

Our Reference: **SKV8897E/7014961**
Your Reference: **GBD553B**

By Email / Mail

11 January 2019

EQ INSURANCE COMPANY LIMITED C/O LKK AUTO CONSULTANTS
Attn: Third Party Claim Department -

ACCIDENT INVOLVING SKV8897E & GBD553B ON 07 Nov 2018.

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

Details	Remarks	Amount (SGD)
Cost of Repairs		7,397.56
Loss Of Rental	120.00 x 3 days	360.00
Others		
TOTAL		7,757.56

Kindly let us have your offer to Christine.yow@wearnes.com

Your soonest reply is much appreciated. Thank you.



Yours faithfully
Christine Yow
D (65) 6430 4899
Wearnes Automotive Pte Ltd
Bodyshop and Paint Division
249 Alexandra Road
Singapore 159935

This is a computer generated printout, no signature is required.

(PAYMENT BREAKDOWN)

Vehicle No	:	SKV8897E	(Insd veh)	Model	:	JPRNAR 2E
	:	GBD553B	(TP veh)			
Date of Accident	:	07/11/18				

Global Sum Settlement	:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Liability	:	100	% (Agreed/Assessed)

Repair Estimate	:	\$ 10135.35	
Final Repair Cost	:	\$ 7397.56	
Loss of Use	:	\$ 360	03 days at \$ 120 per day
Rental (if any)	:	\$	days at \$ (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 7757.56	

Remarks:

Payment Instruction: Payee's Breakdown		
1)	VEARNES AUTOMOTIVE PTY LTD	\$ 7397.56
2)	ANAL SKATAMEN	\$ 360
3)		\$
4)		\$

SERVICE TAX INVOICE

0 - E00004	SL: EQ INSURANCE COMPANY LTD	GST Reg.No:M28920628X
EQ INSURANCE COMPANY LTD		Inv.No. . : B&P 7014961 Page 1
5 MAXWELL ROAD		Inv.date. : 06/12/2018
#17-00 TOWER BLOCK		WIP No. . : 37318
MND COMPLEX		Veh.In/Out: 14/11/2018 29/11/2018
SINGAPORE 069110		*Tel.No. . : 62239433
		Reg.No. . : SKV8897E
Closed by : Paul Ong Qing Yong		Reg.date .. : 13/06/2018
Svc Consultant : ACC		Mileage ... : 5,923
Remarks : Mr Carl Skadiang		Chassis No: SAJAB4AX2JCP35128

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE FRT BUMPER,		0	900.00	0		900.00	S
	FRT RH HEADLAMP, GRILLE, ETC							
800	TO PUTTY SPRAYPAINT ON		0	800.00	0		800.00	S
	FRT BUMPER, ETC							
280	TO FOCUS HEADLAMP		0	162.00	0		162.00	S
280	TO CHECK WIRING INCLUDE		0	486.00	0		486.00	S
	RESETTING OF ALL ELECTRICAL							
	MODULES							
T4N13173LM	COVER-BUMPER	1.0	EA	1720.80	10		1,548.72	S
T4N5802LML	TOWING COVER FRT XE	1.0	EA	30.00	10		27.00	S
T4N17205	HEADLAMP RH	1.0	EA	3322.10	10		2,989.89	S

				Gross Total.	6,913.61
Labour	Total	2,348.00	Net.....	6,913.61	
Parts	Total	4,565.61	GST @ 7.0%	483.95	
Package	Total	0.00	Total.....	7,397.56	
			Paid.....	0.00	
			Please Pay..	7,397.56	

GST: S=StdRated; O=OutOfScope; Z=ZeroRated
 Enquiries must be lodged within 14 days from the invoice date
 This is a computer generated invoice. No signature is required.

Paul Ong Qing Yong

From: Vic (LKKAUTO) <vicalpeh@lkkauto.com>
Sent: Monday, 12 November, 2018 2:01 PM
To: Paul Ong Qing Yong
Cc: assignments; Admin A; Vic (LKKAUTO)
Subject: RE: TP Claim - Our customer SKV8897E; TP Vehicle GBD553B

WITHOUT PREJUDICE

Dear Kenny,

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both party, the liability is clear subject to the BOLA guideline settlement.

Please note that this e-mail is on without prejudice basis which does not amount to an authorisation of repair to your client's vehicle and admission of any liability to our Insured's part. The final repair cost is subjected to the consistency of the damages according to the nature of the accident. And the days of LOU/ LOR will be based on the number of days of repair as recommended by our surveyor and approved by our principal.

Kindly forward the LOD and all supporting documents to us if available to proceed with the settlement.

Thank you.

Best Regards,

Vic Alpeh | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6841-2096 | email: vicalpeh@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto
Consultants
Pte Ltd

Save the Earth. Print only when necessary.

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From: Shu Pei (LKKAUTO)
Sent: Friday, 9 November, 2018 11:21 AM
To: 'Paul Ong Qing Yong'
Cc: assignments; Admin A; Vic (LKKAUTO)
Subject: RE: TP Claim - Our customer SKV8897E; TP Vehicle GBD553B

Dear Paul,

We refer to the above matter.

Please note that for liability, claim negotiation and settlement, please contact Vic at 6841 2096.

Our respective case handler will look into the matter and revert to you in due course.

Thank you

To check availability of the case handler, you may contact the undersigned.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Friday, 9 November 2018 10:33 AM

To: 'Paul Ong Qing Yong' <paul.ong@wearnes.com>

Cc: assignments <assignments@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Subject: RE: TP Claim - Our customer SKV8897E; TP Vehicle GBD553B

Dear Paul,

Thank you for your email.

Dear Shu Pei,

Kindly assist. (new case)

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Paul Ong Qing Yong [<mailto:paul.ong@wearnes.com>]

Sent: Friday, 9 November, 2018 10:29 AM

To: Admin-D (LKKAuto) <admin-d@lkkauto.com>

Subject: RE: TP Claim - Our customer SKV8897E; TP Vehicle GBD553B

Car currently with customer.

Can advise case officer to confirm liability

Best Regards,

Paul Ong

Service Consultant
Bodyshop & Paint



Wearnes Automotive Pte Ltd

249 Alexandra Road Singapore 159935

M (65) 8126 1237 D (65) 6378 9336

www.wearnesauto.com paul.ong@wearnes.com

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If you have received it in error, please notify us immediately by reply email and then delete this message from your system. Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.

From: Admin-D (LKKAuto) [<mailto:admin-d@lkkauto.com>]
Sent: Friday, 9 November, 2018 10:25 AM
To: Paul Ong Qing Yong
Subject: TP Claim - Our customer SKV8897E; TP Vehicle GBD553B

Dear Paul,

Kindly check the vehicle currently got in the workshop?

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@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	09/11/2018 09:09
Date Of Accident	07/11/2018 19:35
Exact Location Of Accident	52E ELITE TERRACE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKV8897E
Insured/Policyholder	
Name Of Registered Owner	CARL SKADIANG
NRIC No	S1534462H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96180359
Alternative Phone No	OFFICE-96180359

Vehicle Particulars

Manufacturer	JAGUAR
Model	XE-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	PRIVATE CAR

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	JORDAN NEILL SKADIANG
NRIC No	S9240399H
Date Of Birth	01/11/1992
Occupation	INDOOR
Date Of Driving Pass	19/11/2011
Driving Experience	6 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93226411
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	52E ELITE TERRACE
Postcode	458816
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	
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)	0

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?	NO
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBD553B
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)	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filing.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

ACCIDENT STATEMENT

Date and Time of Accident	Date: 07/11/18 Time: 1935
Exact Location of Accident	52E ELITE TERRACE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	8KV8897E
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INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)	CARL SKADIANG
Personal Identification - NRIC (Singaporean/PR)	S15 344624
- FIN/Passport Number	
- Not Applicable	96180359

VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model	Manufacturer _____ Model _____
Type of Vehicle*	<input type="radio"/> Saloon <input type="radio"/> MPV <input type="radio"/> CRV <input type="radio"/> Van <input type="radio"/> Lorry <input type="radio"/> Bus <input type="radio"/> M/cycle <input type="radio"/> Others, _____
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?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If No, Pls select: <input checked="" type="radio"/> Third Party <input type="radio"/> Reporting)
Vehicle Category*	<input checked="" type="radio"/> Private <input type="radio"/> Commercial <input type="radio"/> Motorcycle

INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company *	AGI
Type of Policy	<input checked="" type="radio"/> Comprehensive <input type="radio"/> Third Party Fire & Theft <input type="radio"/> TP Only
Fleet Policy	<input type="radio"/> Yes <input checked="" type="radio"/> No
Policy Number	1800069367
Motor CI	

DRIVER

	<input type="radio"/> Same as Insured above	
Name of Driver	JORDAN NEILL SKADIANG	
Personal Identification - NRIC (Singaporean/PR)	S9240394H	
- FIN/Passport Number		
Date of Birth	01 dd/ 11 mm/ 92 /yy	
Driving Date Pass	19 dd/ 11 mm/ 11 /yy	
Year of Driving Experience	Year(s)	Month(s)
Occupation	<input checked="" type="radio"/> Indoor <input type="radio"/> Outdoor	
Gender	<input checked="" type="radio"/> Male <input type="radio"/> Female	
Contact Number / Mobile Phone / Fax No.	9322 6411	

Address of Driver	
	Postcode ()
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input checked="" type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (if applicable)	
Insurance Company of Driver's Own Vehicle (if applicable)	

GENERAL INFORMATION OF THE ACCIDENT

Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	PARKED HITTING PARKED
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____

OTHER INFORMATION

Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was there any video captured by Car Camera?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Number of Passengers (Including Driver)	00

DETAILS OF POLICE ACTION

Was the Accident reported to the Police?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	
Police Station Address	
Police Station Contact	Tel No. _____ Fax No. _____
Was notice of intended Prosecution given?	<input type="radio"/> Yes <input checked="" type="radio"/> No (If Yes, against whom?)

DETAILS OF OTHER VEHICLE / PROPERTY 1

Vehicle Registration Number	GIBD 553B
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	ISMAIL BIN JAFAR
Personal Identification - NRIC (Singaporean/PR)	S181934E
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	

(Note - Please use page 6 if you need to add more vehicles)


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.

x 
Policyholder's Signature
Date & Time: 8/11/18
1515

x 
Driver's Signature
(If driver is not the policyholder)
Date & Time: 8/11/18
1505

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

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

The other driver is a Singapore Post postman who was making a delivery to my house. My car was parked in my lot, locked and stationary with no person inside. The other driver reversed into the parking space in front of my house, made the delivery and proceeded to drive out. He did not make a wide enough turning circle and his rear left corner collided with the front right corner of my car. He then reversed straight and crashed into my pillar, causing his rear windscreen to shatter.

DECLARATION

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

Policyholder's Signature

Date & Time: 8/11/18
1575

Driver's Signature

(If driver is not the policyholder)
Date & Time: 8/11/18
1505

Reporting Centre Personnel's Signature

Name:
NRIC/FIN No.:

AUTHORIZATION TO ACT

I, CARL SKADIANG ("the third party Claimant")
of 52E ELITE TERRACE 458816 (address),
owner of SKV8877E (vehicle no.)
hereby authorize WEARNES AUTOMOTIVE PTE LTD ("The workshop")
to act for me with respect to my claim for repair costs and / or rental and / or loss of use
("claim") for my Vehicle No. SKV8877E that was damaged
pursuant to the accident which occurred on 07/11/18 (date) along
52E ELITE TERRACE 458816 (location)
Involving Vehicle No/s GBD553B ("The accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle my above mentioned claim in a manner that they deem fit and the workshop is further authorized to receive payment further to settlement of my claim with payment cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on a without prejudice and without admission of liability basis insofar as the driver / owner / insurers of the other vehicle/s is concerned.

Date this _____ day of _____ (month) 20 _____ (year)

Carl Skadiang

Signed by "the third party claimant"

[Signature] 

Signed by "the workshop"

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S9240399H




Name
JORDAN NEILL SKADIANG

Race
EURASIAN

Date of birth
01-11-1992

Sex
M

Country of birth
SINGAPORE

S9240399H

REPUBLIC OF SINGAPORE DRIVING LICENCE


Licence No. S9240399H

JORDAN NEILL SKADIANG

Birth Date: 01 Nov 1992

Issue Date: 19 Nov 2011

002019209K

4200378




NRIC No. S9240399H

Date of issue
12-03-2008

62E ELITE TERRACE
SINGAPORE 458816

NRIC No: S9240399H Date: 20/08/2018

*YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE
19 Nov 2011

Class 3A Motor cars without clutch pedals (Auto) =< 3000kg
with =< 7 passengers, exclusive of the driver, and
other motor vehicles without clutch pedals =< 2500kg

NP 428A

Licence No: S9240399H

SERVICE ESTIMATE

93811 - C00001
Mr Carl Skadiang
52E Elite Terrace

SL: SERVICE SALES - PC

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date. : 09/11/2018

WIP No. : 37318

Veh.In/Out:

*Tel.No. : Mobile: 96180359

Reg.No. : SKV8897E

Reg.date : 13/06/2018

Mileage : 0

Chassis No: SAJAB4AX2JCP35128

Closed by : Paul Ong Qing Yong

Svc Consultant :

Remarks : Mr Carl Skadiang

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
-------	-------------	----------	-------	-------	-----	--------	---

802	TO REPLACE FRT BUMPER, FRT RH HEADLAMP, GRILLE, ETC	0	1800.00	0		1,800.00 S	900-
800	TO PUTTY SPRAYPAINT ON FRT BUMPER, ETC	0	1600.00	0		1,600.00 S	800
R06	FRT NUMBER PLATE & HOLDER	0	60.00	0		60.00 S	X
280	TO FOCUS HEADLAMP	0	162.00	0		162.00 S	✓
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	486.00	0		486.00 S	✓

COVER-BUMPER	1.0 EA	1720.80			1,720.80 S	de
TOWING COVER FRT XE	1.0 EA	30.00			30.00 S	af
HEADLAMP RH	1.0 EA	3322.10			3,322.10 S	ut
BRACKET-FEND RH	1.0 EA	34.30			34.30 S	?
MESH-GRILLE	1.0 EA	257.10			257.10 S	?

Gross Total. 9,472.30

Labour Total	4,108.00
Parts Total	5,364.30
Package Total	0.00

Net.....	9,472.30
GST @ 7.0%	663.06
Total.....	10,135.35
Paid.....	0.00
Please Pay..	10,135.35

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

03 days
Taifu 97495749
WP
14/11/18 @ 210 pm
Resny before paint
Sue @ Lik anton.