

2/27/2018

ASS. REC. BY:

REF: CS/MSG18003958/Attd3n

Special Instruction:

Surveyor:

Adrian

ASSIGNMENT (Office)

From (Person):

Monica chung

of

MSG

Date/Time:

28/2/18 @ 11:30am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKA 8661D

Insured:

SKC 1968E

at Workshop m/s

Our Bro's Workshop

Tel:

66361338

of

10 Kaki Bkt Rd 2 # 03-37

Policy No:

MSD/vpcp/17-001537-00

Claim No:

MSC/v/18-000296

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

18/02/2018

CA / REV / REP. / REV 24 HRS

1wp

H.O.D. Endorsement:

Date/Time:

10:47am @ 1/3/18

Person Contacted:

Muni

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SKA 8661D - X

SKC 1968E - X

07/3/18 @

12:20pm Informed Monica, we are pending estimate from repairer.

Lump Sum \$1700 (Red. 1505.56 : 46%)

REF:

## 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

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SKA8661D Yr Regn: 2011 AprilType: M.Car M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Mercedes Benz C180 c.o 1796Colour: Black A/C: Insured / Std / NI / NASp. Reading: 163862 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDD2040492A388885Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 245/40R17R: 245/40R17

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

TOYO / YOKO or Cashment

Front

Rear

R/Bal. 06 mmR/Bal. 06 mmL/Bal. 06 mmL/Bal. 06 mm

D.O.A. \_\_\_\_\_

D.O.I. 01/03/18Survey held at One Bro's Workshop

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

TP mslg.

Date/Time, File Pass to?

1) D3 Typist

Date/Time, File Return to?

2) \_\_\_\_\_

Report Format: TPLump Sum / I.B.I. (\$) 1700
☐ : Preli. Report  
☒ : Final Report
Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS: \$

Photos:

Others:

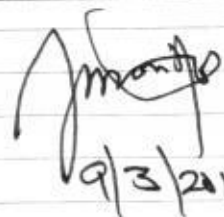
TOTAL

200

10

210

RECEIVED 12 MAR 2018

  
 9/3/2018




# 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				
MSG INSURANCE (SINGAPORE) PTE LTD			Ref : CS/MSG18003958/Atd3	
16 RAFFLES QUAY #24-01 HONG LEONG BLDG SINGAPORE 048581			Date : 01-03-2018	
			Code : MSG	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SKC 1968E	Veh. Inspected	SKA 8661D	
Policy No.	MSD/VPCP/17-001537-00	Coverage (\$)	0.00	
Claim No.	MSC/V/18-000296	Excess (\$)	0.00	
Assign From	MERIMEN (MONICA CHUNG)	Assign Date	01/03/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model		c.c	0	
Engine No.	HIDDEN	Year of Reg.		
Chassis No.		Colour		
Odometer	-	Steering		
Brakes		Modification		
General				
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre			mm	
L/H Front Tyre			mm	
R/H Rear Tyre			mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
<b>5. General Information</b>				
Accident Date	18/02/2018	Inspection Date	01/03/2018	
Survey held at	OUR BRO'S WORKSHOP 10 KAKIT BUKIT ROAD 2 #03-38 FIRST EAST CENTRE SINGAPORE 417868			
<b>5a. Remarks</b>				
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	20 Feb 2018		28 Feb 2018 11:13 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <span style="float: right;">[Created by insurer]</span>									
<b>Insured:</b>		HITACHI CAPITAL ASIA PACIFIC PTE LTD, Co. Reg. No.: 199400399N							
<b>Main Claimant:</b>		ROSINI BINTE MOHAMED ALI, ID: S1422650H							
<b>Vehicle Reg. No.:</b>		SKA8661D	<b>Date of Loss:</b>	18/02/2018 16:00 - :59					
<b>Claim Type:</b>		TP / MSC/V/18-000296	<b>Policy/Cover Note No.:</b>	MSD/VPCP/17-001537-00 (Comprehensive) Coverage: 27/07/2017 - 26/07/2018					
<b>Vehicle Reg. No. (Insured):</b>		SKC1968E	<b>Policy No. (Claimant):</b>						
		<b>Excess:</b>							
<b>Repairer:</b>		Our Bro's Workshop (s) Pte Ltd (HQ) 10 Kaki Bukit Road 2, #03-37/38 First East Centre, 417868 Kaki Bukit - Tel: 66361338							
<b>Handling Insurer:</b>		MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Monica Chung Pei Zhen - 6594 2552]							
<b>Adjuster:</b>		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 01/03/2018]							
<b>Driver/Custodian (Insured):</b>		ANG THYE GUAN (), NRIC: S6804844C, Tel: +6597399944							
<b>Adj Asg. Remarks:</b>		Car is in, please survey. Please assign Mr Adrian Ling as the surveyor. Thank You.							
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a></span>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

**Shiau Chan (LKKAuto)**

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**From:** Do-Not-Reply <do-not-reply@merimen.com>  
**Sent:** Friday, 2 March 2018 12:20 PM  
**To:** do-not-reply@merimen.com  
**Cc:** SUR  
**Subject:** VEHICLE SKA 8661D (YOUR REF: MSC/V/18-000296)

This mail is associated with :  
**\*SKA8661D (MSC/V/18-000296)**  
**[SKC1968E]**  
TP  
ROSINI BINTE MOHAMED ALI  
Feb 18 2018 4:00PM  
[HITACHI CAPITAL ASIA PACIFIC PTE LTD]  
Our Bro's Workshop (s) Pte Ltd

Dear Monica,

Please be informed that we have inspected the vehicle SKA 8661D on 01/03/2018.

We are pending for estimate from repairer.

Thanks & Regards,

Shiau Chan (Ms) on behalf of Denise  
LKK Auto Consultants Pte Ltd  
Tel: 6256 3561  
Fax: 6256 4315

[ This mail is sent from a mailer account - do not reply to this email address ]

Sent by : SHIAU CHAN (LKK Auto Consultants Pte Ltd)

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	2650H
Vehicle Details	
Vehicle No.:	SKA8661D
Vehicle to be Exported:	No
Intended De-registration Date:	02 Mar 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C180 CGI A
Primary Colour:	Black
Manufacturing Year:	2010
Engine No.:	27182030059375
Chassis No.:	WDD2040492A388885
Maximum Power Output:	115.0 kW (154 bhp)
Open Market Value:	\$40,663.00
Original Registration Date:	08 Apr 2011
First Registration Date:	08 Apr 2011
Transfer Count:	0
Actual ARF Paid:	\$40,663.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	07 Apr 2021
PARF Rebate Amount:	\$26,430.00
Intended COE Rebate Details	
COE Expiry Date:	07 Apr 2021
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$57,002.00
COE Rebate Amount:	\$17,654.00
<b>Total Rebate Amount:</b>	<b>\$44,084.00</b>

The information contained herein is correct as at 02 Mar 2018

OK

## 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	19/02/2018 12:22
Date Of Accident	18/02/2018 16:25
Exact Location Of Accident	2ND LINK TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKA8661D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ROSINI BINTE MOHAMED ALI
NRIC No	S1422650H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91118719
Alternative Phone No	OTHERS-91782778

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C180 CGI 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 PRIVATE CAR

### Insurance Company

Name of Insurance Company	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2017/V0100657/VDP
Cover Note Number	

### Driver

Name of Driver	ABDUL HANIFF BIN ABDUL GHANI
NRIC No	S1425405F
Date Of Birth	22/12/1960
Occupation	INDOOR
Date Of Driving Pass	31/05/1979
Driving Experience	38 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91782778
Fax Number	
Contact Number	
Email Address	ABDHANIFF@GMAIL.COM

Address	16 TAI KENG LANE
Postcode	535267
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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
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)	3
Passenger 1	NAME: : ABDUL ZAMEER HUSREF BIN ABDUL HANIFF GENDER: : MALE
Passenger 2	NAME: : ROSINI BINTE MOHAMED ALI GENDER: : FEMALE

#### 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

PLEASE REFER TO ATTACHED .

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	DRIVER DID NOT FURNISH AT TIME OF REPORTING
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKC1968E
Vehicle Make/Model/Colour	TOYOTA / COROLLA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG THYE GUAN
NRIC/Passport Number	S6804844C
Contact Number	
Address	
Postcode	



Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

## Sketch Plan Pg. 1

### SKETCH PLAN

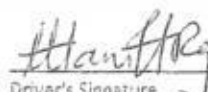
#### IMPORTANT NOTICE


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:

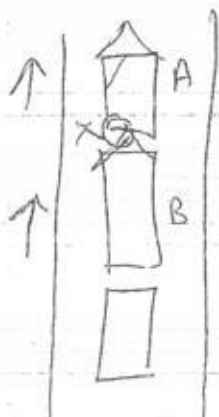
  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

# Sketch Plan Pg. 2

Tuas Check Point

SKETCH PLAN



A: SKA 8661D

B: SKC 1968E

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

We were in the queue at the Tuas 2nd Link, heading towards Immigration and check point when the driver of car SKC 1968E hit us from behind and knocked into the left side of our rear bumper. It caused a dent, scratches and dislodged my bumper clips both on the left and right.

Name of Driver: Ang Thye Guan

Date of Birth: 29/01/1968

Place: Singapore

IC No: S68048446

Driver's Address: Blk 410, Sembawang Drive

Singapore 750410

# 07-772

Car Plate: SKC 1968E

## DECLARATION

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

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.:

**Print Name:**

- Temporary vehicle license spray painting
- Temporary vehicle license plates during resurvey
- Temporary license moved to confirmation
- Third party survey is on a "Without Prejudice" basis
- No further modification is allowed
- Supplementary item(s) must be resurveyed and subject to final approval from Insurance Company

Approved by Registrar

\_\_\_\_\_

# 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/MSG18003958/ATD3N2

Date: 13/03/2018

### REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VPCP/17-001537-00
Claimant Vehicle No :	SKA8661D	Insured Vehicle No :	SKC1968E
Date of Loss:	18/02/2018	Nature of Claim:	TP
		Claim No:	MSCV/18-000296

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKA8661D	Engine No:	27182030059375
Make & Model:	MERCEDES-BENZ C180, 1.8 CGI (A)	Chassis No:	WDD2040492A388885
Reg. Date:	08/04/2011 (Man. Year: 2010)	Odometer:	163862 km
Colour:	Black		
Engine Capacity:	1796 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:	245/40R17	Rear Tyre Size:	245/40R17
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	2,535.56	1,669.59	865.97	34.15
Miscellaneous Items	0.00	0.00	0.00	
Labour	670.00	450.00	220.00	32.84
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>3,205.56</b>	<b>2,119.59</b>	<b>1,085.97</b>	<b>33.88</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,700.00</b>		
<b>Nett Amount (S\$)</b>	<b>3,205.56</b>	<b>1,700.00</b>	<b>1,505.56</b>	<b>46.97</b>

### INSPECTION

Date of Assignment:	28/02/2018	
Date Inspected:	01/03/2018 Inspected At:	Our Bro's Workshop (s) Pte Ltd (HQ) 10 Kaki Bukit Road 2, #03-37/38 First East Centre Singapore 417868
Estimated Period of Repair:	2.0 days	

Adjuster: ADRIAN LING

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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 13 Mar 2018)
<b>Parts:</b> 143	MERCEDES-BENZ C180 1.8 CGI (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SKA8661D)
<b>Validity:</b>	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
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.

### Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*RR BUMPER ASSY	Deformed	1,476.60 F	*1,395.00 FL
2	1		*SET REVERSE SENSOR	Not Necessary	280.00 F	*- FL
3	1		*RR BUMPER DIFFUSER	Deformed	363.80 F	*363.80 FL
4	1		*RR BUMPER TOW HOOK	Not Necessary	62.06 F	*- FL
5	1		*RR EXHAUST END TAIL COVER	Not Necessary	256.80 F	*- FL
6	1		*RR RH BUMPER BRACKET	Necessary	48.15 F	*48.15 FL
7	1		*RR LH BUMPER BRACKET	Necessary	48.15 F	*48.15 FL
					<b>Sub Total (\$\$)</b>	<b>2,535.56 1,855.10</b>
					<b>- List Item Discount on L Items 0.00/10.00% (\$\$)</b>	<b>0.00 185.51</b>
					<b>Total Parts (\$\$)</b>	<b>2,535.56 1,669.59</b>

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
<b>Labour Items</b>				
1	SPRAY WORKS	New	320.00	250.00
2	LABOUR CHARGES	New	350.00	200.00
<b>Gross Labour Cost (S\$)</b>			<b>670.00</b>	<b>450.00</b>

Report was unsubmitted during this print-out.

&lt; END OF ESTIMATES &gt;