Investor Kalin	REF: CC3/	TM21807	1119/	Kldonz			
Invegor Kalun			NMENT				
				CHA 5	33×0	Yr Regn: 24 Nov	2016
From:	Date:	1.0	/eh No: Type: M. Car			16 / Prime Mover	
Estimated Cost: OD / TP / WS / TP RES / OD RE	ES / EVA / INV / MV			/ Trailer or			
To Inspect Vehicle No:	3/27///////////////////////////////////		Make:	Hyun	la 740	c.c /	685
at Workshop m/s	8 - \$ - \$ -		Colour	Blue		/C: Ins@d / Std	
of			Sp.Reading	183	338 T	/Radio: Ins &d / Sto	ANTINA
Insured GBE 344H			Eng/No:				
Policy No. Mu009281			C/No:	KM	HLBX.	14AH409	6454
Claims No. M1863015				Good / Fabr Po			
Sum Insured:	Excess: \$750	22. 7	(6)	ord Jammed			
(Client's Record)				order / Jammed		rnt or	
Make of Veh:		0.65	Modi: Ni	1 / S/Rim / 5/1		./ .	
			Tyre Size:	F:	201	16ano6	
(Policy Condition)	_			R:		O LOUTOUL DID LO	UBM /
Remark: The veh had comme repair at the time of	the state of the s	S O/S	TOYO / Y		FSTLIZATMI	La Kank	UMI /
Bal, or Market Value:	2 5 2		Front	2		Rear 7	
IDAC Accident Rport:	Consistent? : Yes or No		R/Bal.	7	mm	R/Bai.	mm /
GIA / PR Seen:	Consistent?: Yes or No		L/Bal.	+,,,	mm	L/Bal. +	mm
Est, Repairs;	days Res.: Yes or No		D.O.A.	17/6/18	101	D.O.I. 19/6/	ď
Lum Sum:	% 3 Val.: Yes or No	9	Survey hel			E (Loyang)	
CA / REV / REP. / 2	4 HRS Vehic	le: IN / OUT			0/3	NS / U/C / Roofto	
Date: Perso	n Contacted:		The U	C / Chassis fr	ame / Body S	tructure affected de	ue to collision.
Date / Time Action / In SMA 53 GBF 311 22/6/-8 Red: \$	struction 134D - MS / TMC[70] 14H - MS / TF[70] 14H - MS / TF[70] 1450 , 157.	37 /AGH3	h2		A: 1012FI 3: 311216	Tokio PIr	3618
Date/Time, File Pass to?	: Preli. Report		Days Of	Repair:	2		
1 Lyput	: Final Report			y No. of Trip	: 1	Survey Fee: Transportation	250
Date/Time, File Return to?		Add Fe	e: [] s	ite Insp (\$)S+R\$\$I	10
2)		r.dd i c	Bernard .	nterview (\$	/) Photos	
Report Format :	1P		-	ech Invs (\$) Cilhers	260
report order			bearing.				

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 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 witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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

foresaid.				
	ACCIDENT STATEMENT			
Date Of Report	18/06/2018 15:03			
Date Of Accident	17/06/2018 12:55			
Exact Location Of Accident	BLK 36 CHAI CHEE AVE OPEN SPACE CAR PARK			
Country/State of Loss	SINGAPORE			
	DETAILS OF OWN VEHICLE			
Vehicle Registration Number	SHA5334D			
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 140

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?

If No, Please state action to be taken THIRD PARTY

Vehicle Category TAXI

Insurance Company

Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT Fleet Policy YES

Policy Number MCOM0015

Cover Note Number

Driver

Name of Driver LEE KHAI HUAT ALEX

 NRIC No
 S7044933A

 Date Of Birth
 13/12/1970

 Occupation
 OUTDOOR

 Date Of Driving Pass
 24/04/1991

Driving Experience 27 YEARS AND 1 MONTH

Gender MALE

Mobile Number (LOCAL) +65-81334397

Fax Number Contact Number

EMail Address ALEXLEEWIN@GMAIL.COM

BLK 687 JURONG WEST CENTRAL 1 Address

#11-153

2

NO

NO

YES

NO

1

NO

NO

640687 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

OTHER - TAXI DRIVER

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident

CLEAR Weather Conditions

DRY Road Surface

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER 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

GBE344H

Vehicle Make/Model/Colour

TOYOTA LORRY

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

UNKNOWN

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

FRONT RH

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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)

lunderstand, acknowledge, agree and consent that:

- 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)
 - (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
- 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.
- 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:

Loke We

Yieng

Reporting Centre Personnel's Signature

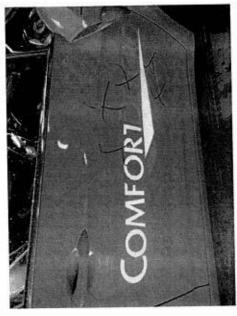
Name:

NRIC/FIN No .:

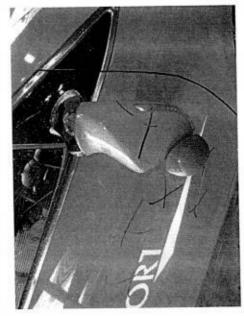
Sketch Plan Pg. 2

SIKETCH PLAN		
A-24453344 8-GBE 344F1	BNG3G Chaichea Ave	
DESCRIBE CIRCUMSTANCES OF TH	Cor Park E	
		out 12:55 his, my
trus slupped so	mewhere in Blk	36 Char Chee Ave Open
	maiting for -1h	
Sharlly	after 1 slowly mor	nng straight after 1
	D 25	ear. In the midst 1
drive pargeng isu	ddonly the long GBE	344H-encroached into m
poth and hol	onto the right	I from portion of my
touxi.		
No po	ssanga in my	taxi. No injum
of the point of	accident	
DECLARATION		
I/We declare the foregoing particulars MFORT TRANSPORTATION PTE CO. REG. NO. 199303821R	are true in every respect.	Loke Weel Yieng
Policyholder's Signature	Driver's Signature (If driver is not the policyholder)	Reporting Centre Personnel's Signature Name:





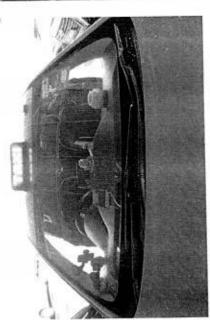
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OMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

turned to Service Reception upon collection

ComfortDelGro Engineering Pte Ltd

205 Brudgell Road Singapore 579701 Maintine + 65 6383 6280 Facsimile + 65 6260 9785 Workshops

Date/Time: 18.06.2018 18:03 Page: 1

a: ARC Repair TP(CLSO)1	JOB CARD Sales Order:	JC NO305176934
MER	REGN NO. SHA5334I) MILEAGE
COMFORT TRANSPORTATION PTE LT		FUEL
Singapore SINGAPORE 575717	MODEL -40	DATE/TIME IN 18.06.2018 13:15
		016 TARGET DATE
T CARD NO.	io Marine CHASSIS CODE 411.20	JMHU096424 COMPLETION DATE/TIME:
ident Date: 17.06.2018 URE: 3P 17.06.2018	JOB DESCRIPTION	
O LABOR CODE	DESCRIPTION	
e		
D & PASSED OUT BY:		
D & PASSED OUT BT.		
SERVICE ADVISOR		CUSTOMER'S SIGNATURE
lgement Slip	Exit Pass	
	4 4	
SHA5334D LKE	Vehicle No.: SHA5334D	
Sanitas Aduleos Signature/Date	Name of Service Advisor	Date

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)

CTPL

Singapore

LKE/KaWu

PARTICULARS OF CLAIM

Claim Type:

THIRD PARTY

Ref. No:

17/06/2018

Policy No:

SHA5334D

Date of Loss: Driveable?

YES

Vehicle Reg. No.: Party At Fault:

UNKNOWN

Make/Model:

HYUNDAI 140, 1.7 D CRDI (A)

Vehicle Reg. Date:

24/11/2016

Vehicle Colour:

Gen Condition:

GOOD

Engine No:

D4FDGU690468

Chassis No:

KMHLB41UMHU096424

Odometer:

0 KM

BLUE

Paint Type:

List Item Discount:

20.00 %

Total Loss?

NO 3

Est. Duration of Repair (day)

Present Location:

COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS		Amount
		1,981.80
Parts Miscellaneous Items		10.00
		970.00
Labour		0.00
Paintwork Labour		0.00
Towing	NO. DECEMBER OF THE PROPERTY O	
	Gross Total (S\$)	2,961.80
	+ GST 7.00% (S\$)	207.33
	Nett Amount (S\$)	3,169.13

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG

Version: 1.0 (Last Synchronised: 18 Jun 2018)

Parts:

143

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

Labour:

Repairer's

(Price-denominated Standard List)

Validity:

Print Code: ComfortDelGro Engineering Pte Ltd/SHA5334D/18/06/2018 18:42 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 *.

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
*	4		FRT DOOR RH - MA R. K.	20.00	0.00	*1,403.00 FL
2	1		*FRT DOOR WIND MIRROR RH	20.00	0.00	*980.50 FL
3	1		*FRT DOOR COMFORT LOGO RH	0.00	0.00	*75.00 F
F=Fra	anchise	part. L=ListItem	Disc.			
			Sub Total (S\$)			2,458.50
			- List Item Discount on L Items (S\$)			476.70
			Total Parts (S\$)			1,981.80

ComfortDelGro Engineering Pte Ltd/SHA5334D/18/06/2018 18:42. Not valid without Reference section. Generated using Merimen e-Claims IEAS

	ates on Miscellaneous Items y Particulars		Amount
Miscella	oneous Items OD/TP Case (Insurer)		10.00
		Sub Total (S\$)	10.00

No	timates on Labour Particulars	Lab.Type	Amount
Lab	our Items		200_
1	PANEL BEATING	New	350.00
2	SPRAY PAINTING CHARGE	New	400.00 250
3	WIRING CHARGE	New	50.00 20
4	TUFF KOTE	New	50.00-20
5	TRANSFER OF DOOR	New	120.00
6	TRANSFER OF DOOR	New	
		Gross Labour Cost (S\$)	970.00

ComfortDelGro Engineering Pte Ltd/SHA5334D/18/06/2018 18:42. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

LKK Auto Consultants her ba notify
the Repairer of the following:

1 9/6/8 1106/2
Parts process of the following:

1 To display the security and soon
Third parts of the following:

No like at most of the following:

No like at most of the following:

No like at most of the following:

Supplement of the following:

No like at most of the following:

Supplement of the following:

Supplement of the following:

Supplement of the following:

Supplement of the following:

No like at most of the following:

COMFORTDELGRO ENGINEERING PTE LTD

Time: 18:23:20

Date: 21.06.2018

REPAIR ESTIMATE

Page: 1

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO MILEAGE

: 305176934 : SHA5334D : 0000000000

MAKE MODEL

: HYUNDAI

: I-40

DATE OF REGN : 24.11.2016 DATE/TIME IN : 18.06.2018 13:15

ACCIDENT DATE : 17.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

1 L 1,403.00 20.00 1,122.40

0003 28-01-0103-0003-A (I40)FRT DOOR LOGO SONATA 1 N 75.00 2.00- 75.00

SUB-TOTAL : 1,981.80

JOB NATURE

0000 L	MERIMEN CHARGE	10.00
0001 L	PANEL BEATING	200.00
02 23-502	SPRAYPAINT ON AFFECTED AREA	250.00
0003 17-01	CHECK ALL LIGHTING	20.00
0004 20-00	TUFF COAT ON AFFECTED PARTS.	20.00
0005 20-02	REMOVE/REFIX DOOR PARTS TO ASSIST REP	50.00

SUB-TOTAL: 550.00

COMFORTDELGRO ENGINEERING PTE LTD

SURVEYOR NAME & SIGNATURE

REPAIR ESTIMATE

Date: 21.06.2018 Time: 18:23:20

Page: 2

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO MILEAGE

: 305176934 : SHA5334D ; 0000000000

MAKE : HYUNDAI

MODEL

: I-40

DATE OF REGN : 24.11.2016 DATE/TIME IN : 18.06.2018 13:15

ACCIDENT DATE : 17.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,531.80

AUTHORISED: YES / NO

MVA NAME & SIGNATURE

DATE:

DATE:

COMFORTDELGRO ENGINEERING

305176934 Our Job Ref No ComfortDelGro Engineering Pte Ltd 21/06/18 59 Loyang Drive Singapore 508969 Date Fax: 6546 8156 **FINALIZATION FORM** Fax: LKK KALVIN ANG Attn : Mr 17.06.18 CTPL SHA5334D Vehicle Reg No. The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-GBE344H TOKIO MARINE The repair job shall bill to: 1. The finalized amount shall be: 2. \$1,981.80 Spare Parts after List discount (a) \$550.00 Labour Charges \$2,531.80 Total for Part-By-Part Repair Cost (c.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: 20% Final Lumpsum Repair cost Estimated normal period for repairs: working days. 3. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days We confirm the estimates and Thank you for your assistance. 5. finalized amount Signature: Signature : Name Name : LIM KWOK ENG : 62148316 Date Tel : 65468156 Fax For Official Use Only Document Confirm By Remarks Amount Attached Item (Signature) Yes or No YES Rental Rate P/Day 2. Loss of Income Paid 3. Survey Fees LTA Search Fee Medical Fees (on behalf of driver, if applicable) 6 Overrun Remarks:

Adjuster recommendation S\$2,709.03 exceeds max mandate of S\$0.00 given by the insurer for direct offer.

Adjuster must seek a new mandate from insurer.

You cannot authorize this offer because

Adjuster recommendation S\$2,709.03 exceeds max mandate of S\$0.00 given by the insurer for direct offer.

Adjuster must seek a new mandate from insurer.

File to be authorized by your superior.

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/TM118011119/K1RBN2

Claim No:

Date:

28/06/2018

REFERENCE

Handling Insurer: Tol

Tokio Marine Insurance Singapore Ltd

Policy No:

MU009281

Claimant Vehicle

ile S

SHA5334D

Insured Vehicle No :

GBE344H

No : Date of Loss:

17/06/2018

Nature of Claim:

TP

M1803015

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHA5334D

Make & Model:

Engine Capacity:

HYUNDAI 140, 1.7 D CRDi (A) 24/11/2016 (Man. Year: 2016) Engine No: Chassis No: Odometer: D4FDGU690468 KMHLB41UMHU096424

183338 km

Reg. Date: Colour:

Blue

1685 cc

16

Market Value/New Car Price: Sum Insured (S\$): N/A

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

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

Yes Good

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size: Front Left Side: 205/60R16 Hankook 7 mm Hankook 7 mm

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

Front Right Side: Hankoo
The above values represent the remaining tyre treads depth

COST OF CLAIMS		Repairer's	Adjuster's	Difference	Diff %
Parts		1,981.80	1,981.80	0.00	0.00
Miscellaneous Items		10.00	10.00	0.00	0.00
Labour		970.00	540.00	430.00	44.33
Paintwork Labour		0.00	0.00	0.00	
Towing		0.00	0.00	0.00	
	Gross Total (S\$)	2,961.80	2,531.80	430.00	14.52
	+ GST 7.00/7.00% (S\$)	207.33	177.23	30.10	14.52
	Nett Amount (S\$)	3,169.13	2,709.03	460.10	14.52

INSPECTION

Date of Assignment: Date Inspected:

20/06/2018

Present Location: Inspected At: ComfortDelGro Engineering Pte Ltd (Loyang) ComfortDelGro Engineering Pte Ltd (Loyang)

59 Loyang Drive Singapore 508969

Estimated Period of

Repair:

2.0 days

Adjuster: KALVIN ANG WEI KUN

Manager:

Janice Lee Si Hua

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	e	
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 28 Jun 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 SHA5334D)
Validity:		s are valid only if they contain the print code (above) on all estimate pages, running page numbers with the END Oi rker on the last estimate page
Further Info:	Items/values n	ot in reference catalogue are prefixed with an asterisk *.

No.	Qty Part No.	Particulars	Condition	Repairer's	Amount
1	1	*FRT DOOR RH	Dented	1,403.00 FL	*1,403.00 FL
2	1	*FRT DOOR WIND MIRROR RH	Broken	980.50 FL	*980.50 FL
3	1	*FRT DOOR COMFORT LOGO RH	Necessary	75.00 F	*75.00 FS
F=Fr	anchise part. S=SpcNett	L=ListItemDisc.	N=	0.00000000	Cathana
			Sub Total (S\$)	2,458.50	2,458.50
		- List Item Discount on	L Items 20.00/20.00% (S\$)	476.70	476.70
			Total Parts (S\$)	1,981.80	1,981.80

	commended Miscellaneous Items Qty Particulars		Repairer's	Amount
Miscellaneous Items 1 1 OD/TP Case (Insurer)			10.00	10.00
		Sub Total (S\$)	10.00	10.00
Re	commended Labour			
No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	PANEL BEATING	New	350.00	200.00
2	SPRAY PAINTING CHARGE	New	400.00	250.00
3	WIRING CHARGE	New	50.00	20.00
4	TUFF KOTE	New	50.00	20.00
5	TRANSFER OF DOOR	New	120.00	50.00
6	TRANSFER OF DOOR	New		-
		Gross Labour Cost (S\$)	970.00	540.00
	Report was unsubm	nitted during this print-out.		

< END OF ESTIMATES >