

ASS. REC. BY:

REF:

CS/CTI18020405/Nt b02

Special Instruction:

Denise

Supervisor:

ASSIGNMENT (Office)

From (Person):

Elaine Cheung

of

CTI

Date/Time:

12/11/2018

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

CB 6751E

Insured:

PC6315Y

at Workshop m/s

Connect 3

Tel:

98509666

of

566 Woodlands Rd.

Policy No:

DMB1SN 1825961800

Claim No:

SNM18D05262002

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

5/11/2018

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

12/11

Person Contacted:

Vehicle IN / OUT

Date/Time

Action/Instruction () Estimate

PC6315Y - NBA/CTI18020126/Y don: 5/11/2018

CB6751E - X

Unconfirm at lump sum \$2500 - (Red: 3560; 58%)

Naz did not lump 20%, ask winnie to amend but. unable as she

Outdated info

REF:

CT

Surveyor: N92

ASSIGNMENT

Front:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

Insured:

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

CB 6251E

Yr Regn:

28 JUL 2011

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

Truck / Trailer or

Make:

HIGER KLQ6926Q

C.G. 6692

Colour

SILVER

A/C: Insured / Std / NI / NA

Sp. Reading

399.525

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

LKLR1ESC9BA561924

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

R:

255/70 R22.5

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

TOYO / YOKO or

BS (F) (EAOOR)

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

5/11/18

D.O.A.

13/11/18

Survey held at

CONNECT 3

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

CTI L/S

RECEIVED 28 MAR 2019

Date/Time, File Pass to?

1) AB Typist

Date/Time, File Return to?

2)

Report Format:

Lump Sum / I.B.I.: (\$ 2500)

TP

Days Of Repair: 3

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

S + RS SI

Photos

Others

TOTAL

220

220

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	07 Nov 2018		12 Nov 2018 10:14 Assign	-			New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	LONGLIM PTE LTD, Co. Reg. No.: 201109995N		
Main Claimant:	TEO BOON TRANSPORT PTE LTD, Co. Reg. No.: 200507800G		
Vehicle Reg. No.:	CB6751E	Date of Loss:	05/11/2018 09:00 - :59 [87 Months and 8 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / SNM18D05262C02	Policy/Cover Note No.:	DMB1SN1825961800 (Comprehensive) Coverage: 17/08/2018 - 16/08/2019
Vehicle Reg. No. (Insured):	PC6315Y	Policy No. (Claimant):	
		Excess:	S\$1,500.00
Repairer:	Connect3 (mandai Estate) (HQ) 566 Woodlands Road, 728697 Mandai - Tel: 98509666		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 21/11/2018]		
Driver/Custodian (Insured):	LU WEI (36 / Male), NRIC: G3258163W		

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.									

OUT

Arrange with NAZ

1 12/11 10:30am

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	07/11/2018 16:05
Date Of Accident	05/11/2018 09:00
Exact Location Of Accident	AT MARSILING HEAVY VEHICLE CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	CB6751E
Insured/Policyholder	
Name Of Registered Owner	TEO BOON TRANSPORT PTE. LTD.
Co Reg No	200507800G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97953848
Vehicle Particulars	
Manufacturer	HIGER
Model	KLQ6916Q 6.7L MANUAL TURBO ABS 13.5T
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL
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	BUS

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5051033334-07
Cover Note Number	

Driver

Name of Driver	LEE CHEE LEONG
NRIC No	S1166038Z
Date Of Birth	28/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	22/02/2017
Driving Experience	1 YEAR AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92795690
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 338 WOODLANDS AVENUE 1 #01-571
Postcode	2573
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	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	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)	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

AS PER 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	PC6315Y
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
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.:

Yvonne Toh

SKETCH PLAN



A = CB6751E

B = PC63154

marshalling heavy veh CP.

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 05/11/2018 @ 09:00hrs, my bus CB6751E was parked inside the parking lot @ marshalling heavy veh. CP when a bus PC63154 which was trying to park into the lot impact of me hit onto my bus front portion while trying to reverse into the lot.

DECLARATION

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

X

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.:

Yvonne Toh

CONNECT 3

566 Woodlands Road (Mandai Estate) Singapore 728697

Tel: (65) 9850-9666 Email: Connect3winnie@gmail.com

R o c : 5 3 3 6 0 0 6 1 L

QT18/CB6751E/TPC-345

China Taiping Insurance (Singapore) Pte Ltd

3 Anson Rd #15-02

Springleaf Tower

Singapore 079909

PARTS \$2500
LESS 10% \$2250
LABOUR \$ 480
SPRAY \$ 400
TOTAL \$3,130

QUOTATION

LESS 20% \$12504
LIS TOTAL \$2500.00 / 2 DAYS

Dear Sir,

Cost of Repair to Vehicle CB6751E

With reference to the above-mentioned, we are pleased to quote as follows:-

No.	DESCRIPTION	QTY	U/PRICE (\$\$)	AMOUNT (\$\$)
1.	Front bumper	1	1,300 1,750.00	1,750.00
2.	Front grille	1	680.00	680.00
3.	Front RH headlamp	1	1,200 1,350.00	1,350.00
4.	Check wiring	1	30.00	30.00
5.	Apply anti rust	1	50.00	50.00
6.	Labour charges	1	1,200.00	1,200.00
7.	Spray painting	1	1,000.00	1,000.00
SUB-TOTAL				SS6,060.00

- Price before 7% gst

Thank you.

Yours faithfully,

Winnie Chai
HP: 9850-9666



NA2 LKK

13/11/18

LIS

3 DAYS

CHECK ITEM PHOTO
AFTER REPAIR PHOTO

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:

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	07 Nov 2018		12 Nov 2018 10:14 Edit Adj Rpt	S\$2,500.00 Edit Estimates	S\$2,500.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured:	LONGLIM PTE LTD, Co. Reg. No.: 201109995N								
Main Claimant:	TEO BOON TRANSPORT PTE LTD, Co. Reg. No.: 200507800G								
Vehicle Reg. No.:	CB6751E	Date of Loss:	05/11/2018 09:00 - :59 [87 Months and 8 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / SNM18D05262C02	Policy/Cover Note No.:	DMB1SN1825961800 (Comprehensive) Coverage: 17/08/2018 - 16/08/2019						
Vehicle Reg. No. (Insured):	PC6315Y	Policy No. (Claimant):							
		Excess:	S\$1,500.00						
Repairer:	Connect3 (mandai Estate) (HQ) 566 Woodlands Road, 728697 Mandai - Tel: 98509666								
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Muhammad Nazril Bin Abdullah] ... [Final Rpt due 21/11/2018]								
Driver/Custodian (Insured):	LU WEI (36 / Male) , NRIC: G3258163W Email:								
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.									

Claim Documents

***CB6751E (SNM18D05262C02)**
[PC6315Y]
TP
TEO BOON TRANSPORT PTE LTD
Nov 5 2018 9:00AM
[LONGLIM PTE LTD]
Connect3 (mandai Estate)

Upload Documents		Upload Photos		Compose New Letter		View View in Browser	
Photos/Images						3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print		
1	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
2	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
3	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
4	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
5	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
6	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
7	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
8	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
9	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
10	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
11	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
12	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
13	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
14	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
15	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
16	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
17	14/11/18 12:54	General View		Load JPG	<input checked="" type="checkbox"/>		
Documentation						1 per page	<input checked="" type="checkbox"/>
No	Finalized On	China Taiping Insurance (Singapore) Pte. Ltd. (HQ)		Thumbnail	Print		
1	12/11/18 10:13	PRS FRM CONNECT3		Load PDF			
2	12/11/18 10:13	ESTIMATE		Load JPG	<input checked="" type="checkbox"/>		
3	12/11/18 10:13	INSD GIA REPORT		Load PDF			
4	12/11/18 10:13	TP GIA REPORT		Load PDF			

Documents Checklist

DOCUMENTS CHECKLIST		Reset	Save	Print
There are no document checklists configured.				
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)				
<div style="border: 1px solid black; height: 100px; width: 100%;"></div>				
Show Remarks To: <input type="checkbox"/> Handling Insurer <small>Note: Remarks are private unless you show it to other parties.</small>				

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/CTI18020405/NTBE2

Date: 02/04/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMB1SN1825961800
Claimant Vehicle No :	CB6751E	Insured Vehicle No :	PC6315Y
Date of Loss:	05/11/2018	Nature of Claim:	TP
		Claim No:	SNM18D05262C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	CB6751E	Engine No:	ISBE4225B21949811
Make & Model:	HIGER KLQ6916Q, 6.7 D (M)	Chassis No:	LKLR1ESC9BA561924
Reg. Date:	28/07/2011 (Man. Year: 2011)	Odometer:	399525 km
Colour:	Silver		
Engine Capacity:	6692 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:	255/70 R22.5	Rear Tyre Size:	255/70 R22.5
Front Left Side:	Bridgestone 5 mm	Rear Left Side:	LEAO 5 mm
Front Right Side:	Bridgestone 5 mm	Rear Right Side:	LEAO 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	3,780.00	2,250.00	1,530.00	40.48
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,280.00	880.00	1,400.00	61.40
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	6,060.00	3,130.00	2,930.00	48.35
Approved Total (Overridden) (S\$)		2,500.00		
(S\$)	6,060.00	2,500.00	3,560.00	58.75
+ GST 7.00/7.00% (S\$)	424.20	175.00	249.20	58.75
Nett Amount (S\$)	6,484.20	2,675.00	3,809.20	58.75

INSPECTION

Date of Assignment:	12/11/2018		
Date Inspected:	13/11/2018	Inspected At:	Connect3 (mandai Estate) (HQ) 566 Woodlands Road Singapore 728697
Estimated Period of Repair:	3.0 days		

Adjuster: Muhammad Nazril Bin Abdullah**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.

THE REPAIRER IS INFORMED ON THE REVISED AMOUNT BUT NOT AGREED WITH OUR RECOMMENDATION.

REPAIR DETAILS

Reference

Part Source:	(Last Synchronised: 02 Apr 2019)	
Parts:	N/A	HIGER KLQ6916Q 6.7 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for CB6751E)	
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 BUMPER	Cracked	1,750.00 F	*1,300.00 FL
2	1		*FRONT GRILLE	Serviceable	680.00 F	*- FL
3	1		*FRONT RH HEADLAMP	Scratched	1,350.00 F	*1,200.00 FL
					Sub Total (S\$)	3,780.00
					- List Item Discount on L Items 0.00/10.00% (S\$)	250.00
					Total Parts (S\$)	2,250.00

F=Franchise part. L=ListItemDisc.

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
<u>Labour Items</u>				
1	CHECK WIRING	New	30.00	30.00
2	APPLY ANTI RUST	New	50.00	50.00
3	LABOUR CHARGES	New	1,200.00	400.00
4	SPRAY PAINTING	New	1,000.00	400.00
Gross Labour Cost (\$\$)			2,280.00	880.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >