

ASS. REC. BY:

REF:

CS/MSG18022308/ Dtd3 172

Special Instruction:

Surveyor:

Menimen

ASSIGNMENT (Office)

From (Person):

Christina Wong

of

MSG

Date/Time: 11/12/18 @ 4:15pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

SHC 8210Y

Insured:

SJL 1457H

at Workshop m/s

Chunni Motor

Tel:

6542 5119

of

Blk 10 # 01-05/06 AMK Autopoint

Policy No:

29093530 TMP

Claim No:

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

8/12/18

CA / REV / REP. / REV 24 HRS (up)

12/12/2018

H.O.D. Endorsement:

Date/Time:

5:13pm 11/12/18

Person Contacted:

Jynn

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 8210Y - CS/FCI/6003123/M1vbc2

D.O.A: 16/2/2016

SJL 1457H - X

2012

Revised preli advise via menimen

REF:

## ASSIGNMENT

CDE March 2020

From:

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:

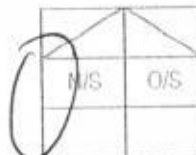
Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

Remark: The veh had commenced its  
repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

12.10

days

Res.: Yes or No

Lump Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHC 8210 Y

Yr Regn:

2012 March

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

Truck / Trailer or

Make:

Hyundai Sonata

C.C.

1991

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading:

353568

T/Radio:

Insured / Std / NI / NA

Eng/No:

D4EAB063121

Ch/No:

KMHBT41VMCA821988

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

215/60 R16

R:

— 11 —

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

TOYO / YOKO or

Wastike

Front

S

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

08/12/2018

D.O.I.

12/12/2018

Survey held at:

Chunni AMIC

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

N/S Body y N/S Rev

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

Date / Time

Action / Instruction

MSIG BSL 4457H

03/01/19

Vehicle balance 15 months at time of loss

Finance 2/5 12500/- with 12 days of rev  
(Red: 7017.08, 35%)

RECEIVED 04 JAN 2019

Date/Time, File Pass to?

4/1 Typist

Date/Time, File Return to?

2)

Report Format:

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



Preli. Report



Final Report

TP

12500/-

Days Of Repair:

12

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)

Survey Fee:

Transportation

S + P5 (\$)

Photos

Others

TOTAL

200  
10

210

Note: This document has not been finalised.

**LKK Auto Consultants Pte Ltd** (Co.Reg.No:199607196R)

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: MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way  
#21-01 SGX Centre 2  
Singapore 068807

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: Christina Wong

Date: 20 Dec 2018

**Preliminary Advice**

Insured Vehicle No	: SJL4457H	Accident Date	: 08/12/2018
TP Vehicle No	: SHC8210Y	Assignment Date	: 11/12/2018
Make	: HYUNDAI SONATA NF	Est. Duration of Repair	: 10.00
Date of Inspection	: 12/12/2018		
Inspection At	: CHUNNI MOTOR WORK PTE LTD - AMK (HQ) BLK 10 #01-05/06, AMK AUTOPOINT SINGAPORE 568047		

**Point of Impact / General Description of Damages**

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

Repairer's Estimate (Gross)	:S\$	19,517.08
Revised Amount	:S\$	16,078.36
Check Items (Estimated)	:S\$	0.00
Total	:S\$	16,078.36

Lump Sum Repair	:S\$	
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**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 economical/not economical for repair.
- ( x ) The above survey was conducted on a 'without prejudice' basis.

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	11 Dec 2018		11 Dec 2018 16:15 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

<a href="#">Main</a>	<a href="#">Reference</a>	<a href="#">Claim Details</a>	<a href="#">Documents</a>	<a href="#">Show All</a>
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### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	LIN XIUQIN, ID: S8522375E		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC8210Y	Date of Loss:	08/12/2018 17:00 - :59 [80 Months and 11 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	29093530TMP (Third Party Only) Coverage: 30/08/2018 - 26/11/2019
Vehicle Reg. No. (Insured):	SJL4457H	Policy No. (Claimant):	
		Excess:	
Repairer:	Chunni Motor Work Pte Ltd - Amk (HQ) Blk 10 #01-05/06, AMK Autopoint, 568047 Ang Mo Kio - Tel: 64836016		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Christina Wong - 6643 1311]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 12/12/2018]		
Adj Asg. Remarks:	OI not reported, SJE agree - IHS, Contact : Lynn or Irene at 6542 5119		

### 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.									

MCD018158000 / ComfortDelGro Engineering Pte Ltd - Layan  
 ENTRY DATE & TIME: 10/12/2018 08:58  
 SUBMITTED BY: Huang XiaoYan

## 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 10/12/2018 08:58  
 Date Of Accident 08/12/2018 17:45  
 Exact Location Of Accident MACKENZIE RD AFTER THE NIVEN RD  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SHC8210Y  
☐ Insured/Policyholder  
 Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD  
 Co Reg No 199303821R  
 Email Address FLEETSAFETY@CDGTAXI.COM.SG  
 Mobile Phone No  
 Alternative Phone No OFFICE-65508768  
 Vehicle Particulars  
 Manufacturer HYUNDAI  
 Model SONATA  
 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-18088936MFSH  
 Cover Note Number  
 Driver  
 Name of Driver ANG KOON BENG  
 NRIC No S1406414A  
 Date Of Birth 24/04/1960  
 Occupation OUTDOOR  
 Date Of Driving Pass 31/05/1982  
 Driving Experience 36 YEARS AND 6 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-83615322  
 Fax Number  
 Contact Number  
 EMail Address NOEMAIL

Address BLK 264 WATERLOO STREET #14-206  
 Postcode 180264  
 Was driver an employee of the Insured's Company NO  
 If No, Relationship of the Driver with the Insured OTHER - TAXI DRIVER  
 Vehicle Registration Number of Driver's Own Vehicle -  
 -  
 Insurance Company of Driver's Own Vehicle -  
 -  
 -

**General Information of the Accident**

Type Of Accident SIDE SWIPE  
 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? 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

**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**

Vehicle Registration Number SJL4457H  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category PRIVATE CAR  
 Name of Driver  
 NRIC/Passport Number  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name MSIG INSURANCE (SINGAPORE) PTE. LTD.  
 Nature Of Damage RIGHT FRT

**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/mall 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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199203924R

Policyholder's Signature  
Date & Time:

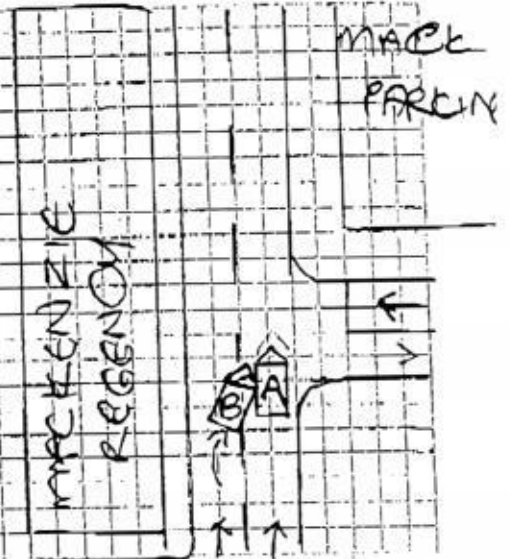
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



## SKETCH PLAN

A = SHC 82104  
 B = SJC 4457H  
 (Suzuki)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

NIVEN RD

MACKENZIE RD

Statement as per attached.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
 CO. REG. NO. 199203926R

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(If driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



**Describe Circumstances of the Accident.**

On 08/12/2018 @ about 17:45hrs, I was driving from Selegie Rd towards Mackenzie Rd.

As I was driving along Mackenzie Rd I saw 3 ladies on the road side and I slow down to avoid

any collision. While doing so I did not noticed vehicle SJL4457H was changing lane and grazed

onto my whole left side of my taxi.

01 female passenger on board my taxi and no injury reported at the point of accident.

**Declaration**

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199203321R

Policyholder's Signature/Date &  
Time

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

Witnessed by Reporting  
Centre Personnel



SHC 8210Y

[illegible]



NAME  
ADDRESS

Home Tel.:

VIN:

Registration: SHC 8210 Y

Technician:

Mileage: 353568

Time Printed 12.12.18 3:32 PM

Hyundai : Sonata : 2005-

Front : Left

Actual	BEFORE	Specified Range
-0°58'		-0°30' 0°30'
3°39'		3°50' 5°50'
-7°48'		-0°05' 0°05'
7°11'		
6°13'		

Camber  
Caster  
Toe  
SAI  
Included Angle  
Turning Angle Diff.

Front : Right

Actual	BEFORE	Specified Range
-1°26'		-0°30' 0°30'
3°01'		3°50' 5°50'
-0°10'		-0°05' 0°05'
12°27'		
11°00'		

Front

Cross Camber  
Cross Caster  
Cross SAI  
Total Toe  
Cross Turn Diff.

Actual	BEFORE	Specified Range
0°28'		
0°39'		
-5°15'		
-7°58'		-0°09' 0°09'

Rear : Left

Actual	BEFORE	Specified Range
6°13'		-1°00' 0°00'
5°11'		0°00' 0°09'

Camber  
Toe

Rear : Right

Actual	BEFORE	Specified Range
3°25'		-1°00' 0°00'
0°37'		0°00' 0°09'

Rear

Cross Camber  
Total Toe  
Thrust Angle

Actual	BEFORE	Specified Range
2°48'		
5°48'		0°00' 0°19'
2°17'		

# 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/MSG18022308/DTD3N2  
Date: 07/01/2019

### REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	29093530TMP
Claimant Vehicle No :	SHC8210Y	Insured Vehicle No :	SJL4457H
Date of Loss:	08/12/2018	Nature of Claim:	TP
		Claim No:	578599

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC8210Y	Engine No:	D4EAB063121
Make & Model:	HYUNDAI SONATA NF, 2.0 CRDI AT ABS 2WD 4DR TURBO (A)	Chassis No:	KMHET41VMCA821988
Reg. Date:	27/03/2012 (Man. Year: 2012)	Odometer:	353568 km
Colour:	Blue		
Engine Capacity:	1991 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:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	West Lake 5 mm	Rear Left Side:	West Lake 5 mm
Front Right Side:	West Lake 5 mm	Rear Right Side:	West Lake 5 mm

The above values represent the remaining tyre treads depth

### COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	14,347.08	13,728.36	618.72	4.31
Miscellaneous Items	0.00	0.00	0.00	
Labour	5,170.00	2,350.00	2,820.00	54.55
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>19,517.08</b>	<b>16,078.36</b>	<b>3,438.72</b>	<b>17.62</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>12,500.00</b>		
<b>(S\$)</b>	<b>19,517.08</b>	<b>12,500.00</b>	<b>7,017.08</b>	<b>35.95</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>1,366.20</b>	<b>875.00</b>	<b>491.20</b>	<b>35.95</b>
<b>Nett Amount (S\$)</b>	<b>20,883.28</b>	<b>13,375.00</b>	<b>7,508.28</b>	<b>35.95</b>

### INSPECTION

Date of Assignment:	11/12/2018	
Date Inspected:	12/12/2018 Inspected At:	Chunni Motor Work Pte Ltd - Amk (HQ) Blk 10 #01-05/06, AMK Autopoint Singapore 568047
Estimated Period of Repair:	12.0 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

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 04 Jan 2019)
<b>Parts:</b>	143	HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHC8210Y)	
<b>Validity:</b>	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	
<b>Further Info:</b>	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 FENDER (LH)	Dented	593.00 FL	*593.00 FL
2	1	*FRONT FENDER SHIELD (LH)	Deformed	86.00 FL	*86.00 FL
3	1	*FRONT FENDER MUDFLAP (LH)	Cut	15.50 FL	*15.50 FL
4	1	*FRONT DOOR (LH)	Dented	1,345.00 FL	*1,345.00 FL
5	1	*FRONT DOOR PROTECTOR (LH)	Bent	74.90 FL	*74.90 FL
6	1	*ROCKER PANEL OUTER GARNISH,LH	Mounting Broken/Cut	463.40 FL	*463.40 FL
7	1	*FRONT WINDSCREEN MOULDING	Necessary	60.00 FL	*60.00 FL
8	1	*FRONT WINDSCREEN PILLAR OUTER (LH)	Dented	1,766.20 FL	*1,766.20 FL
9	1	*FRONT WHEEL RIM (LH)	Distorted	284.70 FL	*284.70 FL
10	1	*FRONT WHEEL HUB CAP (LH)	Cut	145.00 FL	*145.00 FL
11	1	*FRONT WHEEL BEARING	Damaged	258.50 FL	*258.50 FL
12	1	*FRONT SHOCK ABSORBER (ASSY)(LH)	Distorted	203.70 FL	*203.70 FL
13	1	*FRONT SHOCK ABSORBER MOUNTING (LH)	Not Necessary	72.00 FL	*- FL
14	1	*FRONT SHOCK ABSORBER FORK (LH)	Distorted	203.30 FL	*203.30 FL
15	1	*FRONT SUSPENSION UPPER ARM (LH)	Distorted	240.00 FL	*240.00 FL
16	1	*FRONT DRIVE SHAFT (LH)	Damaged	1,025.00 FL	*1,025.00 FL
17	1	*RACK & PINION ASSY	Damaged	2,093.00 FL	*2,093.00 FL
18	1	*STG TIE END	Distorted	66.50 FL	*66.50 FL
19	1	*FRONT SUSPENSION LOWER ARM (LH)	Distorted	685.20 FL	*685.20 FL
20	1	*KNUCKLE ARM (LH)	Distorted	558.60 FL	*558.60 FL
21	1	*REAR FENDER (LH)	Dented	1,935.90 FL	*1,935.90 FL
22	1	*REAR FENDER INNER LINING (LH)	Not Necessary	74.10 FL	*- FL
23	1	*REAR WINSCREEN MOULDING	Necessary	60.00 FL	*60.00 FL
24	1	*REAR DOOR (LH)	Dented	1,294.70 FL	*1,294.70 FL
25	1	*REAR DOOR PROTECTOR (LH)	Repair	54.50 FL	*- FL
26	1	*REAR TYRE RIM (LH)	Distorted	284.70 FL	*284.70 FL
27	1	*REAR WHEEL HUP-CAP (LH)	Cut	145.00 FL	*145.00 FL
28	1	*REAR WHEELBEARING ING & HUB	Damaged	384.60 FL	*384.60 FL
29	1	*REAR TRAILING ARM (LH)	Distorted	115.00 FL	*115.00 FL
30	1	*REAR ASSIST (LH)	Distorted	115.00 FL	*115.00 FL
31	1	*REAR SHOCK ABSORBER (LH)	Distorted	190.60 FL	*190.60 FL
32	1	*REAR SHOCK ABSORBER MOUNTING (LH)	Not Necessary	55.30 FL	*- FL
33	1	*REAR UPPER ARM (LH)	Distorted	321.70 FL	*321.70 FL
34	1	*REAR LOWER ARM (LH)	Distorted	195.80 FL	*195.80 FL
35	1	*REAR KNUCKLE ARM (LH)	Distorted	550.80 FL	*550.80 FL
36	1	*FRONT DOOR COMFORT LOGO (LH)	Necessary	75.00 FS	*75.00 FS
37	1	*FRONT WINDSCREEN SEALANT	Necessary	46.00 FS	*46.00 FS
38	1	*FRONT TYRE (LH)	Serviceable	207.00 FS	*- FS
39	1	*REAR FENDER COMFORT STICKER (LH)	Necessary	30.00 FS	*30.00 FS
40	1	*REAR WINDSCREEN SEALANT	Necessary	46.00 FS	*46.00 FS
41	1	*REAR DOOR TEL NO STICKER (LH)	Necessary	10.00 FS	*10.00 FS
42	1	*REAR TYRE (LH)	Serviceable	207.00 FS	*- FS
43	1	*REAR CROSSMEMBER	Bent	1,140.40 FL	*1,140.40 FL

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
F=Franchise part. S=SpcNett. L=ListItemDisc.						
Sub Total (\$\$)					17,778.60	17,108.70
- List Item Discount on L Items 20.00/20.00% (\$\$)					3,431.52	3,380.34
Total Parts (\$\$)					14,347.08	13,728.36

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
<b>Labour Items</b>				
1	PANEL BEATING	New	2,000.00	800.00
2	SPRAY PAINTING CHARGE	New	1,500.00	800.00
3	WIRING CHARGE	New	100.00	-
4	TUFF KOTE	New	150.00	40.00
5	REMOVE/REFIX UNDERCARRIAGE (RR)	New	200.00	150.00
6	TRANSFER OF DOOR	New	240.00	120.00
7	REMOVE/REFIX UNDERCARRIAGE (FRT)	New	200.00	150.00
8	FOUR WHEEL ALIGNMENT	New	120.00	60.00
9	REMOVE/REFIX DASHBOARD	New	450.00	150.00
10	REMOVE/REFIX FRONT WINDSCREEN GLASS	New	120.00	80.00
11	REMOVE/REFIX CUSHION & UPHOLSTERY FRONT	New	90.00	-
Gross Labour Cost (S\$)			5,170.00	2,350.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >