

ISS. REC. BY:

REF:

CS/CTI 8016220 / H/H bez

Special Instruction:

Surveyor

Tauk Jiah

ASSIGNMENT (Office)

From (Person):

Elaine Cheong

of

CTL

Date/Time:

05092018 4:20pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

GBD 8420Z

Insured:

GBM 2105C

at Workshop m/s

Shu Fatt Auto

Tel:

6273 0119

of

Blok 109 Bukit Merah Lane 3 #01-90

Policy No:

DMCVSN 1808841800

Claim No:

SNM18D0431502

Sum Insured:

Excess:

Make of Veh:

D.O.A.

16082018

(Client's Record)

06092018 @ 3pm - 4pm

CA / REV / REP. / REV 24 HRS WP.

H.O.D. Endorsement:

Date/Time:

05092018 4:29pm

Person Contacted:

Juka

Vehicle IN / OUT

Date/Time

Action/Instruction (✓) Estimate

GBD 8420Z - NBA / INC / 8015031 / Y

DOA: 16082018

GBD 2105C - X

Submit preli report

Not sent for repair. pending liability.



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	05 Sep 2018		05 Sep 2018 16:20 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

CLAIM SUBFOLDER DETAILS				[Created by insurer]
Insured:				
Main Claimant:	<b>CHUEN HO TRADING</b>			
Vehicle Reg. No.:	<b>GBD8420Z</b>	Date of Loss:	16/08/2018 11:00 - :59	
Claim Type:	<b>TP / SNM18D04315C02</b>	Policy/Cover Note No.:	DMCVSN1808841800	
Vehicle Reg. No. (Insured):	<b>GBD2105C</b>	Policy No. (Claimant):		
		Excess:	\$0.00	
Repairer:	<b>Shu Fatt Auto Works (HQ)</b> Block 1009 Bukit Merah Lane 3, #01-90, 159723 Bukit Merah - Tel: 62730119			
Handling Insurer:	<b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111 ... [Handled by <b>Elaine Cheong</b> ]			
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [ <b>Final Rpt</b> due 14/09/2018]			
Adj Asg. Remarks:	PLEASE SURVEY AND REVERT			

ASSOCIATED MAIL RECEIVED		<a href="#">View All</a>	<a href="#">Compose Case Mail</a>
There are no mail for this case.			

ALL ASSOCIATED TASKS									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CS/CTI18016220/T1tb	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 05-09-2018	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBH 2105C	Veh. Inspected	GBD 8420Z
Policy No.	DMCVSN1808841800	Coverage (\$)	0.00
Claim No.	SNM8D04315C02	Excess (\$)	0.00
Assign From	MERIMEN (ELAINE CHEONG)	Assign Date	05/09/2018
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm
4. Description of Damages			
5. General Information			
Accident Date	16/08/2018	Inspection Date	06/09/2018
Survey held at	SHU FATT AUTO WORKS BLK 1009,BUKIT MERAH LANE 3 #01-90 SINGAPORE 159723		
5a. Remarks			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

## Denise Tay (LKKAuto)

---

**From:** Julia - Shu Fatt Auto Works <shufatt@singnet.com.sg>  
**Sent:** Tuesday, 15 January 2019 9:39 AM  
**To:** Denise Tay (LKKAuto)  
**Subject:** RE: GBD 8420Z / china tai ping / DOA: 16/08/2018

Miss Denis Tay  
Without prejudice

Not repaired yet as China Taiping still has not reverted regarding confirmation of liability despite numerous chasers.

樹發汽車修理廠  
*Shu Fatt Auto Works*  
*Julia Wong*  
Tel: 62730119

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**From:** Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]  
**Sent:** Monday, January 14, 2019 11:02 AM  
**To:** shufatt@singnet.com.sg  
**Subject:** GBD 8420Z / china tai ping / DOA: 16/08/2018

Dear Julia,

Can check for me this case? Vehicle done repair? If yes sent me finalization.

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	17/08/2018 19:06
Date Of Accident	16/08/2018 11:30
Exact Location Of Accident	SENG POH ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD8420Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUEN HO TRADING
Co Reg No	52906476J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97620981
Alternative Phone No	OFFICE-97620981

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR
Exact Purpose for which vehicle was being used at time of accident	LORRY WAS PARKED
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5091215623-01
Cover Note Number	

### Driver

Name of Driver	LEONG KARM CHUEN
NRIC No	S1527216C
Date Of Birth	19/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	23/05/1980
Driving Experience	38 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97620981
Fax Number	
Contact Number	OTHERS-97620981
Email Address	NOEMAIL

Address	BLK 119B KIM TIAN ROAD #06-238
Postcode	162119
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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)	0

#### 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

PLEASE REFER TO SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBH2105C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

## Sketch Plan

### 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.
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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)**

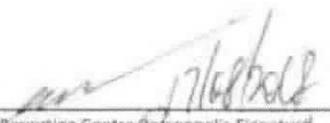
I understand, acknowledge, agree and consent that:

- (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:  
NRIC/FIN No.:

Sketch Plan #2

SKETCH PLAN

STREET LIGHT ROAD

Fixing  
to show  
Markers



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My vehicle A was legally parked at the company lot. Vehicle B was driving at a rather high speed and damaged the right side mirror of my parked vehicle as he was driving past my vehicle. This accident was recorded by police camera.

DECLARATION

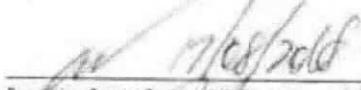
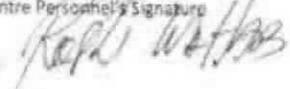
I/We declare the foregoing particulars are true in every respect.




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.



# 樹發汽車修理廠 SHU FATT AUTO WORKS

①-2

BLOCK 1009 BUKIT MERAH LANE 3 #01-90 SINGAPORE 159723 TEL: 6273 0119 FAX: 6270 7065

Our Ref: WSK/jw/SF-quo  
28<sup>th</sup> August 2018  
TP- China Taiping

GBD 8420 Z NISSAN CABSTAR

Spare Parts	1	Rt side mirror.	S\$
			140.30 <i>ca</i>
		Less 10% on Nett	14.03
			-----
			126.27
Labour		To remove, replace above parts, test and assembly.	100.00 <i>50</i>
			-----
			226.27
			=====

Front 195/70R15C  
Rear 155R13  
JN1SC2F24Z0857113

*Taiping 9749549*  
*'wp'*  
*6/9/18 @ 4pm*  
*Resurvey new parts*  
*sur @ lkkauto.com*  
*old day*

*[Signature]*  
*11/9/18*

**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:

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	05 Sep 2018		05 Sep 2018 16:20 <a href="#">Edit Adj Rpt</a>	<b>S\$176.27</b> <a href="#">Edit Estimates</a>	<b>S\$176.27</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

<a href="#">Main</a>	<a href="#">Reference</a>	<a href="#">Claim Details</a>	<a href="#">Documents</a>	<a href="#">Show All</a>
----------------------	---------------------------	-------------------------------	---------------------------	--------------------------

CLAIM SUBFOLDER DETAILS		[Created by insurer]	
Insured:	-, Co. Reg. No.: -		
Main Claimant:	<b>CHUEN HO TRADING</b>		
Vehicle Reg. No.:	<b>GBD8420Z</b>	Date of Loss:	16/08/2018 11:00 - :59 [38 Months and 8 Days From LTA Reg Date (Man Yr)]
Claim Type:	<b>TP / SNM18D04315C02</b>	Policy/Cover Note No.:	DMCVSN1808841800
Vehicle Reg. No. (Insured):	<b>GBD2105C</b>	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	<b>Shu Fatt Auto Works (HQ)</b> Block 1009 Bukit Merah Lane 3, #01-90, 159723 Bukit Merah - Tel: 62730119		
Handling Insurer:	<b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ)</b> - Tel: 6389 6111 ... [Handled by <b>Elaine Cheong</b> ]		
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ)</b> - Tel: 6256-3561 ... [Handled by <b>MOHD TAUFIKH BIN HAMID</b> ] ... [Final Rpt due 14/09/2018]		
Adj Asg. Remarks:	PLEASE SURVEY AND REVERT		

ASSOCIATED MAIL RECEIVED	<a href="#">View All</a>	<a href="#">Compose Case Mail</a>
There are no mail for this case.		

ALL ASSOCIATED TASKS										<a href="#">View All</a>	<a href="#">Search Tasks</a>	<a href="#">Create New Task</a>	<a href="#">Complete</a>
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?				
No results.													

## Claim Documents

\*GBD8420Z (SNM18D04315C02)  
 [GBD2105C]  
 TP  
 CHUEN HO TRADING  
 Aug 16 2018 11:00AM  
 [-]  
 Shu Fatt Auto Works

Upload Documents	Upload Photos	Compose New Letter	<b>View</b> View in Browser <input type="button" value="v"/>
<b>Photos/Images</b>			3 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail Print
1	15/01/19 15:19	<b>General View</b>	Load JPG <input checked="" type="checkbox"/>
2	15/01/19 15:19	<b>General View</b>	Load JPG <input checked="" type="checkbox"/>
3	15/01/19 15:19	<b>General View</b>	Load JPG <input checked="" type="checkbox"/>
4	15/01/19 15:19	<b>General View</b>	Load JPG <input checked="" type="checkbox"/>
5	15/01/19 15:19	<b>General View</b>	Load JPG <input checked="" type="checkbox"/>
6	15/01/19 15:19	<b>General View</b>	Load JPG <input checked="" type="checkbox"/>
7	15/01/19 15:19	<b>General View</b>	Load JPG <input checked="" type="checkbox"/>
8	15/01/19 15:19	<b>General View</b>	Load JPG <input checked="" type="checkbox"/>
9	15/01/19 15:19	<b>General View</b>	Load JPG <input checked="" type="checkbox"/>
<b>Documentation</b>			1 per page <input type="button" value="v"/> <input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)	Thumbnail Print
1	06/09/18 08:55	<b>PRS WITH TP GIA</b>	Load PDF <input type="checkbox"/>

## Documents Checklist

<b>DOCUMENTS CHECKLIST</b>	Reset Save Print
There are no document checklists configured.	
<b>Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)</b>	
<div style="border: 1px solid black; width: 100%; height: 100%;"></div>	
<b>Show Remarks To:</b> <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/CTI18016220/T1TBE2

Date: 16/01/2019

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMCVSN1808841800  
 Claimant Vehicle No: GBD8420Z Insured Vehicle No: GBD2105C  
 Date of Loss: 16/08/2018 Nature of Claim: TP Claim No: SNM18D04315C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: **GBD8420Z**  
 Make & Model: NISSAN CABSTAR, 2.0 (M) Engine No: ZD30348142K  
 Reg. Date: 08/06/2015 (Man. Year: 2014) Chassis No: JN1SC2F24Z0857113  
 Colour: Silver Odometer: 95120 km  
 Engine Capacity: 2953 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: 195/75 R15 Rear Tyre Size: 155 R13  
 Front Left Side: Yokohama 6 mm Rear Left Side: Yokohama 6 mm  
 Front Right Side: Yokohama 6 mm Rear Right Side: Yokohama 6 mm

*The above values represent the remaining tyre treads depth*

<b>COST OF CLAIMS</b>	<b>Repairer's</b>	<b>Adjuster's</b>	<b>Difference</b>	<b>Diff %</b>
Parts	126.27	126.27	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	100.00	50.00	50.00	50.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>226.27</b>	<b>176.27</b>	<b>50.00</b>	<b>22.10</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>15.84</b>	<b>12.34</b>	<b>3.50</b>	<b>22.10</b>
<b>Nett Amount (S\$)</b>	<b>242.11</b>	<b>188.61</b>	<b>53.50</b>	<b>22.10</b>

INSPECTION

Date of Assignment: 05/09/2018  
 Date Inspected: 06/09/2018 Inspected At: Shu Fatt Auto Works (HQ)  
 Block 1009 Bukit Merah Lane 3, #01-90  
 Singapore 159723  
 Estimated Period of Repair: 1.0 days

Adjuster: MOHD TAUFIKH BIN HAMID

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.*

THE VEHICLE HAS NOT SEND IN FOR REPAIRS.

(REPAIR COST NOT CONCLUDE)

**REPAIR DETAILS**

<b>Reference</b>		
<b>Part Source:</b>	(Last Synchronised: 16 Jan 2019)	
<b>Parts:</b>	N/A	NISSAN CABSTAR 2.0 (M) (Model not available in database)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for GBD8420Z)	
<b>Validity:</b>	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	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

**Recommended Parts**

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*RT SIDE MIRROR	Cracked	140.30 FN	*140.30 FN
					<b>Sub Total (\$\$)</b>	<b>140.30</b>
					<b>- Nett Item Discount on N Items 10.00/10.00% (\$\$)</b>	<b>14.03</b>
					<b>Total Parts (\$\$)</b>	<b>126.27</b>

F=Franchise part. N=NettItemDisc.

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	TO REMOVE, REPLACE ABOVE PARTS, TEST AND ASSEMBLY	New	100.00	50.00
			<u>100.00</u>	<u>50.00</u>
			<b>Gross Labour Cost (\$\$)</b>	<b>100.00</b>
			<u>100.00</u>	<u>50.00</u>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >