Surveyor : Br	yan	257.02.00	SIGNMENT	(Office)	17	9.19 4.010.M
From (Person):	hony Brin	Sn of	(12	10	Date/Time:	9.19 4.ap.n
Estimated Cost:			Bill	to:		
OD (TP) WS/			NV / MV / CS		6BF	44156
To Inspect Vehic	ile No: Q	1 (1862		Insure	65 4251	14
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Policy No:	PMCUSN	3077271	8011	Claim No: SNM M	10 10454 W	o V
Sum Insured:				Excess:		
Make of Veh:					D.O.A 25	1.9.2019
(Client's Record)		IrA	N'	30.9.2019		
CA / REV /	REP. / REV 2	14 HRS	1		H.O.D Fedor	zement:
_ Date/Time: 01	9-17 4-101	· m Person	n Contacted:	nw	Vehicle IN	UT
		()	· Fer. L			
Date/Time	Action/Instruct	tion (V) Estimate.	1011200	D 00 121	011217
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KSS FEC BY:	COE	A F506
Bryan		
rom: Date:	Veh No: SHC 186L Yr Regn: #	Parti Sold
stimated Cost.	Type: M.Car / M.Cycle / Bus / Van / Lorry (12) / Prime I	mover /
D / TP / WS / TP RES / OD RES / EVA / INV / I	MV Truck / Trailer or	1500
o Mispect Vehicle No:	Make: Hyunda loniq c.	(500
workshop mis	Golour Yellow A/C: Insure	
of	Sp.Reading 95535 T/Radio: Insure	d / Std / NI / NA
nsured:	Eng/No: G4LEJU188462	ullar.
Policy No.	C/No: KMHC851CVKC	114065
Claims No.	Gen. Cond: Godd / Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or	
(Client's Record)	Brake: In order / Jammed / Leaked / Burnt or	
Make of Veh:	Modi: Nil SRim / STD A/Rim or 195 65 R	15
	Tyre Size: F: 195 66 K	,5
(Policy Condition)	R:	
Remark: The veh had commenced its	BSIDUNIEXNOVAIGYIFSILIZAIMICIOHTSUIF	PIR / SUMI /
repair at the time of inspection.	0 1 1010 1010 G	
Ball, or Market Value	Front Rear R/Ral C mm R/Bal.	0
IDAC Accident Rport: Consistent?	: Tes of No	S m
OW LLW Opput	Tes of No	8/09/20
Est Repairs: 6 days Res.:	The state of the s	المراب المراب
Lum Sum: 3 Val.		Pooften of
CA / REV / REP. / 24 HRS	Des. of Damages: Frt / Rear / O/S / N/S / U/C / F	V
Date: Person Contacted:	Vehicle: IN / OUT The U/C / Chassis frame / Body Structure affer	
Date / Time Action / Instruction	1 110 010 1 21100 1 227	
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on with : Final Rep		
Date/Time, File Return to?	Transportation	
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1.00	: Interview (\$) Photos	-
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Lump 2000 / 1/2 6300	: Weet and (5	CONTRACTOR OF THE PARTY OF THE
		770

Summer Lee (LKK Auto)

From:

Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Sent:

Friday, 27 September, 2019 4:07 PM

To:

Chunni Motor

Cc:

assignments

Subject:

RE: OUR REF: SNM19D204546-GBF4415E-CBS - Accident involving veh no: SHC

186L & GBF 4415E on 25.09.19

WITHOUT PREJUDICE

Dear Sir

We will be assigning M/s LKK AUTO CONSULTANTS to survey your client's vehicle.

Aside to LKK AUTO CONSULTANTS,

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

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 | FB: 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

From: Chunni Motor [mailto:chunnimotor@gmail.com]

Sent: Friday, September 27, 2019 3:11 PM

To: Chong Boon Sen <boonsen.chong@sg.cntaiping.com>

Subject: Re: OUR REF: SNM19D204546-GBF4415E-CBS - Accident involving veh no: SHC 186L & GBF 4415E on

25.09.19

Dear Sir,

We appoint LKK.

Thank you

Regards,

Chunni Motor Work P/L

On Fri, Sep 27, 2019 at 1:43 PM Chong Boon Sen < 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 FB: 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
From: Claims Dept of CTI Sent: Friday, September 27, 2019 1:42 PM
To: Chong Boon Sen < boonsen.chong@sg.cntaiping.com >; Chee So Chow < sochow.chee@sg.cntaiping.com >; chunnimotor@gmail.com
Subject: OUR REF: SNM19D204546-GBF4415E-CBS - Accident involving veh no: SHC 186L & GBF 4415E on 25.09.19
Dear boon Sen,
Please conduct PRS for SHC186L.
Note : officer in charge – Boon Sen 63896171.
Regards,

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #15-00 Springleaf Tower Singapore 079909

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

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平狮城 Taiping SG

Disclaimer: This e-mail and any files transmitted with it is intended only for the named recipients and may contain confidential information. Any unauthorized disclosure, use or dissemination of this message, either in whole or partial, is prohibited. If you are not the intended recipient, please notify the sender immediately. Please delete the e-mail and any copies of it thereafter.

From: Chunni Motor [mailto:chunnimotor@gmail.com]

Sent: Thursday, 26 September, 2019 11:41 AM

To: Claims Dept of CTI < claimsdept@sg.cntaiping.com > Cc: Chong Boon Sen < boonsen.chong@sg.cntaiping.com >

Subject: Accident involving veh no: SHC 186L & GBF 4415E on 25.09.19

Dear Sir/Mdm,

We refer the above mentioned matter.

We enclosed herewith the relevant documents for your necessary action.

In line with the new protocol, kindly provide us with the list of surveyors on your panel for assessment of the damaged accident taxi involved.

Kindly survey at AMK Autopoint, Soon Hock Motor,#01-05/06.

Should you have any queries, please do not hesitate to contact Ms Lynn or Ms Irene at 65425119 or 6542 7162

Thank you for your kind assistance.

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

This email has been scanned by the Symantec Email Security.cloud service.

re information please visit http://www.	<u> </u>	
		52

MCD619125962 / ComfonDelGro Engineering Pto Ltd - Layeng ENTRY DAYE & TIME: 25/00/2019 13:48 SUBMITTED BY: Jenet Lim Slang Gek

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

EMail Address

- 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 witholding 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.
- 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

	ACCIDENT STATEMENT
Date Of Report	25/09/2019 13:49
Date Of Accident	25/09/2019 11:05
Exact Location Of Accident	SIN MING DRIVE TWDS SIN MING AVE
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SHC186L
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	IONIQ HYBRID
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
JEB 3555. 1. 1972. 1. 1972. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	CONTRACTOR OF THE PROPERTY OF THE ANGLES OF THE PROPERTY OF TH
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	TO BE CONSIDER AND DESCRIPTION OF A CONSIDER OF A STREET OF A CONSIDER OF A STREET OF A CONSIDER OF A STREET
Driver	and the second section of the second second section (see a property of the second section section section (see a second section sectio
Name of Driver	TANG CHEE LOK
NRIC No	S1279069D
Date Of Birth	08/10/1957
Occupation	OUTDOOR
Date Of Driving Pass	02/03/1995
Driving Experience	24 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97121855
Fax Number	
Contact Number	
	SUMMOD PROFILE

NOEMAIL

BLK 504 ANG MO KIO AVENUE 8 Address #09-2636 560504 Postcode Was driver an employee of the Insured's Company NO OTHER - TAXI DRIVER 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 SIDE SWIPE DRIZZLING Weather Conditions Road Surface WET Other Information Was any foreign vehicle involved in this accident? NO Number of vehicles (including own vehicle) 2 involved in the accident YES Was any body injured in the Accident? Was any injured conveyed to hospital by NO ambulance? Was any other material or property damaged? YES I have been approached by unknown person(s) NO soliciting/offering accident claims assistance. Number of Passengers (Including Driver) **Details of Police Action** NO Was the accident reported to the police? If Yes, Please state which Police Station NO Was notice of intended Prosecution given? If Yes, against whom? Circumstances of Accident REFER ATTACHED Attachment(s) YES Are accident photos available for attachment? YES Was there any video captured by Car Camera? Remarks/ Reasons: NO Was there any audio recorded? DETAILS OF OTHER VEHICLE PROPERTY 1 **GBF4415E** Vehicle Registration Number TOYOTA LORRY Vehicle Make/Model/Colour **Details Of Properties** COMMERCIAL VEHICLE Vehicle Category PEH TONG HENG Name of Driver NRIC/Passport Number Contact Number Address Postcode

DETAILS OF INJURED PERSON 1

RH FRONT

Insurance Company Name

No. Of Passenger (Including Driver)

Nature Of Damage

Name

Approximate Age

Injuries Sustain

Injured person in which vehicle?

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

TANG CHEE LOK

BACK

SHC186L

YES

NO

26-09-19;11:24 ;Chunn: Motor Works Pte Lta Soon H

SKETCH PLAN

IMPORTANT NOTICE

- Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for Investigation.
- 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.
- 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:
 - 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:
 - 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.

COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

Policyholder's Signature

Date & Time:

Driver's Signature

(If driver is not the policyholder)

Date & Time: 25,09.2019@1330hrs

Reporting Centre Personnel's Signature

Name

NRIC/FIN No.: June

SKETCH PLAN			- 40 COOK 05 0	2 377 2 3 45			T"'' T I	1771
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	MSTANCES OF THE ACCIDENT
	2019 @ 1105hrs I was travelling along Sin Ming Dr twds Sin Ming
AVE with n	no passenger onboard.
	OPE 4445E out into my lane and hit
As I was tra	avelling straight suddenly veh(B) GBF 4415E cut into my lane and hit
onto my v	ehicle left portion.
I have com	pany video and photos at scene to support my claims.
After +	he accident i suffered backpain.
Veh(B)	GBF 4415E MR Peh Tong Heng

DECLARATION

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

COMFORT TRANSPORTATION PTE LTD CO. REG. NO. 199303821R

Policyholder's Signature Date & Time:

Driver's Signature

(If driver is not the policyholder)

Name:
Date & Time: 25.09.2019@1330hrgRIC/FIN No.:June

Reporting Centre Personnel's Signature

CHUNNI MOTOR WORK PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHC 186L

DATE : 25.09.2019

TEL: 6542 5119

TEL : 6542 5119
FAX : 6542 6039 China Taiping MAKE

10DEL	: HYUNDAI IONIQ		Telephone III	: 6542 60	37	204.03	Tau / · · ·	
Qty	Parts Description/ L	abour	Туре	Unit	Price	_	mount	×
	Rear Fender (LH)					S	1,768.30	*
	Rear Windscreen Moulding					S	28.20	×
	Rear Door (LH) Denker					\$	1,789.90	~
	Rear Door Protector(LH) NH		- 1			\$	116.20	×
	Front Door (LH) Dantel	1	- 1			S	1,797.20	_
	Front Door Gear / Regulator (LH) MM				S	250.40	×
	Front Door Power Motor HA				1	\$	289.20	×
	Front Door Protector (LH) Hal					\$	116.20	Y
	Door Centre Pillar Outer (LH)	Sales and the sales are sales and the sales are sales ar		726	GA	S	3,764.90	1
		LOUNT.	1	7362 588	700		The second	
		SUB TOTAL		F02	1.60	\$	9,920.50	1
		LESS 20%		500	1.60	S	1,984.10	
	nis	COUNTED TOTAL			1	S	7,936.40	1
						s	50.00	Nett ×
	Rear Bumper Rubber Mat NN					S		Nett X
	Rear Windscreen Scalant HN	CTTDS 61	1			5		Nett
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	FISHING IKK	ALER		11	-	6	12,467.40	-
	- m	ESTIMATE TOTAL				-		-
/	This is an initial estimate based on	a visual inspection of t	he above ve	ehicle. The	tinal repair q	uan	tum will	1

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/CTI19017071/DQF3N2

Date:

13/11/2019

REFERENCE

Handling Insurer:

China Taiping Insurance

(Singapore) Pte. Ltd.

Policy No:

DMCVSN30772718011

Claimant

SHC186L

Insured Vehicle No:

GBF4415E

Vehicle No:

Nature of

Date of Loss:

25/09/2019

Claim:

TP

Claim No:

SNM19D204546C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:

SHC186L

Make & Model:

HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)

Engine No:

G4LEJU188462

95535 km

Reg. Date:

02/04/2019 (Man. Year: 2018)

Chassis No: Odometer:

KMHC851CVKU140650

Colour:

Yellow

Engine Capacity: Market Value/New Car 1580 cc

Price:

N/A

Sum Insured (S\$):

Market Value/New Car Price

CONDITION OF VEHICLE AT THE TIME OF SURVEY

General Condition:

Steering (Serviceable):

Yes Engine Modification:

Yes Footbrake (Serviceable):

Pre-accident Condition:

Yes

Handbrake (Serviceable):

CONDITION OF TYRES Front Tyre Size:

195/65R15

Rear Tyre Size:

195/65R15

Front Left Side:

Michelin 5 mm

Rear Left Side:

Michelin 5 mm

Front Right Side:

Michelin 5 mm

Rear Right Side:

Michelin 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	8,387.40	6,236.60	2,150.80	25.64
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,080.00	1,640.00	2,440.00	59.80
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	12,467.40	7,876.60	4,590.80	36.82
Approved Total (Overridden) (S\$)		6,300.00		
(S\$)	12,467.40	6,300.00	6,167.40	49.47
+ GST 7.00/7.00% (S\$)	872.72	441.00	431.72	49.47
Nett Amount (S\$)	13,340.12	6,741.00	6,599.12	49.47

INSPECTION

Date of Assignment:

07/11/2019

Date Inspected:

30/09/2019 Inspected At:

Chunni Motor Work Pte Ltd (HQ) Blk 10 Ang Mo Kio Industrial Park 2A,

#03-19 AMK Autopoint Singapore 568047

Estimated Period of Repair:

6.0 days

Adjuster: BRYAN TANI

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

Part Source: MRM-SG Version: 1.0 (Last Synchronised: 13 Nov 2019)

Parts: 192 HYUNDAI IONIQ HYBRID 1.6 GLS DCT (A) (Catalogue:Merimen Singapore 1.0)

Labour: Repairer's (Price-denominated Standard List)

Print Code: (Unsubmitted, no print-code for SHC186L)

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		*REAR FENDER (LH)	Repair	1,768.30 FL	•-FL
2	i		*REAR WINDSCREEN MOULDING	Not Necessary	28.20 FL	*-FL
3	1		*REAR DOOR (LH)	Dented	1,789.90 FL	*1,789.90 FL
4	1		*REAR DOOR PROTECTOR (LH)	Not Necessary	116.20 FL	*-FL
5	1		*FRONT DOOR (LH)	Dented	1,797.20 FL	*1,797.20 FL
6	1		*FRONT DOOR GEAR/REGULATOR (LH)	Not Necessary	250.40 FL	*-FL
7	1		*FRONT DOOR POWER MOTOR	Not Necessary	289.20 FL	*-FL
8	1		*FRONT DOOR PROTECTOR (LH)	Not Necessary	116.20 FL	*-FL
9	1		*DOOR CENTRE PILLAR OUTER (LH)	Dented	3,764.90 FL	*3,764.90 FL
10	1		*REAR BUMPER RUBBER MAT	Not Necessary	50.00 FS	*-FS
11	1		*REAR WINDSCREEN SEALANT	Not Necessary	46.00 FS	*-FS
12	1		*REAR DOOR ADVERTISEMENT LOGO (LH)	Necessary	100.00 FS	*100.00 FS
13	1		*REAR DOOR COMFORTDELGRO & APPS STICKER (LH)	Necessary	80.00 FS	*80.00 FS
14	1		*FRONT DOOR COLOURED COMFORT LOGO (LH)	Necessary	75.00 FS	*75.00 FS
15 F=Fra	1 anchise	part. S=S	*FRONT DOOR ADVERTISEMENT LOGO (LH) SpcNett. L=ListItemDisc.	Necessary	100.00 FS	*100.00 FS
			- The contract of the contract	Sub Total (S\$)	10,371.50	7,707.00
			- List Item Discount on L Items 20			1,470.40
				Total Parts (S\$)	8,387.40	6,236.60

Report was unsubmitted during this print-out.

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

Particulars	Lab.Type	Repairer's	Amount
ir Items			
PANEL BEATING	New	1,200.00	700.00
SPRAY PAINTING CHARGE	New	1,250.00	700.00
WIRING CHARGE	New	50.00	0.00
TUFF KOTE	New	100.00	40.00
TOWING CHARGE	New	90.00	0.00
REMOVE/REFIX CUSHION & UPHOLSTERY REAR	New	150.00	80.00
	New	120.00	0.00
TRANSFER OF DOOR	New	240.00	120.00
RE-SET FRT & REAR POWER WINDOW SYSTEM	New	400.00	0.00
DIAGNOSTIC & RESETTING TO ERASE FAULT CODE	New	480.00	0.00
Gross Labo	our Cost (S\$)	4,080.00	1,640.00
	PANEL BEATING SPRAY PAINTING CHARGE WIRING CHARGE TUFF KOTE TOWING CHARGE REMOVE/REFIX CUSHION & UPHOLSTERY REAR REMOVE/REFIX REVERSE SENSOR TRANSFER OF DOOR RE-SET FRT & REAR POWER WINDOW SYSTEM DIAGNOSTIC & RESETTING TO ERASE FAULT CODE	PANEL BEATING New SPRAY PAINTING CHARGE New WIRING CHARGE New TUFF KOTE New TOWING CHARGE New REMOVE/REFIX CUSHION & UPHOLSTERY REAR New REMOVE/REFIX REVERSE SENSOR New TRANSFER OF DOOR New RE-SET FRT & REAR POWER WINDOW SYSTEM New	Items

< END OF ESTIMATES >