

ASS. REC. BY:

REF:

CS/TM119015301/KIV1312

Special Instruction:

Surveyor: Calvin

**ASSIGNMENT (Office)**

From (Person): Clara Miah Yeo of TMZ Date/Time: 29/08/2019

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD 34947 Insured: SLG 74013

at Workshop m/s Comfort+DelGro Engineering Pte Ltd Tel: 6214 8300

of 59 Loyang Drive

Policy No: MK000578 Claim No: M1905288

Sum Insured: Excess:

Make of Veh: D.O.A. 13/07/2019  
(Client's Record)

CA / REV / REP. / REV 24 HRS "rwp" H.O.D. Endorsement:

Date/Time: 29.8.19 4.05 p.m Person Contacted: Jumadi Vehicle: IN/OUT

Date/Time	Action/Instruction ( ✓ ) Estimate
	SLG 74013 : X
	SHD 34947 : CC3/III 18c15155/k2eb3y2 D.O.A: 16/08/2018

108/11/13

Surveyor: Kalvin

REF: \_\_\_\_\_

### 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. \_\_\_\_\_

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.

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: SHD 3494Y Yr Regn: 8 Sep 2016

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

Truck / Trailer or

Make: Hyundai Z40 C.C. 1685

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

Sp. Reading: 413189 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: KMHLB414M9092478

Gen. Cond: Good / ~~Car~~ / Poor / Burnt

Steering: Inorder / ~~Car~~ / Jammed / Leaked / Burnt or

Brake: Inorder / ~~Car~~ / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205 / 60 R16

R: \_\_\_\_\_

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

TOYO / YOKO or Man / Conti

Front 7 mm Rear 7 mm

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

L/Bal. 7 mm

D.O.A. 13/7/19 D.O.I. 29/8/19

Survey held at C/DHE (Loyang)

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

n/s front

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

Date / Time Action / Instruction

2/9/19 Calvin P113363636 / 3 Pgs. (Red 1757-44, 339) To/To

(No LS)

RECEIVED 02 SEP 2019

P/P  
[Signature]  
2/9/2019

Date/Time, File Pass to?  : Prel. Report

1)  : Final Report

Date/Time, File Return to?

2) 2/9 - typist

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ \_\_\_\_\_)

: Interview (\$ \_\_\_\_\_)

Survey Fee:

Transportation: 250

\_\_\_\_ S + RS \_\_\_\_ SI

Photos

261

...CLAIM SUBFOLDER...(New Assignment)

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	29 Aug 2019 14:10 <a href="#">Sendback Est</a>	29 Aug 2019 14:17 <b>\$5,393.80</b>	29 Aug 2019 16:04 <a href="#">Assign</a>				<b>New Assignment</b> <a href="#">Cancel Case</a>

<a href="#">Main</a>	<a href="#">Reference</a>	<a href="#">Claim Details</a>	<a href="#">Documents</a>	<a href="#">Show All</a>
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CLAIM SUBFOLDER DETAILS			
Insured:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHD3494Y	Date of Loss:	13/07/2019 12:00 - :59 [34 Months and 5 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1905288	Policy/Cover Note No.:	MK000578 (Third Party Only) Coverage: 25/06/2019 - 24/02/2020
Vehicle Reg. No. (Insured):	SLG7401B	Policy No. (Claimant):	MCOM0015
		Excess:	S\$1,600.00
Repairer:	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive, 508969 Loyang - Tel: 6214 8300		
Handling Insurer:	Tokio Marine Insurance Singapore Ltd (HQ) - Tel: 6221 6111 ... [Handled by Clara Milah Yeo]		
Claimant's Insurer:	India International Insurance Pte Ltd (HQ) - Tel: 63476100		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 09/09/2019]		

ASSOCIATED MAIL RECEIVED	<a href="#">View All</a>	<a href="#">Compose Case Mail</a>
There are no mail for this case.		

ALL ASSOCIATED TASKS										<a href="#">View All</a>	<a href="#">Search Tasks</a>	<a href="#">Create New Task</a>	<a href="#">Complete</a>
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?				
No results.													

## 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	29/08/2019 09:01
Date Of Accident	13/07/2019 06:00
Exact Location Of Accident	NORTH BRIDGE ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3494Y
<b>Insured/Policyholder</b>	
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	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	JOHN GREGORY OLSEN
NRIC No	S8436868G
Date Of Birth	26/11/1984
Occupation	OUTDOOR
Date Of Driving Pass	20/10/2005
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-82692286
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 326 TAH CHING RD #04-42
Postcode	611326
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) involved in the accident	2
Was any body injured in the Accident?	YES
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)	1

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
POLICE STATION NAME [OTHER]	JURONG EAST NPC
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER POLICE REPORT NO: T/2019716/2147

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLG7401B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	UNKNOWN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RH FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	JOHN GREGORY OLSEN
Approximate Age	
Injuries Sustain	LOWER BACK
Injured person in which vehicle?	SHD3494Y
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

**SKETCH PLAN**

**IMPORTANT NOTICE**

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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.
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.

COMFORT TRANSPORTATION PTE LTD  
 CD REG. NO. 199302021R

*[Handwritten Signature]*

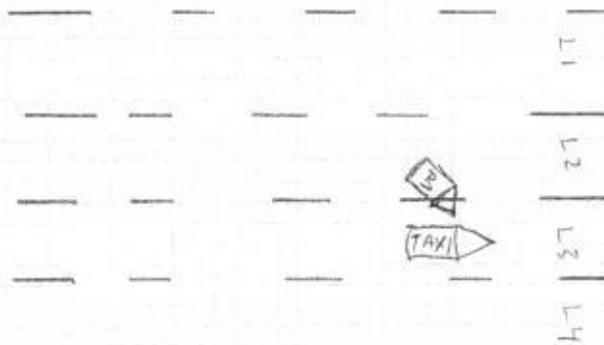
*[Handwritten Signature]*  
 28/5/15

Policyholder's Signature / Date & Time

Driver's Signature (if driver is not the policyholder) / Date & Time

Witnessed by Reporting Centre Personnel

**Sketch Plan**



A - SHD3494Y

B - SLG7401B

*[Handwritten Note]*  
 76 3 10 20

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  - (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.

COM-ONE TRANSPORTATION PTE LTD

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.:

S R Moorthi  
28/8/19



SKETCH PLAN

Refer Attachment

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer Police Report - 7/20190716/2147

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199203021R

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 Pg. 4



SINGAPORE  
POLICE FORCE

TAXI BUSINESS

23 JUL 2019



T/20190716/2147

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No. 1800-8999999

FLEET SAFETY

1 of 3

Report No. T/20190716/2147

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 16/07/2019 16:42	Vide Report No.:	Station Diary No.: 104
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Informant's Particulars

Name of Informant: JOHN GREGORY OLSEN		Address: APT BLK 830 YISHUN STREET 81 #04-476 SINGAPORE 760830	
ID Type / ID No. NRIC NO / S8436868G		Contact No.: Home/Office: Mobile 82692286	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 34	Date of Birth: 26/11/1984	Type of Informant: Driver
Race: Indian		Language: English	Institution / School Name:
Occupation: Taxi driver		Driving Licence Information: Class: 3,4	Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury	Drink Drive: No	Date/Time of Accident: 13/07/2019 06.00	Type of Location: Straight Road
Location: Along Road 1 NORTH BRIDGE ROAD  Along North Bridge Rd towards Bugis, near Masjid Sultan Mosque				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between moving vehicles - Side to side				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD3494Y	Car	HYUNDAI	i40	Blue	Slightly Damaged	0
SLG7401B	Car	MAZDA	Mazda 3	Black		1

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



SINGAPORE  
POLICE FORCE



T/20190716/2147

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

2 of 3

Report No: T/20190716/2147

## CONTINUATION OF REPORT

Driver			
Name	JOHN GREGORY OLSEN	ID No.	S8436868G
Related Vehicle	SHD3494Y (Car)	Contact No.	82692286
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class 3,4 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the above mentioned date, I was driving my company vehicle bearing the following details,

V1) SHD 3494 Y

Hyundai

i40

Blue

along North Bridge Rd towards Bugis. It is a 4 lane road and I was driving along lane 3.

While I was driving along lane 3, suddenly, a black colour car from the left swerved into my lane. As it was so sudden, I was not able to switch lane thus, it resulted to collusion. From the collusion, the left side mirror was dislodged. The front left bumper was scratched and the front left side above the wheel was dented in as well.

We wanted to settle the incident by private settlement however, on 15/07/2019, I received a call from TP stating that the other driver lodged a report against me regarding the incident. He then advised me to lodge a police report regarding this incident. The TP IO is one namely, Md Noor.



SINGAPORE  
POLICE FORCE



T/20190716/2147

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

3 of 3

Report No: T/20190716/2147

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 3 NGU YUAN JIN

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

16/07/2019 16.42

Officer In Charge Of Case:

TP / GIA /

Staff Sgt. WONG SIEU LUI

Contact No : 65476151

SN 35

Classification Of Case:

Authentication Stamp

NP158

## 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/TMI19015301/K1VF3N2

Date: 03/09/2019

**REFERENCE**

<b>Handling Insurer:</b>	Tokio Marine Insurance Singapore Ltd	<b>Policy No:</b>	MK000578
<b>Claimant Vehicle No :</b>	SHD3494Y	<b>Insured Vehicle No :</b>	SLG7401B
<b>Date of Loss:</b>	13/07/2019	<b>Nature of Claim:</b>	TP
		<b>Claim No:</b>	M1905288

**DESCRIPTION & IDENTIFICATION OF VEHICLE**

<b>Reg No:</b>	SHD3494Y	<b>Engine No:</b>	D4FDGU669975
<b>Make &amp; Model:</b>	HYUNDAI I40, 1.7 D CRDi (A)	<b>Chassis No:</b>	KMHLB41UMGU093478
<b>Reg. Date:</b>	08/09/2016 (Man. Year: 2016)	<b>Odometer:</b>	413189 km
<b>Colour:</b>	Blue		
<b>Engine Capacity:</b>	1685 cc		
<b>Market Value/New Car Price:</b>	N/A		
<b>Sum Insured (S\$):</b>	Market Value/New Car Price		

**CONDITION OF VEHICLE AT THE TIME OF SURVEY**

<b>General Condition:</b>	Good	<b>Steering (Serviceable):</b>	Yes	<b>Footbrake (Serviceable):</b>	Yes
<b>Handbrake (Serviceable):</b>	Yes	<b>Engine Modification:</b>	No	<b>Pre-accident Condition:</b>	Average

**CONDITION OF TYRES**

<b>Front Tyre Size:</b>	205/60R16	<b>Rear Tyre Size:</b>	205/60R16
<b>Front Left Side:</b>	Hankook 7 mm	<b>Rear Left Side:</b>	Hankook 7 mm
<b>Front Right Side:</b>	Hankook 7 mm	<b>Rear Right Side:</b>	Hankook 7 mm

The above values represent the remaining tyre treads depth

<b>COST OF CLAIMS</b>	<b>Repairer's</b>	<b>Adjuster's</b>	<b>Difference</b>	<b>Diff %</b>
Parts	3,502.80	2,735.36	767.44	21.91
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	1,880.00	890.00	990.00	52.66
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Gross Total (S\$)</b>	<b>5,393.80</b>	<b>3,636.36</b>	<b>1,757.44</b>	<b>32.58</b>
<b>+ GST 7.00/7.00% (S\$)</b>	<b>377.57</b>	<b>254.55</b>	<b>123.02</b>	<b>32.58</b>
<b>Nett Amount (S\$)</b>	<b>5,771.37</b>	<b>3,890.91</b>	<b>1,880.46</b>	<b>32.58</b>

**INSPECTION**

<b>Date of Assignment:</b>	29/08/2019	<b>Present Location:</b>	ComfortDelGro Engineering Pte Ltd (Loyang)
<b>Date Inspected:</b>	29/08/2019	<b>Inspected At:</b>	ComfortDelGro Engineering Pte Ltd (Loyang) 59 Loyang Drive Singapore 508969
<b>Estimated Period of Repair:</b>	3.0 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

<b>Reference</b>	
<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 03 Sep 2019)
<b>Parts:</b> 143	HYUNDAI I40 1.7 D CRDi (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b>	(Unsubmitted, no print-code for SHD3494Y)
<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 BUMPER	Cut	544.50 FL	*544.50 FL	
2	1		*FRONT BUMPER TOP BRACKET - LH	Serviceable	22.40 FL	*- FL	
3	1		*FRONT BUMPER BRACKET - LH	Cracked	24.60 FL	*24.60 FL	
4	10		*FRONT BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL	
5	1		*HEADLAMP - LH	Grazed	1,388.00 FL	*1,388.00 FL	
6	1		*FRONT FENDER - LH	Buckled	663.00 FL	*663.00 FL	
7	1		*FRONT FENDER APRON PANEL - LH	Serviceable	637.00 FL	*- FL	
8	1		*FRONT FENDER SHIELD - LH	Serviceable	174.90 FL	*- FL	
9	1		*FRONT SIDE MIRROR - LH	Broken	670.00 FL	*670.00 FL	
10	1		*FRONT WHEEL COVER - LH	Grazed	107.10 FL	*107.10 FL	
11	1		*ADVERTISEMENT - FRONT FENDER LH	Not Necessary	100.00 FS	*- FS	
					<b>Sub Total (S\$)</b>	<b>4,353.50</b>	<b>3,419.20</b>
					<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>850.70</b>	<b>683.84</b>
					<b>Total Parts (S\$)</b>	<b>3,502.80</b>	<b>2,735.36</b>

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

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

No	Qty	Particulars	Repairer's	Amount
<b>Miscellaneous Items</b>				
1	1	OD/TP Case (Insurer)	11.00	11.00
<b>Sub Total (\$\$)</b>			<b>11.00</b>	<b>11.00</b>

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	PANEL BEATING	New	800.00	400.00
2	SPRAY PAINTING	New	900.00	450.00
3	WIRING CHARGE	New	50.00	20.00
4	TUFF KOTE	New	50.00	20.00
5	FRONT WHEEL ALIGNMENT	New	80.00	0.00
<b>Gross Labour Cost (\$\$)</b>			<b>1,880.00</b>	<b>890.00</b>

Report was unsubmitted during this print-out.
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&lt; END OF ESTIMATES &gt;