

ASS. REC. BY:

REF:

TMI / CC3/TMT19064714/Ktd372

## 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 Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

20 %

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

S/HO 20B

Yr Regn:

12, 14

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

Truck / Trailer or

Make:

Perant Loran

C.C.

1995

Colour:

White / Red

A/C:

Insured / Std / NI / NA

Sp. Reading

415976

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

V/FIABL 15/MC. 28/11/27

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60R16

R:

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

Citi

Front

Rear

R/Bal.

9

mm

R/Bal.

9

mm

L/Bal.

9

mm

L/Bal.

9

mm

D.O.A.

12/3/19

D.O.I.

14/3/19

Survey held at

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

N/S Rec

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

1

File pass to

S/L Sp 8/1400L (Red: 1968/21 (93%))

S/HO 20B - (03/III/16017335/Kwa34/2

SJO 3346A - X

D.O.A: 8/9/2016

18/3

Sent estimate and GIA report. to tokio

RECEIVED 20 MAR 2019

Date/Time, File Pass to?

1) 20/3/2015

Date/Time, File Return to?

2)

☐

Prell. Report

☒

Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

250

S - RS - SI

10

Fixtures

Others

TOTAL

360

Report Format:

Tp

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

1400

## Denise Tay (LKKAuto)

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**From:** Denise Tay (LKKAuto)  
**Sent:** Monday, 18 March 2019 11:46 AM  
**To:** 'Motor Claims'  
**Cc:** SUR  
**Subject:** DIRECT SURVEY INSPECTION ON WORKSHOP -COMFORTDELGRO ENGINEERING PTE LTD, DOA: 12/3/2019, SHD 20B (TP VEHICLE), SJQ3346A (OI VEHICLE)  
**Attachments:** SHD 20B EST.pdf; SHD 20B GAI.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHD 20B at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 12/3/2019

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Kindly create claim in merimen for our necessary action.

Best Regards,

**Denise Tay** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [denisetay@lkkauto.com](mailto:denisetay@lkkauto.com) | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

3/13/2019

PARF/COE Rebate Enquiry

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:	Company
Owner ID:	3878K

**Vehicle Details**

Vehicle No.:	SHD20B
Vehicle to be Exported:	Yes
Intended Deregistration Date:	13 Mar 2019
Vehicle Make:	RENAULT
Vehicle Model:	LATITUDE 2.0L DCI AUTO D/AB 4DR
Primary Colour:	Red
Manufacturing Year:	2014
Engine No.:	M9R8839C002390
Chassis No.:	VF1ABL15AUC281127
Maximum Power Output:	127.0 kW (170 bhp)
Open Market Value:	\$19,998.00
Original Registration Date:	24 Dec 2014
First Registration Date:	24 Dec 2014
Transfer Count:	0
Actual ARF Paid:	\$12,498.00

**Intended PARF Rebate Details**

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	23 Dec 2022
PARF Rebate Amount:	\$9,373.00

**Intended COE Rebate Details**

COE Expiry Date:	23 Dec 2022
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	8
PQP Paid:	\$51,668.00
COE Rebate Amount:	\$24,392.00
<b>Total Rebate Amount:</b>	<b>\$33,765.00</b>

**Message**

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

The information contained herein is correct as at 13 Mar 2019

OK

## 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	13/03/2019 10:03
Date Of Accident	12/03/2019 17:55
Exact Location Of Accident	JALAN BUKIT HO SWEE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD20B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	CLAIMS@TRANSCAB.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-62876666

### Vehicle Particulars

Manufacturer	RENAULT
Model	LATITUDE-2.0 D DCI (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	VPX/P1680520
Cover Note Number	

### Driver

Name of Driver	PANG TOON TEEN
NRIC No	S1548382B
Date Of Birth	26/01/1962
Occupation	OUTDOOR
Date Of Driving Pass	15/12/1981
Driving Experience	37 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96569031
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 75A REDHILL RD #18-60
Postcode	151075
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF 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)	3
Passenger 1	NAME: : MDM LEE GENDER: : FEMALE
Passenger 2	NAME: : UNKNOWN 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

ON 12/03/19 AT ABOUT 1755HRS, I WAS TRAVELLING STRAIGHT ALONG JALAN BUKIT HO SWEE TOWARDS LOWER DELTA ROAD. VEHICLE B(SJQ3346A) SLOWED DOWN AND CAME TO A STOP WITHOUT ANY REASON AND I PROCEED TO OVERTAKE HIM WITHIN THE MY LANE. WHILE I WAS DOING SO, I FELT AN IMPACT FROM THE LEFT SIDE OF MY TAXI. VEHICLE B HAS MOVED FROM STATIONARY POSITION AND COLLIDED ONTO THE REAR LEFT PORTION OF MY TAXI.

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### Details of Witness 1

Name	MDM LEE
Phone Number	98630947
Email Address	

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJQ3346A
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)

**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.
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.

\_\_\_\_\_  
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 #2 Pg. 1

Jalan Bukit Ho Seok

A: SHD 208  
B: SSQ 3346A

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to GIA Report

DECLARATION

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

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.:



**Trans-cab Auto Services Pte Ltd**

AAD1903-086

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

**SHD 20B**

Vehicle No.:

Chassis No.:

Vehicle Make:

Vehicle Model:

Date of Accident :

Third Party Insurer :

Date of Registration :

*Not Notified*  
*After Repair*  
*6/12/2014*

**SHD 20B**

VF1ABL15AUC281127

RENAULT

LATITUDE

12.3.2019

**TOKIO MARINE**

24/12/2014

**PART****LIST**

1	FENDER PANEL REAR LH	\$	<i>N</i> 3,299.13 <i>X</i>
1	FENDER PANEL INNER TRIM REAR	\$	<i>Sn</i> 671.45 <i>X</i>
1	WHEELARCH REAR LH	\$	<i>Sn</i> 543.47 <i>X</i>
1	BUMPER COVER REAR	\$	<i>Bu</i> 1,108.46 ✓
1	BUMPER LOWER REAR	\$	<i>Sn</i> 768.84 <i>X</i>
1	BUMPER BRACKET CTR REAR	\$	<i>Sn</i> 113.47 <i>X</i>
1	BUMPER RETAINER LH REAR	\$	<i>Dist</i> 44.99 ✓
1	BUMPER BEAM REAR	\$	<i>N</i> 777.52
1	BUMPER BEAM BRACKET LH REAR	\$	<i>Sn</i> 225.95
1	DOOR MIRROR ASSY LH	\$	<i>Sn</i> 1,483.40
1	TAILLAMP LH	\$	<i>Sn</i> 552.55
1	ROCKER PANEL INNER GARNISH LH	\$	<i>Sn</i> 466.51
1	ROCKER PANEL INNER LH	\$	<i>N</i> 1,024.79
1	ROCKER PANEL CENTER LH	\$	<i>N</i> 990.25

\$	12,070.79
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10% \$	1,207.08
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\$	10,863.71
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**Special Nett**

1SET	BUMPER CLIP FRT	\$	<i>N</i> 66.00 ✓
1	BUMPER BRACKET CLIP FRT LH	\$	<i>N</i> 12.00 <i>X</i>
1	BUMPER SUPPORT CLIP FRT LH	\$	<i>N</i> 10.50 <i>X</i>
1SET	BUMPER GRILLE LOWER CLIP	\$	<i>N</i> 69.00 <i>X</i>

TOTAL \$	157.50
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TOTAL PARTS \$	11,021.21
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**Trans-cab Auto Services Pte Ltd**

AAD1903-086

No. 2 Ang Mo Kio Street 63 Singapore 569111

Tel No. : 6287 6666 Fax No. : 6257 1330

CO./GST Reg. No. 201019626G

SHD 20B

**LABOUR**

Panel beating, knocking and straightening the necessary portion, remove and renewal of parts, adjust and realign the same	\$	2001 4,200.00
To apply paint protection system (PPS) maintain and enhancement	\$	nn 380.00 X
Putty and spray painting of the affected portion.	\$	4401 4,200.00
To rust-proofing of the affected areas.	\$	nn 170.00 X
To remove and refit interior fittings, trimings, garnish, fittings and other, to enable repair.	\$	4 380.00 X
To check steering geometry and computer wheel alignment	\$	4 220.00 X
To transfer of tire, rim and on wheel balancing.	\$	4 170.00 X
To Check Electrical Lighting Concerned.	\$	4 170.00 X
To Transfer Of Fender Fittings, Attachments And Perform Water Seepage Test.	\$	4 170.00 X
<b>TOTAL</b>	<b>\$</b>	<b>10,060.00</b>
<b>Over All Total</b>	<b>\$</b>	<b>21,081.21</b>

**LUMP SUM(REPAIR DAY)**~~10 DAYS~~

2 days

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:

## 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/TMI19004714/KTD3N2

Date: 25/03/2019

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MB004189
Claimant Vehicle No :	SHD20B	Insured Vehicle No :	SJQ3346A
Date of Loss:	12/03/2019	Nature of Claim:	TP
		Claim No:	M1901629

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHD20B	Engine No:	M9R8839C002390
Make & Model:	RENAULT LATITUDE, 2.0 D dCi (A)	Chassis No:	VF1ABL15AUC281127
Reg. Date:	24/12/2014 (Man. Year: 2014)	Odometer:	415976 km
Colour:	Metallic White/Red		
Engine Capacity:	1995 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:	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:	Giti 9 mm	Rear Left Side:	Giti 9 mm
Front Right Side:	Giti 9 mm	Rear Right Side:	Giti 9 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	11,021.20	1,104.10	9,917.10	89.98
Miscellaneous Items	0.00	0.00	0.00	
Labour	10,060.00	640.00	9,420.00	93.64
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>21,081.20</b>	<b>1,744.10</b>	<b>19,337.10</b>	<b>91.73</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,400.00</b>		
(S\$)	21,081.20	1,400.00	19,681.20	93.36
<b>+ GST 7.00/7.00% (S\$)</b>	<b>1,475.68</b>	<b>98.00</b>	<b>1,377.68</b>	<b>93.36</b>
<b>Nett Amount (S\$)</b>	<b>22,556.88</b>	<b>1,498.00</b>	<b>21,058.88</b>	<b>93.36</b>

## INSPECTION

Date of Assignment: 19/03/2019

Date Inspected: 14/03/2019 Inspected At:

Trans-cab Auto Services Pte Ltd (Ang Mo Kio)  
2, Ang Mo Kio Street 63  
Singapore 569111

Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG

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: 25 Mar 2019)
<b>Parts:</b>	143	RENAULT LATITUDE 2.0 D dCi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHD20B)	
<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		*FENDER PANEL REAR LH	Repair	3,299.13 FL	*- FL
2	1		*FENDER PANEL INNER TRIM REAR	Serviceable	671.45 FL	*- FL
3	1		*WHEELARCH REAR LH	Serviceable	543.47 FL	*- FL
4	1		*BUMPER COVER REAR	Buckled	1,108.46 FL	*1,108.46 FL
5	1		*BUMPER LOWER REAR	Serviceable	768.84 FL	*- FL
6	1		*BUMPER BRACKET CTR REAR	Serviceable	113.47 FL	*- FL
7	1		*BUMPER RETAINER LH REAR	Distorted	44.99 FL	*44.99 FL
8	1		*BUMPER BEAM REAR	Repair	777.52 FL	*- FL
9	1		*BUMPER BEAM BRACKET LH REAR	Serviceable	225.95 FL	*- FL
10	1		*DOOR MIRROR ASSY LH	Serviceable	1,483.40 FL	*- FL
11	1		*TAILLAMP LH	Serviceable	552.55 FL	*- FL
12	1		*ROCKER PANEL INNER GARNISH LH	Serviceable	466.51 FL	*- FL
13	1		*ROCKER PANEL INNER LH	Repair	1,024.79 FL	*- FL
14	1		*ROCKER PANEL CENTER LH	Repair	990.25 FL	*- FL
15	1		*SET BUMPER CLIP FRT	Necessary	66.00 FS	*66.00 FS
16	1		*BUMPER BRACKET CLIP FRT LH	Not Necessary	12.00 FS	*- FS
17	1		*BUMPER SUPPORT CLIP FRT LH	Not Necessary	10.50 FS	*- FS
18	1		*SET BUMPER GRILLE LOWER CLIP	Not Necessary	69.00 FS	*- FS

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

<b>Sub Total (\$\$)</b>	<b>12,228.28</b>	<b>1,219.45</b>
<b>- List Item Discount on L Items 10.00/10.00% (\$\$)</b>	<b>1,207.08</b>	<b>115.35</b>
<b>Total Parts (\$\$)</b>	<b>11,021.20</b>	<b>1,104.10</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING,KNOCKING AND STRAIGHTENING THE NECESSARY PORTION,REMOVE AND RENEWAL OF PARTS,ADJUST AND REALIGN THE SAME	New	4,200.00	200.00
2	TO APPLY PAINT PROTECTION SYSTEM (PPS) MAINTAIN AND ENHANCEMENT	New	380.00	0.00
3	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION	New	4,200.00	440.00
4	TO RUST-PROOFING OF THE AFFECTED AREAS	New	170.00	0.00
5	TO REMOVE AND REFIT INTERIOR FITTINGS,TRIMINGS,GARNISH,FITTINGS AND OTHER,TO ENABLE REPAIR.	New	380.00	0.00
6	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT	New	220.00	0.00
7	TO TRANSFER OF TIRE,RIM AND ON WHEEL BALANCING	New	170.00	0.00
8	TO CHECK ELECTRICAL LIGHTING CONCERNED	New	170.00	0.00
9	TO TRANSFER OF FENDER FITTINGS,ATTACHMENTS AND PERFORM WATER SEEPAGE TEST	New	170.00	0.00
Gross Labour Cost (S\$)			<b>10,060.00</b>	<b>640.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >