

(08/11/13)

Surveyor: KalvinREF: CC3/TM1190148M/K19f3n2**ASSIGNMENT**

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

Policy No. MU010799Claims No. M1906309

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHA 7964YYr Regn: 3 Sep 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / Tr / Prime Mover /

Truck / Trailer or

Make: Huawei ExC.C. 1685Colour: Blue

A/C: Insured / Std / NI / NA

Sp. Reading 655364

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHCB41UM4077270Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD Rim orTyre Size: F: 205/60R16

R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or Harbin

Front

Rear

R/Bal. 7 mmR/Bal. 7 mmL/Bal. 7 mmL/Bal. 7 mmD.O.A. 16/8/19D.O.I. 22/8/19Survey held at C/DGE (Loyang)

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

Front / Rear

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

Date / Time	Action / Instruction
	SHA 7964Y - CC41 19014813/ 2013 D.O.A - 16/08/2019 <u>Tokio</u>
	SKL 3076B - CS/PC1 19014549/1913 D.O.A - 16/08/2019 <u>Ys.</u>
<u>23/8/19 @ 9.41am</u>	<u>email GIA to estimate to TM.</u>
	<u>Kalvin finalised US \$ 2700, 3 days (Red \$ 2228.48, 45%)</u>
	RECEIVED 26 AUG 2019

Date/Time, File Pass to?

1) 26/8/19 transfer

Date/Time, File Return to?

2) _____

☐ : Preli. Report☐ : Final ReportDays Of Repair: 3Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Report (\$ _____)

Survey Fee:

Transportation:

S + RS \$ _____

Photos

Other

TOTAL

250

11

261

Record Format:

MR-7P
2700

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Friday, 23 August 2019 9:41 AM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD, DOA: 16/08/2019, SHA 7964Y (TP VEHICLE), SKL 3876B (OI VEHICLE)
Attachments: SHA7964 GIA.pdf; SHA7964 EST.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHA 7964Y at M/s: COMFORTDELGRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 22/08/2019.

Enclosed herewith a copy of TP's GIA report and estimated cost of repair.

Kindly create claim in merimen for our necessary action.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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	17/08/2019 09:02
Date Of Accident	16/08/2019 15:15
Exact Location Of Accident	QUEENSWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7964Y
-----------------------------	----------

Insured/Policyholder

Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD (CO
Co Reg No	199303821R
Email Address	FLEETSAFTY@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	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	TAN KENG SENG
NRIC No	S6908433H
Date Of Birth	26/03/1969
Occupation	OUTDOOR
Date Of Driving Pass	21/01/2009
Driving Experience	10 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98303169
Fax Number	
Contact Number	
EEmail Address	POPEYETAN@GMAIL.COM

Address	527D 05-691 PASIR RIS STREET 51
Postcode	514527
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?	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)	4
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

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	SKL3876B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRT & REAR
No. Of Passenger (Including Driver)

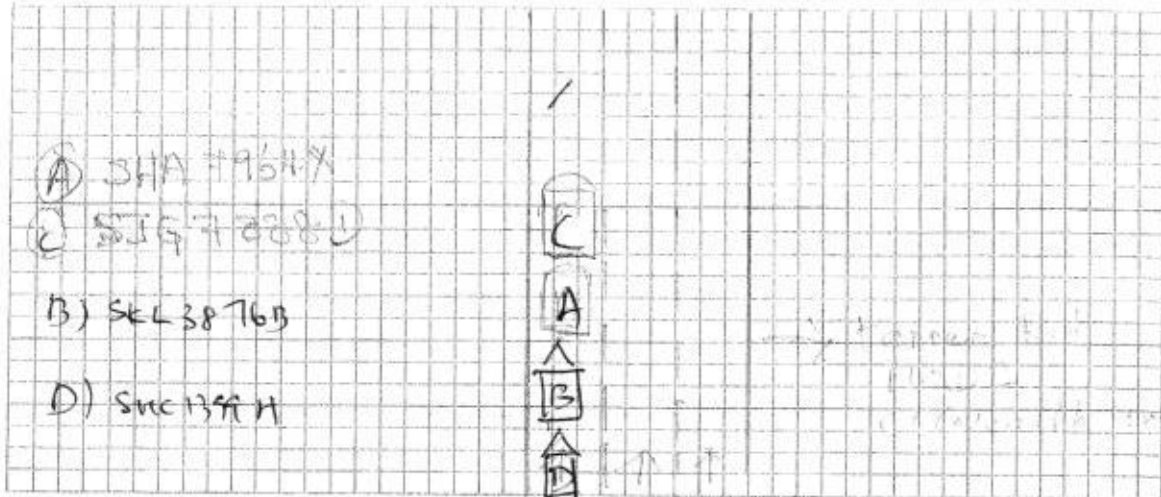
DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number SJG7888D
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver LIM MENG CHING DRIVER'S NRIC CO REG NO NRIC NO
NRIC/Passport Number S1816106J
Contact Number 96503888
Address
Postcode
Insurance Company Name
Nature Of Damage REAR
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 3

Vehicle Registration Number SHC1399H
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category TAXI
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage FRT
No. Of Passenger (Including Driver)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 16/8/2019 at about 1515 hrs, I vehicle A was
 driving my taxi along Queensway
 on the extreme left lane, was involved
 in chain collision.

DECLARATION

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

OMFERT TRANSPORTATION P.R.
 CO. REG. NO. 199205621B

Policyholder's Signature _____
 Date & Time: _____

Driver's Signature _____
 (If driver is not the policyholder)
 Date & Time: _____

16/8/19
 Jackson Heng
 CSD

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

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : WEN 619107712 Vehicle Registration No : SNA 7964 Y
Name (as shown in NRIC) : Tan Keng Seng NRIC/FIN/Passport No : _____
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : _____ Singapore ()
Contact (Tel) : _____ Mobile No. : _____
Email Address : _____
Date of Accident : 16/8/19 Time of Accident : 1655
Place of Accident : Queensway
Insurance Company : India International Insurance PTE LTD

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

Added Information: Subsequent to my collision with front vehicle C, Veh B collided into the rear of my vehicle. I wish to add that Veh D was involved which I ^{did not} initially reported as I was spent after the accident. I have verified with the video footage and confirmed the chain collision..
claiming TIP. Add in 2 more veh SGA 7888D and MCI399H
Also to note that I have re-located the accident location to be Queensway near McDonalds instead of the initial Farrer Road towards Commonwealth Ave.
Re-attach sketches.

Policyholder / Driver's Signature
Date:

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



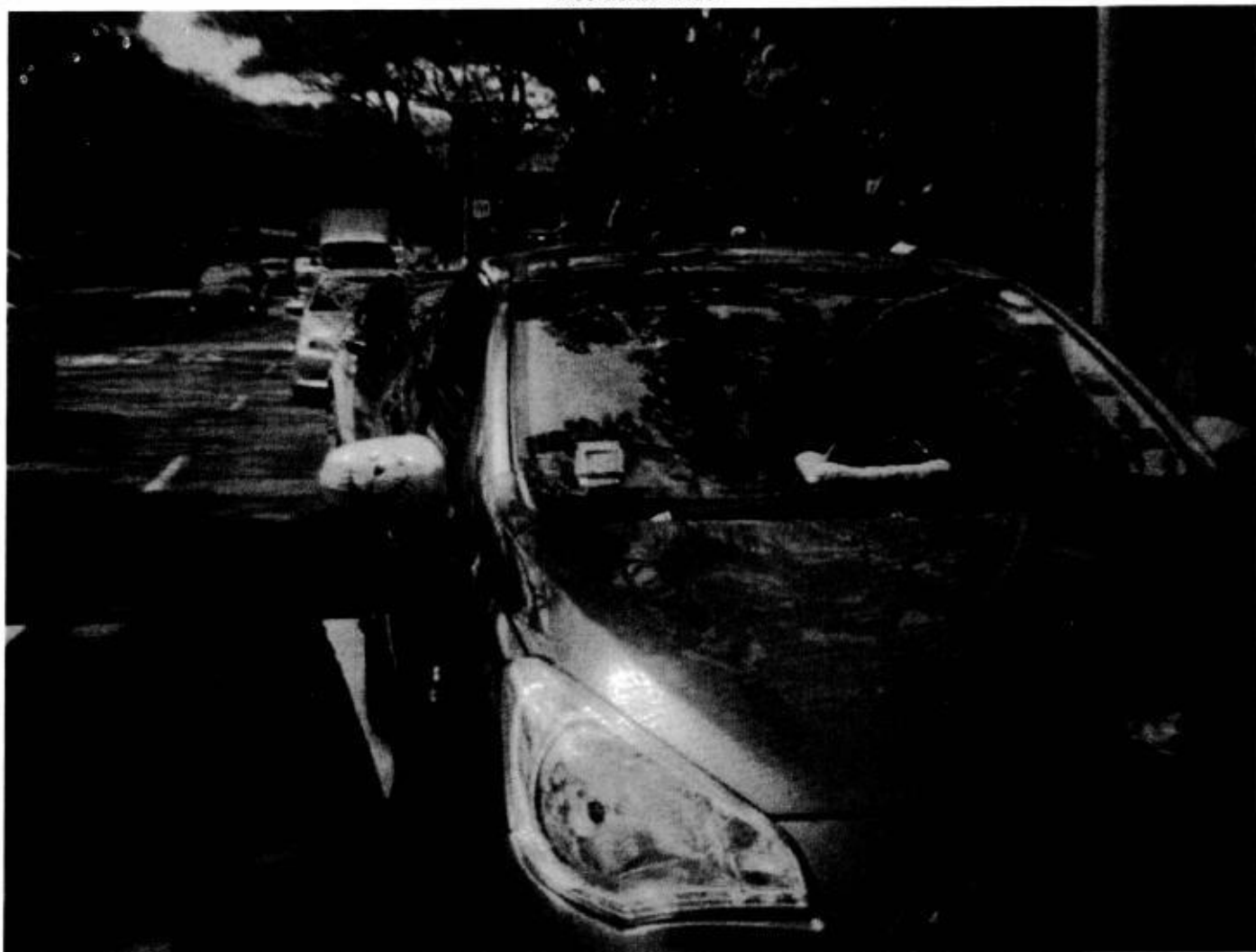
Accident Photo



Accident Photo



Accident Photo



Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

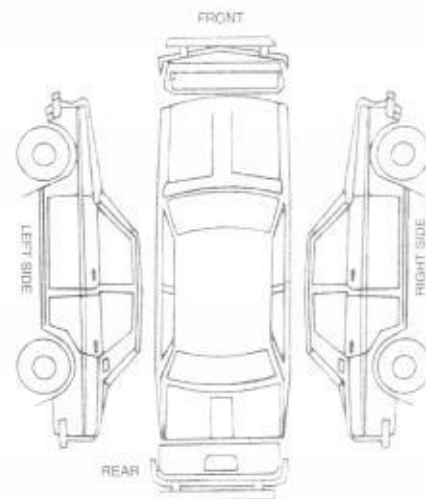
JC NO.: 305326535

STOMER	REGN NO: SHA7964Y	MILEAGE
COMFORT TRANSPORTATION PTE LTD	MAKE: HYUNDAI	FUEL
7010045	MODEL I-40	E.....1/2.....F
STOMER NO. 383 SIN MING DRIVE	DATE/TIME IN 21.08.2019 14:00	
DRESS Singapore SINGAPORE 575717	YR OF MANU 03.09.2015	TARGET DATE
65508755 (O)	CHASSIS CODE RMHLB41UMGU077270	COMPLETION DATE/TIME:
SCOUNT CARD NO.		

JOB DESCRIPTION

Accident Date: 16.08.2019
NATURE: 3P 16.08.2019

S, NO	LABOR CODE	DESCRIPTION
		TOKIO - Rear and Front
		LFF/Kolin -



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHA7964Y LARRY

Vehicle No.: SHA7964Y

Signature of 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)
COMFORT TRANSPORTATION PTE LTD

Singapore

Claimant
Insurer: India International Insurance Pte Ltd

PARTICULARS OF CLAIM

Claim Type:	THIRD PARTY	Ref. No:	
Policy No:		Date of Loss:	16/08/2019
Vehicle Reg. No.:	SHA7964Y	Driveable?	YES
Party At Fault:	UNKNOWN		
Driver (TP):	TAN KENG SENG		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	03/09/2015
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDFU579577	Chassis No:	KMHLB41UMGU077270
Odometer:	1 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	4		
Description of Accident/Loss	SEE ATTACH.		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	3,517.48
Miscellaneous Items	11.00
Labour	1,400.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (\$\$)	4,928.48

Larry Ng

8/22/2019

Repairer Estimates

+ GST 7.00% (S\$) 344.99

Nett Amount (S\$) 5,273.47

This claim is handled by: NG NYUK PHIN

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

Larry Ng

REPAIR DETAILS**Reference****Part Source:** MRM-SG Version: 1.0 (Last Synchronised: 22 Aug 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/SHA7964Y/22/08/2019 08:37**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 <i>phl</i>	20.00	0.00	*553.00 FL
2	2		*REAR BUMPER REINFORCEMENT BRACKETS - RH/LH <i>sm</i>	20.00	0.00	*160.60 FL
3	1		*REAR BUMPER REINFORCEMENT BEAM <i>sm</i>	20.00	0.00	*428.40 FL
4	1		*REAR BUMPER SPONGE <i>sm</i>	20.00	0.00	*103.50 FL
5	1		*REAR BUMPER RUBBER MAT <i>nc</i>	0	0.00	*50.00 FS
6	1		*ADVERTISEMENT - REAR BUMPER <i>nc</i>	0	0.00	*50.00 FS
7	2		*ADVERTISEMENT - REAR FENDERS - RH/RH <i>nc</i>	0	0.00	*200.00 FS
8	10		*REAR BUMPER CLIPS <i>nc</i>	20.00	0.00	*22.00 FL
9	1		*FRONT BUMPER <i>phl</i>	20.00	0.00	*1,052.20 FL
10	1		*FRONT BUMPER SPONGE <i>sm</i>	20.00	0.00	*99.20 FL
11	1		*FRONT BUMPER REINFORCEMENT BEAM <i>sm</i>	20.00	0.00	*402.10 FL
12	1		*RADIATOR GRILLE <i>nc</i>	20.00	0.00	*1,110.10 FL
13	10		*FRONT BUMPER CLIPS <i>nc</i>	20.00	0.00	*22.00 FL
14	1		*FRONT LICENCE PLATE <i>nc</i>	0	0.00	*25.00 FS
15	1		*FRONT LICENCE PLATE CASING <i>nc</i>	0	0.00	*30.00 FS

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

Sub Total (S\$)

4,308.10

- List Item Discount on L Items (S\$)

790.62

Total Parts (S\$)

3,517.48

ComfortDelGro Engineering Pte Ltd/SHA7964Y/22/08/2019 08:37. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Larry Ng

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
Labour Items			
1	PANEL BEATING - REAR	New	²⁰⁰ 300.00
2	SPRAY PAINTING	New	²⁰⁰ 300.00
3	WIRING CHARGE	New	¹⁰ X 50.00
4	REMOVE/REFIX REVERSE SENSOR	New	³⁰ 100.00
5	PANEL BEATING - FRONT	New	²⁰⁰ 300.00
6	SPRAY PAINTING	New	²⁰⁰ 300.00
7	WIRING CHARGE	New	¹⁰ X 50.00
Gross Labour Cost (S\$)			1,400.00

ComfortDelGro Engineering Pte Ltd/SHA7964Y/22/08/2019 08:37. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >



K. L. H. Uday

✓

22/8/19 11:25h

3 Days

4/5

After Repair p.h.

Our Job Ref No : 305326535

Date : 24. Aug. 2019

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN

Vehicle Reg No. : SHA7964Y

Date of Accident: 16. Aug. 2019

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

1. The repair job shall bill to: TOKIO SKL3876B

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)

Total for Lumpsum repair cost after Less:

Final Lumpsum Repair cost

\$2,700.00

3. Estimated normal period for repairs: 3 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 : Lorry Ng

Tel : 6214 8316

Fax : 6546 8156

Signature : 

Name : Calvin

Date : 26/8/19

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				
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: CC3/TMI19014819/K1QF3N2

Date: 28/08/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MU010799
Claimant Vehicle No :	SHA7964Y	Insured Vehicle No :	SKL3876B
Date of Loss:	16/08/2019	Nature of Claim:	TP
		Claim No:	M1906309

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHA7964Y	Engine No:	D4FDFU579577
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU077270
Reg. Date:	03/09/2015 (Man. Year: 2015)	Odometer:	655364 km
Colour:	Blue		
Engine Capacity:	1685 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:	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:	Hankook 7 mm	Rear Left Side:	Hankook 7 mm
Front Right Side:	Hankook 7 mm	Rear Right Side:	Hankook 7 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	3,517.48	2,562.44	955.04	27.15
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,400.00	830.00	570.00	40.71
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	4,928.48	3,403.44	1,525.04	30.94
Approved Total (Overridden) (S\$)		2,700.00		
(S\$)	4,928.48	2,700.00	2,228.48	45.22
+ GST 7.00/7.00% (S\$)	344.99	189.00	155.99	45.22
Nett Amount (S\$)	5,273.47	2,889.00	2,384.47	45.22

INSPECTION

Date of Assignment:	23/08/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	22/08/2019	Inspected At:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
Estimated Period of Repair:	3.0 days		

Adjuster: KALVIN ANG WEI KUN

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

Part Source:	MRM-SG	Version: 1.0 (Last Synchronised: 28 Aug 2019)
Parts:	143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHA7964Y)	
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	*REAR BUMPER	Deformed	553.00 FL	*553.00 FL
2	2	*REAR BUMPER REINFORCEMENT BRACKETS - RH/LH	Serviceable	160.60 FL	*- FL
3	1	*REAR BUMPER REINFORCEMENT BEAM	Serviceable	428.40 FL	*- FL
4	1	*REAR BUMPER SPONGE	Serviceable	103.50 FL	*- FL
5	1	*REAR BUMPER RUBBER MAT	Necessary	50.00 FS	*50.00 FS
6	1	*ADVERTISEMENT - REAR BUMPER	Necessary	50.00 FS	*50.00 FS
7	2	*ADVERTISEMENT - REAR FENDERS - RH/RH	Necessary	200.00 FS	*200.00 FS
8	10	*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
9	1	*FRONT BUMPER	Deformed	1,052.20 FL	*1,052.20 FL
10	1	*FRONT BUMPER SPONGE	Serviceable	99.20 FL	*- FL
11	1	*FRONT BUMPER REINFORCEMENT BEAM	Serviceable	402.10 FL	*- FL
12	1	*RADIATOR GRILLE	Cracked	1,110.10 FL	*1,110.10 FL
13	10	*FRONT BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
14	1	*FRONT LICENCE PLATE	Cracked	25.00 FS	*25.00 FS
15	1	*FRONT LICENCE PLATE CASING	Cracked	30.00 FS	*30.00 FS

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

Sub Total (\$\$)	4,308.10	3,114.30
- List Item Discount on L Items 20.00/20.00% (\$\$)	790.62	551.86
Total Parts (\$\$)	3,517.48	2,562.44

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 - REAR	New	300.00	200.00
2	SPRAY PAINTING	New	300.00	200.00
3	WIRING CHARGE	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	100.00	30.00
5	PANEL BEATING - FRONT	New	300.00	200.00
6	SPRAY PAINTING	New	300.00	200.00
7	WIRING CHARGE	New	50.00	0.00
Gross Labour Cost (S\$)			1,400.00	830.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >