

ASS. REC. BY:

REF:

TM1

CC3/TML 8022479/Kqb n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: GBF 9668J.

Policy No. MT104839

Claims No. M1806330

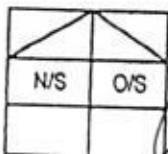
Sum Insured: _____ Excess: _____

(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 Report: _____ Consistent?: Yes or No

GIA / PR Seen: _____ Consistent?: Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 9722K Yr Regn: 07, 13

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

Truck / Trailer or _____

Make: Renault Latitude c.c. 1.995

Colour: M. White IRW A/C: Insured / Std / NI / NA

Sp. Reading 337563 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VF1ABL15AUC 273099

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: Giti 215/60R16

R: Felken

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front _____ Rear _____

R/Bal. _____ mm

L/Bal. _____ mm

D.O.A. 11/12/18

Survey held at _____

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

O/S Rear

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

Date / Time Action / Instruction

19/12 File pass to Catherine

SHB 9722K - CC3/ML107003892 / VDM

GBF 9668J - X

LS 81450, 2 days (Red 25128.59, 95%)

DUA: 15/12/07

RECEIVED 18 DEC 2018

Date/Time, File Pass to?

☐ : Prell. Report

11/12/12 Lmst

☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

Photos

Others

TOTAL

250

10

260

Report Format: MER-TP

Lump Sum / I.B.I. (\$ 1450

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Friday, 14 December 2018 4:16 PM
To: motorclaims@tokiomarine.com.sg
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - TRANS-CAB AUTO SERVICES PTE LTD, DOA: 11/12/2018, SHB 9722K (TP VEHICLE), GBF 9668J (OI VEHICLE)
Attachments: SHB9722 GIA.pdf; SHB9722 EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHB 9722K M/s: TRANS-CAB AUTO SERVICES PTE LTD, NO.2 ANG MO KIO ST 63, SINGAPORE 569111.

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Meanwhile, kindly create claim in merimen for our necessary action.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

PARF/COE Rebate Enquiry

[> Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	3878K
Vehicle Details	
Vehicle No.:	SHB9722K
Vehicle to be Exported:	Yes
Intended Deregistration Date:	11 Dec 2018
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2013
Engine No.:	M9R8839C000248
Chassis No.:	VF1ABL15AUC273094
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	18 Jul 2013
First Registration Date:	18 Jul 2013
Transfer Count:	0
Actual ARF Paid:	\$12,498.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	17 Jul 2021
PARF Rebate Amount:	\$8,748.00
Intended COE Rebate Details	
COE Expiry Date:	17 Jul 2021
COE Category:	A - Car (1600cc & below)
COE Period(Years):	8
PQP Paid:	\$51,810.00
COE Rebate Amount:	\$16,834.00
Total Rebate Amount:	\$25,582.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 11 Dec 2018

OK

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	11/12/2018 10:36
Date Of Accident	11/12/2018 09:30
Exact Location Of Accident	SOUTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB9722K
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 L (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	LEE KHONG ENG
NRIC No	S0109972H
Date Of Birth	26/05/1952
Occupation	OUTDOOR
Date Of Driving Pass	09/03/1982
Driving Experience	36 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87173135
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 557 BEDOK NORTH STREET 3 #14-1006
Postcode	460557
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	-
	-
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	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN 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

On 11.12.2018 at about 0930hours, I was travelling straight on the second lane along south bridge road. Suddenly I felt an impact. Vehicle B (GBF9668J) which drive from cross street and hit onto my taxi right side rear portion.

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	GBF9668J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage


No. Of Passenger (Including Driver)

SKETCH PLAN

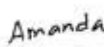
IMPORTANT NOTICE

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:



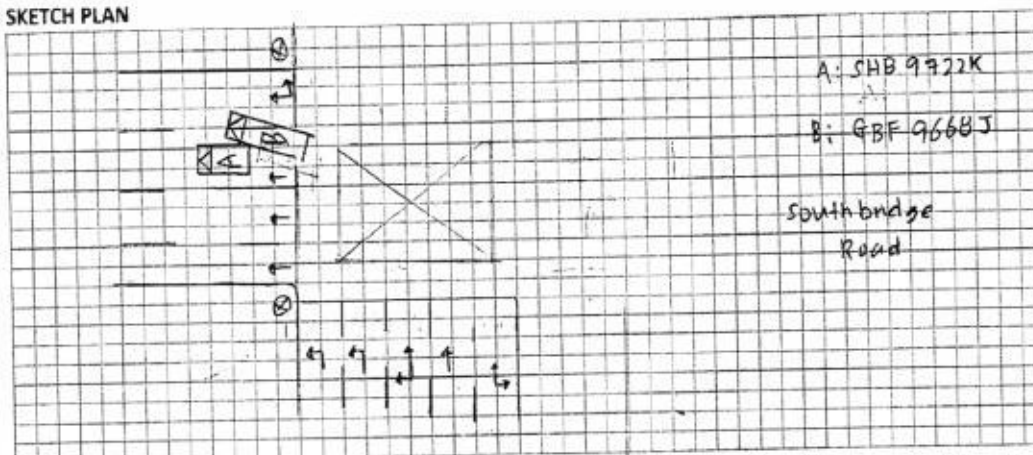
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

711 see the attach G1A report

DECLARATION

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

Policyholder's Signature
Date & Time:

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

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

Trans-cab Auto Services Pte Ltd

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 9722K**AAD1812-093***Not Authored**11/12/2018*

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

SHB 9722K

VF1ABL15AUC273094

RENAULT

LATITUDE

11.12.2018

TOKIO MARINE**PART****LIST**

1	1 BUMPER COVER REAR	\$	<i>CTM/D11</i> 1,108.46	✓
2	1 BUMPER LOWER REAR	\$	<i>SL</i> 768.84	X
3	1 BUMPER BRACKET CTR REAR	\$	<i>SL</i> 113.47	X
4	1 BUMPER BRACKET SIDE RH REAR	\$	<i>SL</i> 135.97	X
5	1 BUMPER RETAINER RH REAR	\$	<i>b11</i> 44.99	✓
6	1 BUMPER REFLECTOR RH	\$	<i>SL</i> 43.61	} X
7	1 BUMPER BRACKET SIDE LH REAR	\$	<i>SL</i> 135.97	
8	1 BUMPER RETAINER LH REAR	\$	<i>SL</i> 44.99	
9	1 BUMPER REFLECTOR LH	\$	<i>SL</i> 43.61	
10	1 BUMPER BEAM REAR	\$	<i>N</i> 777.52	
11	1 BUMPER BEAM BRACKET LH REAR	\$	<i>N</i> 225.95	
12	1 BUMPER BEAM BRACKET RH REAR	\$	<i>N</i> 225.95	
13	1 OUTER PANEL REAR (End Panel)	\$	<i>N</i> 1,471.77	
14	1 OUTER PANEL REAR (End Panel)TRIM	\$	<i>SL</i> 404.56	
15	1 TAILLAMP LH	\$	<i>SL</i> 552.55	
16	1 TAILLAMP PANEL LH	\$	<i>N</i> 986.70	
17	1 BOOT REAR	\$	<i>N</i> 2,872.68	

\$ **9,957.60**10% \$ **995.76**\$ **8,961.84****Special Nett**

1	1SET PARKING AID	\$	<i>SL</i> 700.00	X
2	1SET REAR BUMPER CLIP	\$	<i>SL</i> 66.00	✓
3	1SET BUMPER BRACKET CTR CLIP	\$	<i>SL</i> 33.00	✓

Trans-cab Auto Services Pte Ltd**AAD1812-093**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 9722K

4 1SET BUMPER BRACKET SIDE CLIP RH RR	\$	10.00	}	X
5 1SET BUMPER RETAINER RH CLIP RR	\$	20.00		
6 1SET BUMPER BRACKET SIDE CLIP LH RR	\$	10.00		
7 1SET BUMPER RETAINER CLIP LH RR	\$	20.00		
8 1SET BUMPER LOWER REAR RIVET	\$	22.00		
9 1SET BUMPER LOWER REAR CLIP	\$	66.00		
10 1 EXHAUST MOUNTING REAR	\$	17.82		
11 2 REAR WINDSCREEN SELANT	\$	80.00		
12 1 WINDSCREEN MOULDING	\$	100.00		
13 1 REAR WINDSCREEN INNER SPONGE SEAL	\$	100.00		

TOTAL \$ 1,244.82**TOTAL PARTS \$ 10,206.66****LABOUR**

Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	4401
Panel Beating, Knocking And Straightening The Necessary Portion, Remove And Renewal Of Parts, Adjust And Realign The Same	\$	3,000.00	2001
To Rust-Proofing Of The Affected Areas.	\$	170.00	X
To reinstall rear bumper parking sensor.	\$	170.00	601
To transfer of bootlid fittings, attachments and perform water seepage test.	\$	170.00	X
To repair and realign rear exhaust pipe.	\$	170.00	X
To drop rear exhaust box, renew the same, to repair and realign centre exhaust pipe.	\$	170.00	X
To transfer of rear end panel fittings, attachment and perform water seepage test.	\$	170.00	X

Trans-cab Auto Services Pte Ltd**AAD1812-093**

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHB 9722KTo transfer of rear windscreen fittings and conduct
water seepage test.\$ *nn* 170.00 XTo check steering geometry and computer wheel
alignment\$ *nn* 220.00 X**TOTAL \$ 7,410.00****Over All Total \$ 26,578.50****(LUMP SUM)****Repair Days***17616.65*
10 DAYS*2 days*

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:

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: CC3/TMI18022479/KQBN2

Date: 19/12/2018

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT104839
Claimant Vehicle No :	SHB9722K	Insured Vehicle No :	GBF9668J
Date of Loss:	11/12/2018	Nature of Claim:	TP
		Claim No:	M1806330

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB9722K	Engine No:	M9R8839C000248
Make & Model:	RENAULT LATITUDE, 2.0 L (A)	Chassis No:	VF1ABL15AUC273094
Reg. Date:	18/07/2013 (Man. Year: 2013)	Odometer:	337563 km
Colour:	Metallic White/Red		
Engine Capacity:	1995 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:	Giti 8 mm	Rear Left Side:	Falken 7 mm
Front Right Side:	Giti 8 mm	Rear Right Side:	Falken 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	10,206.65	1,137.10	9,069.55	88.86
Miscellaneous Items	0.00	0.00	0.00	
Labour	7,410.00	700.00	6,710.00	90.55
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	17,616.65	1,837.10	15,779.55	89.57
Approved Total (Overridden) (S\$)		1,450.00		
(S\$)	17,616.65	1,450.00	16,166.65	91.77
+ GST 7.00/7.00% (S\$)	1,233.17	101.50	1,131.67	91.77
Nett Amount (S\$)	18,849.82	1,551.50	17,298.32	91.77

INSPECTION

Date of Assignment:	17/12/2018	
Date Inspected:	13/12/2018	Inspected At:
		Trans-cab Auto Services Pte Ltd (Ang Mo Kio)
		2, Ang Mo Kio Street 63
		Singapore 569111
Estimated Period of Repair:	2.0 days	

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

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

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 19 Dec 2018)
Parts: 143	RENAULT LATITUDE 2.0 L (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB9722K)
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		*BUMPER COVER REAR	Cracked/Distorted	1,108.46 FL	*1,108.46 FL
2	1		*BUMPER LOWER REAR	Serviceable	768.84 FL	*- FL
3	1		*BUMPER BRACKET CTR REAR	Serviceable	113.47 FL	*- FL
4	1		*BUMPER BRACKET SIDE RH REAR	Serviceable	135.97 FL	*- FL
5	1		*BUMPER RETAINER RH REAR	Distorted	44.99 FL	*44.99 FL
6	1		*BUMPER REFLECTOR RH	Serviceable	43.61 FL	*- FL
7	1		*BUMPER BRACKET SIDE LH REAR	Serviceable	135.97 FL	*- FL
8	1		*BUMPER RETAINER LH REAR	Serviceable	44.99 FL	*- FL
9	1		*BUMPER REFLECTOR LH	Serviceable	43.61 FL	*- FL
10	1		*BUMPER BEAM REAR	Repair	777.52 FL	*- FL
11	1		*BUMPER BEAM BRACKET LH REAR	Repair	225.95 FL	*- FL
12	1		*BUMPER BEAM BRACKET RH REAR	Repair	225.95 FL	*- FL
13	1		*OUTER PANEL REAR (END PANEL)	Repair	1,471.77 FL	*- FL
14	1		*OUTER PANEL REAR (END PANEL) TRIM	Serviceable	404.56 FL	*- FL
15	1		*TAILLAMP LH	Serviceable	552.55 FL	*- FL
16	1		*TAILLAMP PANEL LH	Repair	986.70 FL	*- FL
17	1		*BOOT REAR	Repair	2,872.68 FL	*- FL
18	1		*SET PARKING AID	Serviceable	700.00 FS	*- FS
19	1		*SET REAR BUMPER CLIP	Necessary	66.00 FS	*66.00 FS
20	1		*SET BUMPER BRACKET CTR CLIP	Necessary	33.00 FS	*33.00 FS
21	1		*SET BUMPER BRACKET SIDE CLIP RH RR	Not Necessary	10.00 FS	*- FS
22	1		*SET BUMPER RETAINER RH CLIP RR	Not Necessary	20.00 FS	*- FS
23	1		*SET BUMPER BRACKET SIDE CLIP LH RR	Not Necessary	10.00 FS	*- FS
24	1		*SET BUMPER RETAINER CLIP LH RR	Not Necessary	20.00 FS	*- FS
25	1		*SET BUMPER LOWER REAR RIVET	Not Necessary	22.00 FS	*- FS
26	1		*SET BUMPER LOWER REAR CLIP	Not Necessary	66.00 FS	*- FS
27	1		*EXHAUST MOUNTING REAR	Serviceable	17.82 FS	*- FS
28	2		*REAR WINDSCREEN SEALANT	Not Necessary	80.00 FS	*- FS
29	1		*WINDSCREEN MOULDING	Not Necessary	100.00 FS	*- FS
30	1		*REAR WINDSCREEN INNER SPONGE SEAL	Not Necessary	100.00 FS	*- FS

F=Franchise part. S=SpcNett. L=ListItemDisc.

Sub Total (S\$)	11,202.41	1,252.45
- List Item Discount on L Items 10.00/10.00% (S\$)	995.76	115.35
Total Parts (S\$)	10,206.65	1,137.10

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
Labour Items				
1	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	3,000.00	440.00
2	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	3,000.00	200.00
3	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	-
4	TO REINSTALL REAR BUMPER PARKING SENSOR	New	170.00	60.00
5	TO TRANSFER OF BOOTLID FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	-
6	TO REPAIR AND REALIGN REAR EXHAUST PIPE	New	170.00	-
7	TO DROP REAR EXHAUST BOX,RENEW THE SAME,TO REPAIR AND REALIGN CENTRE EXHAUST PIPE	New	170.00	-
8	TO TRANSFER OF REAR END PANEL FITTINGS,ATTACHMENT AND PERFORM WATER SEEPAGE TEST	New	170.00	-
9	TO TRANSFER OF REAR WINDSCREEN FITTINGS AND CONDUCT WATER SEEPAGE TEST	New	170.00	-
10	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	-
Gross Labour Cost (S\$)			7,410.00	700.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >