

Surve: Kelvin

REF:

CC3/TML18004314/Klrbm

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / T / F / WS / TP RES / OD RES / EVA / INV / MV
 To Insp: _____ Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: SLR 28992
 Policy No: MN007494
 Claims No: M1801209
 Sum Insured: _____ Excess: \$600
 (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 Report: _____ 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 7104M Yr Regn: 17 Apr 2014
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Hyundai Z40 C.C. 1685
 Colour: Blue A/C: Insured / Std / NI / NA
 Sp. Reading: 480678 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHLD414M54 054061
 Gen. Cond: Good / 6 / Poor / Burnt
 Steering: Inorder / 6 / Jammed / Leaked / Burnt or
 Brake: Inorder / 6 / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 205 / 60 R 16
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Wet 1.14
 Front Rear
 R/Bal. 7 mm R/Bal. 7 mm
 L/Bal. 7 mm L/Bal. 7 mm
 D.O.A. 4/3/8 D.O.I. 6/3/8
 Survey held at CDHE (Loyang)
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
7/3/8	SHA 7104M - CC3/TML15019378 / Klrbm What 4/5 \$1000 / 2 Pys Rd: 1891.58, 651.

Date/Time, File Pass to?

☐ : Prel. Report
☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: -

1) typist
 Date/Time, File Return to?

2) _____

Add Fee: ☐ : Site Insp (\$ _____)

☐ : Interview (\$ _____)

Survey Fee:

Transportation:

\$ + RS. \$ _____

Photos

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/TMI18004314/K1rb	
20 MCCALLUM STREET #09-01 TOKIO MARINE CENTRESINGAPORE 069046		Date : 06-03-2018	
		Code : TMI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLR 2899Z	Veh. Inspected	SHA 7104M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	06/03/2018
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	04/03/2018	Inspection Date	06/03/2018
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.			

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	05/03/2018 13:54
Date Of Accident	04/03/2018 12:15
Exact Location Of Accident	FLORA RD X FLORA DR
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHA7104M
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	I40
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	LIM TING LOONG
NRIC No	S2578995D
Date Of Birth	09/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	03/09/1981
Driving Experience	36 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	SHIRLEYLIM1988@GMAIL.COM

Address	BLK 161 YISHUN STREET 11 #07-192
Postcode	760161
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	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)	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

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	SLR2899Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	NG JIAK LIANG
NRIC/Passport Number	S1665255E
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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. 199303821R

Policyholder's Signature
Date & Time:

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

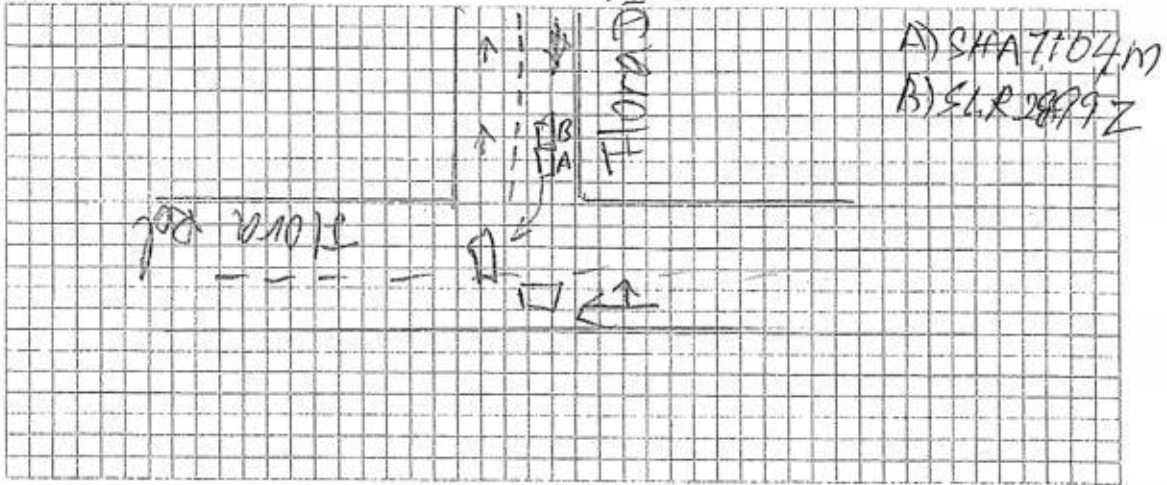
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIA/IRAC SketchPlanForm_V3

1

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

While I was stopped my TAXI for the Car to turn in from the main ROAD to the filter Rd I stop and pigner to the right turn. Suddenly the Car behind me knocked my TAXI behind at 12.12 P.m

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:

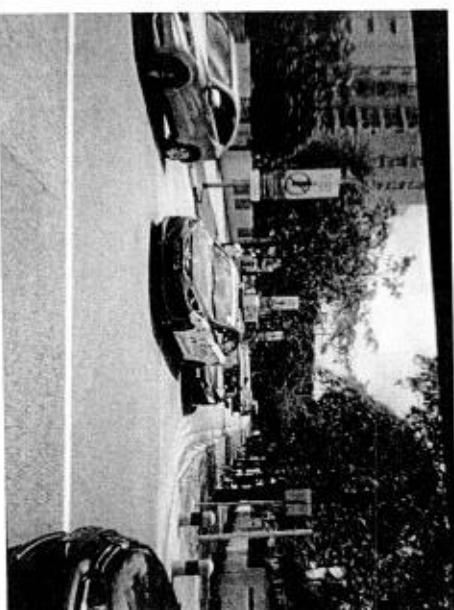
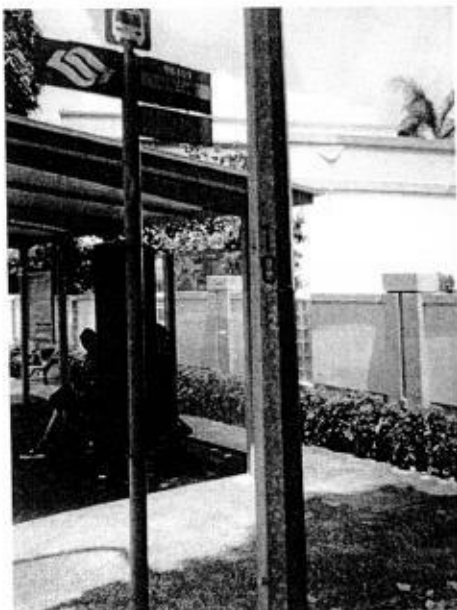
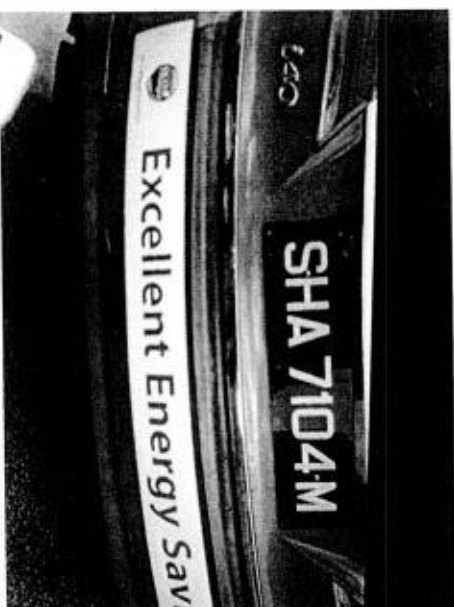
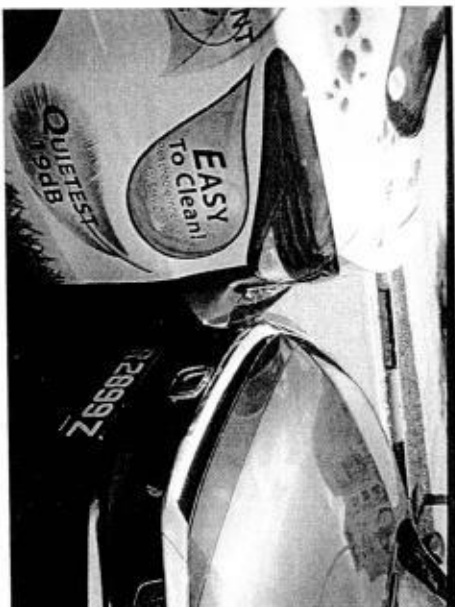
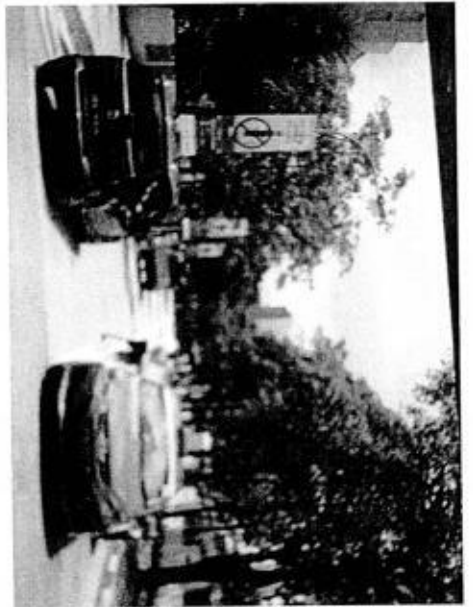
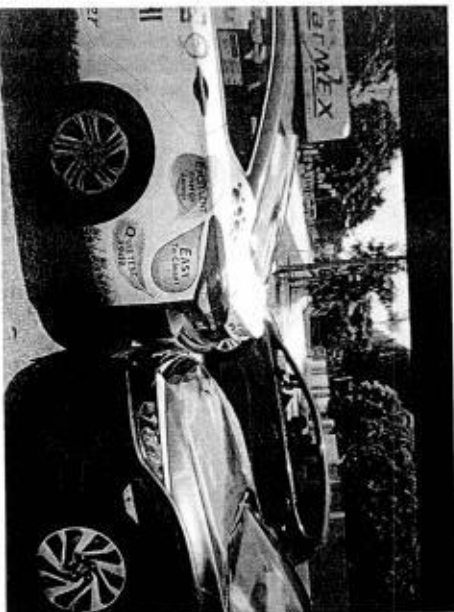
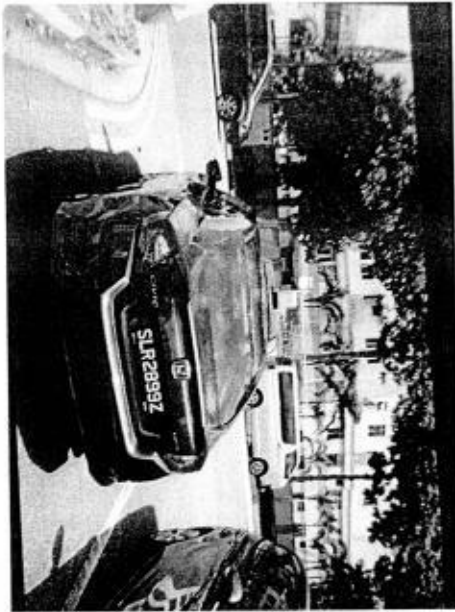
SIARMC Sketch Plan Form_V3

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

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

CSO 5/3/18





Team: ARC Repair TP(CLS0)1 JOB CARD Sales Order: 3808536 JC NO.: 305122221

STOMER	REGN NO. SHA7104M	MILEAGE
VMS COMFORT TRANSPORTATION PTE LTD	MAKE HYUNDAI	FUEL
STOMER NO. 7010045	MODEL I-40	E.....1/2.....F
DRESS 383 SIN MING DRIVE	YR OF MANU 17.04.2014	DATE TIME IN 05.03.2018 11:35
Singapore SINGAPORE 575717	CHASSIS CODE RMHLB41UMEU054061	TARGET DATE
65508755 (O)		COMPLETION DATE/TIME:
L (R)		
(P)		
SCOUNT CARD NO.		

Accident Date: 04.03.2018
NATURE: 3P 04.03.18/B
JOB DESCRIPTION T/MARINE

S/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY: _____
SERVICE ADVISOR CUSTOMER'S SIGNATURE

acknowledgement Slip	Exit Pass
Vehicle No.: SHA7104M FZ T-MARINE	Vehicle No.: SHA7104M
Signature/Date	Name of Service Advisor Date
Returned to Service Reception upon collection	To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg.No.199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

FZ
Fauzy

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

Singapore

Claimant Insurer: India International Insurance Pte Ltd

T-MARINE/LKK
Tyre - Met/1/4

PARTICULARS OF CLAIM

Claim Type: THIRD PARTY

Policy No:

Vehicle Reg. No.: SHA7104M

Party At Fault: UNKNOWN

Driver (TP): LIM TING LOONG

Ref. No:

Date of Loss: 04/03/2018

Driveable? NO

Make/Model: HYUNDAI I40, 1.7 D CRDI (A)

Vehicle Reg. Date: 17/04/2014

Vehicle Colour: BLUE

Gen Condition: FAIR

Engine No: D4FDEU417834

Chassis No: KMHLB41UMEU054061

Odometer: 300000 KM

Paint Type:

List Item Discount: 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

1,911.58

Miscellaneous Items

10.00

Labour

970.00

Paintwork Labour

0.00

Towing

0.00

Gross Total (S\$) 2,891.58

+ GST 7.00% (S\$) 202.41

Nett Amount (S\$) 3,093.99

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: 05 Mar 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/SHA7104M/05/03/2018 17:37

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		*REAR BUMPER <i>phl</i>	20.00	0.00	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT <i>km</i>	20.00	0.00	*504.35 FL
3	1		*REAR BUMPER REINFORCEMENT BRACKET LH <i>km</i>	20.00	0.00	*180.00 FL
4	1		*REAR BUMPER REINFORCEMENT BRACKET RH <i>km</i>	20.00	0.00	*180.00 FL
5	1		*REAR BUMPER SIDE BRACKET <i>km</i>	20.00	0.00	*49.00 FL
6	10		*REAR BUMPER CLIPS <i>km</i>	20.00	0.00	*22.00 FL
7	1		*REAR BUMPER SPONGE <i>km</i>	20.00	0.00	*143.40 FL
8	1		*REAR BUMPER UNDER COVER <i>cut</i>	20.00	0.00	*225.00 FL
9	1		*REAR BUMPER REVERSE SENSOR <i>slk</i>	0	0.00	*135.70 FS
10	1		*REAR BUMPER RUBBER MAT <i>km</i>	0	0.00	*50.00 FS
11	1		*REAR FENDER ADVERTISEMENT LOGO LH <i>+ 1</i>	0	0.00	*100.00 FS
12	1		*REAR FENDER ADVERTISEMENT LOGO RH <i>+ 1</i>	0	0.00	*100.00 FS

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

Sub Total (S\$)	2,293.05
- List Item Discount on L Items (S\$)	381.47
Total Parts (S\$)	1,911.58

ComfortDelGro Engineering Pte Ltd/SHA7104M/05/03/2018 17:37. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Fauzy

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	400.00 200
2	SPRAY PAINTING CHARGE	New	400.00 180
3	WIRING CHARGE	New	50.00 25
4	REMOVE REFIX REVERSE SENSOR	New	120.00 20
Gross Labour Cost (S\$)			970.00

ComfortDelGro Engineering Pte Ltd/SHA7104M/05/03/2018 17:37. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

K.L.K. 16/1/14

6/3/13 0950L

2 kg.

4/5

After Repair photo

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 is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:

Signature:

Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305122221
Date : 06.03.2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No : SHA7104M

Fax :

Date of Accident : 04.03.2018

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


1. The repair job shall bill to: TOKIO MARINE --- SLR2899Z
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)
Total for Lumpsum repair cost after Less: 20% \$1000.00
Final Lumpsum Repair cost \$1000.00


3. Estimated normal period for repairs: 2 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 : Kaly
Date : 7/3/18

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/TMI18004314/K1RBN2

Date: 09/03/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU007494
Claimant Vehicle No :	SHA7104M	Insured Vehicle No :	SLR2899Z
Date of Loss:	04/03/2018	Nature of Claim:	TP
		Claim No:	M1801209

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA7104M	Engine No:	D4FDEU410027
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMEU054061
Reg. Date:	17/04/2014 (Man. Year: 2014)	Odometer:	488678 km
Colour:	Blue		
Engine Capacity:	1685 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:	205/60R16	Rear Tyre Size:	205/60R16
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	1,911.58	866.18	1,045.40	54.69
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	970.00	400.00	570.00	58.76
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,891.58	1,276.18	1,615.40	55.87
Approved Total (Overridden) (S\$)		1,000.00		
(S\$)	2,891.58	1,000.00	1,891.58	65.42
+ GST 7.00/7.00% (S\$)	202.41	70.00	132.41	65.42
Nett Amount (S\$)	3,093.99	1,070.00	2,023.99	65.42

INSPECTION

Date of Assignment:	06/03/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	06/03/2018	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

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		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 09 Mar 2018)
Parts:	143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA7104M)	
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	*REAR BUMPER	Deformed	603.60 FL	*603.60 FL
2	1	*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	*- FL
3	1	*REAR BUMPER REINFORCEMENT BRACKET LH	Serviceable	180.00 FL	*- FL
4	1	*REAR BUMPER REINFORCEMENT BRACKET RH	Serviceable	180.00 FL	*- FL
5	1	*REAR BUMPER SIDE BRACKET	Serviceable	49.00 FL	*- FL
6	10	*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
7	1	*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
8	1	*REAR BUMPER UNDER COVER	Cut	225.00 FL	*225.00 FL
9	1	*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FS	*135.70 FS
10	1	*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
11	1	*REAR FENDER ADVERTISEMENT LOGO LH	Not Necessary	100.00 FS	*- FS
12	1	*REAR FENDER ADVERTISEMENT LOGO RH	Not Necessary	100.00 FS	*- FS

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

Sub Total (S\$)	2,293.05	1,036.30
- List Item Discount on L Items 20.00/20.00% (S\$)	381.47	170.12
Total Parts (S\$)	1,911.58	866.18

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	400.00	200.00
2	SPRAY PAINTING CHARGE	New	400.00	180.00
3	WIRING CHARGE	New	50.00	-
4	REMOVE REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (\$\$)			970.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >