

22/03/2019

ASS. REC. BY:

REF: es/CTI/9015730/Kqd3n2 Special Instruction:

Surveyor: Kenneth

ASSIGNMENT (Office)

From (Person): Chong Boon Sen of CTI Date/Time: 5/9/19 @ 9.24am

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: SBL 2222B Insured: SMC 9816Jat Workshop m/s: LOH Heng Tel: 64532237of BLK 176 Sin Ming Drive # 03-08Policy No: ImpCSN 19327919000 Claim No: SNM19D204138 Co2

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 31/8/19  
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 10.51am @ 5/9/19 Person Contacted: Danny Vehicle ☒ IN / OUT

Date/Time	Action/Instruction	
	<u>SBL 2222B - CC3/MG/9015535/Ka3</u>	<u>DOA: 31/08/2019</u>
	<u>SMC9816J - CC3/MG/9015535/Ka3</u>	<u>DOA: 31/8/2019</u>
<u>10/9/19 @ 2.05pm</u>	<u>already confirmed with Boon Sen the accident date is</u>	
	<u>31/8/19.</u>	

## ASSIGNMENT

From: Date: 5/9/19

Estimated Cost:

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

To Inspect Vehicle No: SBL 2222B

at Workshop n/s: LoH Heng

of B11C 176 Sin Ming Drive # 03-08

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.

Bal. or Market Value:

IDAC Accident Rpt: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SBL 2222B Regn: 01 17

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

Truck / Trailer or

Make: Citroen DS5 C.C. 1560

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

Sp. Reading: 66027 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: VF 7KFBI48TG-S 502833

Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt or

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

Tyre Size: F: 225/50BR17

R:

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

TOYO / YOKO or

Front

Rear

R/Bal. 5 mm R/Bal. 6 mm

L/Bal. 5 mm L/Bal. 6 mm

D.O.A. 30/8/19 D.O.I. 5/9/19

Survey held at

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

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

Date / Time Action / Instruction

5/9 11/19 8205dt email & confirmed with Mr Chin.  
(Red to 1021.30, 33%)

RECEIVED 11 SEP 2019

date of accident should be 31/8/2019

Date/Time, File Pass to?

☐

Preli. Report

1) 6/9 11/19

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip:

Add Fee: ☐ Site Insp (\$)☐ Interview (\$)☐ Tech. Insp (\$)☐ Weekend (\$)

Survey Fee:

Transportation:

S + PS, ST

Floors

Other:

TOTAL

220

Report Format:

MER-TP

Lump Sum / LSPR

2050

## Nivitha (LKK Auto)

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**From:** Chong Boon Sen <boonsen.chong@sg.cntaiping.com>  
**Sent:** Thursday, 5 September 2019 9:24 AM  
**To:** Danny Loh  
**Cc:** assignments  
**Subject:** RE: OUR REF: SNM19D204138-SMC9816J-TKL - FW: 3rd party claims SBL2222B

WITHOUT PREJUDICE

Dear Sir

We will be assigning M/s LKK Auto Consultants Pte Ltd to survey your client's vehicle.

Aside to LKK,

Please proceed to survey the third party vehicle on WP basis.

Thank you.

### Chong Boon Sen

Claims Executive  
Department

#### China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909  
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平狮城 Taiping SG 3 Anson  
Road #16-00 Springleaf Tower Singapore 079909  
DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

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**From:** Danny Loh [mailto:loh heng0308@yahoo.com.sg]  
**Sent:** Thursday, 5 September, 2019 9:18 AM  
**To:** Chong Boon Sen <boonsen.chong@sg.cntaiping.com>  
**Subject:** Re: OUR REF: SNM19D204138-SMC9816J-TKL - FW: 3rd party claims SBL2222B

Hi Boon Sen,

we prefer LKK to survey the accident vehicle at our workshop.

Kind regards,

Loh Heng

Danny

On Wednesday, 4 September 2019, 05:44:51 pm GMT+8, Chong Boon Sen <[boonsen.chong@sg.cntaiping.com](mailto:boonsen.chong@sg.cntaiping.com)> wrote:

Without prejudice

Dear Sir,

LKK

STA

LBS

**Chong Boon Sen**

Claims Executive

Department

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #16-00 Springleaf Tower Singapore 079909

DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

**W:** [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | **FB:** [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | **WeChat:** 太平獅城 Taiping SG 3 Anson Road #16-00 Springleaf Tower Singapore 079909

DID: (65) 63896171 | M: (65) XXXX XXXX | F: (65) 6222 1033

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**From:** Claims Dept of CTI

**Sent:** Wednesday, 4 September, 2019 3:27 PM

**To:** Tan Kah Leong <[KahLeong.Tan@sg.cntaiping.com](mailto:KahLeong.Tan@sg.cntaiping.com)>; Alfred Toh <[alfred.toh@sg.cntaiping.com](mailto:alfred.toh@sg.cntaiping.com)>;  
Chee So Chow <[sochow.chee@sg.cntaiping.com](mailto:sochow.chee@sg.cntaiping.com)>; Chong Boon Sen  
<[boonsen.chong@sg.cntaiping.com](mailto:boonsen.chong@sg.cntaiping.com)>; [lohheng0308@yahoo.com.sg](mailto:lohheng0308@yahoo.com.sg)

**Subject:** OUR REF: SNM19D204138-SMC9816J-TKL - FW: 3rd party claims SBL2222B

Dear Boon Sen,

Please assist to conduct PRs for SBL2222B.

Note: officer in charge – Kah Leong 63896193.

Thank you

Claims Department

**China Taiping Insurance (Singapore) Pte. Ltd.**

3 Anson Road #15-00 Springleaf Tower Singapore 079909

DID: (65) 63896116 | F: (65) 62247175

W: [www.sg.cntaiping.com](http://www.sg.cntaiping.com) | FB: [www.facebook.com/chinataipingsg/](https://www.facebook.com/chinataipingsg/) | WeChat: 太平獅城 Taiping SG

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**From:** Danny Loh [<mailto:loh heng0308@yahoo.com.sg>]

**Sent:** Wednesday, September 04, 2019 11:31 AM

**To:** Claims Dept of CTI

**Subject:** Fw: 3rd party claims SBL2222B

Sent from Yahoo Mail on Android

----- Forwarded message -----

**From:** "Danny Loh" <[loh heng0308@yahoo.com.sg](mailto:loh heng0308@yahoo.com.sg)>

**To:** "[claimsdept@sg.cntaiting.com](mailto:claimsdept@sg.cntaiting.com)" <[claimsdept@sg.cntaiting.com](mailto:claimsdept@sg.cntaiting.com)>

**Cc:**

**Sent:** Tue, 3 Sep 2019 at 15:25

**Subject:** 3rd party claims SBL2222B

Hi motor claims dept.

we submit a 3rd party claims SBL2222B with attachment for your perusal.

Kind regards,

Loh Heng

Danny

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This email has been scanned by the Symantec Email Security.cloud service.  
For more information please visit <http://www.symanteccloud.com>

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## 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	02/09/2019 10:03
Date Of Accident	30/08/2019 15:30
Exact Location Of Accident	HEARTLAND MALL AT KOVAN CARPARK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBL2222B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	YONG JIN GIAP
NRIC No	S1121769I
Email Address	KELVINYONGSG@GMAIL.COM
Mobile Phone No	(LOCAL) +65-96288892
Alternative Phone No	OTHERS-96288892

### Vehicle Particulars

Manufacturer	CITROEN
Model	DS5 1.6 BLUEHDI
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	REPORTING ONLY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100497568-02
Cover Note Number	

### Driver

Name of Driver	YONG JIN GIAP
NRIC No	S1121769I
Date Of Birth	18/09/1955
Occupation	OUTDOOR
Date Of Driving Pass	18/12/1973
Driving Experience	45 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96288892
Fax Number	
Contact Number	OTHERS-96288892
EMail Address	KELVINYONGSG@GMAIL.COM

Address	5 LENTOR CRESCENT
Postcode	786672
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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?	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

PLEASE REFER TO SKETCH PLAN.

#### 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	SMC9816J
Vehicle Make/Model/Colour	BMW
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	



# **SKETCH PLAN**

## **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:  
- 2 SEP 2019

10:03 AM

Driver's Signature

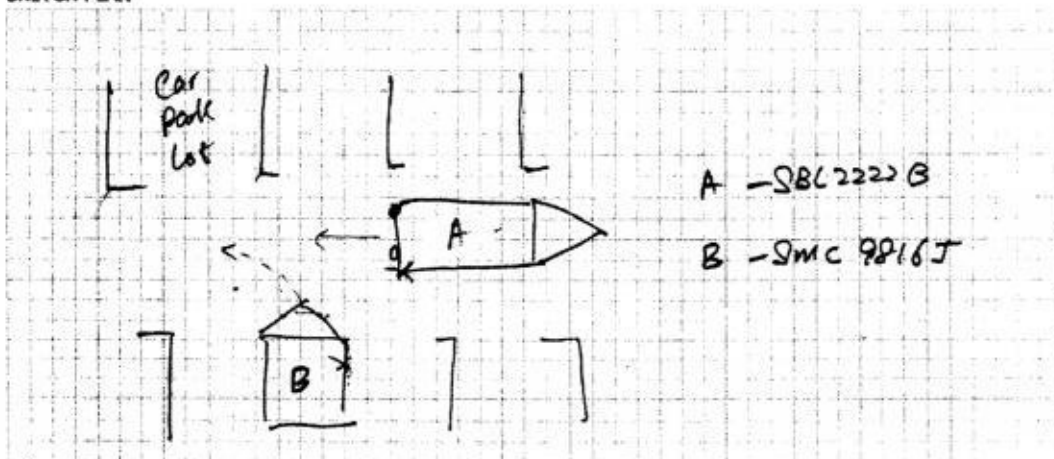
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name: Poh Kwee Choo  
NRIC/FIN No.: S6840583A

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On AUG 30' 2019, around 3.30 pm at Heartland Mall, Kovan car park, I was waiting for Car Park Lot, my car number SBL 2222 B, and when the lot available, I reversed my car and was hit by car SMC 9816 J

DECLARATION

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

*K. Wye*  
Policyholder's Signature  
Date & Time: 2 SEP 2019

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

*[Signature]*  
Reporting Centre Personnel's Signature  
Name: Poh Kwee Choo  
NRIC/FIN No: S8840583A



6 Raffles Quay #18-00 Singapore 048580  
Tel (65) 6224 0010 Fax (65) 6224 0030  
Operating Hours: Monday to Friday, 09:00 - 17:00  
URM 948890006 / 001 Reg. No. M480017735

**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: M48M19115468-01 Vehicle Registration No: SBL22228  
Name (as shown in NRIC): YONG JIN GIAP NRIC/FIN/Passport No: S112176912  
(\*Vehicle Driver / Vehicle Owner) (\*Please delete as appropriate)  
Address: 5 Lorfar Crescent Singapore 788674  
Contact (Tel): \_\_\_\_\_ Mobile No.: 96288992  
Email Address: Kelvin.yong.sg@gmail.com  
Date of Accident: 31/08/2019 Time of Accident: 15:30  
Place of Accident: HEARTLAND MALL AT KOVAN CARPARK  
Insurance Company: AIG Asia Pacific 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:

"The accident date should be 31/08/2019. That's all."

Yong Jin Giap / Kelvin

Policyholder / Driver's Signature  
Date: 6/9/2019



Reporting  
Name: \_\_\_\_\_  
NRIC/FIN No: \_\_\_\_\_  
Date: 6 SEP 2019  
Signature

Automotive Repair Services  
Accident Insurance Claims

9-Mar-19

**China Tai Ping Insurance Pte Ltd**

Singapore

Attn. : Motor Claim Department

**Re : Estimated Quotation**

Vehicle No. SBL2222B (Citreon DS5)

S/N		Amount (\$\$)
<b>A</b>	<b>PART REPLACEMENT</b>	
	Rear bumper <i>Buckner</i>	\$ 1,290.00
	Rear right tail lamp <i>cm</i>	\$ 548.00
	Rear bumper bracket <i>main</i>	\$ 219.00
	Rear bumper reverse sensor <i>Scritshaw</i>	\$ 197.00
	Sub -total	\$ 2,254.00
	less <del>5%</del> <i>10%</i>	\$ 2,141.30
<b>B</b>	<b>LABOUR CHARGES</b>	
	To remove and refix new parts .knocking side panel	\$ 380.00
	Respray of damaged area	\$ 550.00
	<b>GRAND TOTAL OF A &amp; B</b>	<b>\$ 3,071.30</b>

Not marked  
11 P.m. @ 2050h  
Runway After Part  
2 days

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Block 176 #03-08 Sin Ming Autocare  
Sin Ming Drive  
Singapore 575721  
Tel : 64532237 / 64530797  
Fax : 64556384

## 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/CTI19015730/KQD3N2  
Date: 13/09/2019

## REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN19327919000	
Claimant Vehicle No :	SBL2222B	Insured Vehicle No :	SMC9816J	
Date of Loss:	31/08/2019	Nature of Claim:	TP	Claim No: SNM19D204138C02

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No:	SBL2222B	Engine No:	10JBHC3045623
Make & Model:	CITROEN DS5, 1.6 (A)	Chassis No:	VF7KFBHGTGS502833
Reg. Date:	16/01/2017 (Man. Year: 2016)	Odometer:	66027 km
Colour:	Metallic Blue		
Engine Capacity:	1560 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:	Steering (Serviceable):	Yes	Footbrake (Serviceable):	Yes
Handbrake (Serviceable):	Yes	Engine Modification:	No	Pre-accident Condition:

## CONDITION OF TYRES

Front Tyre Size:	225/50ZR17	Rear Tyre Size:	225/50ZR17
Front Left Side:	Michelin 5 mm	Rear Left Side:	Michelin 6 mm
Front Right Side:	Michelin 5 mm	Rear Right Side:	Michelin 6 mm

The above values represent the remaining tyre treads depth

## COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	2,141.30	2,028.60	112.70	5.26
Miscellaneous Items	0.00	0.00	0.00	
Labour	930.00	560.00	370.00	39.78
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>3,071.30</b>	<b>2,588.60</b>	<b>482.70</b>	<b>15.72</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>2,050.00</b>		
<b>Nett Amount (S\$)</b>	<b>3,071.30</b>	<b>2,050.00</b>	<b>1,021.30</b>	<b>33.25</b>

## INSPECTION

Date of Assignment:	10/09/2019	
Date Inspected:	05/09/2019	Inspected At: Loh Heng (HQ) 176 Sin Ming Drive, #03-08 Sin Ming Auto Care Singapore 575721
Estimated Period of Repair:	2.0 days	

Adjuster: KENNETH KONG

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

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 13 Sep 2019)
<b>Parts:</b> 144	CITROEN DS5 1.6 (A) (Catalogue:Merimen Singapore 1.0)
<b>Labour:</b> Repairer's	(Price-denominated Standard List)
<b>Print Code:</b> (Unsubmitted, no print-code for SBL2222B)	
<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		*REAR BUMPER	Buckled/Dented	1,290.00 FL	*1,290.00 FL
2	1		*REAR RIGHT TAIL LAMP	Cracked	548.00 FL	*548.00 FL
3	1		*REAR BUMPER RETAINER	Distorted	219.00 FL	*219.00 FL
4	1		*REAR BUMPER REVERSE SENSOR	Scratched/Shorted	197.00 FL	*197.00 FL

F=Franchise part. L=ListItemDisc.

<b>Sub Total (\$\$)</b>	<b>2,254.00</b>	<b>2,254.00</b>
<b>- List Item Discount on L Items 5.00/10.00% (\$\$)</b>	112.70	225.40
<b>Total Parts (\$\$)</b>	<b>2,141.30</b>	<b>2,028.60</b>

Report was unsubmitted during this print-out.

## Recommended Miscellaneous Items

There are no new miscellaneous items selected.

## Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
<b>Labour Items</b>				
1	TO RMEOVE AND REFIX NEW PARTS.KNOCKING SIDE PANEL	New	380.00	200.00
2	RESPRAY OF DAMAGED AREA	New	550.00	360.00
<b>Gross Labour Cost (\$\$)</b>			<b>930.00</b>	<b>560.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >