

22/03/2003

ASS. REC. BY:

REF:

MSG18013914/Klfd3⁷²

Special Instruction:

Surveyor

From (Person):

Chhia Nyuk

ASSIGNMENT (Office)

of MSG

Date/Time: 31/7/18 @ 3.52pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SH 6550 Y

Insured:

SKZ 5255G

at Workshop m/s

Comfort Delgro

Tel:

62148300/62148319

of

59 Loyang Drive

Policy No:

A28 657633 Arw

Claim No:

565739

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

25/07/2018

CA / REV / REP. / REV 24 HRS

cup

01/08/2018

H.O.D. Endorsement:

Date/Time:

1.19pm @ 31/7/18

Person Contacted:

Fauzy

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SH 6550 Y - CC3/AXA 13008715/Hlv/b3c3

DOA: 11/5/2013

SKZ 5255G-X.

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	27 Jul 2018		31 Jul 2018 15:52 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	HU HUIJIE, ID: S9134987F, Tel: +6598305255, Email: NOEMAIL		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SH6550Y	Date of Loss:	25/07/2018 18:00 - :59 [21 Months and 26 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / 565739	Policy/Cover Note No.:	A28657633AVW (Comprehensive) Coverage: 15/12/2017 - 14/12/2018
Vehicle Reg. No. (Insured):	SKZ5255G	Policy No. (Claimant):	
		Excess:	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 01/08/2018]		
Driver/Custodian (Insured):	HU HUIJIE (26 / Male), NRIC: S9134987F, Tel: +6598305255		
Adj Asg. Remarks:	SURVEY DISAGREE ON SJE - ASSIGN LKK LIABILITY: UNCLEAR CONTACT:CHIANG LIAT CHOON 6214 8314		

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.									

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 068807From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Chhia Nyuk Pui

Date: 03 Aug 2018

Preliminary Advice

Insured Vehicle No	: SKZ5255G	Accident Date	: 25/07/2018
TP Vehicle No	: SH6550Y	Assignment Date	: 31/07/2018
Make	: HYUNDAI I40	Est. Duration of Repair	: 2.00
Date of Inspection	: 01/08/2018		
Inspection At	: COMFORTDELGRO ENGINEERING PTE LTD (LOYANG) 59 LOYANG DRIVE SINGAPORE 508969		

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	3,096.56
Revised Amount	:S\$	1,614.40
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,614.40

Lump Sum Repair	:S\$	
-----------------	------	--

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.

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	27/07/2018 08:28
Date Of Accident	25/07/2018 18:30
Exact Location Of Accident	ORCHID COUNTRY CLUB ROUNDABOUT.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH6550Y
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	MOHAMED TAHIR BIN MOHD HUSSIN
NRIC No	S7501478C
Date Of Birth	12/01/1975
Occupation	OUTDOOR
Date Of Driving Pass	09/04/2015
Driving Experience	3 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97922430
Fax Number	
Contact Number	
Email Address	CHUCKYPONGGOL@GMAIL.COM

Address	BLK 167B PUNGGOL EAST #02-399
Postcode	822167
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	2
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

REFER ATTACHED * TYPE OF ACCIDENT :- HEAD TO SIDE

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	SKZ5255G
Vehicle Make/Model/Colour	VOLKSWAGEN
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	JASON HU HUIJIE
NRIC/Passport Number	S9134987F
Contact Number	98305255
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT RH
No. Of Passenger (Including Driver)	

Sketch Plan Pg. 1

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.
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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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

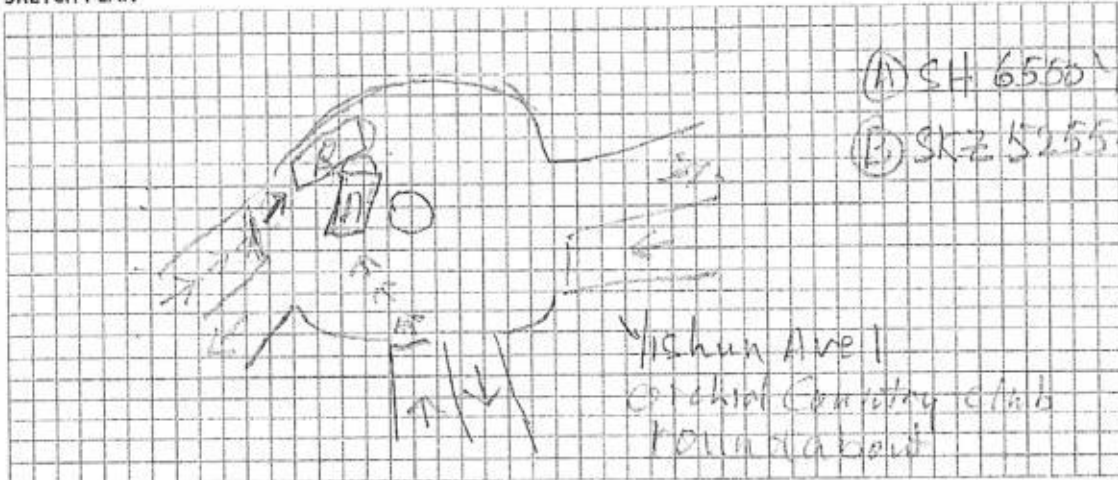
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

26/7/18
Jackson Heng
CSO

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/7/2018 at about 1830 hrs, I Vehicle A was driving along roundabout at Orchard Country Club while I making a turn, vehicle B did not stop but he dash out and collided onto vehicle A front portion

DECLARATION

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

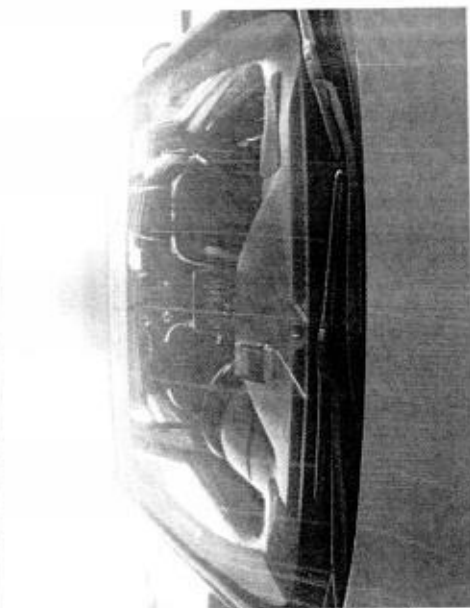
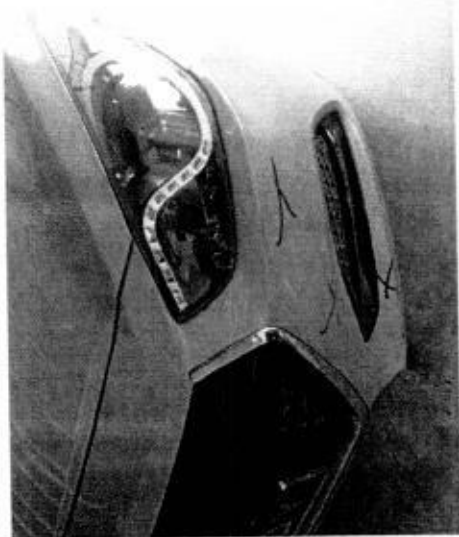
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

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.:

26/7/18
Jackson Heng
CSO



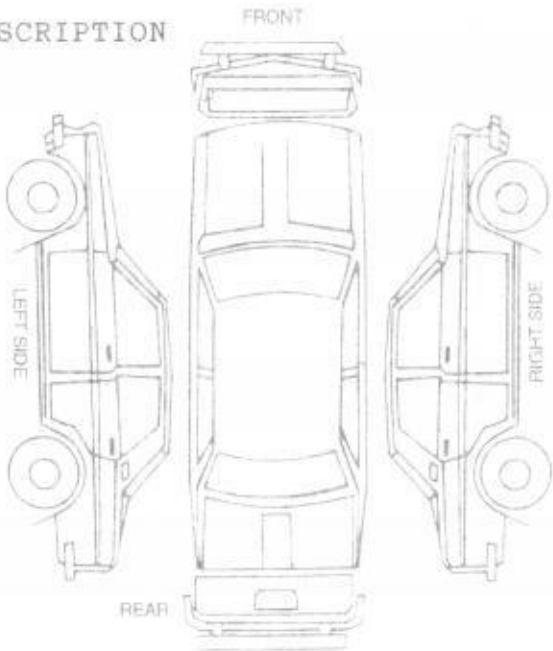
Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO: 305192782
STOMER		REGN NO:	SH 6550Y	MILEAGE
VMS	COMFORT TRANSPORTATION PTE LTD	MAKE :	HYUNDAI	FUEL
STOMER NO.	7010045	MODEL	I-40	E 1/2 F
DRESS	383 SIN MING DRIVE	YR OF MANU	29.09.2016	DATE/TIME IN
	Singapore SINGAPORE 575717	CHASSIS CODE	KMHLB41UMGU093524	26.07.2018 16:00
(R)	65508755			TARGET DATE
(P)	(O)			COMPLETION DATE/TIME
3COUNT CARD NO.				

JOB DESCRIPTION

Accident Date: 25.07.2018
NATURE: 3P 25.07.2018

S/NO LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR _____ CUSTOMER'S SIGNATURE _____

Acknowledgement Slip

Vehicle No: SH 6550Y CHIANG

Exit Pass

Vehicle No: SH 6550Y

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE*

VEHICLE NO : SH 6550Y

DATE 27/7/2018 9:10

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Radiator Grille / <i>cr</i>			\$ 1480.00
	Radiator Grille H Emblem / <i>me</i>			\$ 38.00
	Front Bumper Cover <i>x repair</i>			\$ 562.30
	Front Bumper Sponge <i>750</i>			\$ 142.20
	Front Bumper Reinforcement <i>750</i>			\$ 526.10
	Front Bumper Bracket Top (LH) <i>750</i>			\$ 22.40
	Front Bumper Retainer Mounting <i>750</i>			\$ 9.20
	Headlamp (LH) <i>x su</i>			\$ 1,388.00
	SUB TOTAL			\$ 3,058.20
	LESS 20%			\$ 611.64
	DISCOUNTED TOTAL			\$ 2,446.56
	Labour Charge			200
	Panel Beating			\$ 350.00
	Spray Painting Charge			\$ 250.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>x 100</i>
	TOTAL LABOUR			\$ 650.00
	ESTIMATE TOTAL			\$ 3,096.56

Kaliruk
1/8/8 1045h
2 by.
8P
After Repair photo.

KKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting.
- To display damaged parts during resurvey.
- Parts prices are subject to confirmation.
- Third party survey on a "without prejudice" basis.
- No illegal modification is allowed.
- Supplemental charges must be resurveyed and is subject to final approval from Insurance Company.

Acknowledged by Repairer
 Signature:
 Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

TYPE OF C: TP

SURVEY B: KALVIN

DATE : 25/07/2018

SUPPLEMENTARY OF PARTS AND LABOUR COSTS

[illegible]

COMFORTDELGRO ENGINEERING PTE LTD

Date: 01.08.2018

REPAIR ESTIMATE

Time: 15:23:59

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 : 305192782
REGN NO : SH 6550Y
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 29.09.2016
DATE/TIME IN : 26.07.2018 16:00
ACCIDENT DATE : 25.07.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-2164-A I40V3 GRILLE ASSY-RADIATO 1 1,480.00 20.00 1,184.00
0002 04-01-0103-2175-G I40V3 SYMBOL MARK-H 1 38.00 20.00 30.40

SUB-TOTAL : 1,214.40

JOB NATURE

0000 L PANEL BEATING FRT 200.00
0001 23-502 SPRAYPAINT ON AFFECTED AREA 200.00

SUB-TOTAL : 400.00

TOTAL : 1,614.40

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

Our Job Ref No : 305192782
Date : 08/0/2018

COMFORTDELGRO ENGINEERING

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

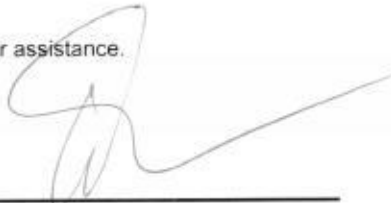

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SH 6550Y

Fax :

25/07/2018

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

1. The repair job shall bill to: MSIG SKZ5255G
 2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$1,214.40
 - (b) Labour Charges \$400.00
 - Total for Part-By-Part Repair Cost \$1,614.40**
 - (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.

Signature : _____
Name : **CHIANG**
Tel : 62148314
Fax : 65468156
- We confirm the estimates and finalized amount

Signature : _____
Name : **KALVIN**
Date : 2/8/18

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: CS/MSG18013914/K1TD3N2

Date: 13/08/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	A28657633AVW
Claimant Vehicle No :	SH6550Y	Insured Vehicle No :	SKZ5255G
Date of Loss:	25/07/2018	Nature of Claim:	TP
		Claim No:	565739

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH6550Y	Engine No:	D4FDGU670627
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMGU093524
Reg. Date:	29/09/2016 (Man. Year: 2016)	Odometer:	234706 km
Colour:	Blue		
Engine Capacity:	1685 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:	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	3,334.56	1,214.40	2,120.16	63.58
Miscellaneous Items	0.00	0.00	0.00	
Labour	650.00	400.00	250.00	38.46
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	3,984.56	1,614.40	2,370.16	59.48
+ GST 7.00/7.00% (\$\$)	278.92	113.01	165.91	59.48
Nett Amount (\$\$)	4,263.48	1,727.41	2,536.07	59.48

INSPECTION

Date of Assignment:	31/07/2018	
Date Inspected:	01/08/2018	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: 13 Aug 2018)
Parts:	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SH6550Y)	
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		*RADIATOR GRILLE	Cracked	1,480.00 FL	*1,480.00 FL
2	1		*RADIATOR GRILLE H EMBLEM	Necessary	38.00 FL	*38.00 FL
3	1		*FRONT BUMPER COVER	Repair	562.30 FL	*- FL
4	1		*FRONT BUMPER SPONGE	Serviceable	142.20 FL	*- FL
5	1		*FRONT BUMPER REINFORCEMENT	Serviceable	526.10 FL	*- FL
6	1		*FRONT BUMPER BRACKET TOP LH	Serviceable	22.40 FL	*- FL
7	1		*FRONT BUMPER RETAINER MOUNTING	Serviceable	9.20 FL	*- FL
8	1		*HEADLAMP (LH)	Serviceable	1,388.00 FL	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	4,168.20	1,518.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	833.64	303.60
Total Parts (\$\$)	3,334.56	1,214.40

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	350.00	200.00
2	SPRAY PAINTING CHARGE	New	250.00	200.00
3	WIRING CHARGE	New	50.00	-
Gross Labour Cost (S\$)			650.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >