

ASS. REC. BY:

REF:

CS/CTI18013340/Grd3 12

Special Instruction:

Surveyor
Meimien

Guo Qiang
Eline Cheong

ASSIGNMENT (Office)

of CTI

Date/Time 20/7/18 @ 5.06pm

Estimated Cost:

Bill to:

OD TP RES / TP RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No:

SGU 1604H

Insured:

SJN 5935C

at Workshop m/s

8 Three Automotive

Tel:

6284 1542

of

Blk 8, Sin Ming Ind. Est #01-64

Policy No:

DMPCSN1607151802

Claim No:

SNM18D03574C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

19/07/2018

CA / REV / REP. / REV 24 HRS

1 up

H.O.D. Endorsement:

Date/Time:

9:41am @ 23/7/18

Person Contacted:

Yan Jen

Vehicle:

IN/OUT

Date/Time	Action/Instruction	
	(X) Estimate	
	SGU 1604H - NA / FCI 10902 / 142 / r	DOA: 19/07/2009
	SJN 5935C - CS/CTI 17015005 / T/H b	DOA: 28/07/2017
	Confirm L/S \$3000 @ 6 days	9766 2745 2ey
	(Red: \$ 9444.40, 76%.	

(08/11/13) wef

ASS. REC. BY:

REF: CTI

7906J

ASSIGNMENT

(-2022)

From: Date: 23/7/18

Estimated Cost:

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

To Inspect Vehicle No: SGU 1604H
at Workshop m/s S three Automotive
of Blk 8, Sin Ming Ind. Est. #01-64

Insured:

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: \$25k

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: 2% 3 Val.: Yes or No

CA / REV / REP. / 24 HRS / up

Date: Person Contacted:

Vehicle: IN / OUT

Veh No: SGU 1604H Yr Regn: 03 May 2007

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

Truck / Trailer or 1.5

Make: Honda Airwave c.c. 1496

Colour: white A/C: Insured / Std / NI / NA

Sp. Reading: 193360 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GT 111 215 45

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 A/Rim or

Tyre Size: F: 195/65 R15

R: 11

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

TOYO / YOKO or

Front

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A.

Survey held at w/s 3pm

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

O/S Rear

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

Date / Time Action / Instruction

RECEIVED 11 SEP 2018

Date/Time, File Pass to?

1) typst

Date/Time, File Return to?

2)

Report Format: TP

Lump Sum / LB: (\$ 3600.00)

☐ : Preli. Report☒ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: -

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

Survey Fee:

Transportation:

\$ + RS, SI

Photos

Others

TOTAL

220

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Inc Auth'd	Status
Main	20 Jul 2018		20 Jul 2018 17:06 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:			
Main Claimant:	QUEK ZHIYUAN		
Vehicle Reg. No.:	SGU1604H	Date of Loss:	19/07/2018 00:00 - :59
Claim Type:	TP / SNM18D03574C02	Policy/Cover Note No.:	DMPCSN1607151802
Vehicle Reg. No. (Insured):	SJN5935C	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	S Three Automotive Recovery Pte Ltd (HQ) Blk 8 Sin Ming Industrial Estate, #01-64/66 Sector C, 575643 Sin Ming - Tel: 62841542 / 62841575		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 31/07/2018]		
Adj Asg. Remarks:	NO EST, ASSIGN XIN QUO QIANG AS SJE.		

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	20/07/2018 15:12
Date Of Accident	19/07/2018 18:30
Exact Location Of Accident	SLIP ROAD OF CLEMENTI ROAD TOWARDS AYE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU1604H
Insured/Policyholder	
Name Of Registered Owner	QUEK ZHI YUAN
NRIC No	S8117306J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-84441348
Alternative Phone No	OTHERS-NOPHONE

Vehicle Particulars

Manufacturer	HONDA
Model	AIRWAVE
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPG18001730
Cover Note Number	

Driver

Name of Driver	QUEK ZHI YUAN
NRIC No	S8117306J
Date Of Birth	13/06/1981
Occupation	INDOOR
Date Of Driving Pass	24/11/2001
Driving Experience	16 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84441348
Fax Number	
Contact Number	OTHERS-NOPHONE
Email Address	NOEMAIL

Address	BLK 441A FERNVALE ROAD #18-311
Postcode	791441
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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: : NG XUAN HUI
	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

REFER TO SKETCH PLAN

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	SJN5935C
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	
No. Of Passenger (Including Driver)	

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident in space in 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.
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7. By the lodging 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, at knowledge, 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 inquiries 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 claim 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.

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-55/60/62 Sin Ming Ind Est
Singapore 575643
Tel: 6453 1233 Fax: 6453 7944
(Claims Section)

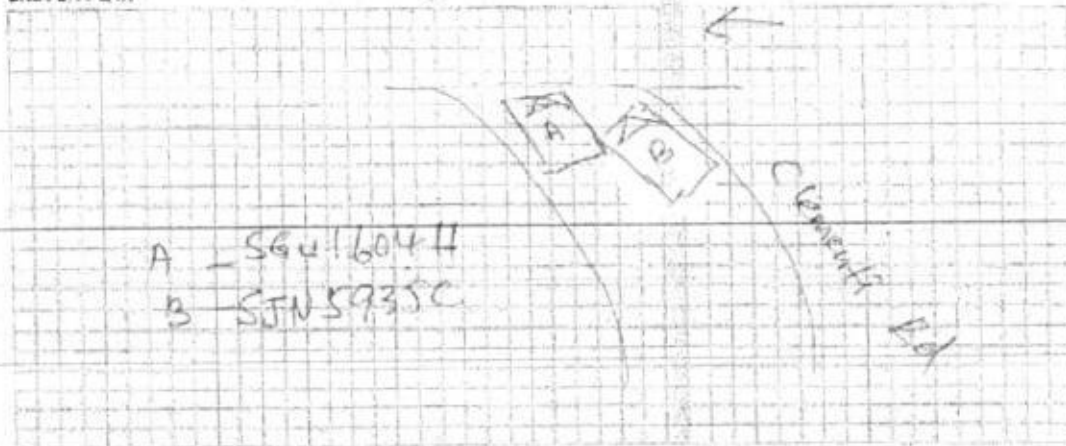
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle was stationary at the slip road looking out for oncoming vehicles on the main road when vehicle B suddenly squeezed into my lane from the right list and grazed the right portion of my vehicle.

DECLARATION

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

Policyholder's Signature

Date & Time:

(Stamp: Motor Insurance, V8)

Driver's Signature

(if driver is not the policyholder)

Date & Time:

CITY AUTO PTE LTD

Blk 8 Sin Ming Road
#01-58/60/62 Sin Ming Inn Est
Singapore 575543
Tel: 6453 4255 Fax: 6453 7944
(Claims Section)

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



S THREE AUTOMOTIVE RECOVERY PTE LTD

TO :

ATTN : MOTOR CLAIM DEPT.

T/P VEH. NO. : SJN5935C

ESTIMATE REPORT 1st QUOTATION

JOB NO. : _____

OWNER'S PARTICULAR

NAME : QUEK ZHI YUAN

CONTACT : 84441348

ADDRESS :

LICENSE NO. : SGU1604H

CHASSIS NO. : GJ11121545

MAKE / MODEL : HONDA AIRWAVE

ENGINE NO. :

OWNER'S INSURER : ERGO INSURANCE

JOB-CODE : TP S/A :

ACCIDENT DATE : 19-Jul-18

CLAIM DETAIL

MATERIALS

	QTY	QUO-PRICE	DISC %	DISC-PRICE	SUR-DISP	REV. PRICE
1 REAR FENDER RH <i>X Repair</i>	1.00	<i>X</i> 1005.30	10.00	904.77	Y	<i>X</i>
2 REAR FENDER 1/4 GLASS WITH MOULDING RH <i>X NN</i>	1.00	<i>X</i> 550.00	10.00	495.00	Y	<i>X</i>
3 REAR BUMPER <i>/ Cut</i>	1.00	1078.50	10.00	970.65	Y	<i>/</i>
4 REAR BUMPER RETAINER RH <i>/ MC</i>	1.00	68.00	48.9	61.20	Y	<i>/</i>
5 REAR BUMPER CHROME MOULDING RH <i>/ NN</i>	1.00	132.80	<i>X</i> 10.00	119.52	Y	<i>X</i>
6 TAILLAMP RH <i>/ SCR</i>	1.00	258.30	10.00	232.47	Y	<i>/</i>
7 REAR 1/4 GLASS WITH MOULDING <i>X</i>	1.00	<i>X</i> 550.00	10.00	495.00	Y	<i>X</i>
8 REAR AXLE BEAM <i>X</i> <i>ANN</i>	1.00	<i>X</i> 1301.50	10.00	1171.35	Y	<i>X</i>

TOTAL (PARTS) :

4944.40

4449.96

1385.7 2% 1108.56

SPECIAL NETT ITEM

1 REAR BUMPER SPOILER <i>/ CRA</i>	1.00	<i>350</i> 880.00	0.00	880.00	Y	<i>/</i>
2 REAR BUMPER SPOILER SEALANT <i>/ MC</i>	1.00	<i>20</i> 80.00	0.00	80.00	Y	<i>/</i>
3 REAR BUMPER SPOILER CLEANER & PRIMER <i>X } nn</i>	1.00	<i>X</i> 80.00	0.00	80.00	Y	<i>X</i>
4 REAR DOOR INSULATOR PAD <i>X</i>	1.00	<i>X</i> 380.00	0.00	380.00	Y	<i>X</i>
5 REAR BUMPER CLIPS <i>/ MC</i>	1.00	<i>30</i> 50.00	0.00	50.00	Y	<i>/</i>
6 REAR FENDER 1/4 GLASS SEALANT <i>X</i> <i>NN</i>	1.00	<i>X</i> 50.00	0.00	50.00	Y	<i>X</i>
7 REAR FENDER 1/4 GLASS INNER SEAL <i>X</i>	1.00	<i>X</i> 50.00	0.00	50.00	Y	<i>X</i>
8 REAR FENDER 1/4 GLASS CLEANER & PRIMER <i>X</i>	1.00	<i>X</i> 50.00	0.00	50.00	Y	<i>/</i>
9 REAR TYRE RH <i>/ SCR</i>	1.00	<i>80</i> 280.00	0.00	280.00	Y	<i>/</i>
10 REAR SPORT RIM RH <i>/ Cut</i>	1.00	<i>280</i> 580.00	0.00	580.00	Y	<i>/</i>
11 ROCKER PANEL SPOILER <i>/ Cut</i> <i>tot high</i>	1.00	<i>350</i> 680.00	0.00	680.00	Y	<i>/</i>

TOTAL (PARTS) :

3160.00

3160.00

1010

LABOUR

1 STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	1.00	1600.00	0.00	1600.00	Y	<i>500</i>
--	------	---------	------	---------	---	------------

2	SPRAY PAINTING ON ACCIDENT AREAS	1.00	1800.00	0.00	1800.00	Y	1000
3	R&R SEATS CARPET & TRIM TO ASSIST REPAIR	1.00	180.00	0.00	180.00	Y	60
4	R&R SUSPENSION SYS REAR RH	1.00	280.00	0.00	280.00	Y	X NN
5	CONDUCT FULL WHEEL ALIGNMENT	1.00	120.00	0.00	120.00	Y	60
6	RESPRAY TUFF KOTE ON AFFECTED AREA	1.00	200.00	0.00	200.00	Y	X NN
7	TYRE BALANCING	1.00	60.00	0.00	60.00	Y	30
8	CHECKING & REPAIR WIRING SYSTEM	1.00	100.00	0.00	100.00	Y	30
TOTAL (LABOUR) :			4340.00		4340.00		1680
TOTAL PARTS & LABOUR			12444.40		11949.96		

EXCESS : S\$ _____

NO. OF DAY : 6

RE-SURVEY : BEFORE / AFTER PAINTING 0

PART-BY-PART OR LUMP-SUM S\$ _____

DATE OF SURVEY 23/7/18

SURVEY BY : Leo Qing

CONTACT NO : _____

FAX NO : _____

NOTE : LUMP-SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED.

[Signature]
25/7/18

3798.56

20% : 3000

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: _____

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: CS/CTI18013340/GRD3N2

Date: 13/09/2018

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN1607151802
Claimant Vehicle No :	SGU1604H	Insured Vehicle No :	SJN5935C
Date of Loss:	19/07/2018	Nature of Claim:	TP
		Claim No:	SNM18D03574C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SGU1604H	Engine No:	L15A5125824
Make & Model:	HONDA AIRWAVE, 1.5 (A)	Chassis No:	GJ11121545
Reg. Date:	03/05/2007 (Man. Year: 2007)	Odometer:	193360 km
Colour:	White		
Engine Capacity:	1496 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Dunlop 6 mm	Rear Left Side:	Dunlop 6 mm
Front Right Side:	Dunlop 6 mm	Rear Right Side:	Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	7,609.96	2,118.56	5,491.40	72.16
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,340.00	1,680.00	2,660.00	61.29
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	11,949.96	3,798.56	8,151.40	68.21
Approved Total (Overridden) (\$\$)		3,000.00		
(\$\$)	11,949.96	3,000.00	8,949.96	74.90
+ GST 7.00/7.00% (\$\$)	836.50	210.00	626.50	74.90
Nett Amount (\$\$)	12,786.46	3,210.00	9,576.46	74.90

INSPECTION

Date of Assignment: 20/07/2018

Date Inspected: 23/07/2018 Inspected At:

S Three Automotive Recovery Pte Ltd
(HQ)
Blk 8 Sin Ming Industrial Estate, #01-
64/66 Sector C
Singapore 575643

Estimated Period of Repair: 6.0 days

Adjuster: XING GUO QIANG

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

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 13 Sep 2018)
Parts: M1-MPV	HONDA AIRWAVE 1.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SGU1604H)	
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 SPOILER	Cracked	880.00 FS	*350.00 FS
2	1		*REAR BUMPER SPOILER SEALANT	Necessary	80.00 FS	*20.00 FS
3	1		*REAR BUMPER SPOILER CLEANER & PRIMER	Not Necessary	80.00 FS	*- FS
4	1		*REAR DOOR INSULATOR PAD	Not Necessary	380.00 FS	*- FS
5	1		*REAR BUMPER CLIPS	Necessary	50.00 FS	*30.00 FS
6	1		*REAR FENDER 1/4 GLASS SEALANT	Not Necessary	50.00 FS	*- FS
7	1		*REAR FENDER 1/4 GLASS INNER SEAL	Not Necessary	50.00 FS	*- FS
8	1		*REAR FENDER 1/4 GLASS CLEANER & PRIMER	Not Necessary	50.00 FS	*- FS
9	1		*REAR TYRE RH	Scratched	280.00 FS	*80.00 FS
10	1		*REAR SPORT RIM RH	Cut	580.00 FS	*280.00 FS
11	1		*ROCKER PANEL SPOILER	Cut	680.00 FS	*250.00 FS
12	1		*REAR FENDER RH	Repair	1,005.30 FL	*- FL
13	1		*REAR FENDER 1/4 GLASS WITH MOULDING RH	Not Necessary	550.00 FL	*- FL
14	1		*REAR BUMPER	Cut	1,078.50 FL	*1,078.50 FL
15	1		*REAR BUMPER RETAINER RH	Necessary	68.00 FL	*48.90 FL
16	1		*REAR BUMPER CHROME MOULDING RH	Not Necessary	132.80 FL	*- FL
17	1		*TAILLAMP RH	Scratched	258.30 FL	*258.30 FL
18	1		*REAR 1/4 GLASS WITH MOULDING	Not Necessary	550.00 FL	*- FL
19	1		*REAR AXLE BEAM	Not Necessary	1,301.50 FL	*- FL

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

Sub Total (S\$)	8,104.40	2,395.70
- List Item Discount on L Items 10.00/20.00% (S\$)	494.44	277.14
Total Parts (S\$)	7,609.96	2,118.56

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	STRAIGHTEN & PANEL BEAT ACCIDENT AREAS	New	1,600.00	500.00
2	SPRAY PAINTING ON ACCIDENT AREAS	New	1,800.00	1,000.00
3	R&R SEATS CARPET & TRIM TO ASSIST REPAIR	New	180.00	60.00
4	R&R SUSPENSION SYS REAR RH	New	280.00	-
5	CONDUCT FULL WHEEL ALIGNMENT	New	120.00	60.00
6	RESPRAY TUFF KOTE ON AFFECTED AREA	New	200.00	-
7	TYRE BALANCING	New	60.00	30.00
8	CHECKING & REPAIR WIRING SYSTEM	New	100.00	30.00
Gross Labour Cost (S\$)			4,340.00	1,680.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >