

ADD. REC. BY:

REF:

03/CTI19014808/K 9d3

72

Special Instructions:

Advise: Kenneth

ASSIGNMENT (Office)

From (Person): Chang Boon Sen of CTE

Date/Time: 24/8/19 @ 2:18pm

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBS 4782Z Insured: GBF 6266E

at Workshop no: RC Auto Tel:

of 160 Sin Ming Drive # 06-20

Policy No: PMCUJN 30066419022 Claim No: SNM19D20384502

Sum Insured: Excess:

Make of Vehicle: D.O.A. 14/08/2019  
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 4:30pm @ 22/8/19 Person Contacted: Mr. Tan Vehicle IN (DIP)

Date/Time	Action/Instruction
22/9/19 @ 12:05pm	Mr Tan said will send estimate to Kenneth on 28/9/19.
3/10	6/12pm @ 1450 email & confirmed (red \$1256, 46%)

ASS. REC. BY:

REF: 012 /

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop m/s

of

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

(Policy Condition)

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



Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

03

days

Res.:

Yes or No

Lum Sum:

173.1

%

3 Val.:

Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

GBJ 47827

Yr Regn:

04.19

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make:

Toyota

c.c.

2982

Colour:

White

A/C:

Insured / Std / NI / NA

Sp. Reading:

490

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JTKA-T35YXOK212833

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

193/75R15

R:

155R1228(10)

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

Front

Rear

R/Bal.

9

mm

R/Bal.

9

9

mm

L/Bal.

9

mm

L/Bal.

9

9

mm

D.O.A.

14/8/19

D.O.A.

26/8/19

Survey held at

Des. of Damages: Fnt / Rear / O/S / N/S / UIC / Rooftop or

N/S Fnt

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

Date / Time

Action / Instruction

1

File pass to

Est not ready

RECEIVED 14 NOV 2019

Date/Time, File Pass to?

11/01/19



Prell. Report



Final Report

Date/Time, File Return to?

2

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS \$

Fees

Others

TOTAL

220

Add Fee:



Site Insp (\$



Interview (\$



Tech Invs (\$



Weekend (\$

Report Format:

MER-TP

Lump Sum / I.B.A. (\$

1450

## Nivitha (LKK Auto)

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**From:** Chong Boon Sen <boonsen.chong@sg.cntaiping.com>  
**Sent:** Wednesday, 21 August 2019 2:18 PM  
**To:** Accident@kscgp.com  
**Cc:** assignments  
**Subject:** RE: OUR REF: SNM19D203845-GBF6266E-CBS - FW: Notice to Conduct Pre-repair Survey - Your Ref: GBF 6266E - Our Ref: GBJ 4782Z/RCA/jp/ps

### WITHOUT PREJUDICE

Dear Sir,

We will be assigning M/s LKK Auto Consultants Pte Ltd to survey your client's vehicle.

Aside to LKK,

Please proceed to survey the third party vehicle on WP basis.

Thank you.

**Chong Boon Sen**

Claims Executive  
Department

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 Taiping SG 3 Anson  
Road #16-00 Springleaf Tower Singapore 079909  
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

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**From:** Chong Boon Sen  
**Sent:** Wednesday, 21 August, 2019 10:59 AM  
**To:** Accident@kscgp.com  
**Subject:** RE: OUR REF: SNM19D203845-GBF6266E-CBS - FW: Notice to Conduct Pre-repair Survey - Your Ref: GBF 6266E - Our Ref: GBJ 4782Z/RCA/jp/ps

### WITHOUT PREJUDICE

Dear Sir,

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client/your motor workshop. We propose to use one of the following motor surveyors to conduct the joint pre-repair survey as a single joint expert.

ADRIAN LING
Kelvin Ang
SEE CHEW SENG
MOHD FADHILAH BIN OSMAN
XING QUO QIANG

KENNETH KONG
SIMON HO
CHUA WEIJIE
MARCUS CHUA
HENRY NG

Please let us know within two(2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert.

You may select one of the listed motor surveyors and we will bear the cost of the pre-repair survey carried out by the single joint expert.

### **Chong Boon Sen**

Claims Executive  
Department

#### **China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

W: [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | WeChat: 太平獅城 Taiping SG 3 Anson Road #16-00 Springleaf Tower Singapore 079909  
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

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**From:** Claims Dept of CTI

**Sent:** Monday, 19 August, 2019 5:43 PM

**To:** Chong Boon Sen <[boonsen.chong@sg.cntaiping.com](mailto:boonsen.chong@sg.cntaiping.com)>; Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>; Chee So Chow <[sochow.chee@sg.cntaiping.com](mailto:sochow.chee@sg.cntaiping.com)>; [Accident@kscgp.com](mailto:Accident@kscgp.com)

**Subject:** OUR REF: SNM19D203845-GBF6266E-CBS - FW: Notice to Conduct Pre-repair Survey - Your Ref: GBF 6266E - Our Ref: GBJ 4782Z/RCA/jp/ps

Dear Boon Sen,

Please conduct PRS for GBJ4782Z.

Note : officer in charge – Boon Sen 63896171.

Regards,

Claims Department

#### **China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #15-00 Springleaf Tower Singapore 079909  
T: (65) 63896116 | F: (65) 62247175

W: [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | WeChat: 太平獅城 Taiping SG

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**From:** [Accident@kscgp.com](mailto:Accident@kscgp.com) [mailto:[Accident@kscgp.com](mailto:Accident@kscgp.com)]

**Sent:** Monday, 19 August, 2019 4:03 PM

**To:** Claims Dept of CTI <[claimsdept@sg.cntaiping.com](mailto:claimsdept@sg.cntaiping.com)>

Cc: [jjapei@kscgp.com](mailto:jjapei@kscgp.com)

Subject: Notice to Conduct Pre-repair Survey - Your Ref: GBF 6266E - Our Ref: GBJ 4782Z/RCA/jp/ps

Dear Sirs,

We refer to the subject matter.

Please find enclosed Notice to Conduct Pre-repair Survey herewith.

Thank you.

Regards,

Sampu

for and on behalf of Mr Gurdeep Singh Sekhon

KSCGP Juris LLP

10 Hoe Chiang Road

#13-03A Keppel Towers

Singapore 089315

Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708

Email: [accident@kscgp.com](mailto:accident@kscgp.com)

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## Nivitha (LKK Auto)

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**From:** Accident@kscgp.com  
**Sent:** Thursday, 22 August 2019 2:17 PM  
**To:** admin-d@lkkauto.com  
**Cc:** jiapei@kscgp.com; boonsen.chong@sg.cntaiping.com  
**Subject:** RE: OUR REF: SNM19D203845-GBF6266E-CBS - FW: Notice to ConductPre-repair Survey - Your Ref: GBF 6266E - Our Ref: GBJ 4782Z/RCA/jp/ps

Dear Nivitha,

We refer to your email below and the subject above.

Please find the workshop details as follows:

Address : RC Auto  
160 Sin Ming Drive  
#06-20 Sin Ming Autocare  
Singapore 575722

Contact Person/Tel : Mr Tan Chuan Kim / 9761 9383

Thank you.

Regards,  
Sampu  
for and on behalf of Mr Gurdeep Singh Sekhon  
KSCGP Juris LLP  
10 Hoe Chiang Road  
#13-03A Keppel Towers  
Singapore 089315  
Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708  
Email: accident@kscgp.com

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### ----- Original Message -----

**From:** Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]  
**To:** boonsen.chong@sg.cntaiping.com, Accident@kscgp.com  
**Cc:** assignments@lkkauto.com  
**Sent:** Thu, 22 Aug 2019 05:31:34 +0000  
**Subject:**

Dear Sir/Mdm,

Thank you for the assignment.

## 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 15/08/2019 16:14  
 Date Of Accident 14/08/2019 17:05  
 Exact Location Of Accident CTE SLIP ROAD TO OUTRAM ROAD (TOWARDS AYE)  
 Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number GBJ4782Z  
**Insured/Policyholder**  
 Name Of Registered Owner DOUBLE D CONSULTANTS LLP  
 Co Reg No T19LL0305H  
 Email Address NOEMAIL  
 Mobile Phone No  
 Alternative Phone No OFFICE-98558925  
**Vehicle Particulars**  
 Manufacturer TOYOTA  
 Model DYNA  
 Exact Purpose for which vehicle was being used at time of accident WORK PURPOSE  
 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 COMMERCIAL VEHICLE  
**Insurance Company**  
 Name of Insurance Company NTUC INCOME INSURANCE CO-OPERATIVE LTD  
 Type Of Coverage COMPREHENSIVE  
 Fleet Policy NO  
 Policy Number 5109131147  
 Cover Note Number  
**Driver**  
 Name of Driver YEO BOON  
 NRIC No S7509238E  
 Date Of Birth 16/04/1975  
 Occupation OUTDOOR  
 Date Of Driving Pass 25/04/1998  
 Driving Experience 21 YEARS AND 3 MONTHS  
 Gender MALE  
 Mobile Number (LOCAL) +65-98558925  
 Fax Number  
 Contact Number  
 Email Address NOEMAIL

Address	BLK 435 HOUGANG AVE 8 #12-1675
Postcode	530435
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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?	
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: : NA 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 ATTACHED

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBF6266E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	YAN TINGQIANG
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	



Nature Of Damage

No. Of Passenger (Including Driver)



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling along Outlane Exit when suddenly a lorry on my left GRT lorry swerved to my lane and hit onto my lorry. No one was injured in this incident.

DECLARATION

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

**DOUBLE D CONSULTANT LLP**

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.:

**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.

**DOUBLE D CONSULTANT LLP**

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.:

Not with one  
61 Lmg @ 14.50¢  
3 day,

160 Sin Ming Drive #06-20 Sin Ming Autocity Singapore 575722  
Tel : 97619383 Email: rcauto5555@gmail.com  
Reg. No. S3199168X

Date: 28/9/2019

[illegible]Received the above goods in good order and condition Date: \_\_\_\_\_

for BC AUTO 2835

Authorised Signature

## 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/CT119014808/KQD3N2

Date: 06/11/2019

## REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMCVSN30066419022	
Claimant Vehicle No :	GBJ4782Z	Insured Vehicle No :	GBF6266E	
Date of Loss:	14/08/2019	Nature of Claim:	TP	Claim No: SNM19D203845C02

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	GBJ4782Z	Engine No:	1KD2849177
Make & Model:	TOYOTA DYNA, 3.0 D (M)	Chassis No:	JTFAT35YX0K212833
Reg. Date:	26/04/2019 (Man. Year: 2019)	Odometer:	492 km
Colour:	White		
Engine Capacity:	2982 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size:	195/75 R15	Rear Tyre Size:	155R12X8 (D)
Front Left Side:	Bridgestone 9 mm	Rear Left Side:	Bridgestone 9/9 mm
Front Right Side:	Bridgestone 9 mm	Rear Right Side:	Bridgestone 9/9 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,135.00	1,120.00	1,015.00	47.54
Miscellaneous Items	0.00	0.00	0.00	
Labour	700.00	680.00	20.00	2.86
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (\$\$)</b>	<b>2,835.00</b>	<b>1,800.00</b>	<b>1,035.00</b>	<b>36.51</b>
<b>Approved Total (Overridden) (\$\$)</b>		<b>1,450.00</b>		
<b>Nett Amount (\$\$)</b>	<b>2,835.00</b>	<b>1,450.00</b>	<b>1,385.00</b>	<b>48.85</b>

## INSPECTION

Date of Assignment:	01/11/2019	
Date Inspected:	26/08/2019 Inspected At:	160 Sin Ming Drive Repairer: RC AUTO 18 Sin Ming Industrial Estate Sector A, #01-43 Singapore 575676

Estimated Period of Repair: 3.0 days

Adjuster: KENNETH KONG

Manager: SHIAU CHAN

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

<b>Part Source:</b>	(Last Synchronised: 06 Nov 2019)		
<b>Parts:</b>	N/A	TOYOTA DYNA 3.0 D (M) (Model not available in database)	
<b>Labour:</b>	Repairer's	(Price-denominated Standard List)	
<b>Print Code:</b>	(Unsubmitted, no print-code for GBJ4782Z)		
<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		*FRONT HEADLAMP	Cracked	730.00 FL	*730.00 FL
2	1		*FRONT DOOR	Repair	1,120.00 FL	*- FL
3	1		*FRONT BUMPER	Buckled	540.00 FL	*540.00 FL
4	1		*FRONT SIDE MIRROR ASSY	Bent	190.00 FL	*190.00 FL
5	1		*LOGO COMPANY	Necessary	200.00 FS	*25.00 FS
					<b>Sub Total (\$\$)</b>	<b>2,780.00 1,485.00</b>
					<b>- List Item Discount on L Items 25.00/25.00% (\$\$)</b>	<b>645.00 365.00</b>
					<b>Total Parts (\$\$)</b>	<b>2,135.00 1,120.00</b>

F=Franchise part. S=SpcNett. 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
<b>Labour Items</b>				
1	SPRAY PAINTING	New	400.00	380.00
2	LABOUR TO RENEW	New	300.00	300.00
<b>Gross Labour Cost (\$\$)</b>			<b>700.00</b>	<b>680.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >