

Surveyor: Kelvin

REF: C8/TM19003844/K1sd3n2

ASSIGNMENT

From: _____ Date: _____
Estimated Cost: _____
OD/TP/WS/TP RES/OD RES/EVA/INV/MVA
Insured Vehicle No: _____
Workshop m/s: _____
Insured: _____
Policy No: MF000893
Claims No: M1901258
Sum Insured: _____ Excess: _____
(Client's Record)
Make of Veh: _____

(Policy Condition)

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

NIS	OIS

Est. or Market Value: _____
DAD Accident Report: _____ Consistent? : Yes or No
GIA / PR Seen: _____ Consistent? : Yes or No
Est. Repairs: _____ days Res: Yes or No
Lum Sum: _____ % Val: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: SHC 14834 Yr Regn: 23 Aug, 2017
Type: M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
Truck / Trailer or
Make: Toyota Prius cc 1700
Colour: Blue A/C: Ins. Ad / Std / HI / NA
Sp. Reading: 199211 T/Ratio: Ins. Ad / Std / HI / NA
Eng/No: _____
CRNo: J70KBJF4903563741
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 A/Rim or
Tyre Size: F: 195/65R15 R: _____
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHSU / PIR / SUMI /
TOYO / YOKO or Davanti
Front: R/Bal. 7 mm L/Bal. 7 mm
D.O.A. 28/2/19 D.O.I. 28/2/19
Survey held at C D & E (Loyang)
Des. of Damages: Frl / Rear / OIS / NIS / UIC / Rooflop or
o/s 204.
The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHC 14834 Y
	SKM 1846X X
4/3/19	Chand P/P \$765 / 20% C \$1,541.20 Rd - 67%
	RECEIVED 04 MAR 2019

Date/Time, File Pass to? 4/3/19
1) ☐ : Prel. Report
2) ☒ : Final Report

Days Of Repair: 2
Resurvey No. of Trip: 1

Survey Fee:	
Transportation:	250
	10
	260

~~\$7765~~ \$765 P/P

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	28/02/2019 11:23
Date Of Accident	28/02/2019 08:35
Exact Location Of Accident	ALONG KIM SENG RD TWDS OUTRAM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC1483Y
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	TOYOTA
Model	PRIUS
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	LIM LAY CHONG
NRIC No	S0148706Z
Date Of Birth	22/01/1950
Occupation	OUTDOOR
Date Of Driving Pass	16/10/1969
Driving Experience	49 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90496219
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 117 BUKIT MERAH VIEW #15-181
Postcode	151117
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)	2
Passenger 1	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 T O 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	SKM1846X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FIROZ KHAN S/O ISHAQ
NRIC/Passport Number	S1828862A
Contact Number	
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	FRT LEFT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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.

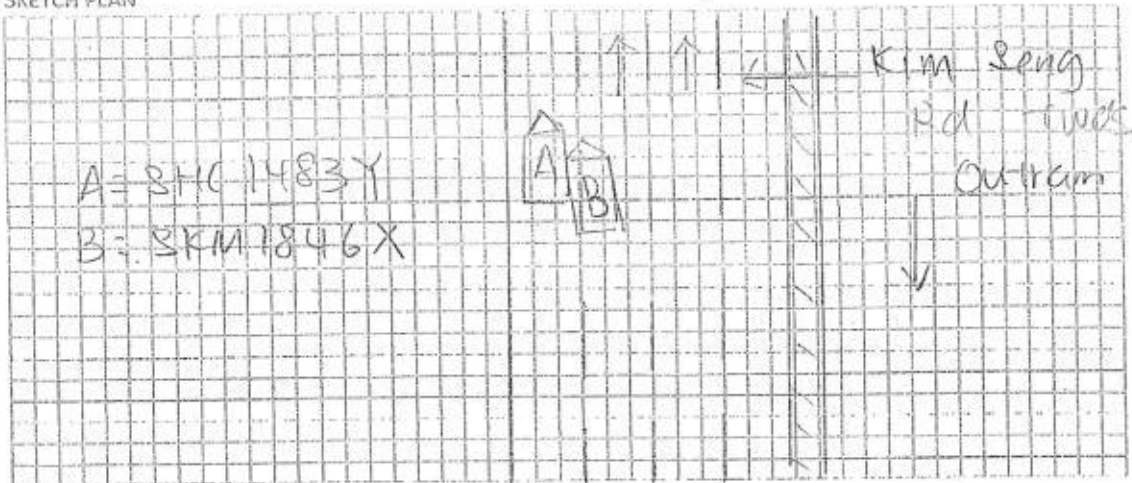
COMFORT TRANSPORTATION PTE LTD
CO REG NO. 199203821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: Loke Wei Yiong
NRIC/FIN No.: 2812119

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 28/2/19 at about 08:35 hrs, I was driving straight at above said location with 1 male pax. Suddenly I felt an impact from my taxi right hand side. I stepped out to have a check and found Veh B encroached into my lane from right hand side. Due to this course, Veh B it from left portion hit. It grazed onto my taxi right centre portion. No injury reported at the point of accident.

DECLARATION

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

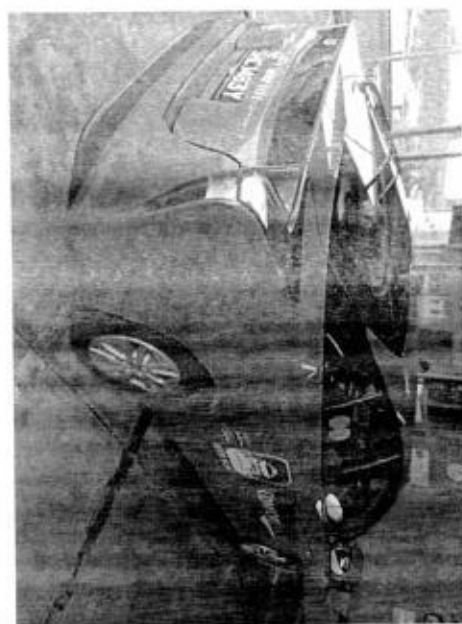
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 189203821R

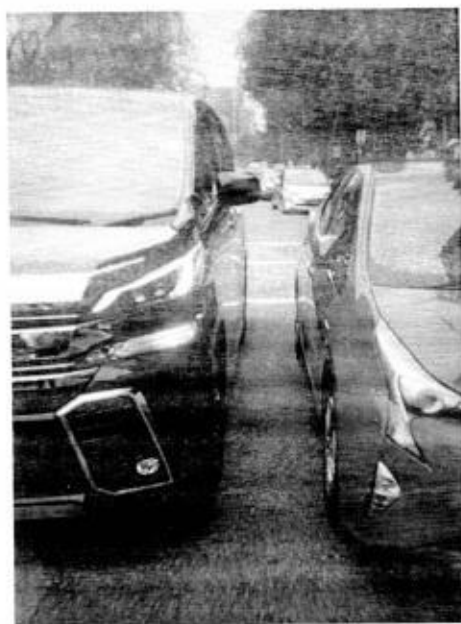
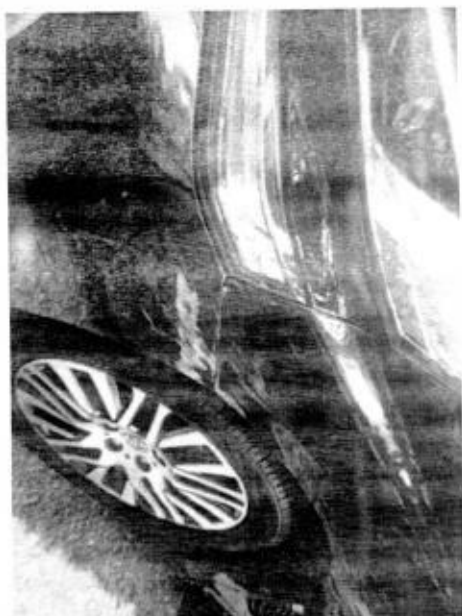
Policyholder's Signature
Date & Time:

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

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

DRIVER'S SIGNATURE





REPAIR ESTIMATE

VEHICLE NO : SHC 1483Y

MAKE :

MODEL : TOYOTA PRIUS

Parant:
195/65R15

28/2/2019 14:06

PARTS DESCRIPTION	QTY	UNIT PRICE	AMOUNT
PANEL SUB-ASSY, FRONT DOOR, RH <i>X repair</i>			\$ 1,264.00
<i>Rear Door (RH) X repair</i>			
SUB TOTAL			\$ 1,264.00
LESS 25%			\$ 252.80
DISCOUNTED TOTAL			\$ 1,011.20
FRONT DOOR COMFORT LOGO <i>me</i>			\$ 75.00
REAR DOOR COMFORT & APPS STICKER <i>me</i>			\$ 80.00
			\$ 155.00
LABOUR CHARGE			
Panel Beating			\$ 400.00 <i>200</i>
Spray Painting Charge- 2 Doors			\$ 400.00 <i>600.00</i>
Tuff Kote			\$ 50.00 <i>20</i>
Transfer of Door			\$ 80.00 <i>10</i>
<i>Marine fee</i>			\$ 10.00
TOTAL LABOUR			\$ 1,130.00
ESTIMATE TOTAL			\$ 2,296.20
<i>Kalnick</i>			<i>2306.20</i>
<i>N 28/2/19 1505h</i>			
<i>2042</i>			
<i>PIF</i>			
<i>After Repair photo</i>			

LKK Auto Centre hereby notify the Repairer of the following:

- To resurvey built water 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:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	28/02/2019
Vehicle Reg. No.:	SHC1483Y	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Vehicle Reg. Date:	23/08/2017
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	PRIUSHYBRIDG4	Chassis No:	JTDKB3FU903563741
Odometer:	0 KM		
Paint Type:			
List Item Discount:	25.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,103.00
Miscellaneous Items	10.00
Labour	1,130.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	2,243.00
+ GST 7.00% (S\$)	157.01
Nett Amount (S\$)	2,400.01

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 Feb 2019)
Parts:	144	TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	ComfortDelGro Engineering Pte Ltd/SHC1483Y/28/02/2019 14:31	
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 RH	25.00	0.00	*1,264.00 FL R
2	1		*FRT DOOR COMFORT LOGO	0.00	0.00	*75.00 F neu
3	1		*REAR DOOR COMFORT & APPS STICKER	0.00	0.00	*80.00 F neu
F=Franchise part. L=ListItemDisc.						
Sub Total (S\$)						1,419.00
- List Item Discount on L Items (S\$)						316.00
Total Parts (S\$)						1,103.00

ComfortDelGro Engineering Pte Ltd/SHC1483Y/28/02/2019 14:31. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

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	400.00 200
2	SPRAYPAINT	New	600.00 400
3	TUFF KOTE	New	50.00 00
4	TRANSFER DOOR PARTS	New	80.00 00
Gross Labour Cost (S\$)			1,130.00

ComfortDelGro Engineering Pte Ltd/SHC1483Y/28/02/2019 14:31. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

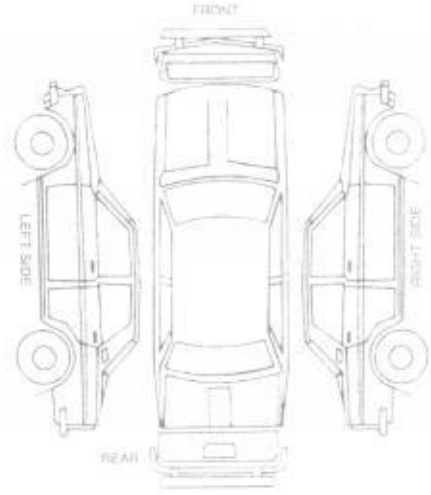
Team: ARC Repair TP(CLS0)1	JOB CARD	Sales Order:	JC NO: 305273245
CUSTOMER	REGN NO: SHC1483Y	MILEAGE	
MS	MAKE: TOYOTA	FUEL	
CUSTOMER NO. 7010045	MODEL	DATE/TIME IN	
ADDRESS 383 SIN MING DRIVE	PRIUS HYBRID(G4)	28.02.2019 09:45	
Singapore SINGAPORE 575717	YR OF MANU	TARGET DATE	
65508755 (R) (P)	23.08.2017		
COUNT CARD NO.	CHASSIS CODE	COMPLETION DATE/TIME	
	JTDKB3FU903563741		

JOB DESCRIPTION

Accident Date: 28.02.2019
NATURE: 3P 28.02.19 -

S/NO LABOR CODE DESCRIPTION

Davanti
198/65R15



CHECKED & PASSED OUT BY:

SERVICE ADVISOR	CUSTOMER'S SIGNATURE
Acknowledgement Slip	Exit Pass
Vehicle No: SHC1483Y	Vehicle No: SHC1483Y
Signature/Date	Name of Service Advisor
Signature/Date	Date
Signature/Date	To be kept by Security Guard

Signature/Date



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE

Date: 01.03.2019

Time: 16:54:51

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 : 305273245
REGN NO : SHC1483Y
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 23.08.2017
DATE/TIME IN : 28.02.2019 09:45
ACCIDENT DATE : 28.02.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 28-01-0103-0003-A	(I40)FRT DOOR LOGO SONATA	1	75.00	0.00	75.00
0002 28-01-0103-2013-A	I40V3 APP LOGO REAR DOOR	1	80.00	0.00	80.00

SUB-TOTAL : 155.00

JOB NATURE

0000 PB	PANEL BEATING	200.00
0001 SP	SPRAYPAINT CHARGE	400.00
0002 L	MERIMEN FEE	10.00

SUB-TOTAL : 610.00

TOTAL : 765.00

AUTHORISED : YES / NO

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

Our Job Ref No 305273245

Date : 02/03/19

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508959
Fax: 6546 8156

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHC1483Y

Date of Accident : 28.02.19

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

1. The repair job shall bill to: TOKIO --- SKM1846X
###
2. The finalized amount shall be:
 - (a) Spare Parts after List discount \$155.00
 - (b) Labour Charges ### \$610.00
 - Total for Part-By-Part Repair Cost \$765.00
 - (c) Lumpsum Repair (if applicable) NI
 - Total for Lumpsum repair cost after Less: 20%
 - Final Lumpsum Repair cost

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 : 62148315

Fax : 65468156

Signature : 

Name : Kalvin

Date : 4/3/19

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/TM19003844/K1SD3N2

Date: 05/03/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MF000893
Claimant Vehicle No :	SHC1483Y	Insured Vehicle No :	SKM1846X
Date of Loss:	28/02/2019	Nature of Claim:	TP
		Claim No:	M1901258

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC1483Y	Engine No:	2ZRS062459
Make & Model:	TOYOTA PRIUS, 1.8 HYBRID CVT (A)	Chassis No:	JTDKB3FU903563741
Reg. Date:	23/08/2017 (Man. Year: 2017)	Odometer:	199211 km
Colour:	Blue		
Engine Capacity:	1798 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:	Average

CONDITION OF TYRES

Front Tyre Size:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Davanti 7 mm	Rear Left Side:	Davanti 7 mm
Front Right Side:	Davanti 7 mm	Rear Right Side:	Davanti 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,103.00	155.00	948.00	85.95
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,130.00	600.00	530.00	46.90
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (\$\$)	2,243.00	765.00	1,478.00	65.89
+ GST 7.00/7.00% (\$\$)	157.01	53.55	103.46	65.89
Nett Amount (\$\$)	2,400.01	818.55	1,581.46	65.89

INSPECTION

Date of Assignment:	01/03/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	28/02/2019	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: Hiew May Fung

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: 05 Mar 2019)
Parts:	144	TOYOTA PRIUS 1.8 HYBRID CVT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC1483Y)	
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		*FRT DOOR ASSY RH	Repair	1,264.00 FL	*- FL
2	1		*FRT DOOR COMFORT LOGO	Necessary	75.00 F	*75.00 FS
3	1		*REAR DOOR COMFORT & APPS STICKER	Necessary	80.00 F	*80.00 FS
4	1		*REAR DOOR (RH)(NPA)	Repair	-	*- FL
					Sub Total (S\$)	1,419.00 155.00
					- List Item Discount on L Items 25.00/25.00% (S\$)	316.00 0.00
					Total Parts (S\$)	1,103.00 155.00

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	400.00	200.00
2	SPRAYPAINT	New	600.00	400.00
3	TUFF KOTE	New	50.00	0.00
4	TRANSFER DOOR PARTS	New	80.00	0.00
Gross Labour Cost (S\$)			1,130.00	600.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >