

08/11/03

Inspector: Kalvin

REF:

03/Tml19018292/Klvbn2

ASSIGNMENT

From: _____ Date: _____

Veh No: SHB 21294 Yr Regn: 31 Aug 2011

Estimated Cost: _____

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

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

Truck / Trailer or

To Inspected Vehicle No: _____

Make: Huaytai Sonata cc: 1997

at Workshop m/s _____

Colour: Yellow A/C: Ins / Std / Nil / NA

of _____

Sp. Reading: 489675 T/Radio: Ins / Std / Nil / NA

Insured: SJZ 948K

Eng/No: _____

Policy No: m4011486

C/No: KMH5741UMB A815197

Claims No: m1805066

Gen. Cond: Good / Fd / Poor / Burnt

Sum insured: _____ Excess: _____

Steering: 6 / Jammed / Leaked / Burnt or

(Client's Record)

Brake: 6 / Jammed / Leaked / Burnt or

Make of Veh: _____

Modl: Nil / S/Rim / STD / Rim or

(Policy Condition)

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

N/S	O/S

Tyre Size: F: 215 / 60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / HTSU / PIR / SUMI /

TOYO / YOKO or Westlake

Bal. or Market Value: _____

Front R/Bal. 7 mm

Rear R/Bal. 7 mm

IDAC Accident Rpt: _____ Consistent?: Yes or No

L/Bal. 7 mm

D.O.I. 7/10/8

GIA / PR Seen: _____ Consistent?: Yes or No

D.O.I. 9/10/8

Est. Repairs: _____ days Res: Yes or No

Survey held at CDHE (Loyang)

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

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

CA 7 .REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

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

Date / Time	Action / Instruction
	SHB 21294 - (S/FCL13011950 / Uv1302) DA: 270618 To Ki-4
	SJZ 948K - X
10/10/8	Email GIA to TMI
11/10/8	Letterhead 4/5 \$500 / 2 Pgs (Ral 784.40, 618)

RECEIVED 12 OCT 2018

Date/Time, File Pass to?

: Prel. Report

Days Of Repair: 2

1)

: Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

2) 11/10 - typist

Add Fee: : Site Insp (\$ _____)

Transportation: 250

: Interview (\$ _____)

S+RS: 10

: Tech: Invs (\$ _____)

Photos

: Weekend (\$ _____)

Others

Report Format: merimen

Lump Sum / I.B.I: (\$ 500)

TOTAL

260

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	08 Oct 2018 Sendback Est	08 Oct 2018 17:42 S\$1,284.40	10 Oct 2018 11:49 Edit Adj Rpt				Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS									
Insured:	LIM HING CHOON, ID: S7107962G								
Main Claimant:	CCPL								
Vehicle Reg. No.:	SHB2129U	Date of Loss:	07/10/2018 15:00 - :59 [85 Months and 7 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1805066	Policy/Cover Note No.:	MU011486 (Comprehensive) Coverage: 27/10/2017 - 26/10/2018						
Vehicle Reg. No. (Insured):	SJZ948K	Policy No. (Claimant):							
		Excess:	S\$800.00						
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Zheng Hanyang - 65926416]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KALVIN ANG WEI KUN] ... [Final Rpt due 19/10/2018]								
Driver/Custodian (Insured):	WANG LIAN PENG (2), NRIC: S1857019Z								
Adj Asg. Remarks:	OUR INSD HAVE NOT REPORT THE ACCIDENT. PLS. CHECK CONSISTENCY OF THE DAMAGE. THKS								
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: Wednesday, 10 October 2018 9:47 AM
To: SUR; motorclaims@tokiomarine.com.sg
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD ,DOA: SHB 2129U,(TP VEHICLE), SJZ 948K (OI VEHICLE)
Attachments: GIA.pdf; MARK EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHB 2129U, M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 9/10/2018

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

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)

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 16:24
Date Of Accident	07/10/2018 15:20
Exact Location Of Accident	QUEEN ST X CHENG YAN PL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB2129U
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA-2.0 (A)
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	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	KOK KHENG LOKE
NRIC No	S1108248C
Date Of Birth	13/04/1955
Occupation	OUTDOOR
Date Of Driving Pass	02/12/1981
Driving Experience	36 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98008261
Fax Number	
Contact Number	
Email Address	DANSON338@GMAIL.COM

Address	BLK 463 898A TAMPINES STREET 81 #09-768
Postcode	521898
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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?	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)	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 ATTACHED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJZ948K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	WANG LIAN PENG
NRIC/Passport Number	S1857019Z
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	LH REAR DOOR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name

KOK KHENG LOKE

Approximate Age

Injuries Sustain

NECK SPRAIN, SHOULDER PAIN

Injured person in which vehicle?

SHB2129U

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.

CITYCAB PTE LTD
CO. REG. NO. 159502839G

Policyholder's Signature
Date & Time:

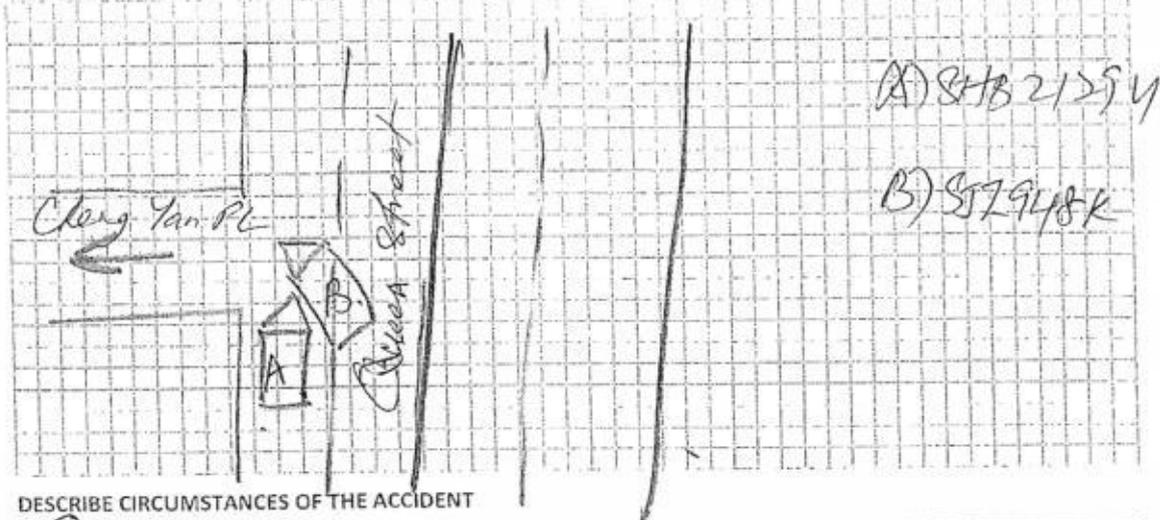
[Handwritten Signature]
Driver's Signature
(If driver is not the policyholder)
Date & Time:

[Handwritten Signature]
SR Moorthy
CSO
8/10/18

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 7/10/18 at about 15:20 hrs while I was driving along the left lane, vehicle B from the right lane intercepted into my lane to enter the side road on the left and collided on the right front portion of my vehicle.

DECLARATION

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

CITYCAB PTE LTD
REG. NO. 199502839G

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.:

M. Moorithy
Moorithy
CSO

ComfortDelGro Engineering Pte Ltd (Co. Reg. No. 199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TS

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)**
 CCPL

45

Singapore

LKP - Calvin

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	07/10/2018
Vehicle Reg. No.:	SHB2129U	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI SONATA NF, 2.0 AT ABS CRDI (A)	Vehicle Reg. Date:	31/08/2011
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4EAB991427	Chassis No:	KMHET41VMBA815197
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	574.40
Miscellaneous Items	10.00
Labour	700.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,284.40
+ GST 7.00% (S\$)	89.91
Nett Amount (S\$)	1,374.31

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

@ 1745

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 08 Oct 2018)
 Parts: 143 HYUNDAI SONATA NF 2.0 AT ABS CRDI (A) (Catalogue:Merimen Singapore 1.0)
 Labour: Repairer's (Price-denominated Standard List)
 Print Code: **ComfortDelGro Engineering Pte Ltd/SHB2129U/08/10/2018 17:42**
 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 *.

Estimates on Parts

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*FRONT FENDER RH <i>x repair</i>	20.00	0.00	*593.00 FL
2	1		*FRONT FENDER ADVERTISEMENT STICKER RH <i>re</i>	0.00	0.00	*100.00 F
F=Franchise part. L=ListItemDisc						
<i>Front Bumper x repair</i>						
Sub Total (S\$)						693.00
- List Item Discount on L Items (S\$)						118.60
Total Parts (S\$)						574.40

ComfortDelGro Engineering Pte Ltd/SHB2129U/08/10/2018 17:42. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
Miscellaneous Items			
1	1	OD/TP Case (Insurer)	10.00
Sub Total (\$\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	220.00 100
2	SPRAY PAINTING - FRT BUMPER ETC	New	440.00 400
3	TUFF KOTE	New	40.00 40
Gross Labour Cost (\$\$)			700.00

ComfortDelGro Engineering Pte Ltd/SHB2129U/08/10/2018 17:42. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kelvin CLKK
M 9/10/18 1100h
2 days
U/S
After Report photo

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to customer quote
- Third party survey is on a "without prejudice" basis
- No illegal modification is allowed
- Supplementary claims must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer:
 Signature:
 Date:

member of COMFORTDELGRO

Date/Time: 08.10.2018 17:36 Page : 1

Team: CK ARC Repair TP(CFS0)1 **JOB CARD** Sales Order: JC NO.: 305223326

OMER	REGN NO.: SHB2129U	MILEAGE
S: CITYCAB PTE LTD 7010070	MAKE: HYUNDAI	FUEL
OMER NO. 383 SIN MING DRIVE ESS Singapore SINGAPORE 575717 65551188	MODEL SONATA	E.....1/2.....F DATE/TIME IN 08.10.2018 14:30
(R) (O)	YR OF MANU 31.08.2011	TARGET DATE
UNIT CARD NO.	CHASSIS CODE KMHE141VMB815197	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 07.10.2018
 NATURE: 3P 07.10.18

S/NO	LABOR CODE	DESCRIPTION

REMOVED & PASSED OUT BY: _____

 SERVICE ADVISOR CUSTOMER'S SIGNATURE

Debitment Slip

No.: SHB2129U LIMTS

 Service Advisor Signature/Date

Exit Pass

Vehicle No.: SHB2129U

 Name of Service Advisor Date

turned to Service Reception upon collection To be kept by Security Guard

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Our Job Ref No : 305223326
Date : 11/10/18

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN ANG
Vehicle Reg No. : SHB2129U Date of Accident : 07-Oct-18

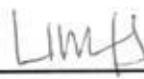
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: TOKIO MARINE --- SJZ 948K
2. The finalized amount shall be:
 - (a) Spare Parts after List discount _____
 - (b) Labour Charges _____
 - Total for Part-By-Part Repair Cost** _____
 - (c) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less: <u>20%</u>	\$500.00
Final Lumpsum Repair cost	\$500.00

3. Estimated normal period for repairs: 2 working days.
4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**
5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 11/10/18

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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/TMI18018292/K1VBN2

Date: 12/10/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU011486
Claimant Vehicle No :	SHB2129U	Insured Vehicle No :	SJZ948K
Date of Loss:	07/10/2018	Nature of Claim:	TP
		Claim No:	M1805066

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB2129U	Engine No:	D4EAA897848
Make & Model:	HYUNDAI SONATA NF, 2.0 AT ABS CRDI (A)	Chassis No:	KMHET41VMB815197
Reg. Date:	31/08/2011 (Man. Year: 2011)	Odometer:	489675 km
Colour:	Yellow		
Engine Capacity:	1991 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:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	574.40	100.00	474.40	82.59
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	700.00	500.00	200.00	28.57
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,284.40	610.00	674.40	52.51
Approved Total (Overridden) (S\$)		500.00		
(S\$)	1,284.40	500.00	784.40	61.07
+ GST 7.00/7.00% (S\$)	89.91	35.00	54.91	61.07
Nett Amount (S\$)	1,374.31	535.00	839.31	61.07

INSPECTION

Date of Assignment:	10/10/2018	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	09/10/2018	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

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: MRM-SG	Version: 1.0 (Last Synchronised: 12 Oct 2018)
Parts: 143	HYUNDAI SONATA NF 2.0 AT ABS CRDI (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB2129U)
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 FENDER RH	Repair	593.00 FL	*- FL	
2	1		*FRONT FENDER ADVERTISEMENT STICKER RH	Necessary	100.00 F	*100.00 FS	
3	1		*FRONT BUMPER (NPA)	Repair	-	*- FL	
					Sub Total (\$\$)	693.00	100.00
					- List Item Discount on L Items 20.00/20.00% (\$\$)	118.60	0.00
					Total Parts (\$\$)	574.40	100.00

F=Franchise part. S=SpcNett. L=ListItemDisc.

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	220.00	100.00
2	SPRAY PAINTING - FRT BUMPER ETC	New	440.00	400.00
3	TUFF KOTE	New	40.00	-
Gross Labour Cost (S\$)			700.00	500.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >