

(08/11/13)

Surveyor: Kalvin

REF: TMI CC3/TM1 P015135/K14f302

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: SH4522A

Policy No. MK 000581

Claims No. M1906562

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 Rpt: _____ 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: SH 9451E Yr Regn: 28 Apr 2016

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

Truck / Trailer or

Make: Hyundai 240 c.c. 1685

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

Sp. Reading: 413317 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: 1CMH1B410440878x9

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 Hankook

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. 28/8/19

Survey held at C/DHE (Loyang)

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

Rear

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

Date / Time	Action / Instruction
	SH 9451E - EC6 / T1 / 16012321 / G119392 DCA - 03/07/2016 To Ki's
	SH 4522A - CS1/EC2 / 7006340 / K94382 DCA - 02/04/2017 4/5
29/8/19	Vehicle 4522A / 2 Pys. (Red: 103910, 59010)

Date/Time, File Pass to?

☐ : Prel. Report

12/8 Typist

☒ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$ _____) ☐ : S + RS, SI☐ : Interview (\$ _____) Photos

Survey Fee:

Transportation:

Photos

250

11

261

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 16:58
Date Of Accident	25/08/2019 13:30
Exact Location Of Accident	ALEXANDRA RD >> PASIR PANJANG
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SH9451E
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	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	MOHAMMAD EFFENDY
NRIC No	S7637288H
Date Of Birth	17/11/1976
Occupation	OUTDOOR
Date Of Driving Pass	09/04/2003
Driving Experience	16 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96178024
Fax Number	
Contact Number	
Email Address	FENDY_N@HOTMAIL.COM

Address	679C 03-854 PUNGGOL DRIVE
Postcode	823679
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	CHAIN COLLISION
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	3
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)	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	SLH4522A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	GOH WEI PING
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	PA4522A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	BUS
Name of Driver	YAP KIAN WEE
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 28/8/19 at about 1330 hrs while I Veh A was stationary due to waiting vehicle upfront and after the yellow box (waiting vehicles), Veh B collided onto the rear of my stationary vehicle. When I came out to check it was realized that Veh B was also involved in the chain collision.

DECLARATION

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

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.:

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.

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:

COMFORTDELGRO ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd.

205 Braddell Road Singapore 579701
Mainline + 65 6383 6280 Facsimile + 65 6280 8755

Workshops

58 Luyang Drive Singapore 508988
383 Sin Ming Drive Singapore 575717
49 Pandan Road Singapore 609386

24 Serangoon Loop Singapore 758158
7 Sungei Kadut Way Singapore 728791
601 Yishun Industrial Park A Singapore 768732

Date/Time: 27.08.2019 08:12

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305327961

COMER

S COMFORT TRANSPORTATION PTE LTD
COMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (O)

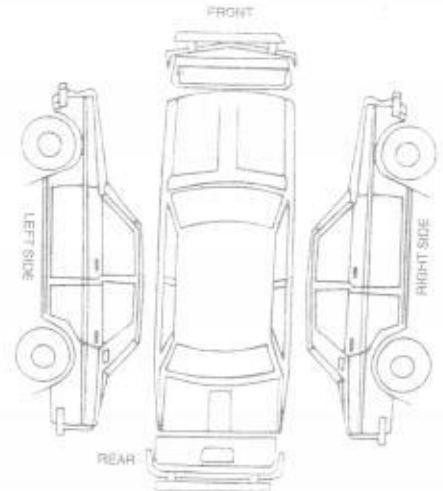
UNIT CARD NO.

REGN NO.: SH 9451E	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 26.08.2019 11:30
YR OF MANU 28.04.2016	TARGET DATE
CHASSIS CODE KMHLB41UMGU087849	COMPLETION DATE/TIME:

Accident Date: 25.08.2019
NATURE: 3P 25.08.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



3 & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ement Slip

Exit Pass

SH 9451E

LIMITS

Vehicle No.:

SH 9451E

vice Advisor:

Signature/Date

Name of Service Advisor

Date

d to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD

Date: 27.08.2019

REPAIR ESTIMATE

Time: 09:17:56

Page: 1

Tokio Marine - 4S

LKE - Kalvin

P-TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305327961
 REGN NO : SH 9451E
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : I-40
 DATE OF REGN : 28.04.2016
 DATE/TIME IN : 26.08.2019 11:30
 ACCIDENT DATE : 25.08.2019

Tyre Han/look
 205/60R16

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001	04-01-0103-0579-G	REAR BUMPER	1	553.00	20.00	442.40	X regu
0002	04-01-0103-0738-G	REAR BUMPER UNDER COVER	1	228.00	20.00	182.40	- ut
0003	04-01-0101-0111-G	REAR BUMPER CLIPS	10 L	22.00	20.00	17.60	- ne
0004	09-01-9999-0068-A	REVERSE SENSOR	1	135.70		135.70	X sue
0005	04-01-0103-1150-A	REAR BUMPER MAT	1	50.00		50.00	X "

SUB-TOTAL : 828.10

JOB NATURE

0000	20-05	Rear Fender Adv.Sticker RH/LH	200.00	- ne
0001	20-05	Rear Bumper Adv.Sticker	50.00	- ne
0002	PB	PANEL BEATING	280.00	200
0003	SP	SPRAYPAINT CHARGE	250.00	200
0004	L	R/I REVERSE SENSOR.	120.00	X "
0005	20-05	TP MERIMEN	11.00	-

COMFORTDELGRO ENGINEERING PTE LTD

Date: 27.08.2019

REPAIR ESTIMATE

Tokio Marine-4S
LKR-Kalvin

Time: 09:17:56

Page: 2

TS

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305327961
REGN NO : SH 9451E
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : I-40
DATE OF REGN : 28.04.2016
DATE/TIME IN : 26.08.2019 11:30
ACCIDENT DATE : 25.08.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

SUB-TOTAL : 911.00

TOTAL : 1,739.10

Lmfs

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

(Calvin. Kik)

22/8/19 1125h

2 bys

4s

After Repair photo



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.:	SH9451E	Driveable?	NO
Party At Fault:	UNKNOWN		
Make/Model:	HYUNDAI I40, 1.7 D CRDI (A)	Vehicle Reg. Date:	28/04/2016
Vehicle Colour:	BLUE	Gen Condition:	GOOD
Engine No:	D4FDGU613751	Chassis No:	KMHLB41UMGU087849
Odometer:	0 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	1,078.10
Miscellaneous Items	11.00
Labour	650.00
Paintwork Labour	0.00
Towing	0.00
Gross Total (S\$)	1,739.10
+ GST 7.00% (S\$)	121.74
Nett Amount (S\$)	1,860.84

This claim is handled by: LIM TIEN SIONG

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 (A) (Catalogue:Merimen Singapore 1.0)**Labour:** Repairer's (Price-denominated Standard List)**Print Code:** ComfortDelGro Engineering Pte Ltd/SH9451E/27/08/2019 17:59**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 R
2	1		*REAR BUMPER UNDER COVER	20.00	0.00	*228.00 FL cut
3	10		*REAR BUMPER CLIPS	20.00	0.00	*22.00 FL nec
4	1		*REVERSE SENSOR	0.00	0.00	*135.70 F SVC
5	1		*REAR BUMPER MAT	0.00	0.00	*50.00 F nn
6	2		*REAR FENDER ADV.STICKER RH/LH	0.00	0.00	*200.00 F nec
7	1		*REAR BUMPER ADV.STICKER	0.00	0.00	*50.00 F nec

F=Franchise part. L=ListItemDisc.

Sub Total (S\$)	1,238.70
- List Item Discount on L Items (S\$)	160.60
Total Parts (S\$)	1,078.10

ComfortDelGro Engineering Pte Ltd/SH9451E/27/08/2019 17:59. 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	280.00 200
2	SPRAY PAINTING	New	250.00 200
3	R/I REVERSE SENSOR	New	120.00 100
Gross Labour Cost (S\$)			650.00

ComfortDelGro Engineering Pte Ltd/SH9451E/27/08/2019 17:59. Not valid without Reference section.
Generated using Merimen e-Claims IEAS

< END OF ESTIMATES >

Our Job Ref No : 305327961

Date : 28/08/19

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

FINALIZATION FORM

To : LKK

Fax :

Attn : KALVIN ANG

Vehicle Reg No. : SH 9451E

Date of Accident : 25-Aug-19

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

1. The repair job shall bill to: TOKIO MARINE --- SLH4522A

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: 20%

Final Lumpsum Repair cost

\$700.00

\$700.00

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 : LIM T S

Tel : 62148398

Fax : 65468156

Signature : 

Name : KALVIN

Date : 29/8/19

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		NO		
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/TM19015135/K1TF3N2

Date: 02/09/2019

REFERENCE

Handling Insurer:	Tokio Marine Insurance Singapore Ltd	Policy No:	MK000581
Claimant Vehicle No :	SH9451E	Insured Vehicle No :	SLH4522A
Date of Loss:	25/08/2019	Nature of Claim:	TP
		Claim No:	M1906562

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SH9451E	Engine No:	D4FDGU613751
Make & Model:	HYUNDAI I40, 1.7 D CRDi (A)	Chassis No:	KMHLB41UMGU087849
Reg. Date:	28/04/2016 (Man. Year: 2016)	Odometer:	413317 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:	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	1,078.10	450.00	628.10	58.26
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	650.00	400.00	250.00	38.46
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	1,739.10	861.00	878.10	50.49
Approved Total (Overridden) (S\$)		700.00		
(S\$)	1,739.10	700.00	1,039.10	59.75
+ GST 7.00/7.00% (S\$)	121.74	49.00	72.74	59.75
Nett Amount (S\$)	1,860.84	749.00	1,111.84	59.75

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 (A) (Catalogue:Merimen Singapore 1.0)
Labour: Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SH9451E)
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	Repair	553.00 FL	*- FL
2	1		*REAR BUMPER UNDER COVER	Cut	228.00 FL	*228.00 FL
3	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
4	1		*REVERSE SENSOR	Serviceable	135.70 F	*- FS
5	1		*REAR BUMPER MAT	Not Necessary	50.00 F	*- FS
6	2		*REAR FENDER ADV.STICKER RH/LH	Necessary	200.00 F	*200.00 FS
7	1		*REAR BUMPER ADV.STICKER	Necessary	50.00 F	*50.00 FS
					Sub Total (\$\$)	1,238.70 500.00
					- List Item Discount on L Items 20.00/20.00% (\$\$)	160.60 50.00
					Total Parts (\$\$)	1,078.10 450.00

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

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	New	280.00	200.00
2	SPRAY PAINTING	New	250.00	200.00
3	R/I REVERSE SENSOR	New	120.00	0.00
Gross Labour Cost (S\$)			650.00	400.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >