

ASS. REC. BY:

REF: CS/CT119009523/4g d3. <sup>n2</sup>

Special Instruction:

Surveyor:

## ASSIGNMENT (Office)

From (Person): Irvin Tay Hui Pingof CTIDate/Time: 29.5.19 1346 PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

YP 6706C

Insured:

GBA 8327Bat Workshop m/s Ethos Group

Tel:

66547617of 22 Tampines St 92Policy No: DMLVSN 18058318000

Claim No:

SNM19D202389C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

20/09/2018

CA / REV / REP. / REV 24 HRS

"W"

H.O.D. Endorsement:

Date/Time:

29.5.19 2.00 PM

Person Contacted:

Bonn Kai

Vehicle:

IN/OUT

Date/Time	Action/Instruction
	<u>Estimate (✓)</u>
	<u>YP 6706C - X</u>
	<u>GBA 8327B - NS/INC10017699/101</u>
	<u>D.O.A - 01/09/2010</u>

(08/11/13) waf

ASS. REC. BY: Marcus

REF:

C1. /  
ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: VP6706at Workshop m/s Sinh

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.

N/S	O/S

Bal. or Market Value: \_\_\_\_\_

IDAC Accident Rpt: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 4 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Vehicle: IN / OUT

Veh No: VP6706C Yr Regn: 7, 17

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

Truck / Trailer or (M)

Make: Suzuki NPR85 c.c. 2999Colour: white A/C: Insured / Std / NI / NASp. Reading: 69657 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: JAA NPR 85 HH 7100644

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 7.00-16

R: \_\_\_\_\_

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

TOYO / YOKO or OHTSUFront 6 mm Rear 6/6 mmR/Bal. 6 mm L/Bal. 6/6 mmD.O.A. 20/9/18 D.O.I. 30/5/18

Survey held at \_\_\_\_\_

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

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

Date / Time Action / Instruction

6/6/19 4/5 to 1300 confirmed with AH loci  
(Red & 4160.80, 76.10)

RECEIVED 06 JUN 2019

Date/Time, File Pass to?

☐ : Preli. ReportDays Of Repair: 4

1) 06/6/19

☐ : Final ReportResurvey No. of Trip: 1

Date/Time, File Return to?

Survey Fee:

2)

Add Fee: ☐ : Site Insp (\$ ) \$ + RS. \$ SI☐ : Interview (\$ ) Photos☐ : Tech. Invs (\$ ) Others☐ : Weekend (\$ )Report Format : MER-TPLump Sum / I.B.I. (\$) 1300

TOTAL

220

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	29 May 2019		29 May 2019 13:46 Assign				<b>New Assignment</b> <a href="#">Cancel Case</a>

Main

Reference

Claim Details

Documents

Show All

### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	<b>BAK CHWEE AUTO PTE LTD, Co. Reg. No.: 201532164D</b>		
Main Claimant:	<b>ETHOZ GROUP LTD, Co. Reg. No.: 198104531H</b>		
Vehicle Reg. No.:	<b>YP6706C</b>	Date of Loss:	20/09/2018 14:00 - :59 [14 Months and 15 Days From LTA Reg Date (Man Yr)]
Claim Type:	<b>TP / SNM19D202388C02</b>	Policy/Cover Note No.:	DMCVSN18058318000 (Comprehensive)
Vehicle Reg. No. (Insured):	<b>GBA8327B</b>	Policy No. (Claimant):	
		Excess:	S\$0.00
Repairer:	<b>Ethoz Group (ethoz) 22 TAMPINES ST 92, 528876 Tampines - Tel: 6654 7617</b>		
Handling Insurer:	<b>China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]</b>		
Adjuster:	<b>LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 10/06/2019]</b>		
Adj Asg. Remarks:	kindly contact Bonn Kai at 6654 7617 to arrange for TP survey		

## 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?
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No results.

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

Owner ID Type:	Company
Owner ID:	4531H

**Vehicle Details**

Vehicle No.:	YP6706C
Vehicle to be Exported:	No
Intended Deregistration Date:	30 May 2019
Vehicle Make:	ISUZU
Vehicle Model:	NPR85UH5AK
Primary Colour:	White
Manufacturing Year:	2017
Engine No.:	4JJ13A4636
Chassis No.:	JAANPR85HH7100644
Maximum Power Output:	-
Open Market Value:	\$30,211.00
Original Registration Date:	05 Jul 2017
First Registration Date:	05 Jul 2017
Transfer Count:	0
Actual ARF Paid:	\$1,511.00

**Intended PARF Rebate Details**

PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

**Intended COE Rebate Details**

COE Expiry Date:	04 Jul 2027
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$38,501.00
COE Rebate Amount:	\$31,163.00
<b>Total Rebate Amount:</b>	<b>\$31,163.00</b>

The information contained herein is correct as at 30 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 ability.
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	21/09/2018 13:24
Date Of Accident	20/09/2018 14:40
Exact Location Of Accident	10 TUAS SOUTH AVE 8 BUILDING ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	YP6706C
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777
<b>Vehicle Particulars</b>	
Manufacturer	ISUZU
Model	NPR85UH5AK 3.0 Y (M) EURO 5
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D17MTHCVE000053
Cover Note Number	01/01/2018-31/12/2018

### Driver

Name of Driver	MANI ARUN
Passport No/FIN	G5225317P
Date Of Birth	11/09/1988
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2012
Driving Experience	6 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81862423
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	165 SIMEI RD
Postcode	520165
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 - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
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 SKETCH PLAN

#### 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	GBA8327B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	SATRIAWIRA BIN MOHD ISMAIL
NRIC/Passport Number	S7922414F
Contact Number	97164545
Address	
Postcode	
Insurance Company Name	
Nature Of 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.



Policyholder's Signature  
Date & Time:

*[Signature]*

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

*[Signature]*

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

# SKETCH PLAN



A: YP6706C

B: GBA 8327B

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving YP6706C delivery shipment at 10 TUAS SOUTH AVE 8 On 20 September 2018 14.40 hrs. once I stop and want going down changing Pass from Security. Suddenly Van Station in front of me doing reversed and directly hit my truck front head. I was step horn and trying to warning van reversing But the van driver still continue doing reversed hit my truck.

You had been advised by workshop that in the event that you wish to claim against your own policy (OD claim), there is a **Fourteen (14) days clause** whereby the claim must be made within the stipulated timeframe from the day of occurrence.

Reporting Only
Claim OD
<input checked="" type="checkbox"/> Claim TP
Claim OD / TP at other workshop

## 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.:



**ETHOZ GROUP LTD** 30 Bukit Batok Crescent, Singapore 658075 | Tel: 6319 8000 | Fax: 6654 7543 | [www.ethozgroup.com](http://www.ethozgroup.com)  
Company Registration No. 198104531H

Date : 28/05/2019

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTHCVE000053

Accident Date : 20/09/2018

Vehicle No : YP -6706-C

Make & Model : ISUZU NPR85UH5AK 3.0 Y (M) EURO 5

## ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
1	FROTN HEADLAMP LH	11 442.00	X
1	FRONT CORNEL GARNISH RH	n 212.00	X
1	FROTN CORNEL GARNISH LH	n 212.00	X
	<b>Sub Total</b>	<b>4148.00</b>	
	<b>Discount 15% On Parts</b>	<b>(622.20)</b>	
	<b>Special Nett Item</b>		
1	AIRPORT STICKER	net 20.00	10
1	FRONT NUMBER PLATE	Subst 35.00	14
1	FRONT PANEL STICKER	net 120.00	50

Date : 28/05/2019

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTHCVE000053

Accident Date : 20/09/2018

Vehicle No : YP -6706-C

Make & Model : ISUZU NPR85UH5AK 3.0 Y (M) EURO 5

## ESTIMATED REPAIR COST DETAILS

Excess : 0.00

Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	<b>Sub Total</b>	<b>175.00</b>	
	<u><b>Labour &amp; Misc</b></u>		
	LABOUR TO FACILIATE REPAIR	700.00	600
	LABOUR TO SPRAY PAINT AFFECTED AREAS	800.00	600
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	20
	TO RUST PROOF AFFECTED AREA	11 80.00	X
	TO REMOVE & REFIT FRONT WINDSCREEN GLASS	11 150.00	X

Date : 28/05/2019

To : CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.  
ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

: SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D17MTHCVE000053

Accident Date : 20/09/2018

Vehicle No : YP -6706-C

Make & Model : ISUZU NPR85UH5AK 3.0 Y (M) EURO 5

## ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	1760.00	

5,460.80

Remarks:

SUB TOTAL

GST 7.0 % 382.26

TOTAL 5,843.06

Surveyor's name: \_\_\_\_\_

Principal's name: ETHOZ Group Ltd

Survey Date & Time: \_\_\_\_\_

## 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/CT119009523/UQD3N2

Date: 06/06/2019

## REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN18058318000	
Claimant Vehicle No :	YP6706C	Insured Vehicle No :	GBA8327B	
Date of Loss:	20/09/2018	Nature of Claim:	TP	Claim No: SNM19D202388C02

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	YP6706C	Engine No:	4JJ13A4636
Make & Model:	ISUZU NPR85UH5A, 3.0 D (M)	Chassis No:	JAANPR85HH7100644
Reg. Date:	05/07/2017 (Man. Year: 2017)	Odometer:	69657 km
Colour:	White		
Engine Capacity:	2999 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):	Engine Modification:	No	Pre-accident Condition:	

## CONDITION OF TYRES

Front Tyre Size:	7.00-16	Rear Tyre Size:	7.00-16 (D)
Front Left Side:	OHTSU 6 mm	Rear Left Side:	OHTSU 6/6 mm
Front Right Side:	OHTSU 6 mm	Rear Right Side:	OHTSU 6/6 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,700.80	425.90	3,274.90	88.49
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,760.00	1,220.00	540.00	30.68
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>5,460.80</b>	<b>1,645.90</b>	<b>3,814.90</b>	<b>69.86</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,300.00</b>		
<b>(S\$)</b>	<b>5,460.80</b>	<b>1,300.00</b>	<b>4,160.80</b>	<b>76.19</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>382.26</b>	<b>91.00</b>	<b>291.26</b>	<b>76.19</b>
<b>Nett Amount (S\$)</b>	<b>5,843.06</b>	<b>1,391.00</b>	<b>4,452.06</b>	<b>76.19</b>

## INSPECTION

Date of Assignment:	29/05/2019	Inspected At:	Ethoz Group (ethoz)
Date Inspected:	30/05/2019		22 TAMPINES ST 92
			Singapore 528876
Estimated Period of Repair:	4.0 days		

Adjuster: MARCUS CHUA

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:	(Last Synchronised: 06 Jun 2019)	
Parts:	N/A	ISUZU NPR85UH5A 3.0 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for YP6706C)	
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 PANEL	Repair	1,232.00 FL	*- FL
2	1		*FRONT WINDSCREEN MOULDING	Not Necessary	122.00 FL	*- FL
3	1		*FRONT PANEL EMBLEM	Necessary	89.00 FL	*89.00 FL
4	1		*FRONT GRILLE	Cracked	325.00 FL	*325.00 FL
5	1		*FRONT BUMPER	Repair	614.00 FL	*- FL
6	1		*FRONT BUMPER BRACKET RH	Not Necessary	218.00 FL	*- FL
7	1		*FRONT SIDE LAMP RH	Not Necessary	120.00 FL	*- FL
8	1		*FRONT SIDE LAMP LH	Not Necessary	120.00 FL	*- FL
9	1		*FRONT HEADLAMP RH	Not Necessary	442.00 FL	*- FL
10	1		*FRONT HEADLAMP LH	Not Necessary	442.00 FL	*- FL
11	1		*FRONT CORNER GARNISH RH	Repair	212.00 FL	*- FL
12	1		*FRONT CORNER GARNISH LH	Repair	212.00 FL	*- FL
13	1		*AIRPORT STICKER	Necessary	20.00 FS	*10.00 FS
14	1		*FRONT NUMBER PLATE	Bent	35.00 FS	*14.00 FS
15	1		*FRONT PANEL STICKER	Necessary	120.00 FS	*50.00 FS

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

Sub Total (\$\$)	4,323.00	488.00
- List Item Discount on L Items 15.00/15.00% (\$\$)	622.20	62.10
Total Parts (\$\$)	3,700.80	425.90

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
<b>Labour Items</b>				
1	LABOUR TO FACILITATE REPAIR	New	700.00	600.00
2	LABOUR TO SPRAY PAINT AFFECTED AREAS	New	800.00	600.00
3	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	New	30.00	20.00
4	TO RUST PROOF AFFECTED AREA	New	80.00	0.00
5	TO REMOVE & REFIT FRONT WINDSCREEN GLASS	New	150.00	0.00
Gross Labour Cost (S\$)			1,760.00	1,220.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >