

ASS. P.C. BY:

REF:

CS/MSG18013527 / Ngbnz

Special Instruction:

Surveyor:

ASSIGNMENT (Office)

Mehman

From (Person): Jasmine Lok

of

MSCh

Date/Time: 25072018 10:14am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

XD 8156B

Insured:

SLT 7354K

at Workshop m/s

Onew motor

Tel:

6747 9241

of

Blk 1 Kaki Bukit Ave 6 #01-43

Policy No:

82011538

Claim No:

565197

Sum Insured:

Excess:

Make of Veh:

D.O.A.

19072018

(Client's Record)

CA / REV / REP. / REV 24 HRS 'top'

26072018 @ 11am

H.O.D. Endorsement:

Date/Time:

25072018 10:56am

Person Contacted:

Sukji

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

XD 8156B - X

SLT 7354K - NSA / MSG18013527 / Y

D.O.A.: 190718

27/7/18 @ 2:40pm revised to Jasmine Lok via Mehman.

(08/11/13) wef

REF: MS19

ASS. REC. BY:

ASSIGNMENT

From: _____ Date: 26/7/18

Estimated Cost: _____

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

To Inspect Vehicle No: XD 8156B

at Workshop m/s Chew Motor

of 81K1, kaki Bkt Ave 6 #01-43

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

11 am owner waiting

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: 1 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS^{up}

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: XD8156B Yr Regn: 11, 13

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

Truck / Trailer or

Make: VOLVO FMX370 c.c. 10837

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

Sp. Reading: 348683 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: YV2J1E1D9EA753923

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: 315/80 R22.5

R: _____

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

TOYO / YOKO or Mirage

Front R/Bal. 6 mm

R/Bal. 6/6 6/6 mm

L/Bal. 6 mm

D.O.A. 19/7/18 D.O.I. 26/7/18

Survey held at _____

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

26/7/18	78503 Confirmed 2/5 @ 500 miles on Chew (Red 540, 40%)

Date/Time, File Pass to?

1) 28/8 11:18

Date/Time, File Return to?

2)

Report Format:

MER-TP

Lump Sum / I.B.I: (\$ 500)

Days Of Repair: 1

Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

Photos

Others

TOTAL

150

10

160

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	19 Jul 2018		25 Jul 2018 10:14 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS		[Created by insurer]							
Insured:	YAP KAIMING, FELIX, ID: S87167731, Tel: +6594246770, Email: felixykm@yahoo.com								
Main Claimant:	CHS E & C PTE LTD, Co. Reg. No.: 200706939H								
Vehicle Reg. No.:	XD8156B	Date of Loss:	19/07/2018 14:00 - :59 [55 Months and 24 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 565197	Policy/Cover Note No.:	82011538 (Comprehensive) Coverage: 09/11/2017 - 08/11/2018						
Vehicle Reg. No. (Insured):	SLT7354K	Policy No. (Claimant):							
		Excess:							
Repairer:	Chew Motor Pte Ltd (HQ) BLOCK 1 KAKI BUKIT AVE 6, #01-43, 417883 Kaki Bukit - Tel: 67479241								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Jasmine Lok Kheng Kwei - 6594 2550]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 26/07/2018]								
Driver/Custodian (Insured):	YAP KAIMING, FELIX (31 / Male), NRIC: S87167731, Tel: +6594246770								
Adj Asg. Remarks:	on WP, Third Party Pre-Repair Survey. TP nominated LKK Consultants to be SJE. Liability unclear. Contact : Ms Sukyl/Reena @ 6747 9241								
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.									

Note: This document has not been finalised.

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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Jasmine Lok Kheng Kwei

Date: 27 Jul 2018

Preliminary Advice

Insured Vehicle No	: SLT7354K	Accident Date	: 19/07/2018
TP Vehicle No	: XD8156B	Assignment Date	: 25/07/2018
Make	: VOLVO FMX370	Est. Duration of Repair	: 1.00
Date of Inspection	: 26/07/2018		
Inspection At	: CHEW MOTOR PTE LTD (HQ) BLOCK 1 KAKI BUKIT AVE 6, #01-43 SINGAPORE 417883		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages n/s front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	990.00
Revised Amount	:S\$	648.00
Check Items (Estimated)	:S\$	130.50
Total	:S\$	778.50

Lump Sum Repair	:S\$	
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Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

() The vehicle is economical/not economical for repair.

(X) The above survey was conducted on a 'without prejudice' basis.

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	6939H

Vehicle Details

Vehicle No.:	XD8156B
Vehicle to be Exported:	No
Intended De-registration Date:	20 Jul 2018
Vehicle Make:	VOLVO
Vehicle Model:	FMX370 64R SLEEPER CAB
Primary Colour:	White
Manufacturing Year:	2013
Engine No.:	D11305871
Chassis No.:	YV2J1E1D9EA753923
Maximum Power Output:	-
Open Market Value:	\$123,352.00
Original Registration Date:	25 Nov 2013
First Registration Date:	25 Nov 2013
Transfer Count:	1
Actual ARF Paid:	\$6,168.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	24 Nov 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$41,532.00
COE Rebate Amount:	\$22,196.00
Total Rebate Amount:	\$22,196.00

The information contained herein is correct as at 20 Jul 2018

OK

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

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Original Registration Date:	25 Nov 2013
First Registration Date:	25 Nov 2013
Transfer Count:	1
Actual ARF Paid:	\$6,168.00

Intended PARF Rebate Details

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	24 Nov 2023
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
PQP Paid:	\$41,532.00
COE Rebate Amount:	\$22,137.00
Total Rebate Amount:	\$22,137.00

The information contained herein is correct as at 26 Jul 2018

OK

MSME18083928 / SME Motor Pte Ltd - Kaki Bukit
 ENTRY DATE & TIME: 20/07/2018 16:05
 SUBMITTED BY: Chia Pei Ying

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 16:05
Date Of Accident	19/07/2018 14:50
Exact Location Of Accident	MCE (AYE) TOWARDS TUAS
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8156B
Insured/Policyholder	
Name Of Registered Owner	CHS E & C PTE LTD
Co Reg No	200706939H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96898089
Vehicle Particulars	
Manufacturer	VOLVO
Model	FMX370 64R SLEEPER CAB
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	CN888612
Cover Note Number	
Driver	
Name of Driver	DATHONG PRADIT
NRIC No	F8237048W
Date Of Birth	01/01/1966
Occupation	OUTDOOR
Date Of Driving Pass	03/07/1999
Driving Experience	19 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-84541852
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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) 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

I WAS TRAVELLING STRAIGHT ALONG THE RIGHT LANE OF THE 2 MERGING LANES ALONG MCE (AYE) TOWARDS TUAS AT ABOUT 14.35PM. TWO HOURS AFTER THAT, I RECEIVED A CALL FROM DRIVER B STATING WE HAD A COLLISION AT THE MERGING ROAD AND HE SENT ME A SCENE VIDEO. AS I WAS A HEAVY VEHICLE, I DID NOT FEEL THE IMPACT. HOWEVER AFTER EXAMINING MY VEHICLE, I REALISED MY VEHICLE HAD DAMAGES ON THE FRONT LEFT PORTION. I WISH TO STATE THAT THIRD PARTY SHOULD HAVE BE MORE TRAVELLING AT HEAVY VEHICLE'S BLIND SPOT.

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 SLT7354K

Vehicle Make/Model/Colour

Details Of Properties VEHICLE B

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)

Sketch Plan Pg. 1

SKETCH PLAN**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 purposes(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.



Policyholder's Signature
Date & Time:

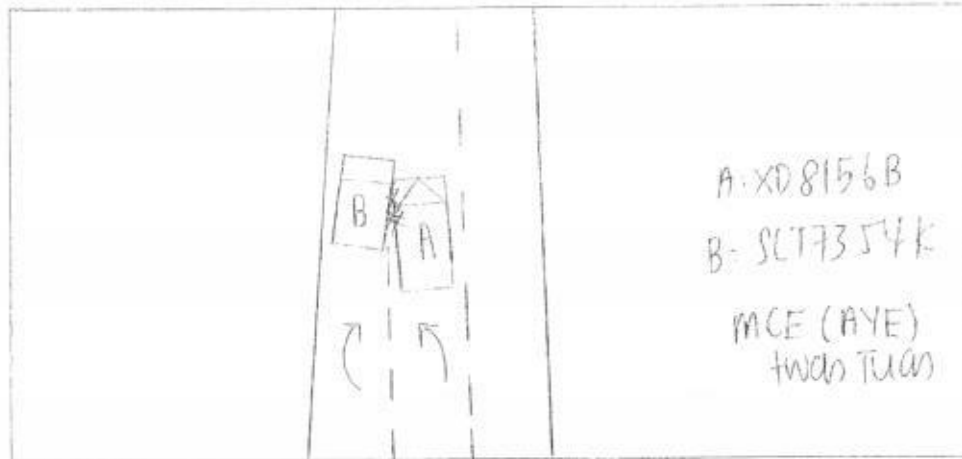


Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along the right lane of the two merging lanes along MCE (AYE) towards Tulsa at about 14:35pm.

Two hours after that, I received a call from driver "B" stating we had a collision at the merging road and he sent me a scene video.

As I was a heavy vehicle, I did not feel the impact, however after examining my vehicle I realised my vehicle was damaged on the front left portion.

I wish to state that third party should have been more careful travelling at heavy vehicle's blind spot.

DECLARATION

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

Policyholder's Signature
Date & Time:

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

30/7/18 12:05pm
Reporting Centre Personnel's Signature
Name:
NRK/TTN No.:

Sketch Plan #3 Pg. 1

LETTER OF UNDERTAKING

I/We, CHS Ed C Pte Ltd, the owner of vehicle no. XJ8156B involving in an
 accident with vehicle no. (TP) SL77354K on 19/07/2018 along M/S (Ayb) TWDs TWD.

My/Our insurance is under **M/S AXA Insurance Singapore Pte Ltd**, I/we shall decide whether to claim under my/our policy or against Third Party and if the former shall submit such a claim to M/s AXA Insurance Singapore Pte Ltd with all relevant facts and documents within 14(fourteen) days of occurrence or discovery of damage.

My/Our Third Party claim is handled by my/our preferred workshop, Chew Motor Pte Ltd.

Signed and acknowledged by:



Name and signature of policyholder



Company Stamp

20/07/2018

Date



CHEW MOTOR PTE. LTD.

1 Kaki Bukit Avenue 6, Blk A #01-11 Autobay@Kaki Bukit Singapore 417883

Tel: 6509 5545

Fax: 6509 5567

Website: www.chewmotor.com

Registration No.: 201718369R

CHS E&C PTE LTD

20/07/2018

Blk 1 Kaki Bukit Ave 6

01-43

Singapore 417883

Accident date: 19/07/2018

Estimated repair cost for vehicle no: XD8156B VOLVO SLEEPER CAB 10.8 A '13

CHASSIS: YV2J1E1D9EA753923

S/n	Qty	Items / List	U/price	Amount
1	1	Front L/H Bumper Side Cover		\$145.00
2	1	Front L/H Step Panel		\$240.00
3	1	Front L/H Step Panel Aluminium Cover		\$280.00
4	1	Front L/H Step Panel Bracket		\$125.00

Subtotal :- \$790.00

Labour charges

Panel beating

\$200.00

Subtotal :- \$200.00

Total:- \$990.00

648

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/MSG18013527/UQBN2

Date: 13/08/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	82011538
Claimant	XD8156B	Insured Vehicle No :	SLT7354K
Vehicle No :		Nature of Claim:	TP
Date of Loss:	19/07/2018	Claim No:	565197

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	XD8156B	Engine No:	D11305871
Make & Model:	VOLVO FMX370, 10.8 D SLEEPER CAB (M)	Chassis No:	YV2J1E1D9EA753923
Reg. Date:	25/11/2013 (Man. Year: 2013)	Odometer:	348683 km
Colour:	White		
Engine Capacity:	10837 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:	315/80 R22.5	Rear Tyre Size:	315/80 R22.5 (D/D)
Front Left Side:	Mirage 6 mm	Rear Left Side:	Mirage 6/66/6 mm
Front Right Side:	Mirage 6 mm	Rear Right Side:	Mirage 6/66/6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	790.00	468.00	322.00	40.76
Miscellaneous Items	0.00	0.00	0.00	
Labour	200.00	180.00	20.00	10.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	990.00	648.00	342.00	34.55
Approved Total (Overridden) (S\$)		500.00		
Nett Amount (S\$)	990.00	500.00	490.00	49.49

INSPECTION

Date of Assignment:	25/07/2018	
Date Inspected:	26/07/2018	Inspected At: Chew Motor Pte Ltd (HQ) BLOCK 1 KAKI BUKIT AVE 6, #01-43 Singapore 417883

Estimated Period of Repair: 1.0 days

Adjuster: MARCUS CHUA

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:	(Last Synchronised: 13 Aug 2018)	
Parts:	N/A	VOLVO FMX370 10.8 D SLEEPER CAB (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for XD8156B)	
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 L/H BUMPER SIDE COVER	Repair	145.00 F	*- FL
2	1		*FRONT L/H STEP PANEL	Cut	240.00 F	*240.00 FL
3	1		*FRONT L/H STEP PANEL ALUMINIUM COVER	Necessary/Bent	280.00 F	*280.00 FL
4	1		*FRONT L/H STEP PANEL BRACKET	Not Necessary	125.00 F	*- FL
					Sub Total (S\$)	790.00 520.00
					- List Item Discount on L Items 0.00/10.00% (S\$)	0.00 52.00
					Total Parts (S\$)	790.00 468.00

F=Franchise part. L=ListItemDisc.

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	PANEL BEATING	New	200.00	180.00
Gross Labour Cost (S\$)			200.00	180.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >