				Bill to:			03052018	
OD / W WS	TP RES / OD		148H		Insured:	Υp	5097 H	
at Workshop i		(ont	at Delgro		Tel:			
of	2010 742	59	ronaugh of	inl	c 51.40			
Policy No: Sum Insured:	29069773	MKF		Claim No: _ Excess:	557199			
Make of Veh: (Client's Record					D.0	D.A	01052018	
CA / REV	REP. / REV	24 HRS V)pı		1	LO.D. Ene	dorsement:	
Date/Time:	03063018 1	J.03pm 1	erson Contact	ed;	Vehi	cle (N	OUT	
Date/Time	Action/Instruc	tion (v) Estim	ate				
	8975 742 YF 5197 Y	11	/FCL I UVIS	084 Agbdi			909: 04	10-14.

Sure Kalvin REF:		
ante	ASSIGNMENT	2/.
From: Date:		98 H Yr Regn: 3/Am 2/2
Estimat etcs	Type: M.Car / M.Cycle / Bus / Va	n / Lorry / Toil Prime Mover /
OD / TP MS IP RES / OD RES / EVA / INV / MV	Truck/ Trailer or	
To Insp Stivelide No:		- Sat 0.0 / 94
at Work	Colour B/Le	
01	Sp.Reading 8 1/207	T/Radio: Insured / Std / NI / NA
Insured:	Eng/No:	1820-2
Policy N 4		ETHUMCA 829503
Claims 1—Ja	Gen. Cond: Good / For / Poor /	
Sum in s Unit Excess:	Steering: Inoder / Jammed / Le	
(Client's Record)	Brake: Inorder / Jammed / Le	
Makeof Vitic	Modi: Nil / S/Rim / STD AG	Rim or
(Policy Condition) Remark: The veh had commenced its repair at the time of inspection. Bal. or Market Value: IDAC Accident Rport: Consistent?: Yes	N/S O/S BS / DUN / EXNOVA / GY / FS / TOYO / YOKO or Front R/Bal. 7 mm	L/Rel 2 mm
Est. Repairs: days Res.: Yes Lum Sum: % 3 Val.: Yes	or No D.O.A. 1/5/2	D.O.I. 3/5/18 (DGE (Loyang) 19/5 NIS/ U/C Rooftop or
Date: Person Contacted:	Vehicle: IN / OUT	Pe4. I Body Structure affected due to collision.
Date / Time Action / Instruction 7/5/4 Charley 495		1/5/18 M.S.A.
Date/ime, File Pass to? : Prelli. Report	Days Of Repair: 3	
1) : Final Report	Resurvey No. of Trip:	Survey Fee: 150
Datelina, File Return to?		Transportation: 10
2) 8/5- typist	Add Fee: : Site Insp (\$	
2) 613 34	: Interview (\$) Photos

450-40

...CLAIM SUBFOLDER...(New Assignment)

Case	Notified	Est Submitted	Ad) Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	02 May 2018		03 May 2018 10:15 Assign				New Assign Cancel Cas	
	Main		Reference		Claim Details	Doc	uments	Show All
CLAIM S	UBFOLDER DET	AILS				1	Created by in	nsurer]
Insured:		PERF	ECTWORKS PTE	LTD, Co. Reg	. No.: 200105220W			
Main Clair	mant:	сомі	ORT TRANSPOR	TATION PTE	LTD, Co. Reg. No.:			
Vehicle R	eg. No.:	sнс	2798Н		Date of Loss:	1	1/05/2018 00: 68 Months and Reg Date (Man	1 Days From LTA
Claim Typ	e:	TP /	557199		Policy/Cover Note No.	: 2	29069772MKF Coverage: 20/01/2018 - 31/01/2019	
Vehicle R	eg. No. (Insured):	YP50	97H	- 1	Policy No. (Claimant):		2,02,2025	
		10,000			Excess:			
Repairer:		Comf	ortDelGro Engine	ering Pte Ltd	(Loyang) 59 Loyang	Drive, 508969 L	oyang - Tel: 63	214 8300
Handling	Insurer:	MSIG 1311	Insurance (Sing	japore) Pte. I	.td. (HQ) - Tel: +65 6	5827 7888 [Ha	ndled by Chris	tina Wong - 6643
Adjuster:		LKK A	auto Consultants	Pte Ltd (HQ)	- Tel: 6256-3561	Imm.Advice	due 04/05/2	2018]
Adj Asg. I	Remarks:	ON W	P.					20000007
ASSOCI	ATED MAIL REC	EIVED				V	iew All Co	ompose Case Mail
There are	no mail for this c	ase.						
-								
ALL ASS	OCIATED TASK	s			View All S	earch Tasks	Create New Ta	ask Complete
Due Da		Type Task	Group Subje	ect Handle	Assigned By	Completed	On Crea	nted On Done?

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: MSIG Insurance (Singapore) Pte. Ltd.

4 Shenton Way #21-01 SGX Centre 2 Singapore 068807

From: LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933

Attn:

Christina Wong

Date: 04 May 2018

Preliminary Advice

Insured Vehicle No : YP5097H

TP Vehicle No : SHC2798H Accident Date

: 01/05/2018

Make

: HYUNDAI SONATA NF

Assignment Date

: 03/05/2018

Date of Inspection : 03/05/2018

Est. Duration of Repair

: 3.00

Inspection At

: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

59 LOYANG DRIVE

SINGAPORE 508969

Point of Impact / General Description of Damages

The vehicle sustained impact / damages n/s body and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	2,967.00
Revised Amount	:S\$	1,161.40
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,161.40

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\$
Margin for Repair	:53

Remarks

The vehicle is economical/not economical for repair.

(X)

The above survey was conducted on a 'without prejudice' basis.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- 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.
- Any false reporting may be referred to the Police for investigation.
- 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

	ACCIDENT STATEMENT
Date Of Report	02/05/2018 11:30
Date Of Accident	01/05/2018 10:30
Exact Location Of Accident	C'WEALTH AVE WEST X GHIM MOH
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC2798H
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	SONATA
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	
Driver	
Name of Driver	ABDUL AZIP BIN KAMARUDIN
NRIC No	S1774221C
Date Of Birth	27/12/1966
Occupation	OUTDOOR
Date Of Driving Pass	08/10/2001
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE

NOEMAIL

Address

BLK 209 CHOA CHU KANG AVENUE 3 #14-256

Postcode

680290

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - TAXI DRIVER

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

SIDE SWIPE

Weather Conditions

RAINING

Road Surface

WET

Other Information

Was any foreign vehicle involved in this accident?

NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

2

Passenger 1

NAME:

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

PLS REFER TO ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YP5097H

Vehicle Make/Model/Colour

Details Of Properties

COMMERCIAL VEHICLE

Vehicle Category Name of Driver

CAI ZIRONG

NRIC/Passport Number

072913434

Contact Number

Address

Postcode

MSIG INSURANCE (SINGAPORE) PTE. LTD.

Nature Of Damage

Insurance Company Name

RIGHT CENTRE

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- 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)
 - (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
- (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.
- my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - (i) to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

COMFORT TRANSPORTATION PTE LIL CO REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

Jackson He

C80

Reporting Centre Personnel's Signature

NRIC/FIN No.:

GIARMC ShetchPlanForm, V3

		Sketch Plan Pg. 2		
. []]				
SKETCH PLAN		Cem		DSHC 2596
G 3 DESCRIBE CIRCUN	2 ASTANCES OF THE ACCIO	DENT	have west	
		4	vehicle And	
	25		was lung to	
was a	atour is his	, ichiele B r	an over-the	walen
		he till dive		nen I
Cherre	hin and	stop about	1 km awar	\.
	*			
	pregoing particulars are true	e in every respect.	2/5/ Jackson C®	Hemo frekon
Policyfolders Sight Date & Time:	(If dri	r's Signature iver is not the policyholder)	Reporting Centre Pers Name: NRIC/FIN No.:	ionnel's Signature

GIARMIC SketchPlanForm_V3

Page 5 of 20

OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

24 Senaka Loop Singapore 758156 7 Sunter Kedut Way Senapore 7287e1 6 Octo Avenue 1 Singapore 529517 9 Page: 1

Date/Time: 02.05.2018 12:59

OMER

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305155479

18

:am:

COMFORT TRANSPORTATION PTE LTD

7010045

OMERNO 383 SIN MING DRIVE RESS

Singapore SINGAPORE 575717

65508755

(0)

(R) (P)

OUNT CARD NO.

of Service Advisor

iturned to Service Reception upon collection

REGN NO.	MILEAGE
MAKE HYUNDAI	FUEL EF
MODEL SONATA 01	05.72018 12:00
YR OF MANUS. 2012	TARGET DATE
CHASSIS CODE KMHET41VMCA829503	COMPLETION DATE/TIME:

Date

JOB DESCRIPTION

scident Date: 01.05.2018

ATURE: 3P 01.05.18/C

/NO

LABOR CODE

DESCRIPTION

XED & PASSED OUT BY:	
SERVICE ADVISOR	CUSTOMER'S SIGNATURE
edgement Slip	Exit Pass
No.: SHC2798H LIMTS	Vehicle No.: SHC2798H

Name of Service Advisor

To be kept by Security Guard

Signature/Date

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

MS167-45

Date: 02.05.2018 Time: 14:12:17

Page: 1/2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

65508755

JOB NO : 305155479

REGN NO : SHC2798H

MILEAGE : 0000000000

MAKE : HYUNDAI

MODEL : SONATA

DATE OF PEGN : 21.00 2012

SINGAPORE SINGAPORE 575717

DATE OF REGN : 31.08.2012 DATE/TIME IN : 01.05.2018 12:00

ACCIDENT DATE : 01.05.2018

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

. L 345.50 20.00 436.40

Dr. M.

0003 04-01-0101-0088-G FRT DOOR LH 1 L 1,344.50 20.00 1,075.60

Front CH Reade x repair

JOB NATURE

SUB-TOTAL : 1,587.00

0000 L	PANEL BEATING-Frt Fender LH.	560.00 200
0001 23-502	SPRAYPAINT ON AFFECTED AREA	600.00 45
0002 17-01	CHECK ALL LIGHTING	49.00 × 12
0003 20-00	TUFF COAT ON AFFECTED PARTS.	60.00 × 11
0004 L	TRANSFER OF DOOR	129.00 × 15

SUB-TOTAL : 1,380.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 02.05.2018

Time: 14:12:17 Page: 2 >

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

REGN NO

: 305155479 : SHC2798H : 00000000000

MILEAGE : HYUNDAI MAKE : SONATA MODEL

: 31.08.2012 DATE OF REGN DATE/TIME IN : 01.05.2018 12:00

: 01.05.2018 ACCIDENT DATE

2,967.00

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL

AUTHORISED : YES NO SURVEYOR NAME & SIGNATURE

MVA NAME & SIGNATURE DATE:

DATE:

Kaha (CK) M 3/5/18 1125hs. 2 hys. L/s Apair pll.

LKK Auto Consultants hence notify the Repairer of the following:

- . To resurvey before after scray painting
- To display damaged partial during for many
- Parts prices a + tuz +ct to cc+1 ma
- . Third party sur- is a sinal Without in the same
- No illegal to major the web.
- Supple TALL STREET STREET AND AND ADDRESS is sub-

Acknow Signa

Date:

COMFORTDELGRO ENGINEERING

305155479 Our Job Ref No : ComfortDelGro Engineering Pte Ltd 59 Loyang Drive Singapore 508969 Fax: 6546 8156 07/05/18 Date FINALIZATION FORM LKK Fax: KALVIN ANG Attn : Vehicle Reg No. : SHC2798H Date of Accident: 01-May-18 The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-YP5097H The repair job shall bill to: MSIG The finalized amount shall be: Spare Parts after List discount Labour Charges (b) Total for Part-By-Part Repair Cost Lumpsum Repair (if applicable) \$950.00 Total for Lumpsum repair cost after Less: 20% Final Lumpsum Repair cost \$950.00 3 working days. Estimated normal period for repairs: 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you 4. within 7 working days We confirm the estimates and 5. Thank you for your assistance. finalized amount Signature: Signature : LIMTS Name Name 62148398 Tel Date 65468156 Fax For Official Use Only Document Confirm By Item Amount Attached Remarks (Signature) Yes or No Rental Rate P/Day YES Loss of Income Paid Survey Fees

Remarks:				
5				_

LTA Search Fee Medical Fees (on behalf of driver, if applicable)

Overrun

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/MSG18008081/K1VBN2

Date:

09/05/2018

REFERENCE

Handling Insurer:

MSIG Insurance (Singapore) Pte. Ltd.

Policy No:

29069772MKF

Claimant

SHC2798H

Insured Vehicle No:

YP5097H

Vehicle No : Date of Loss: 01/05/2018

Nature of Claim:

TP

Claim No: 557199

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHC2798H

4DR TURBO (A)

Make & Model:

HYUNDAI SONATA NF, 2.0 CRDI AT ABS 2WD

Engine No:

D4EAD274608

811207 km

Reg. Date:

31/08/2012 (Man. Year: 2012)

Chassis No: Odometer: KMHET41VMCA829503

Colour:

Blue

Engine Capacity:

1991 cc

Market Value/New Car

N/A

Price: Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition: Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

215/60R16

Rear Tyre Size:

215/60R16

Front Left Side:

West Lake 7 mm

Rear Left Side:

West Lake 7 mm

Front Right Side:

West Lake 7 mm

Rear Right Side:

West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,587.00	511.40	1,075.60	67.78
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,380.00	650.00	730.00	52.90
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,967.00	1,161.40	1,805.60	60.86
Approved Total (Overridden) (S\$)		950.00	0.00	
(S\$)	2,967.00	950.00	2,017.00	67.98
+ GST 7.00/7.00% (S\$)	207.69	66.50	141.19	67.98
Nett Amount (S\$)	3,174.69	1,016.50	2,158.19	67.98

INSPECTION

Date of Assignment:

03/05/2018

Date Inspected:

03/05/2018 Inspected At:

ComfortDelGro Engineering Pte Ltd

(Loyang)

59 Loyang Drive Singapore 508969

Estimated Period of Repair:

3.0 days

Adjuster: KALVIN ANG WEI KUN

Manager: VERON CHEN

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

Referen	ce		
Part Source: MRM-SG		Version: 1.0 (Last Synchronised: 09 May 2018)	
Parts:	143	HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO (A) (Catalogue:Merimen Singapore 1.0)	
Labour:	Repairer's	(Price-denominated Standard List)	
Print Code:	(Unsubmitted, no print-code for SHC2798H)		
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running pa numbers with the END OF ESTIMATES marker on the last estimate page		
Further Info	: Items/value:	s not in reference catalogue are prefixed with an asterisk *.	

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*WING MIRROR LH	Broken	545.50 FL	*545.50 FL
2	1		*FRT DOOR LH	Repair	1,344.50 FL	*- FL
3	1		*FRONT LH FENDER (NPA)	Repair	0.00 FL	*- FL
4	1		*FRT DOOR COMFORT LH	Necessary	75.00 FS	*75.00 FS
F=Fran	nchise	part. S=SpcNet	t. L=ListItemDisc.		1510 1000 100 1510	
				Sub Total (S\$)	1,965.00	620.50
			- List Item Discount on L Ite	3	378.00	109.10
				Total Parts (S\$)	1,587.00	511.40

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	PANEL BEATING-FRT FENDER LH	New	560.00	200.00
2	SPRAYPAINT ON AFFECTED AREA	New	600.00	450.00
3	CHECK ALL LIGHTING	New	40.00	
4	TUFF COAT ON AFFECTED PARTS	New	60.00	
5	TRANSFER OF DOOR	New	120.00	
		Gross Labour Cost (S\$)	1,380.00	650.00
	Report wa	s unsubmitted during this print-out.		

< END OF ESTIMATES >