Surveyor =	Bryen	_A	SSIGI		(Office)	55/7011036ag 5000	30042018	3.Ram
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Estimated Cost				B	ill to:			
To Inspect Veh	TP RES / OD I	ALEXANDER OF THE PROPERTY OF T	MIVM			Insured: SJ	L 90339.	
at Workshop in			amwa			Tel:		
of		53	Ubi	Avel	#01-24			
Policy No:					Claim No: _	SNM1800217	8003	
Sum Insured:					Excess:		26042018	
Make of Veh: (Client's Record						D.O.A.		
	REP. / REV 2 3/1042016 33		on Coat	seted:	Damen	Vehicle IN	ndorsement:	
Date/Time	Action/Instruct			mate	/a\_	DAA:	260418	
	975 H700m		INCT 0	U[[83]				
					H1114			

TOTAL

### Catherine Chong (LKK Auto)

From:

Angie Foo <angie.foo@sg.cntaiping.com>

Sent:

Monday, 30 April, 2018 3:19 PM TEAMWORK GARAGE CLAIMS

To:

'SUR'; assignments@lkkauto.com; Admin A

Cc: Subject: RE: OUR REF: SNM18D02178C02/0 & YR REF: SLF4700M -TO CONDUCT PRE

REPAIR SURVEY SLF4700M

Without Prejudice

Dear Darren,

We refer to your email on even date.

We have appointed M/S LKK Auto Consultants Pte Ltd to survey your client's vehicle.

Please ensure that your client's vehicle is available for survey within 2 working days.

#### REMARKS:

Dear Marcus/Simon/Kalvin,

Please arrange to conduct survey, checking consistency of the damages on without prejudice.

Kindly take note, the claim handler on this case is Jowyn Tay 6389 6174.

Best Regards,

#### Angie Foo

Claims Executive

Claims Department - Motor Division

#### China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Direct (65) 6389 6186

Fax (65) 6224 7175 / 6224 7478 Email: angie.foo@sg.cntaiping.com Email: claimsdept@sg.cntaiping.com Website: www.sg.cntaiping.com



#### Disclaimer:

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From: TEAMWORK GARAGE CLAIMS [mailto:claims@teamworkgarage.com]

Sent: Monday, 30 April, 2018 2:56 PM

To: Angie Foo

Cc: Claims Dept of CTI; claims@teamworkgarage.com

Subject: RE: OUR REF: SNM18D02178C02/0 & YR REF: SLF4700M -TO CONDUCT PRE REPAIR SURVEY SLF4700M

Importance: High

Dear Sir,

We have agreed and selected the surveyor / surveyor company proposed by you to conduct the pre-repair inspection as a single joint expert whereby the cost of the pre-repair survey carried out by single joint expert will be bear by you.

We have selected:

#### LKK AUTO CONSULTANCY PTE LTD

as the motor surveyor / surveyor company named in your attached list.

Kindly forward your assignment to them asap so that we can arrange for the survey with them.

\*Do get the surveyor / surveyor office to check with us on the availability of the car at the workshop before sending their surveyor down for PRI survey. We'll not be held responsible for wasted trips made to the workshop.

Darren Ng Teamwork Garage Pte Ltd 53 Ubi Avenue 1 #01-24 Paya Ubi Industrial Park Singapore 408934 Tel: 68442475

From: Angie Foo [mailto:angie.foo@sg.cntaiping.com]

Sent: Monday, April 30, 2018 2:15 PM

To: CLAIMS TEAMWORK < claims@teamworkgarage.com > Cc: Claims Dept of CTI < claimsdept@sg.cntaiping.com >

Subject: OUR REF: SNM18D02178C02/0 & YR REF: SLF4700M -TO CONDUCT PRE REPAIR SURVEY SLF4700M

#### WITHOUT PREJUDICE

Dear Sue,

Fax: 68442474

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop.

We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

TAY BENG HEE
SAMUEL PHUN
SEE CHEW SENG
MOHD FADHILAH BIN OSMAN

DEREK OH SIONG WEE KALVIN ANG MARCUS CHUA SIMON HO LOW SAR HUEI HONG FOOK CHOY

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

Kindly let us hear from you.

Kindly take note, the claim handler on this case is Jowyn Tay 6389 6174.

Thank You.

Best Regards,

Angle Foo

Claims Executive Claims Department - Motor Division

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Direct (65) 6389 6186

Fax (65) 6224 7175 / 6224 7478 Email: angie.foo@sg.cntaiping.com Email: claimsdept@sg.cntaiping.com Website: www.sg.cntaiping.com



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From: CLAIMS TEAMWORK [mailto:claims@teamworkgarage.com]

Sent: Monday, 30 April, 2018 10:03 AM

To: Angie Foo; Claims Dept of CTI; Smyth Woo; Hwang Shiang Yi

Cc: TEAMWORK - CLAIMS

Subject: PRE-REPAIR INSPECTION FOR SLF4700M

Importance: High

WITHOUT PREJUDICE

3

OUR REF: 1804-47 YOUR REF: SJL9033P

Dear Sir/Madam,

#### PRE-REPAIR INSPECTION FOR SLF4700M ACCIDENT INVOLVING SLF4700M & SJL9033P ON 26.04.2018

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

Please let us have your list of surveyors for us to select as stated in the Practice Direction – Amendment No. 1 of 2016; Pre-action Protocol within 2 working days as of the date of our notice to you.

Please take note: We will not entertain any of your surveyor calling us for the above inspection, without you giving us your list of surveyors for us to select by the Practice Direction of Pre-repair Inspection.

Thank you.

Sue Teamwork Garage Pte Ltd 53 Ubi Ave 1 #01-23/24 Paya Ubi Industrial Park Singapore 408934

Tel: 6844 2475 Fax: 6844 2474

This email has been scanned by the Symantec Email Security.cloud service. For more information please visit <a href="http://www.symanteccloud.com">http://www.symanteccloud.com</a>

This email has been scanned by the Symantec Email Security.cloud service. For more information please visit <a href="http://www.symanteccloud.com">http://www.symanteccloud.com</a>

#### 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 witholding 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	27/04/2018 16:33
Date Of Accident	26/04/2018 17:20
Exact Location Of Accident	ALONG CLEMENTI RD BEFORE JUNC ULU PANDAN RD
Country/State of Loss	SINGAPORE
De la companya de la	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLF4700M
Insured/Policyholder	
Name Of Registered Owner	MYMY
Co Reg No	53365076C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-89999999
Vehicle Particulars	
Manufacturer ·	NISSAN
Model	QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5092220324
Cover Note Number	
Driver	
Name of Driver	TAN DE LUN (CHEN DELUN)
COLUMN CO	20042000

 Name of Driver
 TAN DE LUN (CHEN DELUN)

 NRIC No
 \$8315800Z

 Date Of Birth
 25/05/1983

Occupation OUTDOOR
Date Of Driving Pass 03/12/2010

Driving Experience 7 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-94891630

Fax Number

Contact Number OFFICE-94891630

EMail Address NOEMAIL

Address

BLK 4 TOH YI DRIVE

#07-213

Postcode

590004

Was driver an employee of the Insured's Company YES

If No. Relationship of the Driver with the Insured

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

2 YES

Was any body injured in the Accident?

Was any injured conveyed to hospital by ambulance?

NO

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

: TRAN PHNONG HONG MY

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

REFER TO STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

Was there any audio recorded?

SJL9033P

Vehicle Make/Model/Colour

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

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

TAN DE LUN (CHEN DELUN)

Approximate Age

Injuries Sustain

**NECK & SHOULDER** 

Injured person in which vehicle?

SLF4700M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

ambulance?

NO

Address

Postcode

#### **DETAILS OF INJURED PERSON 2**

Name

TRAN PHNONG HONG MY

Approximate Age

Injuries Sustain

**NECK & SHOULDER** 

Injured person in which vehicle?

SLF4700M

Were seat belts worn?

YES

Was this injured conveyed to hospital by

NO

ambulance?

Address Postcode

#### Accident Sketch Plan

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- information provided must be as truthful and accurate as possible. Any wilful micropresentation or withholding of material facts may allow insurance companies to regudiate golicy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for layestimation.
- 5. 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 aforesald.
- 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)
  - (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;
  - (lv) 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.

Co Reg No: 53365076C

Policyholder's Signature

Date & Time

Driver's Signature

(If driver is not the policyholder)

Date & Time:

nel's Signature Reporting Centre Persp

Name:

NRIC/FIN No.:

#### Accident Sketch Plan

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# camWork aragree

#### TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

pairer of the folloTelg: 6844 2475

E-mail: claims@teamworkgarage.com o resu**pte**b**eled**/after s

 To display damaged part( Register number: 201015366H \* Parts prices are subject to

Third party survey is on a BRD PARTY CLAIM ESTIMATION

China Taiping Insurance (Singapore) Pte Ltd 105 Cecil Street #19-00 The Octagon Singapore 069534

Vehicle number SLF4700M is subject to final approvi Make / Model NISSAN/QASHQAI Chassis number SJNFEAJ11U1661130 Acknowledged by Repaire Accident date 26 April 2019 Signature: 1804-47 Reference Date:

**Qtv** Particulars

Unit Price - SGD \$

<b>Qty</b>	Particulars	Office 111cc 300 \$
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	855-50	855.50
	Less 20/01	256.65
	598.85	598.85
21	REAR BUMPER REINFORCEMENT &	183.40
1	REAR BUMPER RETAINER SY U	70.40 ×
4		160.00 >
1	REAR BUMPER LOWER BRACKET HA 417-20 REAR BUMPER SPONGE TOWN 375-48	233.80 —
116	275.48	647.60
	Less 10%	64.76
	1 0 PASSA - 3000000	582.84
	Balance C/F	1181.69
	PARTS REPLACEMENT - SPECIAL NETT ITEMS  Balance B/F	1181.69
SFT	REAR BUMPER CLIP NEL	30.00 201-
	REAR REVERSE SENSOR Day 240.00	300.00 220 1-
	Subtotal	330.00
c Ale	Balance C/F  LABOUR AND MISCELLANEOUS CHARGES	1511.69
S/No	Balance B/F	1511.69
1	CHECK REAR WIRING AND LIGHTNING SYSTEM	60.00 HM
2	REMOVE AND RENEW REAR REVERSE SENSOR	150.00 401-
3	PANEL BEATING ON AFFECTED AREAS	400.00 300-
4	SPRAY PAINTING ON AFFECTED AREAS	500.00- 400/-
5	APPLY ANTI RUST ON AFFECTED AREAS	100.00 40/
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	- Srm 4 dys. PP 439.17 Grand total	

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TeamWork Garage Pte Ltd

53 Ubi Avenue 1 #01-23/24 Spore 408934

Paya Ubi Industrial Park

Tel: 6844 2475

E-mail: claims@teamworkgarage.com

Register number: 201015366H 3RD PARTY CLAIM ESTIMATION

China Taiping Insurance (Singapore) Pte Ltd 105 Cecil Street #19-00

The Octagon

Singapore 069534

V	ei	hic	le	number	SLF4700M

Make / Model Chassis number NISSAN/QASHQAI SJNFEAJ11U1661130

Accident date

26 April 2019

Reference

1804-47

Qty Particulars

Unit Price - SGD \$

	PARTS REPLACEMENT - LIST ITEMS		
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	and the second s		627.38
		Less 30%	188.21
			439.17)

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

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Insured:		NG CHYE, Co. R	leg. No.: 0							
Main Claimant:	MYMY,	Co. Reg. No.: 53	365076C			1				
Vehicle Re	g. SLF470	ом			Date of Loss:	26/04/20 [ <b>20</b> Mon	018 17:00 - :59 ths and <b>25</b> Days f	rom LTA Reg [	Date (Man Yr)]	
Claim Type	: TP / SN	M18D02178C0	2		Policy/Cover Note No.:	DMPCSN	3070431700			
Vehicle Re No.	SJL9033P			Policy No. (Claimant):	5092220324				24	
(Insured):					Excess:	5\$0.00				
Repairer:	Teamwo	rk Garage Pte L	td (HQ) 53 Ubi A	ve 1 #01-24, P	aya Ubi Indus	trial Park,	408934 Ubi - Tel:	6844 2475	-41	
Handling Insurer:	China Ta	iping Insurance	(Singapore) Pl	te. Ltd. (HQ) -	Tel: 6389 611	11 [Han	dled by <b>Jowyn T</b> a	y - 6389 6174	1]	
Claimant's	NTUC In	come Insurance	Co-operative L	.td (HQ) - Tel:			.uri (Einal E	nt due 11/0	15/20181	
Adjuster:	LKK Auto	o Consultants P	te Ltd (HQ) - Tel	: 6256-3561	. [Handled by	ON WITH	ANI) [Final F OUT PREJUDICE B RING PRE REPAIR.	ASIS, KINDLY	LET US HAVE	
Adj Asg. Remarks:	PLEASE S YOUR RE	SURVEY THIRD PA COMMENDED REF	RTY, CHECK CON PAIR AMOUNT IF	THERE IS NO ES	STIMATE PROV	IDED DUI	RING PRE REPAIR.			
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#### **Claim Documents**

\*SLF4700M (SNM18D02178C02)
[SJL9033P]
TP
MYMY
Apr 26 2018 5:00PM
[SEOH KENG CHYE]
Teamwork Garage Pte Ltd

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# **Documents Checklist**

	Reset   Save   Print
DOCUMENTS CHECKLIST	percentage and percen
There are no document checklists configured.	
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)	
Show Remarks To: Handling Insurer	
Note: Remarks are private unless you show it to other parties.	

## 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/CTI18007922/DTBS2

Date:

01/11/2019

REFERENCE

China Taiping Insurance (Singapore) Pte. Policy No: Handling Insurer:

DMPCSN3070431700

Claimant Vehicle

Insured Vehicle

No:

SLF4700M

No:

SJL9033P

TP

Date of Loss:

26/04/2018

Nature of Claim:

Claim No:

SNM18D02178C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SLF4700M

Make & Model:

NISSAN QASHQAI, 1.2 DIG-T CVT ABS 2WD 5DR (A) Engine No:

HIDDEN

Reg. Date:

01/08/2016 (Man. Year: 2016)

Chassis No:

SJNFEAJ11U1661130

Colour:

White

Odometer:

98429 km

Engine Capacity:

1197 cc

N/A

Market Value/New Car Price: Sum Insured (S\$):

Market Value/New Car Price

Footbrake (Serviceable):

Yes

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good

Steering (Serviceable):

No

Pre-accident Condition:

Handbrake (Serviceable):

CONDITION OF TYRES

Yes

Engine Modification:

225/55R17

Front Tyre Size: Front Left Side:

225/55R17 Neuton 5 mm Rear Tyre Size: Rear Left Side:

Neuton 5 mm

Front Right Side:

Neuton 5 mm

Rear Right Side:

Neuton 5 mm

The above values represent the remaining tyre treads depth

COOT OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
COST OF CLAIMS	1,950.86	1,653.50	297.36	15.24
Parts	0.00	0.00	0.00	
Miscellaneous Items	1,210.00	780.00	430.00	35.54
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing Calculated Gross Total (S\$)	3,160.86	2,433.50	727.36	23.01
Approved Total (Overridden) (S\$)	3,100.00	1,950.00		
(\$\$)	3,160.86	1,950.00	1,210.86	38.31
+ GST 7.00/7.00% (S\$)	221,26	136.50	84.76	38.31
Nett Amount (S\$)	3,382.12	2,086.50	1,295.62	38.31

INSPECTION

Date of Assignment:

02/05/2018

Date Inspected:

02/05/2018 Inspected At:

Teamwork Garage Pte Ltd (HQ)

53 Ubi Ave 1 #01-24, Paya Ubi Industrial Park

Singapore 408934

Estimated Period of Repair:

4.0 days

**BRYAN TANI** Adjuster:

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: 01 Nov 2019)

Parts: M1-SUV NISSAN QASHQAI 1.2 DIG-T CVT ABS 2WD 5DR (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SLF4700M)

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

	Qty Part No.	Particulars	Condition	Repairer's	Amount
		W. C.	Dented	855.50 FL	*855.50 FL
1	1	*REAR BUMPER	Bent	183.40 FN	*183.40 FN
2	1	*REAR BUMPER REINFORCEMENT	Serviceable	70.40 FN	*- FN
3	2	*REAR BUMPER RETAINER	Not Necessary	160.00 FN	*- FN
4	4	*REAR BUMPER LOWER BRACKET	Torn	233.80 FN	*233.80 FN
5	1	*REAR BUMPER SPONGE	Necessary	30.00 FS	*20.00 FS
6	1	*SET REAR BUMPER CLIP	Damaged	300.00 FS	*220.00 FS
7	1	*SET REAR REVERSE SENSOR *REAR END PANEL	Dented	627.38 FL	*627.38 FL
F=Franchise part. S=SpcNett. L=ListItemDisc. N=NettItemDisc.  Sub Total (S\$)  - List Item Discount on L Items 30.00/30.00% (S\$)  - Nett Item Discount on N Items 10.00/10.00% (S\$)		<b>2,460.48</b> 444.86 64.76	<b>2,140.08</b> 444.86 41.72		
		- Nett Item Discount o	n N Items 10.00/10.00% (54)	04.70	3,000
			Total Parts (S\$)	1,950.86	1,653.50

Report was unsubmitted during this print-out.

# Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended L	abour
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New	60.00	0.00
New	150.00	40.00
New	400.00	300.00
New	500.00	400.00
New	100.00	40.00
abour Cost (S\$)	1,210.00	780.00
	New New New	New 150.00  New 400.00  New 500.00  New 100.00

Report was unsubmitted during this print-out. < END OF ESTIMATES >