

Surveyor: Kelvin

REF: CC3/TM19003529/KH3n2

# ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

OD/TP/RS/TP/RES/OD/RES/EVA/INV/MVA

To Inspected Vehicle No: \_\_\_\_\_

at Workshop: \_\_\_\_\_

at \_\_\_\_\_

Insured: SLF 3233B

Policy No: MK000198

Claims No: m1901175

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

(Client's Record)

Make of Veh: \_\_\_\_\_

(Policy Condition)

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

N/S	O/S

Est. or Market Value: \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repair: \_\_\_\_\_ days Res: Yes or No

Lum Sunk: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Date / Time Action / Instruction

SHD 4170A - CS/FCI/6019579/KH3m2 DUA: 12/10/16 To Kio  
SLF 3233B - NBA/MSG/18019570/Y DUA: 20/10/2015 41  
28/2/19 Continued L/S 1900/ 2 App. (Red. 959.84 : 33%)

RECEIVED 28 FEB 2019

Date/Time, File Pass to?

1) 28/2 Typist

Date/Time, File Return to?

3)

Report Format

1900

☐ : Prel. Report

☒ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp 15

☐ : Interview 15

☐ : Tech. Insp 15

☐ : Other 15

Survey Fee:

Transportation:

S + RS 51

Photo

Other

250

10

260

Veh No: SHD 4170A Yr Regn: 27 Apr 2012

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

Truck / Trailer or

Make: Hyundai Sonata cc 1991

Colour: Blue A/C: Insured / Std / Nil / NA

Sp. Reading: 37558 T/Radio: Insured / Std / Nil / NA

Eng/No: \_\_\_\_\_

C/No: KMHE741VACA 82447

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Dim or

Tyre Size: F: 215/60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or Westlake

Front Rear

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A. 25/2/19 D.O.I. 25/2/19

Survey field at CDGE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Roof/Top or

N/S Front.

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

## 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	25/02/2019 11:55
Date Of Accident	25/02/2019 02:00
Exact Location Of Accident	CECIL STREET X CROSS ST
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD4170A
<b>Insured/Policyholder</b>	
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	TOH BENG KIAT
NRIC No	S1627119E
Date Of Birth	30/11/1964
Occupation	OUTDOOR
Date Of Driving Pass	12/06/1996
Driving Experience	22 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96671123
Fax Number	
Contact Number	
Email Address	CASSANDRA_ANG@HOTMAIL.COM

Address	BLK 488 ADMIRALTY LINK #14-125
Postcode	750488
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)	1

#### 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	SLF3233B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	WHOLE RIGHT SIDE
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.
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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. 199303821R

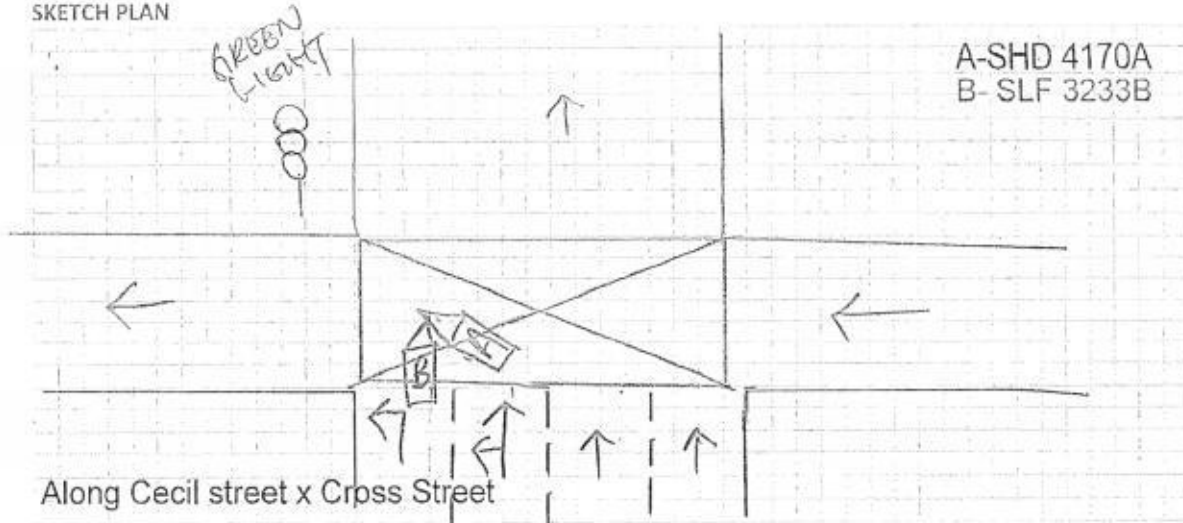
Policyholder's Signature  
Date & Time:

  
Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 25.02.2019@0930HRS

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25.02.2019@0200HRS I was travelling along Cecil Street x Cross Street with no passenger onboard.
As I was making a left turn and suddenly veh(B) SLF 3233B cut into my lane and hit onto my vehicle front left portion.
As the accident took place too fast I could not take evasive action to prevent the accident.
I have company video and photos at scene to support my claims.
No injury in this accident .
Veh(B) SLF 3233B Male driver

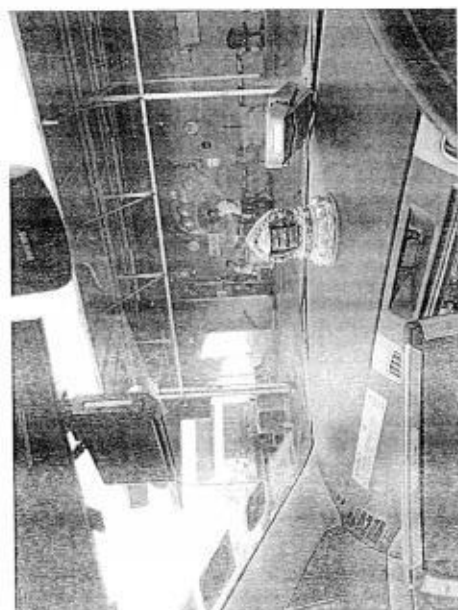
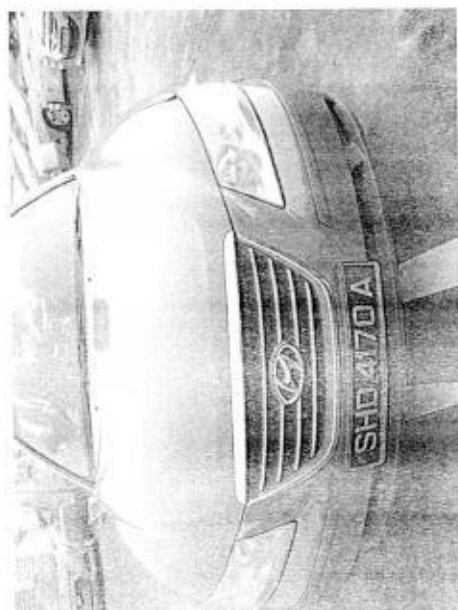
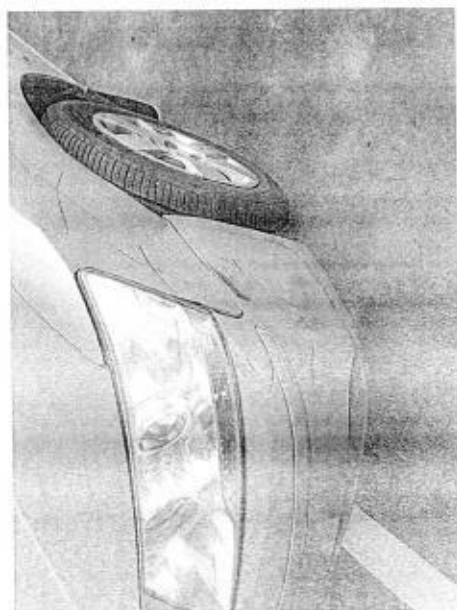
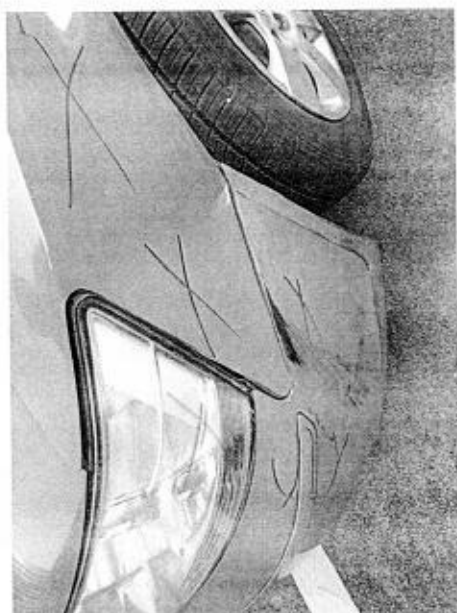
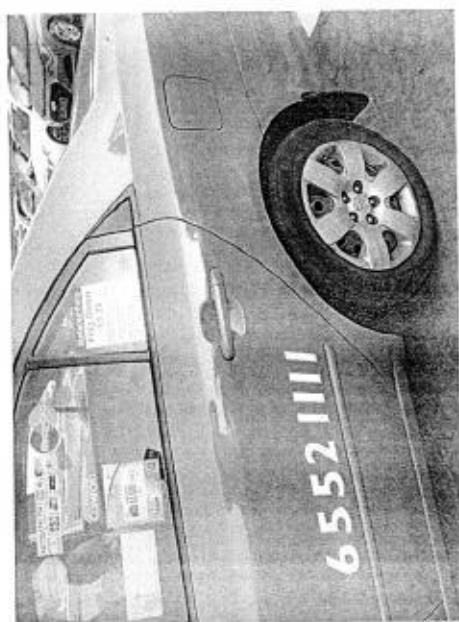
DECLARATION

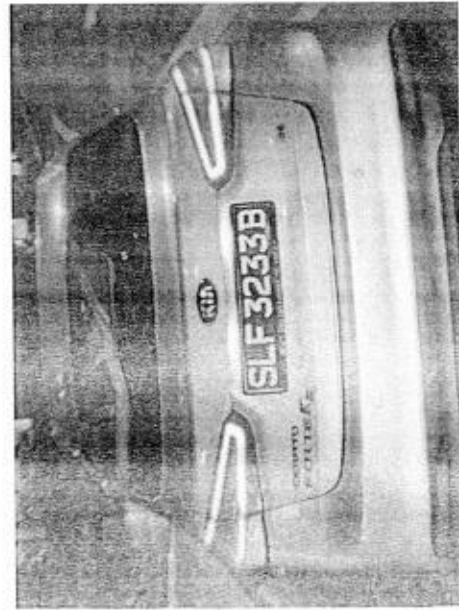
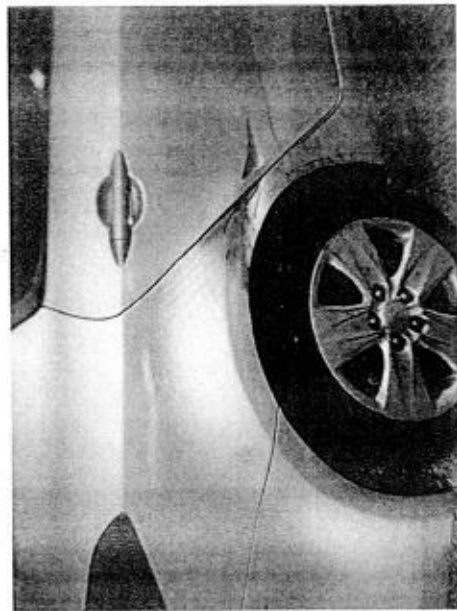
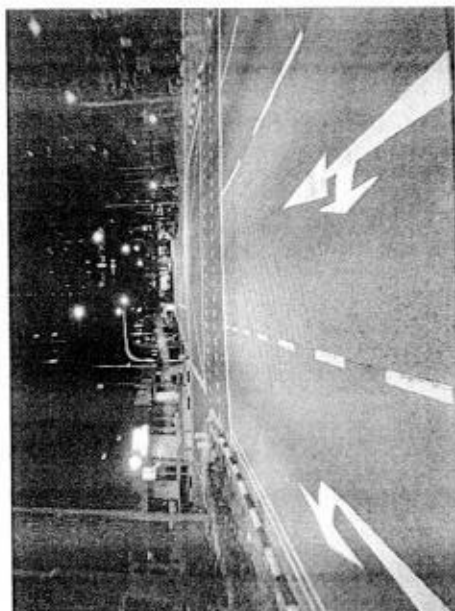
I/We declare the foregoing particulars are true in every respect.  
 COMFORT TRANSPORTATION PTE LTD  
 CO. REG. NO. 199303821R

Policyholder's Signature  
 Date & Time:

Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 25.02.2019@0930HRS

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





# 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

## PARTICULARS OF CLAIM

<b>Claim Type:</b>	THIRD PARTY	<b>Ref. No:</b>	
<b>Policy No:</b>		<b>Date of Loss:</b>	25/02/2019
<b>Vehicle Reg. No.:</b>	SHD4170A	<b>Driveable?</b>	YES
<b>Party At Fault:</b>	UNKNOWN		
<b>Make/Model:</b>	HYUNDAI SONATA, 2.0 D CRDI TURBO (NF) (A)	<b>Vehicle Reg. Date:</b>	27/04/2012
<b>Vehicle Colour:</b>	BLUE	<b>Gen Condition:</b>	GOOD
<b>Engine No:</b>	D4EAC084735	<b>Chassis No:</b>	KMHET41VMCA824407
<b>Odometer:</b>	0 KM		
<b>Paint Type:</b>			
<b>List Item Discount:</b>	20.00 %		
<b>Total Loss?</b>	NO		
<b>Est. Duration of Repair (day)</b>	4		
<b>Present Location:</b>	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	1,769.84
Miscellaneous Items	10.00
Labour	1,080.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>2,859.84</b>
<b>+ GST 7.00% (S\$)</b>	<b>200.19</b>
<b>Nett Amount (S\$)</b>	<b>3,060.03</b>

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: 25 Feb 2019)**Parts:** 143      HYUNDAI SONATA 2.0 D CRDi Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's      (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SHD4170A/25/02/2019 14:28**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		*FRONT BUMPER COVER — <i>Detached</i>	20.00	0.00	*538.80 FL
2	1		*FRONT BUMPER BRACKET TOP LH <i>90°</i>	20.00	0.00	*22.40 FL
3	1		*FRONT BUMPER PROTECTOR LH <i>x 400</i>	20.00	0.00	*29.20 FL
4	1		*HEAD LAMP LH — <i>can</i>	20.00	0.00	*797.90 FL
5	1		*FRONT FENDER LH — <i>Det</i>	20.00	0.00	*593.00 FL
6	1		*FRONT FENDER SHIELD LH <i>x 300</i>	20.00	0.00	*86.00 FL
7	1		*FRONT WHEEL CAP LH — <i>hub 1/2</i>	20.00	0.00	*145.00 FL

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	2,212.30
- List Item Discount on L Items (S\$)	442.46
<b>Total Parts (S\$)</b>	<b>1,769.84</b>

ComfortDelGro Engineering Pte Ltd/SHD4170A/25/02/2019 14:28. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

## Estimates on Miscellaneous Items

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

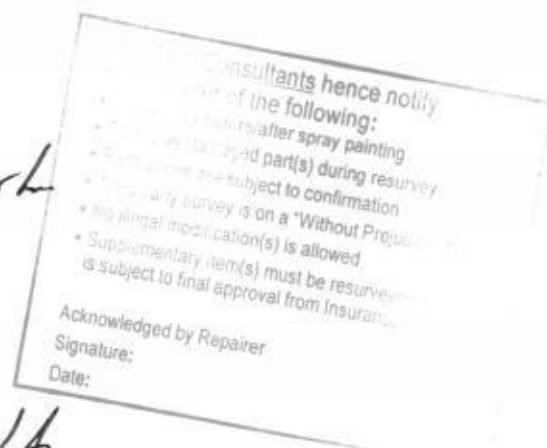
## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	<del>400.00</del> 300
2	SPRAY PAINTING	New	<del>400.00</del> 400
3	WIRING	New	<del>60.00</del> 20
4	TUFF KOTE	New	<del>60.00</del> 20
5	FRT WHEEL ALIGNMENT	New	<del>80.00</del> X 4
Gross Labour Cost (S\$)			1,080.00

ComfortDelGro Engineering Pte Ltd/SHD4170A/25/02/2019 14:28. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalvi 10/10/19  
 25/2/19 1505h  
 2 Day,  
 4/5  
 After Repair p Lth



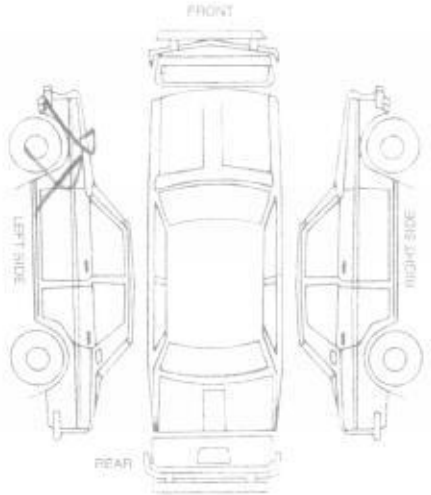
Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305272120
CUSTOMER				
R/M/S	COMFORT TRANSPORTATION PTE LTD	REGN NO.:	SHD4170A	MILEAGE
CUSTOMER NO.	7010045	MAKE :	HYUNDAI	FUEL
ADDRESS	383 SIN MING DRIVE	MODEL	SONATA	DATE/TIME IN
	Singapore SINGAPORE 575717			25.02.2019 08:30
	65508755	YR OF MANU.	27.04.2012	TARGET DATE
		CHASSIS CODE	KMHET41VMCA824407	COMPLETION DATE/TIME
SCOUNT CARD NO.				

70kno

JOB DESCRIPTION

Accident Date: 25.02.2019  
NATURE: 3P 25.02.2019

S/NO      LABOR CODE      DESCRIPTION



CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgment Slip		Exit Pass	
e:		Vehicle No.:	
Jo.:		SHD4170A	
le No.:		CHIANG	
ie of Service Advisor		Signature/Date	
e returned to Service Reception upon collection		Name of Service Advisor	
		Date	
		To be kept by Security Guard	

Our Job Ref No : 305272120  
Date : 27/02/19

## COMFORTDELGRO ENGINEERING

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

### FINALIZATION FORM

To : LKK  
Attn : KALVIN  
Vehicle Reg No. : SHD4170A

Fax :

25/02/2019

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

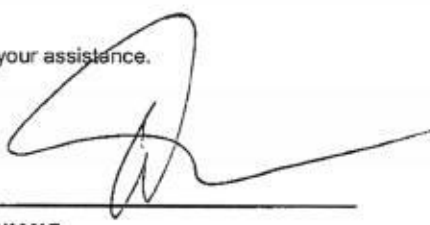
- Z The repair job shall bill to: TOKIO SLF3233B
2. The finalized amount shall be:
- (a) Spare Parts after List discount
- (b) Labour Charges
- Total for Part-By-Part Repair Cost
- (c) Lumpsum Repair (if applicable)
- Total for Lumpsum repair cost after Less:
- Final Lumpsum Repair cost \$1,900.00


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 : CHIANG  
Tel : 62148314  
Fax : 65468156

Signature :   
Name : Kahr  
Date : 28/2/19

### 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: CC3/TMI19003529/K1TD3N2

Date: 01/03/2019

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000198
Claimant Vehicle No :	SHD4170A	Insured Vehicle No :	SLF3233B
Date of Loss:	25/02/2019	Nature of Claim:	TP
		Claim No:	M1901175

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHD4170A	Engine No:	D4EAC084735
Make & Model:	HYUNDAI SONATA, 2.0 D CRDi Turbo (NF) (A)	Chassis No:	KMHET41VMCA824407
Reg. Date:	27/04/2012 (Man. Year: 2012)	Odometer:	375558 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:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Average

## CONDITION OF TYRES

Front Tyre Size:	215/60R16	Rear Tyre Size:	215/60R16
Front Left Side:	West Lake 6 mm	Rear Left Side:	West Lake 6 mm
Front Right Side:	West Lake 6 mm	Rear Right Side:	West Lake 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,769.84	1,659.76	110.08	6.22
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,080.00	740.00	340.00	31.48
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>2,859.84</b>	<b>2,409.76</b>	<b>450.08</b>	<b>15.74</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,900.00</b>		
(S\$)	2,859.84	1,900.00	959.84	33.56
<b>+ GST 7.00/7.00% (S\$)</b>	<b>200.19</b>	<b>133.00</b>	<b>67.19</b>	<b>33.56</b>
<b>Nett Amount (S\$)</b>	<b>3,060.03</b>	<b>2,033.00</b>	<b>1,027.03</b>	<b>33.56</b>

## INSPECTION

Date of Assignment:	26/02/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	25/02/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 days		

Adjuster: KALVIN ANG WEI KUN

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: 01 Mar 2019)
<b>Parts:</b>	143	HYUNDAI SONATA 2.0 D CRDi Turbo (NF) (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHD4170A)	
<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 BUMPER COVER	Deformed	538.80 FL	*538.80 FL
2	1		*FRONT BUMPER BRACKET TOP LH	Serviceable	22.40 FL	*- FL
3	1		*FRONT BUMPER PROTECTOR LH	Repair	29.20 FL	*- FL
4	1		*HEAD LAMP LH	Cracked	797.90 FL	*797.90 FL
5	1		*FRONT FENDER LH	Dented	593.00 FL	*593.00 FL
6	1		*FRONT FENDER SHIELD LH	Serviceable	86.00 FL	*- FL
7	1		*FRONT WHEEL CAP LH	Grazed	145.00 FL	*145.00 FL
					<b>Sub Total (S\$)</b>	<b>2,212.30</b>
					<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>442.46</b>
					<b>Total Parts (S\$)</b>	<b>1,769.84</b>
						<b>2,074.70</b>
						<b>414.94</b>
						<b>1,659.76</b>

F=Franchise part. 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	400.00	300.00
2	SPRAY PAINTING	New	480.00	400.00
3	WIRING	New	60.00	20.00
4	TUFF KOTE	New	60.00	20.00
5	FRT WHEEL ALIGNMENT	New	80.00	0.00
Gross Labour Cost (S\$)			1,080.00	740.00

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;