

22/03/2002

ASS. RLC BY:

REF:

01CTI18013992 / Nsd3b

Special Instruction:

Surveyor:

MEMBER

ASSIGNMENT (Office)

From (Person):

ehong Boon Sun

of

CTI

Date/Time:

1/8/2018 @ 10:49am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

SLT 6573 B

Insured:

PC1516K

at Workshop m/s

Hwei Hong

Tel:

6760 8815

of

25D Sungai Kerdut St. 1

Policy No.:

DMBISN1441601703

Claim No.:

SNM18D0373602

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

30/07/2018

CA / REV / REP. / REV 24 HRS

(up)

07.11.2018 @ Morning

H.O.D. Endorsement:

Date/Time:

12:05pm @ 1/8/18

Person Contacted:

Yvonne

Vehicle IN/

OUT

Date/Time	Action/Instruction (✓) Estimate
	SLT 6573 B - X
	PC1516K - X
2/8/18	- vehicle not in yet (Yvonne)
3/8/18	- vehicle not in yet (Yvonne)
7/8/18	- vehicle not in yet (Yvonne)
10/8/18	- still not in yet (Jennylyn)
12/8/18	- still not in yet (Jennylyn)

REF: Surveyor: NAZ

REF: CTI

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: SLT 6573B Yr Regn: 30 SEP 2015
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: BMW 116D 5DR C.G. 1,496
 Colour: BLUE A/C: Insured / Std / NI / NA
 Sp. Reading: 93,428 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: WBA1V 72030V249677
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: Inorder / Jammed / Leaked / Burnt or _____
 Modi: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: 205/55 R16
 R: 11
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or CONTINENTAL
 Front Rear
 R/Bal. 6 mm R/Bal. 5 mm
 L/Bal. 6 mm L/Bal. 5 mm
 D.O.A. 30/7/18 D.O.i. 7/11/18
 Survey held at HMA HONG
 Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or _____
 The U/C / Chassis frame / Body Structure affected due to collision.

(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
 CIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
<u>26/7/19</u>	<u>FINALIZED PART BY PART REPAIR \$420.00 / 2 REPAIR DAYS. CTI LIS</u> <u>(\$ 2,729.32 Red - 87%)</u>

RECEIVED 30 JUL 2019

Date/Time, File Pass to? 29/07/19
 1) Typist
 Date/Time, File Return to? _____
 2) _____
 Report Format : _____
 Lump Sum / I.B.I (\$ 420.00 p/p)

Days Of Repair: 2
 Resurvey No. of Trip: 1
 Survey Fee: 220
 Transportation: _____
 Add Fee: Site Insp (\$ _____) S + RS _____
 Interview (\$ _____) Photos _____
 Tech. Inv (\$ _____) Others _____
 Weekend (\$ _____)
 TOTAL 220

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	31 Jul 2018		01 Aug 2018 10:49 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:			
Main Claimant:	HUA HONG PTE LTD		
Vehicle Reg. No.:	SLT6573B	Date of Loss:	30/07/2018 00:00 - :59
Claim Type:	TP / SNM18D03736C02	Policy/Cover Note No.:	DMB1SN1441601703
Vehicle Reg. No. (Insured):	PC1561K	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Hua Hong Pte Ltd (Sungei Kadut) 25D Sungei Kadut Street 1, 729332 Sungei Kadut - Tel: 6760 8815 / 6760 0539		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 13/08/2018]		
Adj Asg. Remarks:	NO EST, ASSIGN KELVIN ANG 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	30/07/2018 10:54
Date Of Accident	30/07/2018 06:00
Exact Location Of Accident	ALONG WOODLANDS AVE 2
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLT6573B
Insured/Policyholder	
Name Of Registered Owner	HUA HONG PTE LTD
Co Reg No	200900309M
Email Address	CLAIMS@HUAHONG.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-66619688

Vehicle Particulars

Manufacturer	BMW
Model	116D 5DR HATCHBACK DSC LED
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 HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5087272209-01
Cover Note Number	

Driver

Name of Driver	LEONG LI QING CHERYL
NRIC No	S8577385B
Date Of Birth	12/04/1985
Occupation	OUTDOOR
Date Of Driving Pass	09/01/2010
Driving Experience	8 YEARS AND 6 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-87481204
Fax Number	
Contact Number	
E Mail Address	NOEMAIL

Address	APT BLK 687C WOODLANDS DRIVE 75 #03-57
Postcode	733687
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTED VEHICLE
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - 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 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	PC1561K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	REZAL
NRIC/Passport Number	
Contact Number	91074587
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

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.**
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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.



Policyholder's Signature
Date & Time:


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


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



HUA HONG PRIVATE LIMITED

25D Sungei Kadut Street 1 Singapore 729332
Tel: (65) 6661 9688 Fax: (65) 6661 9699 Email: info@huahong.com.sg

Estimate Repair List

13 September 2018

HHTPClaims18-98

China Taiping Insurance (Singapore) Pte Ltd
3 Anson Road #15-00
Springleaf Tower
Singapore 079909

Attn: Motor Claims Department

ACCIDENT INVOLVING SLT 6573 B & PC 1561 K ON 30/07/2018 ALONG WOODLANDS AVE 2 AT ABOUT 0600 HOURS

Insured : HUA HONG PTE LTD
Vehicle Registration No : SLT 6573 B
Vehicle Make : BMW
Vehicle Model : 116D 5DR HATCHBACK DSC LED
Vehicle Chassis No : WBA1V72030V249677
Policy No : 5087272209-01
Date of Accident : 30/07/2018

Type of Claim: Third Party

S/N	Quantity	Description	Unit Price S\$	Amount S\$
1	1	Rear Bumper		\$ 902.20 XR
2	10	Rear Bumper Clip	\$ 5.00	\$ 50.00 XAN
3	2	Rear Bumper Retainer (LH/RH)	\$ 137.75	\$ 275.50 X SVC
4	1	Rear Reinforcement		\$ 385.25 ?XSVC
5	2	Rear Reverse Sensor (Center)	\$ 236.85	\$ 473.70 X SVC
				\$ 2,086.65
Less 20%				\$ (417.33)
				\$ 1,669.32

To dismantle & change rear bumper, rear reinforcement, knocking & pull straight rear panel and all area affected by accident

\$ 800.00 200

To perform wire checking

\$ 20.00 all

To dismantle & refit rear reverse sensor

\$ 60.00 XAN

To spray rear bumper, rear reinforcement and rear panel

\$ 600.00 200

LKK Auto Consultants hence notify

- 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: _____

7% GST
Total

\$ 3,149.32
\$ 220.45
\$ 3,369.77



[Handwritten signature]

Authorised by Claims Dept
Mrs Tan @ 9639 9195

NAZ LKK
2/11/18
LIS

[Handwritten signature]
9/11/18

LABOUR \$47
TOTAL \$420

INFLATED LUMP SUM REPAIR \$420.00 / 2 DAYS

- CHECK ITEM PHOTOS
- AFTER REPAIR PHOTOS

...CLAIM SUBFOLDER...(Pending for Survey Report)

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	31 Jul 2018		01 Aug 2018 10:49 Edit Adj Rpt	S\$420.00 Edit Estimates	S\$420.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	-, Co. Reg. No.: -								
Main Claimant:	HUA HONG PTE LTD								
Vehicle Reg. No.:	SLT6573B	Date of Loss:	30/07/2018 00:00 - :59 [34 Months From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM18D03736C02	Policy/Cover Note No.:	DMB1SN1441601703						
Vehicle Reg. No. (Insured):	PC1561K	Policy No. (Claimant):							
		Excess:	S\$0.00						
Repairer:	Hua Hong Pte Ltd (Sungei Kadut) 25D Sungei Kadut Street 1, 729332 Sungei Kadut - Tel: 6760 8815 / 6760 0539								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Chong Boon Sen]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Muhammad Nazril Bin Abdullah] ... [Final Rpt due 13/08/2018]								
Adj Asg. Remarks:	NO EST, ASSIGN KELVIN ANG 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.									

Claim Documents

***SLT6573B (SNM18D03736C02)**
[PC1561K]
TP
HUA HONG PTE LTD
Jul 30 2018 12:00AM
[-]
Hua Hong Pte Ltd

Upload Documents		Upload Photos		Compose New Letter		View View in Browser <input type="checkbox"/>		
Photos/Images							3 per page <input type="checkbox"/>	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)				Thumbnail	Print	
1	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
2	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
3	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
4	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
5	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
6	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
7	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
8	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
9	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
10	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
11	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
12	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
13	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
14	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
15	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
16	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
17	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
18	08/11/18 12:18	General View				Load JPG	<input checked="" type="checkbox"/>	
19	26/07/19 12:26	Photo After Spray				Load JPG	<input checked="" type="checkbox"/>	
20	26/07/19 12:26	Photo After Spray				Load JPG	<input checked="" type="checkbox"/>	
21	26/07/19 12:26	Photo After Spray				Load JPG	<input checked="" type="checkbox"/>	
Documentation							1 per page <input type="checkbox"/>	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)				Thumbnail	Print	
1	01/08/18 10:49	PRS				Load PDF		
2	01/08/18 10:49	TP GIA				Load PDF		

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>			

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/CT118013992/NSD3E2

Date: 06/08/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMB1SN1441601703	
Claimant Vehicle No :	SLT6573B	Insured Vehicle No :	PC1561K	
Date of Loss:	30/07/2018	Nature of Claim:	TP	Claim No: SNM18D03736C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLT6573B		
Make & Model:	BMW 116D, 1.5 (A)	Engine No:	33149341B37D15A
Reg. Date:	30/09/2015 (Man. Year: 2015)	Chassis No:	WBA1V72030V249677
Colour:	Blue	Odometer:	93428 km
Engine Capacity:	1496 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:	205/55 R16	Rear Tyre Size:	205/55 R16
Front Left Side:	Continental 6 mm	Rear Left Side:	Continental 5 mm
Front Right Side:	Continental 6 mm	Rear Right Side:	Continental 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,669.32	0.00	1,669.32	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,480.00	420.00	1,060.00	71.62
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	3,149.32	420.00	2,729.32	86.66
+ GST 7.00/7.00% (S\$)	220.45	29.40	191.05	86.66
Nett Amount (S\$)	3,369.77	449.40	2,920.37	86.66

INSPECTION

Date of Assignment:	01/08/2018		
Date Inspected:	07/11/2018	Inspected At:	Hua Hong Pte Ltd (Sungei Kadut) 25D Sungei Kadut Street 1 Singapore 729332
Estimated Period of Repair:	2.0 days		

Adjuster: Muhammad Nazril Bin Abdullah

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: 06 Aug 2019)
Parts: 144	BMW 116D 1.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SLT6573B)	
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	Repair	902.20 FL	*- FL	
2	10		*REAR BUMPER CLIP	Not Necessary	50.00 FL	*- FL	
3	2		*REAR BUMPER RETAINER (LH/RH)	Serviceable	275.50 FL	*- FL	
4	1		*REAR REINFORCEMENT	Serviceable	385.25 FL	*- FL	
5	2		*REAR REVERSE SENSOR (CENTER)	Serviceable	473.70 FL	*- FL	
					Sub Total (S\$)	2,086.65	0.00
					- List Item Discount on L Items 20.00/20.00% (S\$)	417.33	0.00
					Total Parts (S\$)	1,669.32	0.00

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
Labour Items				
1	TO DISMANTLE & CHANGE REAR BUMPER, REAR REINFORCEMENT, KNOCKING & PULL STRAIGHT REAR PANEL AND ALL AREA AFFECTED BY ACCIDENT	New	800.00	200.00
2	TO PERFORM WIRE CHECKING	New	20.00	20.00
3	TO DISMANTLE & REFIT REAR REVERSE SENSOR	New	60.00	0.00
4	TO SPRAY REAR BUMPER, REAR REINFORCEMENT AND REAR PANEL	New	600.00	200.00
Gross Labour Cost (S\$)			1,480.00	420.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >