

ASS. REC. BY:

REF: TMI / CC3 / TML18003066 / Kqbn2

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: SLT 4617X

Policy No. MG000658

Claims No. M1807216

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: S140 26K Yr Regn: 12 / 14

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Traller or _____

Make: Renault Latitude c.c. 1995

Colour: M-White/Red A/C: Insured / Std / NI / NA

Sp. Reading: 316353 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABL15AUC. 281154

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: Citi 215/60R16

R: Falken

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

TOYO / YOKO or _____

Front

R/Bal. 7 mm

L/Bal. 7 mm

D.O.A. 27/4/18

Rear

R/Bal. 8 mm

L/Bal. 8 mm

D.O.I. 2/5/18

Survey held at _____

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

Rear N/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
<u>3/5</u>	<u>156 1615 to Catherine</u>
	<u>LIBR @ 2550 CRD B 17440.52, 87%</u>
<u>03/5/18</u>	<u>@ 2-45pm Email GIA, police reports & 2hrs note to TMI.</u>
	<u>S140 26K - CC3 / FCI1301198 / Kqbn2</u>
	<u>SLT 4617X - X</u>

RECEIVED 04 MAY 2018

Date/Time, File Pass to?

: Prell. Report

: Final Report

1) 03/5/18

Date/Time, File Return to?

2) _____

Days Of Repair: 3

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$)

: Interview (\$)

: Tech Invs (\$)

: Weekend (\$)

Survey Fee:

Transportation:

S - RS, St

Photos

Others

TOTAL

250

10

260

Report Format: MER-TP

Lump Sum / L.B.I. (\$): 2550

Shiau Chan (LKKAuto)

From: Shiau Chan (LKKAuto)
Sent: Thursday, 3 May 2018 2:45 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 27/04/2018, SHD 26K (TP VEHICLE), SLT 4617Y (OI VEHICLE)
Attachments: SHD26 PR.pdf; SHD26 GIA.pdf; SHD26 EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 26K M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63, SINGAPORE 569111 on 02/05/2018.

Enclosed herewith a copy of TP's GIA report, police report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHD26K
Vehicle to be Exported:	Yes
Intended De-registration Date:	30 Apr 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C002403
Chassis No.:	VF1ABL15AUC281154
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	24 Dec 2014
First Registration Date:	24 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Dec 2022
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date:	23 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$30,000.00
Total Rebate Amount:	\$39,373.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 30 Apr 2018.

OK

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	30/04/2018 11:31
Date Of Accident	27/04/2018 19:30
Exact Location Of Accident	CTE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD26K
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62866666
Vehicle Particulars	
Manufacturer	RENAULT
Model	LATITUDE-2.0 L (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	TEO KIAN SOON
NRIC No	S1691483E
Date Of Birth	13/06/1965
Occupation	OUTDOOR
Date Of Driving Pass	08/11/1986
Driving Experience	31 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96808928
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 924 HOUGANG AVE 9 #03-58
Postcode	530924
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	HOGANG N.P.C
Police Station Address	ROAD: 60 HOUGANG AVE 9 SINGAPORE 538775 , POSTCODE: 538775 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE SEE ATTACH POLICE REPORT : T/20180428/2045

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	SLT4617Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM MING LI
NRIC/Passport Number	S8321381G
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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:

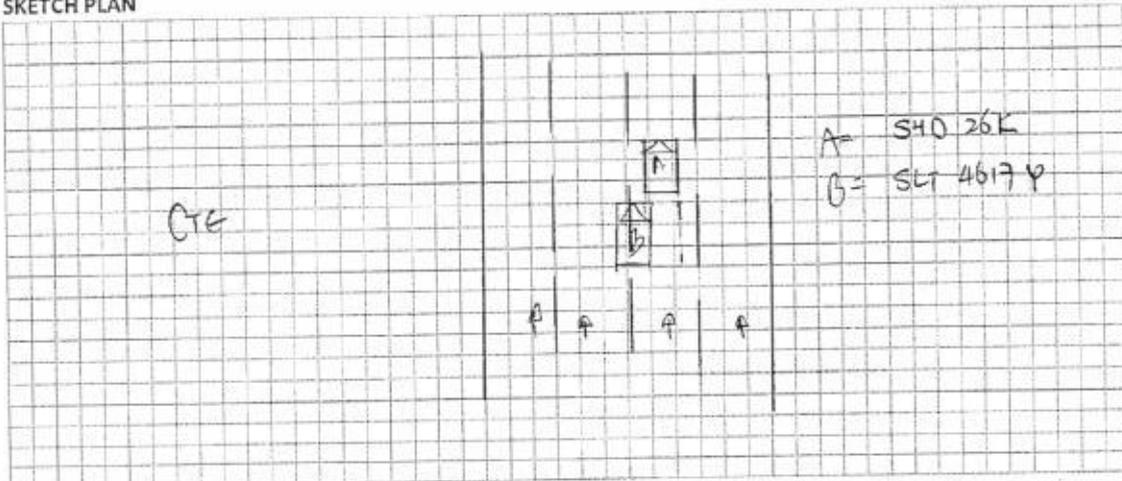


Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see attach police Report

DECLARATION

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

Policyholder's Signature
Date & Time:


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


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



**SINGAPORE
POLICE FORCE**



T/20180428/2045

1 of 3

Report No. T/20180428/2045

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2018 11:07	Vide Report No.:	Station Diary No.: 56
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Informant's Particulars			
Name of Informant: TEO KIAN SOON		Address: APT BLK 333B ANCHORVALE LINK #09-328 SINGAPORE 542333	
ID Type / ID No.: NRIC NO / S1691483E		Contact No.: Home/Office: Mobile: 96808928	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 52	Date of Birth: 13/06/1965	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 2B,2A,3 Date of Expiry:	

General Information of the Accident				
Type of Accident:	Non-Injury Others	Drink Drive: No	Date/Time of Accident: 27/04/2018 19:30	Type of Location: Straight Road
Location: Along Road 1 CENTRAL EXPRESSWAY				
Weather: Raining		Road Surface: Wet		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No. of Passenger
SHD26K	Car				Slightly Damaged	1
SLT4617Y	Car				Slightly Damaged	0



**SINGAPORE
POLICE FORCE**



T/20180428/2045

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

2 of 3

Report No. T/20180428/2045

CONTINUATION OF REPORT

Brief Details.

At 27/04/2018 at about 1930hrs, I was driving my vehicle no:SHD26K on CTE and when I saw the traffic in front of me slowed down, I also reduced my speed and subsequently I feel a impact from my back and I realized that a vehicle no:SLT4617Y collided into me. I came down from my vehicle and made a check, the rear bumper of my vehicle was damaged. I exchanged particular with the other party and we drove off. Her particulars is as such, Sim Ming Li, S8321381G, 13/07/1983. I have a in car camera that has the video footage of the accident. No ambulance or police attended to us.



**SINGAPORE
POLICE FORCE**



T/20180428/2045

Police Station Of Origin:
Hougang N.P.C
60 Hougang Avenue 9 SINGAPORE 538775
Tel No: 1800-4890999

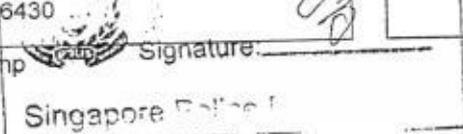
3 of 3
Report No. T/20180428/2045

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: F / Sgt 2 KOH PEI QI 	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 28/04/2018 11:07
Officer In Charge Of Case: TP / GIA / Staff Sgt TANG SIEW PING Contact No.: 65476430	Classification Of Case: SN 085
Authentication Stamp NP158	Signature:  

Trans-cab Auto Services Pte Ltd

AAD1804-286

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 26K

*Not Authorized
L1 Imp @ 25501*

Vehicle No.:

SHD 26K

Chassis No.:

VF1ABL15AUC281154

Vehicle Make:

RENAULT

Vehicle Model:

LATITUDE

Date of Accident :

27.4.2018

Third Party Insurer :

Angio

PART		LIST	
1	DOOR PANEL REAR LH	\$	<i>R</i> 2,844.66 X
1	DOOR WAIST SEAL OUTER REAR LH	\$	<i>Sm</i> 334.69 X
1	DOOR WAIST SEAL INNER REAR LH	\$	<i>Sm</i> 115.64 X
1	FENDER PANEL REAR LH	\$	<i>R</i> 3,299.13 X
1	FENDER PANEL INNER TRIM REAR	\$	<i>Sm</i> 671.45 X
1	WHEELARCH REAR LH	\$	<i>Sm</i> 543.47 X
1	BUMPER COVER REAR	\$	<i>CM</i> 1,108.46 ✓
1	BUMPER LOWER REAR	\$	<i>D.P</i> 768.84 ✓
1	BUMPER BRACKET CTR REAR	\$	<i>Sm</i> 113.47 X
1	BUMPER RETAINER RH REAR	\$	<i>Sm</i> 44.99 X
1	BUMPER BEAM REAR	\$	<i>R</i> 777.52 X
1	BUMPER BEAM BRACKET LH REAR	\$	<i>R</i> 225.95 X
1	TAILLAMP LH	\$	<i>CM</i> 552.55 ✓
1	TAILLAMP PANEL LH	\$	<i>R</i> 986.70 X
1	FUEL FLAP L70Y	\$	<i>Sm</i> 343.57 X
1	ROCKER PANEL INNER LH	\$	<i>R</i> 1,024.79 X
1	ROCKER PANEL CENTER LH	\$	<i>R</i> 990.25 X
		\$	14,746.13
		10% \$	1,474.61
		\$	13,271.52

Special Nett

1SET	BUMPER CLIP REAR	\$	<i>na</i> 66.00 ✓
1	BUMPER BRACKET CLIP REAR LH	\$	<i>na</i> 12.00 X
1	BUMPER SUPPORT CLIP REAR LH	\$	<i>na</i> 10.50 X
1SET	WHEELARCH CLIP REAR LH	\$	<i>na</i> 30.50 X
1	REAR DOOR STICKER '6555 3333'	\$	<i>na</i> 80.00 X

Trans-cab Auto Services Pte Ltd

AAD1804-286

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 26K

TOTAL \$ 199.00

TOTAL PARTS \$ 13,470.52

LABOUR

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2,450.00	400
Putty and spray painting of the affected portion.	\$	2,200.00	440
To rust-proofing of the affected areas.	\$	170.00	nn X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00	80
To check steering geometry and computer wheel alignment	\$	220.00	nn X
To transfer of tire, rim and on wheel balancing.	\$	170.00	nn X
To Check Electrical Lighting Concerned.	\$	170.00	20
To transfer of rear fender fittings, attachment and perform water seepage test.	\$	380.00	nn X
To transfer of rear boot fittings, attachment and perform water seepage test.	\$	380.00	nn X

TOTAL \$ 6,520.00

Over All Total \$ 19,990.52

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:

LUMP SUM (REPAIR DAY)

7 DAYS
3 days

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/TMI18008066/KQBN2

Date: 10/05/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MG000658
Claimant Vehicle No :	SHD26K	Insured Vehicle No :	SLT4617Y
Date of Loss:	27/04/2018	Nature of Claim:	TP
		Claim No:	M1802216

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD26K	Engine No:	M9R8839C002403
Make & Model:	RENAULT LATITUDE, 2.0 L (A)	Chassis No:	VF1ABL15AUC281154
Reg. Date:	24/12/2014 (Man. Year: 2014)	Odometer:	316353 km
Colour:	Metallic White/Red		
Engine Capacity:	1995 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:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	Giti 7 mm	Rear Left Side:	Falken 8 mm
Front Right Side:	Giti 7 mm	Rear Right Side:	Falken 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	13,470.52	2,252.86	11,217.66	83.28
Miscellaneous Items	0.00	0.00	0.00	
Labour	6,520.00	940.00	5,580.00	85.58
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	19,990.52	3,192.86	16,797.66	84.03
Approved Total (Overridden) (S\$)		2,550.00		
(S\$)	19,990.52	2,550.00	17,440.52	87.24
+ GST 7.00/7.00% (S\$)	1,399.34	178.50	1,220.84	87.24
Nett Amount (S\$)	21,389.86	2,728.50	18,661.36	87.24

INSPECTION

Date of Assignment:	03/05/2018	
Date Inspected:	02/05/2018	Inspected At: Trans-cab Auto Services Pte Ltd (Ang Mo Kio) 2, Ang Mo Kio Street 63 Singapore 569111
Estimated Period of Repair:	3.0 days	

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

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: 10 May 2018)
Parts: 143	RENAULT LATITUDE 2.0 L (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHD26K)	
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		*DOOR PANEL REAR LH	Repair	2,844.66 FL	*- FL
2	1		*DOOR WAIST SEAL OUTER REAR LH	Serviceable	334.69 FL	*- FL
3	1		*DOOR WAIST SEAL INNER REAR LH	Serviceable	115.64 FL	*- FL
4	1		*FENDER PANEL REAR LH	Repair	3,299.13 FL	*- FL
5	1		*FENDER PANEL INNER TRIM REAR	Serviceable	671.45 FL	*- FL
6	1		*WHEELARCH REAR LH	Serviceable	543.47 FL	*- FL
7	1		*BUMPER COVER REAR	Cracked	1,108.46 FL	*1,108.46 FL
8	1		*BUMPER LOWER REAR	Distorted	768.84 FL	*768.84 FL
9	1		*BUMPER BRACKET CTR REAR	Serviceable	113.47 FL	*- FL
10	1		*BUMPER RETAINER RH REAR	Serviceable	44.99 FL	*- FL
11	1		*BUMPER BEAM REAR	Repair	777.52 FL	*- FL
12	1		*BUMPER BEAM BRACKET LH REAR	Repair	225.95 FL	*- FL
13	1		*TAILLAMP LH	Cracked	552.55 FL	*552.55 FL
14	1		*TAILLAMP PANEL LH	Repair	986.70 FL	*- FL
15	1		*FUEL FLAP L70Y	Serviceable	343.57 FL	*- FL
16	1		*ROCKER PANEL INNER LH	Repair	1,024.79 FL	*- FL
17	1		*ROCKER PANEL CENTER LH	Repair	990.25 FL	*- FL
18	1		*SET BUMPER CLIP REAR	Necessary	66.00 FS	*66.00 FS
19	1		*BUMPER BRACKET CLIP REAR LH	Not Necessary	12.00 FS	*- FS
20	1		*BUMPER SUPPORT CLIP REAR LH	Not Necessary	10.50 FS	*- FS
21	1		*SET WHEELARCH CLIP REAR LH	Not Necessary	30.50 FS	*- FS
22	1		*REAR DOOR STICKER 6555-3333	Not Necessary	80.00 FS	*- FS

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

Sub Total (S\$)	14,945.13	2,495.85
- List Item Discount on L Items 10.00/10.00% (S\$)	1,474.61	242.99
Total Parts (S\$)	13,470.52	2,252.86

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	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	2,450.00	400.00
2	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	2,200.00	440.00
3	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	-
4	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR	New	380.00	80.00
5	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	-
6	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	-
7	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	20.00
8	TO TRANSFER OF REAR FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	-
9	TO TRANSFER OF REAR BOOT FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	-
Gross Labour Cost (\$\$)			6,520.00	940.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >