A	SSIGNMENT
From; Date:	Veh No: SH C / 729 P Yr Regn: _ Apr , 3 12
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tol / Prime Mover /
OD TP WS ITP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Insped Vehicle No:	Make: Myunta Soute c.c 1991
at Workshop m/s	Colour Blue AC: Insurad / Std / NI / NA
of	Sp.Reading 62884 T/Radio: Insufed / Std / NI / NA
Insured: SLG 33839	Eng/No:
Policy Na MS ao 3863	C/No: KMHBT4/VACA 823394
Claims No. m1906566	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
(Client's Record)	Brake: Inorder/ Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / S/Rim / STD ARim or
	Tyre Size; F: 215/60 N16
(Policy Condition)	R: 207/60/46
Remark: The veh had commenced its N/S O/S	
repair at the time of inspection.	TOYOTYOKO Or Puraturn
Bal. or Market Value:	
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. A R/Bal 1
GIA / PR Seen: Consistent?: Yes or No	L/Bal.
Est Repairs: days Res.: Yes or No	D.O.A. 24/8/19 D.O.I. 26/8/19
Lum Sum: % 3 Val.: Yes or No	Survey held at CDGE (Loyans)
CA / PEV / PED / CAUDA	
CA / REV / REP. / 24 HRS Vehicle: IN / OUT	Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
SHC 1721P- CS/FCI 130132601 R191312	
QE 33839 - NA 1 msg 18006159/24	D-0A - 08/02/2019 ds
27/8/19 Email GIA to TONT	
29/8/19 Contract 45 \$ 1200 / 2/2	71. (Red 852.72 419)
9547200/ 2112	71. (Red 852.72, 417)
Date/Time, File Pass to?	and the same of th
. Freii. Report	Days Of Repair: 2
DateTime, File Return to?	Resurvey No. of Trip:\ Survey Fee:
	Transportation: 250
Add Fee	
	Interview (\$) Photos
	261

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

-	BFOLDER TRAC	Fet Submitted	Adi Assigned	Adi Rot	Adi Submitted	Ins Auth'ed	Status
Case	Notified	ESC SCONNECCO:	- Contract of the Contract of				Pending for Survey
Main	26 Aug 2019 18:02	26 Aug 2019 18:07	27 Aug 2019 13:21				Report
	Sendback Est	5\$2,052.72	Edit Adj Rpt				Cancel Case

Ma	ain	Reference		Claim Details		Documents		Show All
CLAIM SUBI	FOLDER DETAILS		BACKET NAME OF THE OWNER, OWNER, OWNER,					
Insured:	IGU KAR WAH,	ID: S7780269Z						
Main Claimant:	CTPL, Co. Reg. 1				T	12.00 50		
Vehicle Reg. No.:	SHC1729P			Date of Loss:	[87 Months		om LTA Reg Date	(Man Yr)]
Claim Type:	TP / M1906560			Policy/Cover Note No.:	MS003863 Coverage:	(Comprehensive) 28/03/2019 - 09/	/06/2020	
Vehicle Reg. No. (Insured):	SLE3383G			Policy No. (Claimant):				
(Insureu).				Excess:	S\$2,000.00	and the first of the first property and the description of the first o		
Repairer:	ComfortDelGro E	ngineering Pte Lt	d (Loyang) 59	oyang Drive, 5089	69 Loyang -	Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 [Hand							
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 [Handled by KALVIN ANG WEI KUN] [Final Rpt due 05/09/2019]							
ASSOCIATE	D MAIL RECEIVE	D				V	riew All Compo	se Case Ma
There are no	mail for this case.							
ALL ASSOC	CIATED TASKS				View All	Search Tasks	Create New Task	Comple
Due Date		Task Group	Subject H	andler Assign	ned By	Completed On	Created Or	Done

Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Tuesday, 27 August 2019 9:31 AM

To:

'motorclaims'; SUR

Subject:

DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING

PTE LTD , DOA: 24/8/2019, SHC 1729P (TP VEHICLE), SLE 3383G (OI VEHICLE)

Attachments:

EST.pdf; GIA.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 1729P at M/s: COMFORTDEGLRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 26/8/2019

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,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

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

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

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Mobile Number Fax Number Contact Number

EMail Address

- 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.
- 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.

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	26/08/2019 08:07
Date Of Accident	24/08/2019 13:40
Exact Location Of Accident	SCOTT RD TWDS NEWTON CIRCUS
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC1729P
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFTY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	SONATA
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 AH BAH
NRIC No	S0516342J
Date Of Birth	20/05/1945
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1972
Driving Experience	46 YEARS AND 10 MONTHS
Gender	MALE
22 Y 22 Y	# COALL OF COACEFOR

(LOCAL) +65-96435533

AHBAH_NG@YAHOO.COM

Address

180 06-14 PASIR RIS STREET 11

Postcode

510180

. 0010000

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

SIDE SWIPE

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

NO

ambulance?

199500

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)

1

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

SLE3383G

Vehicle Make/Model/Colour

Details Of Properties

PRIVATE CAR

Vehicle Category

MOHAMAD AIDIL BIN ADAM

Name of Driver

NRIC/Passport Number

Contact Number

90712786

Address

Postcode

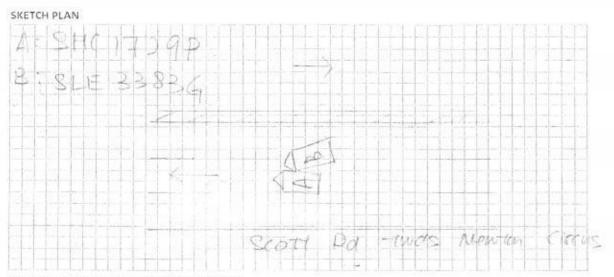
Insurance Company Name

Nature Of Damage

FRT LEFT

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

	DRIVING ALONG FROM SCOTT RA TO WARE NEWTON
	CIPCLE WHILE I WAS DRWAG ON THE CENTRE LANE THIS
	VEHICLY SLESSESSA SUDDENLY PULL OUT FROM THE
	OUTER LAND AND AND AND RIGHT SIDE AT THE DRIVE
	DOOR SIDE DENTEL IT
-	

DECLARATION

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

Policy Po

Date & Time:

Driver's Signatu

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Loke Yvar mang

Sketch Plan Pg. 2

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 loggment 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)
 - (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
- 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.
- 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.

Policyholder's Signature Date & Time:

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Loke Wei Yieng Name:

NRIC/FIN No.

SERVICE ADVISOR CUSTOMER'S SIGNATURE

wledgement Slip

Exit Pass

SHC1729P

Vehicle No.:

SHC1729P

of Service Advisor Signature/Date Name of Service Advisor

LIMTS

Date

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

PAR	TICII	ARS	OF	CLAIM
FAR		LANG	OF (LAIIVI

Claim Type:

THIRD PARTY

Ref. No:

24/08/2019

Policy No:

Vehicle Reg. No.: SHC1729P Date of Loss: Driveable?

Party At Fault:

UNKNOWN

NO

Make/Model:

HYUNDAI SONATA NF, 2.0 AT

Vehicle Reg. Date:

26/04/2012

Vehicle Colour:

ABS CRDI (A) BLUE

Gen Condition:

GOOD

Engine No:

D4EACO71054

Chassis No:

KMHET41VMCA823394

Odometer:

0 KM

Paint Type:

List Item Discount:

Total Loss? Est. Duration of

Repair (day)

20.00 %

NO 3

Present Location:

COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)

COST OF CLAIMS		Amount
Parts		901.72
Miscellaneous Items		11.00
Labour		1,140.00
Paintwork Labour		0.00
Towing		0.00
	Gross Total (S\$)	2,052.72
	+ GST 7.00% (S\$)	143.69
	Nett Amount (S\$)	2,196.41

This claim is handled by: LIM TIEN SIONG

Generated using Merimen e-Claims Internet Estimation & Adjusting System

REPAIR	DETAILS	3	
Referen	се		
Part Source: MRM-SG		Version: 1.0 (Last Synchronised: 26 Aug 2019)	
Parts:	143	HYUNDAI SONATA NF 2.0 AT ABS CRDI (A) (Catalogue:Merimen Singapore 1.0)	
Labour:	Repairer's	(Price-denominated Standard List)	
Print Code:	ComfortDelC	Gro Engineering Pte Ltd/SHC1729P/26/08/2019 18:07	
Validity:		ates are valid only if they contain the print code (above) on all estimate pages, running page 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		*FENDER FRT RH	20.00	0.00	*593.00 FL	
2	1		*FENDER LAMP FRT RH	20.00	0.00	*45.40 FL	- 11 TO ASS - R
3	1		*TYRE RIM COVER FRT RH	20.00	0.00	*145.00 FL	Gra
4	1		*LOGO DOOR COMFORT	0.00	0.00	*75.00 F	nec
5	1		*Frt Fender Adv.Sticker RH	0.00	0.00	*100.00 F	ML
6	1		*Frt Door Adv.Sticker RH	0.00	0.00	*100.00 F	ne
F=Fra	nchise	part. L=ListItemDisc.					A PARTIES
			Sub Total (S\$)			1,058.40	
			- List Item Discount on L Items (S\$)			156.68	
			Total Parts (S\$)			901.72	3

ComfortDelGro Engineering Pte Ltd/SHC1729P/26/08/2019 18:07. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

Es	stima	ates on Miscellaneous Items		
No	Qty	Particulars		Amount
Mis	cellar	neous Items		
1	1	OD/TP Case (Insurer)		11.00
			Sub Total (S\$)	11.00

No	Particulars	Lab.Type	Amount	
Lab	our Items			
1	PANEL BEATING	New	560:00	200
2	SPRAY PAINTING	New	500.00	400
3	CHECK ALL LIGHTING	New	40.00	
4	TUFF KOTE	New	40.90	20
		Gross Labour Cost (S\$)	1,140.00	

ComfortDelGro Engineering Pte Ltd/SHC1729P/26/08/2019 18:07. Not valid without Reference section.

Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

COMFORTDELGRO ENGINEERING PTE LTD

REPAIR ESTIMATE LOKIO Marine - LLS.

Date: 26.08.2019 Time: 11:38:11

Page: 1

Merimen LKK-Kalvin

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717 yre Puratura 215/6. RIG

65508755

JOB / PARTS DESCRIPTION

JOB NO REGN NO MILEAGE MAKE MODEL

: SHC1729P : 0000000000 : HYUNDAI : SONATA DATE OF REGN : 26.04.2012 DATE/TIME IN : 26.08.2019 10:00

: 305327581

ACCIDENT DATE : 24.08.2019

OTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0101-0017-U FENDER FRONT RH

1 593.00 20.00 474.40 Buckles

0002 04-01-0101-0063-G FENDER SIDE LAMP FRT RH 1 L 45.40 20.00 36.32 7 6 10003 03-01-0101-0002-U TYRE RIM COVER FRT RH 1 145.00 20.00 116.00

0004 28-01-0199-0016-A LOGO DOOR COMFORT 450MM 1 75.00 2.00- 75.00 -

Front Door (RM) X19 -2

SUB-TOTAL: 701.72

JOB NATURE

0000 20-05	Frt Fender Av.Sticker RH	100.00
0001 20-05	Frt Door Adv.Sticker RH	100.00 _ ~~
0002 PB	PANEL BEATING	560.00 200
0003 SP	SPRAYPAINT CHARGE	590.00 400
0004 17-01	CHECK ALL LIGHTING	40,000
0005 20-00	TUFF COAT ON AFFECTED PARTS.	40.00 2
0006 20-05	TP MERIMEN	11.00

COMFORTDELGRO ENGINEERING

Our Job Ref No :

305327581

Date

28/08/19

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

FINAL	IZAT	ION	FORM
-------	------	-----	-------------

						Pax. Go	40 0 100
A	LIZAT	ION FORM	1				
)	ŧ _		LKK		-00	Fax:	
tn	*	18	KALVIN AN	G	_		
ehic	cle Reg	No. :	SHC1729P		Date	of Accident :_	24-Aug-19
ne s	survey	and estim	ates of the repairs	s of the abov	e-mentioned	I vehicle are as	follows:-
				TOKIO		2000	SLE3383G
	The	finalized a	mount shall be:				
	(a)		arts after List disc	count			
	(b)	Labour					
			r Part-By-Part R	epair Cost			
	(c.)		m Repair (if appli Lumpsum repair		ess: 20%		\$1,200.00 \$1,200.00
	Estir	mated norr	mal period for rep	airs:	2 wo	orking days.	
	We		the above amou	1.00	- 3		s no reply from you
	Thar	nk you for	your assistance.			e confirm the es alized amount	stimates and
	Sign	nature : _	Lim	4	Si	gnature	1
	Nam	ne : l	IMTS		Na	ame	KALVIN
	Tel	4:	6214839	98	Da	ate :	29/8/19
	Fax	200	400000390000	000			
or	Officia	al Use Onl					
					Document	06	
		Item	Ar	mount	Attached	(Signature)	Remarks

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
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/TMI19015037/K1VF3N2

Date:

02/09/2019

REFERENCE

Handling Insurer:

Tokio Marine Insurance Singapore Ltd

Policy No:

MS003863

Claimant

SHC1729P

Insured Vehicle No:

SLE3383G

Vehicle No: Date of Loss:

24/08/2019

Nature of Claim:

TP

Claim No: M1906560

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHC1729P

Make & Model:

HYUNDAI SONATA NF, 2.0 AT ABS CRDI (A)

Engine No: Chassis No: D4EAC092562

Reg. Date:

Blue

26/04/2012 (Man. Year: 2012)

Odometer:

KMHET41VMCA823394 62884 km

Colour: Engine Capacity:

1991 cc

Market Value/New Car

N/A

Price:

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Good Steering (Serviceable): Yes **Engine Modification:**

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

Yes Good

Handbrake (Serviceable): CONDITION OF TYRES

Front Tyre Size:

215/60R16

Rear Tyre Size:

215/60R16

Front Left Side:

DURATURN 7 mm

Rear Left Side: Rear Right Side: DURATURN 7 mm DURATURN 7 mm

DURATURN 7 mm Front Right Side: The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	901.72	865.40	36.32	4.03
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,140.00	620.00	520.00	45.61
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	2,052.72	1,496.40	556.32	27.10
Approved Total (Overridden) (S\$)		1,200.00		
(S\$)	2,052.72	1,200.00	852.72	41.54
+ GST 7.00/7.00% (S\$)	143.69	84.00	59.69	41.54
Nett Amount (S\$)	2,196.41	1,284.00	912.41	41.54

INSPECTION

Date of Assignment:

27/08/2019 Present Location:

ComfortDelGro Engineering Pte Ltd

(Loyang)

Date Inspected:

26/08/2019 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

Referen	ce		
Part Source	: MRM-SG	Version: 1.0 (Last Synchronised: 02 Sep 2019)	
Parts:	143	HYUNDAI SONATA NF 2.0 AT ABS CRDI (A) (Catalogue:Merimen Singapore 1.0)	
Labour:	Repairer's	(Price-denominated Standard List)	
Print Code:	: (Unsubmitted, no print-code for SHC1729P)		
Validity:	These estimates are valid only if they contain the print code (above) on all estimate pages, running pag 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
1	1		*FENDER FRT RH	Buckled	593.00 FL	*593.00 FL
2	1		*FENDER LAMP FRT RH	Serviceable	45.40 FL	*-FL
3	1		*TYRE RIM COVER FRT RH	Grazed	145.00 FL	*145.00 FL
4	1		*LOGO DOOR COMFORT	Necessary	75.00 F	*75.00 FS
5	1		*Frt Fender Adv.Sticker RH	Necessary	100.00 F	*100.00 FS
6	1		*Frt Door Adv.Sticker RH	Necessary	100.00 F	*100.00 FS
7 E=Ers	1	nart S=SncNet	*FRONT DOOR (RH)(NPA) tt. L=ListItemDisc.	Repair	15	*-FS
	and not	part o oporto		Sub Total (S\$)	1,058.40	1,013.00
			- List Item Discount on L I	7	156.68	147.60
				Total Parts (S\$)	901.72	865.40

Re No	commended Miscellaneous Item Oty Particulars	IS	Repairer's	Amount
Misc	cellaneous Items		7772	44.00
1	1 OD/TP Case (Insurer)		11.00	11.00
		Sub Total (S\$)	11.00	11.00
Re	commended Labour			
No	Particulars	Lab.Type	Repairer's	Amount
Lab	our Items			
1	PANEL BEATING	New	560.00	200.00
2	SPRAY PAINTING	New	500.00	400.00
3	CHECK ALL LIGHTING	New	40.00	0.00
4	TUFF KOTE	New	40.00	20.00
	G	Gross Labour Cost (S\$)	1,140.00	620.00
	Report was unsu	bmitted during this print-out.		

< END OF ESTIMATES >