

(08/11/13)

Surveillance: Kalvin
Murman

REF:

CC3/TM118011748 / K16b n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SJR 5093K

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.

N/S	O/S

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

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD7113X Yr Regn: 10 Nov, 2016

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 173128 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHLB41UMH4096230

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or HLK

Front Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 26/6/18 D.O.I. 27/6/18Survey held at CHE (Loyang)

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

O/S Front

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

Date / Time	Action / Instruction
	SHD 7113X - (C3/LGR17005117/H116363) DIA: 120317 To Kio
	SJR 5093K - X PIP
30/6/18	Car and PIP \$510/242
	(\$935.36 Red - 64%)
	RECEIVED 02 JUL 2018

Date/Time, File Pass to?

02/07/18

1) Typist

Date/Time, File Return to?

2) _____

Report Format: _____

Lump Sum / I.B.I: (\$ 510.00 PIP)☐ : Prell. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

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	27/06/2018 13:55
Date Of Accident	26/06/2018 19:30
Exact Location Of Accident	TPE TWDS PIE CHANGI AIRPORT EXIT TO SLIP RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD7113X
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	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	ONG KAH TEK
NRIC No	S1579932C
Date Of Birth	12/04/1963
Occupation	OUTDOOR
Date Of Driving Pass	21/06/1983
Driving Experience	35 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96918498
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	230 13-418 COMPASSVALE WALK
Postcode	540230
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	SIDE SWIPE
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?	YES
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

SEE ATTACH.

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	SJR5093K
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	LEFT REAR

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ONG KAH TEK
Approximate Age	55
Injuries Sustain	NECK,SHOULDER
Injured person in which vehicle?	SHD7113X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 26 JUNE 2018 @ 19.30 hr I

VEH A was driving along TPE Tude Chuan

At Port. I VEH A Exit to Slip Rd

to Punggol (Exit 10A). ~~at~~ along the way

I VEH A going straight on 3rd lane ~~and~~

and wanted to film on the Slip Rd. ~~and~~

Punggol Rd. Suddenly VEH B from 2nd lane

dash in to 3rd lane and hit VEH A Right

front and go through the Slip Rd. at

the point of accident I VEH A carry a

male pax. he was OK.

DECLARATION

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

COMFORT TRANSPORTATION

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.:

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 P
CC REG NO: 18000001P

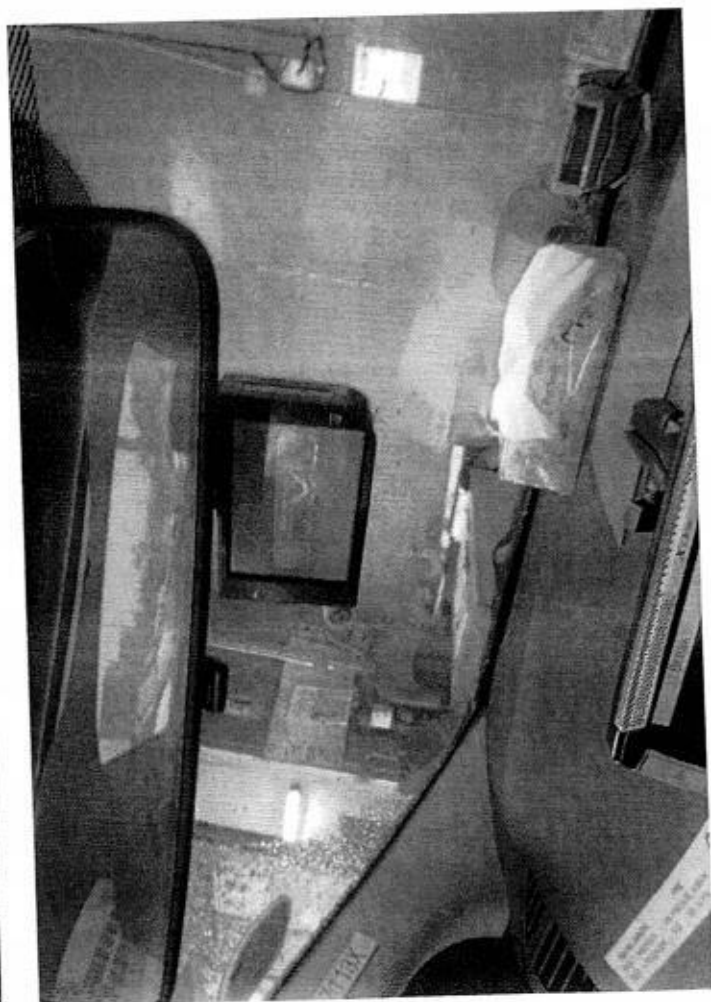
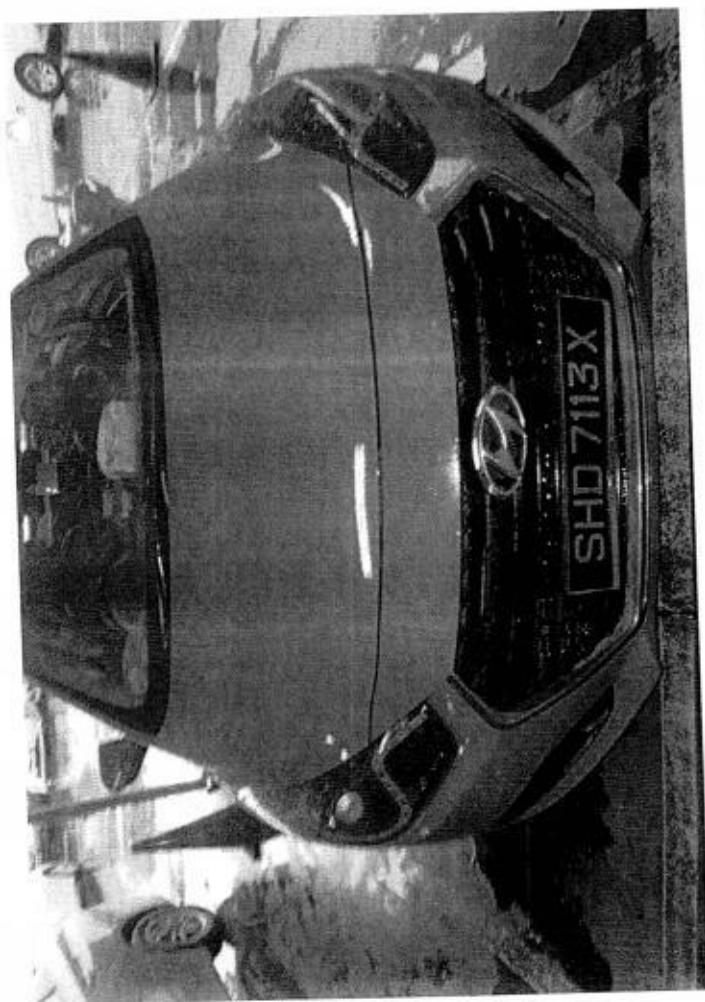
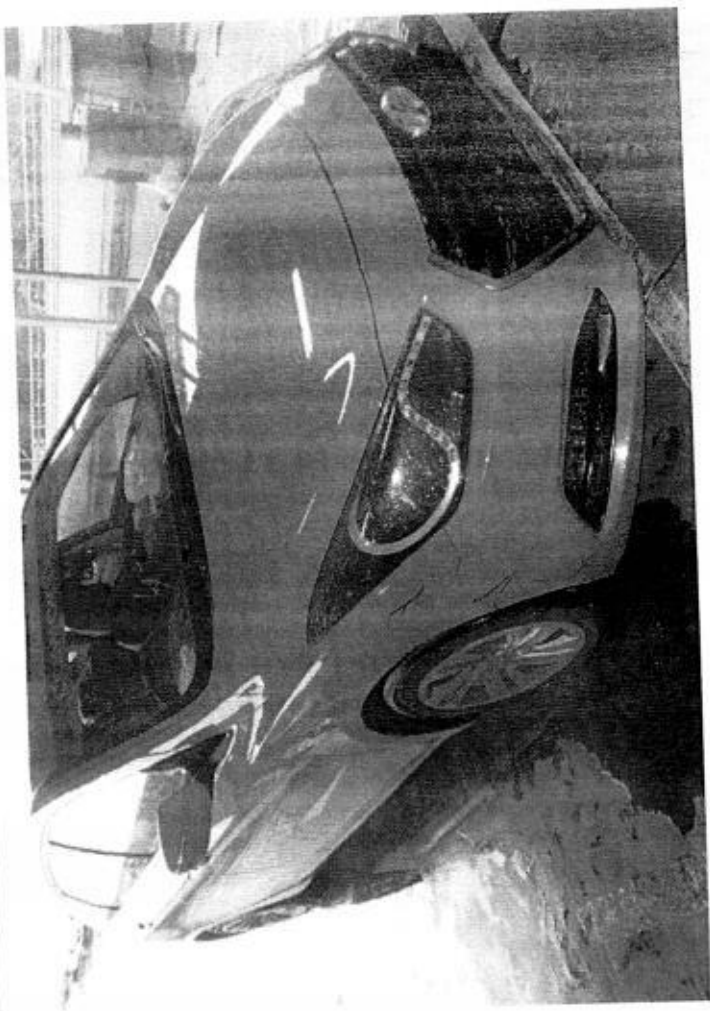
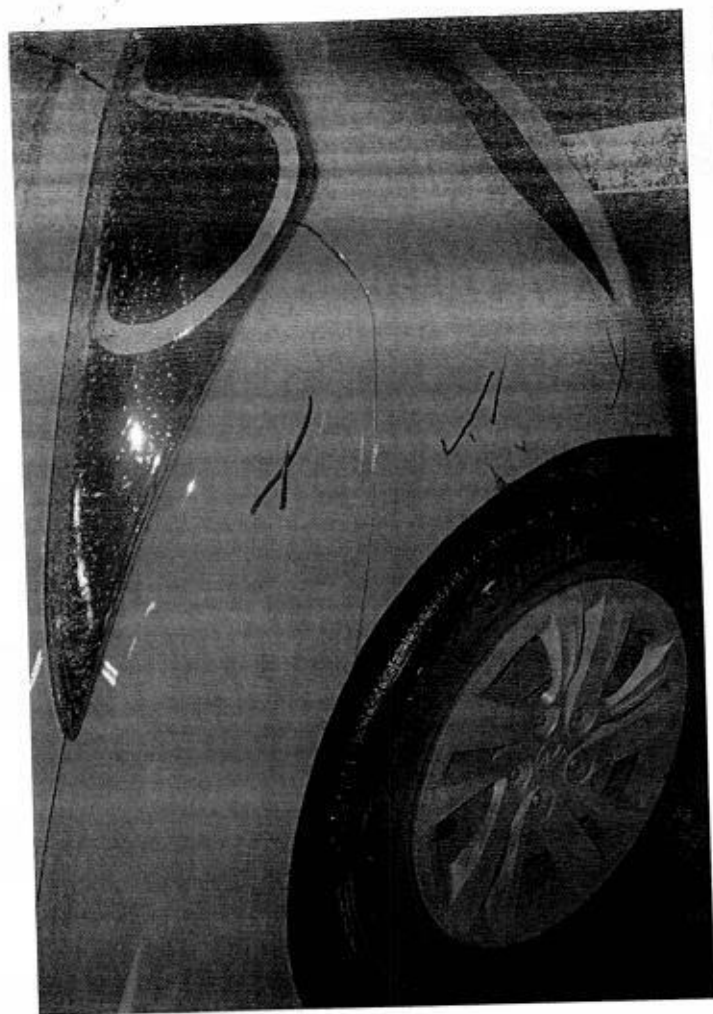
Policyholder's Signature
Date & Time:

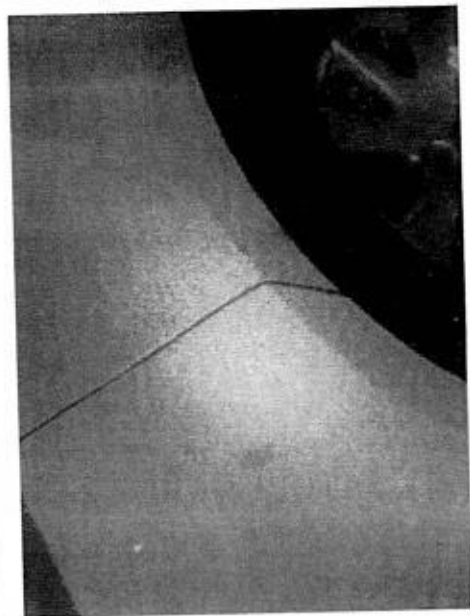
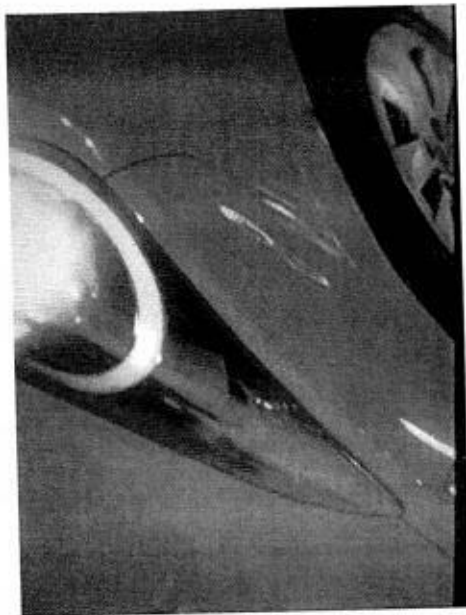
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Version 1.0 (2018/01/01)







COMFORTDELGRO
ENGINEERING

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 572701

Mainline - 65 8383 8280 Facsimile - 65 8280 8755

Workshops

52 Loyang Drive Singapore 508905

383 Sin Ming Drive Singapore 576717

45 Pandan Road Singapore 609286

40 Ulu Pandan Road Singapore 670439

24 Serangoon Loop Singapore 755158

7 Simei Road Way Singapore 728791

6 Delia Avenue 1 Singapore 339537

Date/Time: 27.06.2018 15:27

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305180621

CUSTOMER

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

REGN NO. SHD7113X

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 27.06.2018 12:20

YR OF MANU. 10.11.2016

TARGET DATE

CHASSIS CODE KMHLB41UMHU096230

COMPLETION DATE/TIME:

SCOUNT CARD NO.

JOB DESCRIPTION

Accident Date: 26.06.2018
NATURE: 3P 26.06.2018

S/NO

LABOR CODE

DESCRIPTION

Tokio - taxi Right Front damage
Lkk/Kalmi -

CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

e:
lo.: SHD7113X LARRY
le No.:

Vehicle No.: SHD7113X

e of Service Advisor

Signature/Date

Name of Service Advisor

Date

a 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 PTE LTD

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	26/06/2018
Vehicle Reg. No.:	SHD7113X	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	10/11/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU689102	Chassis No:	KMHLB41UMHU096230
Odometer:	173128 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	485.36
Miscellaneous Items	10.00
Labour	950.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,445.36
+ GST 7.00% (S\$)	101.18
Nett Amount (S\$)	1,546.54

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: 27 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: ComfortDelGro Engineering Pte Ltd/SHD7113X/27/06/2018 15:38
 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		*FRONT BUMPER X Repair	20.00	0.00	*562.30 FL
2	1		*FRONT BUMPER BRACKET TOP -RH X su	20.00	0.00	*22.40 FL
3	10		*FRONT BUMPER CLIPS X "1"	20.00	0.00	*22.00 FL
F=Franchise part L=ListItemDisc. Front Fender (RH) X Repair						
Sub Total (\$\$)						606.70
- List Item Discount on L Items (\$\$)						121.34
Total Parts (\$\$)						485.36

ComfortDelGro Engineering Pte Ltd/SHD7113X/27/06/2018 15:38. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Larry Ng

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	400.00 ¹⁰⁰
2	SPRAY PAINTING - (FRT BUMPER / FRT FENDER)	New	500.00 ⁴⁰⁰
3	TUFF KOTE	New	50.00 ¹⁰
Gross Labour Cost (S\$)			950.00

ComfortDelGro Engineering Pte Ltd/SHD7113X/27/06/2018 15:38. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Larry Ng

Ka li (CKK)
27/6/18 1600hrs
20071.
P/P
After Repair r LA

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:

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 29.06.2018

Time: 11:04:31

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 : 305180621
REGN NO : SHD7113X
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 10.11.2016
DATE/TIME IN : 27.06.2018 12:20
ACCIDENT DATE : 26.06.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

SUB-TOTAL : 0.00

JOB NATURE

0000 L MERIMEN FEE 10.00

0001 L PANEL BEATING 100.00

0002 23-502 SPRAYPAINT ON AFFECTED AREA 400.00

SUB-TOTAL : 510.00

TOTAL : 510.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305180621
Date : 29. Jun. 2018

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

FINALIZATION FORM

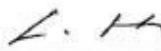
To : LKK Fax :
Attn : KALVIN
Vehicle Reg No. : SHD7113X Date of Accident: 26.06.2018


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

1. The repair job shall bill to: TOKIO SJR5093K
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>/</u>
(b) Labour Charges	<u>\$510.00</u>
Total for Part-By-Part Repair Cost	<u>\$510.00</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u> </u>	<u> </u>
Final Lumpsum Repair cost	<u> </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 : Larry Ng
Tel : 6214 8316
Fax : 6546 8156

Signature : 
Name : Kelvin
Date : 30/6/18

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				
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/TMI18011748/K1SBN2

Date: 04/07/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT103789
Claimant:	SHD7113X	Insured Vehicle No :	SJR5093K
Vehicle No :		Nature of Claim:	TP
Date of Loss:	26/06/2018	Claim No:	M1803180

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD7113X	Engine No:	D4FDGU689102
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMHU096230
Reg. Date:	10/11/2016 (Man. Year: 2016)	Odometer:	173128 km
Colour:	Blue		
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:	Average

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	485.36	0.00	485.36	100.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	950.00	500.00	450.00	47.37
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,445.36	510.00	935.36	64.71
+ GST 7.00/7.00% (S\$)	101.18	35.70	65.48	64.72
Nett Amount (S\$)	1,546.54	545.70	1,000.84	64.71

INSPECTION

Date of Assignment:	27/06/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	27/06/2018	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: Hiew May Fung

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: 04 Jul 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 SHD7113X)
 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		*FRONT BUMPER	Repair	562.30 FL	*- FL
2	1		*FRONT BUMPER BRACKET TOP -RH	Serviceable	22.40 FL	*- FL
3	10		*FRONT BUMPER CLIPS	Not Necessary	22.00 FL	*- FL
4	1		*FRONT FINDER RH (NPA)	Repair	-	*- FL
					Sub Total (S\$)	606.70 0.00
					- List Item Discount on L Items 20.00/20.00% (S\$)	121.34 0.00
					Total Parts (S\$)	485.36 0.00

F=Franchise part. 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 (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	100.00
2	SPRAY PAINTING - (FRT BUMPER / FRT FENDER)	New	500.00	400.00
3	TUFF KOTE	New	50.00	-
Gross Labour Cost (S\$)			950.00	500.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >