

ASS. REC. BY:

REP: CS/CTI18017172/T1vd3ⁿ² Special Instruction

Surveyor: Tauhikh
menimen
From (Person): Irene tay

ASSIGNMENT (Office)

of CTI Date/Time: 20/9/18 @ 5.19pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: GBH 2199G Insured: SJU 2506R

at Workshop m/z: Mora Automotive Tel: 62723892 | Ah Kong
of Bik 1008, Bik Meruh Lane 3 # 01-04 9651 0098

Policy No: DMPCSN3088621701 Claim No: 8NM18D04541C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 16/09/2018
(Client's Record)

CA / REV / REP. / REV 24 HRS ^{up} H.O.D. Endorsement: _____

Date/Time: 5.28pm @ 20/9/18 Person Contacted: Nitha Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	GBH 2199G - NBA/CTI18017098/Y DOA: 16/9/18
	SJU 2506R - NBA/CTI18017098/Y DOA: 16/9/18
21/9/18-	VMI
24/9/18-	Vehicle still not In
26/9/18-	vehicle not In yet
12/10/18	@ 1250pm Ah Kong said vehicle has not send in for repair

Merimen

Tuffin

REF:

CT1

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: _____ days Res.: Yes or No
 Lum Sum: _____ % 3 Val.: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

N/S	O/S

Veh No: GBH2199G Yr Regn: 3 / 18
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Nissan NV200 C.C. 1461
 Colour: white A/C: Insured / Std / NI / NA
 Sp. Reading: 6902 T/Radio: Insured / Std / NI / NA
 Eng/No: US 6909
 C/No: USK9BAM20Z015708Y
 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: _____
175 / FULLY.
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or
 Front 6 mm Rear 6 mm
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. _____ D.O.I. 3/10/18
 Survey held at Mona Bui
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
FR to S.
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
11/11/18	Final fig \$ 1894.49 confirmed by email (Ref 433.37, 1999)
	RECEIVED 01 NOV 2018
	<i>[Signature]</i> 11/11/2018

Date/Time. File Pass to? : Preli. Report
 : Final Report
 Date/Time. File Return to? 11-11-18 - typist
 Report Format: merimen
 Lump Sum / I.B.I: (\$) 1894.49
 Days Of Repair: 3
 Resurvey No. of Trip: 1
 Add Fee: Site Insp (\$) Interview (\$) Tech. Invs (\$) Weekend (\$)
 Survey Fee: _____
 Transportation: _____
) \$+RS \$ _____
) Fields _____
) Other _____
 TOTAL 220

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	20 Sep 2018		20 Sep 2018 17:19 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	CHIA KAI, ID: S7099107A		
Main Claimant:	MITSUBISHI ELECTRIC ASIA PTE LTD, Co. Reg. No.: S7029019G		
Vehicle Reg. No.:	GBH2199G	Date of Loss:	16/09/2018 15:00 - :59
Claim Type:	TP / SNM18D04541C02	Policy/Cover Note No.:	DMPCSN3088621701 (Comprehensive)
Vehicle Reg. No. (Insured):	SJU2506R	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	Mova Automotive Pte Ltd (Bukit Merah) Blk 1008, #01-04/06/08/94, Bukit Merah Lane 3, 159722 Bukit Merah - Tel: 62723892/64763333		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 01/10/2018]		
Adj Asg. Remarks:	EST \$2490.81, CASE WITH 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.									

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Thursday, 1 November 2018 10:40 AM
To: 'Keong'; Taufikh (LKKAuto)
Cc: SUR
Subject: RE: GBH2199G Ready For Finalise

Dear Keong,

WITHOUT PREJUDICE

Confirm amount \$1,894.49 and 3 working days.

Kindly send Final invoice and all supporting documents to CHINA TAIPING

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

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

From: Keong <keong@mova.com.sg>
Sent: Wednesday, 31 October 2018 7:05 PM
To: Taufikh (LKKAuto) <Taufikh@lkkauto.com>; Veron Chen (LKKAuto) <veronchen@lkkauto.com>
Cc: SUR <sur@lkkauto.com>
Subject: GBH2199G Ready For Finalise

Dear Taufikh

Attach finalise report and photo. Itemise \$1894.49 and 3 days. Thank you.



IMG_8023



IMG_8024

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	18/09/2018 13:45
Date Of Accident	16/09/2018 15:00
Exact Location Of Accident	PASIR RIS BLK 631A CARPARK NO(PRPM32)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBH2199G
Insured/Policyholder	
Name Of Registered Owner	MITSUBISHI ELECTRIC ASIA PTE LTD
Co Reg No	A197701180K
Email Address	JIANNHORNG.LUI@ASIS.MEAP.COM
Mobile Phone No	
Alternative Phone No	OFFICE-64702400

Vehicle Particulars

Manufacturer	NISSAN
Model	NV200 1.5 MT
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	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	LUI JIANN HORNG
NRIC No	S7029019G
Date Of Birth	23/08/1970
Occupation	OUTDOOR
Date Of Driving Pass	05/08/1996
Driving Experience	22 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90119865
Fax Number	
Contact Number	
E-Mail Address	JIANNHORNG.LUI@ASIS.MEAP.COM

Address	307 ALEXANDRA ROAD 05-01
Postcode	159943
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	COLLIDED INTO PARKED VEHICLE
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?	
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 THE 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	SJU2506R
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)	

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 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:



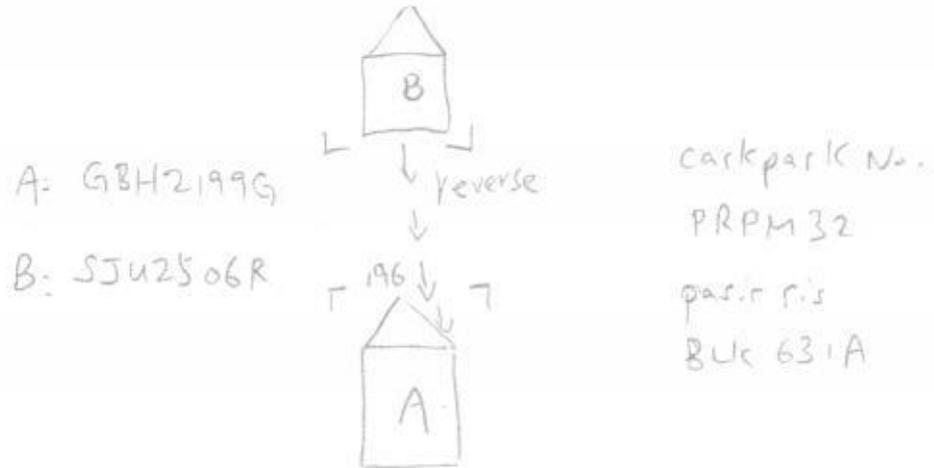
Driver's Signature
(if driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE: GBH2199G	ACCIDENT DATE & TIME: 16 Sept 2018 3pm
CONTACT NUMBER: 90119865, 64702400	E-MAIL ADDRESS: jianharnng.lui@asia-meap.com
LOCATION: Carpark No. PRPM32 Pasir Ris BLK 631A	
<p>I parked the vehicle number GBH2199G at the above mentioned carpark No. (lot number 196) on 15 Sept 2018 (Sat), at about 10pm.</p> <p>I went down to the carpark again on 17 Sept 2018 (Mon), at about 0715am. Found that the right side bumper was hit and dented. Also found a note left on windscreen wiper to ask me to contact him regarding the damaged bumper.</p> <p>I called him and we met on 17 Sept 2018 (Mon) at around 10pm, and discuss on the option to settle, but told him (Mr Chia) that it depend on my company decision.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input type="checkbox"/> Claim Own Policy <input checked="" type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

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.:

Estimate

19/09/2018

CHINA TAIPING INSURANCE (S) PTE LTD
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909.

Attention :- XA017

Page # :- 1
Veh # :- GBH2199G
Veh Model :- NISSAN NV200 1.5MT
Estimate# :- CK417997
Claim # :-
ACC. Date :- 16/09/18
Terms :- C.O.D Days
Remarks :-

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel : (65) 6476 3333
Fax : (65) 6271 5891
www.mova.com.sg

Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722

Tel : (65) 6272 3892
Fax : (65) 6270 8314

Co. Reg. 198904033G
GST Reg. M2-0088864-2

No.	Description	Qty	U.Price	Amounts S\$
NET ITEMS :				
1.	FRONT BUMPER TOP	1 PC	339.10	339.10 ✓
2.	FRONT BUMPER LOWER	1 PC	674.50	674.50 ✓
3.	FRONT BUMPER SIDE BRACKET RH	1 PC	43.40	43.40 ✓
4.	FRONT BUMPER CLIPS	10 PC	4.10	41.00 ✓
5.	FRONT BUMPER FOG LIGHT RH	1 PC	259.30	259.30 ✓
6.	HEADLAMP RH	1 PC	618.10	618.10 ✓
NET TOTAL S\$				1,975.40
10% DISCOUNT S\$				-197.54
				1,777.86

LABOUR :
TO REPAIR REINFORCEMENT, REMOVE & REFIX
DAMAGED PARTS, STRAIGHTEN AND REALIGN
AFFECTED AREA

TO SPRAY FRONT BUMPER, FRONT FENDER RH &
AFFECTED AREAS

LABOUR TOTAL S\$

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damage
- Parts prices are subject to survey
- Third party claims are on a "Without Prejudice" basis
- No illegal modifications allowed
- Supplementary items to be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

200
300.00

150
250.00

550.00

E. & O.E

NON-TAX AMOUNT S
AMOUNT S\$ 2,327.86
GST @ 7% 162.95

AMOUNT DUE S\$ 2,490.81

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**



Taipin 97095749
-wp
3/10/18 @ 11am
o 3 days
Repairing after repair
su @ lkkant.com

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel: (65) 6476 3333
Fax: (65) 6271 5691
www.mova.com.sg

Workshop Dept:
Block 100B,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722

Tel: (65) 6272 3892
Fax: (65) 6270 8314

Co. Reg. 198904033G
GST Reg. M2-0088864-2

Estimate

19/09/2018

CHINA TAIPING INSURANCE (S) PTE LTD
3 Anson Road
#16-00 Springleaf Tower
Singapore 079909.

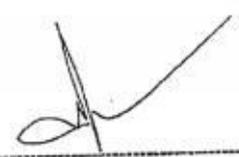
Page # :- 1
Veh # :- GBH2199G
Veh Model :- NISSAN NV200 1.5MT
Estimate# :- CK417997
Claim # :-
ACC. Date :- 16/09/18
Terms :- C.O.D Days
Remarks :-

Attention :- XA017

No.	Description	Qty	U.Price	Amounts S\$
NET ITEMS :				
1.	FRONT BUMPER TOP	1 PC	339.10	339.10 ✓
2.	FRONT BUMPER LOWER	1 PC	674.50	674.50 ✓
3.	FRONT BUMPER SIDE BRACKET RH	1 PC	43.40	43.40 ✓
4.	FRONT BUMPER CLIPS	10 PC	4.10	41.00 ✓
5.	FRONT BUMPER FOG LIGHT RH	1 PC	259.30	259.30 X
6.	HEADLAMP RH	1 PC	618.10	618.10 ✓
	NET TOTAL S\$			1,975.40
	10% DISCOUNT S\$			-197.54
				<u>1,777.86</u>
LABOUR :				
	TO REPAIR REINFORCEMENT, REMOVE & REFIX DAMAGED PARTS, STRAIGHTEN AND REALIGN AFFECTED AREA			200 300.00
	TO SPRAY FRONT BUMPER, FRONT FENDER RH & AFFECTED AREAS			150 250.00
	LABOUR TOTAL S\$			<u>550.00</u>

1716.10
171.61
1544.49
350.00 - LB
\$ 1894.49
3 days
=

E. & O.E



NON-TAX AMOUNT S	
AMOUNT S\$	2,327.86
GST @ 7%	162.95
AMOUNT DUE S\$	2,490.81

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

Tauphin 97895749
- WP
3/16/18 @ 11am
3 days
Repair after repair
su @ Likiep

LKK Auto Consultants Pte Ltd (Co.Reg.No:199607196R)

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/CT118017172/T1VD3N2

Date: 02/11/2018

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN3088621701
Claimant Vehicle No :	GBH2199G	Insured Vehicle No :	SJU2506R
Date of Loss:	16/09/2018	Nature of Claim:	TP
		Claim No:	SNM18D04541C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GBH2199G	Engine No:	K9KE628D423653
Make & Model:	NISSAN NV200, 1.5 (M)	Chassis No:	VSKYBAM20Z0157084
Reg. Date:	13/03/2018 (Man. Year: 2017)	Odometer:	6909 km
Colour:	White		
Engine Capacity:	1461 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:	175/70R14	Rear Tyre Size:	175/70R14
Front Left Side:	Goodyear 6 mm	Rear Left Side:	Goodyear 6 mm
Front Right Side:	Goodyear 6 mm	Rear Right Side:	Goodyear 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,777.86	1,544.49	233.37	13.13
Miscellaneous Items	0.00	0.00	0.00	
Labour	550.00	350.00	200.00	36.36
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,327.86	1,894.49	433.37	18.62
+ GST 7.00/7.00% (S\$)	162.95	132.61	30.34	18.62
Nett Amount (S\$)	2,490.81	2,027.10	463.71	18.62

INSPECTION

Date of Assignment:	20/09/2018		
Date Inspected:	03/10/2018	Inspected At:	Mova Automotive Pte Ltd (Bukit Merah) Blk 1008, #01-04/06/08/94, Bukit Merah Lane 3 Singapore 159722
Estimated Period of Repair:	3.0 days		

Adjuster: MOHD TAUFIKH BIN HAMID

Manager: VERON CHEN

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: 02 Nov 2018)
Parts:	N/A NISSAN NV200 1.5 (M) (Model not available in database)
Labour:	Repairer's (Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for GBH2199G)
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 BUMPER TOP	Deformed	339.10 FN	*339.10 FN
2	1		*FRONT BUMPER LOWER	Cracked	674.50 FN	*674.50 FN
3	1		*FRONT BUMPER SIDE BRACKET RH	Necessary	43.40 FN	*43.40 FN
4	10		*FRONT BUMPER CLIPS	Necessary	41.00 FN	*41.00 FN
5	1		*FRONT BUMPER FOG LIGHT RH	Not Necessary	259.30 FN	*- FN
6	1		*HEADLAMP RH	Cracked	618.10 FN	*618.10 FN

F=Franchise part. N=NetItemDisc.

Sub Total (S\$)	1,975.40	1,716.10
- Nett Item Discount on N Items 10.00/10.00% (S\$)	197.54	171.61
Total Parts (S\$)	1,777.86	1,544.49

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 REPAIR REINFORCEMENT,REMOVE & REFIX DAMAGED PARTS,STRAIGHTEN AND REALIGN AFFECTED AREA	New	300.00	200.00
2	TO SPRAY FRONT BUMPER,FRONT FENDER RH & AFFECTED AREAS	New	250.00	150.00
Gross Labour Cost (\$\$)			550.00	350.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >