

(08/11/13)

Surveyor: Kelvin

REF: CC3/TM1 1905128/K148312

ASSIGNMENT

From: _____ Date: _____

Estimate Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/s _____

of _____

Insured: SDD 5488A

Policy No. MS006932

Claims No. M1906614

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: _____ 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: SHC 3610J Yr Regn: 24 Mar, 2014

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

Truck / Trailer or

Make: Hyundai c.c. 1600

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 641746 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KMHL04124052670

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD/Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Wellife

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 25/8/19 D.O.I. 27/8/19

Survey held at C/DHE (Loyang)

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

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

SHC 3610J - N/S / IN / 17024068 / K148312 DOA - 17/11/2017 To KR

SDD 5488A - NA / AG 16012205 / r3 DOA - 02/12/2016 42

28/8@2:02pm sent email AIA & estimate.

29/8/19 Insured L/S \$950 / 2 days. (Red: 879.36: 40%)

Date/Time, File Pass to? ☐ : Prell. Report1) 29/8 Typist ☒ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)

Survey Fee:

Transportation:

S + RS, SI

Photos

261

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Wednesday, 28 August 2019 2:02 PM
To: Motor Claims
Cc: SUR
Subject: DIRECT SURVEY INSPECTION ON WORKSHOP - COMFORTDELGRO ENGINEERING PTE LTD , DOA: 25/8/2019, SHC 3610J (TP VEHICLE), SDD 5488A (OI VEHICLE)
Attachments: ESTIMATE SHC 3610J.pdf; GIA REPORT SHC 3610J.pdf

Dear Sir/Madam,

Please be informed that we had inspected the vehicle SHC 3610J at M/s: COMFORTDEGLRO ENGINEERING PTE LTD, 59 LOYANG DRIVE SINGAPORE 508969 on 27/8/2019

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,

Denise Tay | 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

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	26/08/2019 14:57
Date Of Accident	25/08/2019 14:30
Exact Location Of Accident	PIE TWDS BUKIT BATOK CHOA CHU KANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3610J
Insured/Policyholder	
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	LIM BENG CHUANG ANTHONY
NRIC No	S7111881I
Date Of Birth	03/04/1971
Occupation	OUTDOOR
Date Of Driving Pass	28/08/1990
Driving Experience	28 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91503517
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 484A CHOA CHU KANG AVENUE 5 #16-18
Postcode	681484
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?	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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	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

PLS REFER TO 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	SDD5488A
Vehicle Make/Model/Colour	
Details Of Properties	

Vehicle Category

PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

TOKIO MARINE INSURANCE SINGAPORE LTD

Nature Of Damage

FRT

No. Of Passenger (Including Driver)

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.
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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.

COMPACT TRANSPORTATION PTE LTD
CO. REG. NO. 199203021H

Policyholder's Signature
Date & Time:

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

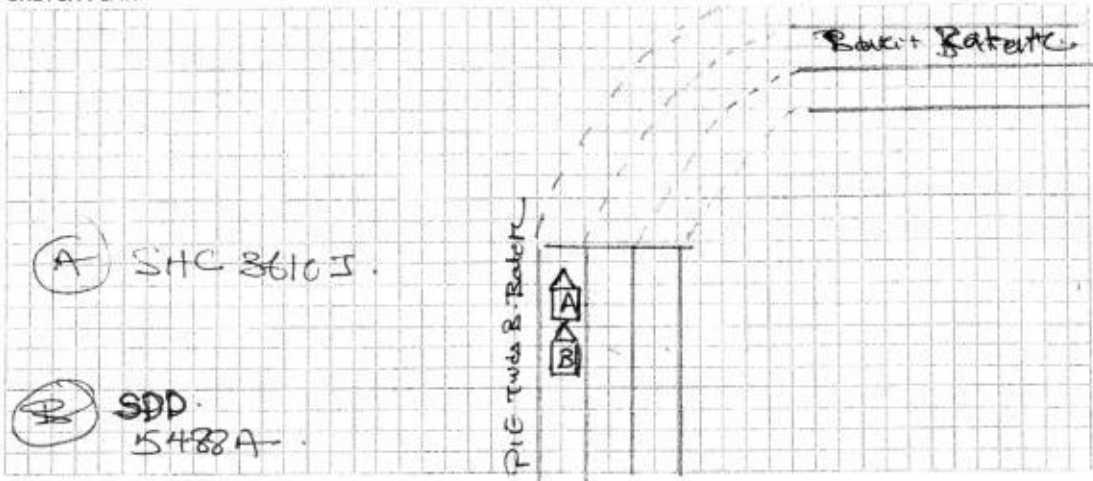
Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.:

Return Sketch Plan Form, V3



Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 25 Aug 2019 @ 1430 hrs I, VEH A
 was slow down and stop. Suddenly VEH B
 from the rear hit VEH A Rear. at
 the point of accident VEH A ferry.
 4 pax was injured.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.
 CO. REG. NO. 1993036245

Policyholder's Signature

Date & Time:

5/5/2019 14:30:00

Driver's Signature

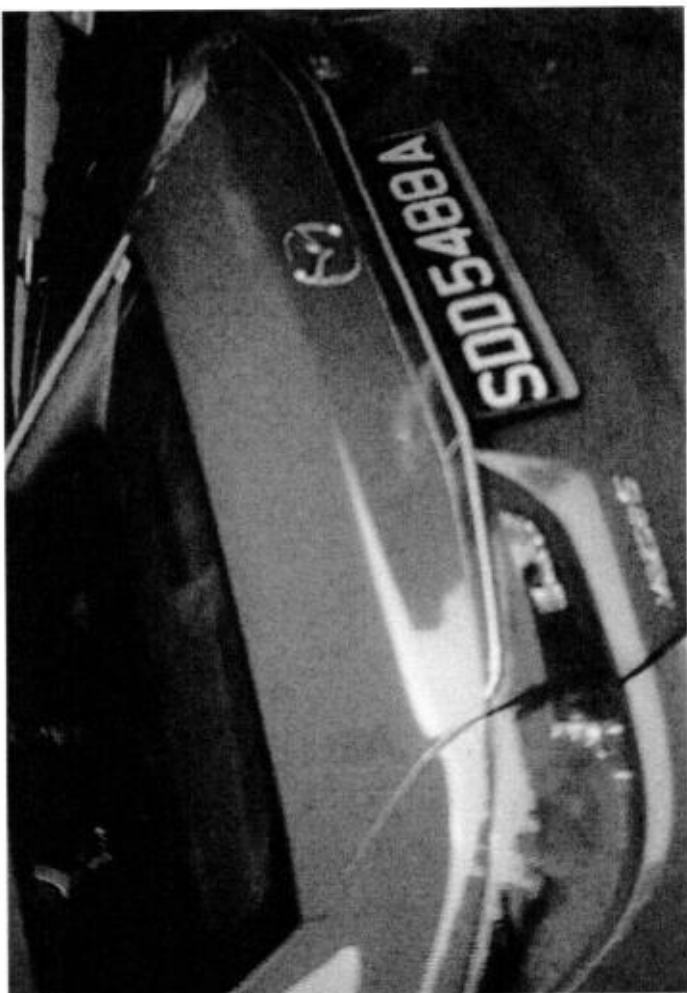
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Team: ARC Repair TP(CLSO)1

JOB CARD

Sales Order:

JC NO.: 305327947

STOMER

COMFORT TRANSPORTATION PTE LTD

VMS 7010045

STOMER NO. 383 SIN MING DRIVE

DRESS Singapore SINGAPORE 575717

(R) 65508755 (O)

(P)

Wafio

ICOUNT CARD NO.

REGN NO.: SHC3610J

MILEAGE

MAKE: HYUNDAI

FUEL

E.....1/2.....F

MODEL I-40

DATE/TIME IN 26.08.2019 11:55

YR OF MANU 21.03.2014

TARGET DATE

CHASSIS CODE KMHLB41UMEU052670

COMPLETION DATE/TIME

JOB DESCRIPTION

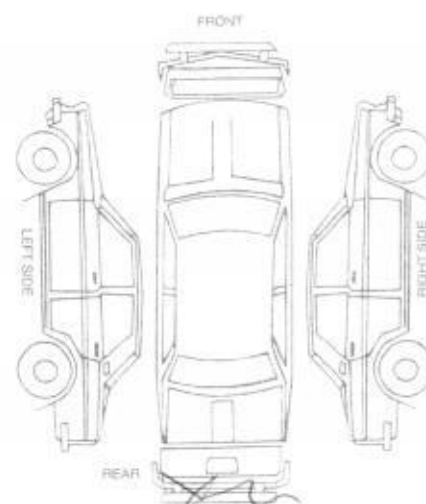
Accident Date: 25.08.2019

NATURE: 3P 25.08.2019

S/NO

LABOR CODE

DESCRIPTION



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: SHC3610J CHIANG

Vehicle No.: SHC3610J

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

DATE 27/8/2019 9:57

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper — <i>Reformed</i>			\$ 553.00
	Rear Bumper Clip 10 pcs — <i>nc</i>			\$ 22.00
	Rear Bumper Bracket — <i>Xm</i>		\$ 35.60	\$ 71.20
	Rear Bumper Under Cover — <i>Xm</i>			\$ 228.00
	SUB TOTAL			\$ 874.20
	LESS 20%			\$ 174.84
	DISCOUNTED TOTAL			\$ 699.36
	Rear Bumper Advertisement Logo — <i>nc</i>			\$ 50.00
	Rear Bumper Rubber Mat — <i>nc</i>			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH) — <i>nc</i>		\$ 100.00	\$ 200.00
				\$ 300.00
	Labour Charge			
	Panel Beating			\$ 400.00 <i>20-</i>
	Spray Painting Charge			\$ 300.00 <i>200</i>
	Wiring Charge			\$ 50.00 <i>X m</i>
	Remove/Refix Reverse Sensor			\$ 80.00 <i>20</i>
	<i>Perish Fee</i>			\$ 11-
	TOTAL LABOUR			\$ 830.00
	ESTIMATE TOTAL			\$ 1,829.36
	<i>Ka Lu 11/10/14</i>			
	<i>27/8/14 12.5 L</i>			
	<i>2 Days</i>			
	<i>L/S</i>			
	<i>After Repair Lk</i>			

LKK Auto Consultants hence notify the Reporter of the following:

- To ensure vehicle repair work quality
- To avoid damaged parts during delivery
- To ensure work safety, health & environment
- To ensure timely delivery of repaired goods
- No illegal or unethical behavior
- Supervisory personnel shall inspect and sign the work report after completion

Accepted by Reporter:
Signature:
Date:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

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:	25/08/2019
Vehicle Reg. No.:	SHC3610J	Driveable?	YES
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Vehicle Reg. Date:	21/03/2014
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDEU410562	Chassis No:	KMHLB41UMEU052670
Odometer:	641746 KM		
Paint Type:			
List Item Discount:	20.00 %		
Total Loss?	NO		
Est. Duration of Repair (day)	3		
Present Location:	COMFORTDELGRO ENGINEERING PTE LTD (LOYANG)		

COST OF CLAIMS	Amount
Parts	970.88
Miscellaneous Items	11.00
Labour	830.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,811.88
+ GST 7.00% (S\$)	126.83
Nett Amount (S\$)	1,938.71

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: 27 Aug 2019)

Parts: 143 **HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)**

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

Print Code: **ComfortDelGro Engineering Pte Ltd/SHC3610J/27/08/2019 14:16**

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	20.00	0.00	*553.00 FL de
2	10		*REAR BUMPER CLIP	20.00	0.00	*22.00 FL nec
3	1		*REAR BUMPER BRACKET	20.00	0.00	*35.60 FL SVC
4	1		*REAR BUMPER UNDER COVER	20.00	0.00	*228.00 FL SVC
5	1		*REAR BUMPER MAT	0	0.00	*50.00 FS nec
6	1		*REAR BUMPER ADVERTISEMENT	0	0.00	*50.00 FS nec
7	2		*REAR FENDER ADVERTISEMENT LH/RH	0	0.00	*200.00 FS nec

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

Sub Total (\$\$)	1,138.60
- List Item Discount on L Items (\$\$)	167.72
Total Parts (\$\$)	970.88

ComfortDelGro Engineering Pte Ltd/SHC3610J/27/08/2019 14:16. Not valid without Reference section.
Generated using **Merimen e-Claims IEAS**

Estimates on Miscellaneous Items

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

Estimates on Labour

No	Particulars	Lab.Type	Amount
<u>Labour Items</u>			
1	PANEL BEATING	New	400.00 200
2	SPRAY PAINTING	New	300.00 200
3	WIRING	New	50.00 *
4	REMOVE/REFIX REVERSE SENSOR	New	80.00 30
Gross Labour Cost (S\$)			830.00

ComfortDelGro Engineering Pte Ltd/SHC3610J/27/08/2019 14:16. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Our Job Ref No : 305327947
Date : 28/08/19

FINALIZATION FORM

To : LKK
Attn : KALVIN
Vehicle Reg No. : SHC3610J

Fax:

25/08/2019

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

Z The repair job shall bill to: TOKIO SDD5488A

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

\$950.00

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 : CHIANG

Tel : 62148314

Fax : 65468156

Signature :

Name :

Date :

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: CC3/TMI19015128/K1TF3N2

Date: 02/09/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MS006932
Claimant Vehicle No :	SHC3610J	Insured Vehicle No :	SDD5488A
Date of Loss:	25/08/2019	Nature of Claim:	TP
		Claim No:	M1906614

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC3610J	Engine No:	D4FDEU410562
Make & Model:	HYUNDAI I40, 1.7 D CRDI F/L ABS AIRBAG 4DR (A)	Chassis No:	KMHLB41UMEU052670
Reg. Date:	21/03/2014 (Man. Year: 2014)	Odometer:	641746 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:	Good

CONDITION OF TYRES

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

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	970.88	760.00	210.88	21.72
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	830.00	430.00	400.00	48.19
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,811.88	1,201.00	610.88	33.72
Approved Total (Overridden) (S\$)		950.00		
(S\$)	1,811.88	950.00	861.88	47.57
+ GST 7.00/7.00% (S\$)	126.83	66.50	60.33	47.57
Nett Amount (S\$)	1,938.71	1,016.50	922.21	47.57

INSPECTION

Date of Assignment:	28/08/2019	Present Location:	ComfortDelGro Engineering Pte Ltd (Loyang)
Date Inspected:	27/08/2019	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: DENISE TAY KWEE CHENG

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: 02 Sep 2019)
Parts:	143	HYUNDAI I40 1.7 D CRDI F/L ABS AIRBAG 4DR (A) (Catalogue:Merimen Singapore 1.0)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC3610J)	
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	10		*REAR BUMPER CLIP	Necessary	22.00 FL	*22.00 FL
3	1		*REAR BUMPER BRACKET	Serviceable	35.60 FL	*- FL
4	1		*REAR BUMPER UNDER COVER	Serviceable	228.00 FL	*- FL
5	1		*REAR BUMPER MAT	Necessary	50.00 FS	*50.00 FS
6	1		*REAR BUMPER ADVERTISEMENT	Necessary	50.00 FS	*50.00 FS
7	2		*REAR FENDER ADVERTISEMENT LH/RH	Necessary	200.00 FS	*200.00 FS
						F=Franchise part. S=SpcNett. L=ListItemDisc.
					Sub Total (\$\$)	1,138.60
					- List Item Discount on L Items 20.00/20.00% (\$\$)	167.72
					Total Parts (\$\$)	970.88
						875.00
						115.00
						760.00

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 (\$\$)			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	SPRAY PAINTING	New	300.00	200.00
3	WIRING	New	50.00	0.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (\$\$)			830.00	430.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >