

ASS. REC. BY:

REF: TM1 / CC3 / TM48019385 / Ktb72Hennrich

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: SJM 3244L

Policy No. _____

Claims No. _____

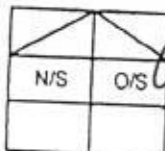
Sum Insured: _____

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 Report: _____

Consistent? : Yes or No

GIA / PR Seen: _____

Consistent? : Yes or No

Est. Repairs: _____

02 days

Res.: Yes or No

Lum Sum: 14,245 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____

Person Contacted: _____

Vehicle: IN / OUT

Veh No: S14C 5110 YYr Regn: 12, 13

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

Truck / Trailer or _____

Make: Renault Latitudec.c. 1995Colour: M. White / R/L

A/C: Insured / Std / NI / NA

Sp. Reading: 500106

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VFIABL15AUC27 6201

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Mod: NI / S/Rim / STD A/Rim orTyre Size: F: 215/60R16

R: _____

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

Front

Rear

R/Bal: 8 mmR/Bal: 8 mmL/Bal: 8 mmL/Bal: 8 mmD.O.A. 20/10/18D.O.A. 24/10/18

Survey held at _____

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

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

Date / Time Action / Instruction

25/10 File pass to Catherine8815.00 (Red: 25469.30, 96%)S14C 5110 Y - CS / FCL17007536 / Ktb72SJM 3244L - XQA-6301726/10 @ 5:49pm revert GIA & Estimate via email

RECEIVED 3 OCT 2018

Date/Time, File Pass to?

☐

: Prell. Report

1) 30/10 Typist☐

: Final Report

Date/Time, File Return to?

Days Of Repair: 2Resurvey No. of Trip: -

Survey Fee:

Transportation:

250

S + RS, SI

10

Photos:

Others:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

TOTAL

260

Report Format:

Lump Sum / I.B.I.: (\$ 815)

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Friday, 26 October 2018 5:49 PM
To: 'Motor Claims'
Cc: SUR
Subject: FW: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD - DOA: 20/10/2018 SHC 5110Y (TP), SJM 3294L (OI)
Attachments: SHC 5110Y EST.pdf; GIA REPORT.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle **SHC 5110Y** M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63, SINGAPORE 569111.

Enclosed herewith a copy of TP's GIA report.

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

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: 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 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	22/10/2018 10:48
Date Of Accident	20/10/2018 16:50
Exact Location Of Accident	LOYANG AVENUE SHELL STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC5110Y
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	TEO SENG HOCK
NRIC No	S1169634A
Date Of Birth	13/09/1956
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1975
Driving Experience	42 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98779427
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 68 GEYLANG BAHRU #07-3245
Postcode	330068
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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

On 20.10.2018 at about 1650 hours, I was travelling straight along Loyang Avenue Shell station. Suddenly I felt an impact. Vehicle B (SJM3294L) which was stationary on my right moved out from parking lot without checking for oncoming vehicle and hit onto my taxi right side portion.

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	SJM3294L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	MOHAINDREN ALIAS MIKKE
NRIC/Passport Number	S0510270G
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.:

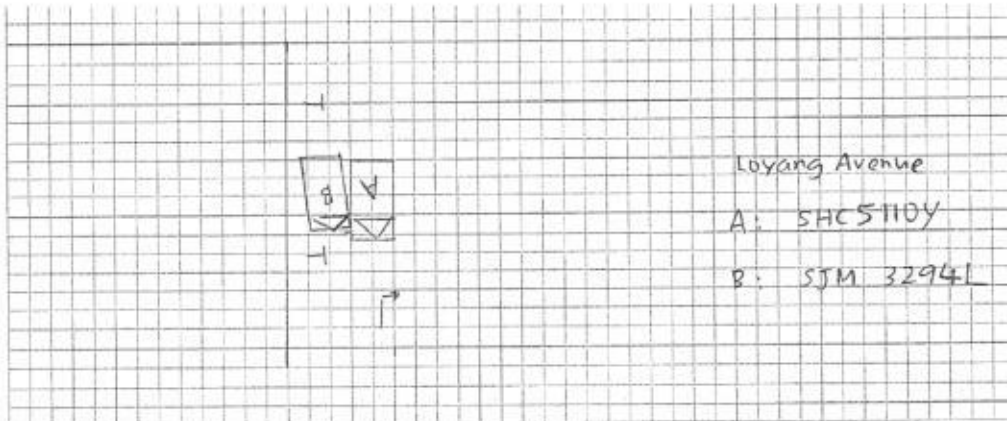
[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHC5110Y
Vehicle to be Exported:	Yes
Intended Deregistration Date:	22 Oct 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000862
Chassis No.:	VF1ABL15AUC276201
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	27 Dec 2013
First Registration Date:	27 Dec 2013
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Dec 2021
PARF Rebate Amount:	\$9,373.00
Intended COE Rebate Details	
COE Expiry Date:	26 Dec 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$62,740.00
COE Rebate Amount:	\$24,918.00
Total Rebate Amount:	\$34,291.00
Message	
Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.	

The information contained herein is correct as at 22 Oct 2018

OK

Sketch Plan #2 Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

pls see the attach GIA report

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:

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

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No.: 6287 6666 Fax No.: 6257 1330

CO./GST Reg. No. 201019626G

SHC 5110Y**AAD1810-234**

Not Notified
44 Sep @ 815.00
181

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident:

Third Party Insurer:

SHC 5110Y

VF1ABL15AUC276201

RENAULT

LATITUDE

20.10.18

TOKIO MARINE

PART		LIST	
1	BUMPER COVER FRT	\$	1,259.42
1	BUMPER SPOILER FRT	\$	181.75
1	BUMPER ABSORBER FRT	\$	394.68
1	BUMPER RETAINER FRT RH	\$	151.41
1	BUMPER SUPPORT FRT	\$	123.88
1	BUMPER SUPPORT FRT	\$	123.88
1	BUMPER UNDERTRAY FRT	\$	472.83
1	BUMPER GRILLE LOWER FRT	\$	266.80
1	BUMPER FOG LAMP GRILLE RH	\$	207.21
1	BUMPER BEAM FRT	\$	914.08
1	HEADLAMP RH	\$	1,184.43
1	HEADLAMP PANEL FRT RH	\$	152.15
1	FENDER PANEL FRT RH	\$	783.83
1	WHEELARCH FRT RH	\$	278.84
1	FENDER BRACKET LOWER RH	\$	15.79
1	FENDER INSULATOR RH	\$	130.84
1	DOOR PANEL FRT RH	\$	2,844.66
1	DOOR MIRROR ASSY RH	\$	1,483.40
1	ROCKER PANEL INNER GARNISH RH	\$	466.51
1	ROCKER PANEL INNER RH	\$	1,024.79
1	ROCKER PANEL CENTER RH	\$	990.25

TOTAL	\$	13,451.44
10%	\$	1,345.14
	\$	12,106.30

Special Nett

1 FRONT DOOR STICKER 'Trans-cab'

\$

605.00
80.00

Trans-cab Auto Services Pte Ltd

AAD1810-234

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHC 5110Y

1	FRONT DOOR STICKER 'Chassis'	\$	155h 50.00
1	BUMPER CLIP FRT	\$	66.00 X
1	BUMPER BRACKET CLIP FRT RH	\$	12.00 X
1	BUMPER SUPPORT CLIP FRT RH	\$	10.50 X
1	BUMPER GRILLE LOWER CLIP	\$	69.00 X
1	WHEELARCH CLIP FRT RH	\$	30.50 X
TOTAL		\$	318.00

TOTAL PARTS \$ 12,424.30**LABOUR**

Putty and spray painting of the affected portion.	\$	4401 6,000.00
To rust-proofing of the affected areas.	\$	170.00 X
Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	6,000.00 3001
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	380.00 X
To transfer of front bumper fittings, attachment and perform water seepage test.	\$	380.00 X
To Check Electrical Lighting Concerned.	\$	170.00 X
To transfer of front fender fittings, attachment and perform water seepage test.	\$	380.00 X
To transfer of front door fittings, attachment and perform water seepage test.	\$	380.00 X

LKK Auto Parts must notify the Repairer of the following:

- To resurvey the work after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification
- Repaired parts must be resurveyed and
- Subject to the approval of the Insurance Company

Acknowledged by:

Signature:

Date:

TOTAL \$ 13,860.00**Over All Total \$ 26,284.30****LUMP SUM (REPAIR DAY)****20 DAYS**

2 days

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/TMI18019385/KTBN2

Date: 05/11/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MY008008
Claimant Vehicle No :	SHC5110Y	Insured Vehicle No :	SJM3294L
Date of Loss:	20/10/2018	Nature of Claim:	TP
		Claim No:	M1805453

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC5110Y	Engine No:	M9R8839C000862
Make & Model:	RENAULT LATITUDE, 2.0 L (A)	Chassis No:	VF1ABL15AUC276201
Reg. Date:	27/12/2013 (Man. Year: 2013)	Odometer:	500106 km
Colour:	Metallic White/Red		
Engine Capacity:	1995 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:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	Giti 8 mm	Rear Left Side:	Giti 8 mm
Front Right Side:	Giti 8 mm	Rear Right Side:	Giti 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	12,424.29	75.00	12,349.29	99.40
Miscellaneous Items	0.00	0.00	0.00	
Labour	13,860.00	740.00	13,120.00	94.66
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	26,284.29	815.00	25,469.29	96.90
+ GST 7.00/7.00% (S\$)	1,839.90	57.05	1,782.85	96.90
Nett Amount (S\$)	28,124.19	872.05	27,252.14	96.90

INSPECTION

Date of Assignment:	29/10/2018	
Date Inspected:	24/10/2018	Inspected At:
		Trans-cab Auto Services Pte Ltd (Ang Mo Kio)
		2, Ang Mo Kio Street 63
		Singapore 569111

Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG

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

Reference		
Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 05 Nov 2018)
Parts:	143	RENAULT LATITUDE 2.0 L (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC5110Y)	
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		*BUMPER COVER FRT	Serviceable	1,259.42 FL	*- FL
2	1		*BUMPER SPOILER FRT	Serviceable	181.75 FL	*- FL
3	1		*BUMPER ABSORBER FRT	Serviceable	394.68 FL	*- FL
4	1		*BUMPER RETAINER FRT RH	Serviceable	151.41 FL	*- FL
5	1		*BUMPER SUPPORT FRT	Serviceable	123.88 FL	*- FL
6	1		*BUMPER SUPPORT FRT	Serviceable	123.88 FL	*- FL
7	1		*BUMPER UNDERTRAY FRT	Serviceable	472.83 FL	*- FL
8	1		*BUMPER GRILLE LOWER FRT	Serviceable	266.80 FL	*- FL
9	1		*BUMPER FOG LAMP GRILLE RH	Serviceable	207.21 FL	*- FL
10	1		*BUMPER BEAM FRT	Repair	914.08 FL	*- FL
11	1		*HEADLAMP RH	Serviceable	1,184.43 FL	*- FL
12	1		*HEADLAMP PANEL FRT RH	Repair	152.15 FL	*- FL
13	1		*FENDER PANEL FRT RH	Repair	783.83 FL	*- FL
14	1		*WHEELARCH FRT RH	Serviceable	278.84 FL	*- FL
15	1		*FENDER BRACKET LOWER RH	Serviceable	15.79 FL	*- FL
16	1		*FENDER INSULATOR RH	Serviceable	130.84 FL	*- FL
17	1		*DOOR PANEL FRT RH	Repair	2,844.66 FL	*- FL
18	1		*DOOR MIRROR ASSY RH	Serviceable	1,483.40 FL	*- FL
19	1		*ROCKER PANEL INNER GARNISH RH	Serviceable	466.51 FL	*- FL
20	1		*ROCKER PANEL INNER RH	Repair	1,024.79 FL	*- FL
21	1		*ROCKER PANEL ENTER RH	Repair	990.25 FL	*- FL
22	1		*FRONT DOOR STICKER TRANS-CAB	Necessary	80.00 FS	*60.00 FS
23	1		*FRONT DOOR STICKER CHASSIS	Necessary	50.00 FS	*15.00 FS
24	1		*BUMPER CLIP FRT	Not Necessary	66.00 FS	*- FS
25	1		*BUMPER BRACKET CLIP FRT RH	Not Necessary	12.00 FS	*- FS
26	1		*BUMPER SUPPORT CLIP FRT RH	Not Necessary	10.50 FS	*- FS
27	1		*BUMPER GRILLE LOWER CLIP	Not Necessary	69.00 FS	*- FS
28	1		*WHEELARCH CLIP FRT RH	Not Necessary	30.50 FS	*- FS

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

Sub Total (\$\$)	13,769.43	75.00
- List Item Discount on L Items 10.00/10.00% (\$\$)	1,345.14	0.00
Total Parts (\$\$)	12,424.29	75.00

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	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	6,000.00	440.00
2	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	-
3	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	6,000.00	300.00
4	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR	New	380.00	-
5	TO TRANSFER OF FRONT BUMPER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	-
6	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	-
7	TO TRANSFER OF FRONT FENDER FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	-
8	TO TRANSFER OF FRONT DOOR FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	380.00	-
Gross Labour Cost (\$\$)			13,860.00	740.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >