

Surveyor: KalvinASSIGNMENT (Office)From (Person): Clara Milah Yeo of TM1 Date/Time: 4.7.19 11.53 a.m

Estimated Cost: _____ Bill to: _____

OD (TP) / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SHC 8289X Insured: SLP 48112at Workshop in/s Comfort de 1910 Tel: _____of 59 Myang DrivePolicy No: MK 000587 Claim No: M 1905001

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 2.7.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 4.7.19 12.12 pm Person Contacted: Sumadi H.O.D. Endorsement: _____Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHC 8289X - NA / AIG 170054 53 / rs D.O.A - 12/07/2019
	SLP 48112 - X

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	04 Jul 2019 09:18 Sendback Est	04 Jul 2019 09:27 S\$4,811.36	04 Jul 2019 11:53 Assign				New Assignment Cancel Case

Main

Reference

Claim Details

Documents

Show All

CLAIM SUBFOLDER DETAILS

Insured:	CTPL, Co. Reg. No.: 199303821R		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHC8289X	Date of Loss:	02/07/2019 20:00 - :59 [49 Months and 11 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1905001	Policy/Cover Note No.:	MK000587 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLP4811Z	Policy No. (Claimant):	
		Excess:	S\$1,600.00
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 Clara Milah Yeo]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 15/07/2019]		

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	03/07/2019 11:14
Date Of Accident	02/07/2019 20:40
Exact Location Of Accident	MARINA BLVD X-JUNCTION SHEARES AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8289X
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
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-18088936MFSH
Cover Note Number	

Driver

Name of Driver	ROHMAT BIN MANAB
NRIC No	S1764536F
Date Of Birth	02/08/1966
Occupation	OUTDOOR
Date Of Driving Pass	07/12/1994
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-92955577
Fax Number	
Contact Number	
Email Address	MRDOLMAT@HOTMAIL.COM

Address	629 #05-242 WOODLANDS RING ROAD
Postcode	730629
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?	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: : FEMALE

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	SLP4811Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	PAN TIAN YONG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT RHT

No. Of Passenger (Including Driver)

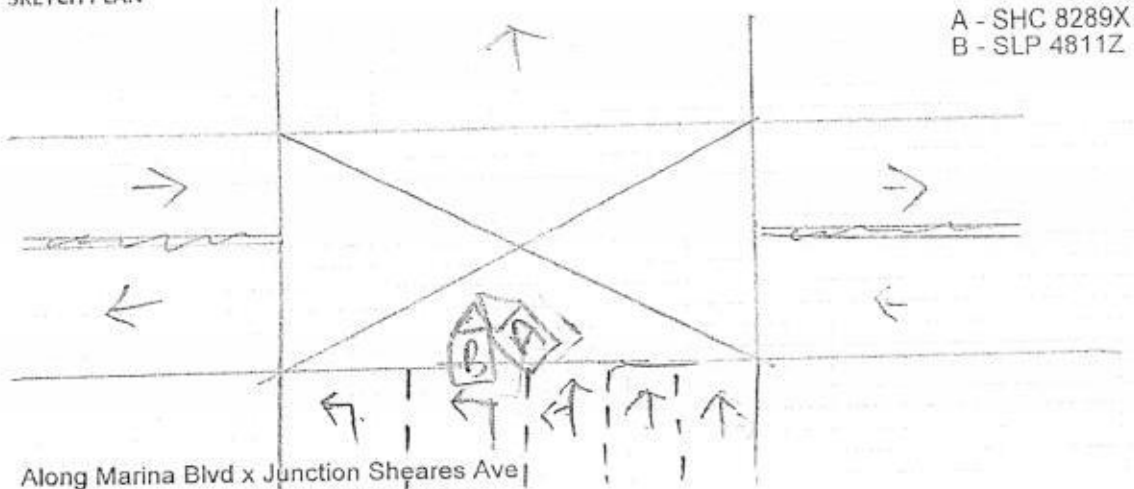
DETAILS OF INJURED PERSON 1

Name	ROHMAT BIN MANAB
Approximate Age	53
Injuries Sustain	LEFT BODY
Injured person in which vehicle?	SHC8289X
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

DETAILS OF INJURED PERSON 2

Name	PAX
Approximate Age	
Injuries Sustain	NOT FELLING WELL
Injured person in which vehicle?	SHC8289X
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

SKETCH PLAN



A - SHC 8289X
B - SLP 4811Z

Along Marina Blvd x Junction Sheares Ave

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 02.07.2019 at about 20:40 hours I was travelling along Marina Blvd x Junction Sheares
Ave with One Female Passenger onboard .
While travelling on the third lane from the right wanting to make a left turn , Suddenly veh B
(SLP 4811Z) which suppose to make a left turn proceeded straight and collided into my taxi A
Front Left Portion .
As it took place too fast I could not take evasive action to prevent the accident .
After the accident I suffered pain at my Left body will consult doctor later on .
After the accident my female passenger dont feel well and will consult doctor later on .
I have company photo and videos at scene to support my claims .
Veh B (SLP 4811Z) - Mr Pan Tian Yong

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Reporting Centre Personnel's Signature
Name:

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:

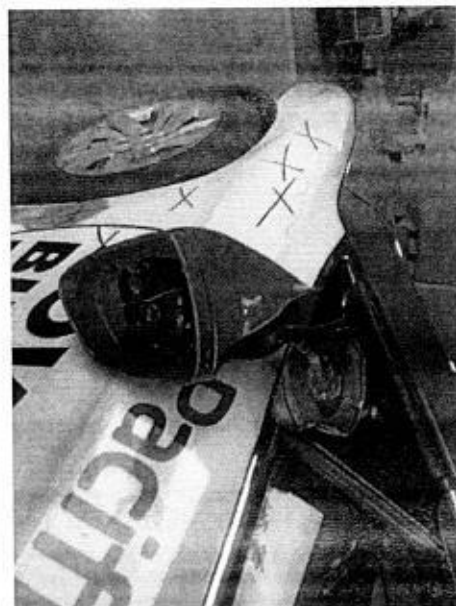
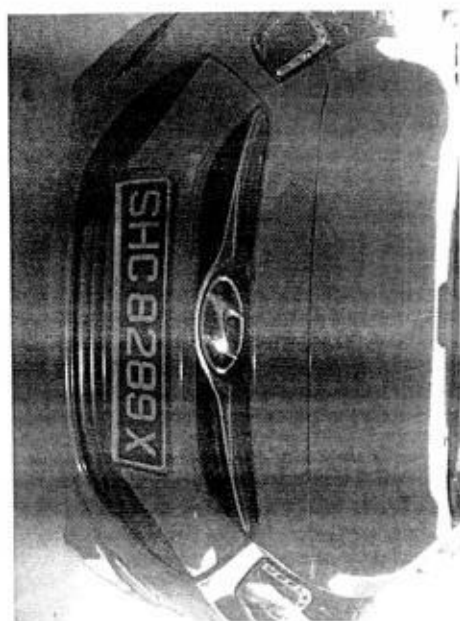
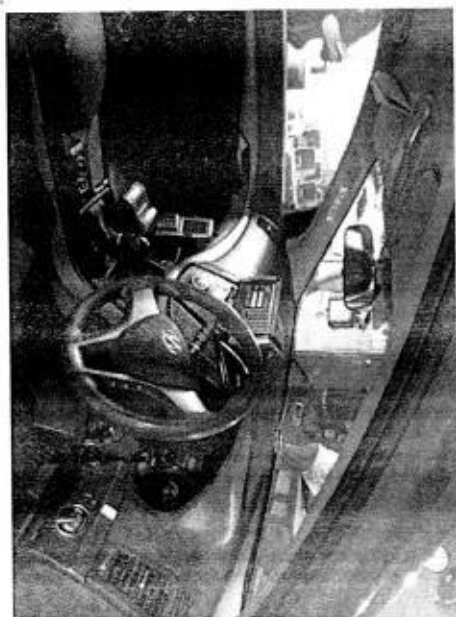
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

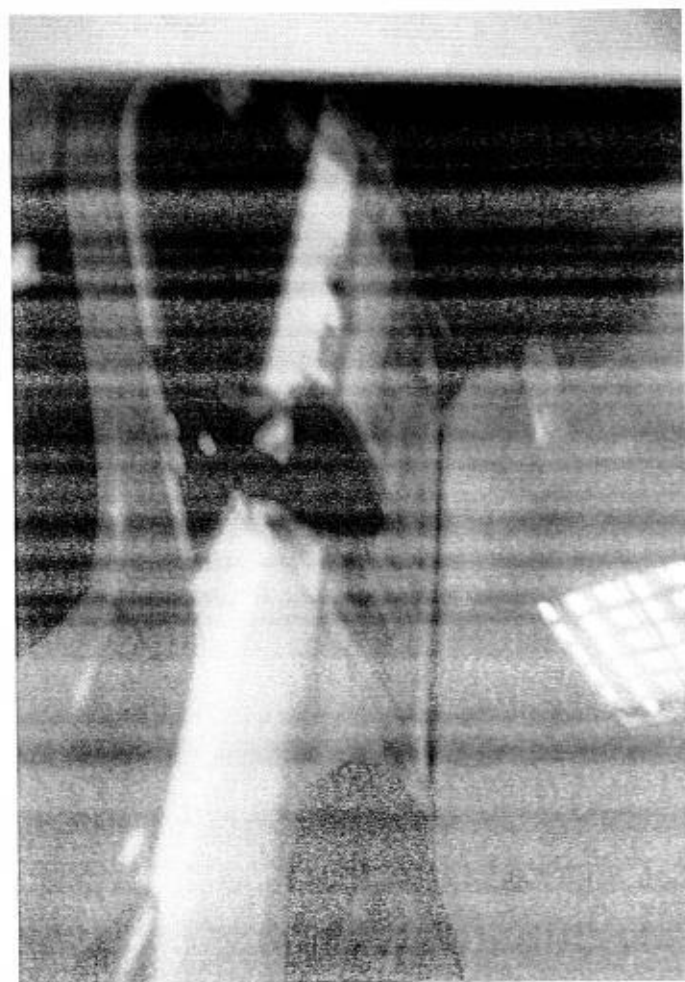
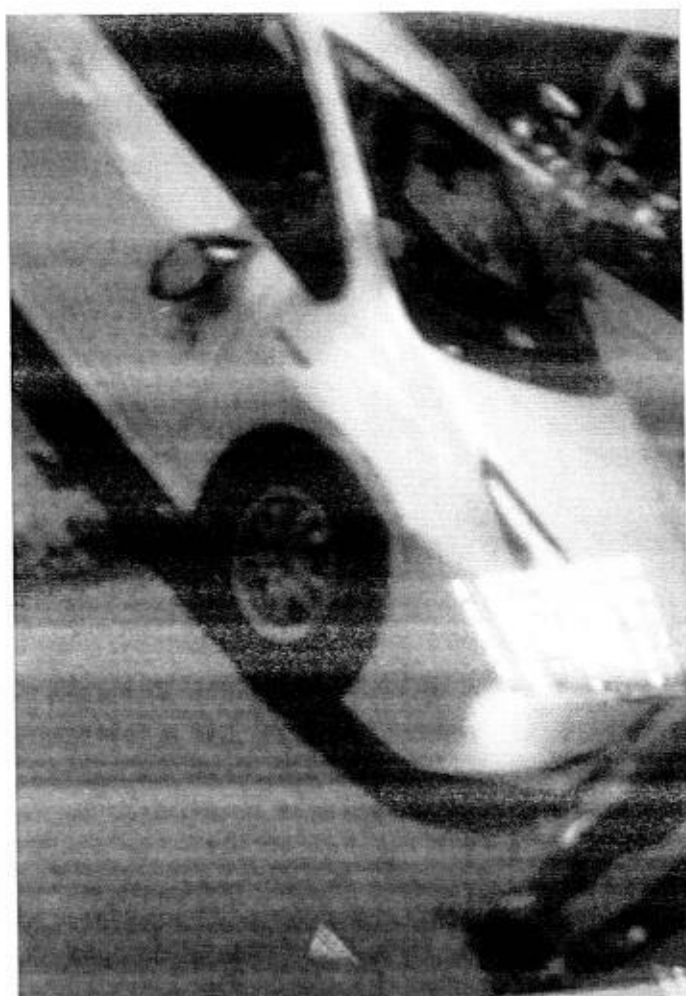
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 03.07.2019
@ 10:30 hrs

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





COMFORT

Date/Time: 03.07.2019 17:14

Page : 1

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

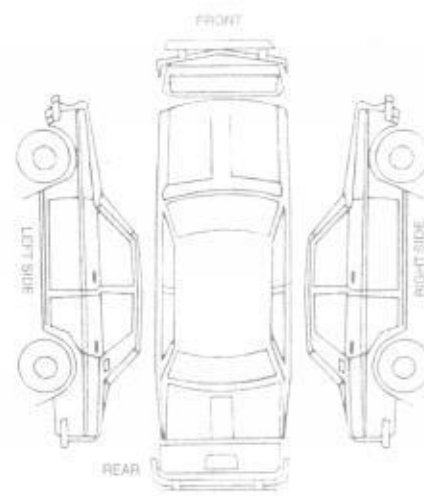
JC NO.: 305308497

CUSTOMER	REGN NO: SHC8289X	MILEAGE
VMS	MAKE: HYUNDAI	FUEL
CUSTOMER NO. 7010045	MODEL: I-40	E.....1/2.....F
ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717	YR OF MANU 21.05.2015	DATE/TIME IN 02.07.2019 23:25
L (R) (P)	CHASSIS CODE KMHLB41UMFU069187	TARGET DATE
3COUNT CARD NO.		COMPLETION DATE/TIME

JOB DESCRIPTION

Accident Date: 02.07.2019
NATURE: 3P 02.07.2019

S/NO LABOR CODE DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC8289X CHIANG

Vehicle No.: SHC8289X

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Vehicle returned to Service Reception upon collection

To be kept by Security Guard

ComfortDelGro Engineering Pte Ltd (Co. Reg No 199506048W)

59 Loyang Drive
Singapore 508969
Tel: 6214 8300

TP INSURER: Tokio Marine Insurance Singapore Ltd (HQ)
CTPL

Singapore

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	02/07/2019
Vehicle Reg. No.:	SHC8289X	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	21/05/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU501810	Chassis No:	KMHLB41UMFU069187
Odometer:	382112 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	5		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	3,170.36
Miscellaneous Items	11.00
Labour	1,630.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	4,811.36
+ GST 7.00% (S\$)	336.80
Nett Amount (S\$)	5,148.16

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR DETAILS

Reference

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 04 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: ComfortDelGro Engineering Pte Ltd/SHC8289X/04/07/2019 09:27
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 FENDER LH <i>Defect</i>	20.00	0.00	*663.00 FL
2	1		*FRONT FENDER SHIELD LH <i>X</i>	20.00	0.00	*174.90 FL
3	1		*FRONT FENDER RETAINER LH <i>X</i>	20.00	0.00	*24.60 FL
4	1		*FRONT DOOR OUTER MOULDING LH <i>X</i>	20.00	0.00	*47.10 FL
5	1		*FRONT DOOR MIRROR ASSY LH <i>Broken</i>	20.00	0.00	*670.00 FL
6	1		*FRONT WHEEL HUB CAP LH <i>horizontal</i>	20.00	0.00	*107.10 FL
7	1		*FRONT BUMPER COVER <i>X</i>	20.00	0.00	*544.50 FL
8	1		*FRONT LH HEADLAMP ASSY <i>horizontal</i>	20.00	0.00	*1,388.00 FL
9	1		*FRONT FENDER ADVERTISEMENT <i>new</i>	0	0.00	*100.00 FS
10	1		*FRONT DOOR COMFOT LOGO <i>new</i>	0	0.00	*75.00 FS
11	1		*FRONT DOOR ADVERTISEMENT <i>new</i>	0	0.00	*100.00 FS

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

Sub Total (\$\$) **3,894.20**
 - List Item Discount on L Items (\$\$) **723.84**

Total Parts (\$\$) **3,170.36**

ComfortDelGro Engineering Pte Ltd/SHC8289X/04/07/2019 09:27. Not valid without Reference section.
 Generated using Merimen e-Claims IEAS

Estimates on Miscellaneous Items

No	Qty	Particulars	Amount
<u>Miscellaneous Items</u>			
1	1	OD/TP Case (Insurer)	11.00
Sub Total (\$\$)			11.00

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	480.00 300
2	SPRAY PAINTING	New	900.00 650
3	WIRING	New	50.00 20
4	TUFF KOTE	New	60.00 20
5	FRT WHEEL ALIGNMENT	New	80.00 X 20
6	TOWING FEES	New	60.00 X 10
Gross Labour Cost (\$\$)			1,630.00

ComfortDelGro Engineering Pte Ltd/SHC8289X/04/07/2019 09:27. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Kalvi (CCE)

4/7/19 1015 hrs

3 hrs

45

After Repair p/c



T

Our Job Ref No : 305308497

Date : 08/07/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHC8289X

02/07/19

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

Z The repair job shall bill to: TOKIO SLP4811Z

2. The finalized amount shall be:

(a) Spare Parts after List discount

(b) Labour Charges

Total for Part-By-Part Repair Cost

(c.) Lumpsum Repair (if applicable)

Total for Lumpsum repair cost after Less:


Final Lumpsum Repair cost

\$2,800.00

3. Estimated normal period for repairs: 3 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 amountSignature : 

Name : CHIANG

Tel : 62148314

Fax : 65468156

Signature : 

Name : KALVIN

Date : 9/7/19

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/TMI19011832/K1VD3N2

Date: 12/07/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000587
Claimant Vehicle No :	SHC8289X	Insured Vehicle No :	SLP4811Z
Date of Loss:	02/07/2019	Nature of Claim:	TP
		Claim No:	M1905001

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC8289X		
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Engine No:	D4DFDU501810
Reg. Date:	21/05/2015 (Man. Year: 2015)	Chassis No:	KMHLB41UMFU069187
Colour:	Blue	Odometer:	382112 km
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:	Good	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:	Good

CONDITION OF TYRES

Front Tyre Size:	205/60R16	Rear Tyre Size:	205/60R16
Front Left Side:	West Lake 7 mm	Rear Left Side:	West Lake 7 mm
Front Right Side:	West Lake 7 mm	Rear Right Side:	West Lake 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,170.36	2,537.48	632.88	19.96
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,630.00	990.00	640.00	39.26
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (\$\$)	4,811.36	3,538.48	1,272.88	26.46
Approved Total (Overridden) (\$\$)		2,800.00		
(\$\$)	4,811.36	2,800.00	2,011.36	41.80
+ GST 7.00/7.00% (\$\$)	336.80	196.00	140.80	41.81
Nett Amount (\$\$)	5,148.16	2,996.00	2,152.16	41.80

INSPECTION

Date of Assignment:	04/07/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	04/07/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 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: 12 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 SHC8289X)	
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 FENDER LH	Buckled	663.00 FL	*663.00 FL
2	1		*FRONT FENDER SHIELD LH	Serviceable	174.90 FL	*- FL
3	1		*FRONT FENDER RETAINER LH	Serviceable	24.60 FL	*- FL
4	1		*FRONT DOOR OUTER MOULDING LH	Serviceable	47.10 FL	*- FL
5	1		*FRONT DOOR MIRROR ASSY LH	Broken	670.00 FL	*670.00 FL
6	1		*FRONT WHEEL HUB CAP LH	Grazed	107.10 FL	*107.10 FL
7	1		*FRONTBUMPER COVER	Repair	544.50 FL	*- FL
8	1		*FRONT LH HEADLAMP ASSY	Grazed	1,388.00 FL	*1,388.00 FL
9	1		*FRONT FENDER ADVERTISEMENT	Necessary	100.00 FS	*100.00 FS
10	1		*FRONT DOOR COMFOT LOGO	Necessary	75.00 FS	*75.00 FS
11	1		*FRONT DOOR ADVERTISEMENT	Necessary	100.00 FS	*100.00 FS

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

Sub Total (\$\$)	3,894.20	3,103.10
- List Item Discount on L Items 20.00/20.00% (\$\$)	723.84	565.62
Total Parts (\$\$)	3,170.36	2,537.48

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
Miscellaneous Items				
1	1	OD/TP Case (Insurer)	11.00	11.00
Sub Total (\$\$)			11.00	11.00

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	480.00	300.00
2	SPRAY PAINTING	New	900.00	650.00
3	WIRING	New	50.00	20.00
4	TUFF KOTE	New	60.00	20.00
5	FRT WHEEL ALIGNMENT	New	80.00	0.00
6	TOWING FEES	New	60.00	0.00
Gross Labour Cost (\$\$)			1,630.00	990.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >