

(08/11/13)

Surveyor: Kalvin

REF:

CC3 / TMU 8010084 / Klgpn2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SKW 15783Policy No: MW009195Claims No: m1802752

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: 2 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 5764 Yr Regn: 3 Jan 2014Type: M.Car / M.Cycle / Bus / Van / Lorry / T_o / Prime Mover /

Truck / Trailer or

Make: Hyundai I40 c.c. 1685Colour: Yellow A/C: Insured / Std / NI / NASp. Reading: 536775 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLDX14MB4047434

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / SD A/Rim orTyre Size: F: 205/60 R16

R: _____

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

TOYO / YOKO or Campion

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 1/6/18 D.O.I. 4/6/18Survey held at (PGE (Loring))

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

Rear

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

Date / Time	Action / Instruction	
	SHC 5764 - CC3 / TMU 8010084 / 141113392	DA: 0602017 To Kio
	SKW 15783 - X	42
5/6/18	Continued PIP \$500 / 2 Dps. (Red \$ 2181.58, 86%)	
	no comp sum	
6/6/18	Final fig \$560 inclusive \$10 of menmen charge.	

RECEIVED 05 JUN 2018

Date/Time, File Pass to?

☐ : Prel. Report1) 05/6/18☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS: \$ _____

Photos

Others

TOTAL

Report Format: MER-TPLump Sum / I.B.A. (\$ 1-B-1 500)

250

10

260

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	04/06/2018 08:33
Date Of Accident	01/06/2018 18:25
Exact Location Of Accident	NORTH BUONA VISTA RD TWDS HOLLAND RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC576U
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	WONG YOKE MING
NRIC No	S0340475G
Date Of Birth	08/05/1946
Occupation	OUTDOOR
Date Of Driving Pass	16/12/1967
Driving Experience	50 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90782425
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	57 CLOVER WAY
Postcode	579113
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?	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)	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

SEE ATTACH.

Attachment(s)

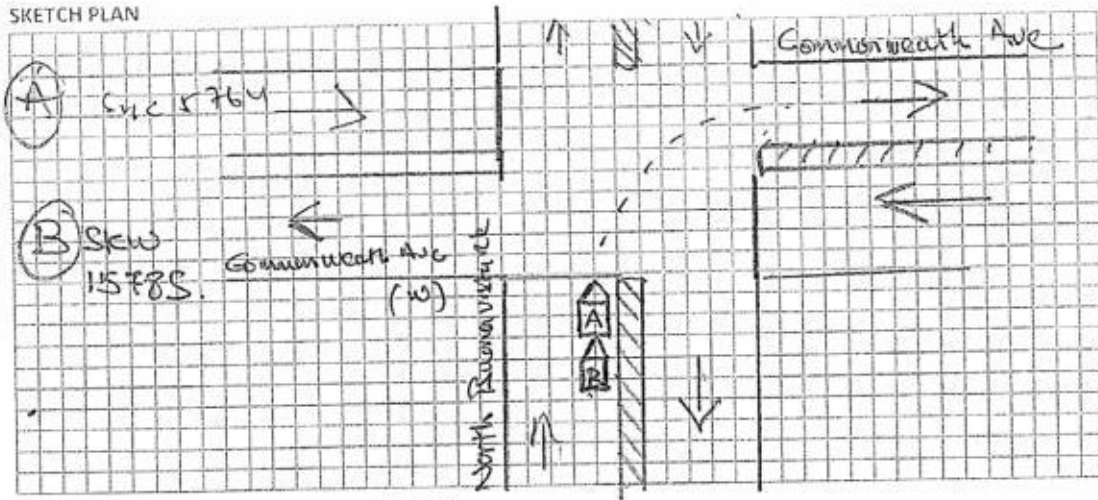
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKW1578S
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TOH WI -SOON
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on. 1 June 2018 @ 18:25hr.

I VEH A was awaiting at traffic.

Suddenly VEH B from rear hit

veh-A Rear. at the point of accident

no passengers on VEH A.

DECLARATION

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

CITYCAB PTE LTD
 REG NO. 199502839G
 Policyholder's Signature
 Date & Time:

X [Signature]
 Driver's Signature
 (If driver is not the policyholder)

[Signature] 3/6/18
 Reporting Centre Personnel's Signature
 Name:

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:

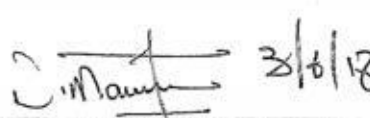
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

CITYCAB PTE LTD
REG. NO. 199502P

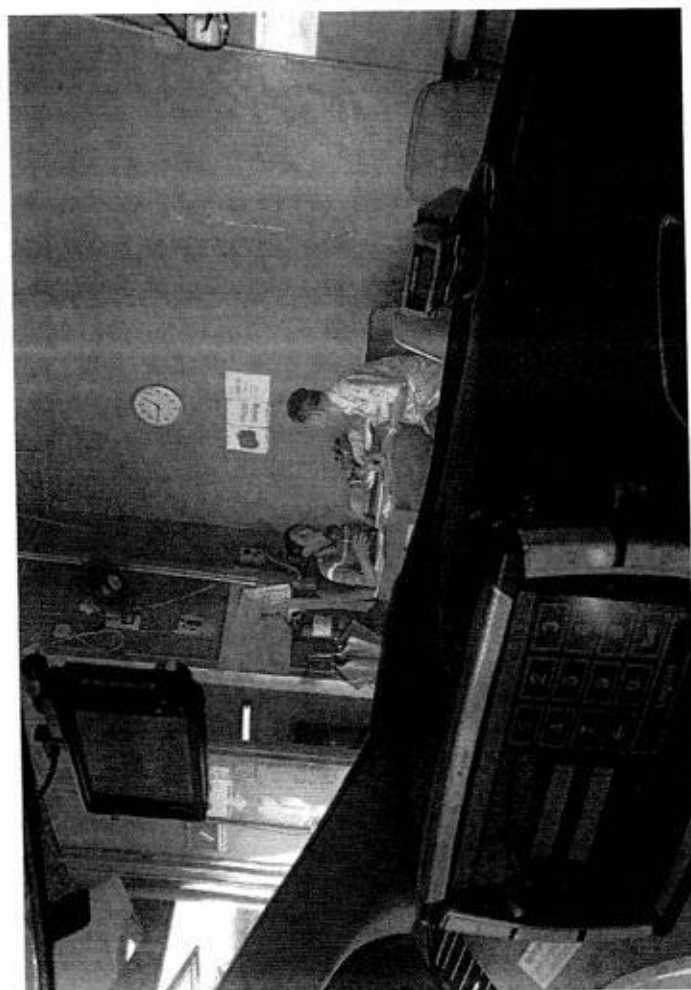
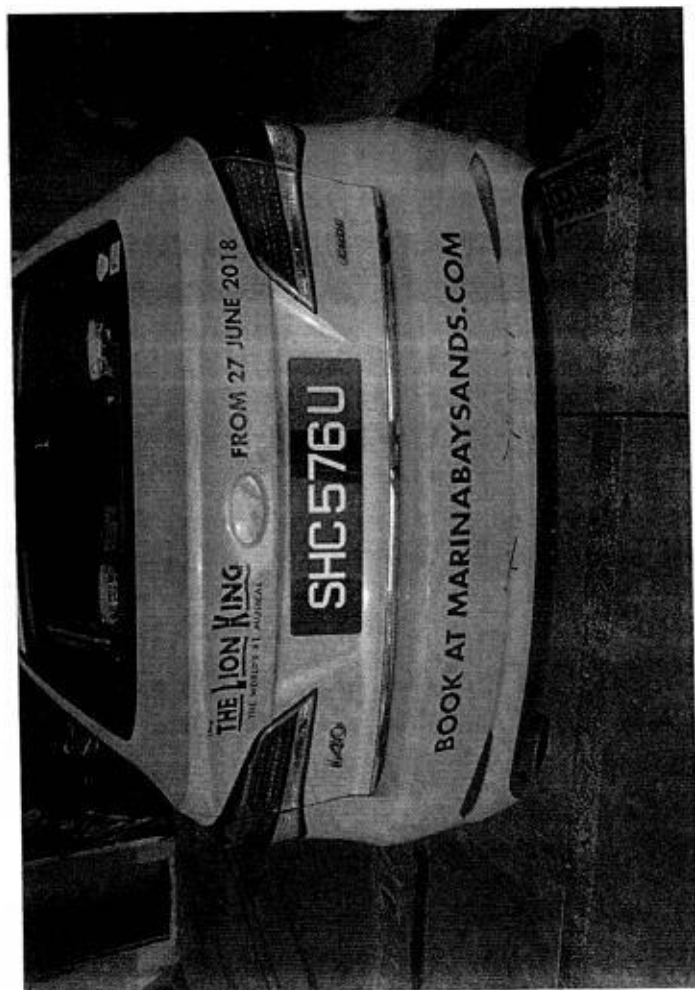
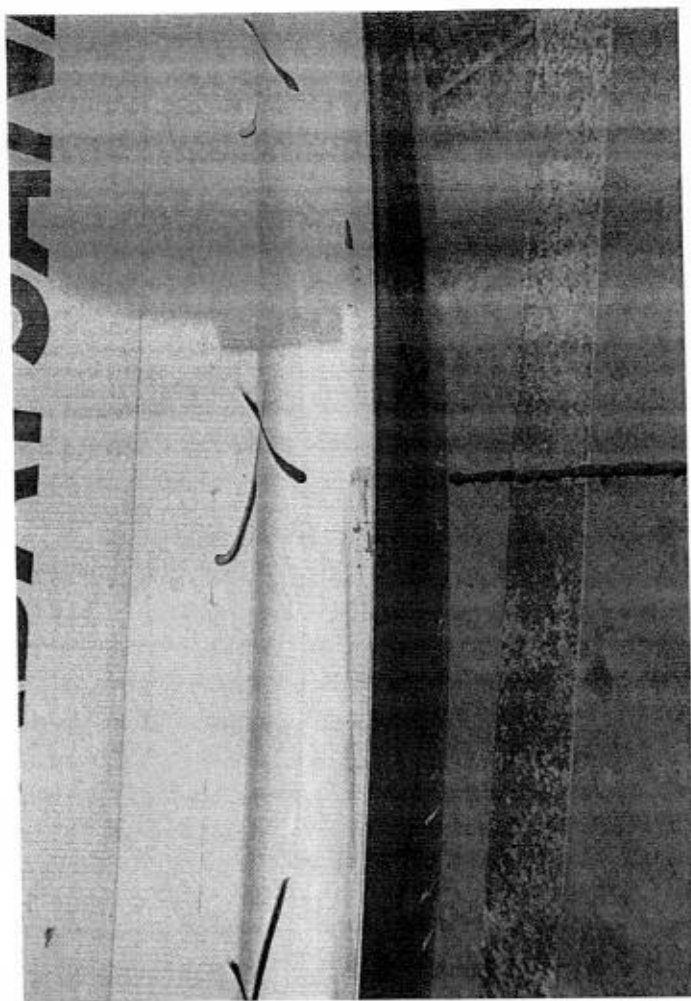
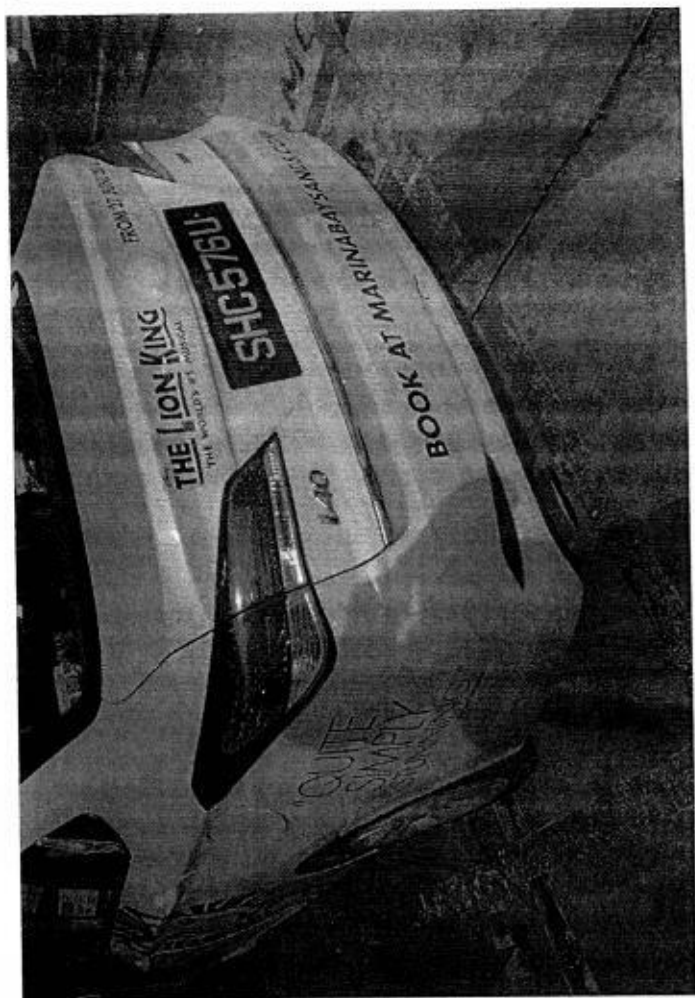
Policyholder's Signature
Date & Time:

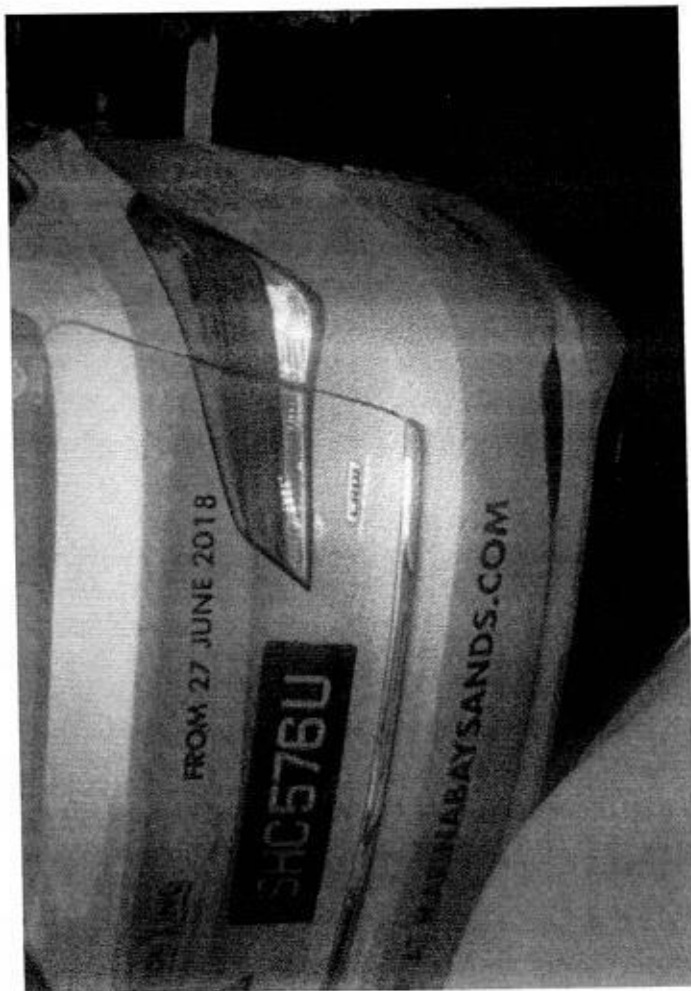
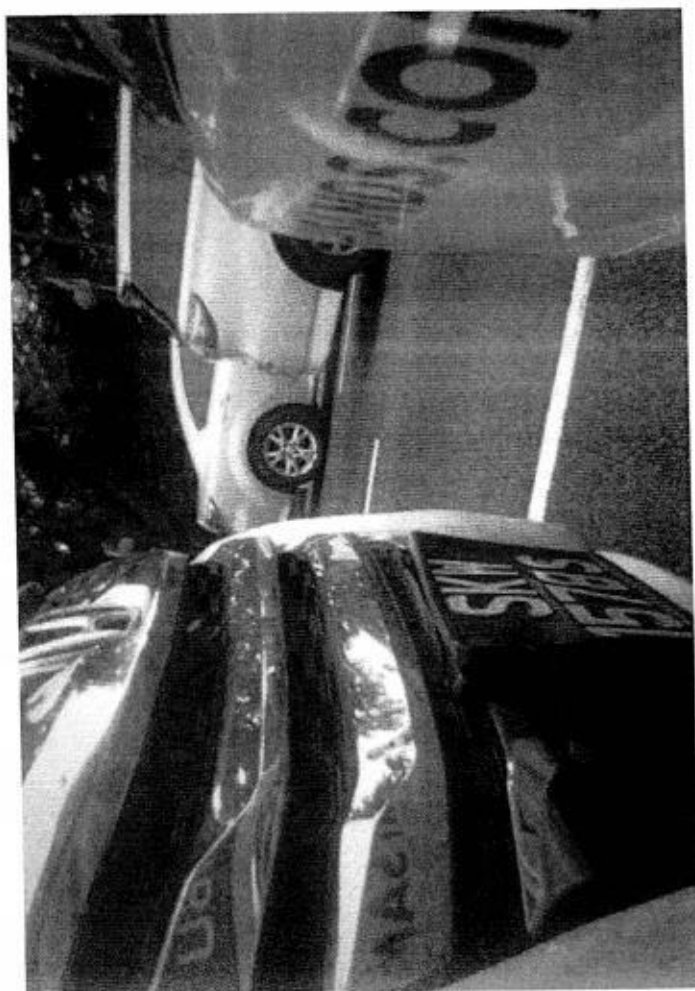
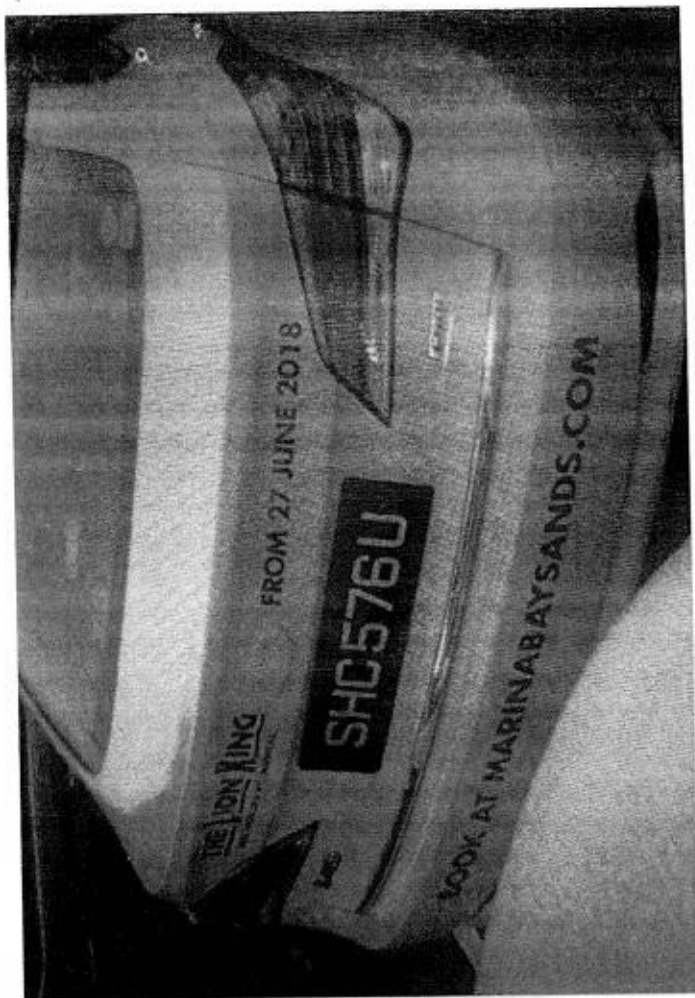


Driver's Signature
(If driver is not the policyholder)
Date & Time:

 3/6/18

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





Team: ARC Repair TP(CFS0)1 JOB CARD Sales Order: 3829121 JC NO:305169033

STOMER	REGN NO: SHC 576U	MILEAGE
CITYCAB PTE LTD	MAKE HYUNDAI	FUEL
/MS 7010070	MODEL I-40	E.....1/2.....F
STOMER NO 383 SIN MING DRIVE	DATE/TIME IN 02.06.2018 13:30	
DRESS Singapore SINGAPORE 575717	YR OF MANU 03.01.2014	TARGET DATE
65551188 (R) (O)	CHASSIS CODE KMHLB41UMEU047484	COMPLETION DATE/TIME:
(P)		
COUNT CARD NO.		

Accident Date: 01.06.2018
NATURE: 3P 01.06.18/B-

JOB DESCRIPTION

T-Marine

3/NO LABOR CODE DESCRIPTION

CHECKED & PASSED OUT BY:

SERVICE ADVISOR CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC 576U FZ T-MARINE

Vehicle No.: SHC 576U

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

CITYCAR PTE LTD

REPAIR ESTIMATE*

VEHICLE NO :

SHC 576U

MAKE :

MODEL :

HYUNDAI i40

Tokio Marine

DATE 1/6/2018 12:20

Rear

Fz

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper <i>X</i>			\$ 603.60
	Rear Bumper Reinforcement <i>2</i>			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) <i>2</i>		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket <i>?</i>			\$ 49.00
	Rear Bumper Clips <i>X</i>			\$ 22.00
	Rear Bumper Sponge <i>?</i>			\$ 143.40
	Rear Bumper Under Cover <i>X</i>			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor <i>X</i>			\$ 135.70
	Rear Bumper Rubber Mat <i>X</i>			\$ 50.00
	Rear bumper Advertisement			\$ 50.00
	Rear Fender Advertisement RH		\$ 100.00	\$ 185.70
	Rear Fender Advertisement LH		\$ 100.00	
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 770.00
	ESTIMATE TOTAL			\$ 2,481.58
	Kahin 1 U/G 4/6/18 1415hr. 2 Rys. L/s After Repair photo			

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.

CITYCAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 576U
MAKE :
MODEL : HYUNDAI i40

TOKIO MARINE
DATE 1/6/2018 12:20
REAR

Tz

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper Xhyun			\$ 603.60
	Rear Bumper Reinforcement Xsu			\$ 504.35
	Rear Bumper Reinforcement Bracket (LH/RH) Xsu		\$ 180.00	\$ 360.00
	Rear Bumper Side Bracket Xsu			\$ 49.00
	Rear Bumper Clips X " "			\$ 22.00
	Rear Bumper Sponge Xsu			\$ 143.40
	Rear Bumper Under Cover Xsu			\$ 225.00
	SUB TOTAL			\$ 1,907.35
	LESS 20%			\$ 381.47
	DISCOUNTED TOTAL			\$ 1,525.88
	Rear Bumper Reverse Sensor X " "			\$ 135.70
	Rear Bumper Rubber Mat X " "			\$ 50.00
	Rear bumper Advertisement			\$ 50.00
	Rear Fender Advertisement RH		\$ 100.00	\$ 100.00
	Rear Fender Advertisement LH		\$ 100.00	\$ 100.00
	Labour Charge			
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00
	Wiring Charge			\$ 50.00
	R/Refix Reverse Sensor			\$ 120.00
	TOTAL LABOUR			\$ 770.00
	ESTIMATE TOTAL			\$ 2,481.58

Nett
Nett
SN

100
200
X " "
X " "

Kahin 1 U(1)
4/6/8 1415h.
2 Apr.
L/s
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: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305169033
REGN NO : SHC 576U
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 03.01.2014
DATE/TIME IN : 02.06.2018 13:30
ACCIDENT DATE : 01.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 20-05	RENEW ADVERTISMENT REAR BUMPER	50.00
0001 20-05	RENEW ADVERTISMENT REAR FENDER RH	100.00
0002 20-05	RENEW ADVERTISMENT REAR FENDER LH	100.00
0003 L	PANEL BEATING	100.00
0004 L	SPRAY PAINTING CHARGE	200.00

SUB-TOTAL : 550.00

TOTAL : 550.00 560

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305169033
Date : 05.06.2018

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC 576U

Date of Accident : 01.06.2018

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

1. The repair job shall bill to: TOKIO MARINE --- SKW1578S
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$0.00</u>
(b) Labour Charges	<u>\$550.00</u>
Total for Part-By-Part Repair Cost	<u>\$550.00</u> 560
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$0.00</u>
Final Lumpsum Repair cost	<u>\$0.00</u>

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Calvin

Date : 5/6/18

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: CC3/TMI18010084/K1QBN2

Date: 06/06/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MW009195
Claimant Vehicle No :	SHC576U	Insured Vehicle No :	SKW1578S
Date of Loss:	01/06/2018	Nature of Claim:	TP
		Claim No:	M1802757

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC576U		
Make & Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Engine No:	D4FDEU500062
Reg. Date:	03/01/2014 (Man. Year: 2014)	Chassis No:	KMHLB41UMEU047484
Colour:	Yellow	Odometer:	536775 km
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:	Fair	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Campeon 7 mm	Rear Left Side:	Campeon 7 mm
Front Right Side:	Campeon 7 mm	Rear Right Side:	Campeon 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,834.44	250.00	1,584.44	86.37
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	770.00	300.00	470.00	61.04
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	2,614.44	560.00	2,054.44	78.58
+ GST 7.00/7.00% (\$\$)	183.01	39.20	143.81	78.58
Nett Amount (\$\$)	2,797.45	599.20	2,198.25	78.58

INSPECTION

Date of Assignment:	04/06/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	04/06/2018	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: 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: 06 Jun 2018)
Parts:	143	HYUNDAI I40 1.7 L CRDI AT ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC576U)	
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	2	*REAR BUMPER REINFORCEMENT BRACKET RH/LH	Serviceable	360.00 FL	*- FL
4	1	*REAR BUMPER SIDE BRACKET	Serviceable	49.00 FL	*- FL
5	10	*REAR BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
6	1	*REAR BUMPER SPONGE	Serviceable	143.40 FL	*- FL
7	1	*REAR BUMPER UNDERCOVER	Serviceable	225.00 FL	*- FL
8	1	*REAR BUMPER REVERSE SENSOR	Not Necessary	135.70 FL	*- FS
9	1	*REAR BUMPER ADVERTISEMENT	Necessary	50.00 FL	*50.00 FS
10	1	*REAR FENDER ADVERTISEMENT RH	Necessary	100.00 FL	*100.00 FS
11	1	*REAR FENDER ADVERTISEMENT LH	Necessary	100.00 FL	*100.00 FS

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

Sub Total (\$\$)	2,293.05	250.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	458.61	0.00
Total Parts (\$\$)	1,834.44	250.00

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	350.00	100.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
3	WIRING CHARGE	New	50.00	-
4	REMOVE / REFIX REVERSE SENSOR	New	120.00	-
Gross Labour Cost (\$\$)			770.00	300.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >