

ASS. REC. BY:

REF:

CS/CTI 8008604 / R19b2

Special Instruction:

Surveyor

Rusli

ASSIGNMENT (Office)

Maimen

From (Person):

Elaine Cheung

of

CTL

Date/Time:

10052018 4:29 pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PC 4306L

Insured:

SUY 1355E

at Workshop m/s

Prime Auto

Tel:

6861 0908

of

6 Benoi Place

Policy No:

DMPCSV 3013291800

Claim No:

SNM18D 02372002

Sum Insured:

Excess:

Make of Vehl:

D.O.A.

09052018

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

11-052018

H.O.D. Endorsement:

Date/Time:

10052018 4:54 pm

Person Contacted:

Pei Yee

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

PC 4306L - X

SUY 1355E - C13 / ALH140011147 / Rgbk3

DCA: 031314

17/5/18 @ 4:57pm Panel Analysed with ATCA Panel fig @ 3349.65, 5 days.
(Red # 978.70, 23%.)

Surveyor *Rajan*

REF:

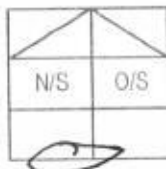
62932

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD ☒ TP ☐ RES / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: PC 4306L
 at Workshop m/s: PRIME AUTO
 of _____
 Insured: CTI
 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: PC 4306L Yr Regn: MT / PTC
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: TOYOTA HIACE GL2.0A c.c. 2982
 Colour: WHITE A/C: Insured / Std / NI / NA
 Sp. Reading: 91308 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: K0H2230023623
 Gen. Cond: Good / ☒ Fair / Poor / Burnt
 Steering: ☒ Inorder / Jammed / Leaked / Burnt or
 Brake: ☒ Inorder / Jammed / Leaked / Burnt or
 Modi: ☒ NIP / S/Rim / STD A/Rim or
 Tyre Size: F: PSR15C
 R: ~

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

Front 6 mm R/Bal. 6 mm
 L/Bal. 6 mm
 D.O.A. 09/05/18 D.O.I. 11/05/18
 Survey held at PRIME AUTO

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

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

Date / Time Action / Instruction

RECEIVED 23 MAY 2018

Date/Time, File Pass to?

1) 23/5 by Rajan

Date/Time, File Return to?

2) _____

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation: _____

\$ + RS. \$ _____

Photos _____

Others _____

TOTAL

220

Report Format: MER-TP

Lump Sum / I.B.I. (\$) 3349.85

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	10 May 2018		10 May 2018 16:29 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:									
Main Claimant: PRIME CAR RENTAL AND TAXI SERVICES PTE LTD									
Vehicle Reg. No.:		PC4306L	Date of Loss:	09/05/2018 00:00 - :59					
Claim Type:		TP / SNM18D02372C02	Policy/Cover Note No.:	DMPCSN3013291800					
Vehicle Reg. No. (Insured):		SGY1355E	Policy No. (Claimant):						
		Excess:	S\$0.00						
Repairer: Prime Auto Claims Service Pte Ltd (HQ) 6 Benoi Place, 629927 Pioneer - Tel: 68610908									
Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 21/05/2018]									
Adj Asg. Remarks: NO EST, CASE WITH SJE.									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
There are no mail for this case.									
ALL ASSOCIATED TASKS View All Search Tasks Create New Task Complete 									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Rasul (LKKAUTO)

From: Rasul (LKKAUTO)
Sent: Thursday, 17 May, 2018 11:57 AM
To: 'Alice Leong'
Cc: Shiau Chan (LKKAUTO)
Subject: RE: FINALIZE TO PC4306L

Hi Alice,

Finalised amount at \$ 3,349.65 / 5 days P/P confirmed

Best Regards,

Rasul | Assessor

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315

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



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

From: Alice Leong [<mailto:aliceleong@primeautoclaims.com>]
Sent: Thursday, 17 May, 2018 10:43 AM
To: Rasul (LKKAUTO)
Cc: Admin A
Subject: FINALIZE TO PC4306L
Importance: High

Hi Rasul,

We enclosed our before & after repair photos & our calculation sheet for your retention. Shall we finalize at part by part \$3,349.65 and 5 days

Please let us have your confirmation within three days from our e-mail.

Thank you.

Ms. Alice Leong

Prime Auto Claims Service Pte Ltd

Office: No. 5 Benoi Place Singapore 629926

Workshop: No.6 Benoi Place Singapore 629927

Tel: 6861 0908 Fax: 6515 2948

HP: 9818 4304

Disclaimer

This e-mail (including all attachment) contains confidential information which may be privileged. It is intended solely for the identified recipient(s) to whom it is addressed. If you are not an intend recipient, please reply to us immediately and delete this message from your system. You may not copy or use it for any purpose, or otherwise disclose its contents to any person.

MPRI16080849 / Prime Auto Claims Service Pte Ltd - HQ
 ENTRY DATE & TIME: 10/05/2018 11:30
 SUBMITTED BY: Mohamed Ruzaini Bin Mohamed Zain

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 10/05/2018 11:30
 Date Of Accident 09/05/2018 18:00
 Exact Location Of Accident SIMS AVE TOWARDS EUNOS TRAFFIC JUNCTION
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number PC4306L
Insured/Policyholder
 Name Of Registered Owner PRIME CAR RENTAL AND TAXI SERVICES PTE LTD
 Co Reg No 199606293Z
 Email Address ZAINI@PRIMECAR.COM.SG
 Mobile Phone No
 Alternative Phone No OFFICE-67770666

Vehicle Particulars

Manufacturer TOYOTA
 Model HIACE-3.0 COMMUTER GL (A)

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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD
 Type Of Coverage THIRD PARTY
 Fleet Policy NO

Policy Number
 Cover Note Number

Driver

Name of Driver ASHOK KUMAR S/O VELU
 NRIC No S1372870D
 Date Of Birth 25/08/1959
 Occupation OUTDOOR
 Date Of Driving Pass 16/06/1983
 Driving Experience 34 YEARS AND 10 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96316753
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address BLK 148 BEDOK RESERVOIR ROAD #02-1687
 Postcode 470148
 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 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? NO
 Was any injured conveyed to hospital by ambulance?
 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) 1

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

WAS WAITING AT THE TRAFFIC LIGHT. THE NEXT MOMENT WHEN THE LIGHT TURNED GREEN, THE CAR BEHIND SUDDENLY PICKED UP AND HIT MY REAR PORTION OF MY VEHICLE.

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 SGY1355E
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver NG BOON KIANG
 NRIC/Passport Number S1644254B
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 regulate 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.

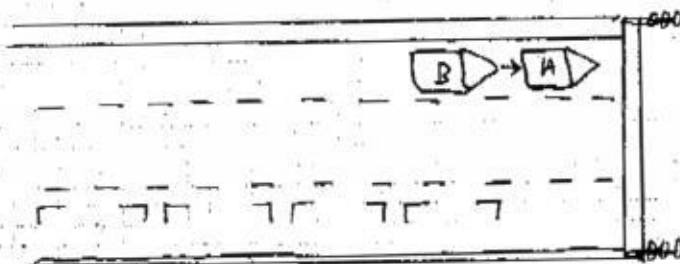
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



A = PC4306L
B = SGY B55E

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

was waiting @ The traffic light. The next moment when the light turn green, the car behind suddenly picked up & hit my rear portion of my vehicle.

DECLARATION

I/We declare the following 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.:



Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M

5 Benoi Place Singapore 629926

Tel: 6861 0908 Fax: 6515 2948

Date: 10.04.2018

China Taiping Insurance (S) Pte Ltd

2 Anson Road #16-00

Springleaf Tower

Singapore 079909

Attn: Motor Claim Dept

RE: ESTIMATE COST OF REPAIR TO PC4306L TOYOTA HIACE 2015

To Supply

1) 1pc rear bumper	\$	376.40 <i>DE</i>
2) 1pc rear end panel	\$	549.50 <i>BT X SVC</i>
3) 1pc tail gate	\$	1,952.10 <i>PH</i>
4) 1pc tail gate weatherstrip	\$	362.10 <i>rec X SVC</i>
5) 1pc tail gate "Hiace"	\$	36.50 <i>rec</i>
6) 1pc tail gate "GL"	\$	45.10 <i>rec</i>
7) 1pc tail gate "Toyota" emblem	\$	56.10 <i>rec</i>

Sub total parts	\$	3,377.80
Less: 25% discount	\$	(844.45)
	\$	2,533.35

To Supply S.Net Parts

1) 1set reverse sensor	\$	150.00 <i>AW</i>
2) 1tube sealant	\$	45.00 <i>30 rec</i>

Sub total S.Net Parts	\$	195.00
-----------------------	----	--------

L/charges

1) To remove & replace reverse sensor	\$	50.00 <i>/</i>
2) To remove & replace rear glass	\$	120.00 <i>/</i>

- 3) To transfer tail gate, handle, trim board & mechanism parts \$ ~~80.00~~ 60
- 4) To tuff kote \$ ~~50.00~~ 40
- 5) To remove rear bumper, tail gate. Knock / welding rear end panel. replace rear bumper, tail gate & etc \$ ~~600.00~~ 550
- 6) To putty, respray painting tail gate inlet & outer, rear end panel \$ ~~700.00~~ 500

Sub total L/charges	\$	1,600.00
Estimated Total	\$	<u>4,328.35</u>

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:

Resul

Hp 90010068

5 days

H/S

11/05/18 @1045

Resurvey after repair



Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M

5 Benoi Place Singapore 629926

Tel: 6861 0908 Fax: 6515 2948

Date: 10.04.2018

China Taiping Insurance (S) Pte Ltd
2 Anson Road #16-00
Springleaf Tower
Singapore 079909

Attn: Motor Claim Dept

RE: ESTIMATE COST OF REPAIR TO PC4306L TOYOTA HIACE 2015

To Supply

1) 1pc rear bumper	\$ 376.40	✓
2) 1pc rear end panel	\$ 549.50	BA X X sec
3) 1pc tail gate	\$ 1,952.10	PH ✓
4) 1pc tail gate weatherstrip	\$ 362.10	✓ X sec
5) 1pc tail gate "Hiace"	\$ 36.50	✓
6) 1pc tail gate "GL"	\$ 45.10	✓
7) 1pc tail gate "Toyota" emblem	\$ 56.10	✓

Sub total parts	\$ 3,377.80	2466.20
Less: 25% discount	\$ (844.45)	- 616.85
	\$ 2,533.35	1849.65 ✓

To Supply S.Netl Parts

1) 1set reverse sensor	\$ 150.00	✓
2) 1tube sealant	\$ 45.00	30 mm ✓
Sub total S.Netl Parts	\$ 195.00	180.00

L/charges

1) To remove & replace reverse sensor	\$ 50.00	✓
2) To remove & replace rear glass	\$ 120.00	✓

10-05-18 19:22 From:

3) To transfer tail gate, handle, trim board & mechanism parts

\$ ~~80.00~~ 60

4) To tuff kote

\$ ~~50.00~~ 40

5) To remove rear bumper, tail gate. Knock / welding rear end panel. replace rear bumper, tail gate & etc

\$ ~~600.00~~ 550

6) To putty, respray painting tail gate inlet & outer, rear end panel

\$ ~~700.00~~ 500

Sub total L/charges	\$ 1,600.00	1320.00
Estimated Total	\$ 4,328.35	3349.65

Resue
Hp 90010068

5 days

5 days

4/3

11/05/18 @ 1045

Resue after repair

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:

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/CTI18008604/R1QBN2

Date: 25/05/2018

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN3013291800
Claimant Vehicle No :	PC4306L	Insured Vehicle No :	SGY1355E
Date of Loss:	09/05/2018	Nature of Claim:	TP
		Claim No:	SNM18D02372C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	PC4306L	Engine No:	1KD2505285
Make & Model:	TOYOTA HIACE, 3.0 COMMUTER GL (A)	Chassis No:	KDH2230023623
Reg. Date:	16/12/2015 (Man. Year: 2015)	Odometer:	91308 km
Colour:	White		
Engine Capacity:	2982 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:	195R15C	Rear Tyre Size:	195R15C
Front Left Side:	Goodride 6 mm	Rear Left Side:	Goodride 6 mm
Front Right Side:	Goodride 6 mm	Rear Right Side:	Goodride 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,728.35	2,029.65	698.70	25.61
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,600.00	1,320.00	280.00	17.50
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,328.35	3,349.65	978.70	22.61
+ GST 7.00/7.00% (S\$)	302.98	234.48	68.50	22.61
Nett Amount (S\$)	4,631.33	3,584.13	1,047.20	22.61

INSPECTION

Date of Assignment:	10/05/2018	
Date Inspected:	11/05/2018 Inspected At:	Prime Auto Claims Service Pte Ltd (HQ) 6 Benoi Place Singapore 629927
Estimated Period of Repair:	5.0 days	

Adjuster: MOHD RASUL

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:	(Last Synchronised: 25 May 2018)	
Parts:	N/A	TOYOTA HIACE 3.0 COMMUTER GL (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for PC4306L)	
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		*REAR BUMPER	Deformed	376.40 FL	*376.40 FL
2	1		*REAR END PANEL	Serviceable	549.50 FL	*- FL
3	1		*TAIL GATE	Bent	1,952.10 FL	*1,952.10 FL
4	1		*TAIL GATE WEATHERSTRIP	Serviceable	362.10 FL	*- FL
5	1		*TAIL GATE GL	Necessary	45.10 FL	*45.10 FL
6	1		*TAIL GATE TOYOTA EMBLEM	Necessary	56.10 FL	*56.10 FL
7	1		*TAIL GATE HIACE	Necessary	36.50 FL	*36.50 FL
8	1		*SET REVERSE SENSOR	Not Working	150.00 FS	*150.00 FS
9	1		*TUBE SEALANT	Necessary	45.00 FS	*30.00 FS

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

Sub Total (\$\$)	3,572.80	2,646.20
- List Item Discount on L Items 25.00/25.00% (\$\$)	844.45	616.55
Total Parts (\$\$)	2,728.35	2,029.65

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	TO REMOVE & REPLACE REVERSE SENSOR	New	50.00	50.00
2	TO REMOVE & REPLACE REAR GLASS	New	120.00	120.00
3	TO TRANSFER TAIL GATE,HANDLE,TRIM BOARD & MECHANISM PARTS	New	80.00	60.00
4	TO TUFF KOTE	New	50.00	40.00
5	TO REMOVE REAR BUMPER,TAIL GATE.KNOCK /WELDING REAR END PANEL.REPLACE REAR BUMPER,TAIL GATE & ETC	New	600.00	550.00
6	TO PUTTY,RESPRAY PAINTING TAIL GATE INLET & OUTER.REAR END PANEL	New	700.00	500.00
Gross Labour Cost (\$\$)			1,600.00	1,320.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >