

ASS. REC. BY:

REF: CS/CT119009090/Jq d3

Special Instruction:

Survivor

ASSIGNMENT (Office)

From (Person): Elaine Chong of CTI Date/Time: 23.5.19 14:51 p.m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: SGU 1412U Insured: GBH 5002Xat Workshop m/s Carz Auto Service Tel: 83227418of 1 Kati Bukit Ave 6 #02-35Policy No: DMCVS N18184518000 Claim No: SNM19D20221302

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 17.5.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 23.5.19 3:27 p.m Person Contacted: Jaslyn Chua H.O.D. Endorsed: _____Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate	
	SGU 1412U - NA/CT119008826/24	D.O.A - 17/05/2019
	GBH 5002X - NA/CT119008826/24	D.O.A - 17/05/2019

ASSIGNMENT

From: _____ Date: 24.5.2019

Estimated Cost: _____

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

To Inspect Vehicle No: SGU 1412Uat Workshop m/s Carz Auto Service
of 61 Woodland Industry Park E9

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: After 12.00p.m

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 5 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SGU1412U Yr Regn: 3 May 2007Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Vios C.C. 1497Colour: Black A/C: Insured / Std / NI / NASp. Reading: 156309 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WROS3HY4204218194Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 R15

R: _____

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

TOYO / YOKO or Falken

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 17/5/19 D.O.I. 24/5/19Survey held at Carz AutoDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

MV - \$22000

PV - \$14847

NV - \$7153

RECEIVED 18 JUN 2019

Confirmed L/S \$2250/- 5 days of repair. (Red \$120.05, 43%)

Date/Time, File Pass to?

☐

Preli. Report

1) 18/6 2019☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Report Format: MER-TPLump Sum / I.B.I: (\$ 2250)

120

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	23 May 2019		23 May 2019 14:51 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS									
Insured:		CREATIVE BEVERAGE INGREDIENTS PTE LTD, Co. Reg. No.: 200312236M							
Main Claimant:		ASLINDAH BINTI YUNUS, ID: S7431710C							
Vehicle Reg. No.:		SGU1412U	Date of Loss:	17/05/2019 12:00 - :59 [144 Months and 14 Days From LTA Reg Date (Man Yr)]					
Claim Type:		TP / SNM19D202213C02	Policy/Cover Note No.:	DMCVSN18184518000 (Comprehensive)					
Vehicle Reg. No. (Insured):		GBH5002X	Policy No. (Claimant):	5100319976-01					
		Excess:	S\$0.00						
Repairer:		Carz Auto Services Pte Ltd (HQ) 1 KAKI BUKIT AVE 6 #02-35 AUTOBAY @ KAKI BUKIT, 417883 Kaki Bukit - Tel: 6509 3215							
Handling Insurer:		China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Elaine Cheong]							
Claimant's Insurer:		NTUC Income Insurance Co-operative Ltd (HQ) - Tel:							
Adjuster:		LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 03/06/2019]							
Driver/Custodian (Insured):		LEE CHURN MUN (LI JUNWEN) (47 / Male) , NRIC: S71260871 Email:							
Adj Asg. Remarks:		to assign Mr Chua Wei Jie for SJE, please contact Ms Jeslyn Chua at 8322 7418 to arrange for survey. thank you.							
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.									

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

Owner ID Type:	Singapore NRIC
Owner ID:	1710C

Vehicle Details

Vehicle No.:	SGU1412U
Vehicle to be Exported:	No
Intended Deregistration Date:	27 May 2019
Vehicle Make:	TOYOTA
Vehicle Model:	VIOS 1.5E A
Primary Colour:	Black
Manufacturing Year:	2006
Engine No.:	1NZX521158
Chassis No.:	MR053HY4204218194
Maximum Power Output:	80.0 kW (107 bhp)
Open Market Value:	\$12,237.00
Original Registration Date:	03 May 2007
First Registration Date:	03 May 2007
Transfer Count:	1
Actual ARF Paid:	\$13,461.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	02 May 2022
COE Category:	A - Car (1600cc & below)
COE Period(Years):	5
PQP Paid:	\$25,333.00
COE Rebate Amount:	\$14,847.00
Total Rebate Amount:	\$14,847.00

Message

Please note that the 5-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 27 May 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	18/05/2019 14:28
Date Of Accident	17/05/2019 12:55
Exact Location Of Accident	ALJUNIED AVE 2 TURNING INTO MSCP OF BLK 118 ALJUNI
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGU1412U
Insured/Policyholder	
Name Of Registered Owner	ASLINDAH BINTI YUNUS
NRIC No	S7431710C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93210375
Alternative Phone No	OFFICE-93210375

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5100319976-01
Cover Note Number	

Driver

Name of Driver	ASLINDAH BINTI YUNUS
NRIC No	S7431710C
Date Of Birth	30/09/1974
Occupation	INDOOR
Date Of Driving Pass	16/07/2005
Driving Experience	13 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93210375
Fax Number	
Contact Number	OFFICE-93210375
EMail Address	NOEMAIL

Address	BLK 352 UBI AVE 1 #08-991
Postcode	400352
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	KAMPONG UBI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 9 EUNOS CRESCENT #01-2687 , POSTCODE: 400009 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7479999 - FAX NO: 67453410
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20190517/2110.

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

Vehicle Registration Number	GBH5002X
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	
NRIC/Passport Number	CHINA TAIPING
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

ASLINDAH BINTI YUNUS

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SGU1412U

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

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.

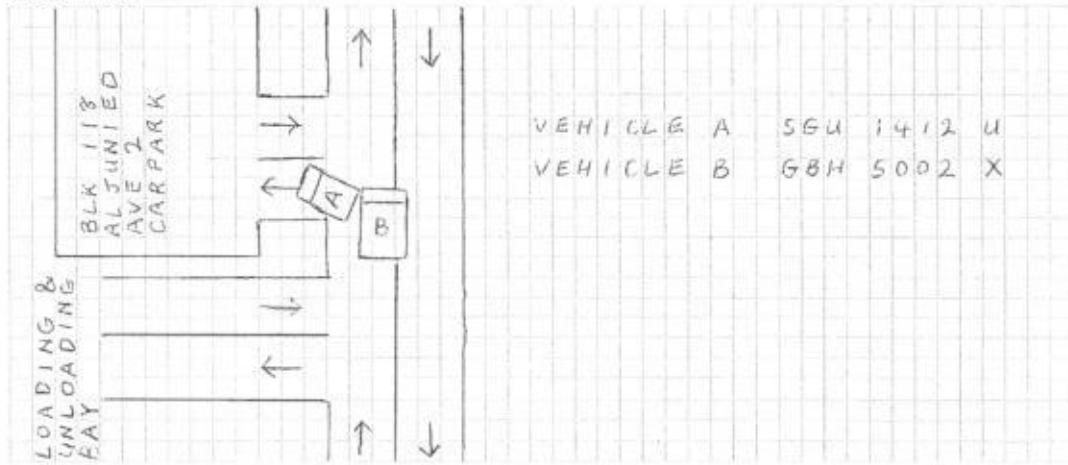
Policyholder's Signature
Date & Time:

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As Per Police 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.: 18/5/19
1100 hns



CARZ AUTO SERVICES PTE LTD

UEN/ GST 201409457D

61 WOODLANDS INDUSTRIAL PARK E9 (E9 PREMIUM) #04-04 Singapore 757047

Email: alex@carzauto.com.sg

Tel: 65 6493 1924

Fax: 65 6493 1928

Insurance Company:	CHINA TAIPING INSURANCE (S) PTE LTD		
Address:	3 Anson Road, #16-00 Springleaf Tower, Singapore 079909		
Telephone:	6389 6111	Fax:	6222 1033
Email:			
Make/ Model :	TOYOTA VIOS	Date:	23/5/2019
Chassis No :	MR053HY420218194	Vehicle No:	SGU 1412 U
Date/Time of Accident :			

Materials Cost/ Spare Parts Cost

TO BE COMPLETED BY SERVICE ADVISOR					
ITEMS	PARTS DESCRIPTION	QTY	LIST PRICE \$	PARTS DISCOUNT	FINAL PRICE \$
1	BOOTLID <i>Repair X</i>	1	\$ 563.60	25%	\$ 422.70
2	BOOTLID TOP LOCK <i>DM</i>	1	\$ 68.50	25%	\$ 51.38
3	BOOTLID WEATHERSTRIP <i>DEF</i>	1	\$ 78.15	25%	\$ 58.61
4	BOOTLID LOGO <i>rec</i>	1	\$ 30.10	25%	\$ 22.58
5	BOOTLID EMBLEM VOS <i>rec</i>	1	\$ 28.95	25%	\$ 21.71
6	BOOTLID EMBLEM L5 <i>rec</i>	1	\$ 25.27	25%	\$ 18.95
7	REAR BUMPER <i>DEF</i>	1	\$ 325.45	25%	\$ 244.09
8	REAR BUMPER SIDE RETAINER <i>rec</i>	2	\$ 96.70	25%	\$ 72.53
9	REAR BUMPER BRACKET RH <i>nnx</i>	1	\$ 89.50	25%	\$ 67.13
10	REAR TAIL LAMP RH <i>CRF</i>	1	\$ 197.10	25%	\$ 147.83
11	REAR TAIL LAMP PANEL RH <i>BVC</i>	1	\$ 113.20	25%	\$ 84.90
12	REAR TAIL LAMP SEAL RH <i>rec</i>	1	\$ 45.60	25%	\$ 34.20
13	REAR END PANEL <i>8 DD</i>	1	\$ 497.95	25%	\$ 373.46

SPECIAL ITEMS	PARTS DESCRIPTION	QTY	PRICE \$	FINAL PRICE \$
1	REAR BUMPER CLIP RH <i>rec</i>	8	\$ 40.00	\$ 30 40.00
2	REAR REVERSE SENSOR <i>shorted</i>	1	\$ 280.00	\$ 200 280.00
Total Cost				\$ 1,940.05

Labour Works/ Panel Beating Related Works

Job Scope	Quotation
TO RENEW DAMAGED PARTS, REPLACED AND REALIGNED HYDRAULIC, ALIGNED ALL PARTS <i>hence notify the Repairer of the following:</i>	\$ 600 800.00
Spray Painting	
<i>• To resurvey before after spray painting</i>	
<i>• To display damaged portion during resurvey</i>	
<i>• Parts price area subject to confirmation</i>	
<i>• Third party survey is on a "Without Prejudice" basis</i>	
<i>• No illegal modification(s) is allowed</i>	
<i>• Supplemental work must be surveyed and is subject to final approval from Insurance Company</i>	
Others Cost (Accident Repair Related Expenses)	
Job Scope	Quotation
TO TUFFCOAT AFFECTED AREA	\$ 40 180.00
TO REMOVE/ REFIX INTERIOR UPHOLSTERY	\$ 40 100.00
TO REMOVE/ REFIX WIRING CHECKS	\$ 30 60.00
TO REMOVE/ REPLACE REVERSE SENSORS	\$ 30 80.00
Total Others Cost	\$ 420.00
GRAND TOTAL	\$ 3,960.05

Total 2250+

27/5/19 Hwee Jie - LKK
24/5/19
4/5 5 days

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/CT119009090/JQD3N2

Date: 20/06/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN18184518000	
Claimant Vehicle No :	SGU1412U	Insured Vehicle No :	GBH5002X	
Date of Loss:	17/05/2019	Nature of Claim:	TP	Claim No: SNM19D202213C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SGU1412U	Engine No:	1NZX521158
Make & Model:	TOYOTA VIOS, 1.5 E (A)	Chassis No:	MR053HY4204218194
Reg. Date:	03/05/2007 (Man. Year: 2006)	Odometer:	156309 km
Colour:	Black		
Engine Capacity:	1497 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:	195/65 R15	Rear Tyre Size:	195/65 R15
Front Left Side:	Falken 6 mm	Rear Left Side:	Falken 6 mm
Front Right Side:	Falken 6 mm	Rear Right Side:	Falken 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,940.05	1,360.23	579.82	29.89
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,020.00	1,440.00	580.00	28.71
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	3,960.05	2,800.23	1,159.82	29.29
Approved Total (Overridden) (S\$)		2,250.00		
(S\$)	3,960.05	2,250.00	1,710.05	43.18
+ GST 7.00/7.00% (S\$)	277.20	157.50	119.70	43.18
Nett Amount (S\$)	4,237.25	2,407.50	1,829.75	43.18

INSPECTION

Date of Assignment:	23/05/2019	
Date Inspected:	24/05/2019 Inspected At:	Carz Auto Services Pte Ltd (HQ) 1 KAKI BUKIT AVE 6 #02-35 AUTOBAY @ KAKI BUKIT Singapore 417883
Estimated Period of Repair:	5.0 days	

Adjuster: ONG HWEE JIE

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: 20 Jun 2019)
Parts:	143	TOYOTA VIOS 1.5 E (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SGU1412U)	
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		*BOOTLID	Repair	563.60 FL	*- FL
2	1		*BOOTLID TOP LOCK	Damaged	68.50 FL	*68.50 FL
3	1		*BOOTLID WEATHERSTRIP	Deformed	78.15 FL	*78.15 FL
4	1		*BOOTLID LOGO	Necessary	30.10 FL	*30.10 FL
5	1		*BOOTLID EMBLEM VIOS	Necessary	28.95 FL	*28.95 FL
6	1		*BOOTLID EMBLEM 1.5	Necessary	25.27 FL	*25.27 FL
7	1		*REAR BUMPER	Deformed	325.45 FL	*325.45 FL
8	2		*REAR BUMPER SIDE RETAINER	Necessary	96.70 FL	*96.70 FL
9	1		*REAR BUMPER BRACKET RH	Not Necessary	89.50 FL	*- FL
10	1		*REAR TAIL LAMP RH	Cracked	197.10 FL	*197.10 FL
11	1		*REAR TAIL LAMP PANEL RH	Buckled	113.20 FL	*113.20 FL
12	1		*REAR TAIL LAMP SEAL RH	Necessary	45.60 FL	*45.60 FL
13	1		*REAR END PANEL	Dented	497.95 FL	*497.95 FL
14	8		*REAR BUMPER CLIP RH	Necessary	40.00 FS	*30.00 FS
15	1		*REAR REVERSE SENSOR	Shorted	280.00 FS	*200.00 FS
					Sub Total (S\$)	2,480.07 1,736.97
					- List Item Discount on L Items 25.00/25.00% (S\$)	540.02 376.74
					Total Parts (S\$)	1,940.05 1,360.23

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
Labour Items				
1	TO RENEW DAMAGED PARTS, REPLACED AND REALIGNED HYDRAULIC, ALIGNED ALL PARTS.	New	800.00	600.00
2	TO RESPRAY AFFECTED AREAS.	New	800.00	700.00
3	TO TUFF COAT AFFECTED AREA.	New	180.00	40.00
4	TO REMOVE/ REFIX INTERIOR UPHOLSTERY.	New	100.00	40.00
5	TO REMOVE/ REFIX WIRING CHECKS.	New	60.00	30.00
6	TO REMOVE/ REPLACE REVERSE SENSORS.	New	80.00	30.00
Gross Labour Cost (\$\$)			2,020.00	1,440.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >