:** WVVZZZ1KZCW236099
Colour: Blue **Odometer:** 77947 km
Engine Capacity: 1390 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: 205/55 R16 **Rear Tyre Size:** 205/55 R16
Front Left Side: Continental 6 mm **Rear Left Side:** Continental 6 mm
Front Right Side: Continental 6 mm **Rear Right Side:** Continental 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 29/12/2017
Date Inspected: 02/01/2018 **Inspected At:** V-Tech Auto Service (HQ)
 No.1 Soon Lee Street, #06-04 Pioneer Center
 Singapore 627605
Estimated Period of Repair: 0.0 days

Adjuster: MOHD TAUFIKH BIN HAMID**Manager:** CATHERINE CHONG KAI LING

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.

- A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS.
- B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION.
THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE.
- C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS.

THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$3,000.00 - \$4,000.00

REPAIR DETAILS

Reference	
Part Source:	MRM-SG Version: 1.0 (Last Synchronised: 09 Mar 2018)
Parts:	144 VOLKSWAGEN NEW GOLF 5K13G5 1.4 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's (Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SKE6707Z)
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

There are no new parts selected.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >