

(08/11/13) wef

REF:

ASS. REF. BY: Marcus

MSIC / 003 / MSG18015528 / Hbhz

## 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:

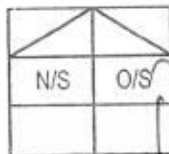
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

0408B

Vehicle: IN / OUT

Date: Person Contacted:

L7A 49039

Veh No:

SKF521B

Yr Regn:

1.08

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

Truck / Trailer or

CA /

Make:

Mer Benz C200 c.c. 1796

Colour:

Black

A/C: Insured / Std / NI / NA

Sp. Reading

219834

T/Radio: Insured / Std / NI / NA

Eng/No:

WD02040412A085449

C/No:

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:

R:

225/402 R18

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

TOYO / YOKO or

Front

6

Rear

6

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

24/8/18

D.O.I.

27/8/18

Survey held at

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

Tp + 1st. Snd. 900 1.00

23/8/18 Revert via email preli report

12/9/18 confirmed L/S &amp; 3500 with Mr. (Ref: 10204.10/7490)

RECEIVED 13 SEP 2018

Date/Time, File Pass to?

☐

Preli. Report

Days Of Repair:

3

Resurvey No. of Trip:

1

1) 13/9 Ty Dist

☐

Final Report

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

Survey Fee:

200

Transportation:

10

S + RS, SI

Photos

Others

TOTAL

210

Report Format:

TP

Lump Sum / I.B.I. (\$) 3500

## Denise Tay (LKKAUTO)

---

**From:** Denise Tay (LKKAUTO)  
**Sent:** Tuesday, 28 August 2018 2:41 PM  
**To:** 'Lionel Tan'; 'Iryani Amin'  
**Cc:** SUR; KKLau; Accounts (LKKAUTO)  
**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP - FASTECH AUTO PTE LTD, DOA: 24/8/2018, SKF521B (TP VEHICLE), SLN7105U (OI VEHICLE)  
**Attachments:** SKF 521B GIA\_0001.pdf

Dear Elaine/Hasrianah,

Please be informed that we had inspected the vehicle **SKF 521B** at M/s: FASTECH AUTO PTE LTD, 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 41788.

Enclosed herewith a copy of TP's GIA report. Pending estimate.

Meanwhile, kindly provide us the claim reference number for our necessary action

Best Regards,

**Denise Tay** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [denisetay@lkkauto.com](mailto:denisetay@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

## 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	27/08/2018 16:56
Date Of Accident	24/08/2018 18:30
Exact Location Of Accident	ALONG SENGKANG EAST ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKF521B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	LIM SZE KEONG (LIN CIQIANG)
NRIC No	S8240408B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92253736
Alternative Phone No	OTHERS-92253736

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	C 200 KOMPRESSOR
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097311115
Cover Note Number	

### Driver

Name of Driver	LIM SZE KEONG (LIN CIQIANG)
NRIC No	S8240408B
Date Of Birth	26/11/1982
Occupation	INDOOR
Date Of Driving Pass	08/05/2003
Driving Experience	15 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92253736
Fax Number	
Contact Number	OTHERS-92253736
EMail Address	NOEMAIL

Address	BLK 326C #15-274 ANCHORVALE ROAD ANCHORVALE HORIZON
Postcode	543326
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	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?	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: : TAN LI 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 BELOW STATEMENT/SKETCH PLAN

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLN7105U
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)

**DETAILS OF INJURED PERSON 1**

Name	LIM SZE KEONG (LIN CIQIANG)
Approximate Age	
Injuries Sustain	
Injured person in which vehicle?	SKF521B
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	
Postcode	

**SKETCH PLAN**

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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:



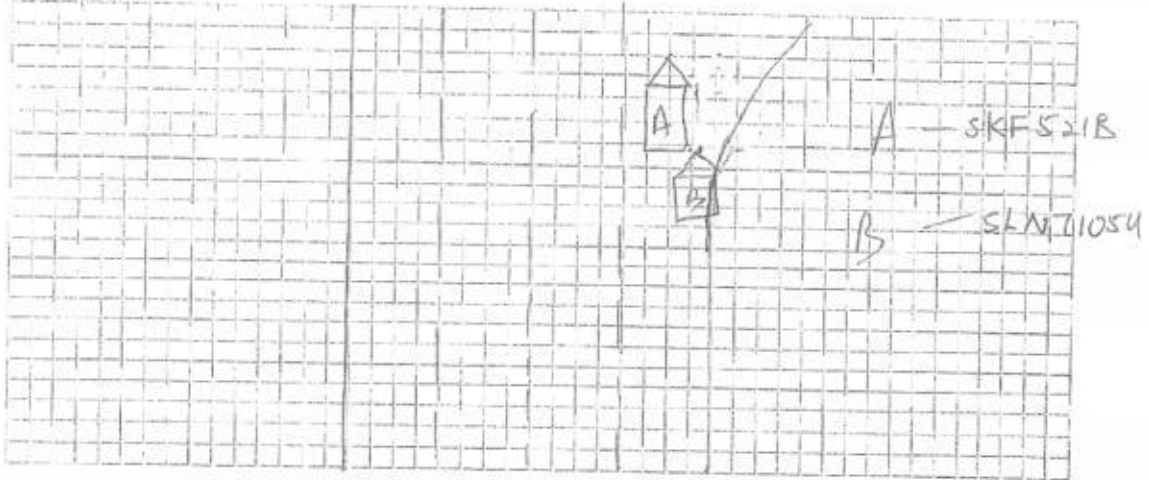
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

**IDAC KAKI BUKIT (VAC)**

Reporting Centre for Motor Vehicle Accidents  
Name: Singapore 415933  
Tel: 67416697  
Fax: 67492305  
Email: vackb@singnet.com.sg

# Accident Sketch Plan Pg. 1

## SKETCH PLAN




## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 24/8/18 at 6.30pm, I was driving my vehicle A along Serangoon East Road. I stop my car due to traffic light was red. suddenly vehicle B squeeze into my lane and hit on my RH rear portion.

## 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:

**IDAC KAKI BUKIT(VAC)**  
23 KAKI BUKIT AVE 4  
Singapore 415933

Tel: 67416697  
Reporting Centre Personnel's Signature  
Name: Fax: 67492305  
Email: vackb@singnet.com.sg  
NRIC/FIN No.:

Date of Accident : 24/8/18 Accident Time: 6.30pm (24-HR-Format)  
Accident Place : Along Sengkang East Road  
Vehicle. No. (Car Plate No.) : SKF 521B Make/Model: mercedes benz  
Insurance Company : NTUC Policy No: 5097311115  
Owner or Company Name /IC No. : Lim Sze Keong /58240408B  
Owner or Company Contact No. : Owner's Hp 9225 3736 Company Tel  
DRIVER'S Name / IC No. : Lim Sze Keong /58240408B  
DRIVER'S Date Of Birth : 26/11/1982 DRIVER'S License Pass Date 3/5/2003  
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: owner  
DRIVER'S Address : B1K 326C Anchorvale Road #15-274  
DRIVER'S Contact No./ Alt No. : 1) 5543321 2)  
DRIVER'S Occupation : INDOOR \ OUTDOOR (e.g. working inside or outside office)  
Email Address :  
Weather & Road Surface : CLEAR & DRY \ RAINING & WET \ AFTER RAIN & WET  
Reporting Type : Reporting Only \ Claim Other Party \ Claim Own Insurance  
Number of Passengers (Including Driver): 2 person  
Was there any video Captured by car camera: YES \ NO  
Exact purpose for which vehicle was being used at the time of accident: Private use \ Work purpose  
Any Injury (If YES, Pls state): yes

**Other Party Driver's Particular (if any)**

Vehicle. No: SLN 71054 (motor)	Vehicle. No: _____
Vehicle Make/Model: _____	Vehicle Make/Model: _____
Name Driver: _____	Name Driver: _____
IC No. Driver/Contact: _____	IC No. Driver/Contact: _____

**\* NEW - Passenger's name & gender:**

TAN LIHUI (F)



## SKETCH PLAN

### IMPORTANT NOTICE

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  - (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.



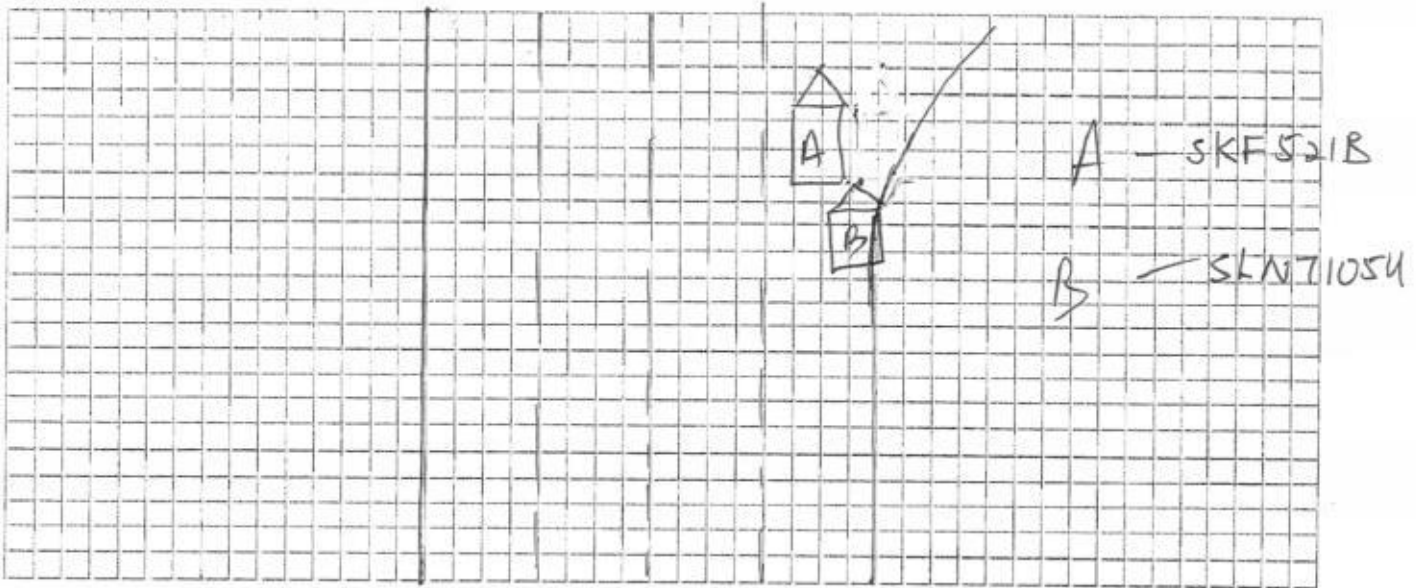
Policyholder's Signature  
Date & Time:



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

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

# SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 24/8/18 at 6.30pm, I was driving my vehicle A along sengkang East Road. I stop my car due to traffic light was red. suddenly vehicle B squeeze into my lane and hit on my RH rear portion.

## 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:

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

> **Back to OneMotoring**

## Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Singapore NRIC
Owner ID:	0408B
<b>Vehicle Details</b>	
Vehicle No.:	SKF521B
Vehicle to be Exported:	No
Intended De-registration Date:	27 Aug 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	C 200 KOMPRESSOR
Primary Colour:	Black
Manufacturing Year:	2007
Engine No.:	27195030984001
Chassis No.:	WDD2040412A085449
Maximum Power Output:	135.0 kW (181 bhp)
Open Market Value:	\$42,794.00
Original Registration Date:	15 Jan 2008
First Registration Date:	15 Jan 2008
Transfer Count:	2
Actual ARF Paid:	\$47,074.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	14 Jan 2028
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
PQP Paid:	\$52,271.00
COE Rebate Amount:	\$49,039.00
<b>Total Rebate Amount:</b>	<b>\$49,039.00</b>

The information contained herein is correct as at 27 Aug 2018

OK

not Authorized  
Mark  
1/5 # 3500/-  
3 day.  
27/8/18

# FASTECH AUTO PTE LTD

1 Kakit Bukit Ave 6  
#01-46,48,50 Autobay  
SINGAPORE 417883

VEHICLE NO: SKF 521B

QTY	PARTICULAR		Deep cut	
1 PCS	REAR BUMPER	1361.96		\$1,816.10 ✓
1 PCS	REAR BUMPER SIDE HOLDERS O/S	132.56 x 2 = 265.12	11	\$115.00 X
2 PCS	REAR BUMPER CHROME MOULDING SIDES @ \$201.00		11	\$402.00 ✓
1 PCS	REAR BUMPER CHROME MOULDING CENTRE	186.40	11	\$311.00 ✓
2 PCS	REAR BUMPER PDC SENSORS @ \$215.00		11	\$430.00 X
1 PCS	TAILLAMP O/S	795.00	11	\$991.00 ✓
1 PCS	REAR FENDER O/S		11	\$1,815.00 X
1 PCS	REAR SHOCK ABSORBER O/S		11	\$399.00 X
1 PCS	REAR KNUCKLE ARM O/S		11	\$1,515.00 X
1 PCS	REAR KNUCKLE ARM BEARING O/S		11	\$650.00 X
1 PCS	REAR LOWER ARM O/S		11	\$820.00 X
				\$9,264.10

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## S.NETT

1 PCS	REAR SPORT RIM AMG '18 INCH'		Deep cut	\$1,800.00 900
1 PCS	REAR TYRE O/S	4P 250	150.50 cut	\$350.00 60%
1 SET	REAR BUMPER RIVET		11	\$50.00 ✓

## LABOUR CHARGES:

TO CHECK WIRING	\$80.00 20
TO DISMENTLE & REFIX PDC SENSOR	\$80.00 50
TO CONDUCT WHEEL ALIGNMENT	\$120.00 80
TO DISMENTLE & REFIX REAR UNDERCARRIAGE	11 \$180.00 X
TO DISMENTLE & REFIX REAR WINDSCREEN	11 \$180.00 X
TO SPRAY RUST PROOFING	11 \$120.00 X
LABOUR FOR PANEL BEATING & REPLACING PARTS	\$680.00 380
TO PUTTY & SPRAY PAINTING	\$800.00 400
TOTAL	\$13,704.10

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:

p-2608.48  
2347-63

# 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/MSG18015528/UTBN2  
Date: 14/09/2018

### REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	29088463MKF
Claimant Vehicle No :	SKF521B	Insured Vehicle No :	SLN7105U
Date of Loss:	24/08/2018	Nature of Claim:	TP
		Claim No:	568537

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKF521B	Engine No:	27195030984001
Make & Model:	MERCEDES-BENZ C200, 1.8 Kompressor (A)	Chassis No:	WDD2040412A085449
Reg. Date:	15/01/2008 (Man. Year: 2007)	Odometer:	219834 km
Colour:	Black		
Engine Capacity:	1796 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:	225/40ZR18	Rear Tyre Size:	225/40ZR18
Front Left Side:	Pirelli 6 mm	Rear Left Side:	Pirelli 6 mm
Front Right Side:	Pirelli 6 mm	Rear Right Side:	Pirelli 6 mm

The above values represent the remaining tyre treads depth

### COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	11,464.10	3,447.63	8,016.47	69.93
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,240.00	930.00	1,310.00	58.48
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>13,704.10</b>	<b>4,377.63</b>	<b>9,326.47</b>	<b>68.06</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>3,500.00</b>		
(S\$)	13,704.10	3,500.00	10,204.10	74.46
+ GST 7.00/7.00% (S\$)	959.29	245.00	714.29	74.46
<b>Nett Amount (S\$)</b>	<b>14,663.39</b>	<b>3,745.00</b>	<b>10,918.39</b>	<b>74.46</b>

### INSPECTION

Date of Assignment:	28/08/2018	Fastech Auto Pte Ltd (HQ) 1 Kaki Bukit Ave 6, #01-46/48/50 Autobay Singapore 417883
Date Inspected:	27/08/2018 Inspected At:	
Estimated Period of Repair:	3.0 days	

Adjuster: MARCUS CHUA

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: 14 Sep 2018)  
**Parts:** 143      MERCEDES-BENZ C200 1.8 Kompressor (A) (Catalogue:Merimen Singapore 1.0)  
**Labour:** Repairer's      (Price-denominated Standard List)  
**Print Code:** (Unsubmitted, no print-code for SKF521B)  
**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	Deep Cut	1,816.10 F	*1,361.96 FL
2	1	*REAR BUMPER SIDE HOLDER O/S	Not Necessary	115.00 F	*- FL
3	2	*REAR BUMPER CHROME MOULDING SIDES	Necessary	402.00 F	*265.12 FL
4	1	*REAR BUMPER CHROME MOULDING CENTRE	Necessary	311.00 F	*186.40 FL
5	2	*REAR BUMPER PDC SENSORS	Not Necessary	430.00 F	*- FL
6	1	*TAILLAMP O/S	Scratched	991.00 F	*795.00 FL
7	1	*REAR FENDER O/S	Repair	1,815.00 F	*- FL
8	1	*REAR SHOCK ABSORBER O/S	Not Necessary	399.00 F	*- FL
9	1	*REAR KNUCKLE ARM O/S	Not Necessary	1,515.00 F	*- FL
10	1	*REAR KNUCKLE ARM BEARING O/S	Not Necessary	650.00 F	*- FL
11	1	*REAR LOWER ARM O/S	Not Necessary	820.00 F	*- FL
12	1	*REAR SPORT RIM AMG 18 INCH	Deep Cut	1,800.00 FS	*900.00 FS
13	1	*REAR TYRE O/S (LOCAL PURCHASE)(\$250.00)(60%)	Cut	350.00 FS	*150.00 FS
14	1	*SET REAR BUMPER RIVET	Necessary	50.00 FS	*50.00 FS
				<b>Sub Total (S\$)</b>	<b>11,464.10      3,708.48</b>
				<b>- List Item Discount on L Items 0.00/10.00% (S\$)</b>	<b>0.00      260.85</b>
				<b>Total Parts (S\$)</b>	<b>11,464.10      3,447.63</b>

F=Franchise part. S=SpcNett. 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
<b>Labour Items</b>				
1	TO CHECK WIRING	New	80.00	20.00
2	TO DISMENTLE & REFIX PDC SENSOR	New	80.00	50.00
3	TO CONDUCT WHEEL ALIGNMENT	New	120.00	80.00
4	TO DISMENTLE & REFIX REAR UNDERCARRIAGE	New	180.00	-
5	TO DISMENTLE & REFIX REAR WINDSCREEN	New	180.00	-
6	TO SPRAY RUST PROOFING	New	120.00	-
7	LABOUR FOR PANEL BEATING & REPLACING PARTS	New	680.00	380.00
8	TO PUTTY & SPRAY PAINTING	New	800.00	400.00
Gross Labour Cost (S\$)			<b>2,240.00</b>	<b>930.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >