

Assigned

Kalvin

REF:

CC3/TML8010905/K/Hbnz

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____
at Workshop n/s

of _____
Insured: **GZ 325T**

Policy No. _____

Claims No. _____

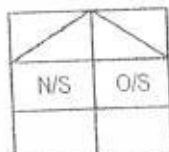
Sum Insured: _____ Excess: _____

(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 Report: _____

GIA / PR Seen: _____

Est. Repairs: _____

Lum Sum: _____

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SHB 2311J**

Yr Regn: **25A, 2016**

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

Truck / Trailer or

Make: **Hyundai 240**

c.c. **1685**

Colour: **Yellow**

A/C: **6**

Insured / Std / NI / NA

Sp. Reading: **220697**

T/Radio: **0**

Insured / Std / NI / NA

Eng/No: _____

C/No: **KMHLC414M44092540**

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: **205/60R16**

R: _____

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

TOYO / YOKO or **Michelin**

Front

Rear

R/Bal. **7** mm

R/Bal. **7** mm

L/Bal. **7** mm

L/Bal. **7** mm

D.O.A. **12/6/18**

D.O.I. **14/6/18**

Survey held at **CDHE (Loyang)**

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

18/6/18
SHB 2311J - (B/A/H 09024982/)
GZ 325T - NA/mgh 1501048/13
Under PIP \$1506.18/24hrs. (Red: 3047.82, 66%)

DA: **17102006**

DA: **230615**

T/LKio

PIP

RECEIVED 20 JUN 2018

Date/Time, File Pass to?

2016 Typist

Date/Time, File Return to?

2)

Report Format:



☐ Preli. Report

☒ Final Report

Days Of Repair: **2**

Resurvey No. of Trip: **1**

Add Fee:



☐ Site Insp (\$

☐ Interview (\$

☐ Tech. Invs (\$

Survey Fee:

Transportation

☐ S + FS ☐ SI

☐ Photos

☐ Others

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	13/06/2018 12:19
Date Of Accident	12/06/2018 15:45
Exact Location Of Accident	SLIP RD FROM WOODLANDS AVE 7 TWDS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2311J
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	TEO KIM HUAT
NRIC No	S0064199E
Date Of Birth	28/01/1953
Occupation	OUTDOOR
Date Of Driving Pass	28/04/1977
Driving Experience	41 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96339781
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 32 JALAN BAHAGIA #09-290
Postcode	320032
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)	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

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	GZ325T
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

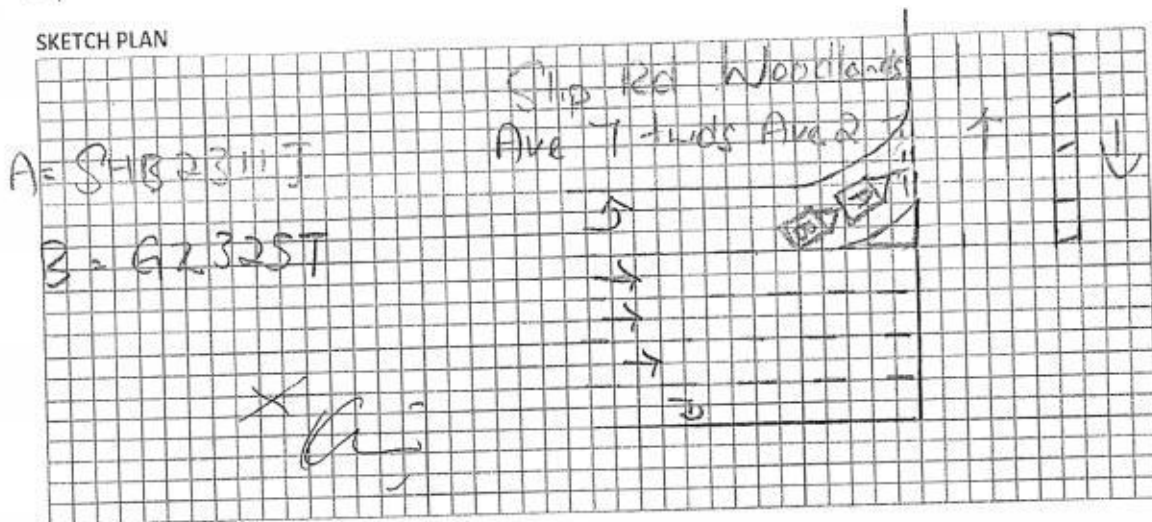
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

GIA/IMC SketchPlanForm_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/6/18 @ abt 1545 hrs, I was driving along above location. As I approached the give way lines, I reduced my taxi speed & slowed down gradually to give way to the traffic on the right. Suddenly a few seconds later, a Lorry G2325T came from behind collided onto the rear portion of my taxi. 1 Male pax on board & no one was injured at the point of accident.

DECLARATION

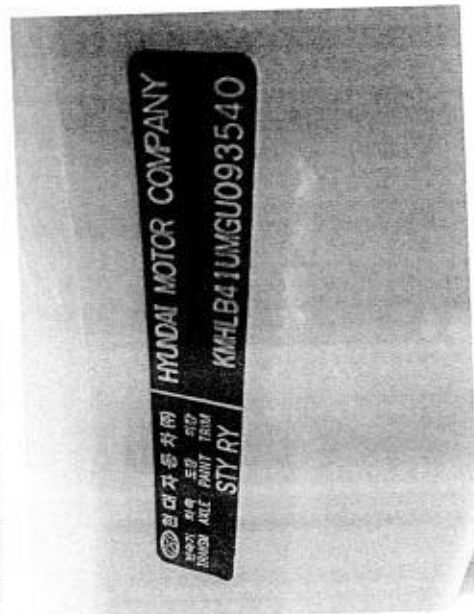
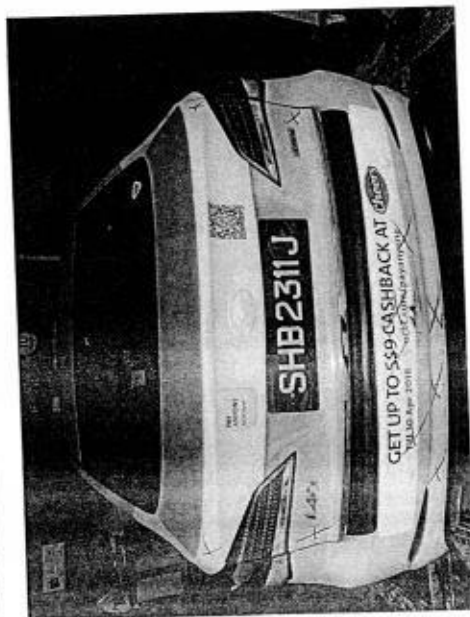
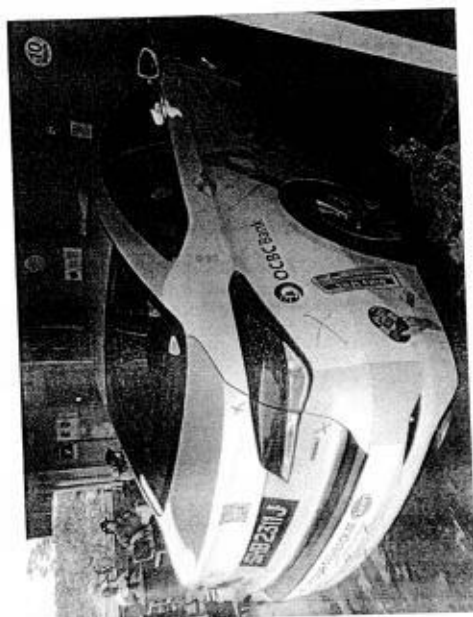
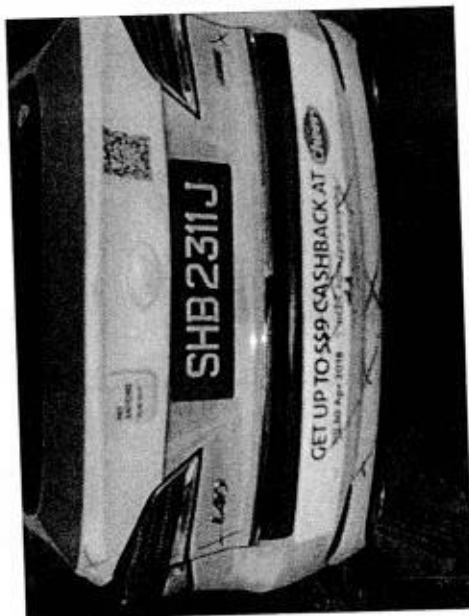
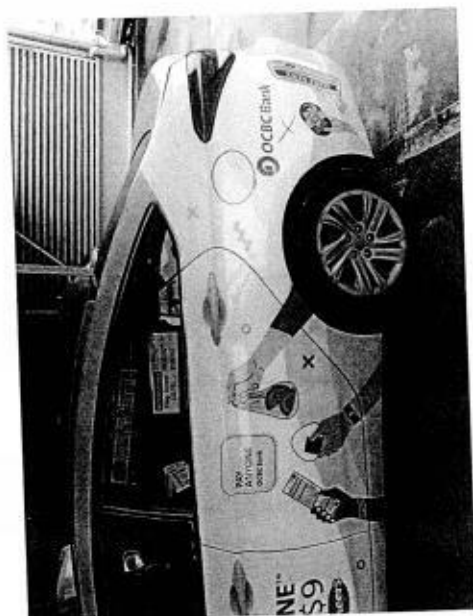
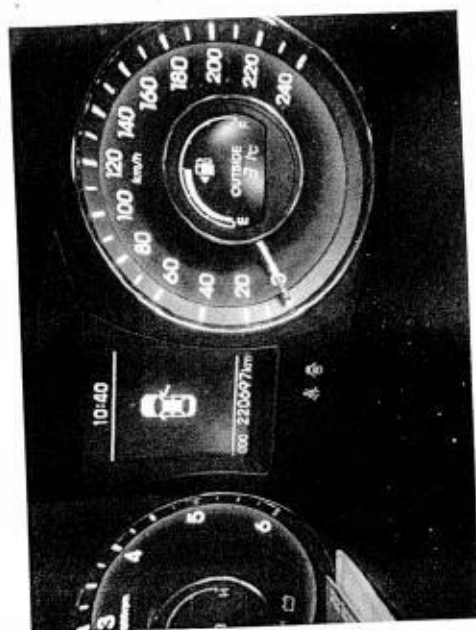
I/We declare the foregoing particulars are true in every respect.

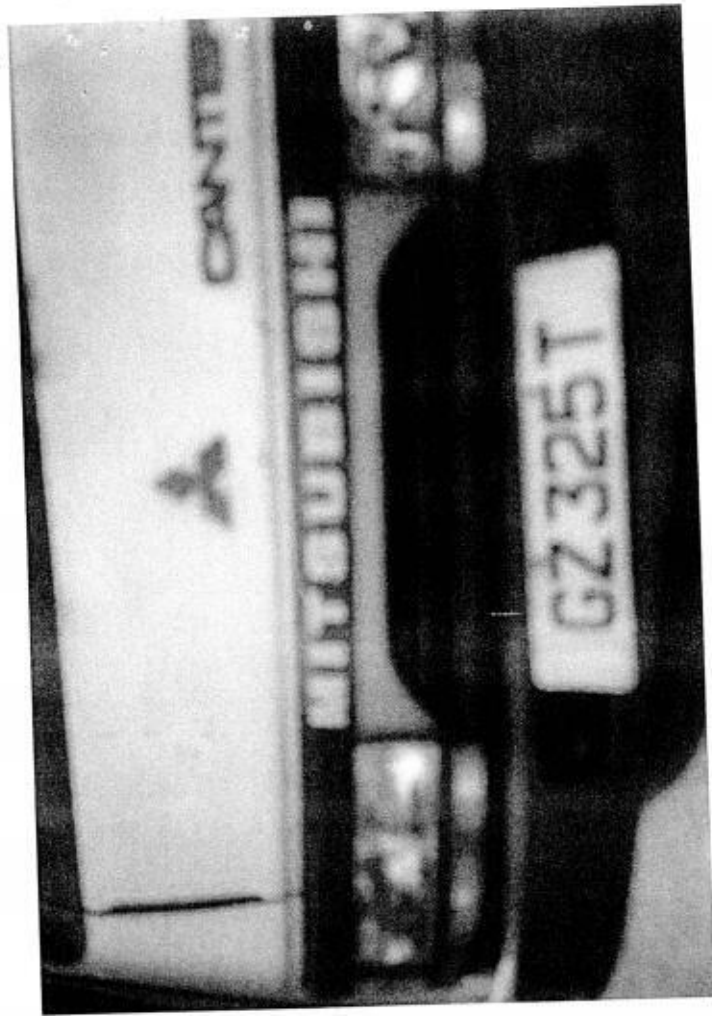
CITYCAB PTE LTD
CO. REG NO. 199502839G
Policyholder's Signature
Date & Time:

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

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

Teo Yen Yee





Date/Time: 13.06.2018 16:14

Page : 1

Team: ARC Repair TP(CFSO)1

JOB CARD Sales Order:

JC NO305175123

CUSTOMER
CITYCAB PTE LTD
VMS 7010070
CUSTOMER NO
ADDRESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
L (R) 65551188 (O)
(P)

REGN NO: SHB2311J	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL 1-40	DATE/TIME IN 13.06.2018 10:40
YR OF MANU 25.08.2016	TARGET DATE
CHASSIS CODE KMHLE41UMGU093540	COMPLETION DATE/TIME:

3COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 12.06.2018
NATURE: 3P 12.06.2018

S/NO	LABOR CODE	DESCRIPTION
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CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Vehicle No.: SHB2311J CHIANG

Exit Pass

Vehicle No.: SHB2311J

Name of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle 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: Tokio Marine Insurance Singapore Ltd (HQ)
CCPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	13/06/2018
Vehicle Reg. No.:	SHB2311J	Driveable?	YES
Party At Fault:	UNKNOWN		

Make/Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	25/08/2016
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4FDGU670625	Chassis No:	KMHLB41UMGU093540
Odometer:	0 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	2,774.20
Miscellaneous Items	10.00
Labour	1,770.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,554.20
+ GST 7.00% (S\$)	318.79
Nett Amount (S\$)	4,872.99

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG **Version:** 1.0 (Last Synchronised: 13 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: ComfortDelGro Engineering Pte Ltd/SHB2311J/13/06/2018 16:45
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 <i>Referal</i>	20.00	0.00	*603.60 FL
2	1		*REAR BUMPER REINFORCEMENT <i>Referal</i>	20.00	0.00	*504.35 FL
3	2		*REAR BUMPER REINFORCEMENT BRACKET LH/RH <i>Referal</i>	20.00	0.00	*360.00 FL
4	2		*REAR BUMPER SIDE BRACKET LH/RH <i>Referal</i>	20.00	0.00	*98.00 FL
5	1		*REAR BUMPER CLIPS <i>Referal</i>	20.00	0.00	*2.20 FL
6	1		*REAR BUMPER SPONGE <i>Referal</i>	20.00	0.00	*143.40 FL
7	1		*REAR BUMPER UNDER COVER <i>Referal</i>	20.00	0.00	*225.00 FL
8	1		*REAR PANEL <i>Referal</i>	20.00	0.00	*592.30 FL
9	1		*REAR PANEL GARNISH <i>Referal</i>	20.00	0.00	*57.70 FL
10	1		*REAR PANEL LOWER PANEL <i>Referal</i>	20.00	0.00	*495.50 FL
11	1		*REAR BUMPER REVERSE SENSOR <i>Referal</i>	20.00	0.00	*135.70 FL
12	1		*REAR BUMPER RUBBER MAT <i>Referal</i>	20.00	0.00	*50.00 FL
13	2		*REAR FENDER ADVERTISEMENT STICKER <i>Referal</i>	20.00	0.00	*200.00 FL
Sub Total (S\$)						3,467.75
- List Item Discount on L Items (S\$)						693.55
Total Parts (S\$)						2,774.20

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHB2311J/13/06/2018 16:45. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Repairer Estimates

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	850.00 200
2	SPRAY PAINTING	New	750.00 200
3	WIRING	New	50.00 X 11
4	REMOVE/REFIX REVERSE SENSOR	New	120.00 30
Gross Labour Cost (\$\$)			1,770.00

ComfortDelGro Engineering Pte Ltd/SHB2311J/13/06/2018 16:45. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

ke li 10/6/18

14/6/18 11:35h

2 Rg.

P/P

Beitune Paint, etc

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts before resurvey
- Parts prices are subject to inspection
- Third party survey is on a "No Prejudice" basis
- No illegal modifications are allowed
- Supplemental items must be resurveyed and is subject to final approval from insurance Company

Acknowledged by Repairer:

Signature:

Date:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.06.2018

Time: 14:48:15

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305175123
REGN NO : SHB2311J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 25.08.2016
DATE/TIME IN : 13.06.2018 10:40
ACCIDENT DATE : 12.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	603.60	20.00	482.88
0002 04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10	22.00	20.00	17.60
0003 04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	225.00	20.00	180.00
0004 04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	2.00-	50.00
0005 09-01-9999-0068-A	HYUNDAI REVERSE SENSOR AS	1	135.70	0.20	135.70
SUB-TOTAL :					866.18

JOB NATURE

0000 20-05	REAR FENDER ADVERTISEMENT				200.00
0001 L	MERIMEN FEE		10.00		
0002 L	PANEL BEATING			200.00	
0003 23-502	SPRAYPAINT ON AFFECTED AREA				200.00
0004 20-05	RENEW ADVERTISEMENT STICKER-				30.00
SUB-TOTAL :					640.00

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 18.06.2018

Time: 14:48:15

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010070

ADDRESS : CITYCAB PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65551188

JOB NO : 305175123
REGN NO : SHB2311J
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 25.08.2016
DATE/TIME IN : 13.06.2018 10:40
ACCIDENT DATE : 12.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,506.18

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE

DATE :

COMFORTDELGRO ENGINEERING

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

Our Job Ref No : 305175123
Date : 18/06/18

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHB2311J

Fax :

12/06/18

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

1. The repair job shall bill to: TOKIO GZ325T
2. The finalized amount shall be:

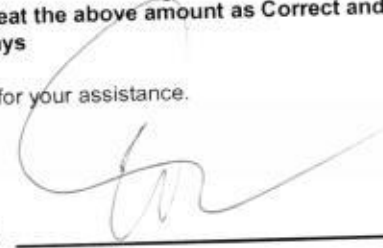
(a) Spare Parts after List discount	\$866.18
(b) Labour Charges	\$640.00
Total for Part-By-Part Repair Cost	\$1,506.18
(c) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less:	
Final Lumpsum Repair cost	


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 : 18/6/18

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/TMI18010902/K1TBN2
Date: 25/06/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MX009844
Claimant Vehicle No :	SHB2311J	Insured Vehicle No :	GZ325T
Date of Loss:	13/06/2018	Nature of Claim:	TP
		Claim No:	M1802966

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB2311J	Engine No:	D4FDGU670625
Make & Model:	HYUNDAI I40, 1.7 L CRDI AT ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMGU093540
Reg. Date:	25/08/2016 (Man. Year: 2016)	Odometer:	220697 km
Colour:	Yellow		
Engine Capacity:	1685 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:	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:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,774.20	1,066.18	1,708.02	61.57
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,770.00	430.00	1,340.00	75.71
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	4,554.20	1,506.18	3,048.02	66.93
+ GST 7.00/7.00% (S\$)	318.79	105.43	213.36	66.93
Nett Amount (S\$)	4,872.99	1,611.61	3,261.38	66.93

INSPECTION

Date of Assignment:	14/06/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	14/06/2018	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: DENISE TAY KWEE CHENG

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: 25 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 SHB2311J)
 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	603.60 FL	*603.60 FL
2	1	*REAR BUMPER REINFORCEMENT	Serviceable	504.35 FL	-
3	2	*REAR BUMPER REINFORCEMENT BRACKET LH/RH	Serviceable	360.00 FL	-
4	2	*REAR BUMPER SIDE BRACKET LH/RH	Serviceable	98.00 FL	-
5	10	*REAR BUMPER CLIPS	Necessary	2.20 FL	*22.00 FL
6	1	*REAR BUMPER SPONGE	Serviceable	143.40 FL	-
7	1	*REAR BUMPER UNDER COVER	Cut	225.00 FL	*225.00 FL
8	1	*REAR PANEL	Repair	592.30 FL	-
9	1	*REAR PANEL GARNISH	Serviceable	57.70 FL	-
10	1	*REAR PANEL LOWER PANEL	Repair	495.50 FL	-
11	1	*REAR BUMPER REVERSE SENSOR	Shorted	135.70 FL	*135.70 FS
12	1	*REAR BUMPER RUBBER MAT	Necessary	50.00 FL	*50.00 FS
13	2	*REAR FENDER ADVERTISEMENT STICKER	Necessary	200.00 FL	*200.00 FS
F=Franchise part. S=SpcNett. L=ListItemDisc.					
Sub Total (\$\$)				3,467.75	1,236.30
- List Item Discount on L Items 20.00/20.00% (\$\$)				693.55	170.12
Total Parts (\$\$)				2,774.20	1,066.18

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 (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	850.00	200.00
2	SPRAY PAINTING	New	750.00	200.00
3	WIRING	New	50.00	-
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	30.00
Gross Labour Cost (S\$)			1,770.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >