

2004/2003

ASS. REC. BY:

REF

CS3/AIG18022740/Ecd3⁵²

Special Instruction

Surveyor

Guo Qiang

ASSIGNMENT (Office)

From (Person)

Chin Lee Ying

of

AIG

Date/Time

19/12/2018 @ 9:06am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKZ 2704Y

Insured:

SDJ 1682A

at Workshop no/s

Auto Best Motor

Tel:

67456932

of

Blk 3006 Ubi Rd 1 # 01-362

Policy No:

2100452962

Claim No:

647105560886

Sum Insured:

Excess:

Make of Vch:

D.O.A.

15/12/2018.

(Client's Record)

CA / REV / REP. / REV 24 HRS

up

H.O.D. Endorsement:

Date/Time:

9:11am @ 19/12/18

Person Contacted:

Mr. Lee

Vehicle IN / OUT

Date/Time

Action/Instruction (X) Estimate

SKZ 2704Y - NA/INC18022643/24 DOA: 15/12/2018.

SDJ 1682A - X

Dismantle: 19/12/2018

After repair: 21/12/2018

REF: AIG

ASSIGNMENT

From:

Date:

19/12/18

Estimated Cost:

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

To inspect Vehicle No.:

SKZ 2704Y

at Workshop m/s:

AutoBest Motor

of Blk 3006, ubi Rd 1 #01-362

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:

4

days

Res: Yes or No

Lump Sum:

%

3 Val: Yes or No

CA / REV / REP. / 24 HRS ^{up}

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No: SKZ 2704Y

Vt Regn:

15/01/2016

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

Truck / Trailer or

Make: Honda Vezel

C.C.:

151496

Colour: Red

A/C: Insured / Std / NI / NA

Sp. Reading: 29505

T/Radio: Insured / Std / NI / NA

Eng/No:

Ct/No:

RU 11107637

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:

215/60R16

R:

215/60R16

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

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

15/12/18

D.O.I.

19/12/18

Survey held at

LKK

Des. of Damages (Frnt) / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time

Action / Instruction

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair:

4

1)

☐

: Final Report

Resurvey No. of Trip:

2

Survey Fee:

Transportation

) S + RS. 31

) Photos

) Others

) :

TOTAL

Date/Time, File Return to?

2)

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report 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: 19/12/2018 9:06:02 AM
Attachments:  NEW PRI - SDJ1682A.pdf

Hi LKK,

Kindly assist to survey, vehicle in.

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: gslimlaw@singnet.com.sg [mailto:gslimlaw@singnet.com.sg]
Sent: Tuesday, December 18, 2018 4:03 PM
To: Azlan, Syazairdina
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; Kaur, Baljit; gslimlaw@singnet.com.sg
Subject: RE: - PRE-REPAIR INSPECTION - ACCIDENT INVOLVING OUR INSURED VEHICLE SDJ1682A AND SKZ2704Y ON 15/12/2018

Our Reference : HL/ABM/11962/18/ck

Your Reference : SDJ1682A

Dear Sirs

We refer to your email of even date.

Pursuant to State Courts Practice Directions Amendment No. 1 of 2016, our client is not agreeable to your list of surveyors. Our client's appointed surveyor is Mr Kent Ong (KTO Automobile Assessors).

Please contact and liaise with the workshop directly to arrange for the pre-repair survey of our client's damaged vehicle and obtain the requisite documents from them.

Workshop Auto Best Motor Services

Address Blk 3006 Ubi Road 1 #01-362 Singapore 408700

Contact Person Mr Lee

Tel No. 67456932

Thank you

Regards,

G S Lim & Partners | 150 South Bridge Road #02-30 Fook Hai Building Singapore 058727
Tel : 65324518 | Fax : 65325410 | email : gslimlaw@singnet.com.sg

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林
錦
秀
律
師
館

G S LIM & PARTNERS

Advocates & Solicitors
Notary Public
Commissioner for Oaths

HENRY G S LIM
LLB (Hons) (London)
Barrister-at-Law (Lincoln's Inn)

DAVID YONG KHUNG LIN
LLB (Hons) (University of Bristol)

150 South Bridge Road
#02-30 Fook Hai Building
Singapore 058727
Tel 65324518 Fax 65325410
email : gslimlaw@singnet.com.sg
UEN 53131358A
GST Reg No. M90361086A

Our Reference : HL/ABM/11962/18/ck

Your Reference :

17 December 2018

M/S AIG ASIA PACIFIC INSURANCE PTE LTD
78 SHENTON WAY
#08-16
SINGAPORE 079120

BY FAX 64153727 ONLY

Attn : Motor Claims Department

Dear Sirs

**PRE-REPAIR SURVEY – NOTIFICATION OF INSPECTION
ACCIDENT AT IMM MULTI-STOREY CARPARK INVOLVING SKZ 2704Y & SDJ 1682A ON 15.12.18**

We are instructed by M/s Auto Best Motor Services to notify you of a road traffic accident on 15.12.18 at IMM Multi-Storey Carpark involving our client's vehicle registration number SKZ 2704Y and SDJ 1682A driven by your insured at the material time. A copy of our client(s) Singapore Accident Statement is attached.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damaged vehicle, please let us know within two (2) working days of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Yours faithfully



HENRY G S LIM

Encl

cc : M/s Auto Best Motor Services

MNA116181999 / National Assessment Centre Services - Ubi
 ENTRY DATE & TIME: 17/12/2018 16:46
 SUBMITTED BY: Jackson Ho Zheq Tian

A R M

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 17/12/2018 10:45
 Date Of Accident 15/12/2018 16:00
 Exact Location Of Accident IMM MULTISTORY CARPARK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SKZ2704Y
 Insured/Policyholder
 Name Of Registered Owner LOW SOO HENG
 NRIC No S1166458Z
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-98178115
 Alternative Phone No OFFICE-98178115
 Vehicle Particulars
 Manufacturer HONDA
 Model VEZEL 1.5X A
 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 5077148072-02
 Cover Note Number
 Driver
 Name of Driver LOW SOO HENG
 NRIC No S1166458Z
 Date Of Birth 23/03/1958
 Occupation INDOOR
 Date Of Driving Pass 11/01/1980
 Driving Experience 38 YEARS AND 11 MONTHS
 Gender FEMALE
 Mobile Number (LOCAL) +65-98178115
 Fax Number
 Contact Number OFFICE-98178115
 Email Address NOEMAIL

Address 9 RIVERVALE CRESCENT
#08-27
Postcode 645066
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured OWNER
Vehicle Registration Number of Driver's Own Vehicle -
-
-
Insurance Company of Driver's Own Vehicle -
-
-

General Information of the Accident

Type Of Accident COLLISION - MAJOR/MINOR RD
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?
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) 3
Passenger 1

NAME: : -
GENDER: : FEMALE

Passenger 2

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

ON STATED DATE AND TIME, I WAS TRAVELLING STRAIGHT ALONG THE STATED VENUE. SUDDENLY VEHICLE B COMING OUT FROM CARPARK LOT WITHOUT CHECKING HIS BLINDSPOT. AS A RESULT, VEHICLE B HIT ONTO MY VEHICLE FRONT RIGHT PORTION.

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES
Remarks/ Reasons: VIDEO FOOTAGE WITH DRIVER
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SDJ1682A
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

1

Accident Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

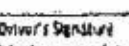
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be truthful and accurate as possible. Any willful misrepresentation or withholding of material facts may allow insurance companies to invalidate policy benefits.
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 to 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 lodging 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.

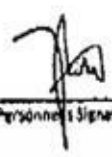
8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my lawyers 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 obtained by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurers who have insured vehicle(s) involved in this accident (all insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers", the Insurers' lawyers/law firms, the Maritime Authority of Singapore and any relevant government agency/authority (such as the police), for the purposes 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 being 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) So insurers 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, regulatory, 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.:

Accident Sketch Plan

SKETCH PLAN



A: SKZ57047

B: 505 K82A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to statement.

DECLARATION

I, we declare the foregoing particulars are true in every respect.

S/LW
 Policyholder's Signature
 Date & Time

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

Reporting Centre Person's Signature
 Name
 NRIC/PIH No.

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6458Z
Vehicle Details	
Vehicle No.:	SKZ2704Y
Vehicle to be Exported:	No
Intended Deregistration Date:	19 Dec 2018
Vehicle Make:	HONDA
Vehicle Model:	VEZEL 1.5X A
Primary Colour:	Red
Manufacturing Year:	2015
Engine No.:	L15B4027641
Chassis No.:	RU11107637
Maximum Power Output:	96.0 kW (128 bhp)
Open Market Value:	\$19,541.00
Original Registration Date:	15 Jan 2016
First Registration Date:	15 Jan 2016
Transfer Count:	0
Actual ARF Paid:	\$9,541.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	14 Jan 2026
PARF Rebate Amount:	\$7,155.00
Intended COE Rebate Details	
COE Expiry Date:	14 Jan 2026
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$45,002.00
COE Rebate Amount:	\$31,815.00
Total Rebate Amount:	\$38,970.00

The information contained herein is correct as at 19 Dec 2018

OK

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

PRI

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	18 Dec 2018 Edit Reg		19 Dec 2018 00:00 Edit Adj Rpt	\$0.00 Edit Estimates	\$0.00 View Rpt		Pending for Survey Report Cancel Case

Main

Reference

Claim Details

Documents

[Show All](#)

CLAIM SUBFOLDER DETAILS

[Created by adjuster]

Insured:	QUEK SIANG SENG, ANTHONY, ID: S1034570G		
Main Claimant:	LOW SOO HENG, ID: S1166458Z		
Vehicle Reg. No.:	SKZ2704Y	Date of Loss:	15/12/2018 16:00 - :59 [35 Months From LTA Reg Date (Man Yr)]
Claim Type:	TP / 6471055608SG	Policy/Cover Note No.:	2100452962 (Comprehensive)
Vehicle Reg. No. (Insured):	SDJ1682A	Policy No. (Claimant):	
		Excess:	
Repairer:	Auto Best Motor Services (HQ) BLK 3006 UBI ROAD 1, #01-362, 408700 Ubi - Tel:		
Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd. (Express) - Tel: 65-6419-3000 ... [Handled by Kesaval, Jaclyn-M] Jaclyn-M.Kesaval@aig.com		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by CHEN TSUE YEE] ... [Final Rpt due 31/12/2018]		
Claimant's Solicitor:	G S LIM & PARTNERS - Tel: 65324518		

ASSOCIATED MAIL RECEIVED

[View All](#)[Compose Case Mail](#)

- AIG_SG (20/12/2018): Request to upload TP 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.									

Claim Documents

***SKZ2704Y (6471055608SG)**
[SDJ1682A]
TP
LOW SOO HENG
Dec 15 2018 4:00PM
[QUEK SIANG SENG, ANTHONY]
Auto Best Motor Services

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Photos/Images

3 per page



No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	24/12/18 13:53	General View	Load JPG	
2	24/12/18 13:53	General View	Load JPG	
3	24/12/18 13:53	General View	Load JPG	
4	24/12/18 13:53	General View	Load JPG	
5	24/12/18 13:53	General View	Load JPG	
6	24/12/18 13:53	General View	Load JPG	
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32	24/12/18 13:54	Photographs of Damaged Parts	Load JPG	
33	24/12/18 13:54	Photographs of Damaged Parts	Load JPG	
34	24/12/18 13:54	Photographs of Damaged Parts	Load JPG	
35	24/12/18 13:54	Photographs of Damaged Parts	Load JPG	

Photos/Images			3 per page ▼	✓
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
36	24/12/18 13:54	Photographs of Damaged Parts	Load JPG	✓
37	24/12/18 13:54	Photographs of Damaged Parts	Load JPG	✓
38	24/12/18 13:54	Photographs of Damaged Parts	Load JPG	✓
39	24/12/18 13:54	Photographs of Damaged Parts	Load JPG	✓
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44	24/12/18 13:56	Photo After Spray	Load JPG	✓
45	24/12/18 13:56	Photo After Spray	Load JPG	✓
46	24/12/18 13:56	Photo After Spray	Load JPG	✓
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48	24/12/18 13:56	Photo After Spray	Load JPG	✓
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50	24/12/18 13:56	Photo After Spray	Load JPG	✓
51	24/12/18 13:56	Photo After Spray	Load JPG	✓
Documentation			1 per page ▼	✓
No	Finalized On	AIG Asia Pacific Insurance Pte. Ltd. (SG)	Thumbnail	Print
1	20/12/18 09:34	OI GIA REPORT	Load PDF	

Documents Checklist

DOCUMENTS CHECKLIST

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There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

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: CS3/AIG18022740/ECD3S2

Date: 27/12/2018

REFERENCE

Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd.	Policy No:	2100452962
Claimant Vehicle No :	SKZ2704Y	Insured Vehicle No :	SDJ1682A
Date of Loss:	15/12/2018	Nature of Claim:	TP
		Claim No:	6471055608SG

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SKZ2704Y	Engine No:	L15B4027641
Make & Model:	HONDA VEZEL, 1.5 X (A)	Chassis No:	RU11107637
Reg. Date:	15/01/2016 (Man. Year: 2015)	Odometer:	29505 km
Colour:	Red		
Engine Capacity:	1496 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	Market Value/New Car Price		

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:	Good	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:	Dunlop 6 mm	Rear Left Side:	Dunlop 6 mm
Front Right Side:	Dunlop 6 mm	Rear Right Side:	Dunlop 6 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 (\$\$)	0.00	0.00	0.00	

INSPECTION

Date of Assignment:	19/12/2018		
Date Inspected:	19/12/2018	Inspected At:	Auto Best Motor Services (HQ) BLK 3006 UBI ROAD 1, #01-362 Singapore 408700
Estimated Period of Repair:	4.0 days		

Adjuster: CHEN TSUE YEE

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		*FRT BUMPER	Dented	0.00 F	*- F
2	1		*FRT BUMPER CLIPS	Necessary	0.00 F	*- F
3	1		*FRT BUMPER SIDE RETAINER RH	Broken	0.00 F	*- F
4	1		*FRT BUMPER REINFORCEMENT	Dented	0.00 F	*- F
5	1		*FRT BUMPER LOWER SPOILER	Cut	0.00 F	*- F
6	1		*FRT RH HEADLAMP ASSY LOWER SUPPORT	Cracked	0.00 F	*- F
7	1		*FRT RH HEADLAMP ASSY	Cracked	0.00 F	*- F
8	1		*FRT RH FENDER	Buckled	0.00 F	*- F
9	1		*FRT RH FENDER INNER SHIELD	*Check	0.00 F	*- F
10	1		*FRT RH ARCH PROTECTOR	Cut	0.00 F	*- F

F=Franchise part.

Total Parts (S\$)	0.00	0.00
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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 >