

ASS. REC. BY:

REF: CS/SMO19010686/D9d3n2

Special Instruction:

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): Ruth Chua Gek Tiang of SMO Date/Time: 17.6.19 16.06 p.m.

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHB 49625 Insured: SLD 5043E

at Workshop m/s Chunni Tel: 65425119

of Blk 10 # 01-05106 Amr Autopoint.

Policy No: D18MTPVD1009106 Claim No: CMTD1902880

Sum Insured: Excess:

Make of Veh: D.O.A. 14.6.19
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 17.6.19 4.11 p.m. Person Contacted: Lynn Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate (✓)
	SHB 49625 - CS/PCJ 1702004 6/1/1 Hx2	D.O.A. - 10/10/2017
	SLD 5043E - X	
19/6/19 @ 2.38pm	REVISED to Ruth Chua via Weizhou.	

REF:

ASSIGNMENT

OE Oct 2023

From: _____ Date: _____
Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop in/s

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.

Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs: 10 8 days Res.: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 4962 S

Yr Regn:

2015 Oct

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

Truck / Trailer or

Make:

Hyundai I40

C.C. 1685

Colour:

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading:

397280

T/Radio: Insured / Std / NI / NA

Eng/No:

D4FDFU552898

C/No:

KMHLB41UM6U079692

Gen. Cond: ☒ Good / Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt orModi: ☒ Nil / S/Rim / STD A/Rim or

Tyre Size:

F: 205/60 R16

R: ———

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

TOYO / YOKO or

Campeon

Front

Rear

R/Bal.

S mm

R/Bal.

S mm

L/Bal.

S mm

L/Bal.

S mm

D.O.A.

14/06/2019

D.O.I.

18/06/2019

Survey held at

Chunni AMC

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

Front & Rear

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

Date / Time

Action / Instruction

Sampo BLD 5043E

03/07/19

Jmaphel 2/5 12500/- with 10 days of m
CRed \$ 10181.02, 45%)

RECEIVED 04 JUL 2019

Date/Time, File Pass to?

☐

Preli. Report

10/07/19

☐

Final Report

Date/Time, File Return to?

21

Days Of Repair:

10

Resurvey No. of Trip:

2

Add Fee:

☐

Site Insp (\$

☐

Interview (\$

☐

Tech. Invs (\$

☐

Weekend (\$

Report Format:

MER-TP

Lump Sum / I.B.F. (\$

17500

Survey Fee:

Transportation:

450

) 5 + 103.51

11

) Photos

) Others

TOTAL

461

Note: This document has not been finalised.**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

To: Sompo Insurance Singapore Pte. Ltd.
50 Raffles Place
#05-01/06, Singapore Land Tower
Singapore 048623

From: LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25
Paya Ubi Industrial Park
Singapore 408933

Attn: Ruth Chua Gek Tiang

Date: 19 Jun 2019

Preliminary Advice

Insured Vehicle No	: SLD5043E	Accident Date	: 14/06/2019
TP Vehicle No	: SHB4962S	Assignment Date	: 17/06/2019
Make	: HYUNDAI I40	Est. Duration of Repair	: 8.00
Date of Inspection	: 18/06/2019		
Inspection At	: CHUNNI MOTOR WORK PTE LTD - AMK (HQ) BLK 10 #01-05/06, AMK AUTOPOINT SINGAPORE 568047		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages front & rear portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	22,482.62
Revised Amount	:S\$	15,429.86
Check Items (Estimated)	:S\$	0.00
Total	:S\$	15,429.86

Lump Sum Repair	:S\$	
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Total Loss Consideration

New for Old Value	:S\$	
Pre-Accident Value	:S\$	
COE / PARF Rebate	:S\$	
Salvage Value	:S\$	
Margin for Repair	:S\$	

Remarks

- () The vehicle is repairable at our adjusted amount. We have also confirmed excess and policy coverage. Kindly let us have your authorisation.
- () The vehicle is uneconomical to be repaired, you are advised to invite tender for the wreck.
- () Other comments :

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	14 Jun 2019		17 Jun 2019 16:06 Assign				New Assignment Cancel Case

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

Insured:	TAN SWEE HOCK, ID: S1287352B, Tel: +6591274201		
Main Claimant:	CITYCAB PTE LTD, Co. Reg. No.: 199502839G		
Vehicle Reg. No.:	SHB4962S	Date of Loss:	14/06/2019 12:00 - :59
Claim Type:	TP / CMTD1902880	Policy/Cover Note No.:	D18MTPV01009106 (Comprehensive)
Vehicle Reg. No. (Insured):	SLD5043E	Policy No. (Claimant):	
		Excess:	
Repairer:	Chunni Motor Work Pte Ltd - Amk (HQ) Blk 10 #01-05/06, AMK Autopoint, 568047 Ang Mo Kio - Tel: 64836016		
Handling Insurer:	Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 ... [Handled by Ruth Chua Gek Tiang - 6329 5153]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 26/06/2019]		
Driver/Custodian (Insured):	TAN SWEE HOCK (61 / Male) , NRIC: S1287352B, Tel: +6591274201 Email:		
Adj Asg. Remarks:	Lynn or Irene 6542 5119 or 7162		

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.									

MCD610077624 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 14/06/2019 14:22
 SUBMITTED BY: Catherine Por May Juan

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 14/06/2019 14:22
 Date Of Accident 14/06/2019 12:15
 Exact Location Of Accident ANG MO KIO AVE 5 SLIP RD TWDS CTE (TPE)
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB4962S
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 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-18088937MFSH
 Cover Note Number
Driver
 Name of Driver CHOO AH CHOON
 NRIC No S1467168D
 Date Of Birth 07/10/1981
 Occupation OUTDOOR
 Date Of Driving Pass 19/11/1981
 Driving Experience 37 YEARS AND 6 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-97806572
 Fax Number
 Contact Number
 EMail Address NOEMAIL

Address	927 08-73 HOUGANG STREET 91
Postcode	530927
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	CHAIN COLLISION
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	3
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)	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

SEE ATTACH.

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	SLD5043E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN SWEE HOCK
NRIC/Passport Number	S1287352B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT

No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number	SGE9860R
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	REAR
No. Of Passenger (Including Driver)	

DETAILS OF INJURED PERSON 1

Name	PASSENGER
Approximate Age	
Injuries Sustain	NOT SURE
Injured person in which vehicle?	SHB4962S
Wore seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
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.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

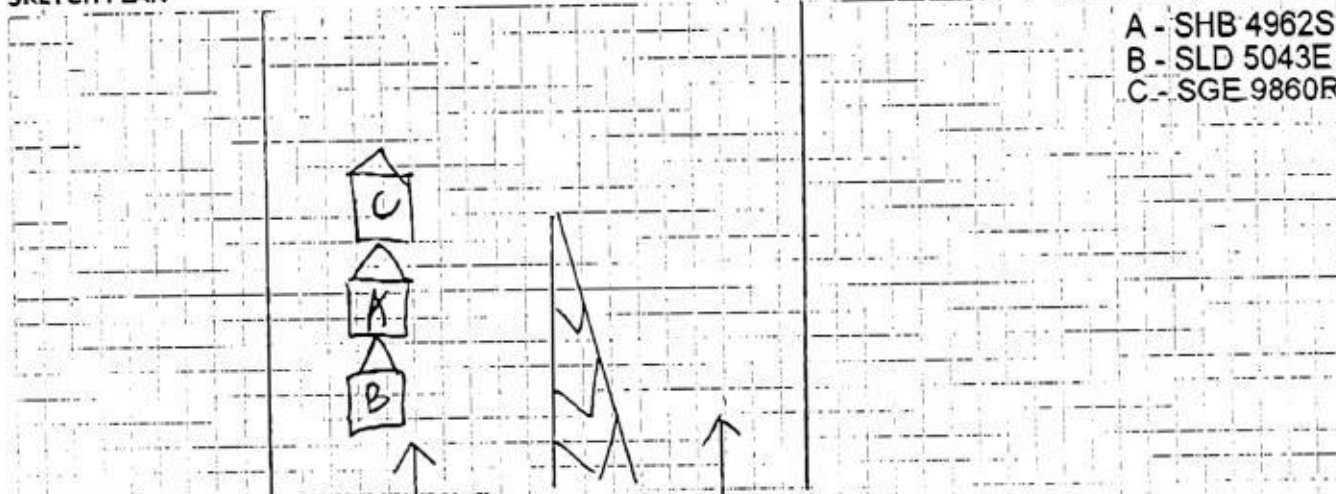
Policyholder's Signature
Date & Time:


Driver's Signature
(If driver is not the policyholder)
Date & Time: 14.06.2019 @ 13:50HRS


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

SKETCH PLAN

A - SHB 4962S
B - SLD 5043E
C - SGE 9860R



Along Ang Mo Kio Ave 5 Slip Rd Twds CTE (TPE-)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14.06.2019 @ 12:15hrs I was travelling along Ang Mo Kio Ave 5 Rd Twds CTE (TPE) with 1 male passenger onboard.

As i was travelling straight ,veh (C) SGE 9860R slow down and stop I follow too. Suddenly I felt Veh(B) an impact from my taxi A - Rear portion,causing my taxi to surged forward and collided into veh C.

I had company video and photo of scene to support my claims

My 1 male passenger have injury in this accident and after accident will consult a doctor later.

Veh(A) SHB 4962S.

Veh(B) SLD 5043E - Mr.Tan Swee Hock,Nris.no:S1287352B.

Veh(C) SGE 9860R - Male Driver.

DECLARATION

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

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time:14.06.2019 @ 13:50HRS

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

5	500/-
0	200/-
9	30/-
4	44
0	44
0	44
0	44

Nett	✓
Nett	✓
Nett	×
Nett	✓
Nett	✓
Nett	✓
Nett	✓

SHB 4962S

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Labour Charge			
	Panel Beating			S 1,800.00 800/-
	Spray Painting Charge			S 1,250.00 800/-
	Wiring Charge			S 50.00 30/-
	Tuff Kote			S 50.00 40/-
	Remove/Refix Reverse Sensor			S 120.00 40/-
	Remove/Refix Exhaust Pipe			S 200.00 60/-
			1770.00	
	TOTAL LABOUR			S 3,570.00
	ESTIMATE TOTAL			S 22,482.62
	18/06/2019 @ 1630m		15429.86	
	N/A Antenna	Supp	198.40	
	2/5mm 8 ¹⁰ days.		15628.26	
	ryan		2/512500/-	
	LKK Auto			
	<p>LKK Auto Consultants hence notify the Repairer of the following:</p> <ul style="list-style-type: none"> • 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 <p>Acknowledged by Repairer Signature: Date:</p>			
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.				

22681.02

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/SMO19010686/DQD3N2

Date: 09/07/2019

REFERENCE

Handling Insurer:	Sompo Insurance Singapore Pte. Ltd.	Policy No:	D18MTPV01009106
Claimant Vehicle No :	SHB4962S	Insured Vehicle No :	SLD5043E
Date of Loss:	14/06/2019	Nature of Claim:	TP
		Claim No:	CMTD1902880

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB4962S	Engine No:	D4FDFU552898
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMGU079692
Reg. Date:	15/10/2015 (Man. Year: 2015)	Odometer:	397280 km
Colour:	Yellow		
Engine Capacity:	1685 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	205/60 R16	Rear Tyre Size:	205/60 R16
Front Left Side:	Champeon 5 mm	Rear Left Side:	Champeon 5 mm
Front Right Side:	Champeon 5 mm	Rear Right Side:	Champeon 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	17,081.02	13,128.26	3,952.76	23.14
Miscellaneous Items	0.00	0.00	0.00	
Labour	5,600.00	2,500.00	3,100.00	55.36
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	22,681.02	15,628.26	7,052.76	31.10
Approved Total (Overridden) (\$\$)		12,500.00		
	(\$\$)	22,681.02	12,500.00	10,181.02
	+ GST 7.00/7.00% (\$\$)	1,587.67	875.00	712.67
	Nett Amount (\$\$)	24,268.69	13,375.00	10,893.69

INSPECTION

Date of Assignment:	17/06/2019	
Date Inspected:	18/06/2019	Inspected At: Chunn Motor Work Pte Ltd - Amk (HQ) Blk 10 #01-05/06, AMK Autopoint Singapore 568047
Estimated Period of Repair:	10.0 days	

Adjuster: BRYAN TANI

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: 09 Jul 2019)
Parts:	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHB4962S)	
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		*RADIATOR GRILLE	Cracked	1,110.10 FL	*1,110.10 FL
2	1		*RADIATOR GRILLE H EMBLEM	Necessary	120.30 FL	*120.30 FL
3	1		*FRONT BUMPER COVER	Distorted/Mounting Broken	1,052.20 FL	*1,052.20 FL
4	1		*FRONT BUMPER SPONGE	Torn	99.20 FL	*99.20 FL
5	1		*FRONT BUMPER REINFORCEMENT	Serviceable	402.10 FL	*- FL
6	2		*FRONT BUMPER GRILLE (LH/RH)	Not Necessary	187.20 FL	*- FL
7	2		*FRONT BUMPER GRILLE AIRDUCT (LH/RH)	Not Necessary	52.40 FL	*- FL
8	1		*FRONT BUMPER LIP	Not Necessary	54.90 FL	*- FL
9	2		*FRONT BUMPER BRACKET TOP (LH/RH)	Not Necessary	44.80 FL	*- FL
10	2		*FRONT BUMPER BRACKET (LH/RH)	Not Necessary	49.20 FL	*- FL
11	1		*HEADLAMP SUPPORT TOP COVER	Not Necessary	222.60 FL	*- FL
12	1		*HEADLAMP SUPPORT PANEL ASSY	Bent	907.40 FL	*907.40 FL
13	2		*HEADLAMP (LH/RH)	Mounting Cracked	2,776.00 FL	*2,776.00 FL
14	1		*BOOT LID	Bent	2,174.90 FL	*2,174.90 FL
15	2		*BOOT LID HINGE (LH/RH)	Not Necessary	284.60 FL	*- FL
16	1		*BOOT LID LOCK UPPER	Bent	102.60 FL	*102.60 FL
17	1		*BOOT LID LOCK LOWER	Not Necessary	31.70 FL	*- FL
18	1		*BOOT LID H EMBLEM	Necessary	28.70 FL	*28.70 FL
19	1		*BOOT LID CRDI PLATE	Necessary	27.90 FL	*27.90 FL
20	2		*BOOT LID LAMP (LH/RH)	Not Necessary	1,131.20 FL	*- FL
21	1		*BOOT LID TRIMBOARD	Torn	116.40 FL	*116.40 FL
22	10		*BOOT LID TRIMBOARD CLIPS	Not Necessary	11.00 FL	*- FL
23	1		*BOOTLID MOULDING	Not Necessary	85.00 FL	*- FL
24	1		*BOOTLID I40 EMBLEM	Not Necessary	27.90 FL	*- FL
25	1		*BOOTLID LOWER GARNISH	Not Necessary	227.90 FL	*- FL
26	1		*REAR BUMPER	Dented	553.00 FL	*553.00 FL
27	1		*REAR BUMPER REINFORCEMENT	Cracked	428.40 FL	*428.40 FL
28	2		*REAR BUMPER REINFORCEMENT BRACKET (LH/RH)	Bent	160.60 FL	*160.60 FL
29	10		*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
30	2		*REAR BUMPER BRACKET	Not Necessary	71.20 FL	*- FL
31	1		*REAR BUMPER SPONGE	Torn	118.40 FL	*118.40 FL
32	1		*REAR BUMPER UNDER COVER	Distorted	228.00 FL	*228.00 FL
33	2		*REAR BUMPER REFLECTOR LAMP (LH/RH)	Not Necessary	61.20 FL	*- FL
34	2		*TAIL LAMP (LH/RH)	Cracked	1,395.60 FL	*1,395.60 FL
35	1		*REAR PANEL	Dented	526.70 FL	*526.70 FL
36	1		*REAR PANEL GARNISH	Serviceable	57.70 FL	*- FL
37	1		*REAR PANEL LOWER PANEL	Dented	495.50 FL	*495.50 FL
38	1		*SPARE TYRE HOLDER	Bent/Damaged	223.10 FL	*223.10 FL
39	1		*SPARE TYRE PANEL	Dented	852.80 FL	*852.80 FL
40	1		*SPARE TYRE PANEL CUSHION	Not Necessary	209.05 FL	*- FL
41	1		*REAR TOWING HOOK	Not Necessary	94.60 FL	*- FL

Report was unsubmitted during this print-out.

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
42	1		*MEMBER ASSY-REAR FLOOR CENTRE	Not Necessary	570.40 FL	*- FL
43	2		*EXHAUST PIPE INSULATOR	Not Necessary	117.10 FL	*- FL
44	2		*EXHAUST SILENCER	Bent	1,935.40 FL	*1,935.40 FL
45	2		*EXHAUST PIPE HANGER	Not Necessary	117.10 FL	*- FL
46	1		*EXHAUST PIPE CENTRE	Not Necessary	730.10 FL	*- FL
47	1		*REAR SPARE TYRE BRACKET	Dented	248.00 FL	*248.00 FL
48	1		*FRONT NUMBER PLATE	Not Necessary	25.00 FS	*- FS
49	1		*FRONT NO PLATE TRIM COVER	Not Necessary	30.00 FS	*- FS
50	1		*BOOT LID COMFORT LOGO & TEL NO STICKER	Necessary	30.00 FS	*30.00 FS
51	1		*BOOT LID ADVERTISEMENT LOGO	Necessary	100.00 FS	*100.00 FS
52	1		*REAR NO PLATE	Not Necessary	25.00 FS	*- FS
53	1		*REAR BUMPER REVERSE SENSOR	Damaged	135.70 FS	*135.70 FS
54	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 FS	*50.00 FS
55	1		*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
56	2		*REAR FENDER ADVERTISEMENT LOGO (LH/RH)	Necessary	200.00 FS	*200.00 FS

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

Sub Total (\$\$)	21,189.85	16,268.90
- List Item Discount on L Items 20.00/20.00% (\$\$)	4,108.83	3,140.64
Total Parts (\$\$)	17,081.02	13,128.26

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	PANEL BEATING	New	2,800.00	1,300.00
2	SPRAY PAINTING CHARGE	New	1,500.00	1,000.00
3	WIRING CHARGE	New	100.00	60.00
4	TUFF KOTE	New	100.00	40.00
5	TOWING CHARGE	New	50.00	0.00
6	REMOVE/REFIX AIRCON & REFILL GAS	New	150.00	0.00
7	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE	New	480.00	0.00
8	REMOVE/REFIX REVERSE SENSOR	New	120.00	40.00
9	REMOVE/REFIX EXHAUST PIPE	New	300.00	60.00
Gross Labour Cost (\$\$)			5,600.00	2,500.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >