

ASS. REC. BY:

REF: CS/CT2 190167411 TISf3

Special Instruction:

Survivor: TAUfik

## ASSIGNMENT (Office)

From (Person): Irnan Day Hui Pingof CT2Date/Time: 23.9.19 15:15 p.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHA 8753H

Insured:

GBJ 175C

at Workshop m/s

Ding Automotive

Tel:

93299929

of

B11C 10 #01-20 sin ming Ind GA SEC C

Policy No:

Claim No:

SNM19D 24430C02

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

19.9.2019

CA / REV / REP. / REV 24 HRS

mup

H.O.D. Endorsement:

Date/Time:

23.9.19 3.23 p.m

Person Contacted:

Guang

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate 31 Corporation RoadSHA 8753H - CS/FCI 12104924 / R1/m2D:CH - 14/03/2018GBJ 175C - <

ASS. REC. BY:

REF:

## 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:

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

Guay

Veh No:

SMA87534 (r Regn: 2017, Jan

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

Truck / Trailer or

Make:

Hyundai I40

c.c.

1685

Colour:

Yellow

A/C: Insured / Std / NI / NA

Sp. Reading

389 327

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

KM HL B41 UM H4097825

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

205/60KL

R:

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

TOYO / YOKO or

Westlake

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

23/9/19

Survey held at

Ding Wai

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

27/9/19

4581500, 3 days email to Guay  
(£ 2,262.40 Red - 60%)

RECEIVED 00 SEP 2019

Date/Time, File Pass to?

27/09/19

1)

Typical

Date/Time, File Return to?

2)

Pop. Formet:

Lump Sum / P.P.R.G

1,500/- 45

Days Of Repair:

3

Resurvey No. of Trip:

1

Survey Fee:

Transportation:

S + RS. \$

Photos

Others

TOTAL

220

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

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

## CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	23 Sep 2019		23 Sep 2019 15:15 Assign				<b>New Assignment</b> Cancel Case

Main	Reference	Claim Details	Documents	Show All					
<b>CLAIM SUBFOLDER DETAILS</b>			<b>[Created by insurer]</b>						
Insured:									
Main Claimant:		CITYCAB PTE LTD							
Vehicle Reg. No.:		SHA8753H	Date of Loss:	19/09/2019 07:00 - :59					
Claim Type:		TP / SNM19D204430C02	Policy/Cover Note No.:	DMCSV18387818000					
Vehicle Reg. No. (Insured):		GBJ175C	Policy No. (Claimant):						
		Excess:	S\$0.00						
Repairer:		Ding Automotive Pte Ltd (SIN MING) BLK 10 #01-20 SIN MING, IND EST SEC C, 575645 Sin Ming - Tel:							
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 02/10/2019]							
Adj Asg. Remarks:		PLEASE SURVEY AND REVERT							
<b>ASSOCIATED MAIL RECEIVED</b>			<b>View All</b> <b>Compose Case Mail</b>						
There are no mail for this case.									
<b>ALL ASSOCIATED TASKS</b>									
<div> <div>View All</div> <div>Search Tasks</div> <div>Create New Task</div> <div>Complete</div> </div>									
Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

RE: 50112039 / SHA8753H - Finalize Amount & After Repair Photo .  
(DOA:20/09/2019)

Taxis Customer Service <taxiscs@stengg.com>

Fri 27/9/2019 2:11 PM

To: Taufikh (LKKAuto) <Taufikh@lkkauto.com>

Cc: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>

Dear Taufikh,

Ok, Noted.

Thank You

Best Regards,

Guang

Ding Automotive Pte Ltd

Hp : 93299929 / 62657130

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**From:** Taufikh (LKKAuto) <Taufikh@lkkauto.com>

**Sent:** Friday, September 27, 2019 10:41 AM

**To:** Taxis Customer Service <taxiscs@stengg.com>

**Cc:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>

**Subject:** RE: 50112039 / SHA8753H - Finalize Amount & After Repair Photo . (DOA:20/09/2019)

\*\*\*WARNING! THIS EMAIL ORIGINATES FROM OUTSIDE ST ENGINEERING.\*\*\*

Hi Guang,

COR I/s\$1500 , 3 days.

Regards

Taufih

Lkk Auto

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**From:** Taxis Customer Service [mailto:taxiscs@stengg.com]

**Sent:** Thursday, 26 September 2019 4:30 PM

**To:** Taufikh (LKKAuto)

**Cc:** dd.hashim@dingauto.sg; Claims@dingautomotive.com.sg; kelly.ding@dingauto.sg; Asher Sng (LKKAuto);  
SUR; CS A Team; Admin A

**Subject:** 50112039 / SHA8753H - Finalize Amount & After Repair Photo . (DOA:20/09/2019)

Dear Taufikh ,

Please see below for the finalize according to our conversion to finalize for SHA8753H

Please refer attachment Estimate & After Paint for SHA8753H

Lump Sum Repair

Total Repair - 03 Days

Labour = \$1200

S/n = \$320

## 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	20/09/2019 12:29
Date Of Accident	20/09/2019 07:45
Exact Location Of Accident	ALONG BENOI ROAD TOWARDS JOO KOON CIRCLE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA8753H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40-1.7 D CRDI (A)

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-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	CHIA YONG KWANG
NRIC No	S1729589F
Date Of Birth	19/05/1965
Occupation	OUTDOOR
Date Of Driving Pass	22/07/1985
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-96914039
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	APT BLK 408 JURONG WEST STREET 42 #08-675 SINGAPORE
Postcode	640408
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RELIEF
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?	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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : FEMALE

#### 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 ATTACHMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	GBJ175C
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	GOODS VEHICLE
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

Accident Sketch Plan Pg. 1

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.

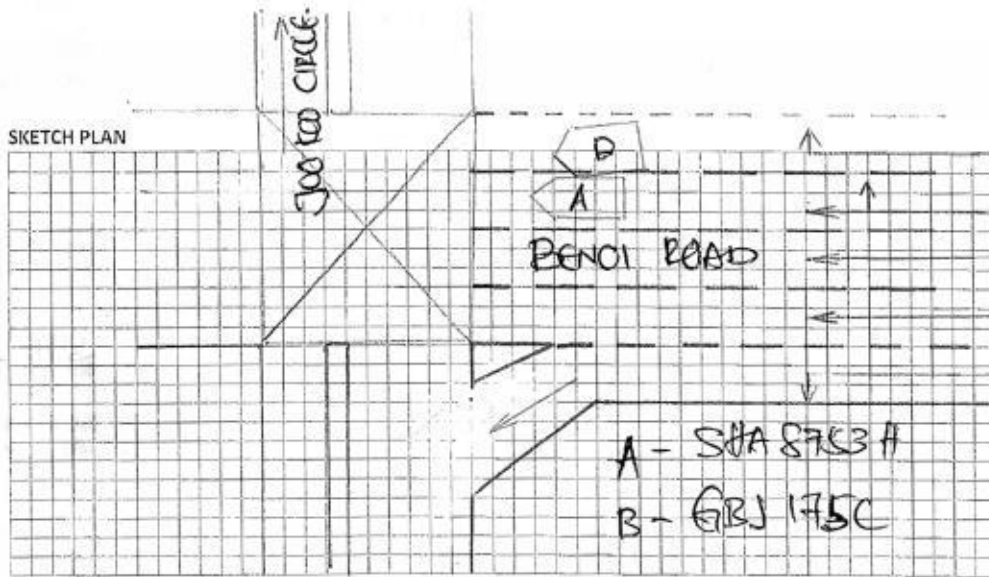
Policyholder's Signature  
Date & Time:

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

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



# Accident Sketch Plan Pg. 2



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 20/9/19 ABOUT 07:45 HOURS I WAS TRAVELING WITH MY TAXI (SHA 8753A) ALONG BENOI ROAD TOWARDS JOO KOON CIRCLE. AT TIME I PASSENGER ON BOARD. WHILE IM ON WAY JUST BEFORE TURNING TO JOO KOON CIRCLE, 1 VAN (GBJ 175C) CUT INTO MY LANE AND SIDE SWIPE MY VEHICLE RAS BODY. AFTER WHILE OF TRICK SCENT PICTURE AND PROCEED FOR INSURANCE CLAIM REPORT. NO INJURIES WAS INVOLVED.

## 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: VAN.  
NRIC/FIN No.:

TO :

FAX NO:

**ESTIMATE REPORT** 1ST Quotation

20/09/2019 13:29

JOB-NO: 50112039

**OWNER'S PARTICULARS**NAME: CityCab PTE LTD (Fleet)  
ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0CONTACT: 65533880  
64739522

Page 1 of 2

**VEHICLE DETAILS**LICENSE NO: SHA8753H  
MAKE / MODEL: HYUNDAI / i40

TRANS: AUTO

CHASSIS: KMHLB41UMHU097825  
ENGINE: D4FDGU701159OWNER'S INSURER: MS First Capital Insurance Limited  
JOB-CODE: TP SA: Ding Auto User 1**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<b>LABOUR</b>							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	1,000.00	0.00	1,000.00		Y	500
2 R&R REAR RHS DOOR COMPONENT	1.00	150.00	0.00	150.00		Y	X 7
3 R&R FRONT RHS DOOR COMPONENT	1.00	150.00	0.00	150.00		Y	X 7
4 R&R REAR PASSENGER SEAT, SEAT BELT TO REPAIR FENDER	1.00	150.00	0.00	150.00		Y	X 7
5 RESPRAY FRONT RHS DOOR	1.00	250.00	0.00	250.00		Y	200
6 RESPRAY REAR RHS DOOR	1.00	250.00	0.00	250.00		Y	200
7 CHECK & TEST DRIVE FOR NOISE AFTER REPAIR DOORS	1.00	80.00	0.00	80.00		Y	X 10
8 RESPRAY RHS SIDE SKIRT	1.00	200.00	0.00	200.00		Y	100
9 RESPRAY REAR BUMPER	1.00	200.00	0.00	200.00		Y	200
TOTAL:		2,430.00	0.00	2,430.00			1200
<b>MATERIALS</b>							
1 REPAIR REAR RHS FENDER	1.00	0.00	0.00	0.00	L	Y	LY
2 REPAIR REAR RHS DOOR	1.00	0.00	0.00	0.00	L	Y	LY
3 REPAIR FRONT RHS DOOR	1.00	0.00	0.00	0.00	L	Y	LY
4 REAR RHS WHEEL CAP	1.00	265.20	53.04	212.16	L	Y	wt
5 FRONT RHS DOOR HANDLE	1.00	168.90	33.78	135.12	L	Y	wt
6 SIDE SKIRT RHS	1.00	481.40	96.28	385.12	L	Y	RY
7 REAR RHS DOOR (GOGGLE PLAY) STICKER	1.00	150.00	0.00	150.00	S	Y	80 wt
8 REAR RHS DOOR (APP STORE) STICKER	1.00	150.00	0.00	150.00	S	Y	80 wt
9 REAR RHS DOOR (BOOK NOW + COMFORTDELGRO) STICKER	1.00	150.00	0.00	150.00	S	Y	80 wt
10 FRONT RHS DOOR (COMFORT DELGRO) STICKER	1.00	150.00	0.00	150.00	S	Y	80 wt
TOTAL:		1,515.50	183.10	1,332.40			347.28
TOTAL PARTS & LABOUR:		3,945.50	183.10	3,762.40			320

EXCESS/LOADING: S\$ 0.00

No. Of Day:

RE-SURVEY: BEFORE/AFTER PAINTING  
PART-BY-PART OR LUMP SUM: S\$

DATE OF SURVEY: 23/9/19

SURVEYED BY: Tanpin

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
-------------	-----	--------------	----------	------------	-----	----------	-----------

CONTACT NO:

974 95744

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto001

Ding Auto User 1

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

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:

# 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/CT19016741/T1SF3N2

Date: 04/10/2019

### REFERENCE

<b>Handling Insurer:</b>	China Taiping Insurance (Singapore) Pte. Ltd.	<b>Policy No:</b>	DMCSV18387818000
<b>Claimant Vehicle No :</b>	SHA8753H	<b>Insured Vehicle No :</b>	GBJ175C
<b>Date of Loss:</b>	20/09/2019	<b>Nature of Claim:</b>	TP
		<b>Claim No:</b>	SNM19D204430C02

### DESCRIPTION & IDENTIFICATION OF VEHICLE

<b>Reg No:</b>	SHA8753H	<b>Engine No:</b>	D4FDGU701159
<b>Make &amp; Model:</b>	HYUNDAI I40, 1.7 D CRDi (A)	<b>Chassis No:</b>	KMHLB41UMHU097825
<b>Reg. Date:</b>	05/01/2017 (Man. Year: 2016)	<b>Odometer:</b>	389327 km
<b>Colour:</b>	Yellow		
<b>Engine Capacity:</b>	1685 cc		
<b>Market Value/New Car Price:</b>	N/A		
<b>Sum Insured (\$\$):</b>	Market Value/New Car Price		

### CONDITION OF VEHICLE AT THE TIME OF SURVEY

<b>General Condition:</b>	<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>

### CONDITION OF TYRES

<b>Front Tyre Size:</b>	205/60R16	<b>Rear Tyre Size:</b>	205/60R16
<b>Front Left Side:</b>	West Lake 6 mm	<b>Rear Left Side:</b>	West Lake 6 mm
<b>Front Right Side:</b>	West Lake 6 mm	<b>Rear Right Side:</b>	West Lake 6 mm

The above values represent the remaining tyre treads depth

### COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	1,332.40	667.28	665.12	49.92
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,430.00	1,200.00	1,230.00	50.62
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (\$\$)</b>	<b>3,762.40</b>	<b>1,867.28</b>	<b>1,895.12</b>	<b>50.37</b>
<b>Approved Total (Overridden) (\$\$)</b>		<b>1,500.00</b>		
<b>(\$\$)</b>	3,762.40	1,500.00	2,262.40	60.13
<b>+ GST 7.00/7.00% (\$\$)</b>	263.37	105.00	158.37	60.13
<b>Nett Amount (\$\$)</b>	<b>4,025.77</b>	<b>1,605.00</b>	<b>2,420.77</b>	<b>60.13</b>

### INSPECTION

**Date of Assignment:** 23/09/2019  
**Date Inspected:** 23/09/2019 **Inspected At:**

31 CORPORATION ROAD  
 REPAIRER: DING AUTO PTE LTD  
 BLK 10 #01-20 SIN MING IND EST  
 SEC C  
 SINGAPORE 575645

**Estimated Period of Repair:** 3.0 days**Adjuster:** MOHD TAUFIKH BIN HAMID**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.*

## REPAIR DETAILS

### Reference

<b>Part Source:</b> MRM-SG	Version: 1.0 (Last Synchronised: 03 Oct 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 SHA8753H)	
<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 RHS FENDER (NPA)	Repair	0.00 FL	*- FL
2	1		*REAR RHS DOOR (NPA)	Repair	0.00 FL	*- FL
3	1		*FRONT RHS DOOR (NPA)	Repair	0.00 FL	*- FL
4	1		*REAR RHS WHEEL CAP	Cut	265.20 FL	*265.20 FL
5	1		*FRONT RHS DOOR HANDLE	Cut	168.90 FL	*168.90 FL
6	1		*SIDE SKIRT RHS	Repair	481.40 FL	*- FL
7	1		*REAR RHS DOOR (GOGGLE PLAY) STICKER	Cut	150.00 FS	*80.00 FS
8	1		*REAR RHS DOOR (APP STORE) STICKER	Cut	150.00 FS	*80.00 FS
9	1		*REAR RHS DOOR (BOOK NOW+COMFORTDELGRO) STICKER	Cut	150.00 FS	*80.00 FS
10	1		*FRONT RHS DOOR (COMFORTDELGRO) STICKER	Cut	150.00 FS	*80.00 FS

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

<b>Sub Total (S\$)</b>	<b>1,515.50</b>	<b>754.10</b>
<b>- List Item Discount on L Items 20.00/20.00% (S\$)</b>	<b>183.10</b>	<b>86.82</b>
<b>Total Parts (S\$)</b>	<b>1,332.40</b>	<b>667.28</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	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	New	1,000.00	500.00
2	R&R REAR RHS DOOR COMPONENT	New	150.00	0.00
3	R&R FRONT RHS DOOR COMPONENT	New	150.00	0.00
4	R&R REAR PASSENGER SEAT, SEAT BELT TO REPAIR FENDER	New	150.00	0.00
5	RESPRAY FRONT RHS DOOR	New	250.00	200.00
6	RESPRAY REAR RHS DOOR	New	250.00	200.00
7	CHECK & TEST DRIVE FOR NOISE AFTER REPAIR DOORS	New	80.00	0.00
8	RESPRAY RHS SIDE SKIRT	New	200.00	100.00
9	RESPRAY REAR BUMPER	New	200.00	200.00
Gross Labour Cost (S\$)			2,430.00	1,200.00

Report was unsubmitted during this print-out.

&lt; END OF ESTIMATES &gt;