

ASS. REC. BY:

REF: CS/TH119009374/Ksd3n2

Special Instruction:

Surveyor: Kalun

ASSIGNMENT (Office)

From (Person): Fiona Gan Bee Song of TM1

Date/Time: 28.5.19 14.52M

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHB 3009B

Insured: GR 1070M

at Workshop n/s Comfortdrive

Tel: 6148300

of 59 Loyang Drive

Policy No: MN002977

Claim No: M 1903877

Sum Insured:

Excess:

Make of Veh:
(Client's Record)

D.O.A 27.5.2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 28.5.19 2.56p.m

Person Contacted:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHB 3009B - CS/FCI 19027578/Ksd3n2
	GR 1070M - X

D.O.A - 25/4/2019

250
10
260

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	28 May 2019 Sendback Est	28 May 2019 10:49 S\$1,053.68	28 May 2019 14:25 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

Show All

CLAIM SUBFOLDER DETAILS

Insured:	STRATUM INTEGRATED PTE LTD, Co. Reg. No.: 199002589H		
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHB3009B	Date of Loss:	27/05/2019 08:00 - :59 [9 Months and 26 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1903877	Policy/Cover Note No.:	MV002977 (Third Party Only) Coverage: 04/04/2018 - 09/09/2019
Vehicle Reg. No. (Insured):	GR1070M	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Fiona Gan Bee Song - 65926378]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 07/06/2019]		
Adj Asg. Remarks:	Our Insured has not reported the accident to us.		

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.									

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	28/05/2019 08:40
Date Of Accident	27/05/2019 08:10
Exact Location Of Accident	PIE TWDS JURONG LAMPOST 739
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB3009B
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	IONIQ HYBRID

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-18088937MFSH
Cover Note Number	

Driver

Name of Driver	TAN TECK HOCK
NRIC No	S1458953H
Date Of Birth	18/07/1961
Occupation	OUTDOOR
Date Of Driving Pass	29/03/1979
Driving Experience	40 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-90365262
Fax Number	
Contact Number	
EMail Address	TANTECKHOCK@ROCKETMAIL.COM

Address	BLK 215 ANG MO KIO AVENUE 1 #07-883
Postcode	560215
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	SIDE SWIPE
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

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	GR1070M
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	KHOR CHUN WEI
NRIC/Passport Number	G6956173Q
Contact Number	90818680
Address	
Postcode	
Insurance Company Name	TOKIO MARINE INSURANCE SINGAPORE LTD
Nature Of Damage	NO VISIBLE DAMAGE

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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

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

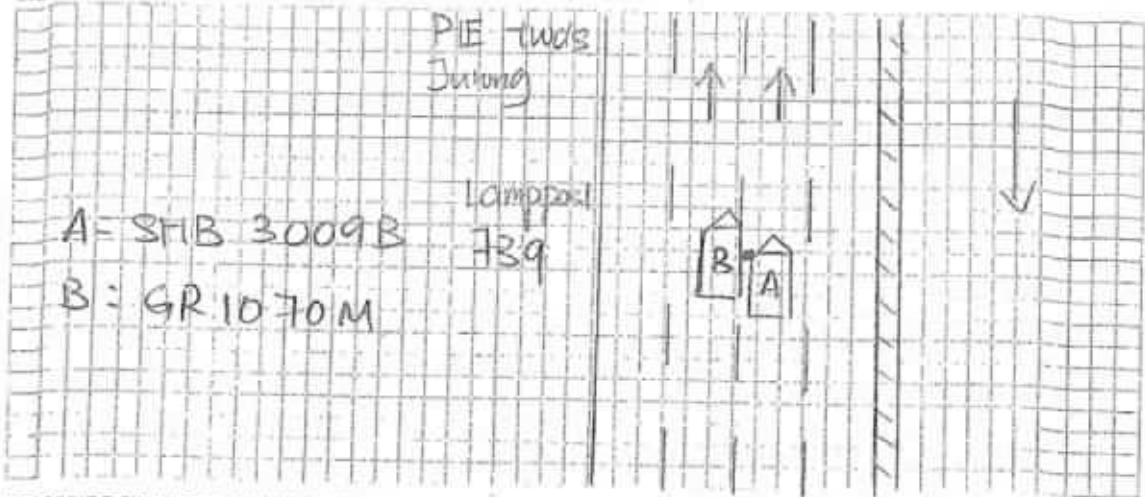
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Loke Wei Yeng

27/5/19

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


On 27/5/19 at about 08:10 hrs, I was driving at above said location with a male pax onboard. Shortly Veh B encroached into my lane from left hand side. Due to this cause, it right portion hit onto the left wing mirror of my taxi. NO injury reported in this accident.

DECLARATION

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

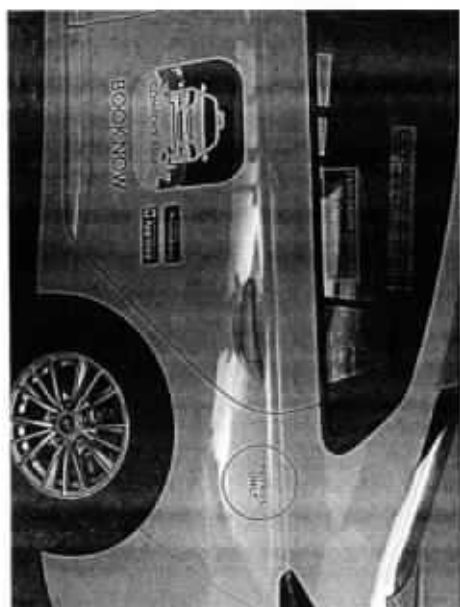
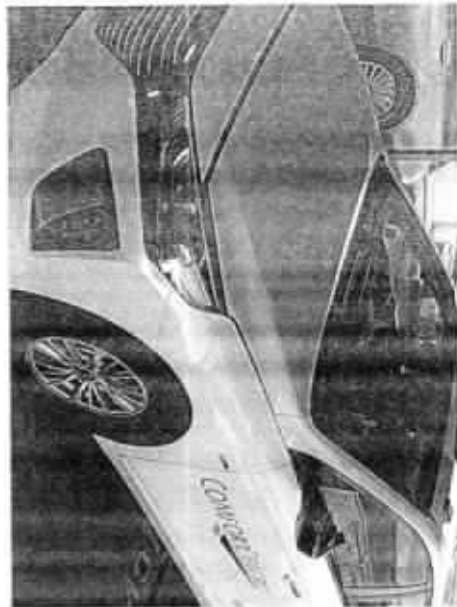
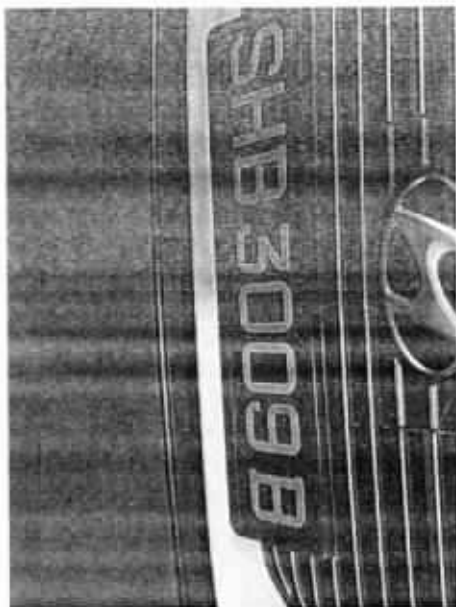
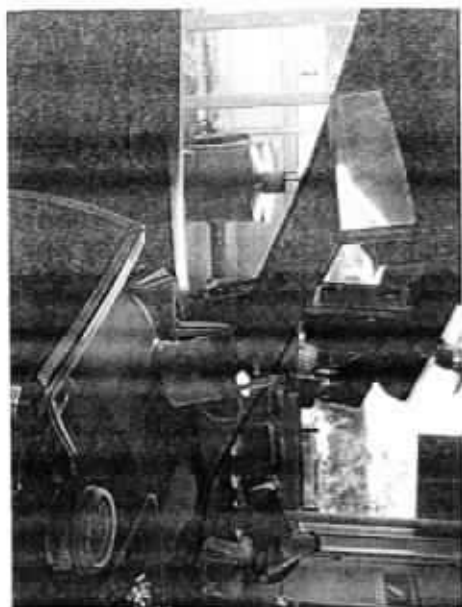
CITYCAB PTE LTD
CO. REG. NO. 1995028397

Policyholder's Signature
Date & Time:


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

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

27/5/19



A black and white photograph showing the front of a vehicle. The focus is on the grille, which has several vertical slats, and the license plate mounted below it. The license plate is light-colored with dark, bold lettering. The car's body is dark and textured. The background is out of focus, showing some vertical lines.

GR 10 70 M

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHB 3009B

DATE 28/5/2019 10:02

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Door Mirror (LH) / <i>ca</i>			\$ 1,054.60
	SUB TOTAL			\$ 1,054.60
	LESS 20%			\$ 210.92
	DISCOUNTED TOTAL			\$ 843.68
	Labour Charge			
	Panel Beating			\$ 100.00
	Spray Painting Charge			\$ 100.00
	Wiring Charge			\$ 50.00
	<i>Minor fee</i>			\$ 12.00
	TOTAL LABOUR			\$ 250.00
	ESTIMATE TOTAL			\$ 1,093.68
<i>Kalin Uday</i> <i>28/5/19 1045hr</i> <i>1 Py.</i> <i>PIP</i> <i>Before Paint photo</i>				
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)**
 CCPL
 Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	27/05/2019
Vehicle Reg. No.:	SHB3009B	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Vehicle Reg. Date:	01/08/2018
Vehicle Colour:	YELLOW	Gen Condition:	GOOD
Engine No:	G4LEJU048550	Chassis No:	KMHC851CVJU103777
Odometer:	127564 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	1		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	843.68
Miscellaneous Items	10.00
Labour	200.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,053.68
+ GST 7.00% (S\$)	73.76
Nett Amount (S\$)	1,127.44

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: 28 May 2019)

Parts: 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: ComfortDelGro Engineering Pte Ltd/SHB3009B/28/05/2019 10:49

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		*FRONT DOOR MIRROR LH	20.00	0.00	*1,054.80 FL
F=Franchise part, L=List Item Disc						
Sub Total (\$\$)						1,054.80
- List Item Discount on L Items (\$\$)						210.92
Total Parts (\$\$)						843.88

ComfortDelGro Engineering Pte Ltd/SHB3009B/28/05/2019 10:49. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

Estimates of Miscellaneous Items			Amount
No	Qty	Particulars	
<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	100.00
2	SPRAY PAINTING	New	100.00
Gross Labour Cost (\$\$)			200.00

ComfortDelGro Engineering Pte Ltd/5HB3009B/28/05/2019 10:49. Not valid without Reference section
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalin 16664
28/5/11 10486
1 Day
PIP
Before Post pUs

2/5/19

LXX Auto Complaints include solely the Repairer at the following:

- To receive, transfer or to assign
- To create, amend or to assign
- To delete, amend, delete or to assign
- To delete, amend, delete or to assign

is subject to final approval from Insurance Company

Authorized by Repairer

Signature

Date

COMFORT

26 05 2019

PAGE 1

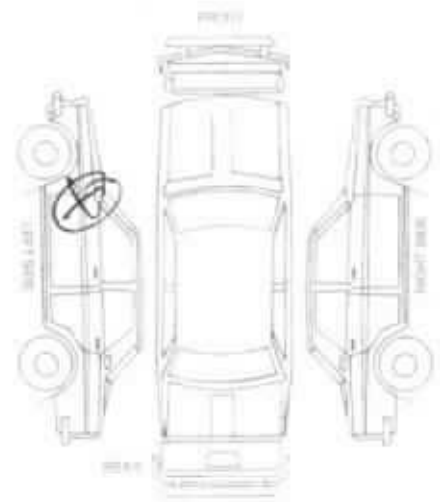
Team: ARC Repair TP(CFSO)1		JOB CARD	Sales Order:	JC NO: 305298882
CUSTOMER: CITYCAB PTE LTD		REGD NO: SHB3009B	MILEAGE	
MS: 7010070		MAKE: HYUNDAI	FUEL	
CUSTOMER NO: 383 SIN MING DRIVE		MODEL: IONIQ(G2)	27.05.2019 16:35	
PRESS: Singapore SINGAPORE 575717		YR OF MAN: 01.08.2018	TARGET DATE	
65551188		CHASSIS CODE: RMHC851CVJU103777	COMPLETION DATE/TIME:	
COUNT CARD NO.				

okio

Accident Date: 27.05.2019
NATURE: 3P 27.05.2019

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY: _____

SERVICE ADVISOR		CUSTOMER'S SIGNATURE	
Acknowledgement Slip		Exit Pass	
Vehicle No.: SHB3009B		Vehicle No.: SHB3009B	
Name of Service Advisor		Name of Service Advisor	
Signature/Date		Date	
To be returned to Service Reception upon collection		To be kept by Security Guard	

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305298882
REGN NO : SHB3009B
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 01.08.2018
DATE/TIME IN : 27.05.2019 16:35
ACCIDENT DATE : 27.05.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2537-G IONIQV2 MIRROR ASSY-OUTSI 1 1,054.60 20.00 843.68

SUB-TOTAL : 843.68

JOB NATURE

0000 L MERIMEN FEE 10.00

0001 PB PANEL BEATING 100.00

0002 SP SPRAYPAINT CHARGE 50.00

SUB-TOTAL : 160.00

TOTAL : 1,003.68

MVA NAME & SIGNATURE

DATE :

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE :

Our Job Ref No : 305298882
Date : 28/05/19

COMFORTDELGRO ENGINEERING

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

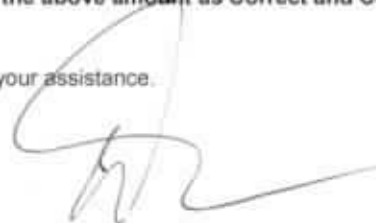
FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHB3009B

Fax :

27/05/2019

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

1. The repair job shall bill to: TOKIO GR1070M
2. The finalized amount shall be:
- | | |
|---|-------------------|
| (a) Spare Parts after List discount | \$843.68 |
| (b) Labour Charges | \$160.00 |
| Total for Part-By-Part Repair Cost | \$1,003.68 |
| (c) Lumpsum Repair (if applicable) | |
| Total for Lumpsum repair cost after Less: | |
| Final Lumpsum Repair cost | |
3. Estimated normal period for repairs: 1 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 : Kaku
Date : 29/5/19

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: CS/TMI19009374/K1VD3N2
Date: 30/05/2019**REFERENCE**

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MV002977
Claimant Vehicle No :	SHB3009B	Insured Vehicle No :	GR1070M
Date of Loss:	27/05/2019	Nature of Claim:	TP
		Claim No:	M1903877

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB3009B	Engine No:	G4LEJU048550
Make & Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Chassis No:	KMHC851CVJU103777
Reg. Date:	01/08/2018 (Man. Year: 2018)	Odometer:	127564 km
Colour:	Yellow		
Engine Capacity:	1580 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:	195/65 R15	Rear Tyre Size:	195/65 R15
Front Left Side:	DURATURN 8 mm	Rear Left Side:	DURATURN 8 mm
Front Right Side:	DURATURN 8 mm	Rear Right Side:	DURATURN 8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	843.68	843.68	0.00	0.00
Miscellaneous Items	10.00	10.00	0.00	0.00
Labour	200.00	150.00	50.00	25.00
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,053.68	1,003.68	50.00	4.75
+ GST 7.00/7.00% (S\$)	73.76	70.26	3.50	4.75
Nett Amount (S\$)	1,127.44	1,073.94	53.50	4.75

INSPECTION

Date of Assignment:	28/05/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	28/05/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	1.0 days		

Adjuster: KALVIN ANG WEI KUN

Manager: VERON CHEN

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: 30 May 2019)
Parts:	192	HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB3009B)	
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 DOOR MIRROR LH	Cracked	1,054.60 FL	*1,054.60 FL
				Sub Total (S\$)	1,054.60	1,054.60
				- List Item Discount on L Items 20.00/20.00% (S\$)	210.92	210.92
				Total Parts (S\$)	843.68	843.68

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 (S\$)			10.00	10.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	100.00	100.00
2	SPRAY PAINTING	New	100.00	50.00
Gross Labour Cost (S\$)			200.00	150.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >