

ASS. REC. BY:

REF:

033/AIG18022253/Ucd301

Special Instruction:

Surveyor: MarcusASSIGNMENT (Office)From (Person): Chin lee Ying

of

AIGDate/Time: 11/12/18 @ 10:07am.

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLV 4878A

Insured:

SJN 3640R

at Workshop m/s

Power Autocare

Tel:

8181 2212

of

1kaki Bkt Ave 6 # 02-11

Policy No:

Claim No:

7109536107SG

Sum Insured:

Excess:

Make of Veh:

D.O.A.

06/12/18

(Client's Record)

CA / REV / REP. / REV 24 HRS up

H.O.D. Endorsement:

Date/Time: 10:40am @ 11/12/18

Person Contacted:

GanyVehicle IN / OUT

Date/Time	Action/Instruction (*) Estimate
	<u>SLV 4878A-X</u>
	<u>SJN 3640R-X</u>
	<u>Dismantle: 11/12/2018</u>
	<u>After repair: 13/12/2018</u>

(08/11/13) . wef

ASS. REC. BY: Marcus

REF:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: SLV 7878Aat Workshop m/s Power ABCam

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: 3 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: SLV 4878A Yr Regn: 1217

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

Truck / Trailer or CAMake: Toyota CHR Hybrid 1797Colour: Black A/C: Insured / Std / NI / NASp. Reading: 34992 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 27 X10 2020345

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: _____

R: 245/40R19

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

TOYO / YOKO or 245

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. _____ D.O.I. 11/12/18Survey held at 11.20am

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

Pl o/s

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

Date / Time	Action / Instruction
	<u>No settlmt. 47448528</u>
	<u>Summt DAR</u>

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Survey Fee: 180

Transportation: _____

S + RS, SI

Photos


Others 20

TOTAL

200Report Format : DAR

Lump Sum / I.B.I. (\$) _____

- PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURE...

From: Chin, Lee-Ying
To: assignments, admin-a@lkkauto.com
Cc: Fong, Andy-SY
Sent: 11/12/2018 10:07:41 AM
Attachments:  tmpA12D.TIF

Hi LKK,

Kindly assist to survey, vehicle in workshop.

Thanks.

Best Regards
Lee Ying, Chin
AIG
Claims | AIG Asia Pacific Insurance Pte. Ltd.
78 Shenton Way #08-16 Singapore 079120
Tel +(65) 6419 1947
Lee-Ying.Chin@aig.com | www.aig.sg

From: wendy_jiang@rssolomon.com [mailto:wendy_jiang@rssolomon.com]
Sent: Monday, December 10, 2018 11:34 AM
To: Azlan, Syazairdina; pearlyn_goh@rssolomon.com
Cc: Fong, Andy-SY; Chin, Lee-Ying; Abu Kassim, Noor Mariesa; Md Ishak, Mohd Imran; Lim, Sheng Yang; Mithoosingh, Aashweenjeetkaur; Hor, Yinrul; Chan, Yoke Shi; wendy_jiang@rssolomon.com
Subject: RE: - PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SJN3640R AND SLV4878A N 06/12/2018

Dear Syaza

We refer to your email of even date.

We write to inform that our clients will be appointing their own Surveyors.

In this respect, please arrange your Surveyors to contact Mr. Gary of Power Auto Care at mobile No. 8181 2212 for a pre-repair survey of our clients' vehicle located at 1 Kaki Bukit Avenue 6 #02-11 Autobay @ Kaki Bukit Singapore 417883.

Thank your and Best Regards

Wendy

Sent for and On behalf of

R. S. Solomon LLC

Advocated & Solicitors

IMPORTANT NOTICE:

The information in this email (and any attachments) is confidential. If you are not the intended recipient, you must not use or disseminate the information. If you have received this email in error, please immediately notify me by "Reply" command and permanently delete the original and any copies or printouts thereof. Although this email and any attachments are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by American International Group, Inc. or its subsidiaries or affiliates either jointly or severally, for any loss or damage arising in any way from its use.

> **Back to OneMotoring**

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	8042Z
Vehicle Details	
Vehicle No.:	SLV4878A
Vehicle to be Exported:	No
Intended Deregistration Date:	11 Dec 2018
Vehicle Make:	TOYOTA
Vehicle Model:	C-HR HYBRID 1.8G CVT
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	2ZR8056074
Chassis No.:	ZYX102020345
Maximum Power Output:	90.0 kW (120 bhp)
Open Market Value:	\$32,869.00
Original Registration Date:	29 Dec 2017
First Registration Date:	29 Dec 2017
Transfer Count:	0
Actual ARF Paid:	\$8,017.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	28 Dec 2027
PARF Rebate Amount:	\$6,012.00
Intended COE Rebate Details	
COE Expiry Date:	28 Dec 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$47,002.00
COE Rebate Amount:	\$42,516.00
Total Rebate Amount:	\$48,528.00

The information contained herein is correct as at 11 Dec 2018

OK

Attn: Meng Zai

MSI118158309 / STA INSPECTION PTE LTD - Sin Ming
 ENTRY DATE & TIME: 07/12/2018 14:09
 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 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 07/12/2018 14:09
 Date Of Accident 06/12/2018 18:30
 Exact Location Of Accident 310 PUNGGOL WALK SINGAPORE 821310
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLV4878A
 Insured/Policyholder
 Name Of Registered Owner FONG MUI TRADERS PTE LTD
 Co Reg No 200508042Z
 Email Address NDRE.TANG@HKS-GARAGER.COM.SG
 Mobile Phone No
 Alternative Phone No OFFICE-96910871
 Vehicle Particulars
 Manufacturer TOYOTA
 Model C-HR
 Exact Purpose for which vehicle was being used at time of accident PRIVATE USE
 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 NTUC INCOME INSURANCE CO-OPERATIVE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number 5093532458-01
 Cover Note Number
 Driver
 Name of Driver ALVIN ONG JUN XIONG
 NRIC No S8942503D
 Date Of Birth 24/11/1989
 Occupation INDOOR
 Date Of Driving Pass 08/07/2008
 Driving Experience 10 YEARS AND 4 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-96910871
 Fax Number
 Contact Number
 EMail Address ALVIN_795@HOTMAIL.COM

Address BLK 603C PUNGGOL ROAD
#10-726
Postcode 823603
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
Weather Conditions DRIZZLING
Road Surface WET

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? YES
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: : SUDHA RAMAN
GENDER: : MALE

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 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 SJN3640R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver PEE YU KWANG JEREMY
NRIC/Passport Number
Contact Number 98296536
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name ALVIN ONG JUN XIONG
Approximate Age
Injuries Sustain BODY INJURY
Injured person in which vehicle? SLV4878A
Were seat belts worn?
Was this injured conveyed to hospital by
ambulance?
Address
Postcode


Sketch Plan Pg. 1


SKETCH PLANIMPORTANT 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:

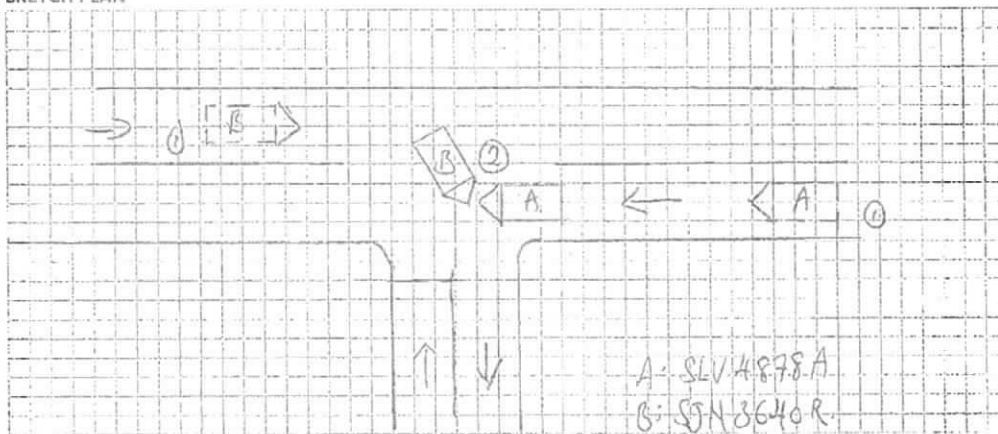
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 7/12/2018

Driver's Signature 
 (If driver is not the policyholder)
 Date & Time: 7/12/2018

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At 6 Dec 2018, 1829hrs, I was driving on my way out of the carpark area of the particular HDB (SG B21310), the car (S71N 3640R) swerved into my lane and hit my front part of the car

DECLARATION

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

Policyholder's Signature _____

Date & Time: 7/12 1300

Driver's Signature _____

(If driver is not the policyholder)

Date & Time: 7/12 15:44 hrs

Reporting Centre Personnel's Signature

Name: _____

NRIC/FIN No.:

SLV 4878A

Date

No.

front bumper	Torn —
front bumper lower grille	twisted —
front bumper lower skirting	cracked —
front bumper fog lamp o/s	cracked —
front bumper fog lamp cover o/s	twisted —
front bumper PDC sensor o/s	stuck —
front bumper side holder o/s	rust —
front bumper sponge	Torn —
front bumper reinforcement	Repair X
front bumper o/s	rust —
headlamp o/s	cracked —
front support panel	Repair X
front grille	twisted —
front fender o/s	Repair

3 dy.

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

PRI






































CLAIM SUBFOLDER TRACKING







































Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	07 Dec 2018 Edit Reg		11 Dec 2018 00:00 Edit Adj Rpt	S\$0.00 Edit Estimates	S\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS		[Created by adjuster]							
Insured:	Goh Cheng Keow , ID: S0547579A								
Main Claimant:	-								
Vehicle Reg. No.:	SLV4878A	Date of Loss:	06/12/2018 00:00 - :59 [11 Months and 7 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 7109536107SG	Policy/Cover Note No.:	(Comprehensive)						
Vehicle Reg. No. (Insured):	SJN3640R	Policy No. (Claimant):							
		Excess:							
Repairer:	Power Autocare (HQ) 1 Kaki Bukit Ave 6, #02-11 Kai Bukit @ Autobay, 417883 Kaki Bukit - Tel:								
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Loh, Chee-Heng] Chee-Heng.Loh@aig.com								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MARCUS CHUA] ... [Final Rpt due 20/12/2018]								
Claimant's Solicitor:	R.S. SOLOMON LLC - Tel: 68177498								
ASSOCIATED MAIL RECEIVED		View All Compose Case Mail							
<ul style="list-style-type: none"> AIG_SG (12/12/2018): Request for GIA Report 									
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.									

***SLV4878A (7109536107SG)**
[SJN3640R]
TP

Upload Documents | Upload Photos | Compose New Letter | Upload Video | Upload Audio

Photos/Images			3 per page	<input checked="" type="checkbox"/>	
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)		Thumbnail	Print
1	14/12/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
2	14/12/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
3	14/12/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
4	14/12/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
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26	14/12/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
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31	14/12/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
32	14/12/18 15:32	General View		Load JPG	<input checked="" type="checkbox"/>
33	14/12/18 15:33	Photographs of Damaged Parts		Load JPG	<input checked="" type="checkbox"/>
34	14/12/18 15:33	Photographs of Damaged Parts		Load JPG	<input checked="" type="checkbox"/>
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36	14/12/18 15:33	Photographs of Damaged Parts		Load JPG	<input checked="" type="checkbox"/>
37	14/12/18 15:33	Photographs of Damaged Parts		Load JPG	<input checked="" type="checkbox"/>

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
38	14/12/18 15:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
39	14/12/18 15:33	Photographs of Damaged Parts	 Load JPG	<input checked="" type="checkbox"/>
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67	14/12/18 15:37	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
68	14/12/18 15:37	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
69	14/12/18 15:37	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
70	14/12/18 15:37	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
71	14/12/18 15:37	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
72	14/12/18 15:37	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
73	14/12/18 15:37	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
74	14/12/18 15:37	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>
75	14/12/18 15:37	Reinspection Photo	 Load JPG	<input checked="" type="checkbox"/>

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: 40px; margin-top: 5px;"></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)

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Singapore 408933

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VEHICLE DAMAGE INSPECTION REPORT

Our File No: CS3/AIG18022253/UCD3E2

Date: 17/12/2018

REFERENCE

Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd.

Policy No:

Claimant Vehicle No : SLV4878A

Insured Vehicle No : SJN3640R

Date of Loss: 06/12/2018

Nature of Claim: TP

Claim No: 7109536107SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: SLV4878A

Make & Model: TOYOTA C-HR HYBRID, 1.8 E G CVT (A)

Engine No: 2ZR8056074

Reg. Date: 29/12/2017 (Man. Year: 2017)

Chassis No: ZYX102020345

Colour: Black

Odometer: 34992 km

Engine Capacity: 1797 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: 245/40 R19

Rear Tyre Size: 245/40 R19

Front Left Side: Goodyear 7 mm

Rear Left Side: Goodyear 7 mm

Front Right Side: Goodyear 7 mm

Rear Right Side: Goodyear 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	0.00	0.00	0.00	
Miscellaneous Items	0.00	0.00	0.00	
Labour	0.00	0.00	0.00	
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Nett Amount (S\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment: 11/12/2018

Date Inspected: 11/12/2018 Inspected At:

Power Autocare (HQ)
1 Kaki Bukit Ave 6, #02-11 Kai Bukit @
Autobay
Singapore 417883

Estimated Period of Repair: 3.0 days

Adjuster: MARCUS CHUA

Manager: CELINE FONG

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

Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*FRONT BUMPER	Torn	0.00 F	*- F
2	1		*FRONT BUMPER LOWER GRILLE	Twisted / Torn	0.00 F	*- F
3	1		*FRONT BUMPER LOWER SKIRTING	Cracked	0.00 F	*- F
4	1		*FRONT BUMPER FOG LAMP O/S	Cracked	0.00 F	*- F
5	1		*FRONT BUMPER FOG LAMP COVER O/S	Twisted	0.00 F	*- F
6	1		*FRONT BUMPER PDC SENSOR O/S	Shorted	0.00 F	*- F
7	1		*FRONT BUMPER SIDE HOLDER O/S	Bent	0.00 F	*- F
8	1		*FRONT BUMPER SPONGE	Torn	0.00 F	*- F
9	1		*FRONT BUMPER REINFORCEMENT	Repair	0.00 F	*- F
10	1		*SET FRONT BUMPER CLIPS	Necessary	0.00 F	*- F
11	1		*HEADLAMP O/S	Cracked	0.00 F	*- F
12	1		*FRONT SUPPORT PANEL	Repair	0.00 F	*- F
13	1		*FRONT GRILLE	Twisted	0.00 F	*- F
14	1		*FRONT FENDER O/S	Repair	0.00 F	*- F
F=Franchise part.						
				Total Parts (S\$)	0.00	0.00

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

There are no labour items selected.

Report was unsubmitted during this print-out.

< END OF ESTIMATES >