

ASS. REC. BY:

ASS. REC. BY:

Surveyor: Lohman

REF: CS/SMD/9007716/Kt d3 ⁿ²

Special Instruction:

ASSIGNMENT (Office)

From (Person): Melvin Ye of SMD Date/Time: 2.5.19 4.44pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SLS 657D Insured: SLD 5033J

at Workshop m/s Heng Yap Seng Tel: 918 33008

of 160 Sn ming Auto city, #08-13

Policy No: D18MTPV 01011541 Claim No: CMTD1907062

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 25.4.19

(Client's Record) _____ 3.5.19

CA / REV / REP. / REV 24 HRS _____ H.O.D. Endorsement: _____

Date/Time: 2.5.19 3.45pm Person Contacted: Han Mung Vehicle IN/OUT

Date/Time	Action/Instruction
	<u>SLS 657D - X</u>
	<u>SLD 5033J - X</u>
<u>9/5/2019</u>	<u>- Revert pending estimate.</u>
	<u>Hysauto1122@hotmail.com</u>

REF: SMD

ASSIGNMENT

From: Date: 3.5.2019

Estimated Cost:

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

To Inspect Vehicle No: SLS 6557D

at Workshop n/s: Hung Yap Seng

of 160 sin ming Auto City # 08-13

Insured:

Policy No:

Claims No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh: Morning

(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

Lump Sum: 20 % 3 Val: Yes or No

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SLS 6557D Yr Regn: 02 13

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

Truck / Trailer or

Make: Citroen DS4 c.c. 1560

Colour: M. Red A/C Insured / Std / NI / NA

Sp. Reading: 107580 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VF7N.X9H.RBCY 599434

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD / Air / or

Tyre Size: F: 225/452R18

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Hunho

Front

Rear

R/Bal: 5 mm

R/Bal: 6 mm

L/Bal: 5 mm

L/Bal: 6 mm

D.O.A: 25/4/19

D.O.I: 3/5/19

Survey held at

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

N/S 1st

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

3/5 Repairer will email document over.
End ray

Confirm 4s \$5400/- (led: 6570: 54%)

RECEIVED 6 NOV 2019

Date/Time, File Pass is?

Bill Typist

Date/Time, File Return is?

2)

Report Format:

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

: Prel. Report

: Final Report

Days Of Repair: 5

Resurvey No. of Trip: -

Add Fee: ☐ Site Insp (\$☐ Interview (\$☐ Tech. Invs (\$☐ Weekend (\$

Survey Fee:

Transportation:

S + RS: \$

Photos:

Others:

TOTAL

350

11

361

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Apr 2019		02 May 2019 14:44 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS [Created by insurer]

Insured:	SE TO POH KIN, ID: S2598093Z		
Main Claimant:	COSMO AUTOMOBILES RENTAL PTE LTD, Co. Reg. No.: 201719129M		
Vehicle Reg. No.:	SLS6557D	Date of Loss:	25/04/2019 11:00 - :59
Claim Type:	TP / CMTD1902062	Policy/Cover Note No.:	D18MTPV01011541 (Comprehensive)
Vehicle Reg. No. (Insured):	SLD5033J	Policy No. (Claimant):	
		Excess:	
Repairer:	Heng Yap Seng Auto Services () 160 Sin Ming Auto City, #08-13, 575722 Sin Ming - Tel:		
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by Melvin Ye - 6322 4667]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 13/05/2019]		
Driver/Custodian (Insured):	SIM BEE HUAY (), NRIC: S1749736G, Tel: +6581823211 Email:		
Adj Asg. Remarks:	WS: MR CHONG HAN MENG 91833008		

ASSOCIATED MAIL RECEIVED [View All](#) [Compose Case Mail](#)

There are no mail for this case.

ALL ASSOCIATED TASKS [View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

Denise Tay (LKKAuto)

From: Heng Yap Seng Auto Services <hysauto1122@hotmail.com>
Sent: Wednesday, 16 October 2019 1:03 PM
To: Denise Tay (LKKAuto)
Subject: Re: SLS 6557D / TP / DOA: 25/4/2019
Attachments: SLS6557D.pdf

Hi,

We confirm to accept the final settlement.

Thank you

Best regards,

Heng Yap Seng Auto Services

From: "Denise Tay (LKKAuto)" <denisetay@lkkauto.com>
Date: Friday, 11 October 2019 at 10:25 AM
To: Heng Yap Seng Auto Services <hysauto1122@hotmail.com>
Subject: RE: SLS 6557D / TP / DOA: 25/4/2019

Dear Sir,

Enclosed estimate.

Offer lump sum \$5400 ,5days

Please check and confirm.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315

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

From: Denise Tay (LKKAuto)
Sent: Friday, 4 October 2019 1:35 PM
To: Heng Yap Seng Auto Services <hysauto1122@hotmail.com>
Subject: RE: SLS 6557D / TP / DOA: 25/4/2019

Dear Sir,

Please check and confirm on the finalization

View Sent Message

This mail is associated with :

*SLS6557D (CMTD1902062)
[SLD5033J]

TP
COSMO AUTOMOBILES RENTAL PTE LTD
Apr 25 2019 11:00AM
[SE TO POH KIN]
Heng Yap Seng Auto Services

[Resend](#) [View Recipients](#) [Print Message](#) [Delete Message](#) [Forward](#)

From LKK Auto Consultants Pte Ltd (LKK_HQ), sent on 09/05/2019 11:44 AM.
To melvin.ye@sompo.com.sg
Subject SLS6557D (CMTD1902062) [SLD5033J]

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SLS 6557D on 3/5/2019
We are pending estimate from repairer.

Best Regards,
Denise Tay | Case Handler
LKK Auto Consultants Pte Ltd

DOCUMENTS SUMMARY

There are no documents.

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	26/04/2019 12:13
Date Of Accident	25/04/2019 11:50
Exact Location Of Accident	SIMEI STREET 4
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLS6557D
Insured/Policyholder	
Name Of Registered Owner	COSMO AUTOMOBILES RENTAL PTE LTD
Co Reg No	201719129M
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-81386278

Vehicle Particulars

Manufacturer	CITROEN
Model	DS4
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5098029821-01
Cover Note Number	

Driver

Name of Driver	PEE ZHAO HUA, JACOB
NRIC No	S9102103Z
Date Of Birth	15/01/1991
Occupation	OUTDOOR
Date Of Driving Pass	12/11/2010
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81386278
Fax Number	
Contact Number	OFFICE-81386278
Email Address	JACOBPEE20@GMAIL.COM

Address	APT BLK 142 MARSILING ROAD #04-2094 SINGAPORE
Postcode	730142
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
Insurance Company of Driver's Own Vehicle	-

General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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

REFER TO ATTACHED. VEHICLE B(SLD5033J) OVERTAKE VEHICLE A(SLS6557D) IN A SINGLE LANE RD AND COLLIDED.

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 OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD5033J
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	SIM BEE HUAY
NRIC/Passport Number	S1749736G
Contact Number	81823211
Address	
Postcode	
Insurance Company Name	SOMPO INSURANCE SINGAPORE PTE. LTD.
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.



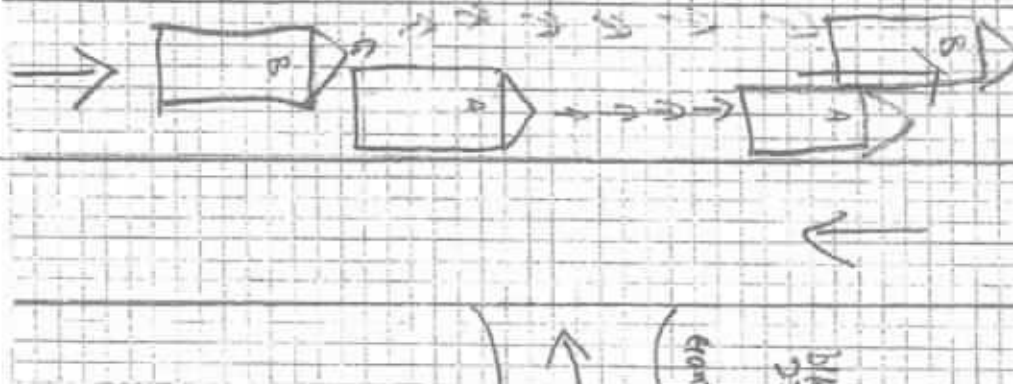
Policyholder's Signature
Date & Time:

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

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

SKETCH PLAN

A: SIS 6557D B: SLD 5033J



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1. I was driving from Simi Rd into Simi St. I wanted to turn into Simi block 222 and had Signal right to show my intention. Upon reaching the junction, I realized it was only a one way exit gateway and I could not enter. I decided to keep to my lane and turn off my signal. Suddenly a vehicle appear on my left and try to overtake me. It hit onto my left side of the vehicle. As per highway code, It is wrong to try to overtake a vehicles along a single lane.

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: _____

AERO GARAGE PTE LTD

Blk 160, Sin Ming Drive, #08-07 Sin Ming AutoCity, Singapore 575722

Tel : 6266 9511 Fax : 6266 9512

Vehicle No : SLS6557D
Vehicle Model : CITROEN DS4

Estimate Repair Cost

No.	Qty	Parts List Items	
1	1	Front bumper <i>98P. a</i>	<i>Bul/R</i> \$ 1,250.00 ✓
2	1	Front bumper fog lamp assy LH	\$ <i>Sm</i> 155.00 ✓
3	2	Front bumper side retainers	<i>NIS DIT</i> \$ 66.00 ✓
4	2	Front bumper brackets	\$ <i>R</i> 80.60 X
5	1 set	Front bumper clips	\$ <i>Mc</i> 40.00 ✓
6	1	Front grille (base)	<i>mycm</i> \$ 260.00 ✓
7	1	Front grille (chrome)	\$ <i>Sm</i> 405.00 X
8	1	Headlamp LH <i>1768.00</i>	<i>cm</i> \$ 1,880.00 ✓
9	1	Front fender LH	\$ <i>Ry</i> 650.00 ✓
10	1	Front fender inner shield LH	\$ <i>DIT</i> 148.40 ✓
11	1 set	Front fender inner shield clips	\$ <i>Mc</i> 40.00 ✓
12	1	Front knuckle arm LH <i>520.</i>	\$ <i>Ry</i> 650.00 ✓
13	1	Front knuckle arm bearing LH	\$ <i>Mc</i> 390.00 ✓
14	1	Front lower arm LH	\$ <i>DIT</i> 330.00 ✓
15	1	Front shock absorber LH	\$ <i>Ry</i> 255.00 ✓
16	1	Front sport rims LH <i>850.</i>	<i>nd</i> \$ 1,350.00 ✓
17	1	Front support panel	\$ <i>Sm</i> 330.00 X
<i>108</i>			Total \$ 8,280.00

Parts Special Nett Items

18	1	Front number plate	\$ <i>Sm</i> 60.00 X
19	1	Front tyre LH	\$ <i>Sm</i> 250.00 X
			\$ 310.00

Total Parts \$ 8,590.00

Not Withheld
61 Day @ 5400h

5 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:

Labour

1	Labour charge to remove, cut out damage portion, jack out, straighten, panel beating, welding, align and renew replaced parts.	\$	1,200.00	500
2	To putty and respray painting on affected areas.	\$	1,000.00	400
3	To remove, replace rear fender fittings to facilitate repair.	m \$	300.00	X
4	To remove, replace front knuckle arm, lower arm and shock absorber.	\$	450.00	180
5	To remove, replace front tyre and sport rims.	\$	150.00	20
6	To check, adjust, align chassis alignment back into its original specifications.	\$	200.00	60
7	To check wiring and lightings.	\$	80.00	20

Total Labour \$ 3,380.00

Total Parts and Labour \$ 11,970.00

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/SMO19007716/KSD3N2

Date: 11/11/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTPV01011541
Claimant Vehicle No :	SLS6557D	Insured Vehicle No :	SLD5033J
Date of Loss:	25/04/2019	Nature of Claim:	TP
		Claim No:	CMTD1902062

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SLS6557D	Engine No:	10JBEH3054269
Make & Model:	CITROEN DS4, 1.6 (A)	Chassis No:	VF7NX9HR8CY599434
Reg. Date:	21/02/2013 (Man. Year: 2012)	Odometer:	107580 km
Colour:	Metallic Red		
Engine Capacity:	1560 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:	225/45ZR18	Rear Tyre Size:	225/45ZR18
Front Left Side:	Kumho 5 mm	Rear Left Side:	Kumho 6 mm
Front Right Side:	Kumho 5 mm	Rear Right Side:	Kumho 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	8,590.00	5,646.06	2,943.94	34.27
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,380.00	1,180.00	2,200.00	65.09
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	11,970.00	6,826.06	5,143.94	42.97
Approved Total (Overridden) (S\$)		5,400.00		
Nett Amount (S\$)	11,970.00	5,400.00	6,570.00	54.89

INSPECTION

Date of Assignment:	02/05/2019		
Date Inspected:	03/05/2019	Inspected At:	Heng Yap Seng Auto Services 160 Sin Ming Auto City, #08-13 Singapore 575722
Estimated Period of Repair:	5.0 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

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 11 Nov 2019)
Parts:	143	CITROEN DS4 1.6 (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SLS6557D)	
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		*FRONT BUMPER	Buckled/Dented	1,250.00 F	*989.00 FL
2	1		*FRONT BUMPER FOG LAMP ASSY LH	Serviceable	155.00 F	*- FL
3	1		*FRONT BUMPER SIDE RETAINERS	N/s Distorted	66.00 F	*33.00 FL
4	2		*FRONT BUMPER BRACKETS	Repair	80.60 F	*- FL
5	1		*SET FRONT BUMPER CLIPS	Necessary	40.00 F	*40.00 FL
6	1		*FRONT GRILLE (BASE)	Mtg Cracked	260.00 F	*260.00 FL
7	1		*FRONT GRILLE (CHROME)	Serviceable	405.00 F	*- FL
8	1		*HEADLAMP LH	Cracked	1,880.00 F	*1,768.00 FL
9	1		*FRONT FENDER LH	Bent	650.00 F	*650.00 FL
10	1		*FRONT FENDER INNER SHIELD LH	Distorted	148.40 F	*148.40 FL
11	1		*SET FRONT FENDER INNER SHIELD CLIPS	Necessary	40.00 F	*40.00 FL
12	1		*FRONT KNUCKLE ARM LH	Bent	650.00 F	*520.00 FL
13	1		*FRONT KNUCKLE ARM BEARING LH	Necessary	390.00 F	*390.00 FL
14	1		*FRONT LOWER ARM LH	Distorted	330.00 F	*330.00 FL
15	1		*FRONT SHOCK ABSORBER LH	Bent	255.00 F	*255.00 FL
16	1		*FRONT SPORT RIMS LH	Dented	1,350.00 F	*850.00 FL
17	1		*FRONT SUPPORT PANEL	Serviceable	330.00 F	*- FL
18	1		*FRONT NUMBER PLATE	Serviceable	60.00 FS	*- FS
19	1		*FRONT TYRE LH	Serviceable	250.00 FS	*- FS

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

Sub Total (\$\$)	8,590.00	6,273.40
- List Item Discount on L Items 0.00/10.00% (\$\$)	0.00	627.34
Total Parts (\$\$)	8,590.00	5,646.06

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
Labour Items				
1	LABOUR CHARGE TO REMOVE,CUT OUT DAMAGE PORTION,JACK OUT,STRAIGHTEN,PANEL BEATING,WELDING,ALIGN AND RENEW REPLACED PARTS	New	1,200.00	500.00
2	TO PUTTY AND RESPRAY PAINTING ON AFFECTED AREAS	New	1,000.00	400.00
3	TO REMOVE,REPLACE REAR FENDER FITTINGS TO FACILITATE REPAIR	New	300.00	0.00
4	TO REMOVE,REPLACE FRONT KNUCKLE ARM,LOWER ARM AND SHOCK ABSORBER	New	450.00	180.00
5	TO REMOVE,REPLACE FRONT TYRE AND SPORT RIMS	New	150.00	20.00
6	TO CHECK,ADJUST,ALIGN CHASSIS ALIGNMENT BACK INTO ITS ORIGINAL SPECIFICATIONS	New	200.00	60.00
7	TO CHECK WIRING AND LIGHTINGS	New	80.00	20.00
Gross Labour Cost (\$\$)			3,380.00	1,180.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >