

ASS. REC. BY:

REF: CS/MS/18001436/Ktb2 Special Instruction:

Surveyor

ASSIGNMENT (Office)

From (Person): Katherine Wong of msli Date/Time: 06032018 1023am

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: STU 7371D Insured: FR 8423Uat Workshop m/s Vin's Motor Tel: 6453 2121of 160 Sin Ming Drive #03-13Policy No: MSD/VMT/17-981343 Claim No: MSC/V/18-000342

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 03032018
(Client's Record)

CA / REV / REP. / REV 24 HRS 'wp'

07032018

H.O.D. Endorsement: _____

Date/Time: 06032018 11:29am Person Contacted: Vincent Vehicle: IN OUT

Date/Time	Action/Instruction (✓) Estimate
	STU 7371D - x
	FR 8423U - x
19/4	U/Ln 8265a (Red: 890.70!25%)



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/MSG18004336/Ktb

16 RAFFLES QUAY

#24-01 HONG LEONG BLDG SINGAPORE 048581

Date : 06-03-2018



Code : MSG

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FR 8423U	Veh. Inspected	SJU 7371D
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	MERIMEN (KATHERINE WONG)	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

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5. General Information

Accident Date	03/03/2018	Inspection Date	07/03/2018
Survey held at	VIN'S MOTOR PTE LTD 160 SIN MING DRIVE #03-03 SIN MING AUTO CITY SINGAPORE 575722		

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	05 Mar 2018 15:32 Sendback Est	05 Mar 2018 16:35 S\$3,540.75	06 Mar 2018 10:23 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured: Azriludin Bin Kamis, Co. Reg. No.: S6924747D									
Main Claimant: Vin's Leasing Pte Ltd, Co. Reg. No.: 201717413E									
Vehicle Reg. No.: SJU7371D									
Date of Loss: 03/03/2018 23:00 - :59									
Claim Type: TP									
Policy/Cover Note No.: Coverage: 01/01/2018 - 01/01/2019									
Vehicle Reg. No. (Insured): FR8423U									
Policy No. (Claimant):									
Excess:									
Repairer: Vin's Motor Pte Ltd (Sin Ming) 160 Sin Ming Drive, #03-03, Sin Ming AutoCity, 575722 Sin Ming - Tel: 64532121									
Handling Insurer: MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Katherine Wong Chew Shong - 6594 2544]									
Claimant's Insurer: NTUC Income Insurance Co-operative Ltd (HQ) - Tel:									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 07/03/2018]									
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.									

Denise Tay (LKKAUTO)

From: Admin @ VAuG <admin@vinsautogroup.com.sg>
Sent: Tuesday, 15 May 2018 11:34 AM
To: Denise Tay (LKKAUTO)
Subject: Re: SJU 7371D TP MSG

Good morning Denise,

The lump sum amount was written on the estimate.

We sent the repair invoice (L/S \$2650.00 before GST) and LOD on 19/04/2018.

Thanks!

Best Regards

Raymond Teo



Sin Ming AutoCity
160 Sin Ming Drive #03-03
Singapore 575722
Tel: 64532121 (4 lines)
Fax: 64599795
Website: www.vinsautogroup.com.sg
Email: admin@vinsautogroup.com.sg

Follow us on :



** w.e.f 15th May 2017, we have shifted location! **
** w.e.f 20th November 2017, we have changed our email address! **

On 15/05/2018 08:17, Denise Tay (LKKAUTO) wrote:

Dear Sir,

Would like to offer Lump sum \$2650, 7days.

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 15:51
Date Of Accident	03/03/2018 23:10
Exact Location Of Accident	LORNIE ROAD BEFORE RIGHT TURN TO THOMSON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJU7371D
Insured/Policyholder	
Name Of Registered Owner	VIN'S LEASING PTE LTD
Co Reg No	201717413E
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96812990

Vehicle Particulars

Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5094671123
Cover Note Number	

Driver

Name of Driver	DAWN FELICIA LEE KAR EE
NRIC No	S7249350H
Date Of Birth	09/11/1972
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1992
Driving Experience	26 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96812990
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 138C TOA PAYOH LORONG 1A #04-26
Postcode	313138
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	2
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER ATTACHED

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	FR8423U
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

NA

Approximate Age

Injuries Sustain

REFER POLICE REPORT.

Injured person in which vehicle?

FR8423U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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:

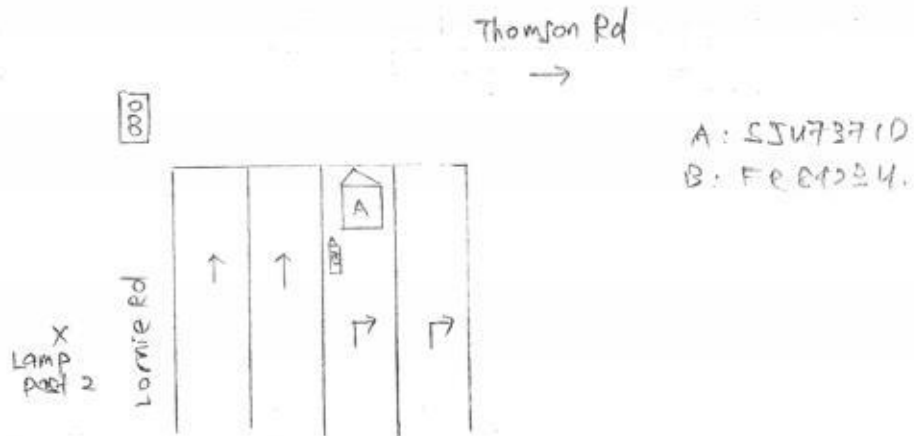
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

See police report.

DECLARATION

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

Johny
Policyholder's Signature
Date & Time:



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

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



**SINGAPORE
POLICE FORCE**



T/20180304/2039

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180304/2039

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2018 14:01		Vide Report No.: E/20180303/0192		Station Diary No.: 62	
Informant's Particulars					
Name of Informant: DAWN FELICIA LEE KAR EE			Address: APT BLK 138C LORONG 1A TOA PAYOH #04-26 SINGAPORE 313138		
ID Type / ID No.: NRIC NO / S7249350H			Contact No.: Home/Office: Mobile: 96812990		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 45	Date of Birth: 09/11/1972	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: PRIVATE DRIVER			Driving Licence Information: Class: 3 Date of Expiry:		

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 03/03/2018 23:10	Type of Location: T-Junction
Location: Along Road 1 Traveling Toward Road 2 LORNIE ROAD UPPER THOMSON ROAD Before making a right turn towards Thomson road Lamp Post Number: 2				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: Yes

Plate No.	Vehicle Type	Make	Model	Color	Damage	Count
FR8423U	Motorcycle	HONDA	NSR150SP	White	Seriously Damaged	0
SJU7371D	Car	TOYOTA	Corolla Altis	Silver	Slightly Damaged	0

Details of Person Involved

Any Pedestrian Involved: No

No. of Pedestrians Injured: NIL

Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20180304/2039

2 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180304/2039

CONTINUATION OF REPORT

Driver			
Name	DAWN FELICIA LEE KAR EE	ID No.	S7249350H
Related Vehicle	NIL	Contact No.	96812990
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On 3/3/2018 at about 2308hrs, I was driving my vehicle Silver Toyota Corolla Altis (SJU7371D) along second lane of Lornie Road and came to a stop at the junction before the traffic light as it was red light. I suddenly felt an impact on my left rear, the motorbike Red and White color Honda motorcycle (FR8423U) actually side swipe my vehicle and skid for a distance.

I quickly went down from my vehicle and make a check for his injury (injury was bad but he was still conscious) and I called for ambulance immediately and he was conveyed to the hospital. Traffic police managed to get a statement from the rider before he was conveyed to hospital, traffic police handed me a police case card and informed me to lodge a police report at any police post.

My vehicle was a rental vehicle from Vin's Leasing PTE LTD, my vehicle suffered light damage(dent and scratches on the whole of the left side of the car inclusive the front left side mirror) but still able to move off after the accident.

I wish to state that I do not have any in-car camera in my vehicle, I am lodging this report for insurance claim and investigation purpose.

Traffic police investigating officer as following

Name: Maria

Contact: 65476433



**SINGAPORE
POLICE FORCE**



T/20180304/2039

3 of 3

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

Report No. T/20180304/2039

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 2 CHI WEI SIANG, DESMOND

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

Sgt 2 MARIAH BINTE ZAKARIA

Contact No: 65476433

SN 168

Authentication Stamp

NP158

SIGNATURE

Signature Of Informant:

Date/Time:

04/03/2018 14:01

Classification Of Case:

VIN'S MOTOR PTE LTD

160 Sin Ming Drive, Sin Ming AutoCity, #03-03, Singapore 575722 Tel: 6453 2121 (4 Lines) Fax: 6459 9795

Our Ref: TP/012018/3529

Accident date: 03/03/2018

Your Ref: FR8423U

Tax Invoice:

Date:

05/03/2018

Motor Claim Department

MSIG INSURANCE (SINGAPORE) PTE LTD

No.4 Shenton Way

#21-01 SGX Centre 2

Singapore 068807

ESTIMATE COST OF REPAIRS TO TOYOTA ALTIS SJU7371D

- | | | |
|---|-----|--------------------------|
| 1 | pc | Rear windscreen moulding |
| 1 | pc | Rear windscreen gum |
| 2 | pcs | Rear LH fender |
| 2 | pcs | Rear LH lamp |
| 1 | pc | Rear LH fuel door |
| 1 | pc | Rear bumper |
| 1 | pc | Rear bumper LH retainer |
| 1 | pc | LH rocker garnish |
| 1 | pc | Front LH door mirror |

Add: 15%

me	\$	40.00	—
me	\$	50.00	40.00
me	\$	410.00	—
CM	\$	160.00	—
me	\$	50.00	—
Buclw	\$	210.00	—
	\$	25.00	X
me	\$	230.00	—
CM	\$	330.00	—
	\$	1,505.00	
	\$	225.75	
	\$	1,730.75	

- | | | | |
|--|----|----------|-----|
| To remove and refix rear glass | \$ | 120.00 | — |
| To remove and refix seat cushion and roof lining | \$ | 150.00 | 100 |
| To remove and refix petrol tank | \$ | 80.00 | 60 |
| To repair side damage | \$ | 680.00 | 600 |
| To spray painting | \$ | 780.00 | 750 |
| | \$ | 3,540.75 | |

VIN'S MOTOR PTE LTD



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

Acknowledged by Repairer

Signature:

Date:

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/MSG18004336/KTBN2

Date: 17/05/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMT/17-981343
Claimant Vehicle No :	SJU7371D	Insured Vehicle No :	FR8423U
Date of Loss:	03/03/2018	Nature of Claim:	TP
		Claim No:	MSC/V/18-000342

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SJU7371D	Engine No:	3ZZ4953107
Make & Model:	TOYOTA COROLLA ALTIS, 1.6 (A)	Chassis No:	MR053ZEE106161870
Reg. Date:	28/12/2009 (Man. Year: 2009)	Odometer:	240261 km
Colour:	Metallic Grey		
Engine Capacity:	1598 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Nexen 4 mm	Rear Left Side:	Nexen 2 mm
Front Right Side:	Nexen 4 mm	Rear Right Side:	Nexen 2 mm

The above values represent the remaining tyre treads depth.

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,730.75	1,684.50	46.25	2.67
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,810.00	1,630.00	180.00	9.94
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	3,540.75	3,314.50	226.25	6.39
Approved Total (Overridden) (\$\$)		2,650.00		
(\$\$)	3,540.75	2,650.00	890.75	25.16
+ GST 7.00/7.00% (\$\$)	247.85	185.50	62.35	25.16
Nett Amount (\$\$)	3,788.60	2,835.50	953.10	25.16

INSPECTION

Date of Assignment:	06/03/2018	Present Location:	Vin's Motor Pte Ltd (Sin Ming)
Date Inspected:	07/03/2018	Inspected At:	Vin's Motor Pte Ltd (Sin Ming) 160 Sin Ming Drive, #03-03, Sin Ming AutoCity Singapore 575722

Estimated Period of Repair: 7.0 days

Adjuster: KENNETH KONG

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: 17 May 2018)
Parts: 143	TOYOTA COROLLA ALTIS 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SJU7371D)
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 windscreen moulding (WCP)	Necessary	40.00 F	*40.00 F
2	1		*Rear windscreen gum	Necessary	50.00 F	*40.00 FS
3	1		*Rear LH fender (WCP)	Bent	410.00 F	*410.00 F
4	1		*Rear LH lamp (WCP)	Cracked	160.00 F	*160.00 F
5	1		*Rear LH fuel door (WCP)	Dented	50.00 F	*50.00 F
6	1		*Rear bumper (WCP)	Buckled/Dented	210.00 F	*210.00 F
7	1		*Rear bumper LH retainer (WCP)	Serviceable	25.00 F	*- F
8	1		*LH rocker garnish (WCP)	Dented/Cut	230.00 F	*230.00 F
9	1		*Front LH door mirror (WCP)	Cracked	330.00 F	*330.00 F
					Sub Total (S\$)	1,505.00 1,470.00
					+ Margin on L,N Items 15.00/15.00% (S\$)	225.75 214.50
					Total Parts (S\$)	1,730.75 1,684.50

F=Franchise part. S=SpcNett.

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	To remove and refix rear glass	New	120.00	120.00
2	To remove and refix seat cushion and roof lining	New	150.00	100.00
3	To remove and refix petrol tank	New	80.00	60.00
4	To repair side damage	New	680.00	600.00
5	To spray painting	New	780.00	750.00
Gross Labour Cost (S\$)			1,810.00	1,630.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >