

ASS. REC. BY:

REF:

CS/MSG18008555/Klvb<sup>n2</sup>

Special Instruction:

SWVEYOR

Merimen

## ASSIGNMENT (Office)

From (Person):

Chhia Nyuk Rui

of

MSG

Date/Time:

08052018 1:43pm

Estimated Cost:

Bill to:

OD / (H) / WS / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SHB 4359J

Insured:

SKE 6285Z

at Workshop m/s

Comfort Delgro

Tel:

of

54 Layang Dr

Policy No:

A27462496 GMY

Claim No:

557676

Sum Insured:

Excess:

Make of Veh:

D.O.A.

02052018

(Client's Record)

CA / REV / REP. / REV 24 HRS (WP)

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

SHB 4359J - CS / MSG14001014 / H150362

DAF - 14012014

SKE 6285Z - x

11/5/18

Send preli revised by merimen

ASSIGNMENT

From: Date: Estimated Cost: OD / TP / WS / TP RES / OD RES / EVA / INV / MV  
To Inspect Vehicle No: SHB 4359J  
at Workshop m/s: CDGE  
of: Insured: Policy No: Claims No: Sum Insured: Excess: (Client's Record) Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SHB 4359J Yr Regn: 23 Dec 2016  
Type: M.Car / M.Cycle / Bus / Van / Lorry / T/B / Prime Mover / Truck / Trailer or

Make: Toyota Prius C.C. 1798  
Colour: Blue A/C: 6 Insured / Std / NI / NA  
Sp. Reading: 218894 T/Radio: 6 Insured / Std / NI / NA

Eng/No: JTDKB3F4103539451  
C/No:

Gen. Cond: 6 Fair / Poor / Burnt

Steering: 6 Inorder / Jammed / Leaked / Burnt or

Brake: 6 Inorder / Jammed / Leaked / Burnt or

Modi: 6 Nil / S/Rim / STD / R/Rim or

Tyre Size: F: 195 / 65 R15  
R: ..

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Westlake

Front: Rear:  
R/Bal. 7 mm R/Bal. 7 mm  
L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 2/5/18 D.O.I. 9/5/18

Survey held at: CDGE (log on)

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

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

Date / Time	Action / Instruction
11/5/18	Calculated PIP at 821.98 / 24h. (Red 1901.55, 70%) MSZ4 PIP
	<u>9</u> R/R seen 14/05/18
	<u>300</u>
	RECEIVED 14 MAY 2018

Date/Time. File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time. File Return to?

2) 14/5- typist

Report Format: merimen

Lump Sum / I.B.I: (\$) 821.98

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$) ☐ Interview (\$) ☐ Tech. Invs (\$) ☐ Weekend (\$)

Survey Fee: ☐ Transportation: ☐ Photos: ☐ Others: ☐

TOTAL

150
10
160

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	03 May 2018		08 May 2018 18:43 Assign				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b> <div style="float: right;">[Created by insurer]</div>									
Insured:		YAP POW HENG KELVIN, ID: S7429092B, Tel: +6596249574, Email: NOEMAIL							
Main Claimant:		COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R							
Vehicle Reg. No.:		SHB4359J	Date of Loss:	02/05/2018 14:00 - :59 [16 Months and 9 Days From LTA Reg Date (Man Yr)]					
Claim Type:		TP / 557675	Policy/Cover Note No.:	A27462496QMY (Comprehensive) Coverage: 21/03/2018 - 20/03/2019					
Vehicle Reg. No. (Insured):		SKE6285Z	Policy No. (Claimant):						
			Excess:						
Repairer:		ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300							
Handling Insurer:		MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]							
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 09/05/2018]							
Driver/Custodian (Insured):		YAP POW HENG KELVIN (43 / Male), NRIC: S7429092B, Tel: +6596249574							
Adj Asg. Remarks:		ON WP.							
<b>ASSOCIATED MAIL RECEIVED</b> <div style="float: right;"> <a href="#">View All</a> <a href="#">Compose Case Mail</a> </div>									
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b> <div style="float: right;"> <a href="#">View All</a> <a href="#">Search Tasks</a> <a href="#">Create New Task</a> <a href="#">Complete</a> </div>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

**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: Chhia Nyuk Pui

Date: 11 May 2018

**Preliminary Advice**

Insured Vehicle No	: SKE6285Z	Accident Date	: 02/05/2018
TP Vehicle No	: SHB4359J	Assignment Date	: 08/05/2018
Make	: TOYOTA PRIUS HYBRID	Est. Duration of Repair	: 2.00
Date of Inspection	: 09/05/2018		
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\$	2,707.03
Revised Amount	:S\$	805.48
Check Items (Estimated)	:S\$	0.00
Total	:S\$	805.48

Lump Sum Repair	:S\$	
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**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 economical/not economical for repair.

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

## 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	03/05/2018 07:31
Date Of Accident	02/05/2018 14:45
Exact Location Of Accident	SLIP ROAD FROM NORTH BUONA VISTA ROAD TWDS AYE
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB4359J
<b>Insured/Policyholder</b>	
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
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	PRIUS
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
<b>Insurance Company</b>	
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	
<b>Driver</b>	
Name of Driver	TAN KEOW KENG
NRIC No	S1419000G
Date Of Birth	21/11/1960
Occupation	OUTDOOR
Date Of Driving Pass	26/11/1979
Driving Experience	38 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	72 #09-3004 GEYLANG BAHRU
Postcode	330072
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	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	
Was any body injured in the Accident?	YES
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	NAME: : - GENDER: : MALE

#### 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

SEE ATTACH.

#### 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	SKE6285Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	YAP POW HENG KELVIN
NRIC/Passport Number	S7429092B
Contact Number	96249574
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name	TAN KEOW KENG
Approximate Age	58
Injuries Sustain	NECK
Injured person in which vehicle?	SHB4359J
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# Sketch Plan Pg. 1

## SKETCH PLAN

North Buona Vista Road  
to AYE (Koppel Road)

A = SHB4359J  
B = SKE6285Z  
Yap Pau Heng  
kelvin  
S7429092B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As per attached.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

Driver's signature  
(If driver is not the policyholder)

Teo Yen Yee

Reporting Centre Personnel's Signature  
Name:



## Sketch Plan Pg. 2

Describe Circumstances of the Accident.

On 02 May 2018 at about 14:45hrs, I was slowly driving along a slip road from North Buona Vista Rd heading towards the direction of AYE (Keppel Road).

As I approached the give way lines, I slowed down and stopped to give way to the traffic from my right.

Suddenly a few seconds later a Mercedes car SKE6285Z came from behind collided onto the Rear right of my stationery taxi.

01 male passenger (via on current booking call) on board my taxi. No injury at the point of the accident.

## Declaration

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

COMFORT TRANSPORTATION PTE. LTD.  
CO. REG. NO. 199303821R

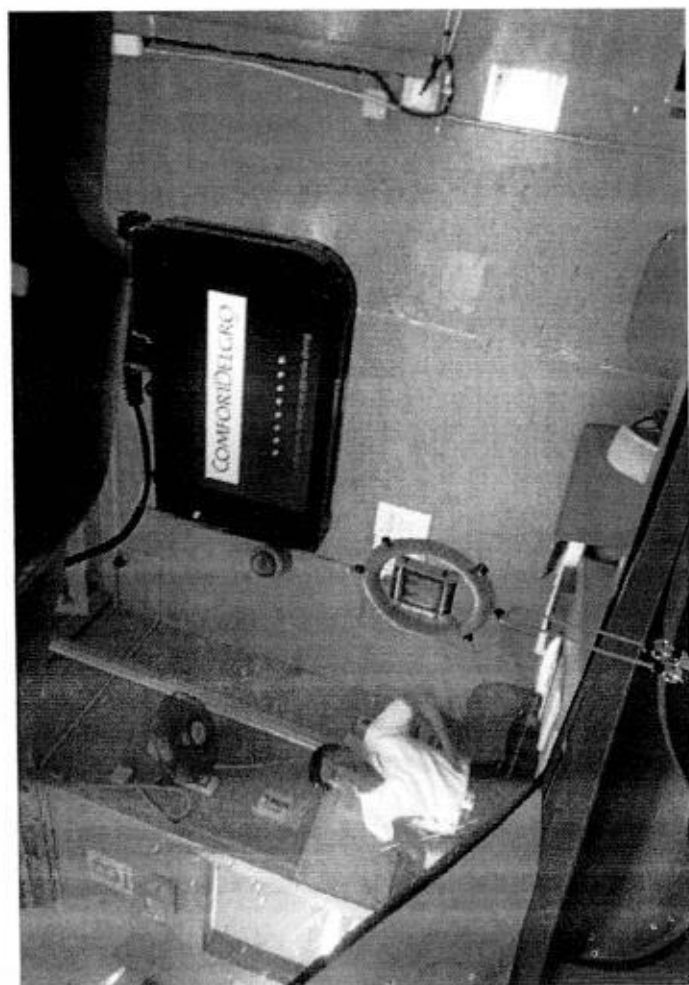
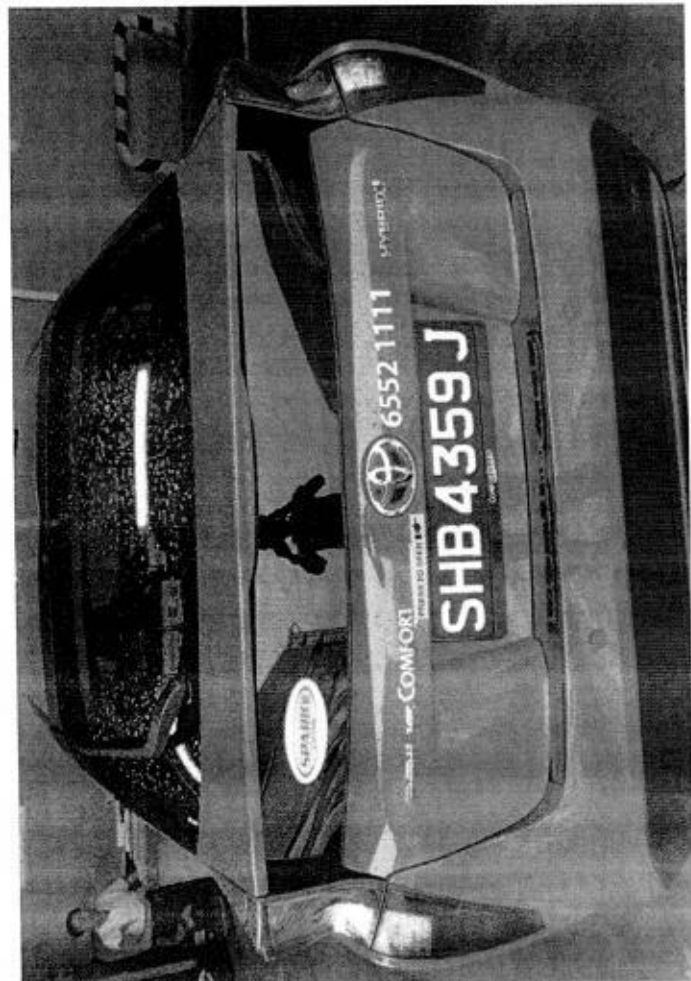
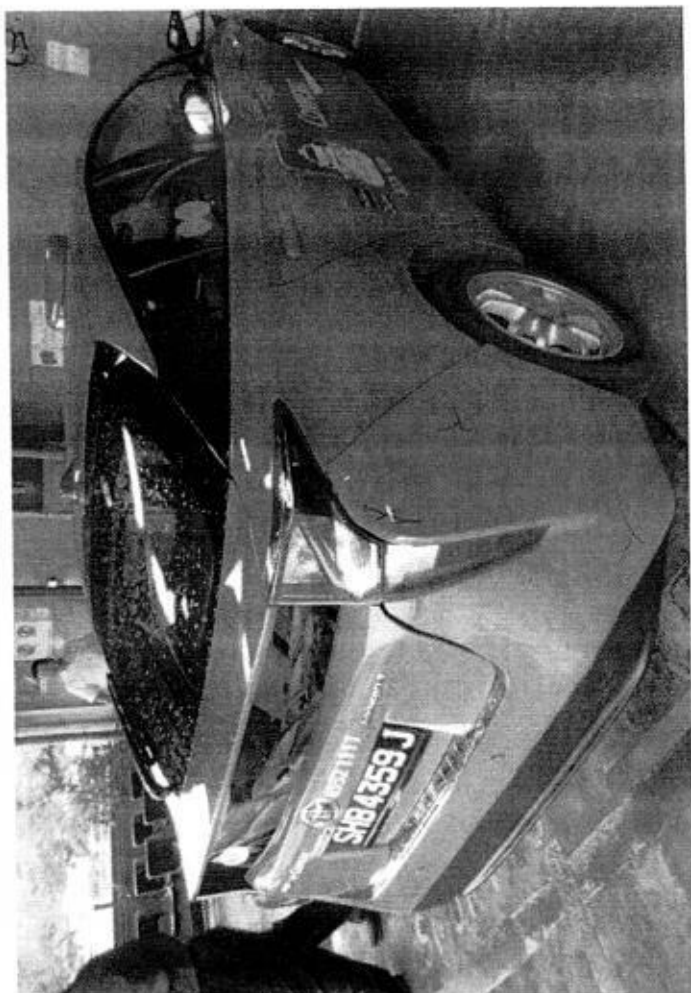
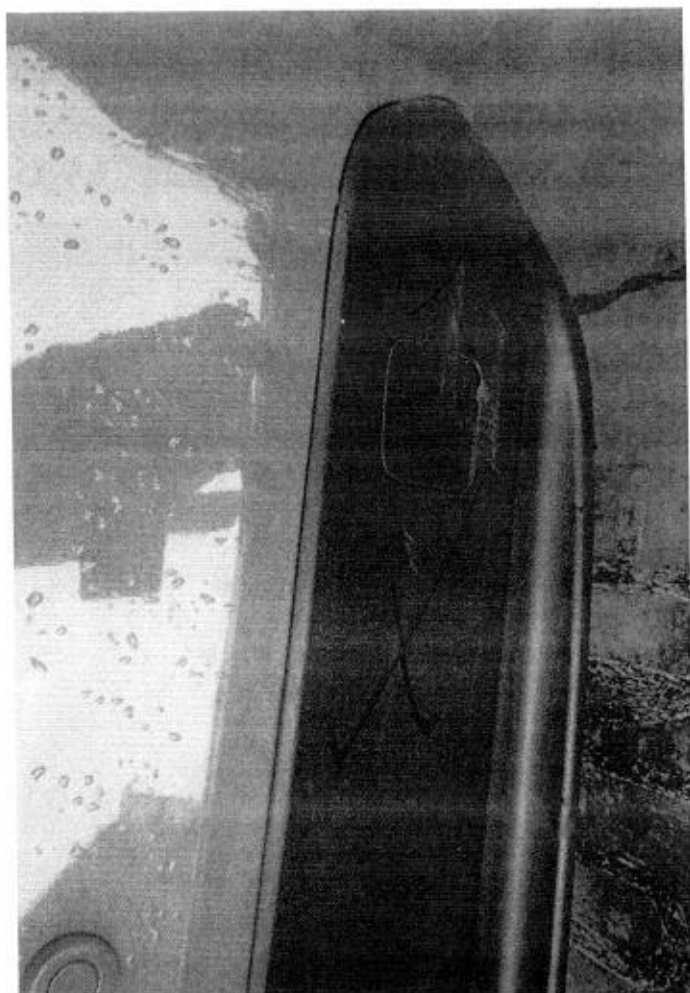
Policyholder's Signature/Date &  
Time

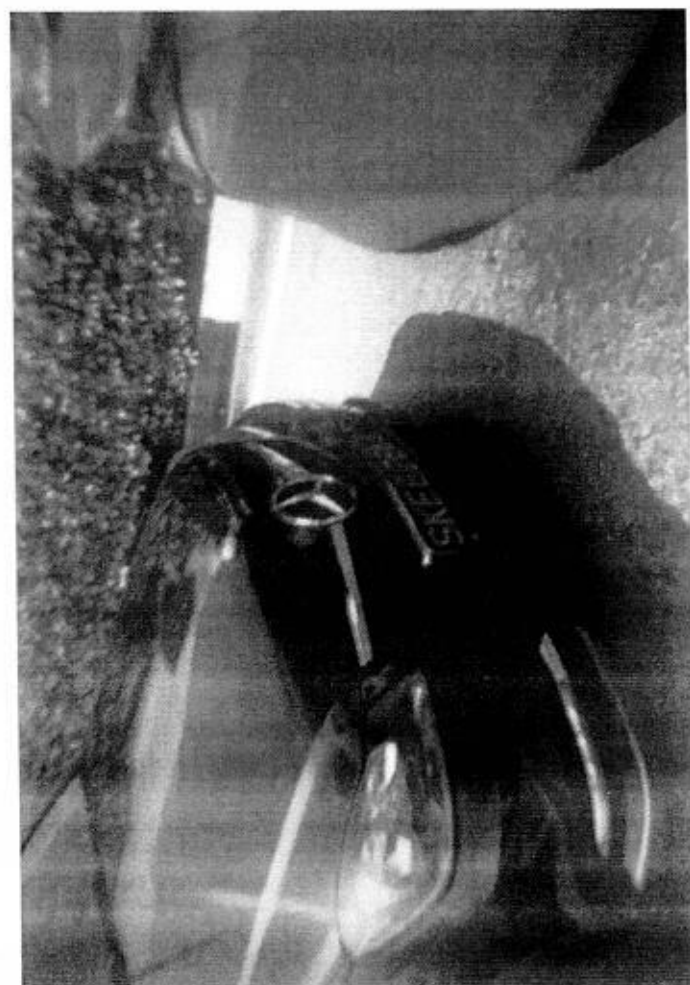
Driver's Signature (If driver is not the policyholder) / Date  
& Time

Teo Yen Yee

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Witnessed by Reporting  
Centre Personnel





A member of COMFORTDELGRO

Date/Time: 07.05.2018 10:24 Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD Sales Order:

JC NO: 305157226

CUSTOMER  
MR/MS COMFORT TRANSPORTATION PTE LTD  
CUSTOMER NO 7010045  
ADDRESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717  
TEL (R) 65508755 (O)  
(P)  
DISCOUNT CARD NO.

REGN NO SHB4359J	MILEAGE
MAKE TOYOTA	FUEL E.....1/2.....F
MODEL PRIUS HYBRID(G4)07.05.2018	DATE/TIME IN 09:45
YR OF MANU 23.12.2016	TARGET DATE
CHASSIS CODE JTDKB3FU103539451	COMPLETION DATE/TIME:

### JOB DESCRIPTION

Accident Date: 02.05.2018  
NATURE: 3P 02.05.2018

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

knowledge Slip

Exit Pass

ime:

Vehicle No.: SHB4359J CHIANG

Vehicle No.: SHB4359J

ime of Service Advisor

Signature/Date

Name of Service Advisor

Date

be returned to Service Reception upon collection

To be kept by Security Guard

## REPAIR ESTIMATE

VEHICLE NO : SHB 4359J

7/5/2018 14:34

MAKE :

MODEL : TOYOTA PRIUS

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
TAIL LAMP ASSY (UPPER) (RH) X <i>sc</i>			\$ 557.90
REAR FENDER, RH X <i>sc</i>			\$ 817.50
SUB TOTAL			\$ 1,375.40
LESS 25%			\$ 343.85
DISCOUNTED TOTAL			\$ 1,031.55
<i>Rear Bumper x repair</i>			
<i>Rear Bumper under Cover cut</i>		\$ 552.60	
<i>Towing Cover cut</i>		\$ 14.70	
<i>Rear Bumper clip</i>		\$ 22	
LABOUR CHARGE			
Panel Beating			\$ 200
Spray Painting Charge			\$ 180 200.00
Wiring Charge			\$ 11 X 50.00
Tuff Kote			\$ 11 X 50.00
Remove/Refix Cushion & Upholstery Rear			\$ 11 X 150.00
Remove/Refix Rear Windscreen Glass			\$ 11 X 120.00
Remove/Refix Reverse Sensor			\$ 11 X 120.00
TOTAL LABOUR			\$ 1,250.00
ESTIMATE TOTAL			\$ 2,281.55
			<i>2707.03</i>
			<i>2723.53</i>

*Kahin 10/11/14**9/5/18 103.40.**2 Pys.**P/P  
After repair photo*

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:

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.



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

JOB NO : 305157226  
REGN NO : SHB4359J  
MILEAGE : 0000000000  
MAKE : TOYOTA  
MODEL : PRIUS HYBRID(G4)  
DATE OF REGN : 23.12.2016  
DATE/TIME IN : 07.05.2018 09:45  
ACCIDENT DATE : 02.05.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0302-2267-G	PRIVC BUMPER PIECE	10	22.00	25.00	16.50
0002 04-01-0302-2287-G	PRIG4 GUARD-REAR BUMPER C	1	552.60	25.00	414.45
0003 04-01-0302-2286-G	PRIG4 COVER REAR BUMPER-T	1	14.70	25.00	11.02

SUB-TOTAL : 441.97

## JOB NATURE

0000 L	PANEL BEATING	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	180.00

SUB-TOTAL : 380.00

TOTAL : 821.97

AUTHORISED : YES / NO

MVA NAME & SIGNATURE  
DATE :

SURVEYOR NAME & SIGNATURE  
DATE :

# COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305157226  
Date : 11/05/18

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHB4359J

Fax :  
02/05/18

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

1. The repair job shall bill to: MSIG SKE6285Z
2. The finalized amount shall be:
 

(a) Spare Parts after List discount	\$441.98
(b) Labour Charges	\$380.00
<b>Total for Part-By-Part Repair Cost</b>	<b>\$821.98</b>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
<b>Final Lumpsum Repair cost</b>	

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 : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :  
Name : Kalvin  
Date : 11/5/18

### 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:

## 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/MSG18008555/K1VBN2

Date: 15/05/2018

## REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	A27462496QMY
Claimant Vehicle No :	SHB4359J	Insured Vehicle No :	SKE6285Z
Date of Loss:	02/05/2018	Nature of Claim:	TP
		Claim No:	557675

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHB4359J	Engine No:	2ZRR973633
Make & Model:	TOYOTA PRIUS HYBRID, 1.8 CVT (A)	Chassis No:	JTDKB3FU103539451
Reg. Date:	23/12/2016 (Man. Year: 2016)	Odometer:	218894 km
Colour:	Blue		
Engine Capacity:	1798 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:	195/65R15	Rear Tyre Size:	195/65R15
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	1,473.52	441.97	1,031.55	70.01
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,250.00	380.00	870.00	69.60
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>2,723.52</b>	<b>821.97</b>	<b>1,901.55</b>	<b>69.82</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>190.65</b>	<b>57.54</b>	<b>133.11</b>	<b>69.82</b>
<b>Nett Amount (S\$)</b>	<b>2,914.17</b>	<b>879.51</b>	<b>2,034.66</b>	<b>69.82</b>

## INSPECTION

Date of Assignment:	08/05/2018		
Date Inspected:	09/05/2018	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: 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.



Different 1 cents-Finalise amount: \$821.98

## REPAIR DETAILS

### Reference

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 15 May 2018)
<b>Parts:</b> 144	TOYOTA PRIUS HYBRID 1.8 CVT (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SHB4359J)	
<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		*TAIL LAMP ASSY (UPPER)(RH)	Serviceable	557.90 FL	*- FL
2	1		*REAR FENDER,RH	Serviceable	817.50 FL	*- FL
3	1		*REAR BUMPER (NPA)	Repair	0.00 FL	*- FL
4	1		*REAR BUMPER UNDER COVER	Cut	552.60 FL	*552.60 FL
5	1		*TOWING COVER	Cut	14.70 FL	*14.70 FL
6	10		*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL

F=Franchise part. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>1,964.70</b>	<b>589.30</b>
<b>- List Item Discount on L Items 25.00/25.00% (\$\$)</b>	<b>491.18</b>	<b>147.33</b>
<b>Total Parts (\$\$)</b>	<b>1,473.52</b>	<b>441.97</b>

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
<b>Labour Items</b>				
1	PANEL BEATING	New	560.00	200.00
2	SPRAY PAINTING CHARGE	New	200.00	180.00
3	WIRING CHARGE	New	50.00	-
4	TUFF KOTE	New	50.00	-
5	REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	-
6	REMOVE/REFIX REAR WINDSCREEN GLASS	New	120.00	-
7	REMOVE/REFIX REVERSE SENSOR	New	120.00	-
Gross Labour Cost (\$\$)			1,250.00	380.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >