

Surveyor: Kelvin

REF: CC317MI190075031 K1Q d3n2

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop no: _____

of _____

Insured: SGU 18874

Policy No. MU005745

Claims No. M1903074

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. Repairs: 2 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: SH 85 67L Yr Regn: 2 Jun 2016

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

Truck / Trailer or _____

Make: Hu Tai 24 cc 1680

Colour: Blue A/C: Ins: Std / NI / NA

Sp. Reading: 421 637 T/Radio: Ins: Std / NI / NA

Eng/No: _____

C/No: KMHLPX1UM64090100

Gen. Cond: Good / Poor / Burnt

Steering: Inor: Jammed / Leaked / Burnt or _____

Brake: Inor: Jammed / Leaked / Burnt or _____

Modi: Nil / S/Rim / STD / R/Rim or _____

Tyre Size: F: 205/60R16

R: _____

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

Front 7 mm Rear 7 mm

R/Bal. 7 mm L/Bal. 7 mm

D.O.A. 26/4/19 D.O.I. 29/4/19

Survey held at LDAE (Loyang)

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

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

Date / Time	Action / Instruction
	SH 8567L - CS1 PC1160128121 v46c2 ROA - 20/06/2016 To Kin
	SGU 18874 - CC6/A1G100922041 Aq14x2 ROA - 12/08/2010 PIP
6/5/19	Closed PIP \$1382.40 / 20% Ured to 605.70, 30%

RECEIVED 06 MAY 2019

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

11/06/15 Final : Final Report

Date/Time, File Return to?

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:	250
Transportation:	10

2.00 Fee Site Insp

MER-7P

1.131. \$1382.40

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	27/04/2019 11:39
Date Of Accident	26/04/2019 18:10
Exact Location Of Accident	NEWTON CIRCUS NEAR TO DUNEARN RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH8567L
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	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	NG LEE FEI
NRIC No	S1850973C
Date Of Birth	23/10/1959
Occupation	OUTDOOR
Date Of Driving Pass	19/03/1985
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-84289913
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 112 YISHUN RING ROAD #08-413
Postcode	760112
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

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	SGU1887H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KUMASHIRO TAKESHI
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT RH

No. Of Passenger (Including Driver)

IMPORTANT NOTICE

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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:

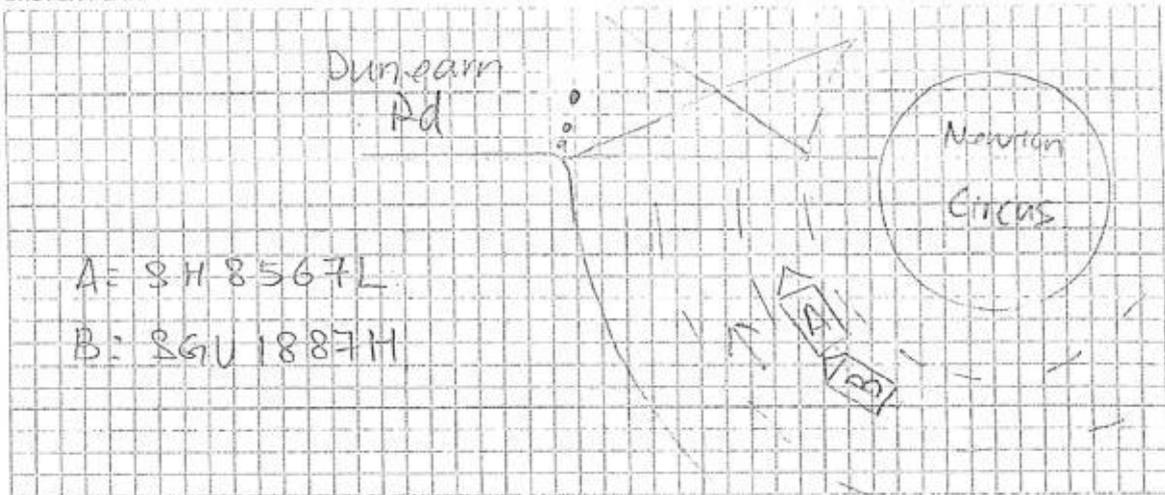
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:


Loke Wai Yiong

27/4/19

BY AND TO THE ORDER OF
GIA
GIA

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/4/19 at about 18:10 hrs, I was driving at above said location with a male passenger onboard. Shortly veh in front braked to stopped and I follow suit. A few second later, I felt an impact from my taxi behind. Veh B came from behind it front portion collided onto the rear portion of my taxi. No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

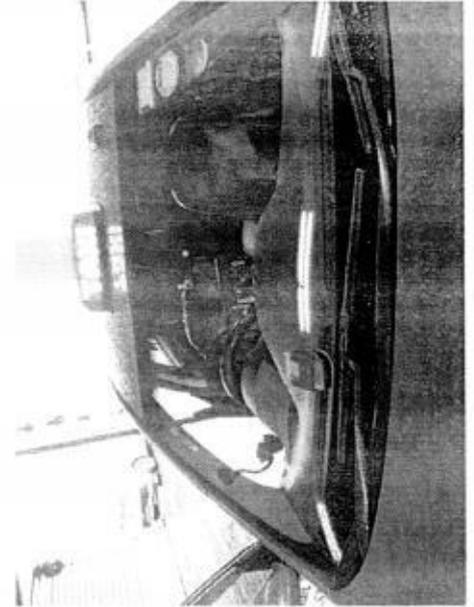
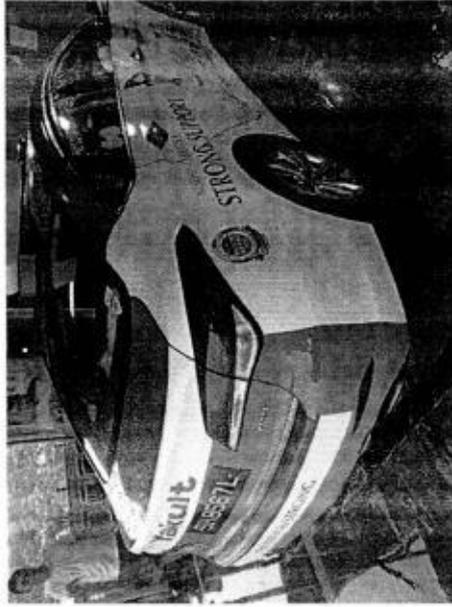
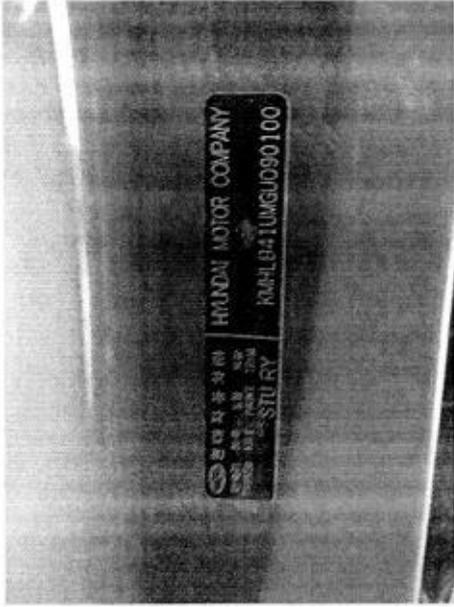
Policyholder's Signature
Date & Time:


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


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

Loke Wai Yung

27/4/19



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

- FZ

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	26/04/2019
Vehicle Reg. No.:	SH8567L	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	25/04/2019
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU626237	Chassis No:	KMHLB41UMGU090100
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair 4 (day)			
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	1,078.10
Miscellaneous Items	10.00
Labour	900.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,988.10
+ GST 7.00% (S\$)	139.17
Nett Amount (S\$)	2,127.27

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: 29 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/SH8567L/29/04/2019 09:09
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		*REAR BUMPER ASSY <i>Return</i>	20.00	0.00	*553.00 FL
2	10		*REAR BUMPER CLIPS <i>see</i>	20.00	0.00	*22.00 FL
3	1		*REAR BUMPER UNDER COVER <i>cut</i>	20.00	0.00	*228.00 FL
4	1		*REVERSE SENSOR <i>X see</i>	0.00	0.00	*135.70 F
5	1		*REAR BUMPER ADVERTISEMENT LOGO <i>see</i>	0.00	0.00	*50.00 F
6	2		*REAR FENDER ADVERTISEMENT LOGO <i>see</i>	0.00	0.00	*200.00 F
7	1		*REAR BUMPER MAT <i>see</i>	0.00	0.00	*50.00 F

F=Franchise part L=ListItemDisc.

Sub Total (S\$)	1,238.70
- List Item Discount on L Items (S\$)	160.60
Total Parts (S\$)	1,078.10

ComfortDelGro Engineering Pte Ltd/SH8567L/29/04/2019 09:09. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING	New	400.00 200
2	SPRAYPAINT	New	400.00 200
3	REMOVE/REFIX REVERSE SENSOR	New	100.00 30
Gross Labour Cost (S\$)			900.00

ComfortDelGro Engineering Pte Ltd/SH8567L/29/04/2019 09:09. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

1 Car / 16/16/16

M 29/4/19 10.30 hrs.

2 Pys

P/P

Before Paint photo



Team: ARC Repair TP(CLSO)1 **JOB CARD** Sales Order: 3918022 JC NO.: 305291007

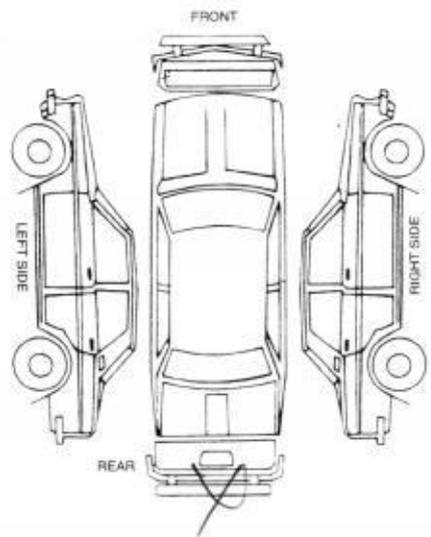
STOMER COMFORT TRANSPORTATION PTE LTD 7010045 383 SIN MING DRIVE Singapore SINGAPORE 575717 65508755 (O) (R) (P) COUNT CARD NO.	REGN NO.: SH 8567L	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL I-40	DATE/TIME IN 26.04.2019 19:20
	YR OF MANU. 02.06.2016	TARGET DATE
	CHASSIS CODE KMHLB41UMGU090100	COMPLETION DATE/TIME:

Accident Date: 26.04.2019
NATURE: 3P 26.04.19/B

JOB DESCRIPTION

REAR

SGU1887H

QTY/NO	LABOR CODE	DESCRIPTION
		
		<p><i>WL</i></p> <p><i>left 3</i></p>

CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SH 8567L** **FZ T-MARINE**

Vehicle No.: **SH 8567L**

Name of Service Advisor Signature/Date

Name of Service Advisor Date

returned to Service Reception upon collection

To be kept by Security Guard

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305291007
 REGN NO : SH 8567L
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 02.06.2016
 DATE/TIME IN : 26.04.2019 19:20
 ACCIDENT DATE : 26.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	I40VC COVER ASSY-RR BUMPE	1	553.00	20.00	442.40
0002	04-01-0101-0111-G	HYUNDAI BUMPER COVER CLIP	10 L	22.00	25.00	17.60
0003	04-01-0103-0738-G	I40VC COVER-RR BUMPER LWR	1	228.00	20.00	182.40
0004	04-01-0103-1150-A	I40VC PROTECTOR MAT	1	50.00	2.00-	50.00
						SUB-TOTAL : 692.40

JOB NATURE

0000	20-05	REAR FENDER ADVERTISEMENT LOGO LH				100.00
0001	20-05	REAR FENDER ADVERTISEMENT LOGO RH				100.00
0002	20-05	REAR BUMPER ADVERTISEMENT LOGO				50.00
0003	L	MERIMEN FEE		10.00		
0004	L	PANEL BEATING			200.00	
0005	L	SPRAY PAINTING CHARGE			200.00	
0006	L	REMOVE/REFIX REVERSE SENSOR				30.00

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305291007
REGN NO : SH 8567L
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 02.06.2016
DATE/TIME IN : 26.04.2019 19:20
ACCIDENT DATE : 26.04.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 690.00

TOTAL : 1,382.40

MVA NAME & SIGNATURE
DATE :

SURVEYOR NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305291007

Date : 30.04.2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SH 8567L

Date of Accident : 26.04.2019

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

1. The repair job shall bill to: TOKIO MARINE --- SGU1887H
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$692.40</u>
(b) Labour Charges	<u>\$690.00</u>
Total for Part-By-Part Repair Cost	<u>\$1,382.40</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	<u>\$0.00</u>
Final Lumpsum Repair cost	<u>\$0.00</u>

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 : FAUZY BIN MOKHTAR

Tel : 62148319

Fax : 65468156

Signature : 

Name : Calvin

Date : 6/5/19

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/TM19007503/K1QD3N2

Date: 08/05/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU005745
Claimant Vehicle No :	SH8567L	Insured Vehicle No :	SGU1887H
Date of Loss:	26/04/2019	Nature of Claim:	TP
		Claim No:	M1903024

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH8567L	Engine No:	D4FDGU626237
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU090100
Reg. Date:	02/06/2016 (Man. Year: 2016)	Odometer:	421637 km
Colour:	Blue		
Engine Capacity:	1685 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:	Good

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,078.10	942.40	135.70	12.59
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	900.00	430.00	470.00	52.22
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,988.10	1,382.40	605.70	30.47
+ GST 7.00/7.00% (S\$)	139.17	96.77	42.40	30.47
Nett Amount (S\$)	2,127.27	1,479.17	648.10	30.47

INSPECTION

Date of Assignment:	29/04/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	29/04/2019	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: SHIAU CHAN

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 May 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 SH8567L)
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 ASSY	Deformed	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*REAR BUMPER UNDER COVER	Cut	228.00 FL	*228.00 FL
4	1		*REVERSE SENSOR	Serviceable	135.70 F	*- FS
5	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 F	*50.00 FS
6	2		*REAR FENDER ADVERTISEMENT LOGO	Necessary	200.00 F	*200.00 FS
7	1		*REAR BUMPER MAT	Necessary	50.00 F	*50.00 FS
				Sub Total (\$\$)	1,238.70	1,103.00
				- List Item Discount on L Items 20.00/20.00% (\$\$)	160.60	160.60
				Total Parts (\$\$)	1,078.10	942.40

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 (\$\$)			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	400.00	200.00
3	REMOVE/REFIX REVERSE SENSOR	New	100.00	30.00
Gross Labour Cost (\$\$)			900.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >