MANNIN -		ASSIGNMI	ENT (Office)			A secondarion	
From (Person)	. Gnoh Pau Loong	of	sm0	Da	ate/Time:	0211-1018	4.56pm
Estimated Cos			Bill to:		500000000000000		
To Inspect Ve	TTP RES / OD RES / EV	11111111111111111111111111111111111111	es	Insured:	Sk	2751]	
at Workshop r	n/s(Ump	olete Vms		Tel:	6455	0012,	
of	176 g	in ming dra	4 03-14				
Policy No:	D181111 V0101 6495	).	Claim No:	CMT01	804806		
Sum Insured:			Excess:		1,000		
Make of Veh: (Client's Record				D.	O.A	0711-2018	
CA / REV / Date/Time:	REP. / REV 24 HRS "W 05-11-1016 11-0000 Pe		Li Hui	·······Veli	H.O.D. End	OUT	
Date/Time	Action/Instruction ( SJV 9745K - X	/) Estimate		-			
08/11/13	SKL MIJ- X	1		0.1		,	
58/11/18	@ 16:27 p.m.	revised :	FA to	Groh	Pau a	bony vi	a me

ASS. REC. BY:	F: Sono
Kenneth	ASSIGNMENT
From: Date:	Veh No: SJU 9945/5 Yr Regn: 01, 10
Estimated Cost:	Type: McGar/ M.Cycle / Bus / Van / Lorn / Tayl / Days
OD/TP/WS/TP RES/OD RES/EVA/INV	/ MV Truck / Trailer or
To Inspect Vehicle No:	The state of the s
at Workshop m/s	
of	- STATE AND INSURED IN THE
Insured:	Sp.Reading 166493 T/Radio: Insured / Std / NI / NA
Policy No.	
Claims No.	1110011 00 +24119112 01 +3
Sum Insured: Excess:	Gen. Cond: Good/Fair / Poor / Burnt
(Client's Record)	Steering: Inorder / Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
	Modi: Nii / S/Rim / STD A/Rim or
(Policy Condition)	Tyre Size: F: 215/45R17
Remark: The veh had commenced Its	N/S O/S RS/DUN/EVIOUS
repair at the time of inspection.	BS / BON / EXNOVA / GY / FS / LIZA (MIC) OHTSU / PIR / SUMI /
Bal. or Market Value: & 17/5	тоуо/уоко ог
IDAC Accident Rport: Consistent?: 1	Front Rear
GIA / PR Seen: Consistent?: 1	→ mm R/Ba!. → mm
Est. Repairs: 05 days Res.: Y	
2	(es or No D.O.A. 2 /11/18 D.O.I. 7/11/18 Survey held at
CA / REV / REP. / 24 HRS	Des. of Damages : Frt   Rear   O/S   N/S   U/C   Rooftop or
Date:Person Contacted:	Vehicle: IN / OUT
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
111 File pars to Ca	thenke.
21/12/2011	1.400/- @ 5 days with Kennth.
(\$ 2,5/7.12 pc	d - 36%)
	- RECEIVED 3 1 DEC 2018
Date/Time, File Pass 10? 31/12/18 : Prell, Report	Days Of Repair:
1) Typist : Final Report	Page 19 A A A A A A A A A A A A A A A A A A
Cate/Time, File Return to?	
2)	Add Fee: Site loss /6
	I lotonious /\$
Report Format :	Took love (\$
Lump Sum / I.B.1: (\$ 4, 400/_ 45	Weekend (\$
7 42	
	10741 260

# 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:

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place

#05-01/06, Singapore Land Tower

Singapore 048623

From: LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25

Paya Ubi Industrial Park Singapore 408933

Attn:

**GNOH PAU LOONG** 

Date:

08 Nov 2018

# **Preliminary Advice**

Insured Vehicle No : SKL2751J

TP Vehicle No

: SJU9945K

Accident Date

: 02/11/2018

Make

: KIA CERATO

Assignment Date

: 02/11/2018

Date of Inspection : 07/11/2018

Est. Duration of Repair

:S\$

: 5 days

Inspection At

: COMPLETE VMS PTE LTD (HQ)

176 Sin Ming Drive #03-14 Sin Ming Autocare Complex

Singapore 575721

#### Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	6,917.12
Revised Amount	:S\$	4,125.92
Check Items (Estimated)	:S\$	1,464.40
Total	:S\$	5,590.32

Lump Sum Repair

#### **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 repa	irable at our adjusted amount.	We have also confirmed e	excess and policy coverage
		Kindly let us have	your authorisation.		

The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.

(X) Other comments: TP: WP

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Au	th'ed S	tatus	
Main	02 Nov 2018		02 Nov 2018 16:56 Assign					lew Assignme Cancel Case	ent 
_	Main		Reference		Claim Details		Docum	ents	Show All
LAIM S	UBFOLDER DE	TAILS			And the second section		[Cr	eated by insu	irer]
insured:		ZAP	PILING PTE LTD,						
Main Clai	mant:	HUA	NG YING SERVIC	ES, Co. Re	g. No.: 53359572W				
Vehicle R	eg. No.:	SJU	9945K		Date of Loss:		1.5-0	11/2018 00:00	
Claim Ty	pe:	TP /	CMTD1804806	i	Policy/Cover Note No.:		100000	D18MTPV01016495 (Comprehensive)	
Vehicle R	eg. No. (Insured)	SKL	27513		Policy No. (Claiman	t):			
		W			Excess:				
Repairer		Tel:	6455 0012		6 Sin Ming Drive #03				
Handling	Insurer:	6329	52171		. Ltd. (HQ) - Tel: 640				.00NG -
Adjuster		LKK	Auto Consultant	s Pte Ltd (H	Q) - Tel: 6256-3561	[Final F	tpt due 1	4/11/2018]	
ASSOCI	ATED MAIL RE	CEIVED					View	All Com	pose Case Mail
There are	e no mail for this	case.							
-	SOCIATED TAS	vs.			View All	Search Tas	ks	Create New Task	Complete
No Tolking	WINDOWS CONTRACTOR						npleted 0	n Create	
Due D	ate Priority	Type Tas	k Group Sub	ject Han	dler Assigned B	y Con	iipieteu o	ii creace	

MSI118142246 / STA INSPECTION PTE LTD - Sin Ming ENTRY DATE & TIME: 02/11/2018 14:39 SUBMITTED BY: Wong Lip Yong

# 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 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.

	ACCIDENT STATEMENT
Date Of Report	02/11/2018 14:39
Date Of Accident	02/11/2018 09:40
Exact Location Of Accident	SLIP ROAD OF CTE TOWARDS MOULMEIN ROAD
Country/State of Loss	SINGAPORE
DI	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SJU9945K
Insured/Policyholder	
	HUANG YING SERVICES
Co Reg No	53359572W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97335617
Vehicle Particulars	
Manufacturer	KIA
Model	CERATO
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5102052778
Cover Note Number	

#### Driver

OH WEISHENG Name of Driver S8114822H NRIC No 26/05/1981 Date Of Birth OUTDOOR Occupation 11/12/2000 Date Of Driving Pass

17 YEARS AND 10 MONTHS **Driving Experience** 

MALE Gender

(LOCAL) +65-97335617 Mobile Number

Fax Number Contact Number

WILSONOH81@GMAIL.COM EMail Address

Address

BLK 302 YISHUN CENTRAL

#07-101

Postcode

760302

Was driver an employee of the Insured's Company

OWNER

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

COLLISION - HEAD TO REAR

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

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s) soliciting/offering accident claims assistance.

NO

Number of Passengers (Including Driver)

3

Passenger 1

NAME:

: ISLINDA

GENDER:

: FEMALE

Passenger 2

NAME:

: DIANA LING

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 ATTACHED

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

# DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number Vehicle Make/Model/Colour

SKL2751J

**Details Of Properties** 

Vehicle Category

PRIVATE CAR

Name of Driver

LEONG SUNG JUAT - ZAP PILING PTE LTD

NRIC/Passport Number

S1524152G

Contact Number

93269031

Address Postcode

Page 2 of 19

#### Sketch Plan Pg. 1

#### SKETCH PLAN

#### IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful</u> and <u>accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</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
  - (ii) for complying with requirements under any regulations, laws or court orders.

Huang Ying Services Reg No. 53359572W

Blk 302 Yishun Central #07-101 S (760393) W

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

#### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ook out to	It Slip Road of Cte towards Moulanein Road - r on-going vehicle. Suddenly I felt an Impact to rehicle & did not stop and hit the rear
ortion of	my vehicle A. I don't feel well after the id I will be seeking medical attention.

#### DECLARATION

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

Reg No. 53359572W

Blk 302 Yishun Central #07-101 S (760302) 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.:



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Cent Page 1 / 2 176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721-(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.#3m.sg

> Email: darren@completevms.com.sg ( lily@completevms.com.sg ( lihui@completevms.com.sg (

HUANG YING SERVICES 302 YISHUN CENTRAL #07-101 SINGAPORE 760302

Attention: THE OWNER

Contact: 97335617

Not Notherine 11 Say & 4400/s Rusney After Paint 5 days

Estimate: ES006501

Date: 07/11/2018 Vehicle Num. : SJU9945K

Make/Model: KIA CERATO FORTE-2010

Chassis/Eng#: KNAFW411MA5173769/G4FC9H3396!

Accident Date: 02/11/2018

Claim No.:

Bards prices are two cities

• To display deliquib of • = 10 tesnine), policies the Repairer LKK Auto

		3 0007	Reference : Policy No. :			
S/N	Quantity	Particular	U	nit Price	Amount S\$	
1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15.	1 1 1 1 1 1 1 1 1 1 1 1 6 3 2 2 1 2	NETT ITEMS: BOOT LID BOOT LID LOCK KIA LOGO TAIL LAMP L/H TAIL LAMP CLIP REAR END PANEL BOOT WEATHERSTRIP REAR END PANEL TOP GARNISH REAR BUMPER REAR BUMPER REINFORCEMENT REAR BUMPER SIDE RETAINER REAR BUMPER LOWER LIP REVERSE SENSOR HOLDER  Nett Total S\$:	BI-50SA LOWER BRACKET TOP BRACKET	5.00 Div. My b 6.80 29.00 25.00 39.00	163.00 127.00 685.00 173.00 596.00 40.80 50.00 50.00 78.00 62.00 4,526.80	1 x x 2.502 12 12 x x
		10.00% Discount S\$:			452.68  4,074.12	
1. 2. 3.	1 1 2	SPECIAL NETT ITEMS : CERATO EMBLEM FORTE EMBLEM REVERSE SENSOR	lollmis	189.00	12 48.00 52.00 378.00	_
		Special Nett Total S\$:	Date:		478.00	
-			Fairs phose are served     Mo illegal month cancer it affects basis     Supplementary from a served     Supplementary from 1 and a served     Supplementary from 3 and 3 an	С	ONTINUE /	ž.



COMPLETE VMS PTE LTD The Premier One-Stop Vehicle Accident Claims Centre age 2 / 2
176 Sin Ming Drive, #03-14, Sin Ming Autocare Complex, Singapore 575721
(Tel) 6455 0012 (Fax) 6554 0012 (Web) www.completevms.com.sg

Email: darren@completevms.com.sg ( )
lily@completevms.com.sg ( )
lihui@completevms.com.sg ( )

HUANG YING SERVICES 302 YISHUN CENTRAL #07-101 SINGAPORE 760302

Attention : THE OWNER Contact : 97335617 Estimate: ES006501

Date : 07/11/2018 Vehicle Num. : SJU9945K

Make/Model: KIA CERATO FORTE-2010

Chassis/Eng#: KNAFW411MA5173769/G4FC9H33969

Accident Date: 02/11/2018

Claim No. : Reference : Policy No. :

S/N Quantity

Particular

Unit Price

Amount S\$

LABOUR:
RUST PROOFING TREATMENT
CHANGE TAIL LAMP AND CHECK LIGHTING
SPRAY PAINT DAMAGED AREA AFFECTED
TO CUT OFF REAR END PANEL, KNOCK AND STRIGHTEN REAR
CHASSIS FRAME AND CHANGE ALL NECESSARY PARTS

Labour Total S\$:

.....

100.00 201 65.00 201 1,100.00 8001

1,100.00

2,365.00

SingDollars : Six Thousand Nine Hundred Seventeen & Cents Twelve Only

Total S\$:

6,917.12

COMPLETE VMS PTE LTD

This is only an estimate bases on our preliminary inspection and does not cover additional parts and labour time which may be required after the work has begun

# 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/SMO18020016/KSBN2

G4FC9H339692

160943 km

KNAFW411MA5173769

Date:

02/01/2019

REFERENCE

Handling Insurer:

Sompo Insurance Singapore Pte.

Ltd.

Claimant Vehicle No:

SJU9945K

02/11/2018

No:

Insured Vehicle

Policy No:

Nature of Claim:

SKL2751J

TP

D18MTPV01016495

Engine No:

Odometer:

Chassis No:

Claim No:

CMTD1804806

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

SJU9945K

Make & Model:

Date of Loss:

07/01/2010 (Man. Year: 2009)

KIA CERATO, 1.6 (A)

Reg. Date: Colour:

Metallic Grey

**Engine Capacity:** 

1591 cc

N/A

Market Value/New Car

Price:

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable): Yes Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size: Front Left Side:

215/45R17

Michelin 7 mm

Rear Tyre Size: Rear Left Side: Rear Right Side: 215/45R17 Michelin 7 mm

Michelin 7 mm

Front Right Side: Michelin 7 mm The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	4,552.12	3,925.32	626.80	13.77
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,365.00	1,580.00	785.00	33.19
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	6,917.12	5,505.32	1,411.80	20.41
Approved Total (Overridden) (S\$)		4,400.00		
(S\$)	6,917.12	4,400.00	2,517.12	36.39
+ GST 7.00/7.00% (S\$)	484.20	308.00	176.20	36.39
Nett Amount (S\$)	7,401.32	4,708.00	2,693.32	36.39

INSPECTION

Date of Assignment:

02/11/2018

Date Inspected:

07/11/2018 Inspected At:

COMPLETE VMS PTE LTD (HQ) 176 Sin Ming Drive #03-14 Sin Ming

Autocare Complex Singapore 575721

Estimated Period of Repair:

5.0 days

Adjuster: KENNETH KONG

Manager: Hiew May Fung

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: 02 Jan 2019)

Parts: 143 KIA CERATO 1.6 (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SJU9945K)

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		*BOOT LID	Bent	855.00 FN	*855.00 FN
2	1		*BOOT LID LOCK	Repair	164.00 FN	*-FN
3	1		*KIA LOGO	Necessary	51.00 FN	*51.00 FN
4	1		*TAIL LAMP L/H	Serviceable	322.00 FN	*-FN
5	1		*REAR END PANEL	Bent	483.00 FN	*483.00 FN
6	2		*TAIL LAMP CLIP	Not Necessary	10.00 FN	*-FN
7	1		*REAR END PANEL TOP GARNISH	Mtg Distorted	127.00 FN	*127.00 FN
8	1		*REAR BUMPER	Bent	685.00 FN	*685.00 FN
9	1		*REAR BUMPER SPONGE	Cracked	173.00 FN	*173.00 FN
10	1		*REAR BUMPER REINFORCEMENT	Cracked	596.00 FN	*596.00 FN
11	6		*REAR BUMPER CLIP	Necessary	40.80 FN	*40.80 FN
12	3		*REAR BUMPER REINFORCEMENT LOWER BRACKET	Cracked	87.00 FN	*87.00 FN
13	2		*REAR BUMPER REINFORCEMENT TOP BRACKET	Repair	50.00 FN	
14	2		*REAR BUMPER SIDE RETAINER	Serviceable	78.00 FN	
15	1		*REAR BUMPER LOWER LIP	Cracked	580.00 FN	*580.00 FN
16	2		*REVERSE SENSOR HOLDER	Missing/Dented	62.00 FN	*62.00 FN
17	1		*BOOT WEATHERSTRIP (50%)	Dented/Distorted	146.70 FS	*81.50 FS
18	1		*CERATO EMBLEM	Necessary	48.00 FS	*48.00 FS
19	1		*FORTE EMBLEM	Necessary	52.00 FS	*52.00 FS
20	2		*REVERSE SENSOR	Missing/Dented	378.00 FS	*378.00 FS
F=Fr	anchise	part S=S	pcNett. N=NettItemDisc.			
				Sub Total (S\$	4,988.50	4,299.30
			- Nett Item Discount on N Items	10.00/10.00% (S\$	436.38	373.98
				Total Parts (S\$	4,552.12	3,925.32

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
Lab	our Items			
1	RUST PROOFING TREATMENT	New	100.00	60.00
2	CHANGE TAIL LAMP AND CHECK LIGHTING	New	65.00	20.00
3	SPRAY PAINT DAMAGED AREA AFFECTED	New	1,100.00	800.00
4	TO CUT OFF REAR END PANEL,KNOCK AND STRAIGHTEN REAR CHASSIS FRAME AND CHANGE NECESSARY PARTS	New E ALL	1,100.00	700.00
	Gross L	abour Cost (S\$)	2,365.00	1,580.00
	Report was unsubmitted	during this print-out.		

< END OF ESTIMATES >