ASS, REC, BY		REF	CS CTIL	021619/D	danz specie	d testruction:	68
MOUNT	Dry	an		MENT (Office			
From (Person Estimated Co	org (	hin kiat	Of.	C 71	Di	ste/Time: 30/11/18 @ 8	-58cm
Estimated Co	st:			Bill to:			
OD (TP)W	S/TP RES/	OD RES/E	VA/INV/MV	7 CS		U.S. CHOMOSOMOW	
			SHC	890L	Insured:	XD 3350P	
						65425119	
of		10 A	mk Ind.	Perk DA 4	103-19		
Policy No:	DMCVSI	114071	21804	Claim No:		D05527C02	•
Sum Insured:				Excess:			
Make of Veh (Client's Recor				74	D.	O.A. 23/11/18	
CA / REV	/ REP. / R	EV 24 HRS	up)			H.O.D. Endorsement:	
Date/Time: 9			1.3	d Lynn			
Date/Time	Action/Ins	truction ( -	) Estima	rte			
				4	2	- Jun: 20/2/18	
		350D-	THE ELLO CO	1737 13412		0011-1-118	
		-					
		-					

CHASTING	ASSIGNMENT COR July 2	1 204
From: Date	Veh No. SHC 890L Yr Regn. July >	013
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry Prime Mover /	
OD / TP / WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No:	Make: Mercedes Benz 8220 c.c 214	3
at Workshop m/s	Make: Mercedes Benz & 220 c.c 214: Colour Whote A/C: Insured / Std / NI	INA
of	Sp.Reading 870496 T/Radio: Insured / Std / NI	/ NA
Insured:	Eng/No: 65192431502802	
Policy No.	CNO: 12002120022A758330	
Claims No.	Gen. Cond: Goed / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Indian / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: In Per / Jammed / Leaked / Burnt or	
Make of Veh;	Modi: Nil / S/Rim / STD A/Rim or	
	Tyre Size: F: 305 607 16	
(Policy Condition)	R: -11-	
Remark: The veh had commenced its N/S	O/S BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /	
repair at the time of inspection.	TOYO/YOKO or Westlehe	
Bal. or Market Value.	Front Rear	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. S mm R/Bal. S	mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. S mm L/Bal. S	mm
Est. Repairs: 10 6 days Res.: Yes or No	810 D.O.A. 23 11/2018 D.O.I 30 11/2018	
Lum Sum: 8 30 % 3 Val.: Yes or No	Survey held at Chunni AME	
	Des. of Damages : Rear / O/S / N/S / U/C / Rooftop or	
	IN/OUT. Road	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to co	ollision.
Date / Time Action / Instruction	· ·	
China Targing XD3:	7 Ude	
MINIS MANA LIS 150	1001 Th 8 des a man	
CREA! IL ORG	95; 42%) 8 dys of m	
	RECEIVED 1 0 DEC 2018	
	•	
Date/Time, File Pass to? : Preli. Report	Days Of Repair: 8	
Mn Typilt Final Report	Resurvey No. of Trip: 2 Survey Fee:	
Date/Time, File Return to?	Transportation. •	
2) A	dd Fee: Site Insp (\$ )_s+Rs_si	
NOT THE REPORT OF THE PARTY OF	: Interview (\$ ) Photos	
Report Format:	Tech Invs (\$ ) Others	
	The second secon	

220

TOTAL

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

	Notified	Est Submitted		Adj Rpt			nitted	Ins Auth'ed	Status		
Máin	29 Nov 2018		30 Nov 2018 08:58 Assign				A 100 TO 100		New Assignment Cancel Case		nt
1	taln	Ref	erence		Claim Deta	ails		Docume	nts	٦ .	Show All
CLAIM SU	BFOLDER DE	TAILS					[Created	by insurer)		Name and Address of the Owner, where the Owner, which is the Owner	
Insured:	KAY LIM	CONSTRUCTION	& TRADING PT	ELTD, Co	. Reg. No.:		Landard State Comments of the Comments				
Main Claimant:		PTE LTD, Co. Re									
Vehicle Reg No.:	SHC890	L			Date of L			18 00:00 - :59 hs and <b>29</b> Days	From LTA F	Reg Date (	(Man Yr)]
Claim Type:	TP / SNN	NM18D05527C02			Policy/Co Note No.		DMCVSN1407121804 (Comprehensive) Coverage: 10/03/2018 - 09/03/2019				
Vehicle Reg No. (Insured):	XD3350P			Policy No (Claiman							
# 000 000 000 000 000 000 000 000 000 0					Excess:		S\$0.00				
Repairer: Handling		otor Pte Ltd (HQ)								Tel:	
nandling Insurer:	China Tai	ping Insurance (	Singapore) Pto	e. Ltd. (HQ	) - Tel: 6389	6111	[Hand	ed by Ong Chir	Kiat]		
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel:	6256-3561	[Final	Rpt d	due 11/1	2/2018]			
Driver/Custo dian (Insured):		HIAM (55 / Male),	NRIC: S26190	00B							
ASSOCIAT	ED MAIL RE	CEIVED							View All	Compos	e Case Ma
There are n	mail for this	case.								Introductivalisations	
ALL ASSO	CIATED TAS	ks⊟					View All	Search Tasks	Create N	New Task	Complete
	Priority	Type Task	iroup Subj	ect Han	dler As	ssigne	d By	Completed 0	n Cre	eated On	Done

MC0618152363 / ComfortDelGro Engineering Ple Ltd - Leys ENTRY DATE & TIME: 24/11/2016 12:10 SUBMITTED BY: Huang XiaoYan

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

1. 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.

- 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.

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 Contro 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 ladgement 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	24/11/2018 12:10	
Date Of Accident	23/11/2018 20:30	
Exact Location Of Accident	SENGKANG EAST RD TWDS JLN KAYU	
Country/State of Loss	SINGAPORE	

DETAI	LS	)=(	ΟW	ΝV	CLE

Vehicle Registration Number

SHC890L

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

MERCEDES-BENZ

Model

E220

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

YIP HEE FET Name of Driver S1813274E NRIC No 03/10/1967 Date Of Birth OUTDOOR Occupation 28/08/2000 Date Of Driving Pass

Driving Experience

18 YEARS AND 2 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-91112183

Fay Number

Contact Number

EMall Address

YIPHEEFET23@GMAIL.COM

Address

BLK 175 BOON LAY DRIVE #11-344

Postcode

640175

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle

OTHER - TAXI DRIVER

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

NO

Was any body injured in the Accident? 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)

2

Passenger 1

NAME:

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

PLS REFER TO ATTACHED / Type Of Accident: 3P REVERSE

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

COMMERCIAL VEHICLE

Vehicle Registration Number

XD3350P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

Name of Driver

TAY KIM THIAM

NRIC/Passport Number

Contact Number

90280707

Address

Postcode

Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE, LTD.

Nature Of Damage

NO VISIBLE DAMAGE

No. Of Passenger (Including Driver)

## SKETCH PLAN

## IMPORTANT NOTICE

- Please report <u>correctly</u> 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 truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- 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 invoive 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 complle 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:
  - 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. 199502839G

Driver's Signature

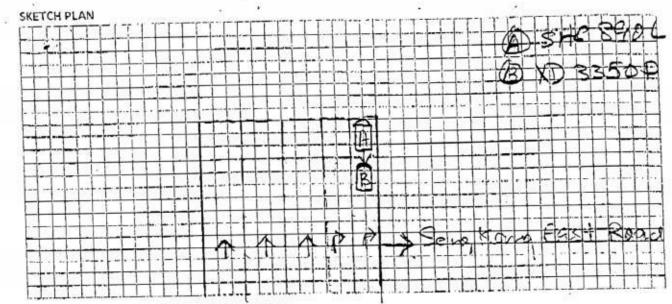
(If driver is not the policyholder)
Date & Time: 24, 11, 2018

24/11/18-Jackson Hore

Reporting Centre Personnel's Signature Name:

NRIC/FIN No.:

Policyholder's Signature Date & Time:



			THE ACCIDE		201 -0	-	101 -1	10	1 10 0
On	23/11/	2018	at ele	ಶರ್ಷ ೨	930 hrs,	<u> </u>	Jenice	. 1-	wery.
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Ve'	hode.	E 101	il bad	Lwand	i and 1	wit '	Welvicle	4	froid
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DECLARATION

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

CITYCAB PTE LTD CO. REG. NO. 199502839G

Policyholder's Signature Date & Time:

(If driver is not the policyholder) Date & Time:

Driver's Signature

Jackson Heat C50

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

CHUNNI MOTOR WORK PTE LTD

To Survey by ILKK)

REPAIR ESTIMATE\*

VEHICLE NO: SHC 890L

DATE: 26.11.2018

MAKE

TEL: 6542 5119

China (W) DING FAX : 6542 6039 : MERCEDES MODEL Unit Price Amount Type Parts Description/ Labour Otv 1,890.50 Bumper Assy, Frt Dental 1,458.00 Bumper Reinforcement, Frt # 2010 \$ S 190.00 S 95.00 Bumper Bracket, Frt/LH/RH HH S 590.00 295.00 Bumper Absorber, Frt/LH/RH NA Bumper Frame, Frt/Centre Z defrued 639.00 75.00 S 150.00 Bumper Frame, Frt/LH/RH SV -558.00 Bumper Sponge, Frt/Centre & broken 22.00 Bumper Inner Clip, Frt the Head Lamp Assy (LH/RH) \* mounty broke 4,760.00 2,380.00 5 600.00 300.00 Head Lamp Bracket (LH/RH) Hu 330.50 Radiator Top Panel, Frt 🔀 🕪 S 1,620.00 Radiator Grille broken 685.70 \$ Radiator Grille Adjuster Bracket 154 2,850.60 Bonnet Assy 154 112.00 Bonnet Mercedes Star Logo Nuc LKK Auto Consultants hence notify S 64.80 Bonnet Lock Brace Panel 4 the Repairer of the following S 269.25 Bonnet Air Inlet Grille & LAC . To resurvey before after spray painting 1,950.00 S Radiator Assy な いト To display damaged part(s) during resurvey · Parts prices are subject to confirmation 1,750.00 Radiator Fan Blower Assy Hu Third party survey is on a "Without Prejudice" basis 1,550.00 Radiator Shroud HA CVENC No iffegal modificat unite el leton 80.00 ₹ ⊀ Radiator Air Baffle, Top 🥒 🗠 2 hat from insurance Company. 125.90 5 Radiator Air Baffle, Lower ? --12.00 7 X Radiator Dowel Pin & HA Ackno liedged by Repairer Signa ure: \$ 8.00 Radaitor Mounting Lower Ha Date: 12.00 | S Radiator Mounting Top >1-1 1,780.00 ₹ 1 Aircon Condenser A 15+ 1,540.00 € ∟ Turbor Charger Air Cooler a Prodred 22637-15 7. 556.80 P/Steering Cooling Pipe > 13+ 20373.43 26,155.05 SUB TOTAL 2,615.51 LESS 10% 23,539.55 DISCOUNTED TOTAL Labour Charge 1,000.00 600 -Panel Beating 5 4001-600.00 Spray Painting Charge S 50:00 36 -Wiring Charge 150.00 HH Towing Charges S -50.00 Dol-Tuff Kote 1130.00 \$ 150,00 801-Remove/Refix Aircon & Refill Gas 550.00 HH Re-set and Diagnosis 21563.43 2,550.00 TOTAL LABOUR LIS 15 000/ 26,089.55 ESTIMATE TOTAL

> This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

## 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/CTI18021619/DTD3N2

Date:

21/12/2018

REFERENCE

Handling Insurer: Claimant China Taiping Insurance

(Singapore) Pte. Ltd.

Vehicle No: Date of Loss: SHC890L

23/11/2018

Policy No:

DMCVSN1407121804

TP

Insured Vehicle XD3350P No:

Nature of

Claim:

Engine No:

Chassis No:

Odometer:

Claim No:

SNM18D05527C02

65192431502802

870496 km

WDD2120022A758330

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHC890L

MERCEDES-BENZ E220, 2.1 D CDI

BlueEFFICIENCY (A)

25/07/2013 (Man. Year: 2013)

Reg. Date: Colour:

Make & Model:

White 2143 cc

Engine Capacity: 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): No Pre-accident Condition:

Yes

42.51

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size: Front Left Side:

205/60R16 West Lake 5 mm West Lake 5 mm Rear Tyre Size: Rear Left Side: Rear Right Side:

27,915.81

205/60R16 West Lake 5 mm West Lake 5 mm

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

Repairer's 23,539.54 0.00	Adjuster's 20,373.43 0.00	3,166.11 0.00	Diff % 13.45
2,550.00	1,130.00	1,420.00	55.69
0.00	0.00	0.00	
0.00	0.00	0.00	
26,089.54	21,503.43 15,000.00	4,586.11	17.58
26,089.54 1,826.27	15,000.00 1,050.00	11,089.54 776.27	42.51 42.51
	23,539.54 0.00 2,550.00 0.00 0.00 26,089.54	23,539.54 20,373.43 0.00 0.00 2,550.00 1,130.00 0.00 0.00 0.00 0.00 26,089.54 21,503.43 15,000.00 26,089.54 15,000.00	23,539.54 20,373.43 3,166.11 0.00 0.00 0.00 2,550.00 1,130.00 1,420.00 0.00 0.00 0.00 0.00 0.00 0.00 26,089.54 21,503.43 4,586.11 15,000.00 11,089.54

INSPECTION

Date of Assignment:

30/11/2018

Date Inspected:

30/11/2018 Inspected At:

Nett Amount (S\$)

Chunni Motor Pte Ltd (HQ)

10 Ang Mo Kio Industrial Park 2A, #03-

11,865.81

19 AMK Autopoint Singapore 568047

16,050.00

Estimated Period of Repair:

8.0 days

Adjuster: BRYAN TANI

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

Version: 1.0 (Last Synchronised: 21 Dec 2018) Part Source: MRM-SG

MERCEDES-BENZ E220 2.1 D CDI BlueEFFICIENCY (A) (Catalogue:Merimen Singapore Parts: 143

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

Print Code: (Unsubmitted, no print-code for SHC890L)

These estimates are valid only if they contain the print code (above) on all estimate pages, running page Validity:

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 \*.

		nended Parts Part No. Particulars	Condition	Repairer's	Amount
48	25	*BUMPER ASSY,FRT	Dented	1,890.50 FL	*1,890.50 FL
1	1	*BUMPER REINFORCEMENT,FRT	Dented	1,458.00 FL	*1,458.00 FL
2	1	*BUMPER BRACKET,FRT/LH/RH	Not Necessary	190.00 FL	*- FL
3	2	*BUMPER ABSORBER,FRT/LH/RH	Not Necessary	590.00 FL	*-FL
4	2	*BUMPER FRAME,FRT/CENTRE	Deformed	639.00 FL	*639.00 FL
5	1	*BUMPER FRAME,FRT/LH/RH	Serviceable	150.00 FL	*- FL
6	2	*BUMPER SPONGE,FRT/CENTRE	Broken	558.00 FL	*558.00 FL
7	1	*BUMPER INNER CLIP,FRT	Necessary	22.00 FL	*22.00 FL
8	10	*HEAD LAMP ASSY (LH/RH)	Mounting Broken	4,760.00 FL	*4,760.00 FL
9	2	*HEAD LAMP BRACKET (LH/RH)	Not Necessary	600.00 FL	*- FL
10	2	*RADIATOR TOP PANEL,FRT	Bent	330.50 FL	*330.50 FL
11	1	*RADIATOR GRILLE	Broken	1,620.00 FL	*1,620.00 FL
12	1	*RADIATOR GRILLE ADJUSTER BRACKET	Bent	685.70 FL	*685.70 FL
13	1	*BONNET ASSY	Bent	2,850.60 FL	*2,850.60 FL
14	1	*BONNET MERCEDES STAR LOGO	Necessary	112.00 FL	*112.00 FL
15	1	*BONNET LOCK BRACE PANEL	Bent	64.80 FL	*64.80 FL
16	1	*BONNET AIR INLET GRILLE	Cracked	269.25 FL	*269.25 FL
17	1	*RADIATOR ASSY	Bent	1,950.00 FL	*1,950.00 FL
18		*RADIATOR FAN BLOWER ASSY	Not Necessary	1,750.00 FL	*- FL
19	1	*RADIATOR SHROUD	Cracked	1,550.00 FL	*1,550.00 FL
20	1	*RADIATOR AIR BAFFLE,TOP	Not Necessary	80.00 FL	*- FL
21	1	*RADIATOR AIR BAFFLE,LOWER	Not Necessary	125.90 FL	*- FL
22	1	*RADIATOR DOWEL PIN	Not Necessary	12.00 FL	*- FL
23	1	*RADIATOR MOUNTING LOWER	Not Necessary	8.00 FL	*- Fl
24	1	*RADIATOR MOUNTING TOP	Not Necessary	12.00 FL	*- FL
25	1	*AIRCON CONDENSER	Bent	1,780.00 FL	*1,780.00 FL
26	1	*TURBOR CHARGER AIR COOLER	Punctured	1,540.00 FL	*1,540.00 FL
27	1	*P/STEERING COOLING PIPE	Bent	556.80 FL	*556.80 FI
	ennabina.	part. L=ListItemDisc.		-	
F=F	ranchise	part t-cistilemose.	Sub Total (S\$)	26,155.05	22,637.15
		- List Item Discount on L It		경기 - 경기, 위에 있었다. 아니라 다 하지만	2,263.72
			Total Parts (S\$	23,539.54	20,373.43

Report was unsubmitted during this print-out.

# Recommended Miscellaneous Items There are no new miscellaneous items selected.

Recommended Labour

	Commended Labour	Lab.Type	Repairer's	Amount
No	Particulars	Lab.rype	,	
Labo	our Items		77722-29	200.00
1	PANEL BEATING	New	1,000.00	600.00
2	SPRAY PAINTING CHARGE	New	600.00	400.00
3	WIRING CHARGE	New	50.00	30.00
4	TOWING CHARGES	New	150.00	
5	TUFF KOTE	New	50.00	20.00
6	REMOVE/REFIX AIRCON & REFILL GAS	New	150.00	80.00
7	RE-SET AND DIAGNOSIS	New	550.00	
		Gross Labour Cost (S\$)	2,550.00	1,130.00
	Report was u	unsubmitted during this print-out.		

< END OF ESTIMATES >