

ASS. REC. BY:

REF:

CS/TMI19000406/T19d3/12

Special Instruction:

Survivor:

Mehmet

Taylan

ASSIGNMENT (Office)

From (Person):

Dillen Senthilan

of

TMI

Date/Time:

8/11/19 @ 9:56am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 4664H

Insured:

SLW 5771L

at Workshop m/s

Comfort Delgro

Tel:

6214 8300

of

59 Jeyang Drive

Policy No:

M7001120

Claim No:

M1900123

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

05/01/2019

CA / REV / REP. / REV 24 HRS

1up?

H.O.D. Endorsement:

Date/Time:

10:07am @ 8/11/19

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 4664H - CC1 III 16013215 / cb3xx
	SLW 5771L - X

D.O.A. 16/7/16

Signature

Taufiq

REF:

TM1

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:

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: 3 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SLA 4664H

Regn:

2017, Jan.

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

Truck / Trailer or

Make:

Hyundai I40

C.C.

1685

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp. Reading

328145

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMHLB4/YMH4098232

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:

205/60R16

R:

2 -

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

TOYO / YOKO or

Hankook

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

7/1/19

Survey held at

Comfort Logam

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

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

Date / Time

Action / Instruction

21/01

41260.68, 3 days

- email to Lim

(Red to 966, 43%)

- RECEIVED 15 FEB 2019

Date/Time, File Pass to?



Prel. Report



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

Report Format:

MER-TP

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

1260.68

TOTAL

250
10

260

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	07 Jan 2019 11:41 Sendback Est	07 Jan 2019 11:44 S\$2,151.68	08 Jan 2019 09:56 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R			
Main Claimant:	CTPL			
Vehicle Reg. No.:	SHA4664H	Date of Loss:	05/01/2019 10:00 - :59 [23 Months and 25 Days From LTA Reg Date (Man Yr)]	
Claim Type:	TP / M1900123	Policy/Cover Note No.:	MT001120 (Comprehensive) Coverage: 22/02/2018 - 21/02/2020	
Vehicle Reg. No. (Insured):	SLW5771L	Policy No. (Claimant):		
		Excess:	S\$600.00	
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300			
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Dillen Senthilan so Selvarajoo]			
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 17/01/2019]			

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?
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No results.

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	05/01/2019 12:19
Date Of Accident	05/01/2019 10:15
Exact Location Of Accident	FRANKLE AVE TWDS EAST COAST RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA4664H
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	I40

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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	MD SHAMSUDIN S/O ALLAPITCHAY
NRIC No	S1817788I
Date Of Birth	13/11/1967
Occupation	OUTDOOR
Date Of Driving Pass	29/11/1994
Driving Experience	24 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-94510942
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 172A EDGEDALE PLAINS #02-400
Postcode	821172
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 (including own vehicle) 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: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : FEMALE
Passenger 3	NAME: : - 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

PLS REFER TO ATTACHED / Type Of Accident : HEAD TO SIDE

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	SLW5771L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

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.

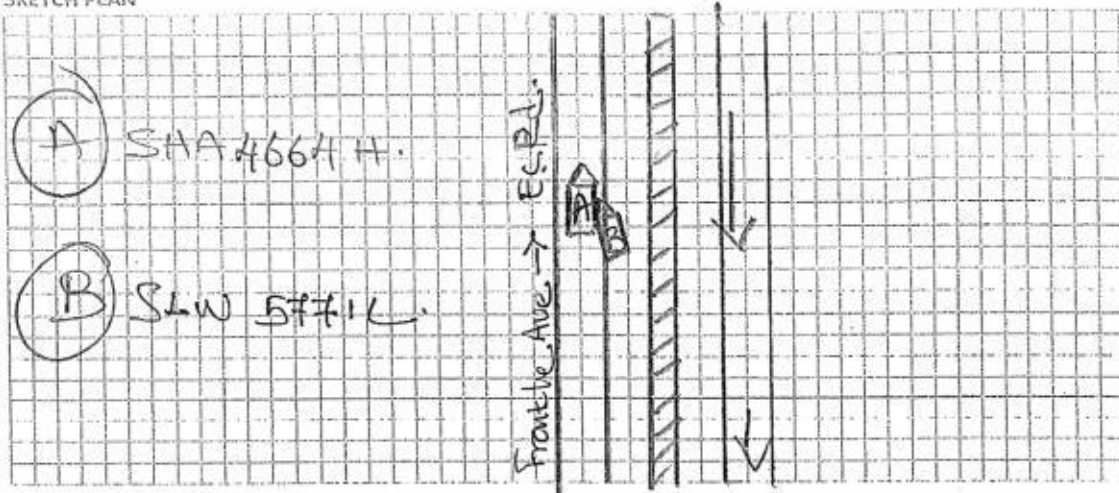
COMFORT TRANSPORTATION PTE LTD
CO REG NO 199203921R

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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 5 Jan 2019 @ 10:15 hrs I, VEH A
was driving along the above location
straight VEH B cut across to 2nd lane
and hit VEH A Right Centre to
Rear. at the point of accident VEH A
driver & pax not injured.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 192007321R

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.:

ComfortDelGro Engineering Pte Ltd (Co Reg No: 199506048W)
 59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300



TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
 CTPL

Singapore

CP/P)
 LKK-

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	05/01/2019
Vehicle Reg. No.:	SHA4664H	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	11/01/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU705757	Chassis No:	KMHLB41UMHU098230
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

Handwritten notes:
 14/1/19
 Tanfuk 97495249
 'wp'
 7/1/19 @ 1705
 Resurvey before print
 03 days
 tanfuk@thianto.com

COST OF CLAIMS

	Amount
Parts	701.68
Miscellaneous Items	10.00
Labour	1,440.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,151.68
+ GST 7.00% (S\$)	150.62
Nett Amount (S\$)	2,302.30

This claim is handled by LIM TIEN SIONG

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:

Generated using Merimen e-Claims Internet Estimation & Adjusting System

2226.68

@ 1150

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 07 Jan 2019)**Parts:** 143 HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA4664H/07/01/2019 11:44**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 *.**Estimates on Parts**

No.	Qty	Part No.	Particulars	%Disc	%Depr	Amount
1	1		*WING MIRROR RH	20.00	0.00	*670.00 FL <i>Rx</i>
2	1		*REAR WHEEL CAP RH	20.00	0.00	*107.10 FL <i>out</i>
3	1		*REAR DOOR APPS STICKER RH	0.00	0.00	*80.00 <i>F out</i>
Sub Total (S\$)						857.10
- List Item Discount on L Items (S\$)						155.42
Total Parts (S\$)						701.68

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHA4664H/07/01/2019 11:44. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

IS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	10.00
Sub Total (S\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	480.00 300
2	SPRAY PAINTING	New	800.00 600
3	WIRING CHECK	New	40.00 30
4	REAR WHEEL ALIGNMENT	New	120.00 80
Gross Labour Cost (S\$)			1,440.00

ComfortDelGro Engineering Pte Ltd/SHA4664H/07/01/2019 11:44. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 10.01.2019

Time: 17:57:37

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305257371
REGN NO : SHA4664H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 11.01.2017
DATE/TIME IN : 07.01.2019 09:30
ACCIDENT DATE : 05.01.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0103-0658-G	REAR WHEEL CAP RH	1	107.10	20.00	85.68	can
0002 28-01-0103-2013-A	REAR DOOR APPS STICKER RH	1	80.00		80.00	ant
0003 28-01-0103-0003-A	Frt Door ComfortDelgGro RH	1	75.00		75.00	ant (A)

SUB-TOTAL : 240.68

JOB NATURE

0000 20-05	TP MERIMEN				10.00	
0001 L	PANEL BEATING				300.00	
0002 23-502	SPRAYPAINT ON AFFECTED AREA				600.00	
0003 17-01	CHECK ALL LIGHTING				30.00	
0004 L	REAR WHEEL ALIGNMENT				80.00	

SUB-TOTAL : 1,020.00

COMFORTDELGRO ENGINEERING PTE LTD
REPAIR ESTIMATE

Date: 10.01.2019
Time: 17:57:37
Page: 2

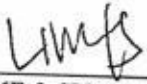
COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305257371
REGN NO : SHA4664H
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 11.01.2017
DATE/TIME IN : 07.01.2019 09:30
ACCIDENT DATE : 05.01.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 1,260.68


MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE : AUTHORIZED : YES / NO

member of COMFORTDELGRO

Date/Time: 07.01.2019 11:32

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305257371

OMER
S
COMFORT TRANSPORTATION PTE LTD
7010045
OMER NO.
383 SIN MING DRIVE
ESS SINGAPORE SINGAPORE 575717
65508755 (P) (Q)

REGN NO.: SHA4664H	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 07.01.2019 09:30
YR OF MANU. 11.01.2017	TARGET DATE
CHASSIS CODE KMHLB41UMHU098230	COMPLETION DATE/TIME:

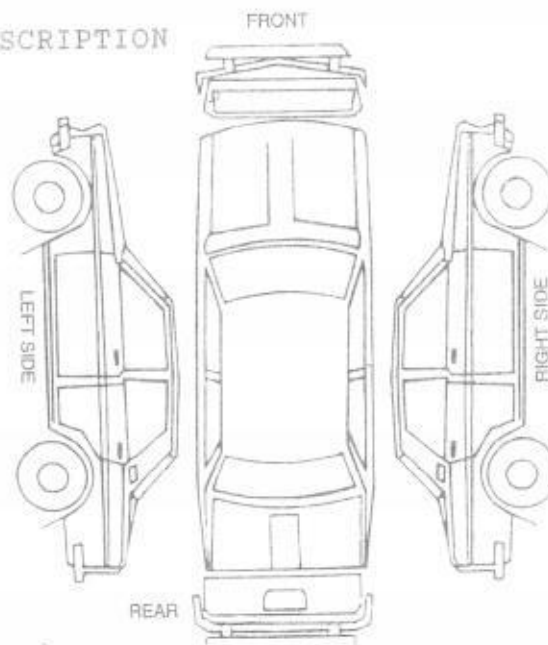
JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 05.01.2019
NATURE: 3P 05.01.19

S/NO LABOR CODE

DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

to.: SHA4664H LIMITS

Vehicle No.: SHA4664H

Service Advisor

Signature/Date

Name of Service Advisor

Date

turned to Service Reception upon collection

To be kept by Security Guard

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/TMI19000406/T1QD3N2

Date: 15/02/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MT001120
Claimant Vehicle No :	SHA4664H	Insured Vehicle No :	SLW5771L
Date of Loss:	05/01/2019	Nature of Claim:	TP
		Claim No:	M1900123

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA4664H	Engine No:	D4FDGU705757
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMHU098230
Reg. Date:	11/01/2017 (Man. Year: 2016)	Odometer:	328145 km
Colour:	Blue		
Engine Capacity:	1685 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:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	Hankook 6 mm	Rear Left Side:	Hankook 6 mm
Front Right Side:	Hankook 6 mm	Rear Right Side:	Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	776.68	240.68	536.00	69.01
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,440.00	1,010.00	430.00	29.86
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	2,226.68	1,260.68	966.00	43.38
+ GST 7.00/7.00% (S\$)	155.87	88.25	67.62	43.38
Nett Amount (S\$)	2,382.55	1,348.93	1,033.62	43.38

INSPECTION

Date of Assignment:	08/01/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	07/01/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days		

Adjuster: MOHD TAUFIKH BIN HAMID

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: 15 Feb 2019)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA4664H)
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		*WING MIRROR RH	Repair	670.00 FL	*- FL
2	1		*REAR WHEEL CAP RH	Cut	107.10 FL	*107.10 FL
3	1		*REAR DOOR APPS STICKER RH	Cut	80.00 F	*80.00 FS
Supplementary #1						
4	1		*FRT DOOR COMFORTDELGRO STICKER RH	Cut	75.00 F	*75.00 FS
					Sub Total (\$\$)	932.10 262.10
					- List Item Discount on L Items 20.00/20.00% (\$\$)	155.42 21.42
					Total Parts (\$\$)	776.68 240.68

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

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<u>Miscellaneous Items</u>				
1	1	OD/TP Case (Insurer)	10.00	10.00
Sub Total (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	480.00	300.00
2	SPRAY PAINTING	New	800.00	600.00
3	WIRING CHECK	New	40.00	30.00
4	REAR WHEEL ALIGNMENT	New	120.00	80.00
Gross Labour Cost (S\$)			1,440.00	1,010.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >