22/09/2002 ASS, REC, BY	REI	: CS/SMO19012	182 KAF	302 Spe	cial Instruction:	
Surveyor :	Kenneth	ASSIGNMEN	T (Office)			
From (Person	a Agnes than shu Hu	i of Sm	0	1	Date/Time: 10419	11.164 19
Estimated Co.	st.	I				
OD TP/W	STTP RESTOD RESTE					
To Inspect Ve	chicle No: SLV 624	+12		Insured:	SKR 3403 B	
at Workshop	m/s (artinus Auto)	ution		Tel	647 1 5111	
	n ming brive #0					
Policy No:	19MTPV01000591		Claim No:	(MTD 19	103282	
Sum Insured:			Excess:			
Make of Veh	Maria Control of the		D.O.A. 8.7-19			
(Client's Recor CA / REV Date/Time;	/ REP. / REV 24 HRS	Person Contacted:	Уию	V	H.O.D. Endorsement:	
Date/Time	Action/Instruction (	V) Estimate.				
	SKR 3403B - X					
	SLY 62412:X				- III	
	5:31- Revised					
26/	\$ \$5153.60	eneil &	Cartima	1 le	d: 515.20	:9%)

- 13

huimun

ASS. REC. BY:	
Kenneth	ASSIGNMENT
From:	
Estimated Cost: Date:	Veh No: SLV62417 Yr Regn: 01, 18
QD LTP WS / TP RES / OD RES / EVA / INV / MV	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxl / Prime Mover /
To Inspect Vehicle No:	Truck / Traller or . Wagon
al Workshop mis	Make: (tonda Shuttle c.c 1886
of Car Times	Colour D. Cora A/C: Insured/Std/NI/NA
Insured	Sp.Reading 28c22 T/Radio: Insured / Std / NI / NA
+	Eng/No:
Policy No.	CNO: GK8 . 1200382
Claims No.	Gen. Cond. Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inottler / Jammed / Leaked / Burnt or
Make of Veh:	Modi: NII / S/RIm / STP A/RIm or
	Tyre Size: F: 205/507R16
(Policy Condition)	R:
Remark: The veh had commenced its N/S C	BS / DUN / EXNOVA / GY / FS / LIZA MIC ) OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal, or Market Value:	Front
IDAC Accident Rport: Consistent? : Yes or No	Dear 7
GIA / PR Seen: Consistent?: Yes or No	VBal. 7 mm - R/Bal. ★ mm
Est. Repairs: 6-7 days Res.: Yes or No	D.O.A. 8 / 7/19 DOI 15 / 7/10
Lum Sum: 1-3, 1 % 3 Val.: Yes or No	Survey held at D.O.I. 10/7/19
CA / REV / REP. / 24 HRS	
Vehicle: IN / O	Des. of Damages : Frt / Rear   O/S / N/S / U/C / Rooftop or
Person Contacted:	
Date / Time   Action / Instruction	The U/C / Chassis frame / Body Structure affected due to collision.
- / Fik pass to	months
	/ \/\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
	(10/20)
Date/Tima, File Pass to?	
alia Tia ach Freil. Report	Days Of Repair:
Outo/Time, File Return 107	Resurvey No. of Trip: Survey Fee:
	Transportation 250
Add Fee	e: : Site Insp (\$ ) _ s - Rs _ si
Report Format	: Interview (\$ ) Fire 15
Report Format ,	Tech Invs (\$ ) Others
Lump Sum / I.B.I: (5 5/53-60	Weekend (\$

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:

CHAN SHU HUI AGNES

Date:

11 Jul 2019

#### **Preliminary Advice**

Insured Vehicle No

: SKR3403B

TP Vehicle No

: SLV6241Z

Accident Date

: 08/07/2019

Make

: HONDA SHUTTLE

Assignment Date

: 10/07/2019

Date of Inspection : 10/07/2019

Est. Duration of Repair

:S\$

: 6.00

Inspection At

: CARTIMES AUTOLUTION (HQ)

160 SIN MING DRIVE #02-04 AUTOCITY

SINGAPORE 575722

Point of Impact / General Description of Damages

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

Repairer's Estimate (Gross)	:S\$	7,938.80
Revised Amount	:S\$	4,985.60
Check Items (Estimated)	:S\$	608.80
Total	:S\$	5,594.40

Lump Sum Repair

#### **Total Loss Consideration**

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

#### Remarks

4,

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.

( x ) Other comments : survey on wp

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

2000	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Case Main	09 Jul 2019	Est Systimetes	10 Jul 2019 11:16 Assign				New Assig Cancel Ca	33 (1) (1) - (3) (1) (1)
	Main	Re	ference	Clai	m Details	Docur	nents	Show All
TI ATM S	UBFOLDER DE	TAILS	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO				reated by in:	A STATE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS
nsured:	00. 0000 00	LIM G			788B, Tel: +659	7666696, Email	rekrap@gmail	.com
Main Clair	mant:	1/2/2/20	Cite Goon,	: S9122588C		OS	3/07/2019 13:0	00 - :59
Vehicle R	eg. No.:	SLV6	241Z	Da	Date of Loss:		D19MTPV01000592	
Claim Typ	oe:	TP /	TP / CMTD1903282 Pol		Policy/Cover Note No.:		(Comprehensive)	
Vehicle Reg. No. (Insured):		SKR34	SKR3403B		Policy No. (Claimant):			
venicie k	eg. No. (Insured	, , , , , , , ,	Excess:					
Repairer:		Cartin	Cartimes Autolution (HQ) 160 Sin Ming Drive #02-04 Autocity, 575722 Sin Ming - Tel: Sompo Insurance Singapore Pte. Ltd. (HQ) - Tel: 6461 6555 [Handled by CHAN SHU HUI AGNES -					
Handling	Insurer:	6220	[227]				The second state of the second	***************************************
Adjuster			uto Consultants	Pte Ltd (HQ)	- Tel: 6256-3561 NRIC: \$1700788B	Tel: +659766	6696 Email: re	krap@gmail.com
	ustodian (Insure		EOK PUAY PARKER assign to Mr Keni		NRIC: 31/00/865	, 161, 1000700		######################################
Adj Asg.	Remarks:	Please	assign to mi Keni	neur Rong				
ASSOCI	ATED MAIL RE	CEIVED				Viev	v All Cor	mpose Case Mail
	e no mail for this							
1700127773								
E	SOCIATED TA	eve			View All Se	arch Tasks	Create New Ta	sk Complete
ALL AS	SUCTATED IN	31.3				Completed		ted On Done

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
   Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding 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.

Any false reporting may be referred to the Police for investigation.

- 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 11:42
Date Of Accident	08/07/2019 13:35
Exact Location Of Accident	YISHUN AVE 1 TWDS SEMBAWANG RD
Country/State of Loss	SINGAPORE
D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLV6241Z
Insured/Policyholder	
Name Of Registered Owner	LIM JIA YI, JOEY
NRIC No	S9238361Z
Email Address	NOEMAIL.
Mobile Phone No	(LOCAL) +65-96311139
Alternative Phone No	OTHERS-96311139
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	PRIVATE CAR
Insurance Company	
Name of Insurance Company	DIRECT ASIA INSURANCE (SINGAPORE) PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

#### Driver

NG CHONG SOON Name of Driver S9122588C NRIC No

29/06/1991 Date Of Birth INDOOR Occupation 04/10/2018 Date Of Driving Pass

0 YEAR AND 9 MONTH Driving Experience

MALE Gender

(LOCAL) +65-97967007 Mobile Number

Fax Number

Contact Number

NOEMAIL **EMail Address** 

Address

509C YISHUN AVENUE 4 #10-50 SPORE 763509

Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

SPOUSE

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 (including own vehicle) involved in the accident

2

Was any body injured in the Accident?

NO

Was any injured conveyed to hospital by

NO

ambulance?

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

3

Passenger 1

0.155

NAME:

: JOEY

GENDER:

: FEMALE

Passenger 2

NAME:

: NG YU ZHE

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

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

SKR3403B

Vehicle Make/Model/Colour

NISSAN / QASHQAI 2.0 CVT ABS D/AIRBAG 2WD 5DR S/R

Details Of Properties

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

#### Sketch Plan

#### 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
- 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.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the idsurance companies.
- 5. Any false reporting may be referred to the Police for investigation.
- 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.
- 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)

1 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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers Tawvers/taw firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of
  - 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;
  - (til) 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 stetection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
  - 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

) or

Policyholder's Signature Date & Time: do

Driver's Signature (if driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature

Name: York,

NRIC/FIN NO. SBIZYZOSTO

#### Sketch Plan #2

SKETCHPLAN YISHUW AVE I towards Sembanang Road A - SLV 62412 B- SKR 3403 B DESCRIBE CIRCUMSTANCES OF THE ACCIDENT on 8/9/2014 @ 1335, I was travelling at Yishun Ave I towards Sembarang Road, I wanted to turn left to sembarang read I stop my vehicle at the givenay line to check my right harid Side blind spot , suddenly vehicle B hit on the recor of my vence. Video footage was taken down. DECLARATION I/We declare the foregoing particulars are true in every respect. Tuy Reporting Centre Personnel's Signature. Policyholder's Signature Driver's Signature Name: MARIT Of driver is not the policyholder) Date & Time: NOCEH NO 561242050 Date & Time:



autolution

9000		20		
Ve	hicle	No.5	LV62	41Z

MODEL:HONDA SHUTTLE

QTY	DESCRIPTION		REPAIRER'S ESTIMATE(S\$)	SURVEYORS ADJUSTMENT
	PARTS (LIST ITEMS)		B 1250.00	100 1000
1	REAR BUMPER		1200.00	
2	REAR BUMPER SIDE RETAINER		5m 80.00	
2	REAR BUMPER LHS & RHS BUMPER REFLECTOR		140.00	
2	REAR BUMPER LHS & RHS REFLECTOR GARNISH		156.00	
1	TAILGATE	4	1180.50	
1	TAILGATE CENTRE GARNISH		395.00	X
1	TAILGATE INNER TRIM BOARD		Bn 245.00	
1	TAILGATE LOCK		R4 95.00	
2	TAILGATE RHS & LHS TAILLAMP		890.00	
1	REAR END PANEL		<b>4</b> 510.00	
1	REAR END PANEL TOP GARNISH		nu 125.00	
1	SMART BUZZER		em 125.00	2
1	REAR BUMPER TOWING CAP		/h 28.00	X
1	REAR WINDSCREEN MOULDING		145.00	
3	REAR WINDSCREEN DAM rhs, lhs & top		M 115.00	_
1	REAR TAILGATE WEATHER STRIP		011/64 135.00	_
1	REAR END PANEL ANTENNA		cm 85.00	1
2	REAR RHS & LHS BUMPER SPONGE		155.00	
1	HONDA LOGO		Me 32.00	
1	SHUTTLE WORDING		1 62.00	
			5948.50	0.0
			20% 1189.70	20%
			4758.80	
	SPECIAL NETT ITEMS		1-	
1 SETS	S REAR BUMPER CLIPS		Ac 60.00	
1	REAR WINDSCREEN SEALANT		Ac 80.00	
1	REAR REVERSE CAMERA		450.00	X
1	REAR REVERSE SENSOR		Ru 280.00	
1	REAR INNER TRIM BOARD CLIPS		May 40.00	_
		SPECIAL NETT	910.00	
		TOTAL PARTS	5668.80	

Nor Moharike Resurry B4 pains 6days

Kennoth (IKK) 96910663

\$ 5153-60

LKK Auto Consultants hence notify the Repairer of the following:

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



Vehicle No.Slv6241z

#### MODEL:HONDA SHUTTLE

s/N	DESCRIPTION	REPAIRER'S ESTIMATE (S\$)	SURVEYORS ADJUSTMENT
1	LABOUR To remove the affected parts & fittings to commence repairs; replace damaged parts and components	1000.00	7001
2	To supply paint materials, expandable items & putty, respray paint on parts replaced & repaired	700.00 60	101
3	To remove and refix wiring and check all electrical components at damaged areas for proper functions	120.00 2	9(
4	To remove & replace reverse sensor and check for proper function.	150.00 <b>5</b>	el .
5	To remove & refit rear tailgate windscreen	150.00 /2	201
6	To provide auti-rust treatment on affected areas	150.00	2
	Labour Total :	2270.00	
	TOTAL (PARTS & LABOUR):	7938.80	

### 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:

D19MTPV01000592

CS/SMO19012182/KTF3N2

Date:

03/10/2019

REFERENCE

Handling Insurer:

Claimant

Vehicle No:

Date of Loss:

Sompo Insurance Singapore Pte.

SLV6241Z

08/07/2019

Insured Vehicle

Policy No:

No:

SKR3403B

Nature of Claim:

TP

Claim No:

CMTD1903282

L15B5460448

GK81200382

28022 km

**DESCRIPTION & IDENTIFICATION OF VEHICLE** 

Reg No:

SLV6241Z

Make & Model: Reg. Date:

HONDA SHUTTLE, 1.5 GA (A) 05/01/2018 (Man. Year: 2017)

Dark Grey

Engine Capacity:

1496 cc

Market Value/New Car Price:

Colour:

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable): Yes Engine Modification:

Yes Footbrake (Serviceable): No Pre-accident Condition:

**Engine No:** 

Odometer:

Chassis No:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

Front Right Side:

205/50ZR16 Front Left Side:

Michelin 7 mm Michelin 7 mm Rear Tyre Size: Rear Left Side: Rear Right Side: 205/50ZR16 Michelin 7 mm Michelin 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS Parts Miscellaneous Items	Repairer's 5,668.80 0.00	Adjuster's 3,603.60 0.00	2,065.20 0.00	Diff % 36.43
Labour Paintwork Labour	2,270.00 0.00	1,550.00 0.00	720.00 0.00	31.72
Towing	0.00	0.00	0.00	
Gross Total (S\$)	7,938.80	5,153.60	2,785.20	35.08
+ GST 7.00/7.00% (S\$)	555.72	360.75	194.97	35.08
Nett Amount (S\$)	8,494.52	5,514.35	2,980.17	35.08

INSPECTION

Date of Assignment:

10/07/2019

Date Inspected:

10/07/2019 Inspected At:

Cartimes Autolution (HQ)

160 Sin Ming Drive #02-04 Autocity

Singapore 575722

Estimated Period of Repair:

6.0 days

Adjuster: KENNETH KONG

Manager: DENISE TAY KWEE CHENG

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: 03 Oct 2019)

Parts: N/A HONDA SHUTTLE 1.5 GA (A) (Model not available in database)

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

Print Code: (Unsubmitted, no print-code for SLV6241Z)

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 \*.

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
4	1	*REAR BUMPER	Bent	1,250.00 FL	*1,250.00 FL
1	2	*REAR BUMPER SIDE RETAINER	Serviceable	80.00 FL	*-FL
3	2	*REAR BUMPER LHS & RHS BUMPER REFLECTOR	Serviceable	140.00 FL	*- FL
4	2	*REAR BUMPER LHS & RHS REFLECTOR GARNISH	Serviceable	156.00 FL	*-FL
5	1	*TAILGATE	Bent	1,180.50 FL	*1,180.50 FL
6	1	*TAILGATE CENTRE GARNISH	Serviceable	395.00 FL	
7	1	*TAILGATE INNER TRIM BOARD	Buckled	245.00 FL	
8	1	*TAILGATE LOCK	Dented	95.00 FL	
9	2	*TAILGATE RHS & LHS TAILLAMP	Serviceable	890.00 FL	
10	1	*REAR END PANEL	Bent	510.00 FL	
11	1	*REAR END PANEL TOP GARNISH	Dented	125.00 FL	
12	1	*SMART BUZZER	Cracked	125.00 FL	
13	1	*REAR BUMPER TOWING CAP	Serviceable	28.00 FL	
14	1	*REAR WINDSCREEN MOULDING	Necessary	145.00 FL	*145.00 FL
15	1	*REAR WINDSCREEN DAM RHS,LHS & TOP (3 Pcs)	Necessary	115.00 FL	
16	1	*REAR TAILGATE WEATHER STRIP	Distorted/Cut	135.00 FL	
17	1	*REAR END PANEL ANTENNA	Cracked	85.00 FL	
18	2	*REAR RHS & LHS BUMPER SPONGE	Serviceable	155.00 FL	
19	1	*HONDA LOGO	Necessary	32.00 FL	
20	1	*SHUTTLE WORDING	Necessary	62.00 FL	
21	1	*REAR WINDSCREEN SEALANT	Necessary	80.00 FS	
22	1	*REAR REVERSE CAMERA	Serviceable	450.00 FS	
23	1	*REAR REVERSE SENSOR	Dented	280.00 FS	
24	1	*REAR INNER TRIM BOARD CLIPS	Necessary	40.00 FS	
25	1	*SETS REAR BUMPER CLIPS	Necessary	60.00 FS	*40.00 FS
F=F	anchise	part. S=SpcNett. L=ListItemDisc.			MANAGED SAN DESCRIPTION
		- List Item Discount on L Items 20.	Sub Total (S\$) .00/20.00% (S\$)		<b>4,424.50</b> 820.90
			Total Parts (S\$	5,668.80	3,603.60

# Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended	Labour
Recommended	Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labo	our Items			700.00
1	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; REPLACE DAMAGED PARTS AND COMPONENTS	New	1,000.00	700.00
2	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED & REPAIRED	New	700.00	600.00
3	TO REMOVE AND REFIX WIRING AND CHECK ALL ELECTRICAL COMPONENTS AT DAMAGED AREAS FOR PROPER FUNCTIONS	New	120.00	20.00
4	TO REMOVE & REPLACE REVERSE SENSOR AND CHECK FOR PROPER FUNCTION	New	150.00	50.00
5	TO REMOVE & REFIT REAR TAILGATE WINDSCREEN	New	150.00	120.00
6	TO PROVIDE ANTI-RUST TREATMENT ON AFFECTED AREAS	New	150.00	60.00
	Gross Labour Cost (S\$)		2,270.00	1,550.00
	Report was unsubmitted duri	ng this print-out.		

< END OF ESTIMATES >