

Insurance no/cus

REF:

MSIA/

CC3/MSI118018155/Urbn2

ASSIGNMENT

From:
 Estimated Cost:
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: GX 4977X
 at Workshop m/s R.
 of
 Insured: GASC 8386
 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: 7200
 IDAC Accident Rpt: 9 Consistent? : Yes or No
 GIA / PR Seen: 9 Consistent? : Yes or No
 Est. Repairs: 5 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:
 Person Contacted:

Vehicle: IN / OUT

Veh No: GX 4977X Yr Regn: 6.04
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or LM /
 Make: Toyota Liteace C.C. 2184
 Colour: Silver A/C: Insured / Std / NI / NA
 Sp. Reading: 300082 T/Radio: Insured / Std / NI / NA
 Eng/No:
 C/No: CR 42 5009225
 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: 165R13

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Maxtrek

Front 6 mm Rear 6 mm
 R/Bal. 6 mm R/Bal. 6 mm
 L/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 8/10/18 D.O.I. 8/10/18
 Survey held at 8/10/18

Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction see 13/6/2019
 L7A 3047 8m.

Sent GIA thru email to create minhen

30/10/18 2/5 & 2800 confirmed with Alur.

Red-8 9486.60, 771.

RECEIVED 31 OCT 2018

Date/Time, File Pass to?

1) typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum 4B1: (\$ 2800.00)

☐ : Preli. Report
 ☒ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$
 ☐ : Interview (\$
 ☐ : Tech. Invs (\$
 ☐ : Weekend (\$

Survey Fee:

Transportation:

S+RS \$

) Photos

) Others

TOTAL

200
 10

210

Note: This document has not been finalised.
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

To: MSIG Insurance (Singapore) Pte. Ltd.
4 Shenton Way
#21-01 SGX Centre 2
Singapore 068807

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Monica Chung Pei Zhen

Date: 30 Oct 2018

Preliminary Advice

Insured Vehicle No	: GBC838K	Accident Date	: 08/10/2018
TP Vehicle No	: GX4977X	Assignment Date	: 12/10/2018
Make	: TOYOTA LITEACE	Est. Duration of Repair	: 5.00
Date of Inspection	: 08/10/2018		
Inspection At	: FASTECH AUTO PTE LTD (HQ) 1 KAKI BUKIT AVE 6, #01-46/48/50 AUTOBAY SINGAPORE 417883		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	12,286.60
Revised Amount	:S\$	3,520.85
Check Items (Estimated)	:S\$	0.00
Total	:S\$	3,520.85
Lump Sum Repair	:S\$	2,800.00

Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

Remarks

- () The vehicle is economical/not economical for repair.
- (X) The above survey was conducted on a 'without prejudice' basis.

Janice Lee (LKKAuto)

From: Janice Lee (LKKAuto)
Sent: Thursday, October 11, 2018 5:05 PM
To: Monica Chung; Low Yi Qian
Cc: SUR; KKLau; Accounts (LKKAuto)
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - FASTECH AUTO PTE LTD, DOA: , GX 4977X (TP VEHICLE), GBC 838K (OI VEHICLE)
Attachments: GX 4977X GIA.pdf

Dear Monica/ Yi Qian,

Please be informed that we had inspected the vehicle GX 4977X at M/s: FASTECH AUTO PTE LTD , 1 KAKI BUKIT AVENUE 6 #01-46/48/50 AUTOBAY SINGAPORE 417883.

Enclosed herewith a copy of TP's GIA report.

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

Thank you.

Best Regards,

Jannice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: jannicelee@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 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. 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	08/10/2018 15:48
Date Of Accident	08/10/2018 13:00
Exact Location Of Accident	ALONG ADAM ROAD > PIE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	GX4977X
Insured/Policyholder	
Name Of Registered Owner	LEGACY LIMOUSINE
Co Reg No	53311073D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	HIACE
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL 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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5081073962-02
Cover Note Number	

Driver

Name of Driver	CHANG CHOO HWA
NRIC No	S0577312A
Date Of Birth	16/12/1941
Occupation	OUTDOOR
Date Of Driving Pass	29/03/1961
Driving Experience	57 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97777828
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address BLK 720 BEDOK RESERVOIR ROAD #04-4670
 Postcode 470720
 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

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) 1

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? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number GBC838K
 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 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.
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.

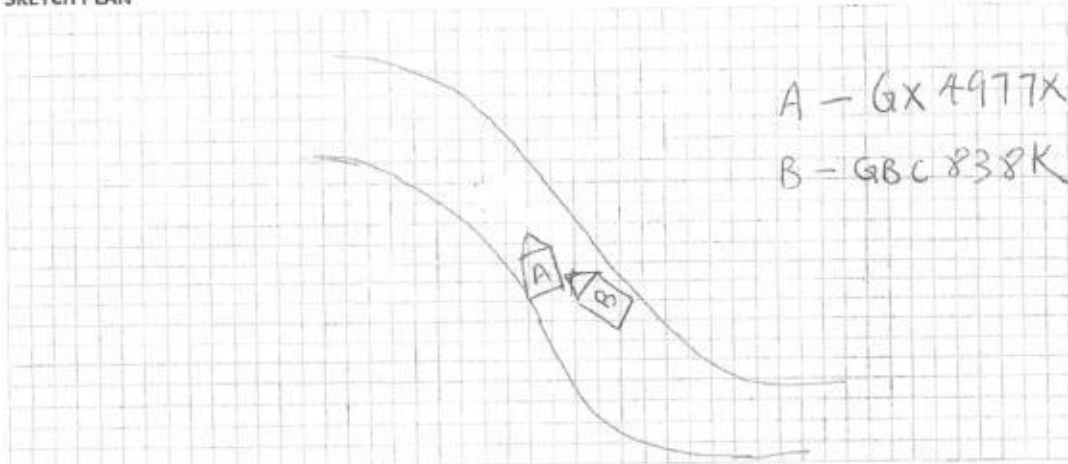


Policyholder's Signature
Date & Time:

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

IDAC KAKI BUKIT (VAC)
Reporting Centre, Person's Signature
Name: Singapore 415933
NRIC/FIN No.: Tel: 67416697
Fax: 67492305
Email: vackb@singnet.com.sg

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8/10/18 at 1pm, I was driving my vehicle A along Adam road towards PIE. Suddenly my car skipped and stop and vehicle B hit on my RH side portion. There was only one lane.

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

Date of Accident : 8/10/18 Accident Time: 1pm (24-HR-Format)
Accident Place : Along Adam Road towards PIE
Vehicle No. (Car Plate No.) : GIX 497X Make/Model: _____
Insurance Company : NTUL Policy No: 5081673962-02
Owner or Company Name /IC No. : Legacy Limousine
Owner or Company Contact No. : _____ Owner's Hp _____ Company Tel _____
DRIVER'S Name / IC No. : Chay Choo Hui / 50577312A
DRIVER'S Date Of Birth : 16/12/1941 DRIVER'S License Pass Date 29/3/1961
Relationship of Owner & Driver : Spouse \ Parents \ Children \ Sibling \ Employee \ Others: _____
DRIVER'S Address : Blk 720 Bedok Reservoir Road #04-4670
DRIVER'S Contact No./ Alt No. : 1) 97777828 2) 51647
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): NO
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): NO

Other Party Driver's Particular (if any)

Vehicle No: GIB C 838K (ms16)
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

Vehicle No: _____
Vehicle Make/Model: _____
Name Driver: _____
IC No. Driver/Contact: _____

* NEW - Passenger's name & gender:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Business

Owner ID: 1073D

Vehicle Details

Vehicle No.: GX4977X

Vehicle to be Exported: No

Intended Deregistration Date: 09 Oct 2018

Vehicle Make: TOYOTA

Vehicle Model: LITEACE 4DR

Primary Colour: Silver

Manufacturing Year: 2004

Engine No.: 3C3993858

Chassis No.: CR425009225

Maximum Power Output: -

Open Market Value: \$18,074.00

Original Registration Date: 14 Jun 2004

First Registration Date: 14 Jun 2004

Transfer Count: 2

Actual ARF Paid: \$904.00

Intended PARF Rebate Details

PARF Eligibility: No

PARF Eligibility Expiry Date: -

PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 13 Jun 2019

COE Category: C - Goods Vehicle & Bus

COE Period(Years): 5

PQP Paid: \$22,482.00

COE Rebate Amount: \$3,047.00

Total Rebate Amount: \$3,047.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 09 Oct 2018

OK

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Car Details

Price	\$9,800	?
Depreciation	\$10,970 /yr	?
Reg Date	15-Sep-2004 (10mths 22days COE left)	
Lifespan	14-Sep-2024	?
Manufactured	2004	
Mileage	-	
Transmission	Auto	
Engine Cap	2,184 cc	?
Curb Weight	1,300 kg	
Fuel type	Diesel	
Features	-	
Accessories	-	
Description	Rare Auto Gear, Diesel Engine. New 5 Years COE At \$24,800 Only! Gearbox Just Overhauled. Servicing Done And Brake Pads Just Changed. No Further Repairs Needed. You Will Like It When You See It. Contact Us For Viewing!	
COE	\$21,466	?
OMV	\$23,506	?
ARF	\$1,176	?
Dereg Value	\$3,834 as of today (change)	?
No. of Owners	4	?
Type of Veh	Van	
Category	COE Car	



Seller Info

Company

Address

Location

Office No

Compare

FASTECH AUTO PTE LTD
1 KAKI BUKIT AVENUE 6
#01-46/48/50
SINGAPORE 417883

Not Authorised
Hyer
8/10/18
1/5 #2800/-
5 day.

VEHICLE NO:GX 4977X

QTY	PARTICULAR
1 PCS	REAR FENDER O/S 1855.10
1 PCS	REAR FENDER UNDER COVER O/S
1 PCS	REAR FENDER WHEEL HOUSING PANEL O/S
1 PCS	REAR MUDFLAP O/S 95.10
1 PCS	REAR BUMPER 365.10
1 PCS	REAR BUMPER SIDE HOLDER O/S 62.50
1 SET	REAR BUMPER CLIPS
1 PCS	REAR SHOCK ABSORBER O/S
1 PCS	REAR WHEEL HUB O/S
1 PCS	REAR AXLE BEAM ASSY
1 PCS	REAR WHEEL RIM O/S

306 hrs	\$2,880.10
11	\$166.50 X
12	\$1,150.00 X
2c	\$288.00
7.5	\$785.00
cm	\$111.00
nu	\$50.00
11	\$288.00 X
11	\$388.00 X
11	\$2,650.00 X
11	\$150.00 X
	\$8,906.60

25%

LABOUR CHARGES:

TO CHECK WIRING
TO DISMANTLE & REFIX REVERSE SENSOR
TO DISMANTLE & REFIX REAR UNDERCARRIAGE
TO SPRAY RUSF PROOFING
TO CONDUCT WHEEL ALIGNMENT
TO DISMANTLE REFIX FUEL TANK
LABOUR FOR PANEL BEATING, CUT & REPLACING PARTS
TO PUTTY & SPRAY PAINTING

	\$80.00 20
	\$80.00 50
11	\$380.00 X
	\$120.00 50
11	\$120.00 X
11	\$100.00 X
	\$1,500.00 1000
	\$1,000.00 500
TOTAL	\$12,286.60

2427.8
1820.85
3520.8

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:

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/MSG18018155/URBN2
Date: 02/11/2018

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	A28923988MKC
Claimant Vehicle No :	GX4977X	Insured Vehicle No :	GBC838K
Date of Loss:	08/10/2018	Nature of Claim:	TP
		Claim No:	572618

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	GX4977X	Engine No:	3C3993858
Make & Model:	TOYOTA LITEACE, 2.2 4DRM (A)	Chassis No:	CR425009225
Reg. Date:	14/06/2004 (Man. Year: 2004)	Odometer:	300082 km
Colour:	Silver		
Engine Capacity:	2184 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):	Engine Modification:	No	Pre-accident Condition:	

CONDITION OF TYRES

Front Tyre Size:	165R13	Rear Tyre Size:	165R13
Front Left Side:	Maxtrek 6 mm	Rear Left Side:	Maxtrek 6 mm
Front Right Side:	Maxtrek 6 mm	Rear Right Side:	Maxtrek 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	8,906.60	1,820.85	7,085.75	79.56
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,380.00	1,700.00	1,680.00	49.70
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	12,286.60	3,520.85	8,765.75	71.34
Approved Total (Overridden) (S\$)		2,800.00		
(S\$)	12,286.60	2,800.00	9,486.60	77.21
+ GST 7.00/7.00% (S\$)	860.06	196.00	664.06	77.21
Nett Amount (S\$)	13,146.66	2,996.00	10,150.66	77.21

INSPECTION

Date of Assignment:	12/10/2018	
Date Inspected:	08/10/2018 Inspected At:	Fastech Auto Pte Ltd (HQ) 1 Kaki Bukit Ave 6, #01-46/48/50 Autobay Singapore 417883

Estimated Period of Repair: 5.0 days

Adjuster: MARCUS CHUA

Manager: Janice Lee Si Hua

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

Adjuster Report

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 TOYOTA LITEACE 2.2 4DRM (A) (Model not available in database)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: (Unsubmitted, no print-code for GX4977X)
 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 FENDER O/S	Badly Dented	2,880.10 F	*1,855.10 FL
2	1		*REAR FENDER UNDER COVER O/S	Not Necessary	166.50 F	*- FL
3	1		*REAR FENDER WHEEL HOUSING PANEL O/S	Repair	1,150.00 F	*- FL
4	1		*REAR MUDFLAP O/S	Deformed	288.00 F	*95.10 FL
5	1		*REAR BUMPER	Distorted	785.00 F	*365.10 FL
6	1		*REAR BUMPER SIDE HOLDER O/S	Cracked	111.00 F	*62.50 FL
7	1		*SET REAR BUMPER CLIPS	Necessary	50.00 F	*50.00 FL
8	1		*REAR SHOCK ABSORBER O/S	Not Necessary	288.00 F	*- FL
9	1		*REAR WHEEL HUB O/S	Not Necessary	388.00 F	*- FL
10	1		*REAR AXLE BEAM ASSY	Not Necessary	2,650.00 F	*- FL
11	1		*REAR WHEEL RIM O/S	Not Necessary	150.00 F	*- FL

F=Franchise part. L=ListItemDisc.

Sub Total (\$\$)	8,906.60	2,427.80
- List Item Discount on L Items 0.00/25.00% (\$\$)	0.00	606.95
Total Parts (\$\$)	8,906.60	1,820.85

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 CHECK WIRING	New	80.00	20.00
2	TO DISMANTLE & REFIX REVERSE SENSOR	New	80.00	50.00
3	TO DISMANTLE & REFIX REAR UNDERCARRIAGE	New	380.00	-
4	TO SPRAY RUSF PROOFING	New	120.00	50.00
5	TO CONDUCT WHEEL ALIGMENT	New	120.00	-
6	TO DISMANTLE,REFIX FUEL TANK	New	100.00	-
7	LABOUR FOR PANEL BEATING,CUT & REPLACING PARTS	New	1,500.00	1,080.00
8	TO PUTTY & SPRAY PAINTING	New	1,000.00	500.00
Gross Labour Cost (S\$)			3,380.00	1,700.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >