

ASS. REC. BY:

REF: CS/SMO19005610/KHd3n2

Special Instruction:

Surveyor: Kalun

ASSIGNMENT (Office)

Muriman

From (Person): Agus Chan Shu Hai of SMO

Date/Time: 29.3.19 13.55 p.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHA 2461 P Insured: SCU 1444A

at Workshop m/s Comfort Delgro Engineering Tel: of 59 Loyang Drive, 508969

Policy No: D18mTPV 01008845 Claim No: CM1D1901563

Sum Insured: Excess:

Make of Veh: D.O.A. 27.3.2019 (Client's Record)

CA / REV / REP. / REV 24 HRS "wp"

H.O.D. Endorsement:

Date/Time: 29.3.19 230p.m Person Contacted: Kalun

Vehicle (IN) OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 2461 - CS/MSG 13014464/KHd3n2 DOA - 06/08/2018
	SCU 1444A - CS/SMO 19001709/NSd3n2 DOA - 24/01/2019

Surveilor: Kalvin

REF:

### ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_  
 Estimated Cost: \_\_\_\_\_  
 OD / TP / HS / TP RES / OD RES / EVA / INV / MV  
 To Inspected Vehicle No: \_\_\_\_\_  
 si Working mis \_\_\_\_\_  
 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.

N/S	O/S

Bal. 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 Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Veh No: SHA 2461P Yr Reg: 30 Apr 2012  
 Type: M. Car / M. Cycle / Bus / Van / Lorry / T / G / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: Hyundai Santa Fe cc 1991  
 Colour: Blue A/C: Insured / Sid / Nil / NA  
 Sp. Reading: 32480x T/Radio: Insured / Sid / Nil / NA  
 Eng/No: \_\_\_\_\_  
 C/No: 1CMHET41VMCA 224802  
 Gen. Cond: Good /  / Poor / Burnt  
 Steering: Inop  / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Brake: Inop  / Jammed / Leaked / Burnt or \_\_\_\_\_  
 Modi: Nil / S/Rim / STD  Rims or \_\_\_\_\_  
 Tyre Size: F: 215/60R16  
 R: \_\_\_\_\_  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
 TOYO / YOKO or Maxxis  
 Front R/Bal: 6 mm Rear R/Bal: 6 mm  
 L/Bal: 6 mm L/Bal: 6 mm  
 D.O.A. 27/3/19 O.O.I. 29/3/19  
 Survey held at C.D & E (Loyang)  
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Roottop or  
Rear  
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
2/4/19	Whe 4/5 & 700 / 2 by. Ured: 655' 32' 48" 50 mps 41

RECEIVED 04 APR 2019

Date/Time, File Pass to?  : Prel. Report

11214 Typist  : Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:	
Transportation:	250
S + FS:	10
Photo:	
Other:	
	260

Add Fee:  Site Insp. 18  
 Interview 15  
 Report 15  
 Test 15

700f

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 Mar 2019		29 Mar 2019 13:55 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b>			<b>[Created by insurer]</b>						
Insured:	ONG BEE LEEM, ID: S6833108J, Tel: +6597425181, Email: beeleem@gmail.com								
Main Claimant:	COMFORTDELGRO TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SHA2461P	Date of Loss:	27/03/2019 18:00 - :59						
Claim Type:	TP / CMTD1901563	Policy/Cover Note No.:	D18MTPV01008845 (Comprehensive)						
Vehicle Reg. No. (Insured):	SCU1444A	Policy No. (Claimant):							
		Excess:							
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	Sampo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by CHAN SHU HUI AGNES - 6329 5327]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... <b>[Final Rpt due 09/04/2019]</b>								
Driver/Custodian (Insured):	ONG BEE LEEM (50 / Female), NRIC: S6833108J, Tel: +6597425181 Email: beeleem@gmail.com								
<b>ASSOCIATED MAIL RECEIVED</b>			<a href="#">View All</a>	<a href="#">Compose Case Mail</a>					
There are no mail for this case.									
<input type="checkbox"/> <b>ALL ASSOCIATED TASKS</b>									
		<a href="#">View All</a>	<a href="#">Search Tasks</a>	<a href="#">Create New Task</a>	<a href="#">Complete</a>				
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
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	28/03/2019 13:36
Date Of Accident	27/03/2019 19:50
Exact Location Of Accident	DOVER RISE TWDS DOVER RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA2461P
<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	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	SUKRI BIN MOHAMAD
NRIC No	S0018420I
Date Of Birth	18/09/1954
Occupation	OUTDOOR
Date Of Driving Pass	10/11/1980
Driving Experience	38 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90100291
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 510 JELAPANG ROAD #04-66
Postcode	670510
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)	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	SCU1444A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ONG BEE LEEM
NRIC/Passport Number	S6833108J
Contact Number	
Address	
Postcode	
Insurance Company Name	SOMPO INSURANCE SINGAPORE PTE. LTD.
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

**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.

Copyright © Anandaraman Associates (P) Ltd.  
Tel: (65) 6338 2111

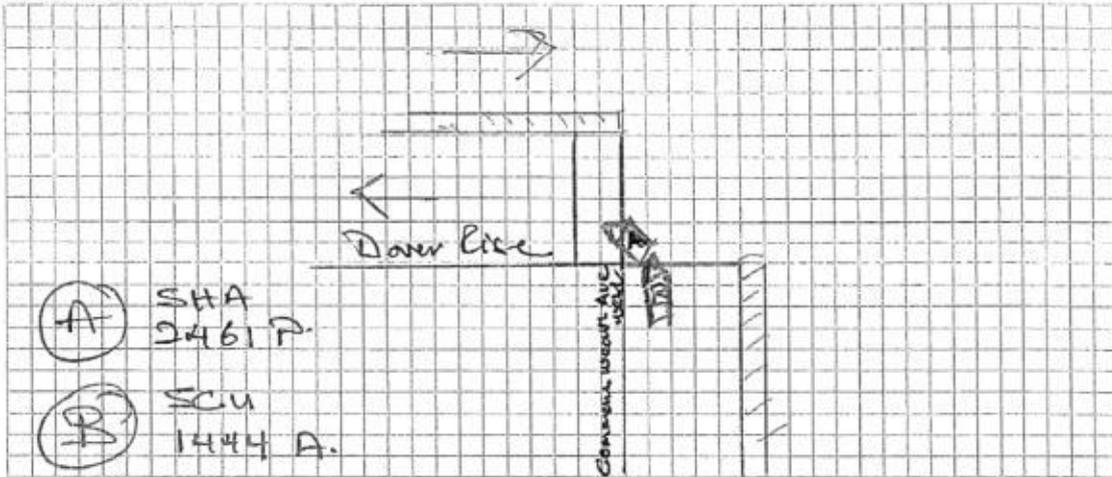
\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

*Chen 28/3*  
\_\_\_\_\_  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON. 27. March 2019 @ 19:50 hr

I was at work driving to make a left turn. I was a slowdown to give way to pedestrian suddenly VEH B from the rear hit VEH A Rear. at the point of accident VEH A NO PAR.

DECLARATION

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

COMFORT TRANSPORTS LTD  
 CO REG NO 149705118

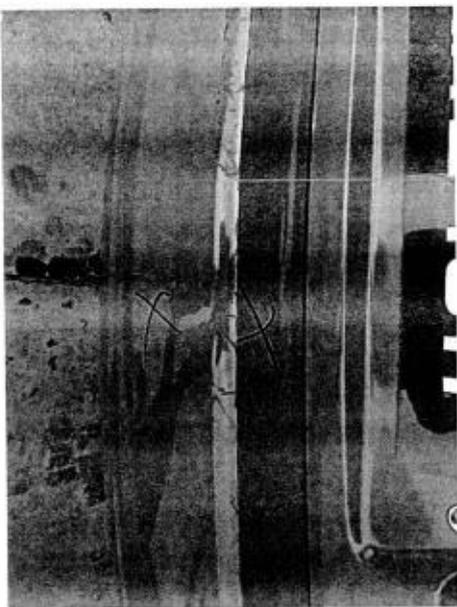
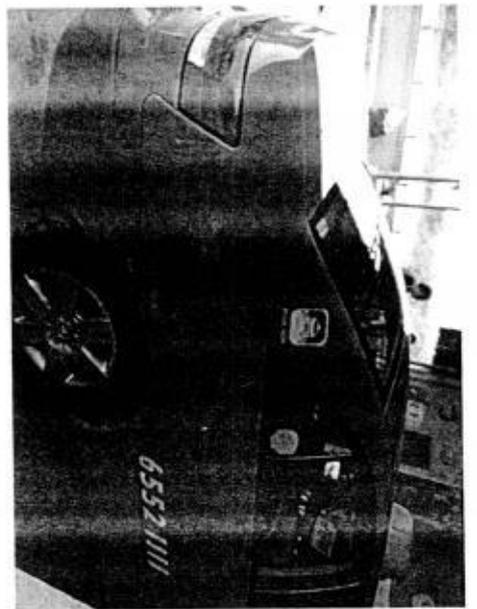
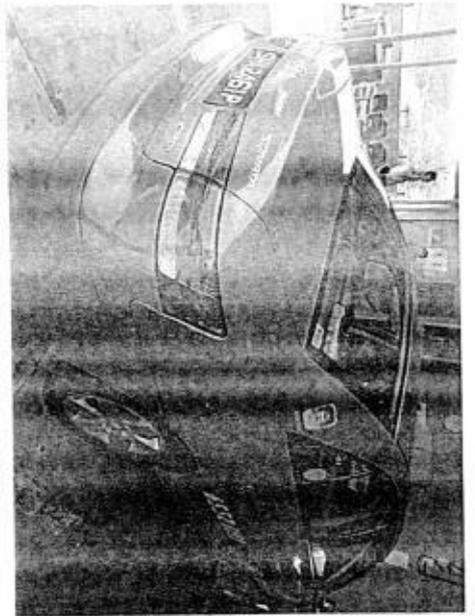
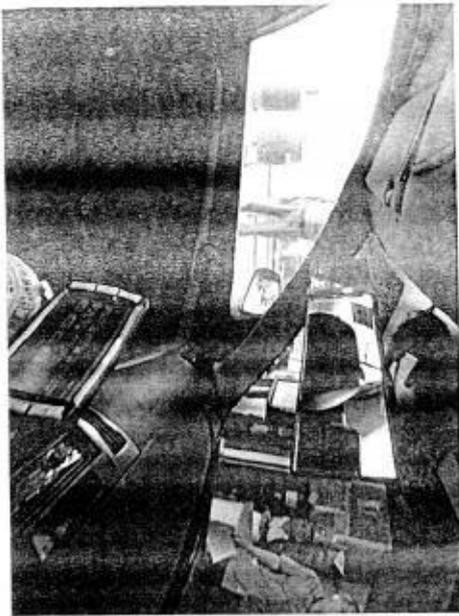
Policyholder's Signature  
 Date & Time:

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

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

*John*

*William J 22/3*



**COMFORTDELGRO ENGINEERING PTE LTD**  
**REPAIR ESTIMATE\***

*Sample*

VEHICLE NO : SHA 2461P

DATE 28/3/2019 14:36

MAKE :

*Chuang*

MODEL : HYUNDAI SONATA

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper - <i>behind</i>			\$ 578.40
	Rear Bumper Clip - <i>see</i>			\$ 22.00
	<b>SUB TOTAL</b>			<b>\$ 600.40</b>
	<b>LESS 20% <i>25%</i></b>			<b>\$ 120.08</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 480.32</b>
	Rear No. Plate <i>X see</i>			\$ 25.00 <b>Nett</b>
				<b>\$ 25.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ <del>400.00</del> <i>200</i>
	Spray Painting Charge			\$ <del>300.00</del> <i>200</i>
	Wiring Charge			\$ <del>30.00</del> <i>X 2</i>
	Remove/Refix Reverse Sensor			\$ <del>120.00</del> <i>20</i>
	<b>TOTAL LABOUR</b>			<b>\$ 850.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,355.32</b>
<p><i>Kalin Ulla</i></p> <p><i>29/3/19 1505hr</i></p> <p><i>2 Days</i></p> <p><i>U/s</i></p> <p><i>After Repair photo</i></p>				
<p>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.</p>				

Team: KH ARC Repair TP(CLS0)1

### JOB CARD

Sales Order:

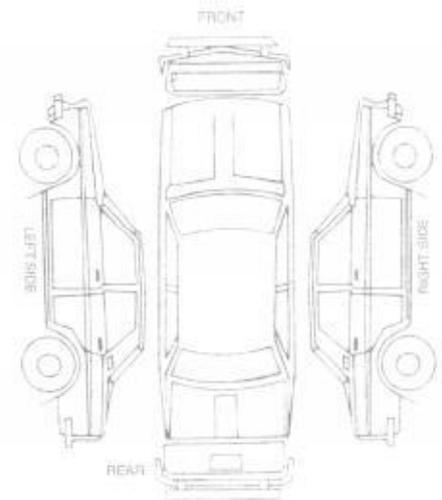
JC NO.: 305282393

CUSTOMER  VMS CUSTOMER NO. ADDRESS  L (R) (P)  ACCOUNT CARD NO.	COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O)	REGN NO.: <b>SHA2461P</b>	MILEAGE
		MAKE: <b>HYUNDAI</b>	FUEL E.....1/2.....F
		MODEL: <b>SONATA</b>	DATE/TIME IN <b>28.03.2019 11:10</b>
		YR OF MANU: <b>30.04.2012</b>	TARGET DATE
		CHASSIS CODE: <b>KMHET41VMCA824482</b>	COMPLETION DATE/TIME:

JOB DESCRIPTION

Accident Date: 27.03.2019  
 NATURE: 3P 27.03.2019

S/NO	LABOR CODE	DESCRIPTION
------	------------	-------------



CHECKED & PASSED OUT BY: \_\_\_\_\_

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA2461P**  
 Name: **CHIANG**

Vehicle No.: **SHA2461P**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305282393  
Date : 29/03/19

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

## FINALIZATION FORM

To : LKK vac Fax :  
Attn : KALVIN  
Vehicle Reg No. : SHA2461P 27/03/2019

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

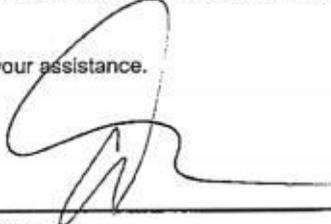
1. The repair job shall bill to: SOMPO SCU1444A
2. The finalized amount shall be:
- (a) Spare Parts after List discount \_\_\_\_\_
- (b) Labour Charges \_\_\_\_\_
- Total for Part-By-Part Repair Cost** \_\_\_\_\_
- (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: \_\_\_\_\_
- Final Lumpsum Repair cost** \$700.00

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 : Kaha  
Date : 2/4/19

### 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/SMO19005610/K1TD3N2  
**Date:** 09/04/2019

#### REFERENCE

<b>Handling Insurer:</b>	Sompo Insurance Singapore Pte. Ltd.	<b>Policy No:</b>	D18MTPV01008845
<b>Claimant Vehicle No :</b>	SHA2461P	<b>Insured Vehicle No :</b>	SCU1444A
<b>Date of Loss:</b>	27/03/2019	<b>Nature of Claim:</b>	TP
		<b>Claim No:</b>	CMTD1901563

#### DESCRIPTION & IDENTIFICATION OF VEHICLE

<b>Reg No:</b>	SHA2461P	<b>Engine No:</b>	D4EA9764310
<b>Make &amp; Model:</b>	HYUNDAI SONATA NF, 2.0 CRDI AT ABS 2WD 4DR TURBO (A)	<b>Chassis No:</b>	KMHET41VMCA824482
<b>Reg. Date:</b>	30/04/2012 (Man. Year: 2012)	<b>Odometer:</b>	324804 km
<b>Colour:</b>	Blue		
<b>Engine Capacity:</b>	1991 cc		
<b>Market Value/New Car Price:</b>	N/A		
<b>Sum Insured (S\$):</b>	Market Value/New Car Price		

#### CONDITION OF VEHICLE AT THE TIME OF SURVEY

<b>General Condition:</b>	<b>Steering (Serviceable):</b>	Yes	<b>Footbrake (Serviceable):</b>	Yes
<b>Handbrake (Serviceable):</b>	<b>Engine Modification:</b>	No	<b>Pre-accident Condition:</b>	

#### CONDITION OF TYRES

<b>Front Tyre Size:</b>	215/60R16	<b>Rear Tyre Size:</b>	215/60R16
<b>Front Left Side:</b>	Maxxis 6 mm	<b>Rear Left Side:</b>	Maxxis 6 mm
<b>Front Right Side:</b>	Maxxis 6 mm	<b>Rear Right Side:</b>	Maxxis 6 mm

*The above values represent the remaining tyre treads depth*

#### COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	505.32	450.30	55.02	10.89
Miscellaneous Items	0.00	0.00	0.00	
Labour	850.00	430.00	420.00	49.41
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>1,355.32</b>	<b>880.30</b>	<b>475.02</b>	<b>35.05</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>700.00</b>		
(S\$)	1,355.32	700.00	655.32	48.35
<b>+ GST 7.00/7.00% (S\$)</b>	<b>94.87</b>	<b>49.00</b>	<b>45.87</b>	<b>48.35</b>
<b>Nett Amount (S\$)</b>	<b>1,450.19</b>	<b>749.00</b>	<b>701.19</b>	<b>48.35</b>

#### INSPECTION

<b>Date of Assignment:</b>	29/03/2019	
<b>Date Inspected:</b>	29/03/2019	<b>Inspected At:</b>
		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

**Part Source:** MRM-SG    Version: 1.0 (Last Synchronised: 09 Apr 2019)  
**Parts:** 143    HYUNDAI SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO (A) (Catalogue:Merimen Singapore 1.0)  
**Labour:** Repairer's (Price-denominated Standard List)  
**Print Code:** (Unsubmitted, no print-code for SHA2461P)  
**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		*REAR BUMPER	Deformed	578.40 FL	*578.40 FL
2	10		*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
3	1		*REAR NO PLATE	Serviceable	25.00 FS	*- FS
<b>Sub Total (\$\$)</b>					<b>625.40</b>	<b>600.40</b>
- List Item Discount on L Items 20.00/25.00% (\$\$)					120.08	150.10
<b>Total Parts (\$\$)</b>					<b>505.32</b>	<b>450.30</b>

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

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	New	400.00	200.00
2	SPRAY PAINTING CHARGE	New	300.00	200.00
3	WIRING CHARGE	New	30.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	120.00	30.00
<b>Gross Labour Cost (\$\$)</b>			<b>850.00</b>	<b>430.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >