

Surveyor: Kohn

REF: CC3/TMI19005861/K1td3 n2

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD/TP/HS/TP RES/OD RES/EVA/INV/MV
 To Insured 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.

NIS	OIS

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

CA / REV / REP. / 24 HRS

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

Veh No: SHB 4114 Z Yr Regn: 5 Nov, 2018
 Type: M. Car / M. Cycle / Bus / Van / Lorry / Truck / Trailer or ☒ Prime Mover /
 Make: Hyundai cc 1.6
 Colour: Blue A/C: Ins / Std / Nil / NA
 Sp. Reading: 500638 T/Radio: Ins / Std / Nil / NA
 Eng No: _____
 C/No: 1CM HLBX/4464 08038
 Gen. Cond: Good / Fb / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / SIR / STD / PR or
 Tyre Size: 205/60R16
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUM /
 TOYO / YOKO or W3116
 Front: 6 mm Rear: 6 mm
 R/Bal: 6 mm L/Bal: 6 mm
 D.O.A. 1/4/19 D.O.I. 2/4/19
 Survey held at C D G E (Loyang)
 Des. of Damages: Frt / Rear / OIS / NIS / VIC / Rooftop or
M S Fry
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	SHB 4114 Z - CC3/TMI19005861/K1td3 n2 DOA - 23/3/2018 Tkr.
	SLF 2344 X - X 42
4/4/19	Und 4541550/ 24. (Red: 2133.20: 57%)

RECEIVED 04 APR 2019

Date/Time, File Pass to? ☐ Prel. Report
☒ Final Report
 Date/Time, File Return to? _____

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

Survey Fee:	
Transportation:	250
S-RS	10
Photo:	
Other:	

Add Fee: ☐ Site Insp ☐ IS
☐ Interview ☐ P
☐ Technician ☐ P

15501

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	02/04/2019 08:54
Date Of Accident	01/04/2019 20:05
Exact Location Of Accident	MARINA BLVD TOWARDS BAYFRONT AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4114Z
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	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	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	CHEW KAI LOCK
NRIC No	S1751123H
Date Of Birth	01/01/1967
Occupation	OUTDOOR
Date Of Driving Pass	06/05/1987
Driving Experience	31 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94524967
Fax Number	
Contact Number	
Email Address	LOCKCHENG1123@HOTMAIL.COM

Address	BLK 224 YISHUN STREET 21 #08-485
Postcode	760224
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)	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

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF2344X
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ZENG KUNMING
NRIC/Passport Number	S8407196Z
Contact Number	93848227
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

WHOLE RH SIDE

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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

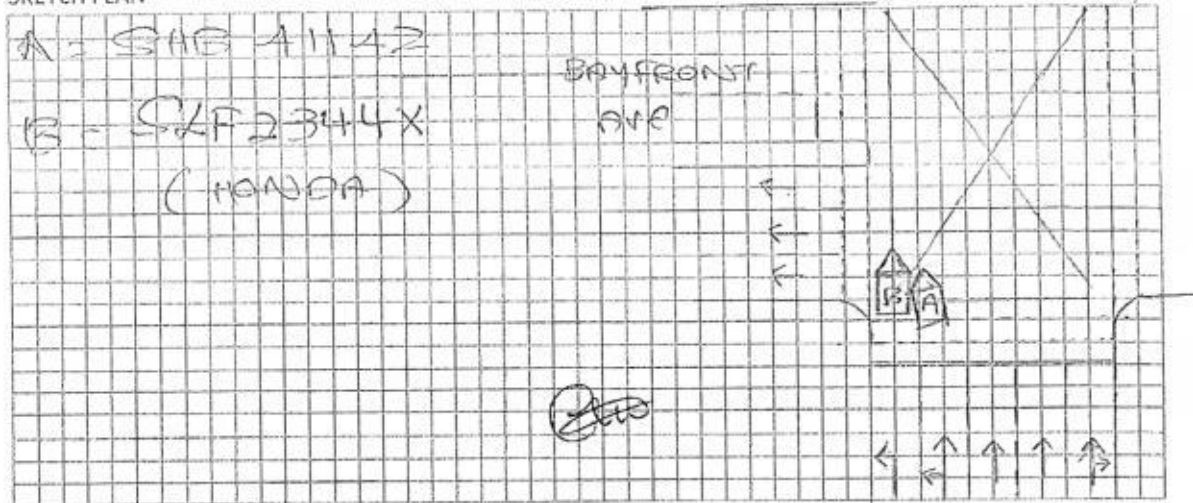
Policyholder's Signature
Date & Time:

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

Olivia Wendy

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 02 APR 2019

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Statement as per attached

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:

Olivia Wendy

Reporting Centre Personnel's Signature
Name: 02 APR 2019
NRIC/FIN No.:

Describe Circumstances of the Accident.

On the 01/04/2019 @ about 20:05hrs, I was driving along Marina BLVD towards Bayfront Ave direction.

As I was turning towards Bayfront Ave suddenly vehicle SLF2344X drove passed and collided onto my left front portion of my taxi. The lane he was driving only for turning left and my lane can go straight and turn left.

01 male passenger on board my taxi. No injury at the point of accident.

Declaration

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 192303821R

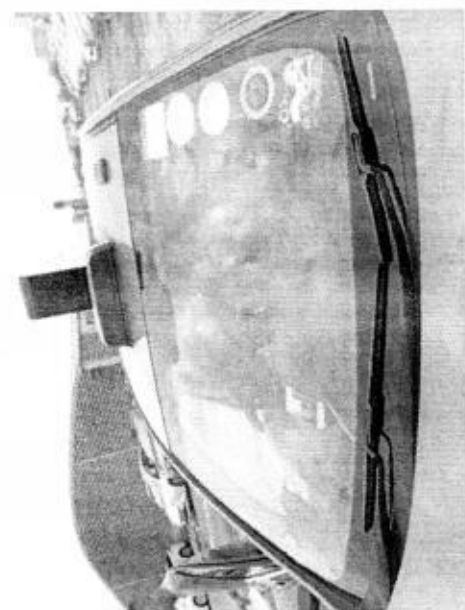
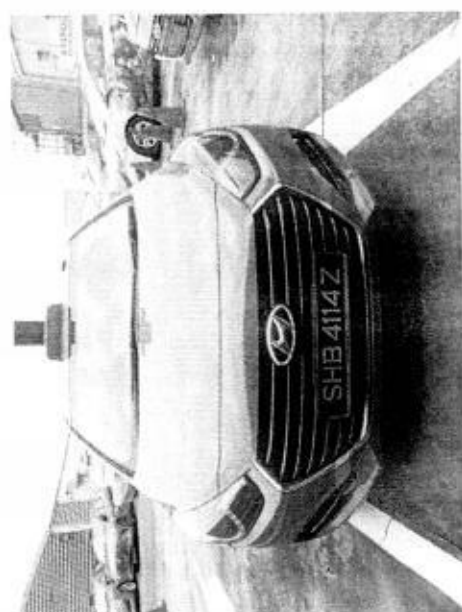
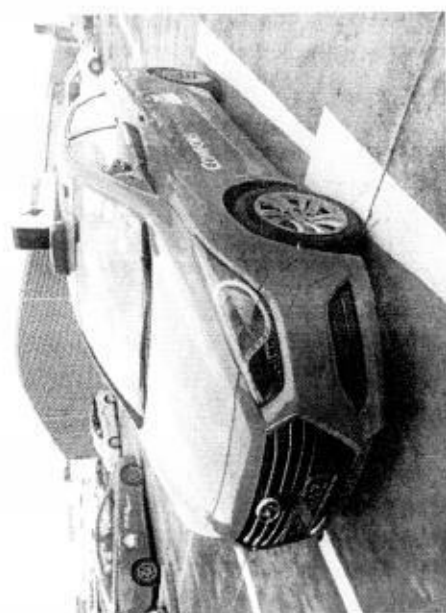
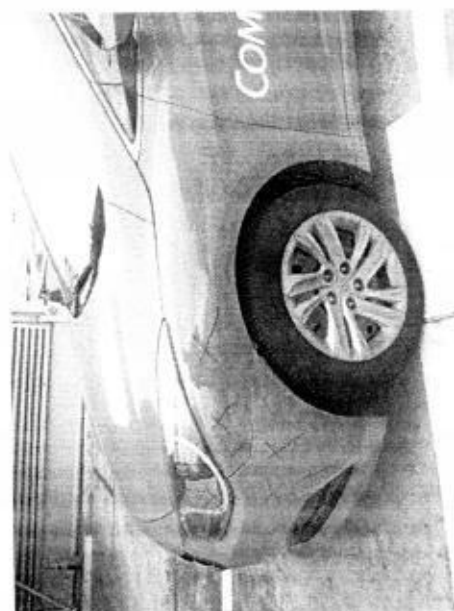
Policyholder's Signature/Date &
Time

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

Olivia Wendy

Witnessed by Reporting
Centre Personnel

02 APR 2019



COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 4114Z

DATE 2/4/2019 10:04

MAKE :

MODEL : HYUNDAI i40

LKK/kalvin

L/Sun

Lile

Zepher Marine

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Ref</i>			\$ 1,052.20
	Front Bumper Bracket Top (LH) <i>X su</i>			\$ 22.40
	Front Bumper Bracket (LH) <i>X su</i>			\$ 24.60
	Headlamp (LH) <i>X su</i>			\$ 1,388.00
	Front Fender (LH) — <i>Ref</i>			\$ 566.30
	Front Fender Shield (LH) <i>X su</i>			\$ 175.90
	Front Fender Retainer <i>X su</i>			\$ 24.60
	SUB TOTAL			\$ 3,254.00
	LESS 20%			\$ 650.80
	DISCOUNTED TOTAL			\$ 2,603.20
	Labour Charge			
	Panel Beating			\$ 400.00 <i>200</i>
	Spray Painting Charge			\$ 600.00 <i>400</i>
	Wiring			\$ 30.00 <i>10</i>
	Tuff Kote			\$ 50.00 <i>30</i>
	<i>Marine Fee</i>			\$ 100.00 <i>0</i>
	TOTAL LABOUR			\$ 1,080.00
	ESTIMATE TOTAL			\$ 3,683.20
<i>Kalvin LKK</i> <i>2/4/19 11:20 L</i> <i>2 Pys</i> <i>L/S</i> <i>After Repair</i>				
<div style="border: 1px solid black; padding: 5px;"> <p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • To resurvey before and 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 <p>Acknowledged by Repairer</p> <p>Signature: _____</p> <p>Date: _____</p> </div>				
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:	01/04/2019
Vehicle Reg. No.:	SHB4114Z	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	05/11/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU561684	Chassis No:	KMHLB41UMGU080358
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	2,603.20
Miscellaneous Items	10.00
Labour	1,080.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	3,693.20
+ GST 7.00% (S\$)	258.52
Nett Amount (S\$)	3,951.72

This claim is handled by: LIM KWOK ENG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS**Reference****Part Source:** MRM-SG **Version:** 1.0 (Last Synchronised: 02 Apr 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/SHB4114Z/02/04/2019 15:03**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 BUMPER COVER	20.00	0.00	*1,052.20 FL <i>dr</i>
2	1		*FRT BUMPER BRACKET TOP LH	20.00	0.00	*22.40 FL <i>SVC</i>
3	1		*FRT BUMPER BRACKET LH	20.00	0.00	*24.60 FL <i>SVC</i>
4	1		*HEADLAMP ASSY LH	20.00	0.00	*1,388.00 FL <i>SVC</i>
5	1		*FRT FENDER LH	20.00	0.00	*566.30 FL <i>Buc</i>
6	1		*FRT FENDER SHIELD LH	20.00	0.00	*175.90 FL <i>SVC</i>
7	1		*FRT FENDER RETAINER LH	20.00	0.00	*24.60 FL <i>SVC</i>

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	3,254.00
- List Item Discount on L Items (S\$)	650.80

Total Parts (S\$)	2,603.20
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ComfortDelGro Engineering Pte Ltd/SHB4114Z/02/04/2019 15:03. 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 (\$\$)			10.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	400.00
2	SPRAY PAINTING CHARGE	New	600.00
3	WIRING CHARGE	New	30.00
4	TUFF KOTE	New	50.00
Gross Labour Cost (\$\$)			1,080.00

ComfortDelGro Engineering Pte Ltd/SHB4114Z/02/04/2019 15:03. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

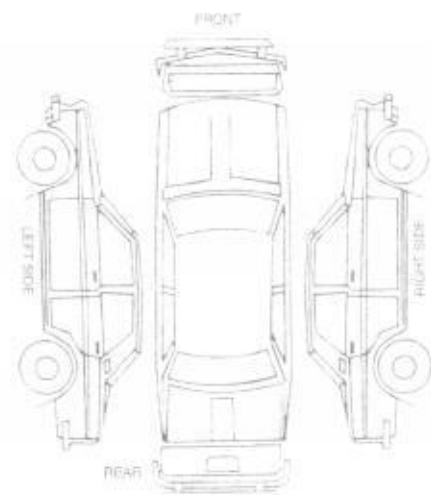
< END OF ESTIMATES >

COMFORTDELGRO

Date/Time: 02.04.2019 09:33 Page : 1

Team:	ARC Repair TP(CLSO)1	JOB CARD	Sales Order:	JC NO.: 305283561
TOMER	COMFORT TRANSPORTATION PTE LTD	REGN NO.:	SHB4114Z	MILEAGE
VS	7010045	MAKE :	HYUNDAI	FUEL
TOMER NO.	383 SIN MING DRIVE	MODEL	I-40	E.....1/2.....F
RESS	Singapore SINGAPORE 575717	YR OF MANU	05.11.2015	DATE/TIME IN
(R)	65508755	CHASSIS CODE	KMHLB41UMGU080358	TARGET DATE
(P)				COMPLETION DATE/TIME
JOINT CARD NO.				

Tokio Marine

JOB DESCRIPTION		
Accident Date: 01.04.2019		
NATURE: 3P 01.04.19		
S/NO	LABOR CODE	DESCRIPTION
		

CHECKED & PASSED OUT BY:			
SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Wedge Slip		Exit Pass	
No.:	SHB4114Z	Vehicle No.:	SHB4114Z
Signature/Date		Date	
returned to Service Reception upon collection		To be kept by Security Guard	

COMFORTDELGRO ENGINEERING

Our Job Ref No 305283561
Date : 03.04.19

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

FINALIZATION FORM

To : LKK
Attn : Mr KALVIN ANG
Vehicle Reg No. SHB4114Z CTPL

Fax :
01.04.19

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


1. The repair job shall bill to: TOKIO MARINE --- SLF2344X
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: 20% \$1,550.00
 - Final Lumpsum Repair cost** \$1,550.00


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 : LIM KWOK ENG
Tel : 62148316
Fax : 65468156

Signature : 
Name : Kalvin
Date : 4/4/19

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		NO		
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/TMI19005861/K1TD3N2

Date: 08/04/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MV007299
Claimant Vehicle No :	SHB4114Z	Insured Vehicle No :	SLF2344X
Date of Loss:	01/04/2019	Nature of Claim:	TP
		Claim No:	M1902220

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB4114Z	Engine No:	D4FDFU561684
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU080358
Reg. Date:	05/11/2015 (Man. Year: 2015)	Odometer:	500638 km
Colour:	Blue		
Engine Capacity:	1685 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:	Good

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
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	2,603.20	1,294.80	1,308.40	50.26
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	1,080.00	630.00	450.00	41.67
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	3,693.20	1,934.80	1,758.40	47.61
Approved Total (Overridden) (\$\$)		1,550.00		
(\$\$)	3,693.20	1,550.00	2,143.20	58.03
+ GST 7.00/7.00% (\$\$)	258.52	108.50	150.02	58.03
Nett Amount (\$\$)	3,951.72	1,658.50	2,293.22	58.03

INSPECTION

Date of Assignment:	03/04/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	02/04/2019	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

Part Source: MRM-SG	Version: 1.0 (Last Synchronised: 08 Apr 2019)
Parts: 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SHB4114Z)	
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 BUMPER COVER	Deformed	1,052.20 FL	*1,052.20 FL
2	1		*FRT BUMPER BRACKET TOP LH	Serviceable	22.40 FL	*- FL
3	1		*FRT BUMPER BRACKET LH	Serviceable	24.60 FL	*- FL
4	1		*HEADLAMP ASSY LH	Serviceable	1,388.00 FL	*- FL
5	1		*FRT FENDER LH	Buckled	566.30 FL	*566.30 FL
6	1		*FRT FENDER SHIELD LH	Serviceable	175.90 FL	*- FL
7	1		*FRT FENDER RETAINER LH	Serviceable	24.60 FL	*- FL
					Sub Total (\$\$)	3,254.00 1,618.50
					- List Item Discount on L Items 20.00/20.00% (\$\$)	650.80 323.70
					Total Parts (\$\$)	2,603.20 1,294.80

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 (\$\$)			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	SPRAY PAINTING CHARGE	New	600.00	400.00
3	WIRING CHARGE	New	30.00	0.00
4	TUFF KOTE	New	50.00	30.00
Gross Labour Cost (\$\$)			1,080.00	630.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >