

SS REC. BY:

REF: CS/MSG 1901279 / K15f3

Special Instruction: 02

Surveyor: Kalin ASSIGNMENT (Office)

From (Person): Chhia Nyuk Pui of MSIG Date/Time: 10.7.19 17.35pm

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: S4 7783K Insured: PBP 6765D

at Workshop m/s Comfortdyro Tel: 62148300

of 59 Iayang Drive

Policy No: MSD/vms/19-501563 Claim No: _____

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 9.7.19
(Client's Record)

CA / REV / REP. / REV 24 HRS my H.O.D. Endorsement: _____

Date/Time: 11.7.19 Person Contacted: Jumadi Vehicle IN OUT

Date/Time	Action/Instruction (✓) Estimate
	S4 7783K - NS/NC 14020064 / 415hd1 D.O.A - 23/11/2014
12/7/19	Send preli revised via merimen

Merimen

Kahin

REF: MSIG

ASSIGNMENT

From: Date: 11.7.2019

Veh No: SH 7783K Yr Regn: 26 24 / 207
Type: M.Car / M.Cycle / Bus / Van / Lorry / Ta6 / Prime Mover /

Estimated Cost:

Truck / Trailer or

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

Make: Toyota Prius c.c. 1798

To Inspect Vehicle No: SH 7783K

Colour: Blue A/C: Ins~~ed~~ / Std / NI / NA

at Workshop m/s Comfort delgro
of 59 layang Drive

Sp. Reading: 25999 T/Radio: Ins~~ed~~ / Std / NI / NA

Insured:

Eng/No: JTPK03FYX03560797

Policy No.

Gen. Cond: Good / ~~6~~ / Poor / Burnt

Claims No.

Steering: Inorder / ~~6~~ / Jammed / Leaked / Burnt or

Sum Insured:

Excess:

Brake: Inorder / ~~6~~ / Jammed / Leaked / Burnt or

(Client's Record)

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

Make of Vch:

Tyre Size: F: 195 / 65 R15
R: -

(Policy Condition)

N/S	O/S

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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Duratun

Bal. or Market Value:

Front	Rear
R/Bal. 7 mm	R/Bal. 7 mm
L/Bal. 7 mm	L/Bal. 7 mm

IDAC Accident Rpt: Consistent? : Yes or No

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

Est. Repairs: days Res.: Yes or No

Lum Sum: % 3 Val: Yes or No

D.O.A. 9/7/19 D.O.I. 11/7/19
Survey held at CDHE (Logay)

CA / REV / REP. / 24 HRS myo^h

Vehicle: IN / OUT

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

Date: Person Contacted:

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

Date / Time	Action / Instruction
15/7/19	Check P/P \$1130.50 / 10% (\$ 346.42 Red - 24%)

[Signature]
15/7/2019

RECEIVED 15 JUL 2019

Date/Time, File Pass to?

15/07/19

Preli. Report

Days Of Repair: 1

1) Typst

Final Report

Resurvey No. of Trip: 1

Date/Time, File Return to?

2)

Add Fee: Site Insp (\$)

Survey Fee:

Transportation: \$ + RS, SI

Report Format:

Lump Sum / I.B.F. (\$ 1,130.50 P/P)

Interview (\$)

Tech. Invs (\$)

Weekend (\$)

) Photos

) Others

TOTAL

150
11
161

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: MSIG Insurance (Singapore) Pte. Ltd. 4 Shenton Way #21-01 SGX Centre 2 Singapore 068807	From: LKK Auto Consultants Pte Ltd 51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park Singapore 408933
Attn: Chhia Nyuk Pui	Date: 12 Jul 2019
Preliminary Advice	

Insured Vehicle No	: FBP6765D	Accident Date	: 09/07/2019
TP Vehicle No	: SH7783K	Assignment Date	: 10/07/2019
Make	: TOYOTA PRIUS	Est. Duration of Repair	: 1
Date of Inspection	: 11/7/2019		
Inspection At	: COMFORT DELGREO ENGINEERING PTE LTD		

Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s wing mirror and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	1,476.92
Revised Amount	:S\$	1,130.50
Check Items (Estimated)	:S\$	0.00
Total	:S\$	1,130.50
Lump Sum Repair	:S\$	

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 economical/not economical for repair.

The above survey was conducted on a 'without prejudice' basis.

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	09 Jul 2019		10 Jul 2019 17:35 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS				[Created by insurer]					
Insured:	CHRISTIAN RAY LIM HONG KWONG , ID: S73479641								
Main Claimant:	COMFORT TRANSPORTATION PTE LTD , Co. Reg. No.: 199303821R								
Vehicle Reg. No.:	SH7783K	Date of Loss:	09/07/2019 13:00 - :59 [23 Months and 13 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP	Policy/Cover Note No.:	MSD/VMS/19-501563 (TP, Fire & Theft) Coverage: 22/05/2019 - 21/05/2020						
Vehicle Reg. No. (Insured):	FBP6765D	Policy No. (Claimant):							
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300								
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Chhia Nyuk Pui - 6594 2521]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 11/07/2019]								
Driver/Custodian (Insured):	CHRISTIAN RAY LIM HONG KWONG (45 / Male), NRIC: S73479641 Email:								
Adj Asg. Remarks:	Liab: Dispute. Contact: Lim Tien Siong @ 6214 8398 / 9635 8546. Car in.								
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	09/07/2019 16:07
Date Of Accident	09/07/2019 13:30
Exact Location Of Accident	NORTH BRIDGE RD TWDS SOUTH BRIDGE RD X STAMFORD.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH7783K
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	TOYOTA
Model	PRIUS
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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	LEE AH CHAI
NRIC No	S7035957Z
Date Of Birth	11/10/1970
Occupation	OUTDOOR
Date Of Driving Pass	14/12/2002
Driving Experience	16 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91516220
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	966 #02-594 HOUGANG AVENUE 9
Postcode	530966
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

SEE ATTACH.

Attachment(s)

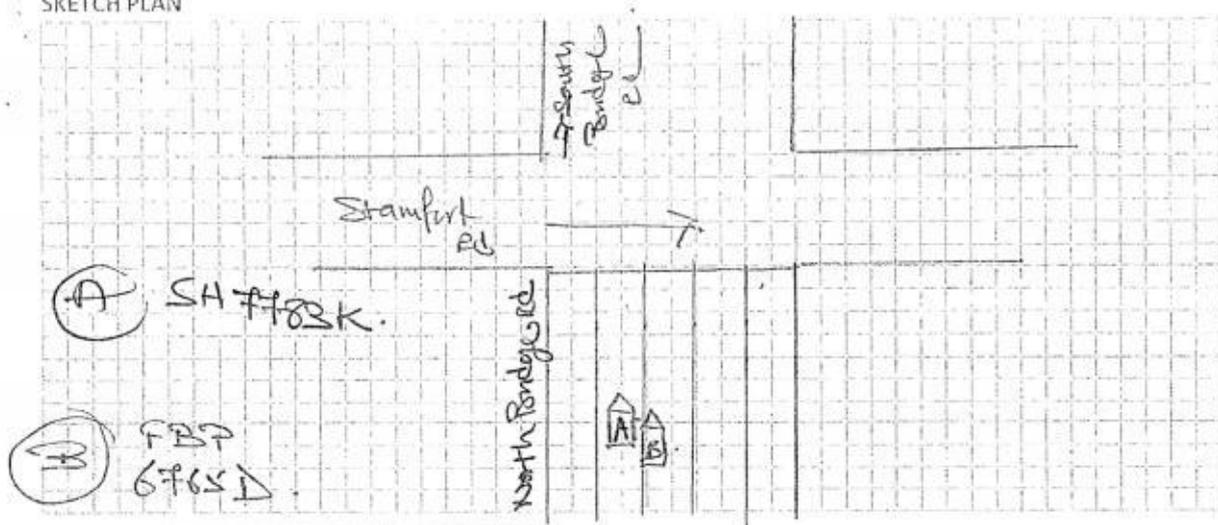
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	FBP6765D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	MOTORCYCLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	NOT SURE

No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 9 July 2019 1330hr. I VEH A
 was stationary at the traffic junction
 for green light. Suddenly VEH B hit VEH A
 Right wing mirror. at the point of accident
 VEH A being a make park.

DECLARATION

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

UMPORT TRANSPORTATION PTE. LTD.
 CO REG. NO 18939841R

Policyholder's Signature

Driver's Signature

Reporting Centre Personnel's Signature

[Handwritten Signature]

[Handwritten Signature] 9/7

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.

GENERAL INSURANCE ASSOCIATION OF SINGAPORE PTE LTD
CO. REG. NO. 199303021R

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.:

Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305310006

JMER

S COMFORT TRANSPORTATION PTE LTD
 JMER NO. 7010045
 ESS 383 SIN MING DRIVE
 Singapore SINGAPORE 575717
 65508755 (R) (O)
 (P)

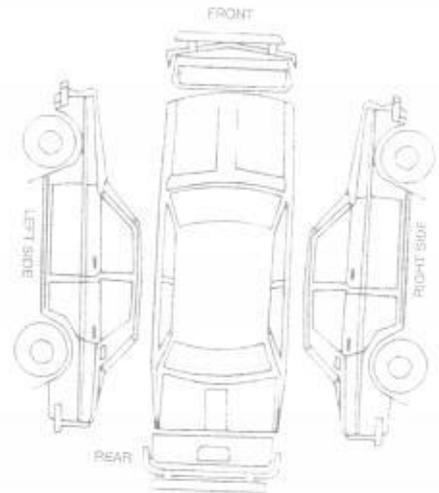
REGN NO:	SH 7783K	MILEAGE
MAKE:	TOYOTA	FUEL
MODEL:	PRIUS HYBRID(G4)	E.....1/2.....F
YR OF MANUF:	26.07.2017	DATE/TIME IN
CHASSIS CODE:	JTDKB3FUX03560797	09.07.2019 14:40
		TARGET DATE
		COMPLETION DATE/TIME:

JUNT CARD NO.

JOB DESCRIPTION

Accident Date: 09.07.2019
 NATURE: 3P 09.07.19

S/NO LABOR CODE DESCRIPTION



REKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Delivery Slip

Exit Pass

No.: SH 7783K LIMTS

Vehicle No.: SH 7783K

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

MS(G-CP/P)

IS

0830

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305310006
REGN NO : SH 7783K
MILEAGE : 0000000000
MAKE : TOYOTA
MODEL : PRIUS HYBRID(G4)
DATE OF REGN : 26.07.2017
DATE/TIME IN : 09.07.2019 14:40
ACCIDENT DATE : 09.07.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0302-0594-G	MIRROR OUTER REAR VIEW RH	1	1,374.00	25.00	1,030.50	cut
0002	04-01-0302-0898-G	MIRROR COVER OUTER RH	1	141.90	25.00	106.42	x new

SUB-TOTAL : 1,136.92

JOB NATURE

0000	PB	PANEL BEATING	150.00	100
0001	SP	SPRAYPAINT CHARGE	150.00	x 2
0002	17-01	WIRING CHECK	40.00	x 2

SUB-TOTAL : 340.00

TOTAL : 1,476.92

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

Limfs
[Signature]
Kah/ul/10/19

[Signature]
11/7/19 1050h
1 Day
VIP
After Repair p/h

Acknowledged by Insurer
 Signature
 Date

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305310006
 REGN NO : SH 7783K
 MILEAGE : 0000000000
 MAKE : TOYOTA
 MODEL : PRIUS HYBRID(G4)
 DATE OF REGN : 26.07.2017
 DATE/TIME IN : 09.07.2019 14:40
 ACCIDENT DATE : 09.07.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0302-0594-G MIRROR OUTER REAR VIEW RH 1 1,374.00 25.00 1,030.50

SUB-TOTAL : 1,030.50

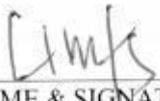
JOB NATURE

0000 PB PANEL BEATING

100.00

SUB-TOTAL : 100.00

TOTAL : 1,130.50


 MVA NAME & SIGNATURE
 DATE :

 SURVEYOR NAME & SIGNATURE
 DATE : AUTHORIZED : YES / NO

COMFORTDELGRO ENGINEERING

Our Job Ref No : 305310006
Date : 12/07/19

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

FINALIZATION FORM

To : LKK Fax : _____
Attn : KALVIN ANG
Vehicle Reg No. : SH 7783K Date of Accident : 09-Jul-19

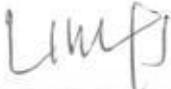
The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: MSIG --- FBP6765D
2. The finalized amount shall be:

(a) Spare Parts after List discount	<u>\$1,030.50</u>
(b) Labour Charges	<u>\$100.00</u>
Total for Part-By-Part Repair Cost	<u>\$1,130.50</u>
(c.) Lumpsum Repair (if applicable)	
Total for Lumpsum repair cost after Less: <u>20%</u>	_____
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 : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 15/7/19

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		NO		
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/MSG19012179/K1SF3N2

Date: 16/07/2019

REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	MSD/VMS/19-501563		
Claimant Vehicle No :	SH7783K	Insured Vehicle No :	FBP6765D		
Date of Loss:	09/07/2019	Nature of Claim:	TP	Claim No:	MSCV/19-000782

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH7783K	Engine No:	2ZRS054788
Make & Model:	TOYOTA PRIUS, 1.5 (A)	Chassis No:	JTDKB3FUX03560797
Reg. Date:	26/07/2017 (Man. Year: 2017)	Odometer:	259909 km
Colour:	Blue		
Engine Capacity:	1798 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:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	DURATURN 7 mm	Rear Left Side:	DURATURN 7 mm
Front Right Side:	DURATURN 7 mm	Rear Right Side:	DURATURN 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,136.92	1,030.50	106.42	9.36
Miscellaneous Items	0.00	0.00	0.00	
Labour	340.00	100.00	240.00	70.59
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	1,476.92	1,130.50	346.42	23.46
+ GST 7.00/7.00% (S\$)	103.38	79.14	24.24	23.45
Nett Amount (S\$)	1,580.30	1,209.64	370.66	23.46

INSPECTION

Date of Assignment:	10/07/2019		
Date Inspected:	11/07/2019	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:** Hiew May Fung

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: 16 Jul 2019)
Parts: 144	TOYOTA PRIUS 1.5 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code: (Unsubmitted, no print-code for SH7783K)	
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		*MIRROR OUTER REAR VIEW RH	Cut	1,374.00 FL	*1,374.00 FL	
2	1		*MIRROR COVER OUTER RH	Repair	141.90 FL	*- FL	
					Sub Total (S\$)	1,515.90	1,374.00
					- List Item Discount on L Items 25.00/25.00% (S\$)	378.98	343.50
					Total Parts (S\$)	1,136.92	1,030.50

F=Franchise part. 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	PANEL BEATING	New	150.00	100.00
2	SPRAYPAINT CHARGE	New	150.00	0.00
3	WIRING CHECK	New	40.00	0.00
Gross Labour Cost (S\$)			340.00	100.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >