

REF:

Surveyor: NA 2

REF:

TMI (C3/TML1900185)/Ngd3/n2 TUMARU

ASSIGNMENT

From: _____ Date: _____

Veh No: SHA 8136P Yr Regn: 25 Aug 2016

Estimated Cost: _____

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

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

Truck / Tractor or _____

To Inspect Vehicle No: _____

Make: HYUNDAI 140 c.c. 1,605

at Workshop m/s _____

Colour: YELLOW A/C: Insured / Std / NI / NA

of _____

Sp. Reading: 369621 T/Radi: Insured / Std / NI / NA

Insured: SLQ 367K

Eng/No: _____

Policy No. MUDD7608

C/No: KM4L841UMGU093527

Claims No. M1900586

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured: _____ Excess: _____

Steering: Inorder / Jammed / Leaked / Burnt or

(Client's Record)

Brake: Inorder / Jammed / Leaked / Burnt or

Make of Veh: _____

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

(Policy Condition)

<input type="checkbox"/>	<input type="checkbox"/>
N/S	O/S
<input type="checkbox"/>	<input type="checkbox"/>

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

Tyre Size: F: 205/160R16

R: _____

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

TOYO / YOKO or CST

Est. or Market Value: _____

Front R/Bal. 5 mm Rear R/Bal. 5 mm

IDAC Accident Report: _____ Consistent? : Yes or No

L/Bal. 5 mm U/Bal. 5 mm

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

D.O.A. 25/1/19 U.O.I. 28/1/19

Est. Repairs: 2 days Res.: Yes or No

Survey held at COGE LOYANG

Lump Sum: _____ % 3 Val.: Yes or No

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

CA / REV / REP. / 24 HRS _____

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

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Date / Time	Action / Instruction
	SHA 8136P - X
	SLQ 367K - NA/TML19001833/211
	Nav Analyzed final fig \$ 2860.12, 2 days.
	Chgd \$ 460, (14%)
	RECEIVED 19 FEB 2018
	TMI P/I
	DA: 2500219
	19/2/2019

Date/Time, File Pass to? : Preli Report

1) 19/2/2019 : Final Report

Date/Time, File Return to? _____

2) _____

Report Format: NET TP

Lump Sum / I.B.I. (\$) 2860.12

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee: 250

Transportation: 10

Add Fee: : Site Insp (\$ _____) \$ + RS _____

: Interview (\$ _____) Photos _____

: Tech. Invo (\$ _____) Others _____

: Weekend (\$ _____)

TOTAL 260

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	26/01/2019 11:36
Date Of Accident	25/01/2019 22:25
Exact Location Of Accident	SELEGIE RD TWDS SERANGOON RD X ROCHOR CANAL RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8136P
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

Driver

Name of Driver	SEAH CHOON BUCK
NRIC No	S0122665G
Date Of Birth	12/10/1953
Occupation	OUTDOOR
Date Of Driving Pass	19/12/1974
Driving Experience	44 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-85789225
Fax Number	
Contact Number	
E Mail Address	CBSEAH@GMAIL.COM

Address	BLK 260D SENGKANG EAST WAY #14-478
Postcode	544260
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	COLLISION - HEAD TO REAR
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	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

REFER 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 Witness 1

Name	KARMESH GHOSH (PAX)
Phone Number	-
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLQ367K
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	

Vehicle Category	PRIVATE CAR
Name of Driver	CHERRIE YU TIAN NING
NRIC/Passport Number	S9327213G
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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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:

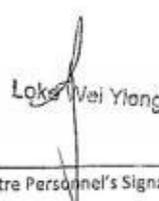
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:



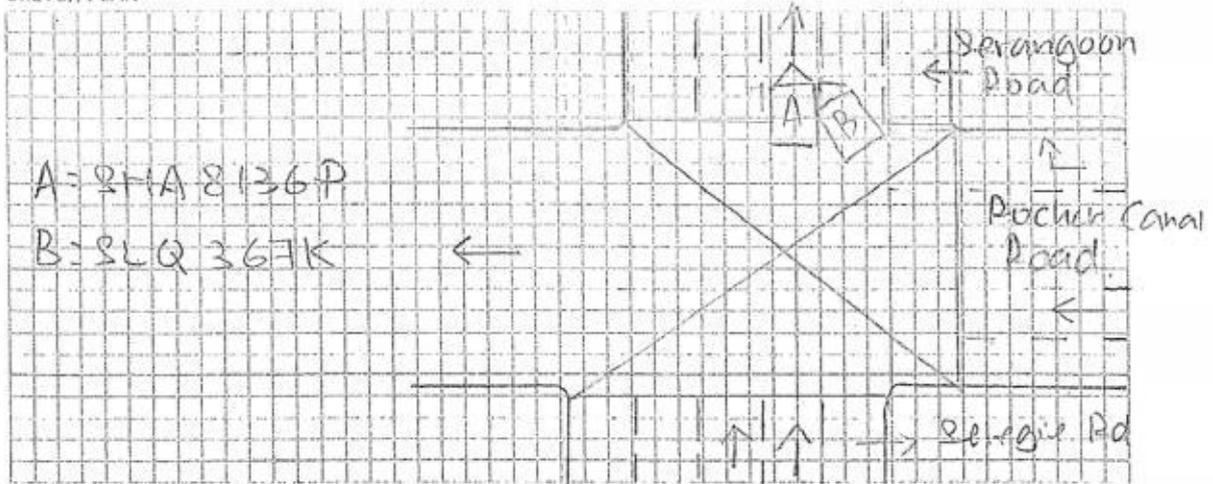
Driver's Signature
(If driver is not the policyholder)
Date & Time:



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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25/1/19 at about 22:25 hrs, I was driving straight crossing above said junction as traffic light at my favour.

When I entered opposite junction, Veh B initially on my right hand side suddenly cut into my lane without signaling. Due to this course, Veh B it from left portion hit & grazed onto centre portion of my taxi.

02 male passenger on board my taxi.

No injury reported in this accident.

DECLARATION

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

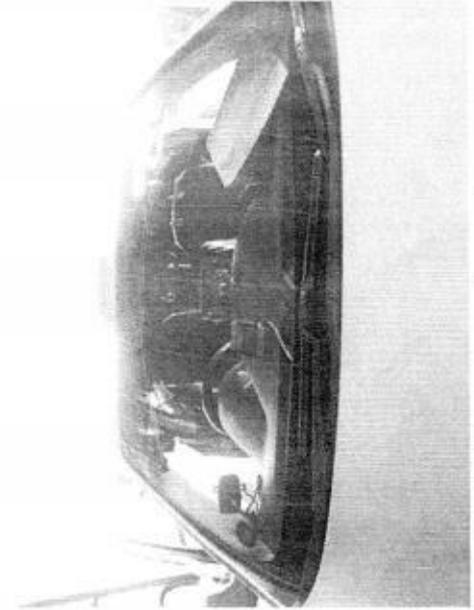
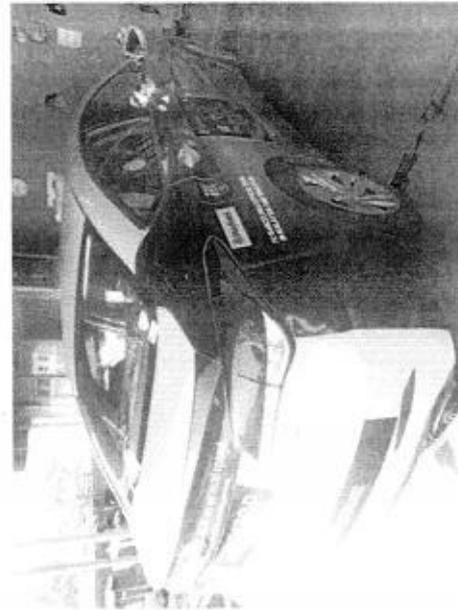
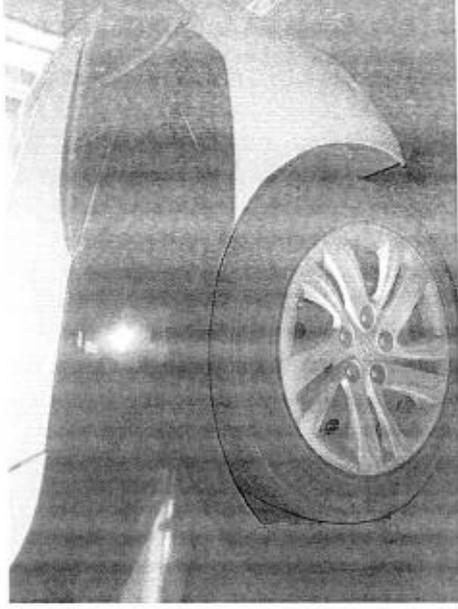
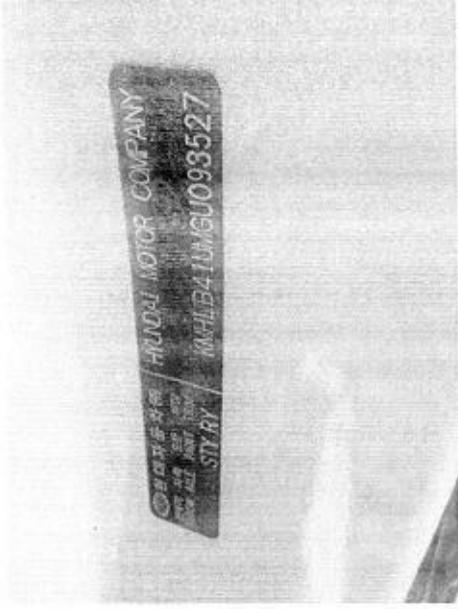
CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

Loke Jui Yiong

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



Member of COMFORTDELGRO

Date/Time: 28.01.2019 10:44 Page : 1

Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.: 305263776

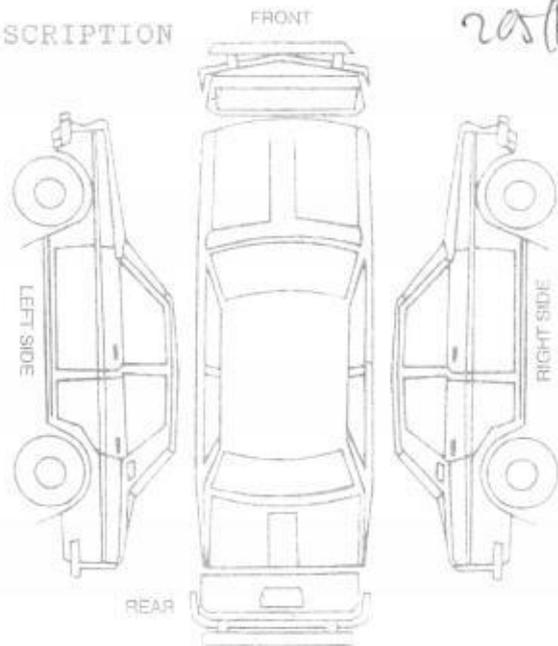
OMER IS CITYCAB PTE LTD OMER NO. 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 (R) 65551188 (O) (P)	REGN NO.: SHA8136P	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 28.01.2019 10:00
	YR OF MANU 25.08.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU093527	COMPLETION DATE/TIME
	DUPLICATE CARD NO.	

JOB DESCRIPTION

Accident Date: 25.01.2019
NATURE: 3P 25.01.19 -

Compton *19*
20160116

S/NO LABOR CODE DESCRIPTION



REMOVED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-in Slip

Exit Pass

No.: SHA8136P JU TOKIO LKK

Vehicle No.: SHA8136P

Signature of Service Advisor

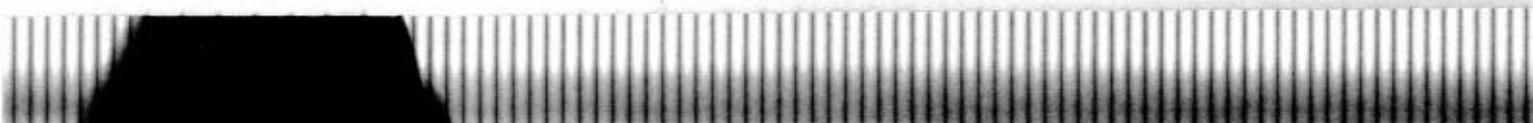
Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard



ComfortDelGro Engineering Pte Ltd (Co.Reg.No.199506048W)

59 Loyang Drive
 Singapore 508969
 Tel: 6214 8300

TP INSURER: **Tokio Marine Insurance Singapore Ltd (HQ)** ✓ Jumani
CCPL

Singapore

PARTICULARS OF CLAIM			
Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	25/01/2019
Vehicle Reg. No.:	SHA8136P	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	25/08/2016
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	D4FDGU670619	Chassis No:	KMHLB41UMGU093527
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	2,160.12
Miscellaneous Items	10.00
Labour	1,150.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,320.12
+ GST 7.00% (S\$)	232.41
Nett Amount (S\$)	3,552.53

This claim is handled by: JUMANI BIN MASUDIN

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 28 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/SHA8136P/28/01/2019 12:48
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		*FRT DOOR ASSY	20.00	0.00	*2,256.40 FL ✓ DEF
2	1		*FRT DOOR COMFORTDELGRO LOGO	0.00	0.00	*75.00 F ✓ NE
3	1		*REAR DOOR COMFORTDELGRO & APPS STICKER LOGO	0.00	0.00	*80.00 F ✓ NE
4	1		*REAR DOOR ADVERTISEMENT LOGO	0.00	0.00	*100.00 F ✓ NE
5	1		*FRT DOOR ADVERTISEMENT LOGO	0.00	0.00	*100.00 F ✓ NE
Sub Total (S\$)						2,611.40
- List Item Discount on L Items (S\$)						451.28
Total Parts (S\$)						2,160.12

F=Franchise part. L=ListItemDisc.

ComfortDelGro Engineering Pte Ltd/SHA8136P/28/01/2019 12:48. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	400.00 ²⁰⁰
2	SPRAYPAINT	New	600.00 ⁴⁰⁰
3	TUFF KOTE	New	50.00 ⁶⁰
4	TRANSFER OF DOOR PARTS.	New	100.00 ⁵⁰
Gross Labour Cost (S\$)			1,150.00

ComfortDelGro Engineering Pte Ltd/SHA8136P/28/01/2019 12:48. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

NAZ LK11
28/1/19 1640
PIP
2 DAYS
BEFORE PAINT PHOTOS

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:

COMFORTDELGRO ENGINEERING PTE LTD

Date: 30.01.2019

REPAIR ESTIMATE

Time: 14:33:14

Page: 1

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010070
 ADDRESS : CITYCAB PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65551188

JOB NO : 305263776
 REGN NO : SHA8136P
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 25.08.2016
 DATE/TIME IN : 28.01.2019 10:00
 ACCIDENT DATE : 25.01.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

QTY	IND	UNIT-PRICE	DISC%	AMOUNT	REMARKS	
0001	04-01-0103-0592-G	I40VC PANEL ASSY-FR DR RH	1 L	2,256.40	20.00	1,805.12 DEF
0002	28-01-0103-0007-A	(I40)FRT DOOR LOGO CCTPL	1 N	75.00	2.00-	75.00 / NEC
0003	28-01-0103-2014-A	I40V3 APP LOGO REAR DOOR	1 N	80.00	0.20	80.00 / NEC.
				SUB-TOTAL : 1,960.12		

JOB NATURE

0000 L	PANEL BEATING- FRT.	200.00
0001 23-502	SPRAYPAINT ON AFFECTED AREA	400.00
0002 20-00	TUFF COAT ON AFFECTED PARTS.	40.00
0003 L	TRANSFER DOOR PARTS	50.00
0004 20-05	RENEW ADVERTISMENT STICKER-	200.00
0005 L	MERIMEN FEE	10.00
		SUB-TOTAL : 900.00

COMFORTDELGRO ENGINEERING PTE LTD

Date: 30.01.2019

REPAIR ESTIMATE

Time: 14:33:14

Page: 2

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305263776
REGN NO : SHA8136P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 25.08.2016
DATE/TIME IN : 28.01.2019 10:00
ACCIDENT DATE : 25.01.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

TOTAL : 2,860.12

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

SC: Finalized - NAZ

**COMFORTDELGRO
ENGINEERING**

Our Job Ref No 305263776
Date : 30/01/2019

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

FINALIZATION FORM

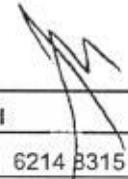
To : LKK Fax : _____
Attn : NAZ
: SHA8136P Date of Accident : 25/01/2019

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: TOKIO --- SLQ367K
###
2. The finalized amount shall be:

(a) Spare Parts after List discount		<u>\$1,960.12</u>
(b) Labour Charges	###	<u>\$900.00</u>
Total for Part-By-Part Repair Cost		<u>\$2,860.12</u>
(c) Lumpsum Repair (if applicable)	N	
Total for Lumpsum repair cost after Less: <u>20%</u>		<u> </u>
Final Lumpsum Repair cost		<u> </u>

3. Estimated normal period for repairs: 2 working days
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance. We confirm the estimates and finalized amount

Signature : 
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : 
Name : NAZ LKK
Date : 13/2/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

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/TMI19001852/NQD3N2
Date: 19/02/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU007608
Claimant Vehicle No :	SHA8136P	Insured Vehicle No :	SLQ367K
Date of Loss:	25/01/2019	Nature of Claim:	TP
		Claim No:	M1900586

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA8136P	Engine No:	D4FDGU670619
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU093527
Reg. Date:	25/08/2016 (Man. Year: 2016)	Odometer:	369621 km
Colour:	Yellow		
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
Handbrake (Serviceable):	Yes	Engine Modification:	No
		Footbrake (Serviceable):	Yes
		Pre-accident Condition:	Average

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	CST 5 mm	Rear Left Side:	CST 5 mm
Front Right Side:	CST 5 mm	Rear Right Side:	CST 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	2,160.12	2,160.12	0.00	0.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,150.00	690.00	460.00	40.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	3,320.12	2,860.12	460.00	13.85
+ GST 7.00/7.00% (S\$)	232.41	200.21	32.20	13.85
Nett Amount (S\$)	3,552.53	3,060.33	492.20	13.85

INSPECTION

Date of Assignment:	29/01/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	28/01/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: Muhammad Nazril Bin Abdullah

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.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
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
Labour Items				
1	PANEL BEATING	New	400.00	200.00
2	SPRAYPAINT	New	600.00	400.00
3	TUFF KOTE	New	50.00	40.00
4	TRANSFER OF DOOR PARTS.	New	100.00	50.00
Gross Labour Cost (S\$)			1,150.00	690.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >