Estimated C	n): Chin lee ying	of Alg	Date/Time: 26/9/1889-30
To Inspect V at Workshop of Policy No:		VA/INV/MV/CS SJN1841R Uan tuto Ming Ind Got &c.	Insured: SMD 8055P Tel: 9388 4210 C #01-82
Sum Insured		Claim No:	912266236589
Make of Vel (Client's Recon		Excess:	D.O.A. 09 09 18
CA / REV	REP. / REV 24 HRS 10 POTAND 26 9 18 PO	up) erson Contacted: jacky	H.O.D. Endorsement: Vehicle IX OUT
Date/Time:			29.001
Date/Time: Date/Time	Action/Instruction (U) Estimate	
Date/Time: Date/Time	Action/Instruction (L) Estimate NA/AIG18016502/24 NA/AIG18016502/24	DOA: 9/1/18

misther XX .	AIG		20520	
	ASSIGNMENT	20.4	,	(-2019
om: Date:	Veh No:	JN18411	L Yr Regn: 06	heb 200
stimated Cost:			Lorry / Taxi / Prime Move	r/
TP WS/TP RES/OD RES/EVA/INV/MV	Truck / Tra	iler or		
o Inspect Vehicle No:	Make:	Toyota 1	014 0.0	2362
Workshop m/s Guan Auto	177 W. W. W.	Black	A/C: Insured / St	d/NI/NA
workshop his buan Aul o	199 20 00		T/Radio: Insured / S	
2002	Sp.Reading	(3282)	missio, matrea o	MCZINIZ INA
sured:	Eng/No:	2002/	6-7777	
Bicy No.			50 20772	
aims No.	Gen. Cond: 66			
um Insured: Excess:	Steering: Inotater			
(Client's Record)	Programme management	/ Jammed / Leak		
ake of Veh:	The state of the s	STD A/Rim	1	
3	Tyre Size: F	235	155R17	
(Policy Condition)	, t	t.	11	
emark: The veh had commenced its	N/S O/S BS / DUN / EXNO	OVA / GY / FS / LIZ	ZA / MIC / OHTSU / PIR/ S	SUMI /
repair at the time of inspection.	TOYO / YOKO	or		
al, or Market Value: 9 11k	Front		Rear	
DAC Accident Rport: Consistent? : Yes	or No R/Bal.	mm	R/Bal.	6 mm
ilA / PR Seen: Consistent? : Yes	or No L/Bal.	6 mm	L/Bal.	6 mm
st. Repairs: 2 days Res.: Yes	or No D.O.A.		D.O.I. 26-	09-18
um Sum: 20 % 3 Val.: Yes	or No Survey held at	h	15	5130 1
CA / REV / REP. / 24 HRS	Des. of Damages	Frt / Rear / O	IS / N/S / U/C / Roofto	and the second second second
	Vehicle: IN / OUT	M	15 th.	
Person Contacted:	The U/C / C		ody Structure affected do	ue to collision
20/9 Formish \$	1100 with Jo	icky.	Red: 3766.19	1.77
RECEIVE				
Date/Time, File Pass to? : Preli. Report	Days Of Repair		- о Г	
Date/Time, File Pass to? : Preli. Report : Final Report	Days Of Repai Resurvey No. o		Survey Fee:	2.50
Date/Time, File Pass to? Preli. Report Final Report Date/Time, File Return to?	Resurvey No.	of Trip:	Transportation.	250
Date/Time, File Pass to? Preli. Report Final Report Date/Time, File Return to?	Resurvey No. o	of Trip: —	Transportation.)S+RSSt	
Dete/Time, File Pass to? Preli. Report State Time, File Return to? : Final Report	Add Fee: Site Ins	of Trip: — p (\$ _W (\$	Transportation:)S +RS,St) Photos	
Date/Time, File Pass to? : Preli. Report : Final Report Date/Time, File Return to?	Resurvey No. o	of Trip:	Transportation.)S+RSSt	

* *



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

UE FO		Affiliated to Federation Inte	rnationale Des Experts En Autor	nobile
AIG	ASIA PACIFIC IN	SURANCE PTE LTD	Ref : CS/AIG180175	505/Gtd3
78 SHENTON WAY #08-16 CHARTIS BUILDING SINGAPORE 079120			Date : 26-09-2018 Code : AIG	
1.		Policy Particu	lars :- THIRD PARTY CLA	IM
	Insured Veh.	SMD 8055P	Veh. Inspected	SJN 1841R
	Policy No.		Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From	CHIN LEE YING	Assign Date	26/09/2018
2.		Vehicle F	Particulars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer		Steering	
	Brakes		Modification	
	General			
3.		Col	nditions 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.		Descr	ription of Damages	
5.	Engine No.	Ger Ger	neral Information	
	Accident Date	09/09/2018	Inspection Date	26/09/2018
	Survey held at	BLK 7 SIN MING IND.EST	SEC.C#01-82	
	Repairer	GUAN AUTO SERVICE		
ā.	Acces to the second		Remarks	

-PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURE...

From: Chin, Lee-Ying

To: assignments@lkkauto.com, admin-a@lkkauto.com

Cc: Fong, Andy-SY

Sent: 26/9/2018 9:39:54 AM

Attachments: tmp76E.TIF 10658 lta search .pdf

Hi LKK,

Kindly assist to survey. Owner will leave vehicle around 1pm++ today.

Thanks.

Best Regards Lee Ying, Chin

AIG

Claims | AIG Asia Pacific Insurance Pte. Ltd. 78 Shenton Way #08-16 Singapore 079120 Tel +(65) 6419 1947 | Fax +(65) 6835 7416 Lee-Ying Chin@aig.com | www.aig.com.sg

IMPORTANT NOTICE:

The information in this email (and any attachments) is confidential. If you are not the intended recipient, you must not use or disseminate the information. If you have received this email in error, please immediately notify me by "Reply" command and permanently delete the original and any copies or printouts thereof. Although this email and any attachments are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by American International Group, Inc. or its subsidiaries or affiliates either jointly or severally, for any loss or damage arising in any way from its use.



133 New Bridge Road #11-02 Chinatown Point Singapore 059413 Tel: +65 6227-2469 Fax: +65 6225-2579 Email: law@dpco.com.sg (UEN: 53130838C)

Daniel Poon Choon Kow LL. B. (Hons), LLM

Our Ref:

DP.sl.isk.10658.18.GA

Your Ref:

Please quote our reference number when replying

Date: 11 SEPTEMBER 2018

M/S AIG ASIA PACIFIC INSURANCE PTE. LTD.
AIG BUILDING
78 SHENTON WAY
#08-16
SINGAPORE 079120
ATTN: ATTN: MOTOR CLAIMS DEPARTMENT

FAX (6835-7416) ONLY

DEAR SIRS.

PRE-REPAIR INSPECTION

YOUR INSURED VEHICLE REGISTRATION NO: SMD 8055P ACCIDENT ON 09 SEPTEMBER 2018 INVOLVING SJN 1841R AND SMD 8055P AT JB CHECKPOINT

We are instructed by Zhou Meng to notify you of a road traffic accident on 09th September 2018 at about 21:55 at JB Checkpoint parking lot at the side of the road involving our client's vehicle registration number SJN 1841R and vehicle registration number SMD 8055P driven by your insured at the material time. A copy of the Singapore accident statement /traffic police report filed is enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within 2 working days of your receipt of this notice whether you would like to conduct a pre-repair inspection of the vehicle, by the attached list of eight (08) surveyor which our client deemed suitable to be appointed.

If the aforesaid is not agreeable, kindly therefore instruct your appointed surveyor for a prerepair inspection of our client's vehicle at by making a prior appointment with the repairer stated below:-

M/S GUAN AUTO SERVICES
BLK 7 SIN MING INDUSTRIAL ESTATE SECTOR C
#01-82
SINGAPORE 575642
ATTN: JACKY (9388-4210)

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars Owner ID Type:	Singapore NRIC
Owner ID:	2052C
/ehicle Details	是 ²⁰¹ 年後次是 1935年 第二十二次 2015年 1月 1月 1月 1月 1日
Vehicle No.:	SJN1841R
Vehicle to be Exported:	No
ntended Deregistration Date:	27 Sep 2018
Vehicle Make:	TOYOTA
Vehicle Model:	RAV4 2.4X A
Primary Colour:	Black
Manufacturing Year:	2008
Engine No.:	2AZH162343
Chassis No.:	ACA365020772
Maximum Power Output:	125.0 kW (167 bhp)
Open Market Value:	\$24,599.00
Original Registration Date:	06 Feb 2009
First Registration Date:	06 Feb 2009
Transfer Count:	2
Actual ARF Paid:	\$24,599.00
Intended PARF Rebate Details	·····································
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	05 Feb 2019
PARF Rebate Amount:	\$12,299.00
Intended COE Rebate Details	The Marie Alexander of the Control o
COE Expiry Date:	05 Feb 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$200.00
COE Rebate Amount:	\$7.00
Total Rebate Amount:	\$12,306.00

The information contained herein is correct as at 27 Sep 2018

ОК

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 witholding 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.

aforesaid.	ou nereby consent to the archiving of this report at the centre and to copies of the report being made available
城市 生化的 (2011年) 1915年 (2011年)	ACCIDENT STATEMENT
Date Of Report	10/09/2018 17:17
Date Of Accident	09/09/2018 21:55
Exact Location Of Accident	JB CHECKPOINT
Country/State of Loss	SINGAPORE
With the second second second	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJN1841R
Insured/Policyholder	
Name Of Registered Owner	ZHOU MENG
NRIC No	S9172052C
Email Address	FIONAZHOU_MENG@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-98399665
Alternative Phone No	OTHERS-98399665

Vehicle Particulars

Manufacturer TOYOTA Model RAV 4

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?

If No, Please state action to be taken THIRD PARTY Vehicle Category PRIVATE CAR

Insurance Company

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number 5097939604 (DRIVO CLASSIC)

Cover Note Number

Driver

Name of Driver TAY CHEE WAI NRIC No S7923445A Date Of Birth 13/08/1979 Occupation INDOOR Date Of Driving Pass 16/05/2017

Driving Experience 1 YEAR AND 3 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-81833511

Fax Number

Contact Number OTHERS-81833511

EMail Address CHRISTAY79@GMAIL.COM Address

BLK 174D HOUGANG AVE 1 #07-1621

Postcode

539174

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

SIDE SWIPE

Weather Conditions

CLEAR

Road Surface

DRY

NO

2

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

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

3

Number of Passengers (Including Driver)

Passenger 1

NAME:

: TAN SWEE YEE

GENDER:

: FEMALE

Passenger 2

NAME:

: ZHOU MENG

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 STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

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

SMD8055P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Page 2 of 12

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy [labflity</u>.
- 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.
- 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.
- 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:
 - 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

10 SEP 2018

(ii) for complying with requirements under any regulations, laws or court orders.

llomolder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN				
		A= CTB	18412	
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DESCRIBE CIRCUMSTANCES OF	THE ACCIDENCE		1,111,11	
DESCRIBE CIRCUMSTANCES OF	THE ACCIDENT		100	
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It happened towar	10 De GNEGE DOU	nt when +	me rea mits	ubishi
SMD 8055 P	cut into whi	ite MPV	(beside my	car)
and then cut	into my lan	e in from	at of me	without
signal.		1		15.1.51.51
	-1. Olar 0 00=	FD 0		1
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ECLARATION				S C SAV
We declare the foregoing particula	rs are true in every respect.	10 0-	2	1 /6
11	de	10 SEP 2018	1	15
CHBUILUM .	MIII.		1	30 140
olicyholder's signature	Driver's Signature		Reporting Contro Borros	anal's Signature
Date & Time:	(If driver is not the policyho	older)	Reporting Centre Person Name:	ner s signature
	Date & Time:	MONEY.	NRIC/FIN No.:	

GUAN AUTO SERVICE

Blk 7 Sin Ming Industrial Estate Sector C, ##01-80/82 Singapore 575642

Your Insurer Vehicle No : SMD 8055 P

Date Of Accident--09.09.2018 (21:55hrs)

26/9/18

Accident Locaton -- Johor Bahru Checkpoint

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"
- · 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:

Repair Cost For Vehicle SJN	11841 U (Toyota RAV 4)
-----------------------------	-----------	---------------

Item	Description Parts	Con Con	Price list	(077.
1	Front hummer / (+	\$	1,385.00	3 15/17
2	Front bumper side retainer L/R @ \$47.00 UH / le, RHX M	' s	94.00	47
3	Front bumper side bracket L/R @ \$58.00 X /	S	116.00	
1	Front bumper side bracket L/R @ \$58.00 X Front headlamp LH X	S	975.00	12.4
5	Front fender LH Weak X	\$	752.15	
5	Front fender LH (Lyak X Front radiator grille X NN	S	398.10	1124.1
	X 1010	S	3,720.25	
	Less 25%	s	930.06	843.
		\$	2,790.19	973.76
	S/Nett Item		100	
7	Front bumper clips / MC	\$	38.00	1
	Front radiator grille clips 🗸 📗	\$	28.00	
)	Front radiator grille clips X	\$	450.00	
		s	3,306.19	
0	Labour Charges	\$	700.00	200
1	Spray painting	\$	700.00	600 3c
2	Lighting & focus headligyht	S	40.00	
3	To conduct wheel alignment	\$	120.00	25N
		· S	4,866.19	
	Ways. Cumpan upour photos. After repair photos. 26/9/18 and Qiap (UKK)	13	#=6 81.07	
	26/9/18 and Qiap (4kk)	2%	1 [00	

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/AIG18017505/GTD3N2

Date:

01/10/2018

REFERENCE

Handling Insurer:

AIG Asia Pacific Insurance Pte. Ltd. Policy No:

1800104002

Claimant

SJN1841R

Insured Vehicle No: SMD8055P

Vehicle No: Date of Loss:

09/09/2018

Nature of Claim:

TP

Claim No: 9122662365SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SJN1841R

Make & Model:

TOYOTA RAV4, 2.4 (A) 06/02/2009 (Man. Year: 2008) Engine No: Chassis No: Odometer:

2AZH162343 ACA365020772

132827 km

Reg. Date:

Black

Colour: Engine Capacity:

2362 cc

Market Value/New Car

N/A

Price: 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:

Pre-accident Condition:

CONDITION OF TYRES

Front Tyre Size:

235/55R17

Rear Tyre Size:

235/55R17

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 Parts Miscellaneous Items	Repairer's 3,306.19 0.00	Adjuster's 881.07 0.00	Difference 2,425.12 0.00	Diff % 73.35
Labour Paintwork Labour Towing	1,560.00 0.00 0.00	500.00 0.00 0.00	1,060.00 0.00 0.00	67.95
Calculated Gross Total (S\$) Approved Total (Overridden) (S\$)	4,866.19	1,381.07 1,100.00	3,485.12	71.62
Nett Amount (S\$)	4,866.19	1,100.00	3,766.19	77.40

INSPECTION

Date of Assignment:

26/09/2018

Date Inspected:

26/09/2018 Inspected At:

Guan Auto Service (Sin Ming) Block 7 Sin Ming Industrial Estate

Sector C, #01-80/ # 01-82 Singapore 575642

Estimated Period of Repair:

2.0 days

Adjuster: XING GUO QIANG

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

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER	Cut	1,385.00 FL	*1,077.10 FL
2	1		*FRONT BUMPER SIDE RETAINER	N/s Deformed/O/s Not Necessary	94.00 FL	*47.00 FL
3	2		*FRONT BUMPER SIDE BRACKET	Not Necessary	116.00 FL	*-FL
4	1		*FRONT HEADLAMP LH	Not Necessary	975.00 FL	*-FL
	4		*FRONT FENDER LH	Repair	752.15 FL	*-FL
5	4		*FRONT RADIATOR GRILLE	Not Necessary	398.10 FL	*-FL
2	4		*FRONT BUMPER CLIPS	Necessary	38.00 FS	*38.00 FS
8	4		*FRONT RADIATOR GRILLE CLIPS	Not Necessary	28.00 FS	*-F8
9	1		*FRONT SPORT RIM LH	Not Necessary	450.00 FS	*- FS
F=Fr	anchise	part S=S	pcNett. L=ListItemDisc.			presentes
				Sub Total (S\$)	4,236.25	1,162.10
			- List Item Disco	unt on L Items 25.00/25.00% (S\$)	930.06	281.03
				Total Parts (S\$)	3,306.19	881.07
_			Report was unsubmi	tted during this print-out.		

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	LABOUR CHARGES	New	700.00	200.00
2	SPRAY PAINTING	New	700.00	300.00
3	LIGHTING & FOCUS HEADLIGYHT	New	40.00	-
4	TO CONDUCT WHEEL ALIGNMENT	New	120.00	
		Gross Labour Cost (S\$)	1,560.00	500.00
	Panad wa	s unsubmitted during this print-out.		

< END OF ESTIMATES >