

Surveyor:

Kalvin

DOI:

ASSIGNMENT

17/4/18

Date / Time:

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Name of Insured:

Insured Tel No.:

Excess Sec II :SS

Is driver the owner?

( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L YES / NO)

Claim No.:

Policy No.:

Make / Model:

Place of Accident:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability:

%

Final ? Yes / No



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

26/4

ASAM

STAGE

DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup):

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice:

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD:

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time: -

Sent By: -

FINALIZATION

Date/Time: 11.4.18

Confirm with: FAIRY

Confirm by: PAVON

Repair Cost: PIP SS920.48

( 2 )

days) Reduction:

25 %

Email ☒ Call ☐

FINAL SETTLEMENT

Date/Time: 27.7.18

Confirm with: WUHAN

Email ☒ Call ☐

Final Liability:

% 100

(Agreed / Assessed) BOLA S/N No.:

27

If NO or B 28, Ass. Lia:

Repair Cost:

WUHAN SS984.91

OLD REPAIR FINDED TP.

Loss of Rental (LOR):

SS 234.00

( 2 )

days) x 117

Loss of Use (LOU):

SS -

(\$

x

days)

Loss of Income (LOI):

SS 100.00

(\$ 50

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

(Tick only one)

GIA/LTA Search

SS -

Medical:

SS -

Disbursement:

SS -

(e.g. Tow/ Independent)

Legal Cost

SS -

Total:

SS 1,318.91

Global Sum SS:

FINAL PAYMENT

Date/Time: 27.7.18

Confirm with: WUHAN

Email ☐ Call ☐

Payee 1:

SS 1,318.91

Name 1:

COMFORTABLE ENGINEERING PTE LTD

Payee 2: (Str 2e if N.A.)

SS -

Name 2:

Payee 3: (Str 3e if N.A.)

SS -

Name 3:

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

TP

3) Survey fee:

9250

RECEIVED 03 AUG 2018

COPY SENT  
3/8/18



JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE 3054176

1. Date: 12/4/18 Time Received: 0830		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : Mr Sim Kim Khoo Contact No. : 93692253 Vehicle No. : SHC 1285C Make / Model / Colour : 140 Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
7. Location: 109 Bishan St 12		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		10. Odometer Reading : Fuel Level : F 1/4 1/2 3/4 E	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input checked="" type="checkbox"/> QA <input type="checkbox"/> GAO <input type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : Jagan Vehicle No. : 1M6680H Time Dispatch : 0830 Time of Arrival : 0900 Time Completed : 0930	
13. Cash Invoice No. :		Signature of Customer	

Cash Invoice Details (if applicable)

Customer Acknowledgement

a. I have been advised to remove all valuable items in my vehicle, including Global Positioning System (GPS), audio compact disk, thumbdrive, carpark coupons, cash cards, spectacles, pen, etc.

b. I understand that any items left behind are at my own risk and SPARK Car Care™ will not be held liable for such losses.

c. Surcharge: Towing fee will be levied if the customer decides neither to tow nor proceed with the repairs in SPARK Car Care™.

12/4/18 Date 0900 Time

Signature of Customer

14. WORKSHOP

Name of Attending Staff/Guard Date & Time of Arrival Signature of Attending Staff/Guard

CUSTOMER

$$\overline{F_2}$$

AXIA

DATE 12/4/2018 15:14

**MODEL : HYUNDAI i40**

pp

KaLi (Uck)  
13/4/8 101.6 hrs  
2 Proj's  
PIP  
Before Point p Lh

LLK 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 legal action(s) is allowed
- Supplemental survey must be resurveyed and is subject to removal from Insurance Company

Acknowledged by Repairer

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Our Job Ref No : 305141176  
Date : 16.04.2018

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN

Fax :


Vehicle Reg No. : SHC1285C Date of Accident : 11.04.2018


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

1. The repair job shall bill to: AXA --- SHC5960K
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \$ 500.48
  - (b) Labour Charges \$ 420.00
  - Total for Part-By-Part Repair Cost \$ 920.48
  - (c) Lumpsum Repair (if applicable)
  - Total for Lumpsum repair cost after Less: 20% \$0.00
  - Final Lumpsum Repair cost \$0.00

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 : Kalvin  
Date : 17/4/18

### 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	7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Member of COMFORTDELGRO

Date/Time: 12.04.2018 13:13 Page : 1

Job: ARC Repair TP(CLSO)1 JOB CARD Sales Order: 3817265 JC NO305141176

OWNER AS COMFORT TRANSPORTATION PTE LTD OWNER NO. 7010045 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65508755 (O) (P)	REGN NO: SHC1285C MAKE: HYUNDAI MODEL I-40 YR OF MANU. 08.12.2016 CHASSIS CODE KMHLB41UMHU097152	MILEAGE FUEL E.....1/2.....F DATE/TIME IN 12.04.2018 08:30 TARGET DATE COMPLETION DATE/TIME:
--	---	--

QUOT CARD NO.

JOB DESCRIPTION

Accident Date: 11.04.2018  
NATURE: 3P 11.04.18/B - AXA

AXA

/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Wedge ment Slip No.: SHC1285C FAUZY Signature/Date returned to Service Reception upon collection	Exit Pass Vehicle No.: SHC1285C Name of Service Advisor To be kept by Security Guard
---	---

$$\overline{F_2}$$

AXIA

DATE 12/4/2018 15:14

PP

**MODEL : HYUNDAI i40**

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper ✓			\$ 603.60
	Rear Bumper Clips ✓			\$ 22.00
	SUB TOTAL			\$ 625.60
	LESS 20%			\$ 125.12
	DISCOUNTED TOTAL			\$ 500.48
	<b>Labour Charge</b>			<b>200</b>
	Panel Beating			\$ <del>250.00</del>
	Spray Painting Charge			\$ <del>250.00</del>
	Wiring Charge			\$ <del>50.00</del>
	Towing Fees			\$ <del>60.00</del>
	R/Refix Reverse Sensor			\$ <del>120.00</del>
	TOTAL LABOUR			\$ 730.00
	ESTIMATE TOTAL			\$ 1,230.48
<p>Kahin (Uck)</p> <p>✓ 13/4/8 101-6hs</p> <p>2 Prps</p> <p>P/P</p> <p>Before Paint p LK</p> <div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> <li>To resurvey before commencing painting</li> <li>To display damaged parts &amp; survey</li> <li>Parts price as indicated</li> <li>Third party survey as per policy</li> <li>No delay in completion of work</li> <li>Supplies materials as per specification</li> <li>is subject to the approval of the insurance company.</li> </ul> <p>Acknowledged by Repairer Signature: Date:</p> </div>				
This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.				



COMFORTDELGRO ENGINEERING PTE LTD  
REPAIR ESTIMATE

Date: 16.04.2018  
Time: 18:23:48  
Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305141176  
REGN NO : SHC1285C  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 08.12.2016  
DATE/TIME IN : 12.04.2018 08:30  
ACCIDENT DATE : 11.04.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G I40VC COVER ASSY-RR BUMPE 1 603.60 20.00 ~~603.60~~ 481.60

0002 04-01-0101-0111-G HYUNDAI BUMPER COVER CLIP 10 L 22.00 ~~25.00~~ 20.00 16.50 17.60

SUB-TOTAL : 620.10

JOB NATURE

0000 L PANEL BEATING 200.00

0001 L SPRAY PAINTING CHARGE ~~20.00~~ 20.00

0002 L REMOVE/REFIX REVERSE SENSOR 20.00

SUB-TOTAL : 240.00

TOTAL : 860.10

MVA NAME & SIGNATURE  
DATE :

AUTHORISED : YES / NO  
SURVEYOR NAME & 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

To: AXA Insurance Pte Ltd  
8 Shenton Way #24-01  
AXA Tower  
Singapore 068811

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: Cynthia Loh

Date: 16 Apr 2018

## Preliminary Advice

Insured Vehicle No	: SHC5960K	Accident Date	: 11/04/2018
TP Vehicle No	: SHC1285C	Assignment Date	: 12/04/2018
Make	: HYUNDAI I40 1.7 CRDI F/L AT ABS AIRBAG 4DR	Est. Duration of Repair	: 2 days
Date of Inspection	: 13/04/2018		
Inspection At	: ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969		

### Point of Impact / General Description of Damages

The vehicle sustained impact / damages ...rear O/S.... portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,230.48
Revised Amount	:S\$	920.48
Check Items (Estimated)	:S\$	0.00
Total	:S\$	920.48

Lump Sum Repair :S\$

### **Total Loss Consideration**

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

### Remarks

- ( ) The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- ( ) The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- ( X ) Other comments : We have not authorized repairs.

Our Ref : T 0418/ SHC1285C /WT(st)

Your Ref :

Date : 27-Apr-18

CDGE Taxi Claims Dept  
59 Loyang Drive 4th Flr  
Singapore 508969

ComfortDelGro Engineering Pte Ltd  
205 Braddell Road Singapore 579701

Mainline +65 6383 6280  
Facsimile +65 6280 9755

www.cdge.com.sg

Company Registration No: 198506489W

Workshops

Braddell  
205 Braddell Road  
Singapore 579701

Loyang  
59 Loyang Drive  
Singapore 508969

Sin Ming  
383 Sin Ming Drive  
Singapore 575717

Pandan  
45 Pandan Road  
Singapore 609286

Ubi  
320 Ubi Road 3  
Singapore 408649

Senoko  
24 Senoko Loop  
Singapore 758156

Sungei Kadut  
7 Sungei Kadut Way  
Singapore 728791

Yishun  
Yishun Industrial Park A  
Singapore 768732

**AXA Insurance Pte Ltd**  
8 Shenton Way  
#24-01, AXA Tower  
Singapore 068811

Attn : Motor Claims Department

WITHOUT PREJUDICE

Dear Sir

**ACCIDENT INVOLVING OUR TAXI SHC1285C YOUR INSURED SHC5960K  
AND OTHER ON 11.04.18**

We are the authorised repair workshop for Comfort Transportation Pte Ltd, the owner of motor vehicle No : **SHC1285C** which was involved in the captioned accident with your insured vehicle. The vehicle owner and the taxi driver concerned have requested and authorized us to assist them in presenting their claims against the party responsible for all applicable matters arising from the damage to the vehicle.

As the accident was caused by the negligent act of your insured driving **SHC5960K** we are submitting these claim for your consideration on behalf of the claimants.

#### TAXI OWNER'S CLAIM

1	Cost of Repair	\$	984.91
2	2 days Loss of Rental @ \$ 117.00 per day	\$	234.00
3	Survey Report Fees (Surveyed by M/s LKK)	\$	-
4	GIA / LTA Search Fee	\$	-
5	GIA / Police Report Fees	\$	-
6	Towing / Medical / Transportation Fees	\$	-
Sub Total :		\$	1,218.91

#### HIRER'S CLAIM

7	2 days Loss of Income @ \$ 80.00 per days	\$	160.00
Total Claims:		\$	1,378.91

We enclose herewith the following documents to support the claims: -

- Original repair bill and photocopies of photographs 7 pcs
- LTA search slip/s of : SHC5960K
- GIA / Police report/s of : SHC1285C
- Letter of authority from owner / hirer / operator
  - ( X ) Photocopies of Accident Scene Photo/s ( ) Traffic Compound ( ) PIR
  - ( ) Witness statement/s ( x ) Rental Rate letter ( x ) Downtime/Mileage record

Kindly look into the matter and let us hear from you on the settlement of the said claims as soon as possible.

Please note that it is a condition of any settlement reached that it shall be without prejudice to any personal injury claim (if any) of the taxi driver.

Yours faithfully

William Tan

Deputy Manager

CDGE Claims Department

Tel: 6214 8737 Fax : 6214 1843 Email : williamtan@cdge.com.sg

This is a computer generated letter. No signature is required.

A member of

COMFORTDELGRO



## Asher Sng (LKKAuto)

---

**From:** Asher Sng (LKKAuto)  
**Sent:** Thursday, 5 July 2018 2:53 PM  
**To:** 'claims@transcab.com.sg'  
**Cc:** 'carrisalee@ava-ins.com'; 'icewong@ava-ins.com'; 'ireneng@ava-ins.com'; 'foonghon@ava-ins.com'  
**Subject:** ACCIDENT INVOLVING SHC 5960K & SHC 1285C ALONG/AT CROSS JUNCTION OF SHENTON WAY AND MAXWELL ROAD ON 11/04/2018

05 JULY 2018

Transcab Taxi  
Singapore

Dear Sir,

**OUR REF : CC4/AXA18006970/K1ea3**  
**YOUR REF : P1680520 (SHC 5960K)**  
**ACCIDENT INVOLVING SHC 5960K & SHC 1285C ALONG/AT CROSS JUNCTION OF SHENTON WAY AND MAXWELL ROAD ON 11/04/2018**

We refer to the above subject matter. We write to inform you that we are the loss adjuster appointed by your motor insurer, AXA Insurance Pte Ltd to deal with the third party claim against your policy.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Please be informed that your No Claim Discount (NCD) may be affected as a result of the claim against your policy. We also wish to advise that there is an excess of **S\$5000.00** attached with Third Party Claims.

As Insurers, AXA shall proceed to deal with the claim(s) subject to the merits of the case and according to the rights afforded under the policy. Should you not be seeking the protection of your policy and seek to take conduct of third party claim(s) arising from this incident, at your own cost and defence, please reply to us within 7 days from the date of this letter. Your intent must be formally expressed to AXA and acknowledged by AXA.

Your full co-operation in the handling of the claim is required and kindly submit the following to [cst@axa.com.sg](mailto:cst@axa.com.sg) **if not provided at our reporting centre**. The list below is not all inclusive and further document may be required:

- Police report, Police Investigation result, appeal against the Traffic Police offence and status (if any)
- Driver's driving license or foreign driving license (if any)
- Coloured photographs of accident scene (if any)
- Coloured photographs of damage to all vehicles involved (If any)
- Video footage of accident (if any)
- Statement and/or police report from independent witness(es) (if any)
- If you or your passenger(s) are filing a claim against any of the involved Third Party(s), you are to keep us informed of your legal representative(s) and the status of the claim.

To protect your interest(s) in the handling of this claim, please do not discuss liability with any of the Third Party(s) and/or their legal representatives, or make any compromise or settlement without AXA's prior knowledge and consent. If you receive any correspondence or legal document such as a Writ of Summons

in connection with this accident, please forward it to us immediately. You may email it to [cst@axa.com.sg](mailto:cst@axa.com.sg) or deliver it by hand to our Customer Care Centre.

This letter should **not** be regarded as a waiver by AXA of their rights to repudiate any claim because of any breach of policy terms and conditions you and/or your authorised driver may have committed.

In the event of receiving and handling of any third party injury claim(s), we shall keep you informed of the final indemnity upon conclusion of the matter(s).

If you need any clarification, please do not hesitate to contact our Claims Service Team at 1800-880 4888 at our operating hours 9:00am to 5:30pm or [cst@axa.com.sg](mailto:cst@axa.com.sg). Please quote our claim reference when you contact us that we can assist you more effectively.

Yours sincerely,

Best Regards,

**Asher Sng** | Case Handler

**LKK Auto Consultants**

phone: 6841-6051 | email: [ashersng@lkkauto.com](mailto:ashersng@lkkauto.com) |

fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-  
25 | S(408933)

This is a computer generated letter and no signature is required.

cc Motor Claims Department  
AXA Insurance Pte Ltd

**LETTER OF AUTHORISATION**

(NAF / PAF)

**ACCIDENT INVOLVING  
ALONG****I 40 SHC1285C , SHC5960K  
MAXWELL RD X JUNCTION SHENTON WAY.****ON 11-Apr-18 19:30**

I / We

**SIM KIM KHOON**(Hirer) NRIC No.: **S0278362B**

and/or

(Relief) NRIC No.:

Taxi Number:

**SHC1285C**

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

1. To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
2. To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
3. To sign Discharge Voucher on my/our behalf.
4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of **"ComfortDelGro Engineering Pte Ltd"**.

Date

**12-Apr-2018**

Name of Hirer

**SIM KIM KHOON**

Hirer NRIC

**S0278362B**

Signature :



Address

**109 BISHAN STREET 12 #08-166  
570109**

Contact No.

**93692253**



redefining / insurance

CLAIM REF : C0473003  
INSURED : TRANS-CAB SERVICES PTE LTD

**DISCHARGE VOUCHER**

We, COMFORTDELGRO ENGINEERING PTE LTD confirm that by letter of authorisation dated 12/04/2018, we are authorised to and do hereby give this discharge for ourselves and on behalf of COMFORT TRANSPORTATION PTE LTD and the Hirer, SIM KIM KHOON of vehicle no. SHC 1285C.

Now we COMFORTDELGRO ENGINEERING PTE LTD for ourselves and the said Hirer and the driver jointly and severally:-

- agree to accept the sum of Singapore Dollars ONE THOUSAND THREE HUNDRED EIGHTEEN AND CENTS NINETY ONE ONLY. (S\$1,318.91) in the aggregate in full and final settlement of all claims of whatever kind including damages for personal injuries and/or damage to property that all and any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. SHC 5960K arising out of an accident with SHC 1285C on 11/04/2018.
- declare that **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of the Insured vehicle shall not be liable for any further claim(s) whatsoever or howsoever present or future that any of us may have against **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. SHC 5960K arising directly/indirectly as a consequence of the accident and hereby give our full and final discharge.
- We hereby declare that I/we am/are the person(s) entitled to receive the above settlement and hereby undertake to indemnify **AXA INSURANCE PTE LTD** against any claim made or to be made in respect of this settlement.

It is understood and agreed that payment herein is made in favour of COMFORTDELGRO ENGINEERING PTE LTD is made without any admission of liability whatsoever on the part of **AXA INSURANCE PTE LTD** and/or their Insured and/or the driver of vehicle no. SHC 5960K.

Dated this 27 day of July 2018

Signed by [Signature]  
(AUTHORISED SIGNATORY)

Company Stamp COMFORTDELGRO ENGINEERING PTE LTD  
59 LOYANG DRIVE  
SINGAPORE 638889

Witness : \_\_\_\_\_  
Name : CLAIM DEPARTMENT  
I/C No : COMFORTDELGRO ENGINEERING PTE LTD  
Address : 59 LOYANG DRIVE  
SINGAPORE 638889

Please forward your cheque made payable to:  
**COMFORTDELGRO ENGINEERING PTE LTD**

AXA Insurance Pte Ltd (Company Reg. No. 199903512M)  
8 Shenton Way, #24-01 AXA Tower, Singapore 068811  
Customer Centre #B1-01  
Tel: +65 6880 4888 Fax: +65 6338 2522 Website: www.axa.com.sg

"The contents of this document apply to vehicle damages only  
All personal injuries and damages arising therefrom are excluded  
from the ambit and application of this document"

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Repeat printout. Page: 1

8010010

AXA INSURANCE PTE LTD

#24-01 S SHENTON WAY AXA TOWER  
SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO  
SHC1285C

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
08.12.2016

CHASSIS CODE  
KMHTB41UMH097152

INV. NO/DATE  
91368089 17.04.2018

JOB NO.  
305141176

ODOMETER READING

DATE/TIME IN  
12.04.2018 08:30

Description : 3P 11.04.18

S/No	Part No.		Qty	Unit Price	%Disc	Net
PART REQUISITION						
0001	04-01-0103-0579	140VC COVER ASSY-RR BUMPR	1	603.60	20.00	482.88
0002	04-01-0101-0111	HYUNDAI BUMPER COVER CLIP	10	2.20	20.00	17.60
SUB-TOTAL			:			500.48

### JOB NATURE

0001	I.	PANEL HEATING	200.00	200.00
0002	I.	SPRAY PAINTING CHARGE	200.00	200.00
0003	I.	REMOVE/REFIX REVERSE SENSOR	20.00	20.00
			SUB-TOTAL :	420.00

WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.  
CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY OR NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS, OTHERWISE, THE VEHICLES WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.  
INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (I.E. AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.  
PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS OR DISCREPANCIES WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd  
A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 579701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91368089	984.91	



# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

GST REG. NO. M2-8921817-3

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 379701  
Mainline + 65 6363 6280 Facsimile + 65 6290 9753

### Workshops

59 Loyang Drive Singapore 508969 24 Serangoon Loop Singapore 758156  
383 Sin Ming Drive Singapore 575717 7 Sungei Kadut Way Singapore 728791  
45 Pandan Road Singapore 608298 501 Yishan Industrial Park A Singapore 768777  
320 Ubi Road 3 Singapore 408840

## TAX INVOICE

COMPANY REG. NO.: 199506048W  
Page: 2

8010010

AXA INSURANCE PTE LTD

#24-01 8 SHENTON WAY AXA TOWER  
SINGAPORE SG 068811

CONTACT NO: 63387288

VEHICLE NO  
SHCT285C

MAKE  
HYUNDAI

MODEL  
I-40

DATE OF REG  
08.12.2016

CHASSIS CODE  
KMHLB41UMHU097152

INV. NO/DATE  
91368089 17.04.2018

JOB NO.  
305141176

ODOMETER READING

DATE/TIME IN  
12.04.2018 08:30

Items total		920.48
Add GST @	7.000 %	64.43
Invoice amount		984.91

Issued by : KATHERINETAN 17.04.2018 15:14:38  
Repair type : CSO/57/57  
Payment Type/Term: /Credit 30 days

1) WHILST TAKING ALL REASONABLE PRECAUTIONS AGAINST FIRE, THEFT OR ACCIDENTAL DAMAGE, THE COMPANY ACCEPTS NO RESPONSIBILITY FOR CARS OR OTHER PROPERTIES BELONGING TO CUSTOMERS AND VEHICLES ARE DRIVEN AND TESTED AT OWNERS' RISK.  
2) CUSTOMERS SHALL INSPECT THEIR VEHICLES IMMEDIATELY UPON DELIVERY AND SHALL WITHIN 7 DAYS FROM SUCH DELIVERY GIVE NOTICE IN WRITING TO THE COMPANY OF ANY COMPLAINTS. OTHERWISE THE VEHICLE WILL BE DEEMED TO HAVE BEEN ACCEPTED IN GOOD ORDER.  
3) INTEREST OF 1% PER MONTH WILL BE CHARGED ON A DAY TO DAY BASIS IN RESPECT OF ANY AMOUNT DUE AND OWING TO THE COMPANY BY THE CUSTOMER AND NOT PAID ON THE DUE DATE OF PAYMENT (IE AFTER 30 DAYS FROM THE INVOICE) FOR THE PERIOD OF DEFAULT.  
4) PLEASE EXAMINE THIS INVOICE IMMEDIATELY UPON RECEIPT AND ADVISE THE COMPANY OF ANY ERRORS (BY DISCREPANCY) WITHIN 14 DAYS OF RECEIPT. IF THE COMPANY DOES NOT HEAR FROM THE CUSTOMER, THE COMPANY WILL TREAT THIS INVOICE AS CORRECT AND BINDING.

ComfortDelGro Engineering Pte Ltd  
A member of COMFORTDELGRO

Head Office:  
205 Braddell Road  
Singapore 379701

Kindly note that no receipt shall be issued unless requested.

CUSTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ No.
8010010	91368089	984.91	

Our Ref: CT18040298

Date: 17 April 2018



**TO WHOM IT MAY CONCERN**

Dear Sir/Madam

ACCIDENT ON                      11/04/2018    @   19:30 hrs  
ALONG                                MAXWELL RD X JUNCTION SHENTON WAY.  
INVOLVING                        SHC5960K

We refer to the above-mentioned accident and wish to inform that **Comfort Transportation Pte Ltd** is the registered owner of the taxi bearing vehicle registration number **SHC1285C** (the "Taxi"). The Taxi was hired to **SIM KIM KHOON IC NO S0278362B** a registered hirer-operator of **Comfort Transportation Pte Ltd** at the time of occurrence of the aforementioned accident at a rental rate **\$117.00** per day (inclusive of GST).

Please be advised that the Taxi was insured with **India International Insurance Pte Ltd** on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay  
Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.

SHC 1285C

[illegible]

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

Direct Settlement






























## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	12 Apr 2018		12 Apr 2018 16:44 <a href="#">Edit Adj Rpt</a>	<b>\$920.48</b> <a href="#">Edit Estimates</a>	<b>\$920.48</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</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>									
Insured:	TRANS-CAB SERVICES PTE LTD, Co. Reg. No.: 200303878K								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHC1285C	Date of Loss:	11/04/2018 00:00 - :59 [16 Months and 3 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / C0473003	Policy/Cover Note No.:	P1680520 (Comprehensive)						
Vehicle Reg. No. (Insured):	SHC5960K	Policy No. (Claimant):	MCOM0015						
		Excess:	S\$5,000.00						
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	AXA Insurance Pte Ltd (HQ) - Tel: 6338 7288 ... [Handled by Stacey Ng - 6880 4351]								
Claimant's Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN ] ... [Final Rpt due 23/04/2018]								
<b>ASSOCIATED MAIL RECEIVED</b> <span style="float: right;"><a href="#">View All</a> <a href="#">Compose Case Mail</a></span>									
<ul style="list-style-type: none"> <li>AXA_SG (12/04/2018): C0473003/P1680520</li> <li>AXA_SG (12/04/2018): WP / New TP Assignment - C0473003/P1680520</li> </ul>									
<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.									

## Claim Documents

**\*SHC1285C (C0473003)**  
**[SHC5960K]**  
**TP**  
**COMFORT TRANSPORTATION PTE LTD**  
**Apr 11 2018 12:00AM**  
**[TRANS-CAB SERVICES PTE LTD]**  
**ComfortDelGro Engineering Pte Ltd**

<a href="#">Upload Documents</a>   <a href="#">Upload Photos</a>   <a href="#">Compose New Letter</a>   <a href="#">Upload Video</a>   <a href="#">Upload Audio</a>			<b>View</b> <a href="#">View in Browser</a>	
<b>Letters/Correspondences</b>			1 per page <input type="checkbox"/> <input checked="" type="checkbox"/>	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	(Draft)	Third Party Express Settlement – Payment Breakdown	 Edit	
<b>Assessment Reports</b>			1 per page <input type="checkbox"/> <input checked="" type="checkbox"/>	
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	16/04/18 16:01	Adjuster Immediate Advice	 Load HTM	
<b>Photos/Images</b>			3 per page <input type="checkbox"/> <input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	17/04/18 07:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
2	17/04/18 07:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
3	17/04/18 07:49	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
4	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
5	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
6	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
7	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
8	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
9	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
10	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
11	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
12	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
13	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
14	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
15	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
16	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
17	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
18	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
19	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
20	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
21	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
22	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
23	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
24	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
25	17/04/18 07:51	General View	 Load JPG	<input checked="" type="checkbox"/>
<b>Documentation</b>			1 per page <input type="checkbox"/> <input checked="" type="checkbox"/>	
No	Finalized On	AXA Insurance Pte Ltd (HQ)	Thumbnail	Print
1	12/04/18 14:16	ESTIMATE & GIA TP_ABS	 Load PDF	
2	12/04/18 14:16	EMAIL_ABS	 Load PDF	
3	12/04/18 14:20	LIST OF SURVEY_ABS	 Load PDF	

Letters/Correspondences			1 per page	<input checked="" type="checkbox"/>
No	Finalized On	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
4	12/04/18 16:33	FROM TP - SJE	1	Load TIF
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail Print
1	18/04/18 00:10	TP ESTIMATE + TOWING	1	Load PDF
2	25/06/18 14:41	OI GIA REPORT	2	Load PDF
3	05/07/18 14:54	LETTER TO OI	1	Load PDF
4	07/08/18 08:17	WORKSHOP INVOICE	1	Load PDF
5	07/08/18 08:17	AUTHORISATION TO ACT FORM	1	Load PDF
6	07/08/18 08:17	DISCHARGE VOUCHER	1	Load PDF
7	07/08/18 08:17	RENTAL RECEIPT	1	Load PDF
8	07/08/18 08:17	LOD	1	Load PDF

## Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b> <div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div>			
<b>Show Remarks To:</b> <input type="checkbox"/> Handling Insurer : <small>Note: Remarks are private unless you show it to other parties.</small>			

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM \_\_\_\_\_

**THIRD PARTY EXPRESS SETTLEMENT  
(PAYMENT BREAKDOWN)**

Vehicle No:	SHC5960K (Insd veh)	Model:	HYUNDAI I40 1.7 D CRDI F/L
	SHC1285C (TP veh)		ABS AIRBAG 4DR (A)
Date of Accident:	11/04/2018		

Global Sum Settlement	:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Repair Estimate	:	\$	1,316.61
Final Repair Cost	:	\$	984.91
Loss of Token Sum	:	\$	100.00
Rental (if any)	:	\$	234.00
LTA / GIA Search Fee	:	\$	0.00
Others:	:	\$	0.00
	:	\$	
Final Settlement Sum	:	\$	1,318.91

2.00 days at \$50.00 per day  
2 days

Is Third Party Workshop GIA Registered? ☒ YES ☐ NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability \_\_\_\_\_ (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ ~~No~~ BOLA Scenario No: 27

BOLA Liability: 100 (%) Assessed Liability (\*): \_\_\_\_\_ (%)

\* Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.

Remarks \_\_\_\_\_

Payment Instruction: Payee's Breakdown			
1)	ComfortDelGro Engineering Pte Ltd	:	\$ 1,318.91
2)		:	\$
3)		:	\$

JOANNE LEE KHANG MIN

03 Aug  
2018

LKK Auto Consultants Pte Ltd

Date

Please attach all the supporting documents to the form.

(Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/ Bill (if any))



## 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: CC4/AXA18006970/K1EA3Q2

Date: 07/08/2018

## REFERENCE

Handling Insurer: AXA Insurance Pte Ltd

Policy No:

P1680520

Claimant Vehicle No : SHC1285C

Insured Vehicle No :

SHC5960K

Date of Loss: 11/04/2018

Nature of Claim:

TP

Claim No: C0473003

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SHC1285C

Make &amp; Model: HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)

Engine No: D4FDGU694113

Reg. Date: 08/12/2016 (Man. Year: 2016)

Chassis No: KMHLB41UMHU097152

Colour: Blue

Odometer: 124021 km

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: Steering (Serviceable):

Yes

Footbrake (Serviceable):

Yes

Handbrake (Serviceable): Yes Engine Modification:

No

Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size: 205/60 R16

Rear Tyre Size:

205/60 R16

Front Left Side: Hankook 7 mm

Rear Left Side:

Hankook 7 mm

Front Right Side: Hankook 7 mm

Rear Right Side:

Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	500.48	500.48	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	730.00	420.00	310.00	42.47
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>1,230.48</b>	<b>920.48</b>	<b>310.00</b>	<b>25.19</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>86.13</b>	<b>64.43</b>	<b>21.70</b>	<b>25.19</b>
<b>Nett Amount (S\$)</b>	<b>1,316.61</b>	<b>984.91</b>	<b>331.70</b>	<b>25.19</b>
<b>+ Loss of Use (2.0 x S\$50.00/day) (S\$)</b>		100.00		
<b>+ Car Rental (2.0 x S\$117.00/day) (S\$)</b>		234.00		
<b>Nett Liability (S\$)</b>		<b>1,318.91</b>		

## INSPECTION

Date of Assignment: 12/04/2018

Date Inspected: 13/04/2018 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:** Asher Sng Rong Yi

*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: 06 Aug 2018)
<b>Parts:</b>	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHC1285C)	
<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		*REAR BUMPER (CONSISTENT)	Deformed	603.60 FL	*603.60 FL
2	1		*REAR BUMPER CLIPS (CONSISTENT)	Necessary	22.00 FL	*22.00 FL
					<b>Sub Total (S\$)</b>	<b>625.60</b>
					<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>125.12</b>
					<b>Total Parts (S\$)</b>	<b>500.48</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
<u>Labour Items</u>				
1	PANEL BEATING	New	250.00	200.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
3	WIRING CHARGE	New	50.00	0.00
4	TOWING CHARGE	New	60.00	0.00
5	R/REFIX REVERSE SENSOR	New	120.00	20.00
Gross Labour Cost (\$\$)			<b>730.00</b>	<b>420.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >