

ASS. REC. BY:

REF- CS/TMI 19012351 / K143<sup>72</sup>

Special Instruction:

Surveyor: Kalvin

## ASSIGNMENT (Office)

From (Person): Eliza Ho Tung Buan of TMI Date/Time: 12.7.19 12.06p.m.

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHA 1458G Insured: SJQ 645G

at Workshop n/s Comfordaigro Tel: 62148300

of 59 Loyang Drive

Policy No: MK 000180 Claim No: M1905243

Sum Insured: Excess:

Make of Veh: D.O.A. 11.7.19  
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 12.7.19 1.35p.m. Person Contacted: Jumadi H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SHA 1458G - NA/INC 160076221 / 114
	SJQ 645G - X

D.O.A. - 27/07/2016



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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	12 Jul 2019 Sendback Est	12 Jul 2019 11:13 S\$2,381.82	12 Jul 2019 12:06 Assign				<b>New Assignment</b> Cancel Case

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b>									
Insured:	SM CAR RENTAL PTE. LTD., Co. Reg. No.: 201700552G								
Main Claimant:	CTPL								
Vehicle Reg. No.:	SHA1458G	Date of Loss:	11/07/2019 00:00 - :59 [37 Months and 22 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / M1905243	Policy/Cover Note No.:	MK000180 (Third Party Only) Coverage: 03/02/2019 - 02/02/2020						
Vehicle Reg. No. (Insured):	SJQ645G	Policy No. (Claimant):							
		Excess:	S\$1,500.00						
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 Ho Teng Boon Eliza]								
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 23/07/2019]								
Adj Asg. Remarks:	OI HAS NOT RPT THE ACCDT								
<b>ASSOCIATED MAIL RECEIVED</b>									
			View All	Compose Case Mail					
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b>									
		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	12/07/2019 10:24
Date Of Accident	11/07/2019 20:15
Exact Location Of Accident	BKE TWDS WOODLANDS BEFORE DAIRY FARM RD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA1458G
<b>Insured/Policyholder</b>	
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	NG KIM POH
NRIC No	S1560112D
Date Of Birth	30/06/1962
Occupation	OUTDOOR
Date Of Driving Pass	17/01/1983
Driving Experience	36 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96851137
Fax Number	
Contact Number	
Email Address	RACHEL_SAKURA_WINX@HOTMAIL.COM

Address	BLK 458 HOUGANG AVENUE 10 #03-413
Postcode	530458
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	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?	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

REFER ATTACHED

#### 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	SJQ645G
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

FRONT

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name NG KIM POH

Approximate Age

Injuries Sustain NECK

Injured person in which vehicle? SHA1458G

Were seat belts worn? YES

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**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 willful 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:

Reporting Centre Personnel's Signature  
Name: **Loke Wei Yang**  
NRIC/FIN No.:

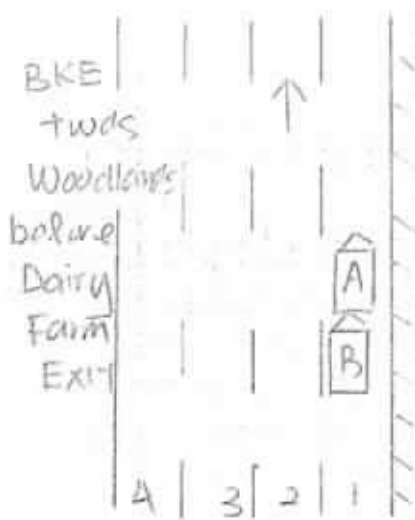
GIA RMC SketchPlanForm\_V3



## SKETCH PLAN

A: 8HA 1458G

B: 3JG 645G



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/7/19 at about 20:15 hrs, I was driving at above said location with a male pax onboard. Suddenly vehicle in front brake to stop and I follow suit. A few second later, I felt an impact from behind. Veh B front portion collided onto the rear portion of my stationary taxi. I felt pain on my neck, will consult doctor later on.

## DECLARATION

I/We declare the information mentioned are true in every respect.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821RPolicyholder's Signature  
Date & Time:Driver's Signature  
(If driver is not the policyholder)  
Date & Time:Reporting Centre Personnel's Signature  
Name: Loke Wei Yieng  
NRIC/FIN No.:





Team: ARC Repair TP(CLSO)1

**JOB CARD**

Sales Order:

JC NO: 305310760

OWNER: COMFORT TRANSPORTATION PTE LTD  
 IS: 7010045  
 OWNER NO: 383 SIN MING DRIVE  
 LESS: Singapore SINGAPORE 575717  
 65508755

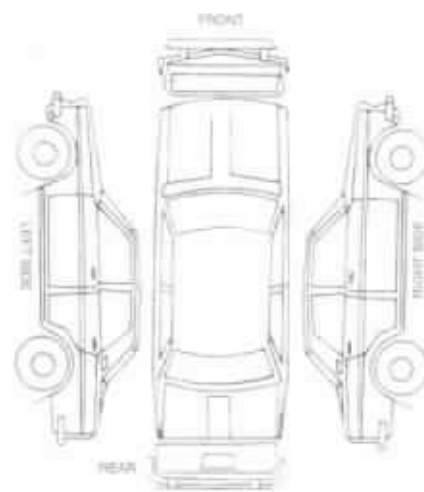
REGN NO:	SHA1458G	MILEAGE
MAKE:	HYUNDAI	FUEL E 1/2 F
MODEL:	I-40	DATE/TIME IN 12.07.2019 09:50
YR OF MANU:	19.05.2016	TARGET DATE
CHASSIS CODE:	KMHLB41UMGU089703	COMPLETION DATE/TIME

COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 11.07.2019  
 NATURE: 3P 11.07.19

S/NO LABOR CODE DESCRIPTION



KEYED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-out Slip

Exit Pass

Vehicle No: SHA1458G

JU TOKIO

Vehicle No.1

SHA1458G

Service Advisor

Signature/Date

Name of Service Advisor

Date

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:	11/07/2019
Vehicle Reg. No.:	SHA1458G	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	19/05/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU650709	Chassis No:	KMHLB41UMGU089703
Odometer:	0 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	<b>NO</b>		
Est. Duration of Repair	3		
(day)			
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

<b>COST OF CLAIMS</b>	<b>Amount</b>
Parts	1,420.82
Miscellaneous Items	11.00
Labour	950.00
Paintwork Labour	0.00
Towing	0.00
<b>Gross Total (S\$)</b>	<b>2,381.82</b>
<b>+ GST 7.00% (S\$)</b>	<b>166.73</b>
<b>Nett Amount (S\$)</b>	<b>2,548.55</b>

**This claim is handled by: JUMANI BIN MASUDIN**

*Generated using Merimen e-Claims Internet Estimation & Adjusting System*

**REPAIR DETAILS****Reference**

**Part Source:** MRM-SG      **Version:** 1.0 (Last Synchronised: 12 Jul 2019)

**Parts:** 143      **HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)**

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

**Print Code:** ComfortDelGro Engineering Pte Ltd/SHA1458G/12/07/2019 11:13

**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		*REAR BUMPER ASSY - <i>not</i>	20.00	0.00	*553.00 FL
2	10		*REAR BUMPER CLIPS - <i>see</i>	20.00	0.00	*22.00 FL
3	1		*REAR BUMPER UNER COVER - <i>cut</i>	20.00	0.00	*228.00 FL
4	1		*REAR BUMPER REINFORCEMENT <i>8mm</i>	20.00	0.00	*428.40 FL
5	1		*REAR BUMPER MAT - <i>see</i>	0.00	0.00	*50.00 F
6	1		*REAR BUMPER REVERSE SENSOR <i>x see</i>	0.00	0.00	*135.70 F
7	1		*REAR BUMPER ADVERTISEMENT STICKER - <i>see</i>	0.00	0.00	*50.00 F
8	2		*REAR FENDER ADVERTISEMENT STICKER - <i>see</i>	0.00	0.00	*200.00 F

F=Franchise part, L=ListItemDisc.

Sub Total (S\$)	1,667.10
- List Item Discount on L Items (S\$)	246.28
<b>Total Parts (S\$)</b>	<b>1,420.82</b>

ComfortDelGro Engineering Pte Ltd/SHA1458G/12/07/2019 11:13. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

## Estimates on Miscellaneous Items

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

## Estimates on Labour

No	Particulars	Lab.Type	Amount
<b>Labour Items</b>			
1	PANEL BEATING	New	<del>400.00</del> 200
2	SPRAYPAINT	New	<del>400.00</del> 200
3	WIRING	New	<del>50.00</del> 200
4	REMOVE/REFIX REVERSE SENSOR	New	<del>100.00</del> 200
Gross Labour Cost (S\$)			950.00

ComfortDelGro Engineering Pte Ltd/SHA1458G/12/07/2019 11:13. Not valid without Reference section.  
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Ka/uh 1/16/19  
 12/7/19 1120hrs  
 200-  
 4/5  
 After Repair p Loto



# COMFORTDELGRO ENGINEERING

Our Job Ref No 305310760

Date : 18/07/2019

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

## FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

: SHA1458G

Date of Accident : 11/07/19

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

1. The repair job shall bill to: TOKIO — SJQ645G  
###
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) **N** \_\_\_\_\_
  - Total for Lumpsum repair cost after Less: 20% \$1,100.00
  - Final Lumpsum Repair cost** \_\_\_\_\_
3. Estimated normal period for repairs: 2 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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : KALVIN

Date : 19/7/19

## 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/TMI19012351/K1VF3N2

Date: 23/07/2019

## REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000180
Claimant Vehicle No :	SHA1458G	Insured Vehicle No :	SJQ645G
Date of Loss:	11/07/2019	Nature of Claim:	TP
		Claim No:	M1905243

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SHA1458G	Engine No:	D4FDGU650709
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU089703
Reg. Date:	19/05/2016 (Man. Year: 2016)	Odometer:	555859 km
Colour:	Blue		
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:	Average

## CONDITION OF TYRES

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

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,420.82	942.40	478.42	33.67
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	950.00	430.00	520.00	54.74
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (\$\$)</b>	<b>2,381.82</b>	<b>1,383.40</b>	<b>998.42</b>	<b>41.92</b>
<b>Approved Total (Overridden) (\$\$)</b>		<b>1,100.00</b>		
	2,381.82	1,100.00	1,281.82	53.82
<b>+ GST 7.00/7.00% (\$\$)</b>	166.73	77.00	89.73	53.82
<b>Nett Amount (\$\$)</b>	<b>2,548.55</b>	<b>1,177.00</b>	<b>1,371.55</b>	<b>53.82</b>

## INSPECTION

Date of Assignment:	12/07/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	12/07/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	2.0 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

<b>Reference</b>		
<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 23 Jul 2019)
<b>Parts:</b>	143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHA1458G)	
<b>Validity:</b>	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	
<b>Further Info:</b>	Items/values not in reference catalogue are prefixed with an asterisk *.	

## Recommended Parts

No.	Qty	Part No.	Particulars	Condition	Repairer's	Amount
1	1		*REAR BUMPER ASSY	Deformed	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	1		*REAR BUMPER UNER COVER	Cut	228.00 FL	*228.00 FL
4	1		*REAR BUMPER REINFORCEMENT	Serviceable	428.40 FL	*- FL
5	1		*REAR BUMPER MAT	Necessary	50.00 F	*50.00 FS
6	1		*REAR BUMPER REVERSE SENSOR	Serviceable	135.70 F	*- FS
7	1		*REAR BUMPER ADVERTISEMENT STICKER	Necessary	50.00 F	*50.00 FS
8	2		*REAR FENDER ADVERTISEMENT STICKER	Necessary	200.00 F	*200.00 FS

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

<b>Sub Total (S\$)</b>	<b>1,667.10</b>	<b>1,103.00</b>
<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>246.28</b>	<b>160.60</b>
<b>Total Parts (S\$)</b>	<b>1,420.82</b>	<b>942.40</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

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

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<u>Labour Items</u>				
1	PANEL BEATING	New	400.00	200.00
2	SPRAYPAINT	New	400.00	200.00
3	WIRING	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	100.00	30.00
Gross Labour Cost (S\$)			950.00	430.00

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;