

ASS. REC. BY:

REF: CS/CT119016462/R2s f301 Special Instruction:

Survivor: Rasul ASSIGNMENT (Office)From (Person): Irwan Dwi Hui Ping of CTI Date/Time: 18.9.19 9.08a.m

Estimated Cost: _____ Bill to: _____

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

To Inspect Vehicle No: XE 1393Z Insured: YQ 814Hat Workshop m/s ASM Automotive Tel: 62658806of NO 13 Pionear sector 1Policy No: _____ Claim No: SNM19D204308C02

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 11-9-2019
(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 18.9.19 10.33a.m Person Contacted: Jacqueline H.O.D. Endorsement: _____Vehicle- IN OUT

Date/Time	Action/Instruction (<input checked="" type="checkbox"/>) Estimate
	<u>XE 1393Z - X</u>
	<u>YQ 814H - X</u>
<u>26/12/19</u>	<u>@ 15:56 pm checked with Jaclyn, pending spare parts and will be delivery by shipping. vehicle has not repair.</u>

ASS. REC. BY:

REF: 092

331K

ASSIGNMENT

From: _____ Date: 23.10.2019

Estimated Cost: _____

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

To Inspect Vehicle No: XE 13932

at Workshop m/s ASM Auto motive

of 13 Pioneer Sector 1

Insured: _____

Policy No: _____

Claims No: _____

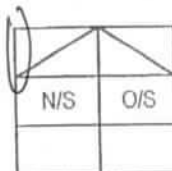
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 400p.m Owner way

(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: _____ days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

24"

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: XE 13932 Yr Regn: 2016 / FEB

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

Truck / Trailer or

Make: SHACMAN SX418FD7 C.C. 10824

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

Sp. Reading: 245207 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: LZG J00714FX002167

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 315/80 R22.5

R: 22"

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

TOYO / YOKO or WESTLAK

Front

Rear

R/Bal. 8 mm R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. 11/09/19 D.O.I. 23/10/19

Survey held at ASM

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

N/S FRT

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

Date / Time Action / Instruction

RECEIVED 27 DEC 2019

Date/Time, File Pass to?

27/12/19

1) Type

Date/Time, File Return to?

2)

Rep. Form: Pref.

Lump Sum / U/C /

Days Of Repair: 4

Resurvey No. of Trip: 1

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

Survey Fee: 270

Transportation:

S + RS. \$

Photos

Others

TOTAL

270

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	18 Sep 2019		18 Sep 2019 09:08 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
CLAIM SUBFOLDER DETAILS [Created by insurer]				
Insured:				
Main Claimant: HONG FONG LOGISTIC PTE LTD				
Vehicle Reg. No.: XE1393Z		Date of Loss: 11/09/2019 07:00 - :59		
Claim Type: TP / SNM19D204308C02		Policy/Cover Note No.: DMCVSN19190119000		
Vehicle Reg. No. (Insured): YQ814H		Policy No. (Claimant):		
		Excess: S\$0.00		
Repairer: ASM Automotive Services Pte Ltd (HQ) No.13 Pioneer Sector 1, 628424 Pioneer - Tel: 62658806/62650980				
Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]				
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 27/09/2019]				
Adj Asg. Remarks: PLEASE SURVEY AND REVERT				
ASSOCIATED MAIL RECEIVED View All Compose Case Mail				
There are no mail for this case.				
<div> <div>ALL ASSOCIATED TASKS</div> <div> <div>View All</div> <div>Search Tasks</div> <div>Create New Task</div> <div>Complete</div> </div> <div> <div>Due Date</div> <div>Priority</div> <div>Type</div> <div>Task Group</div> <div>Subject</div> <div>Handler</div> <div>Assigned By</div> <div>Completed On</div> <div>Created On</div> <div>Done?</div> </div> </div>				
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	11/09/2019 18:26
Date Of Accident	11/09/2019 07:00
Exact Location Of Accident	ALONG TUAS ROAD ROUNDABOUT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	XE1393Z
Insured/Policyholder	
Name Of Registered Owner	HONG FONG LOGISTIC PTE. LTD.
Co Reg No	200606331K
Email Address	TEAM@HONGFONGLOG.COM
Mobile Phone No	
Alternative Phone No	OFFICE-68978768

Vehicle Particulars

Manufacturer	SHACMAN
Model	SX418FJU361RC-10.8 D (M)
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	VFX/P1569374
Cover Note Number	

Driver

Name of Driver	ZHANG RENFENG
Passport No/FIN	G8253088L
Date Of Birth	11/02/1975
Occupation	OUTDOOR
Date Of Driving Pass	04/08/2009
Driving Experience	10 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-82835518
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NIL
Postcode	
Was driver an employee of the Insured's Company	YES
If No, Relationship of the Driver with the Insured	
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - ROUNDABOUT
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)	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 TO THE ATTACHED STATEMENT.

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	YQ814H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	MIAH MOHAMMAD SUJON
NRIC/Passport Number	G2500016T
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

1 3 6

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

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

On 11/09/2019, around 0700 hrs, I was travelling along Tuas Road Roundabout
from PIE. I was on the inner lane and I wished to exit to Tuas Avenue 2.
As I passed by Tuas Road exit, I noticed that there was a vehicle
on the outer lane, getting closer to my vehicle and trying to cut into my
lane. Immediately I applied brake, however, the vehicle collided onto my
vehicle's front left portion with its right portion.
No injury. That's all.
I am working for Hong Kong Logistics Pte Ltd and was using the vehicle
for working purpose at the time of accident.

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



張

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

Sketch Plan #3





ASM Automotive Services Pte Ltd

No 13, Pioneer Sector 1, Singapore 628424
Main Line: 6265 0980 Fax: 6265 6068
Email: enquiry@asmauto.com.sg
Co. / GST Reg. No.: 201203813C



FROM : Jaclyn Lai
TEL. NO. : 6265-0026 / 9236-8218
EMAIL : jaclynlai@asmauto.com.sg

TO : China Taiping Insurance (Sg) P/L
ATTN : Motor Claim Department
TEL. NO. : 6389-6111 (main)
EMAIL : claimsdept@sg.cntaiping.com

CC : Hong Fong Logistic Pte Ltd
ATTN : Marcus Tan

DATE : 17.09.2019

VEHICLE NO. : XE 1393 Z
MODEL NO. : SHACMAN SX418FDT321RC
CHASSIS NO. : LZGJDDT14FX002167
ENGINE NO. : 71036524ISM11E5385
LTA REG DATE : 16.02.2016

CLAIM TYPE : Third Party - YQ 814 H
D.O.A : 11.09.2019
CLAIM REF NO. : asm/AC19082/JL

Quotation for Accident Repair

S/N	SPARE PARTS	QUANTITY	UNIT PRICE	AMOUNT
1	Corner panel, LH outer MIS ✓	1	\$ 430.00	\$ 430.00
2	Corner panel, LH inner MIS ✓	1	\$ 360.00	\$ 360.00
3	Front bumper bt ✓	1	\$ 2,600.00	\$ 2,600.00
4	Headlamp assy, LH sc ✓	1	\$ 1,800.00	\$ 1,800.00
5	Side bumper, LH de ✓	1	\$ 130.00	\$ 130.00
6	Step panel, LH cr ✓	1	\$ 330.00	\$ 330.00
SUB-TOTAL :				\$ 5,650.00
LESS 10% :				\$ 565.00
BALANCE :				\$ 5,085.00

LABOUR CHARGES

1 To remove and replace damaged parts, realignment etc. (\$350 x 5 days)	\$ 1,750.00 700
2 Spray painting	\$ 500.00 400
TOTAL LABOUR :	\$ 2,250.00

GRAND TOTAL : \$ 7,335.00

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:

Handwritten notes:
24/10/19
Hp 90010068
4 days
L/S
23/10/19 @ 1630
Resay after repair

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

CLAIM SUBFOLDER TRACKING							
Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	18 Sep 2019		18 Sep 2019 09:08 Edit Adj Rpt	S\$6,185.00 Edit Estimates	S\$6,185.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by insurer]									
Insured: -, Co. Reg. No.: -									
Main Claimant: HONG FONG LOGISTIC PTE LTD									
Vehicle Reg. No.: XE1393Z		Date of Loss: 11/09/2019 07:00 - :59 [42 Months and 26 Days From LTA Reg Date (Man Yr)]							
Claim Type: TP / SNM19D204308C02		Policy/Cover Note No.: DMCVSN19190119000							
Vehicle Reg. No. (Insured): YQ814H		Policy No. (Claimant):							
		Excess: S\$0.00							
Repairer: ASM Automotive Services Pte Ltd (HQ) No.13 Pioneer Sector 1, 628424 Pioneer - Tel: 62658806/62650980									
Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by MOHD RASUL] ... [Final Rpt due 27/09/2019]									
Adj Asg. Remarks: PLEASE SURVEY AND REVERT									
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.									

Claim Documents

***XE1393Z (SNM19D204308C02)**
[YQ814H]

TP

HONG FONG LOGISTIC PTE LTD










































Sep 11 2019 7:00AM

[-]

ASM Automotive Services Pte Ltd

Upload Documents | Upload Photos | Compose New Letter

View View in Browser v

Photos/Images			3 per page	<input checked="" type="checkbox"/>
No	Relabel/Reorder	LKK Auto Consultants Pte Ltd (HQ)	Thumbnail	Print
1	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>
2	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>
3	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>
4	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>
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20	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>
21	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>
22	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>
23	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>
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25	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>
26	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>
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31	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>
32	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>
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40	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>
41	27/12/19 09:07	General View	 Load JPG	<input checked="" type="checkbox"/>

Documents Checklist

DOCUMENTS CHECKLIST	Reset	Save	Print
There are no document checklists configured.			
Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)			
<div></div>			
Show Remarks To: <input type="checkbox"/> Handling Insurer			
<small>Note: Remarks are private unless you show it to other parties.</small>			

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/CTI19016462/R1SF3E2

Date: 15/01/2020

REFERENCE

Handling Insurer: China Taiping Insurance (Singapore) Pte. Ltd. Policy No: DMCVSN19190119000

Claimant Vehicle No : XE1393Z Insured Vehicle No : YQ814H

Date of Loss: 11/09/2019 Nature of Claim: TP Claim No: SNM19D204308C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No: XE1393Z

Make & Model: SHACMAN SX418FJU361RC, 10.8 D (M) Engine No: 71036524ISM11E5385

Reg. Date: 16/02/2016 (Man. Year: 2015) Chassis No: LZGJDDT14FX002167

Colour: White Odometer: 245207 km

Engine Capacity: 10824 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: 315/80 R22.5 Rear Tyre Size: 315/80 R22.5 (D)

Front Left Side: West Lake 8 mm Rear Left Side: West Lake 8/8 mm

Front Right Side: West Lake 8 mm Rear Right Side: West Lake 8/8 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	5,085.00	5,085.00	0.00	0.00
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,250.00	1,100.00	1,150.00	51.11
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Gross Total (S\$)	7,335.00	6,185.00	1,150.00	15.68
+ GST 7.00/7.00% (S\$)	513.45	432.95	80.50	15.68
Nett Amount (S\$)	7,848.45	6,617.95	1,230.50	15.68

INSPECTION

Date of Assignment: 18/09/2019

Date Inspected: 23/10/2019 Inspected At: ASM Automotive Services Pte Ltd (HQ)
No.13 Pioneer Sector 1
Singapore 628424

Estimated Period of Repair: 4.0 days

Adjuster: MOHD RASUL

Manager: Hiew May Fung

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.

THE VEHICLE HAS NOT SEND IN FOR REPAIRS.

(REPAIR COST NOT CONCLUDE)

REPAIR DETAILS

Reference		
Part Source:	(Last Synchronised: 15 Jan 2020)	
Parts:	N/A	SHACMAN SX418FJU361RC 10.8 D (M) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for XE1393Z)	
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		*CORNER PANEL, LH OUTER	Missing	430.00 FN	*430.00 FN
2	1		*CORNER PANEL, LH INNER	Missing	360.00 FN	*360.00 FN
3	1		*FRONT BUMPER	Bent	2,600.00 FN	*2,600.00 FN
4	1		*HEADLAMP ASSY, LH	Scratched	1,800.00 FN	*1,800.00 FN
5	1		*SIDE BUMPER, LH	Deformed	130.00 FN	*130.00 FN
6	1		*STEP PANEL, LH	Cracked	330.00 FN	*330.00 FN

F=Franchise part. N=NetItemDisc.

Sub Total (S\$)	5,650.00	5,650.00
- Nett Item Discount on N Items 10.00/10.00% (S\$)	565.00	565.00
Total Parts (S\$)	5,085.00	5,085.00

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
<u>Labour Items</u>				
1	TO REMOVE AND REPLACE DAMAGED PARTS, REALIGNMENT ETC (\$350 X 5 DAYS)	New	1,750.00	700.00
2	SPRAY PAINTING	New	500.00	400.00
Gross Labour Cost (S\$)			2,250.00	1,100.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >