survoyor -	ASSIGNMI	ENT (Office)	
From (Person)	: Iranc Tay Hui Ping of CT:	1	Date/Time: 6.8.19 10.389.m
Estimated Cos	t:	Bill to:	
To Inspect Ve	hicle No. SLC 57030	CS Insured:	SLP 4671K
	m/s Hitadio capital	Tel:	64663022
	m PCSN 3037 219000	Claim No: Swm 195	203568102
Sum Insured:		Excess:	
Make of Veh:			D.O.A. 29.7. 2019
CA / REV / Date/Time:	ing >	Chong Has V	D.O.A. 39.7. 2019 H.O.D. Endorsement:
Date/Time	Action/Instruction (V) Estimate	Trong How	ellicie II (OOI)
	SIE 5703D-X		
	SLP 4671K-X		
31/12/19	6 09:33 am dules from insurance. Vehic	& with Jions	Hon , pender lies
	1	,	1 1000

winin

ASSI	CONN	B+ C- I
230010 J	CHI ALL	LEGIT V.J.

From:	Date: 7/8/19	Veh No:	SLE 570817	Yr Regn: 2016	Sucy
Estimated Cost:			M.Cycle / Bus / Van / Lo		rer /
OD TP WS / TP RES / OD RE	ES / EVA / INV / MV	Truck	Trailer or		
To Inspect Vehicle No:	SLE 5703D	Make:	TOYOTA COROLLA	Mn3/6 c.c	1598
	titachi Cerpital	Colour	Gery		Std / NI / NA
	kyong Road	Sp.Reading	183642	T/Radio: Insured / S	Std / NI / NA
Insured:	12 (1.19) 10010	Eng/No:	100		
Policy No.		C/No:	MROS3 REH/1	5455 5975	
Claims No.		Gen. Cond: G	ood (Fait / Poor / Burnt		
Sum Insured:	Excess:	Steering: (Mor	der Jammed / Leaked /	Burnt or	
(Client's Record)		Brake: (Inor	rder / Jammed / Leaked /	Burnt or	
Make of Veh:	llam (walking)	Modi: Nil	ARim I STD A/Rim or		
	Ham (walking) Thong How	Tyre Size:	F: 265	155Rb	
(Policy Condition)	, ,		R: 1	,	
Remark: The veh had commer	nced its N/S O/S	BS / DUN / E	XNOVA / GY / FS / LIZA /	MIC / OHTSU / PIR /	SUMI/
repair at the time of i	inspection.	TOYO / YOR	O or	hankouk	
Bal, or Market Value:		Front		Rear	
IDAC Accident Rport:	Consistent? : Yes or No	R/Bal.	6 mm	R/Bal.	mm
GIA / PR Seen:	Consistent?: Yes or No	L/Bal.	6 mm	L/Bal. 6	mm
Est. Repairs:	days Res.: Yes or No	D.O.A. 20	3/57/19	D.O.I. 07/98	19
Lum Sum:	% 3 Val.: Yes or No	Survey held a	at Hire	HCH1	l
CA / REV / REP. / 241	HRS (MP)	Des. of Dama	ages Frt Rear / O/S /	N/S / U/C / Roofto	op or
	Vehicle: IN / OUT				
Date: Person	Contacted:	The U/C	/ Chassis frame / Body	Structure affected d	ue to collision.
Date / Time Action / Instr	uction				
	RECEIVED 3 1 D	EC 2019			
	RECEIVED				
Date/Time, File Pass to?	: Preli. Report	Days Of Rep	pair: 2_		
31/12/11	: Final Report	Resurvey No		Survey Fee:	270
Date/Time, File Return to?	and posterior and the second			Transportation:	,.0
2)	Add Fed	e: Site I	nsp (\$)S+RS,SI	
	N.	: Interv	/iew (\$) Photos	
Report Format:	a Pret	: Tech	, Inve (\$) Others	
Lump Som / LBJ: /\$)	: Weel	end (S		
				TOTAL	270

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

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status	
Main	05 Aug 2019		06 Aug 2019 10:38 Assign				New Assignment Cancel C	
	Main	Re	ference	Cla	im Details	Docume	nts	Show All
CLAIM S	UBFOLDER DET	TAILS		All and the second		[Cre	ated by in	surer]
Insured: Main Clair	mant:	HITAC	HI CAPITAL ASIA	PACIFIC PT	E LTD			
Vehicle R	eg. No.:	SLE57	703D	Date of Loss:		29/07/2019 21:00 - :		00 - :59
Claim Typ	e:	TP / S	NM19D203568	CO2 PC	Policy/Cover Note No.:		DMPCSN3037819000	
Vehicle Re	eg. No. (Insured)	SLP46	71K	Po	Policy No. (Claimant):			
					cess:	S\$0.	-	
Repairer:					(HQ) No 8 Fourth Lok			
Handling	Insurer:		Faiping Insuranc 638986192]	e (Singapore	e) Pte. Ltd. (HQ) - Te	d: 6389 6111 [Handled by	Irene Tay Hui
Adjuster:		LKK AL	to Consultants P	te Ltd (HQ)	- Tel: 6256-3561 [l	Final Rpt due	19/08/201	19]
Adj Asg. I	Remarks:	PLEASE	SURVEY AND REV	ERT				
ASSOCI	ATED MAIL REC	EIVED				View All	Com	npose Case Mail
There are	no mail for this o	ase.						
ALL ASS	OCIATED TASK	(S			View All Searce	h Tasks Cre	ate New Tas	k Complete
Due Da	5.7039571.99	Type Task 0	roup Subject	Handler	Assigned By	Completed On	Creat	ed On Done

- P : CT

MJT119099732 / Hitachi Capital Asia Pacific Pte. Ltd - HQ ENTRY DATE & TIME: 30/07/2019 15:05 SUBMITTED BY: Ng Jiong How

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 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.
- 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.

ACCII	VEN!	TOTA		
ACCIL		ISIA	N E IV	

 Date Of Report
 30/07/2019 15:05

 Date Of Accident
 29/07/2019 21:30

Exact Location Of Accident ALONG BUKIT BATOK WEST AVENUE 3

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLE5703D

Insured/Policyholder

Name Of Registered Owner HITACHI CAPITAL ASIA PACIFIC PTE LTD

Co Reg No 199400399N

Email Address JUNTAIYO@HCSPL.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-64663022

Vehicle Particulars

Manufacturer TOYOTA

Model COROLLA ALTIS-1.6 CLASSIC CVT (A)

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

PRIVATE CAR

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

Type Of Coverage COMPREHENSIVE

Fleet Policy NO

Policy Number MSD/VPCP/19-000825-00

Cover Note Number

Driver

Name of Driver MOHAMMAD RASHEEN BIN MOHAMMAD RAFIK

 NRIC No
 \$9202600J

 Date Of Birth
 16/01/1992

 Occupation
 OUTDOOR

 Date Of Driving Pass
 27/05/2014

Driving Experience 5 YEARS AND 2 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-84167024

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 364A SEMBAWANG CRESCENT #11-219

Postcode

751364

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured

OTHER - LESSEE

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)

2

involved in the accident

NO

Was any body injured in the Accident? 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)

NO

soliciting/offering accident claims assistance.

1

Details of Police Action

Was the accident reported to the police?

Number of Passengers (Including Driver)

NO

If Yes, Please state which Police Station

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

PLEASE REFER TO ATTACHMENT

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SLP4671K

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category Name of Driver

EE JOO WAY

NRIC/Passport Number

S7913923H

Contact Number

84489900

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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)

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:
 - 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.

HIAC

Policyholder's Signature Date & Time: Driver's Henature

(If driver is not the policyholder) Date & Time: THOM WE WANTED

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

Sketch Plan Pg. 2

SKETCH P				
	below &			
	Sue 4		Δ	
			_	A - SLE 5703D
		B		B-SLP 46711C

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 29/07/19, at about 2130 HRS. I was moving extraint crossing
On 29/07/19, at about 2130 HRS, I was moving straigt crossing inthin along Bukit Batok West the 3. The traffic light was green, udding while in the middle of the juntong the car bearing plate number SP 467/K hit outo my rear part of the venicle.
udday while in the middle of the juntary the car bearing plato
number SP4671K hit outo my par part of the venicle.
J

DECLARATION

I/We declare the loregoing particulars are try

Policyholder's Signature Date & Time

Oriver's agnature (If driver is not the policyholder) Date & Time

Reporting Centre Personnel's Signature

Nama:

NRIC/FIN No.:

Hitachi Capital Asia Pacific Pte. Ltd. Jun Taiyo Service Centre

No. 8 Fourth Lok Yang Road Singapore 629705

Tel: 64663022

Fax: 68966591

Co. Reg.No. 199400399N

GST Reg.No. M2-011899-3

VEHICLE ESTIMATE

CHINA TAIPING

ATTN: MOTOR CLAIMS DEPT

QUOTE NO

ACCIDENT DATE 29/07/2019@2130HRS

VRN

: SLE5703D

MODEL

: Toyota Altis

TP VRN

: SLP4671K

		5.50	CASA.	OLI	407110	
PARTS REPLACEMENT	<u>Qty</u>		S\$ Unit		S\$ Amt	S\$ Labor
1. Body Repair						
1 Rear Bumper repair 2 Rear Bumper Clips 3 Rear Reinforcement	Ī	\$	486.00	\$	486.00	
2 Rear Bumper Clips ★ ^^	10	\$	5.50	\$	55.00	
3 Rear Reinforcement	1	\$	395.00	\$	395.00	
4 Rear Bumper Reflector LH/RH X 5000 5 Rear Bumper Outer Bracket LH/RH X 5000	2	\$	58.00	\$	116.00	
5 Rear Bumper Outer Bracket LH/RH X500	2	\$	120.00	\$	240.00	
6 End Panel X gv	1	\$	590.00	\$	590.00	
7 End Panel Upper Garnish	1	\$	240.00	\$	240.00	
8 Reverse Sensor ✓	1	\$	200.00	\$	200.00	
Discount -25%				\$	(530.50)	
		TO	TAL	\$	1,791.50	

2. Labor Charges

1 Remove, repair and replace parts for affected areas 2 Spray paint on the affected areas

3 Check wiring, re-align tailamps and ensure proper functioning

4 Remove & reinstall 2 pieces of bumper sensors

750.00 150 \$ 750.00 250

80.00 XX 11 \$ 120.00 \$ 60 \$

1,700.00

Grand Total : \$ Add 7% GST : \$

3,491.50

244.41

Nett Total

3.735.91

No. of repair days:

the Repairer of the following:

- To resurvey before/alter spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" has a
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurvey.

CUSTOMER SIGNATURE

Acknowledged by Repairer

CASUL Up 20010068 2 days P/P 07/08/19 @ 1115 Reg after report

HITACHI CAPTIAL ASIA PACIFIC PTE LTD (MANAGER)

...CLAIM SUBFOLDER...(Pending for Survey Report)

	FOLDER TRA		1.0	1.00	1.0			las const	
Case	Notified 05 Aug 2019	Est Submitted	Adj Assigned 06 Aug 2019 10:38 Edit Adj Rpt	Adj Rpt S\$460.00 Edit Estimate	5\$4	Submitted 160.00 ew Rpt	Ins Auth'ed	Pending for : Report Cancel Case	Survey
	Main	R	eference	Claim	Details		Documents	$\overline{}$	Show All
CLAIM SU	JBFOLDER DE	TAILS				[Created	by insurer]		
Insured:	-, Co. Re	g. No.: -				1.5			
Main Claimant:	HITACHI	CAPITAL ASIA P	ACIFIC PTE LTD						
Vehicle Re No.:	SLE570	SLE5703D			e of Loss:		9 21:00 - :59 and 2 Days From LT	A Reg Date (M	an Yr)]
Claim Type	TP / SNN	M19D203568C02		TP / SNM19D203568C02 Policy/Cover Note No.: DMPCSN3037819000		37819000			
Vehicle Re No. (Insured):	SLP46711	ĸ			cy No. imant):				
				Exc		S\$0.00			
Repairer:	Hitachi C	apital Asia Pacifi	ic Pte. Ltd (HQ) No	8 Fourth Lok Ya	ng Road,	629705 Pion	eer - Tel: 64663022		
Handling Insurer:	2500000 0310			The state of the state of			by Irene Tay Hui F		
Adjuster:	LKK Auto	Consultants Pte	Ltd (HQ) - Tel: 625	6-3561 [Har	ndled by M	OHD RASU	L] [Final Rpt d	ue 19/08/20	19]
Adj Asg. Remarks:	PLEASE SU	JRVEY AND REVER	RT						
ASSOCIA	TED MAIL RE	CEIVED					View A	II Compose	Case Mai
There are	no mail for this	case.					-		
ALL ASS	OCIATED TAS	sks⊟				View All S	Search Tasks Crea	te New Task	Complete
Due Dat		Type Task	Group Subject	Handler	Assign	ned By	Completed On	Created On	Done

Claim Documents

*SLE5703D (SNM19D203568C02) [SLP4671K] TP HITACHI CAPITAL ASIA PACIFIC PTE LTD Jul 29 2019 9:00PM [-] Hitachi Capital Asia Pacific Pte. Ltd

Up	load Documents Up	load Photos Compose New Letter	View In Browser v
Pho	tos/Images		3 per page ✓ ✓
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail Print
1	31/12/19 10:09	General View	■ Load JPG
2	31/12/19 10:09	General View	■ Load JPG
3	31/12/19 10:09	General View	■ Load JPG
4	31/12/19 10:09	General View	■ Load JPG
5	31/12/19 10:09	General View	■ Load JPG
6	31/12/19 10:09	General View	■ Load JPG
7	31/12/19 10:09	General View	■ Load JPG
8	31/12/19 10:09	General View	■ Load JPG
9	31/12/19 10:09	General View	■ Load JPG
10	31/12/19 10:09	General View	■ Load JPG
11	31/12/19 10:09	General View	■ Load JPG
12	31/12/19 10:09	General View	■ Load JPG
13	31/12/19 10:09	General View	■ Load JPG
14	31/12/19 10:09	General View	■ Load JPG

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
			^
			~
Show Remarks To: Handling Insurer Note: Remarks are private unless you show it to other parties.			

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/CTI19013722/R1SF3E2

17/01/2020 Date:

REFERENCE

China Taiping Insurance Handling Insurer:

(Singapore) Pte. Ltd.

Policy No:

DMPCSN3037819000

Claimant

SLE5703D

Insured Vehicle SLP4671K No:

Vehicle No: Date of Loss:

29/07/2019

Nature of Claim: TP

Claim No:

SNM19D203568C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SLE5703D

Make & Model:

TOYOTA COROLLA ALTIS, 1.6 Classic (A)

Engine No: Chassis No: 1ZRY324160 MR053REH104555975

Reg. Date: Colour:

27/07/2016 (Man. Year: 2016)

Odometer:

183042 km

Engine Capacity:

1598 cc

Market Value/New Car

Sum Insured (S\$):

N/A

Price:

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable): CONDITION OF TYRES

205/55 R16

Rear Tyre Size:

No

205/55 R16

Front Tyre Size: Front Left Side:

Rear Left Side:

Hankook 6 mm

Front Right Side:

Hankook 6 mm Hankook 6 mm

Rear Right Side:

Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	1,791.50	0.00	1,791.50	100.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	1,700.00	460.00	1,240.00	72.94
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	3,491.50	460.00	3,031.50	86.83
+ GST 7.00/7.00% (S\$)	244.41	32.20	212.21	86.83
Nett Amount (S\$)	3,735.91	492.20	3,243.71	86.83

INSPECTION

Date of Assignment:

06/08/2019

Date Inspected:

07/08/2019 Inspected At:

Hitachi Capital Asia Pacific Pte. Ltd

(HQ)

No 8 Fourth Lok Yang Road

Singapore 629705

Estimated Period of Repair:

2.0 days

Adjuster: MOHD RASUL 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.

THE VEHICLE HAS NOT SEND IN FOR REPAIRS.

(REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS \$296.25 NETT)

REPAIR DETAILS

e			
MRM-SG	Version: 1.0 (Last Synchronised: 17 Jan 2020)		
143	TOYOTA COROLLA ALTIS 1.6 Classic (A) (Catalogue:Merimen Singapore 1.0)		
Repairer's	(Price-denominated Standard List)		
(Unsubmitted, no print-code for SLE5703D)			
These estimates are valid only if they contain the print code (above) on all estimate pages, running pumbers with the END OF ESTIMATES marker on the last estimate page			
F (MRM-SG 143 Repairer's (Unsubmitted These estima		

Recommended Parts

Qty	Part No.	Particulars	Condition	Repairer's	Amount
1		*REAR BUMPER	Repair	486.00 FL	*-FL
10		*REAR BUMPER CLIPS	Not Necessary	55.00 FL	*-FL
1		*REAR REINFORCEMENT	* Check	395.00 FL	*-FL
2		*REAR BUMPER REFLECTOR LH / RH	Serviceable	116.00 FL	*-FL
2		*REAR BUMPER OUTER BRACKET LH / RH	Serviceable	240.00 FL	*- FL
1		*END PANEL	Serviceable	590.00 FL	*- FL
1		*END PANEL UPPER GARNISH	Serviceable	240.00 FL	*-FL
1		*REVERSE SENSOR	Serviceable	200.00 FS	*-FS
F=Franchise part. S=SpcNett. L=ListItemDisc. Sub Total (S\$)			2,322.00	0.00	
- List Item Discount on L Items 25.00/25.00% (S\$)			530.50	0.00	
			Total Parts (S\$)	1,791.50	0.00
	1 10 1 2 2 1 1	1 10 1 2 2 1 1	10 *REAR BUMPER CLIPS 1 *REAR REINFORCEMENT 2 *REAR BUMPER REFLECTOR LH / RH 2 *REAR BUMPER OUTER BRACKET LH / RH 1 *END PANEL 1 *END PANEL UPPER GARNISH 1 *REVERSE SENSOR anchise part. S=SpcNett. L=ListItemDisc.	1 *REAR BUMPER CLIPS Not Necessary 1 *REAR REINFORCEMENT * Check 2 *REAR BUMPER REFLECTOR LH / RH Serviceable 2 *REAR BUMPER OUTER BRACKET LH / RH Serviceable 1 *END PANEL Serviceable 1 *END PANEL UPPER GARNISH Serviceable 1 *REVERSE SENSOR Serviceable 2 *REVERSE SENSOR Serviceable 3 *REVERSE SENSOR Serviceable 4 *REVERSE SENSOR Serviceable 5 **Company of the part	1 *REAR BUMPER Repair 486.00 FL 10 *REAR BUMPER CLIPS Not Necessary 55.00 FL 1 *REAR REINFORCEMENT * Check 395.00 FL 2 *REAR BUMPER REFLECTOR LH / RH Serviceable 116.00 FL 2 *REAR BUMPER OUTER BRACKET LH / RH Serviceable 240.00 FL 1 *END PANEL Serviceable 590.00 FL 1 *END PANEL UPPER GARNISH Serviceable 240.00 FL 1 *REVERSE SENSOR Serviceable 200.00 FS Inchise part. S=SpcNett. L=ListItemDisc. Sub Total (S\$) 2,322.00 - List Item Discount on L Items 25.00/25.00% (S\$) 530.50

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

Lab.Type	Repairer's	Amount
) New	750.00	150.00
New	750.00	250.00
New	80.00	0.00
New	120.00	60.00
ır Cost (S\$)	1,700.00	460.00
	1,700.00	9
8	D New New New	D New 750.00 New 750.00 New 80.00 S New 120.00 ur Cost (S\$) 1,700.00

< END OF ESTIMATES >