

108/11/13

REF: CC3/Tm218009483/Rvb02

REF: CC3/Tm218009483/Rvb02

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD/TP/RES/ODRES/EVA/INV/MV

To: Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SKK 7580H

Policy No: mx 007000

Class No: m1802589

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Vehicle: _____

(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: _____ 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: SHC 39194 Yr Regn: 27 Jan 2015

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

Truck / Trailer or

Make: Hyundai 240 C.C. 1685

Colour: Blue A/C: In/Red / Std / NI / NA

Sp. Reading: 473996 T/Radio: In/Red / Std / NI / NA

Eng/No: _____

C/No: KMHLCB441F4064885

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In/Order / Jammed / Leaked / Burnt or

Brake: In/Order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 60 R 16

R: _____

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. 22/5/18

Survey held at

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

SHC 39194 - (B/FCL 17013873 / Rvb02

DCA: 110717 T. K. K.

SKK 7580H - NA / INC 16009257 / HU

DCA: 220518 4.

28/5/18 (Contract) 1/5 \$450/2 hrs Cred 1614-38, 7813

RECEIVED 28 MAY 2018

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 28/5 - typist

Report Format: melimen

Lump Sum / I.B.I: (\$ 450/2)

Days Of Repair: 2

Resurvey No. of Trip: 1

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

Survey Fee:

Transportation:

Photos

Others

TOTAL

250

10

260

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

Pre-Repair Survey

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	24 May 2018 12:26 Sendback Est	24 May 2018 12:41 S\$2,064.38	24 May 2018 15:08 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

Insured:	COMFORT TRANSPORTATION , Co. Reg. No.: 199303821R		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD		
Vehicle Reg. No.:	SHC3919U	Date of Loss:	22/05/2018 08:00 - :59 [39 Months and 25 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1802589	Policy/Cover Note No.:	MX007000 (Comprehensive) Coverage: 29/08/2017 - 28/08/2018
Vehicle Reg. No. (Insured):	SKK7580H	Policy No. (Claimant):	
		Excess:	S\$800.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Pauline Tham]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 05/06/2018]		
Adj Asg. Remarks:	PLS. CHECK CONSISTENCY OF THE DAMAGE.THKS		

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.

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	22/05/2018 16:11
Date Of Accident	22/05/2018 08:40
Exact Location Of Accident	ALONG UPPER EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3919U
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	I40
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	CHIANG NGUAN HENG
Passport No/FIN	S1781020J
Date Of Birth	01/07/1966
Occupation	OUTDOOR
Date Of Driving Pass	15/07/1993
Driving Experience	24 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90102726
Fax Number	
Contact Number	
EMail Address	DAVECHIANG72@GMAIL.COM

Address	BLK 792 CHOA CHU KANG NORTH 6 #05-262
Postcode	680792
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	CHAIN COLLISION
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?	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: : 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	SKK7580H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIA LYN LYNN
NRIC/Passport Number	S7977239I
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	REAR AND FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SKZ7495S
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	FRT
No. Of Passenger (Including Driver)	

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.

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

Policyholder's Signature
Date & Time:

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

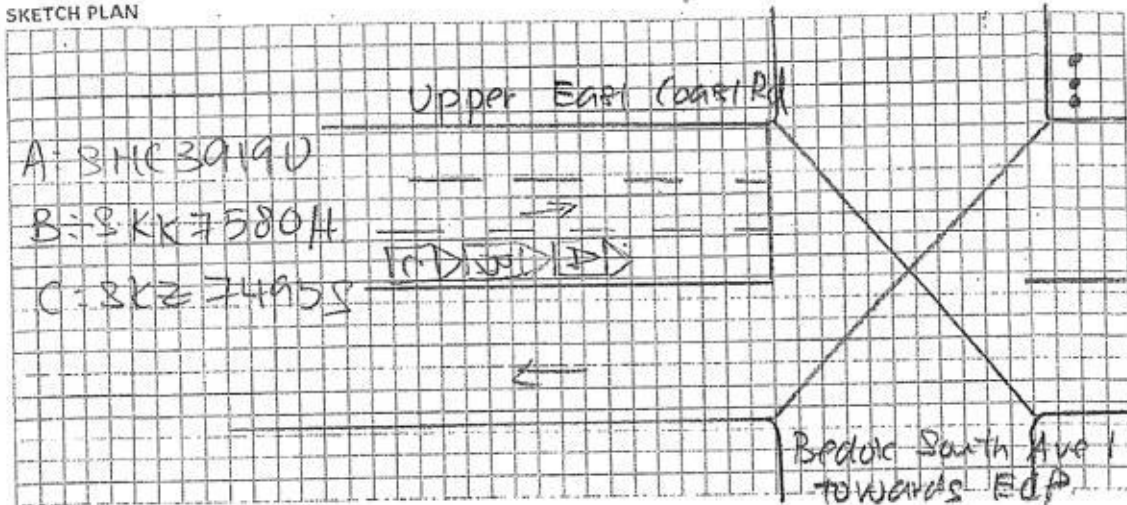
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

GIARMC SketchPlanForm_V3

1

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 22/5/18 at about 08:40 hrs, I was driving along Upper East Coast road before junction of Bedok South Ave 1 towards ECP.

Shortly after the car in front of my taxi move ~~and~~ forward and brake to stop, and I doing so. At the same time, I felt an impact from my behind followed a jerk. Thereafter I stepped out have a check and found there is chain collision accident, total 3 vehicles involved.

01 female passenger on board my taxi.
No injury at the point of accident.

DECLARATION

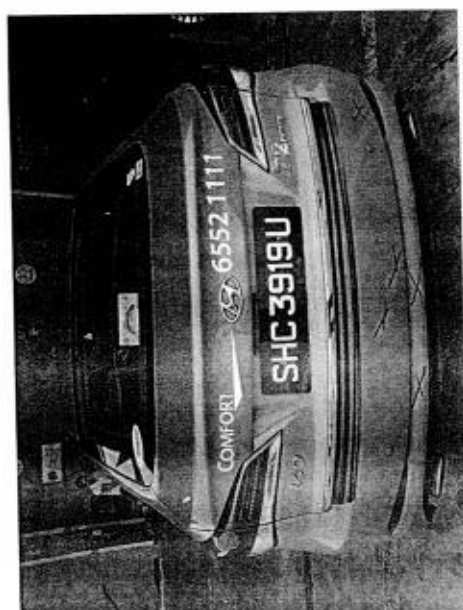
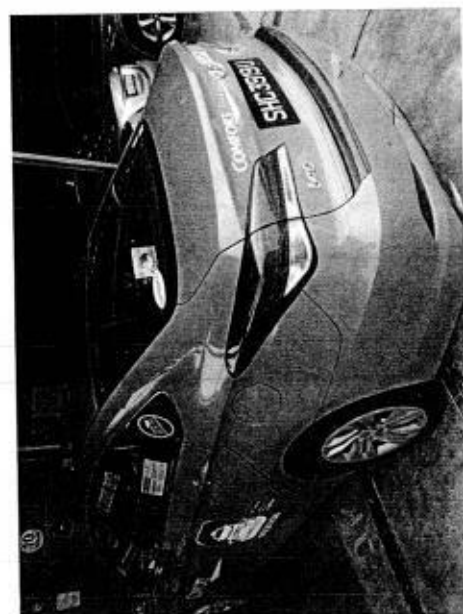
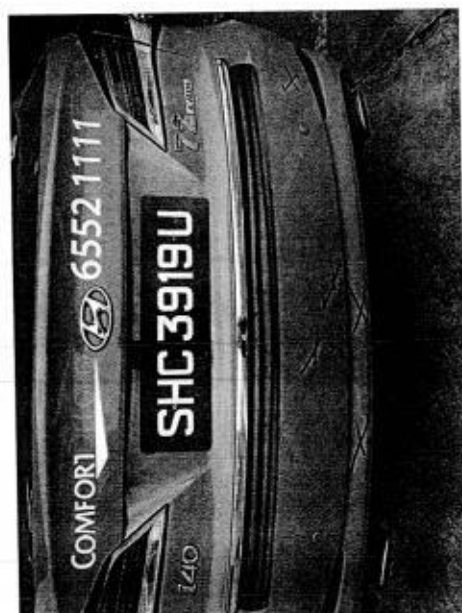
I/We declare the foregoing particulars are true in every respect.

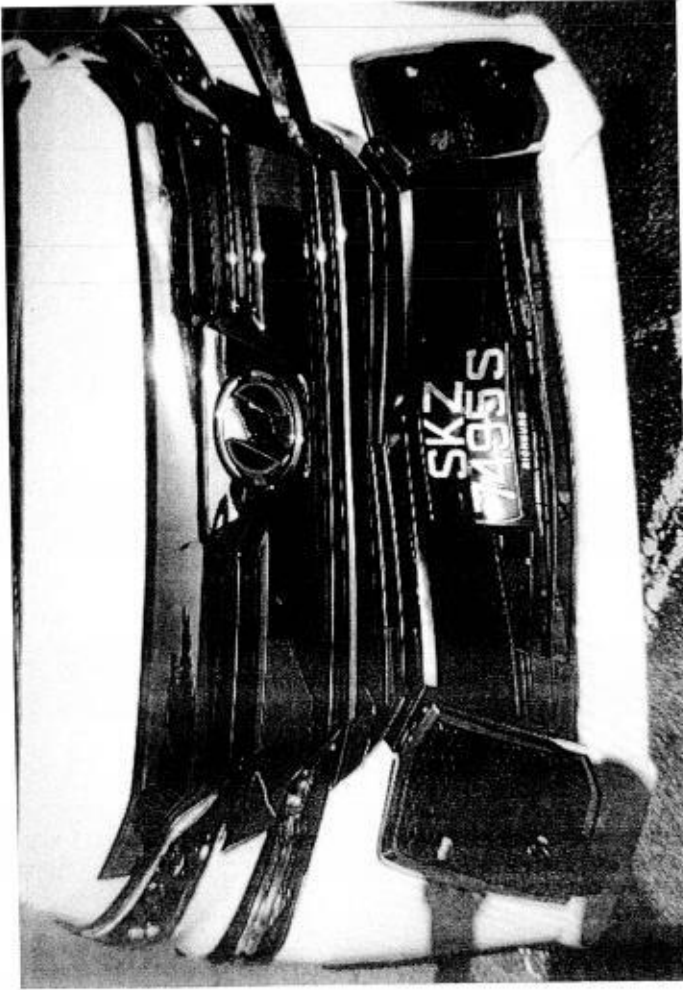
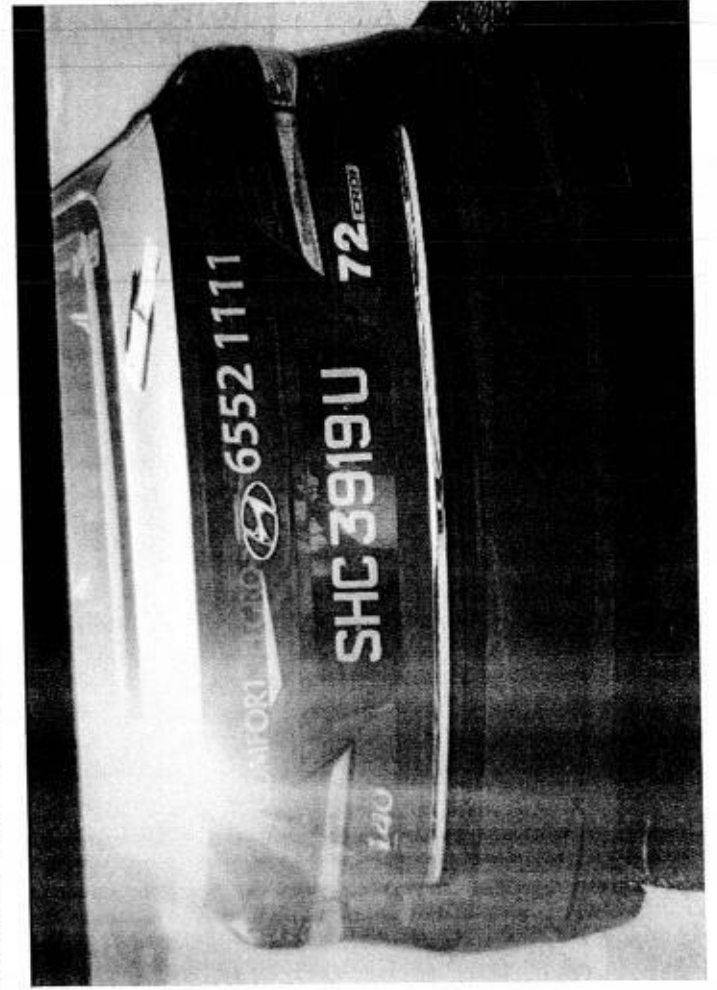
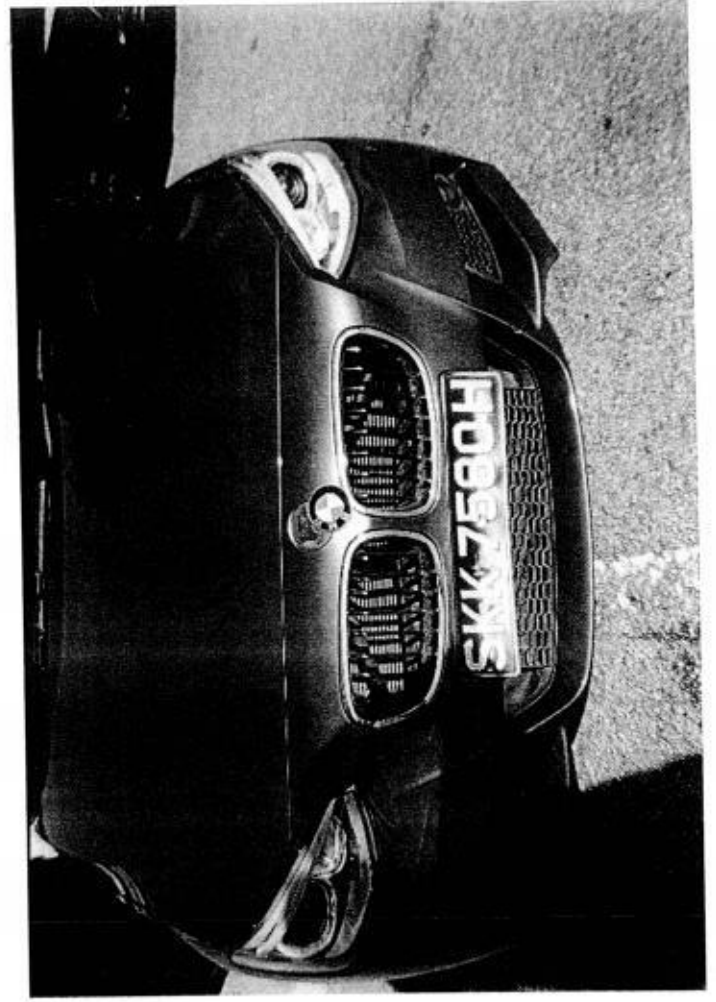
COMFORT TRANSPORTATION PTE LTD
CO REG NO 199303821R

Policyholder's Signature
Date & Time:

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

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





A member of COMFORTDELGRO

Date/Time: 24.05.2018 12:02 Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305164051

CUSTOMER

NAME: COMFORT TRANSPORTATION PTE LTD
CUSTOMER NO: 7010045
ADDRESS: 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L (R) 65508755 (O)
(P)

VARS

(B)

REGN NO. SHC3919U	MILEAGE
MAKE HYUNDAI	FUEL E.....1/2.....F
MODEL 1-40	DATE/TIME IN 24.05.2018 11:20
YR OF MANU. 27.01.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU064445	COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 22.05.2018
NATURE: 3P 22.05.2018

S/NO	LABOR CODE	DESCRIPTION
		TOKIO - taxi Rear damage
		LRR / Kahri -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC3919U
LARRY

Vehicle No.: SHC3919U

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

to be returned to Service Reception upon collection

To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co.Reg.No:199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: Tokyo Marine Insurance Singapore Ltd (HQ)
COMFORT TRANSPORTATION

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	22/05/2018
Vehicle Reg. No.:	SHC3919U	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	27/01/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU473632	Chassis No:	KMHLB41UMFU064445
Odometer:	473260 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,384.38
Miscellaneous Items	10.00
Labour	670.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,064.38
+ GST 7.00% (S\$)	144.51
Nett Amount (S\$)	2,208.89

This claim is handled by: NG NYUK PHIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG

Version: 1.0 (Last Synchronised: 24 May 2018)

Parts: 143

HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's

(Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHC3919U/24/05/2018 12:41**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 *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*Rear Bumper X ^{su}	20.00	0.00	*603.60 FL
2	1		*Rear Bumper Reinforcement X ^{su}	20.00	0.00	*504.35 FL
3	1		*Rear Bumper Sponge X ^{su}	20.00	0.00	*143.40 FL
4	10		*Rear Bumper clips X ^{su}	20.00	0.00	*22.00 FL
5	1		*Rear Bumper Reverse Sensor X ^{su}	0	0.00	*135.70 FS
6	1		*Rear Bumper Rubber Mat X ^{su}	0	0.00	*50.00 FS
7	1		*Rear Bumper Under Cover - 61	20.00	0.00	*225.00 FL

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

Sub Total (S\$)

1,684.05

- List Item Discount on L Items (S\$)

299.67

Total Parts (S\$)

1,384.38

ComfortDelGro Engineering Pte Ltd/SHC3919U/24/05/2018 12:41. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Larry Ng

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	10.00 ✓
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	250.00 200
2	SPRAY PAINTING	New	250.00 200
3	WIRING CHARGE	New	50.00 X 11
4	REMOVE, REFIX REVERSE SENSOR	New	120.00 X 11
Gross Labour Cost (S\$)			670.00

ComfortDelGro Engineering Pte Ltd/SHC3919U/24/05/2018 12:41. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Kalvin 16/11/18
24/5/18 1430 hrs.
2 Rps
43
After Repair pLH

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 is allowed
- Supplementary items must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305164051
Date : 25. May. 2018

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

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC3919U

Fax :

Date of Accident: 22.05.2018

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

- The repair job shall bill to: TOKIO SKK7580H
- The finalized amount shall be:
 - Spare Parts after List discount
 - Labour Charges
 - Total for Part-By-Part Repair Cost
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: \$450.00
Final Lumpsum Repair cost
- Estimated normal period for repairs: 2 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : Larry Ng
Name : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature :
Name :
Date : 28/5/18

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				
3. Survey Fees				
4. LTA Search Fee				
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: CC3/TMI18009483/K1VBN2

Date: 28/05/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MX007000
Claimant Vehicle No :	SHC3919U	Insured Vehicle No :	SKK7580H
Date of Loss:	22/05/2018	Nature of Claim:	TP
		Claim No:	M1802589

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC3919U	Engine No:	D4FDEU473632
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMFU064445
Reg. Date:	27/01/2015 (Man. Year: 2014)	Odometer:	473996 km
Colour:	Blue		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
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	1,384.38	180.00	1,204.38	87.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	670.00	400.00	270.00	40.30
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	2,064.38	590.00	1,474.38	71.42
Approved Total (Overridden) (\$\$)		450.00		
(\$\$)	2,064.38	450.00	1,614.38	78.20
+ GST 7.00/7.00% (\$\$)	144.51	31.50	113.01	78.20
Nett Amount (\$\$)	2,208.89	481.50	1,727.39	78.20

INSPECTION

Date of Assignment:	24/05/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	24/05/2018	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.

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 28 May 2018)
Parts: 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's (Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHC3919U)
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	Repair	603.60 FL	*- FL
2	1		*Rear Bumper Reinforcement	Serviceable	504.35 FL	*- FL
3	1		*Rear Bumper Sponge	Serviceable	143.40 FL	*- FL
4	10		*Rear Bumper clips	Not Necessary	22.00 FL	*- FL
5	1		*Rear Bumper Reverse Sensor	Serviceable	135.70 FS	*- FS
6	1		*Rear Bumper Rubber Mat	Not Necessary	50.00 FS	*- FS
7	1		*Rear Bumper Under Cover	Cut	225.00 FL	*225.00 FL
					Sub Total (S\$)	1,684.05 225.00
					- List Item Discount on L Items 20.00/20.00% (S\$)	299.67 45.00
					Total Parts (S\$)	1,384.38 180.00

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

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (\$\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	250.00	200.00
2	SPRAY PAINTING	New	250.00	200.00
3	WIRING CHARGE	New	50.00	-
4	REMOVE, REFIX REVERSE SENSOR	New	120.00	-
Gross Labour Cost (\$\$)			670.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >