

(25/11/2011)

Surve UIC: KalvinREF: CC3 / TM18003739 / KHLbn2**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SLK 8289GPolicy No. M1000097Claims No. M1801106

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: SHA 44905 Yr Regn: 23 Jun, 2011Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or _____

Make: Hyundai Sonata C.C. 199Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 821892 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHET41VMPA811818Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

TOYO / YOKO or Wet/16

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 24/2/18 D.O.I. 26/2/18Survey held at CDHE (Loyang)

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

n/s Front.

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

Date / Time	Action / Instruction
	SHA 44905 - CCA / PAXA 17015662 / M1wa362
	SLK 8289G - X
28/4/18	Calculated c/s \$1800 / 30%, (Red: 2206.44 / 55%)

RECEIVED 05 MAR 2018

Date/Time, File Pass to?

1) 513 Typist

Date/Time, File Return to?

2) _____

☐ : Preli. Report☒ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____) S + RS, SI☐ : Interview (\$ _____) Photos☐ : Tech. Invs (\$ _____) Others☐ : Weekend (\$ _____)Report Format: TPLump Sum / I.B.I. (\$) 1800

Survey Fee:

Transportation:

TOTAL

250

10

260



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

TOKIO MARINE INSURANCE SINGAPORE LTD

Ref : CC3/TMI18003739/K1tb

20 MCCALLUM STREET #09-01

TOKIO MARINE CENTRESINGAPORE 069046

Date : 27-02-2018



Code : TMI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLK 8289G	Veh. Inspected	SHA 4490S
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	26/02/2018

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	24/02/2018	Inspection Date	26/02/2018
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.
--

Team: WE ARC Repair TP(CLSO)1

JOB CARD Sales Order: 3806588

JC NO: 305119746

STOMER
COMFORT TRANSPORTATION PTE LTD
/MS 7010045
STOMER NO 383 SIN MING DRIVE
DRESS Singapore SINGAPORE 575717
65508755

(O)

(R)

(P)

REGN NO	SHA4490S	MILEAGE
MAKE	HYUNDAI	FUEL
MODEL	SONATA	DATE/TIME IN
YR OF MANU	23.06.2011	TARGET DATE
CHASSIS CODE	KMHET41VMB811818	COMPLETION DATE/TIME:

24.02.2018 12:00

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 24.02.2018
NATURE: 3P 24.02.18/B-

T-MARINE

3/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA4490S

FZ T-MARINE

Vehicle No.: SHA4490S

Signature/Date

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

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 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	26/02/2018 08:52
Date Of Accident	24/02/2018 11:15
Exact Location Of Accident	NEWTON CIRCUS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4490S
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
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	MOHAMED KHALID BIN HASSIM
NRIC No	S7426056Z
Date Of Birth	08/08/1974
Occupation	OUTDOOR
Date Of Driving Pass	24/10/2000
Driving Experience	17 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	KHALHASSIM@YAHOO.COM

Address	BLK 110 BEDOK NORTH ROAD #03-2278
Postcode	460110
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
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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
Passenger 1	NAME: : - GENDER: : MALE

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 REFER TO 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	SLK8289G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JANE VICTORI FERNANDEZ
NRIC/Passport Number	S1497474A
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT RIGHT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

IMPORTANT NOTICE

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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.
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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. 199303821R

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.:

GUNDAC SketchPlanForm_V3

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24/2/18 at about 1115hrs while I Veh A was driving straight ahead towards Newton Road along the Newton Circus, Veh B from the extreme left lane (straight ahead only lane) intercepted onto my lane to make a right turn to go to Bukit Timah Road exit of the roundabout and collided on the front left portion of my vehicle.

DECLARATION

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

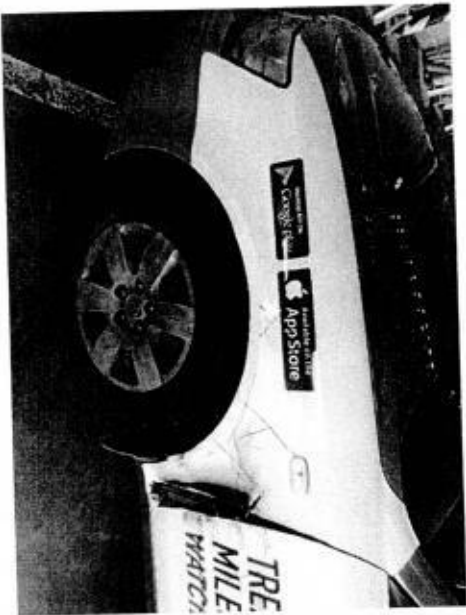
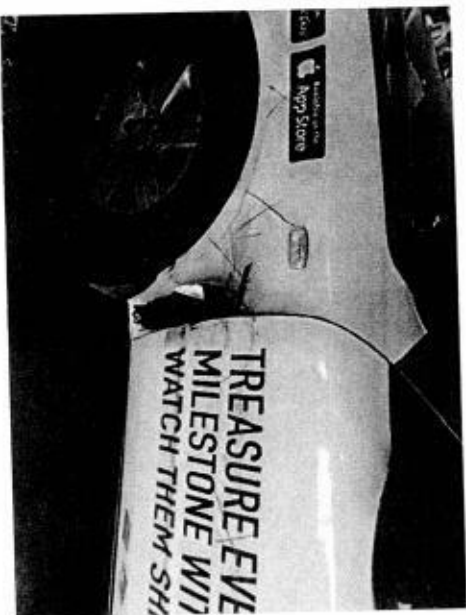
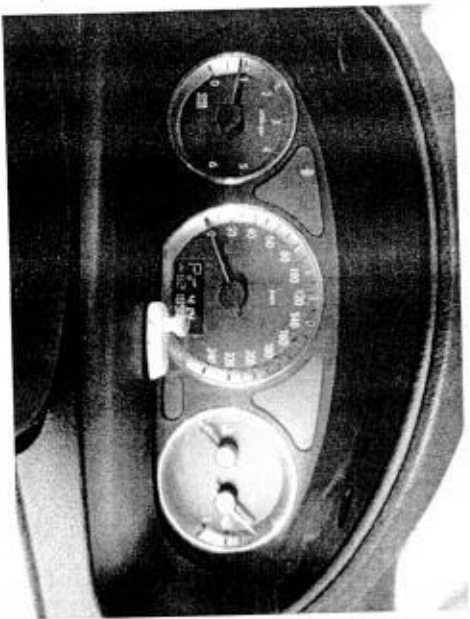
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

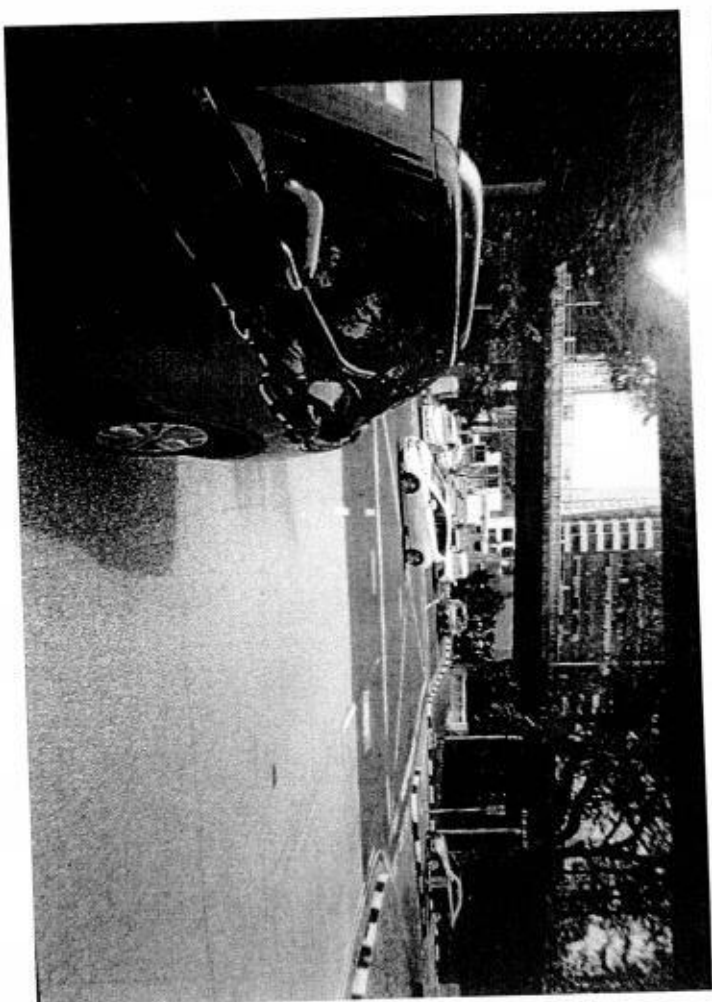
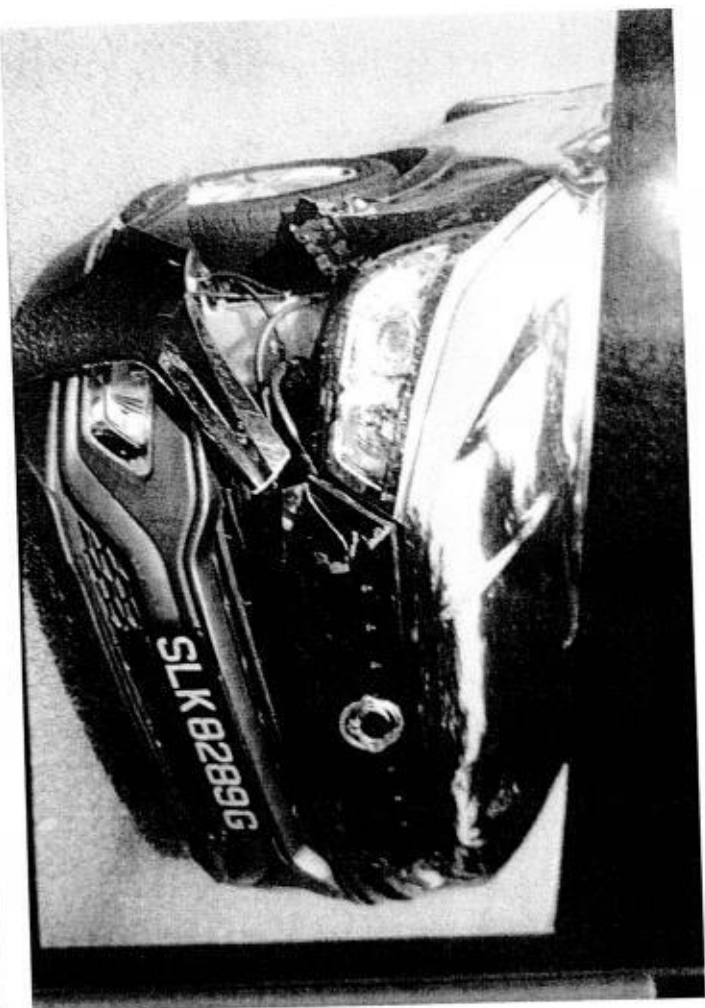
Policyholder's Signature
Date & Time:

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

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

GIARAC SketchPlanForm_V3





COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 4490S

DATE 26/2/2018 10:39

MAKE :

MODEL : HYUNDAI SONATA

MODEL : HYUNDAI SONATA				
Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Fender (LH) <i>diag</i>			\$ 593.00
	Front Fender Shield (LH) <i>X sn</i>			\$ 86.00
	Front Fender Signal Lamp (LH) <i>—</i>			\$ 45.40
	Front Door (LH) <i>X repair</i>			\$ 1,345.00
	Front Door Protector (LH) <i>X repair</i>			\$ 74.90
	Front Wheel Hub Cap (LH) <i>—</i>			\$ 145.00

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant Insurer: MS First Capital Insurance Ltd

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY
Policy No:
Vehicle Reg. No.: SHA4490S
Party At Fault: UNKNOWN
Driver (TP): MOHAMED KHALID BIN HASSIM

Ref. No:
Date of Loss: 24/02/2018
Driveable? NO

Make/Model: HYUNDAI I40, 1.7 D CRDI (A)
Vehicle Colour: BLUE
Engine No: D4EAB965922
Odometer: 300000 KM

Vehicle Reg. Date: 23/06/2011
Gen Condition: FAIR
Chassis No: KMHET41VMBA811818

Paint Type:
List Item 20.00 %
Discount:
Total Loss? NO
Est. Duration of Repair (day) 6

Description of Accident/Loss PLS REFER TO ATTACHED
Present Location: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS	Amount
Parts	2,316.44
Miscellaneous Items	10.00
Labour	1,690.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,016.44
+ GST 7.00% (S\$)	281.15
Nett Amount (S\$)	4,297.59

This claim is handled by: FAUZY BIN MOKHTAR

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference**

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 26 Feb 2018)

Parts: 143 **HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)**

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

Print Code: ComfortDelGro Engineering Pte Ltd/SHA4490S/26/02/2018 17:32

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 *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRONT FENDER	20.00	0.00	*593.00 FL
2	1		*FRONT FENDER SHIELD LH	20.00	0.00	*86.00 FL
3	1		*FRONT FENDER SIGNAL LAMP LH	20.00	0.00	*45.40 FL
4	1		*FRONT DOOR LH	20.00	0.00	*1,345.00 FL
5	1		*FRONT DOOR PROTECTOR LH	20.00	0.00	*74.90 FL
6	1		*FRONT WHEEL HUP CAP LH	20.00	0.00	*145.00 FL
7	1		*FRONT FENDER ADVERTISEMENT LOGO LH	0	0.00	*100.00 FS
8	1		*FRONT DOOR COMFORT LOGO LH	0	0.00	*75.00 FS
9	1		*FRONT DOOR ADVERTISEMENT LOGO LH	0	0.00	*100.00 FS
10	1		*REAR DOOR ADVERTISEMENT LOGO LH	0	0.00	*100.00 FS
11	1		*REAR DOOR TEL NO. STICKER LH	0	0.00	*10.00 FS
12	1		*REAR FENDER ADVERTISEMENT LOGO LH	0	0.00	*100.00 FS

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

Sub Total (S\$)	2,774.30
- List Item Discount on L Items (S\$)	457.86
Total Parts (S\$)	2,316.44

ComfortDelGro Engineering Pte Ltd/SHA4490S/26/02/2018 17:32. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			10.00
1	1	OD/TP Case (Insurer)	
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	600.00 400
2	SPRAY PAINTING CHARGE	New	800.00 720
3	TUFF KOTE	New	50.00 20
4	TRANSFER OF DOOR	New	120.00 +
5	FRONT WHEEL ALIGNMENT	New	120.00 +
Gross Labour Cost (S\$)			1,690.00

ComfortDelGro Engineering Pte Ltd/SHA4490S/26/02/2018 17:32. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305119746
Date : 27.02.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHA4490S

Fax :

Date of Accident : 24.02.2018

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

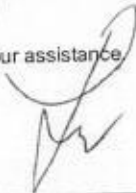
1. The repair job shall bill to: TOKIO MARINE --- SLK8289G
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$0.00
 - (b) Labour Charges \$0.00
 - Total for Part-By-Part Repair Cost \$0.00
 - (c) Lumpsum Repair (if applicable) 20% \$1,800.00
 - Total for Lumpsum repair cost after Less: \$1,800.00
 - Final Lumpsum Repair cost


3. Estimated normal period for repairs: 3 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 : FAUZY BIN MOKHTAR
Tel : 62148319
Fax : 65468156

Signature : 
Name : Kalvin
Date : 28/2/8

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		N		
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: CC3/TMI18003739/K1TBN2

Date: 07/03/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MI000197
Claimant Vehicle No :	SHA4490S	Insured Vehicle No :	SLK8289G
Date of Loss:	24/02/2018	Nature of Claim:	TP
		Claim No:	M1801106

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA4490S	Engine No:	D4EAB965922
Make & Model:	HYUNDAI SONATA, 2.0 D CRDi Turbo (NF) (A)	Chassis No:	KMHET41VMBA811818
Reg. Date:	23/06/2011 (Man. Year: 2011)	Odometer:	821892 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:	Fair	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

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	2,316.44	1,111.72	1,204.72	52.01
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,690.00	1,140.00	550.00	32.54
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,016.44	2,261.72	1,754.72	43.69
Approved Total (Overridden) (S\$)		1,800.00		
(S\$)	4,016.44	1,800.00	2,216.44	55.18
+ GST 7.00/7.00% (S\$)	281.15	126.00	155.15	55.18
Nett Amount (S\$)	4,297.59	1,926.00	2,371.59	55.18

INSPECTION

Date of Assignment:	27/02/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	26/02/2018	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 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: 07 Mar 2018)
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 SHA4490S)	
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 FENDER	Dented	593.00 FL	*593.00 FL
2	1		*FRONT FENDER SHIELD LH	Serviceable	86.00 FL	*- FL
3	1		*FRONT FENDER SIGNAL LAMP LH	Cracked	45.40 FL	*45.40 FL
4	1		*FRONT DOOR LH	Repair	1,345.00 FL	*- FL
5	1		*FRONT DOOR PROTECTOR LH	Repair	74.90 FL	*- FL
6	1		*FRONT WHEEL HUP CAP LH	Grazed	145.00 FL	*145.00 FL
7	1		*FRONT FENDER ADVERTISEMENT LOGO LH	Necessary	100.00 FS	*100.00 FS
8	1		*FRONT DOOR COMFORT LOGO LH	Necessary	75.00 FS	*75.00 FS
9	1		*FRONT DOOR ADVERTISEMENT LOGO LH	Necessary	100.00 FS	*100.00 FS
10	1		*REAR DOOR ADVERTISEMENT LOGO LH	Necessary	100.00 FS	*100.00 FS
11	1		*REAR DOOR TEL NO. STICKER LH	Necessary	10.00 FS	*10.00 FS
12	1		*REAR FENDER ADVERTISEMENT LOGO LH	Necessary	100.00 FS	*100.00 FS

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

Sub Total (S\$)	2,774.30	1,268.40
- List Item Discount on L Items 20.00/20.00% (S\$)	457.86	156.68
Total Parts (S\$)	2,316.44	1,111.72

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (\$\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	600.00	400.00
2	SPRAY PAINTING CHARGE	New	800.00	720.00
3	TUFF KOTE	New	50.00	20.00
4	TRANSFER OF DOOR	New	120.00	-
5	FRONT WHEEL ALIGNMENT	New	120.00	-
Gross Labour Cost (\$\$)			1,690.00	1,140.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >