

ASS. REC. BY:

REF: CS/TM1 19015883/NVf3<sup>52</sup>

Special Instruction:

Survivor: NAZ

## ASSIGNMENT (Office)

From (Person): Eliza Ho Tung Boon of TM2 Date/Time: 6.9.19 17.42p.m

Estimated Cost:

Est to:

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

To Inspect Vehicle No: SHC 89386

Insured:

GW 7677Y

at Workshop m/s Comfortaigo

Tel:

6214 8300

of 59 Iyangan Drive

Policy No: MV010573

Claim No:

M1906949

Sum Insured:

Excess:

Make of Veh:

D.O.A.

6.9.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time:

9.9.19

0909.m

Person Contacted:

Jumadi

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SHC 89386 - CS/PC1 190055921 Ktd 3m2

D.O.A - 27/03/2019

GW 7677Y - CC4/ AxH 130092431 Grb3C3

D.O.A - 14/05/2013



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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	06 Sep 2019 Sendback Est	06 Sep 2019 15:44 S\$1,682.44	06 Sep 2019 17:42 Assign				<b>New Assignment</b> Cancel Case

Main	Reference	Claim Details	Documents	Show All
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## CLAIM SUBFOLDER DETAILS

Insured:	TOPCHOICE FOOD INDUSTRIES (S) PTE LTD, Co. Reg. No.: 200003107W		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHC8938G	Date of Loss:	06/09/2019 00:00 - :59 [40 Months and 23 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1906949	Policy/Cover Note No.:	MU010573 (Third Party Only) Coverage: 23/10/2018 - 22/10/2019
Vehicle Reg. No. (Insured):	GW7677Y	Policy No. (Claimant):	
		Excess:	S\$0.00
Reparer:	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 Ho Teng Boon Eliza]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6756-3561 ... [Final Rpt due 17/09/2019]		

## ASSOCIATED MAIL RECEIVED

[View All](#) [Compose Case Mail](#)

There are no mail for this case.

## ALL ASSOCIATED TASKS

[View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

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	06/09/2019 13:39
Date Of Accident	06/09/2019 11:25
Exact Location Of Accident	SLIP RD FROM OUTRAM RD TO CHIN SWEE RD (CTE)
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC8938G
<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	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	TAN BOON HIAN
NRIC No	S1744310J
Date Of Birth	07/09/1966
Occupation	OUTDOOR
Date Of Driving Pass	12/09/1986
Driving Experience	32 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96366829
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 201B COMPASSVALE DRIVE #10-523
Postcode	542201
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?	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?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER 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	GW7677Y
Vehicle Make/Model/Colour	VAN
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	RAJAMONJI JAYA CHANDRAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT
No. Of Passenger (Including Driver)	

#### DETAILS OF INJURED PERSON 1

Name	TAN BOON HIAN
Approximate Age	
Injuries Sustain	NECK AND BACK
Injured person in which vehicle?	SHC8938G
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

# 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.

COMPANY TRANSPORTATION PACE LTD  
100, ROBINSON ROAD, #04-01, SINGAPORE 068902

Policyholder's Signature  
Date & Time:

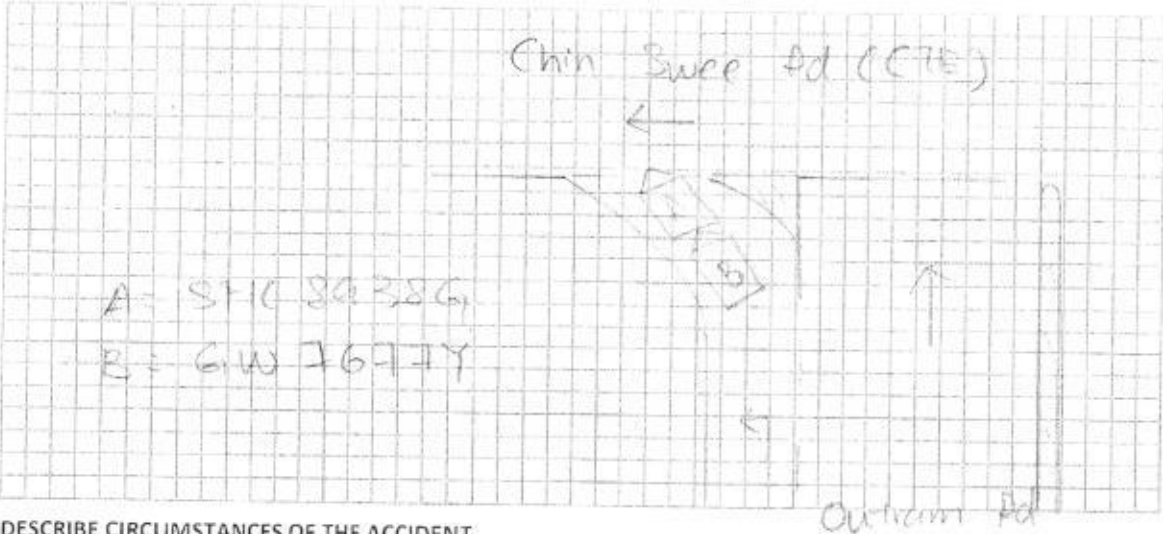
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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

GIA/MS Sketch Plan Form\_V3



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/9/19 at about 11:25hrs, my taxi veh A was stop at above said slip road waiting traffic to clear. Suddenly I felt an impact. Veh B came from behind collided onto the rear portion of my taxi. No passenger in my taxi. I suffered pain on neck and back, will consult doctor later on.

DECLARATION

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

COMPLINT INSURANCE POLICY LTD  
60, KEMAS, 109803213

Policyholder's Signature  
Date & Time:

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

Reporting Centre Personnel's Signature  
Name: *[Signature]* 6/9/19  
NRIC/FIN No.:



Date/Time: 06.09.2019 15:06

Page : 1

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305331104

OMER

IS COMFORT TRANSPORTATION PTE LTD

OMER NO. 7010045

IESS 383 SIN MING DRIVE  
Singapore SINGAPORE 575717

(R) 65508755

(O)

(P)

JUNT CARD NO.

REGN NO.:

SHC8938G

MILEAGE

MAKE :

HYUNDAI

FUEL

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

MODEL

I-40

DATE/TIME IN

06.09.2019 12:55

YR OF MANU.

14.04.2016

TARGET DATE

CHASSIS CODE

KMHLB41UMGU087467

COMPLETION DATE/TIME

Accident Date: 06.09.2019

NATURE: 3P 06.09.19

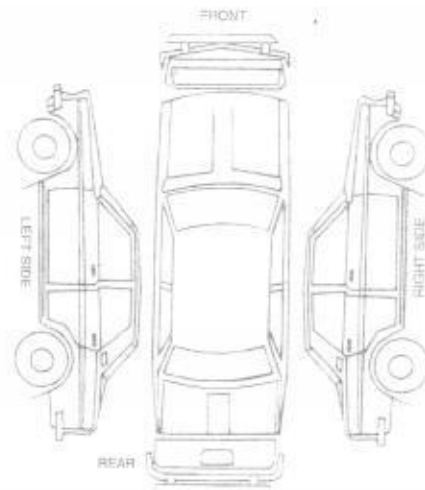
JOB DESCRIPTION

S/NO

LABOR CODE

DESCRIPTION

Henkook



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

Vo.: SHC8938G

JU TOKIO LKK

Vehicle No.:

SHC8938G

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 8938G

DATE 6/9/2019 14:28

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 553.00
	Rear Bumper Clip 10 pcs			\$ 22.00
	Rear Bumper Bracket		\$ 35.60	\$ 71.20
	Rear Bumper Reflector Lamp (RH)			\$ 30.60
	<b>SUB TOTAL</b>			<b>\$ 676.80</b>
	<b>LESS 20%</b>			<b>\$ 135.36</b>
	<b>DISCOUNTED TOTAL</b>		460	<b>\$ 541.44</b>
	Rear Bumper Advertisement Logo			\$ 50.00
	Rear Bumper Rubber Mat			\$ 50.00
	Rear Fender Advertisement Logo (LH/RH)		\$ 100.00	\$ 200.00
				<b>\$ 300.00</b>
	<b>Labour Charge</b>			
	Panel Beating			\$ 400.00
	Spray Painting Charge			\$ 300.00
	Wiring Charge			\$ 50.00
	Remove/Refix Reverse Sensor			\$ 80.00
	Merimen fee			400
	<b>TOTAL LABOUR</b>			<b>\$ 830.00</b>
	<b>ESTIMATE TOTAL</b>			<b>\$ 1,671.44</b>

NA 2 CLK  
6/9/19 1545  
LIS  
2 DAYS  
CHECK ITEM PHOTOS  
AFTER REPAIR PHOTOS

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

Acknowledged by Repairer

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.

Our Job Ref No 305331104

Date : 09/09/19

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

**FINALIZATION FORM**

To : LKK

Fax :

Attn : NAZ

: SHC8938G

Date of Accident : 06/09/19

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

1. The repair job shall bill to: TOKIO --- GW7677Y  
###
2. The finalized amount shall be:
  - (a) Spare Parts after List discount \_\_\_\_\_
  - (b) Labour Charges ### \_\_\_\_\_
  - Total for Part-By-Part Repair Cost** \_\_\_\_\_  
NI ###
  - (c.) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$1,000.00  
**Final Lumpsum Repair cost** \_\_\_\_\_

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 : JUMANI

Tel : 6214 8315

Fax : 65468156

Signature : 

Name : NAZ LKK

Date : 17/9/19

**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		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

\_\_\_\_\_

## Veron Chen (LKKAuto)

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**From:** Naz (LKKAuto)  
**Sent:** Tuesday, 17 September 2019 5:40 PM  
**To:** Jumani Bin Masudin  
**Cc:** SUR; Veron Chen (LKKAuto)  
**Subject:** Re: DOA.06.09.19 SHC8938G - FINALIZATION  
**Attachments:** FINALIZED.pdf

Dear Mr Jumarni,

Finalized Lump Sum Repair \$1,000.00 / 2 Repair Days subject to insurance approval.

Thank you.

Best Regards,

**Naz** | Technical Investigator

**LKK Auto Consultants**

Phone: 6841-2157 | Email: [Naz@lkkauto.com](mailto:Naz@lkkauto.com) | Fax: 6256-4315

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

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**From:** Jumani Bin Masudin <jumanibm@cdge.com.sg>  
**Sent:** Monday, 9 September 2019 6:17 PM  
**To:** Naz (LKKAuto) <Naz@lkkauto.com>  
**Subject:** DOA.06.09.19 SHC8938G - FINALIZATION

HI NAZ

Please expedite  
COR Lumpsum \$1000.00 and 02 days repair

Best Regards

**Jumani Masudin**

Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd  
Tel. 6214-8315 / Fax. 6546-8156

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**From:** canon@comfortdelgro.com.sg <canon@comfortdelgro.com.sg>  
**Sent:** Monday, 9 September 2019 6:14 PM  
**To:** Jumani Bin Masudin  
**Subject:** Scan Image

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	06 Sep 2019 <a href="#">Sendback Est</a>	06 Sep 2019 15:44 <b>\$S\$1,682.44</b>	06 Sep 2019 17:42 <a href="#">Edit Adj Rpt</a>	<b>\$S\$1,000.00</b> <a href="#">Edit Estimates</a>	<b>\$S\$1,000.00</b> <a href="#">View Rpt</a>		<b>Pending for Survey Report</b> <a href="#">Cancel Case</a>

Main	Reference	Claim Details	Documents	<a href="#">Show All</a>
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#### CLAIM SUBFOLDER DETAILS

Insured:	TOPCHOICE FOOD INDUSTRIES (S) PTE LTD, Co. Reg. No.: 200003107W		
Main Claimant:	CTPL		
Vehicle Reg. No.:	SHC8938G	Date of Loss:	06/09/2019 00:00 - :59 [40 Months and 23 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP / M1906949	Policy/Cover Note No.:	MU010573 (Third Party Only) Coverage: 23/10/2018 - 22/10/2019
Vehicle Reg. No. (Insured):	GW7677Y	Policy No. (Claimant):	
		Excess:	\$S\$0.00
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 Ho Teng Boon Eliza]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by Muhammad Nazril Bin Abdullah] ... [Final Rpt due 17/09/2019]		

#### ASSOCIATED MAIL RECEIVED

[View All](#)
[Compose Case Mail](#)

There are no mail for this case.

#### ALL ASSOCIATED TASKS

[View All](#)
[Search Tasks](#)
[Create New Task](#)
[Complete](#)

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									



SHC8938G (M1906949)  
[GW7677Y]  
TP  
CTPL  
Sep 6 2019 12:00AM  
[TOPCHOICE FOOD INDUSTRIES (S) PTE LTD]  
ComfortDelGro Engineering Pte Ltd

## Documents Checklist

[https://singapore.merimen.com/claims/index.cfm?fusebox=MTRdoc&fuseaction=dsp\\_docview&domainid=1&objid=863886&extid=316142&corole...](https://singapore.merimen.com/claims/index.cfm?fusebox=MTRdoc&fuseaction=dsp_docview&domainid=1&objid=863886&extid=316142&corole...) 1/2





## 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/TMI19015883/NVF3S2

Date: 18/09/2019

## REFERENCE

Handling Insurer: Tokio Marine Insurance Singapore Ltd

Policy No: MU010573

Claimant Vehicle No : SHC8938G

Insured Vehicle No : GW7677Y

Date of Loss: 06/09/2019

Nature of Claim: TP

Claim No: M1906949

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SHC8938G

Make &amp; Model: HYUNDAI I40, 1.7 D CRDi (A)

Engine No: D4FDFU609886

Reg. Date: 14/04/2016 (Man. Year: 2016)

Chassis No: KMHLB41UMGU087467

Colour: Blue

Odometer: 352742 km

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: Fair Steering (Serviceable): Yes

Footbrake (Serviceable): Yes

Handbrake (Serviceable): Yes

Engine Modification: No

Pre-accident Condition: Average

## CONDITION OF TYRES

Front Tyre Size: 205/60R16

Rear Tyre Size: 205/60R16

Front Left Side: Hankook 6 mm

Rear Left Side: Hankook 6 mm

Front Right Side: Hankook 6 mm

Rear Right Side: Hankook 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	841.44	760.00	81.44	9.68
Miscellaneous Items	11.00	11.00	0.00	0.00
Labour	830.00	460.00	370.00	44.58
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>1,682.44</b>	<b>1,231.00</b>	<b>451.44</b>	<b>26.83</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>1,000.00</b>		
<b>(S\$)</b>	1,682.44	1,000.00	682.44	40.56
<b>+ GST 7.00/7.00% (S\$)</b>	117.77	70.00	47.77	40.56
<b>Nett Amount (S\$)</b>	<b>1,800.21</b>	<b>1,070.00</b>	<b>730.21</b>	<b>40.56</b>

## INSPECTION

Date of Assignment: 06/09/2019 Present Location:

ComfortDelGro Engineering Pte Ltd (Loyang)

Date Inspected: 06/09/2019 Inspected At:

ComfortDelGro Engineering Pte Ltd (Loyang)

59 Loyang Drive

Singapore 508969

Estimated Period of Repair: 2.0 days

Adjuster: Muhammad Nazril Bin Abdullah

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

### Reference

<b>Part Source:</b>	MRM-SG	Version: 1.0 (Last Synchronised: 18 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 SHC8938G)	
<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 ASSY	Deformed	553.00 FL	*553.00 FL
2	10		*REAR BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
3	2		*REAR BUMPER SIDE BRACKET (LH/ RH)	Serviceable	71.20 FL	*- FL
4	1		*REAR BUMPER REFLECTOR LAMP RH	Serviceable	30.60 FL	*- FL
5	1		*REAR BUMPER MAT	Necessary	50.00 F	*50.00 FS
6	1		*REAR BUMPER ADVERTISEMENT LOGO	Necessary	50.00 F	*50.00 FS
7	2		*REAR FENDER ADVERTISEMENT LOGO	Necessary	200.00 F	*200.00 FS
					<b>Sub Total (S\$)</b>	<b>976.80 875.00</b>
					<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>135.36 115.00</b>
					<b>Total Parts (S\$)</b>	<b>841.44 760.00</b>

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	400.00	200.00
2	SPRAYPAINT	New	300.00	200.00
3	WIRING	New	50.00	30.00
4	REMOVE/REFIX REVERSE SENSOR	New	80.00	30.00
Gross Labour Cost (S\$)			830.00	460.00

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