

22/09/2002

ASS. REC. BY:

REF: CS/CT2 19013124/DYF312 Special Instruction:

Surveyor: Bryan

ASSIGNMENT (Office)

From (Person): Irene Tay Hui Ping of CT2

Date/Time: 30.9.19 9.22a.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHD JITE

Insured: SUV 6240R

at Workshop m/s Channi

Tel: 65425119

of 10 Park Industrial Park 27 1103-19

Policy No: DMPCSN 30397719022

Claim No: SMM 190304534102

Sum Insured:

Excess:

D.O.A. 24.9.19

Make of Veh:
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 30.9.19 9.30a.m

Person Contacted: Irene

Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate	
	SHD JITE - 11A/CT2 19013124/r3	D.O.A. - 24/09/2019
	SUV 6240R - 11A/CT2 19013124/r3	D.O.A. - 24/09/2019

Photo O.K

ASS. REE. BY:

Bryan

REF:

ASSIGNMENT

COB Nov 2026

Nov 2018

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: _____

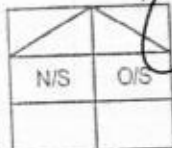
Claims No: _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 86 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHD7217E Yr Regn: _____Type: M.Car / M.Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /

Truck / Trailer or _____

Make: Hyundai Ioniq C.C. 1580Colour: Blue A/C: Insured / Std / NI / NASp. Reading: 107424 T/Radio: Insured / Std / NI / NAEng/No: G4LEJU112360C/No: KMHC851CVKU115238Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil (S/Rim) / STD A/Rim orTyre Size: F: 195/65 R15R: 11

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

TOYO / YOKO or Davanti

Front _____ Rear _____

R/Bal. S mm R/Bal. S mmL/Bal. S mm L/Bal. S mmD.O.A. 24/09/2019 D.O.I. 30/09/2019Survey held at Chunni AMK

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop of

0/3 Front

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

China Taping SGU6240R23/10/19 prgr +/s 4500/- wtu 8 days of rep (Red \$8660-32, 65%)

RECEIVED 23 OCT 2019

Date/Time, File Pass to?

☐ : Preli. Report☐ : Final Report

Date/Time, File Return to?

23/10/19 Typist

Report Format:

Comp Cost \$4500/-Days Of Repair: 8Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

S+RS \$

Photos

Others

TOTAL

220

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

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Sep 2019		30 Sep 2019 09:22 Assign				New Assignment Cancel Case

Main	Reference	Claim Details	Documents	Show All
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CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Main Claimant:	SHD7217E	Date of Loss:	24/09/2019 16:00 - :59
Vehicle Reg. No.:	TP / SNM19D204534C02	Policy/Cover Note No.:	DMPCSN30397719022
Claim Type:	SGU6240R	Policy No. (Claimant):	D-18088936MFSH
Vehicle Reg. No. (Insured):		Excess:	S\$500.00
Repairer:	Chunni Motor Pte Ltd (HQ) 10 Ang Mo Kio Industrial Park 2A, #03-19 AMK Autopoint, 568047 Ang Mo Kio - Tel:		
Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd. (HQ) - Tel: 6389 6111 ... [Handled by Irene Tay Hui Ping - 638986192]		
Claimant's Insurer:	MS First Capital Insurance Ltd (HQ) - Tel: 62222311		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Final Rpt due 09/10/2019]		

View All
Compose Case Mail

ASSOCIATED MAIL RECEIVED

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.									

MCD619127175 / ComfortDelGro Engineering Pte Ltd - Loyang
 ENTRY DATE & TIME: 25/09/2019 16:49
 SUBMITTED BY: Huang XiaoYan

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 25/09/2019 16:49
 Date Of Accident 24/09/2019 16:00
 Exact Location Of Accident PASIR RIS ST 51 X JUNCTION PASIR RIS CENTRAL
 Country/State Of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD7217E
 Insured/Policyholder
 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 IONIQ
 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 PANG MIAN SING
 NRIC No S1304371Z
 Date Of Birth 14/10/1957
 Occupation OUTDOOR
 Date Of Driving Pass 19/01/1979
 Driving Experience 40 YEARS AND 8 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-91516294
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address BLK 425 PASIR RIS DRIVE 6 #07-91
 Postcode 510425
 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 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? 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

PLS REFER TO 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 SGU6240R
 Vehicle Make/Model/Colour
 Details Of Properties
 Vehicle Category PRIVATE CAR
 Name of Driver TIMOTHY BRACKEN
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.
 Nature Of Damage LEFT FRT
 No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	PANG MIAN SING
Approximate Age	62
Injuries Sustain	HEADACHE ,SHOULDER PAIN
Injured person in which vehicle?	SHD7217E
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

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

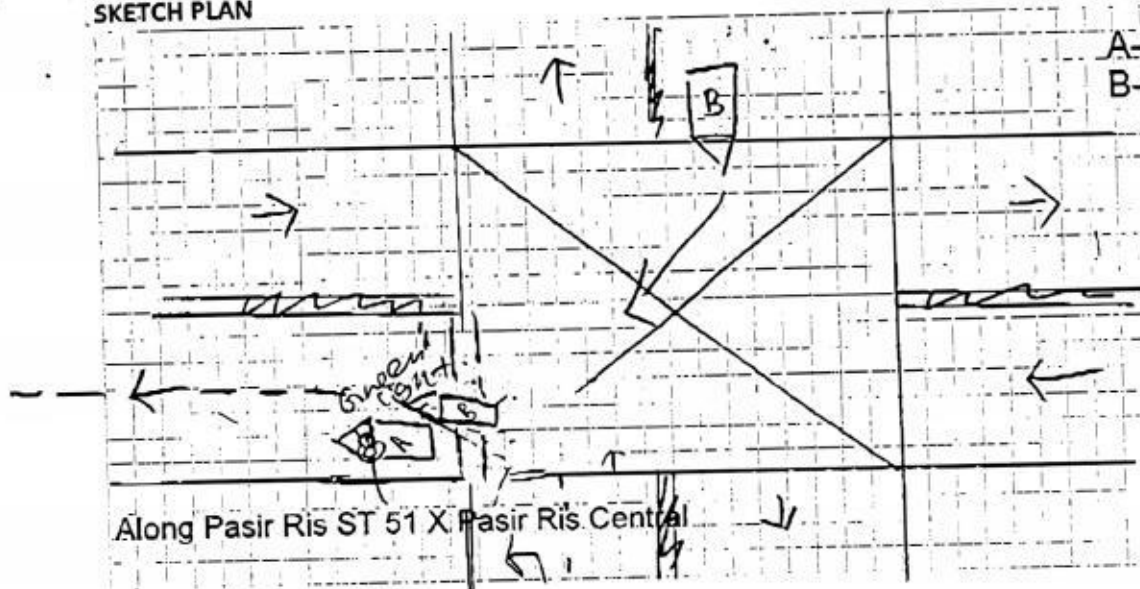
Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)

Date & Time: 25.09.2019@1100hrs

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

SKETCH PLAN

A- SHD 7217E
B- SGU 6240R

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 24.09.2019 @ 1600hrs I was travelling along Pasir Ris ST 51 X Pasir Ris Central
with no passenger onboard.

As I was making a left turn suddenly veh(B) SGU 6240R cut into my lane and hit onto my vehicle
front right portion.

I have company video and photos at scene to support my claims .

After the accident I suffered shoulder pain and headache will consult a doctor later.

Veh(B) SGU 6240R MR Timothy Bracken

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)
Date & Time: 25.09.2019@1100hrs

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

CHUNNI MOTOR WORK PTE LTD**REPAIR ESTIMATE***

VEHICLE NO : SHD 7217E

DATE : 25.09.2019

TEL : 6542 5119

MAKE :

FAX : 6542 6039

MODEL : HYUNDAI IONIQ

China Taiping

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Radiator Grille <i>MM</i>			\$ 1,227.50	X
	Front Bumper Cover <i>Cnt</i>			\$ 418.30	✓
	Front Bumper Grille (RH) <i>Cnt</i>			\$ 186.90	✓
	Front Bumper Centre Moulding <i>Cnt</i>			\$ 188.00	✓
	Front Bumper Bracket (RH) <i>MM</i>			\$ 28.00	X
	Front Bumper Clips 10 pcs <i>MM</i>			\$ 22.00	✓
	Headlamp Support Panel Assy <i>CRANE</i>			\$ 949.30	✓
	Headlamp (RH) <i>broken</i>			\$ 1,198.80	✓
	Day Light, RH <i>Cnt</i>			\$ 642.50	✓
	Front Fender (RH) <i>Dented</i>			\$ 490.70	✓
	Front Fender Shield (RH) <i>MM</i>			\$ 114.70	X
	Emblem-Blue Drive (RH) <i>MM</i>			\$ 26.60	✓
	Front Wheel Rim (RH) <i>MM</i>			\$ 1,124.20	X
	Front Wheel Hub Cap (RH) <i>MM</i>			\$ 346.40	X
	Front Wheel Bearing <i>MM Dented</i>			\$ 454.00	X ✓
	Front Shock Absorber (Assy) (RH) <i>MM distorted</i>			\$ 372.50	X ✓
	Front Shock Absorber Mounting (RH) <i>MM</i>			\$ 206.90	X
	Front Drive Shaft (RH) <i>MM</i>			\$ 936.70	X
	Rack & Pinion Assy <i>MM</i>			\$ 887.40	X
	STG Tie End <i>MM</i>			\$ 94.70	X
	Front Suspension Lower Arm (RH) <i>MM distorted</i>			\$ 296.80	X ✓
	Knuckle Arm (RH) <i>MM distorted</i>			\$ 363.60	X ✓
	Engine Crossmember <i>MM</i>			\$ 1,803.90	X
				\$ 12,380.40	
				\$ 2,476.08	
				\$ 9,904.32	
				\$ 216.00	Nett X
	Labour Charge			\$ 1,000.00	500/-
	Panel Beating			\$ 500.00	400/-
	Spray Painting Charge			\$ 50.00	30/-
	Wiring Charge			\$ 50.00	20/-
	Tuff Kote			\$ 90.00	MM
	Towing Charge			\$ 400.00	MM 80/-
	Remove/Refix Undercarriage (FRT)			\$ 120.00	MM 60/-
	Front Wheel Alignment			\$ 150.00	MM
	Remove/Refix Aircon & Refill Gas			\$ 200.00	MM 150/-
	Re-set Frt ABS System			\$ 480.00	MM
	Diagnostic & Resetting To Erase Fault Code 8				
	30/09/2019 @ 0930am <i>6 days</i>				
	NA Andrew Bryan LKK Auto				
	2/10/2019				
	TOTAL LABOUR			\$ 3,040.00	
	ESTIMATE TOTAL			\$ 13,160.32	

5610.00
4488.00

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts 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 subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

1240/-

5728.00

454500/-

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 *Page 1* Surveyor appointed by the insurance company.

NAME
ADDRESS

Home Tel.:

VIN:

Registration: SHD 7217 E

Technician:

Mileage: 107424

Time Printed 30.9.19 11:05 AM

HYUNDAI IONIQ

Front : Left

Actual	BEFORE	Specified Range
-0°26'		-3°00' 3°00'
4°53'		-0°19' 5°41'
0°19'		-1°30' 1°30'
13°16'		
12°50'		

Camber
Caster
Toe
SAI
Included Angle
Turning Angle Diff.

Front : Right

Actual	BEFORE	Specified Range
-0°21'		-3°00' 3°00'
5°06'		-0°19' 5°41'
-2°09'		-1°30' 1°30'
9°36'		
9°15'		

Front

Cross Camber
Cross Caster
Cross SAI
Total Toe
Cross Turn Diff.

Actual	BEFORE	Specified Range
-0°05'		-3°00' 3°00'
-0°13'		-3°00' 3°00'
3°40'		-3°00' 3°00'
-1°51'		-3°00' 3°00'

Rear : Left

Actual	BEFORE	Specified Range
-1°44'		-3°30' 2°30'
-0°05'		-1°30' 1°30'

Camber
Toe

Rear : Right

Actual	BEFORE	Specified Range
-1°48'		-3°30' 2°30'
0°02'		-1°30' 1°30'

Rear

Cross Camber
Total Toe
Thrust Angle

Actual	BEFORE	Specified Range
0°04'		-3°00' 3°00'
-0°03'		-3°00' 3°00'
-0°03'		-3°00' 3°00'

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/CTI19017124/DYF3N2
Date: 30/10/2019

REFERENCE

Handling Insurer:	China Taiping Insurance (Singapore) Pte. Ltd.	Policy No:	DMPCSN30397719022	
Claimant Vehicle No :	SHD7217E	Insured Vehicle No :	SGU6240R	
Date of Loss:	24/09/2019	Nature of Claim:	TP	Claim No: SNM19D204534C02

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHD7217E	Engine No:	G4LEJU112360
Make & Model:	HYUNDAI IONIQ HYBRID, 1.6 GLS DCT (A)	Chassis No:	KMHC851CVKU115238
Reg. Date:	22/11/2018 (Man. Year: 2018)	Odometer:	107424 km
Colour:	Blue		
Engine Capacity:	1580 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:	195/65R15	Rear Tyre Size:	195/65R15
Front Left Side:	Davanti 5 mm	Rear Left Side:	Davanti 5 mm
Front Right Side:	Davanti 5 mm	Rear Right Side:	Davanti 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	10,120.32	4,488.00	5,632.32	55.65
Miscellaneous Items	0.00	0.00	0.00	
Labour	3,040.00	1,240.00	1,800.00	59.21
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	13,160.32	5,728.00	7,432.32	56.48
Approved Total (Overridden) (S\$)		4,500.00		
(S\$)	13,160.32	4,500.00	8,660.32	65.81
+ GST 7.00/7.00% (S\$)	921.22	315.00	606.22	65.81
Nett Amount (S\$)	14,081.54	4,815.00	9,266.54	65.81

INSPECTION

Date of Assignment:	30/09/2019	
Date Inspected:	30/09/2019 Inspected At:	Chunni Motor Pte Ltd (HQ) 10 Ang Mo Kio Industrial Park 2A, #03-19 AMK Autopoint Singapore 568047

Estimated Period of Repair: 8.0 days

Adjuster: BRYAN TANI

Manager: YVONNE WONG YIN CHENG

Adjuster Report

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: 30 Oct 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 SHD7217E)
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	*RADIATOR GRILLE	Not Necessary	1,227.50 FL	*- FL
2	1	*FRONT BUMPER COVER	Cut	418.30 FL	*418.30 FL
3	1	*FRONT BUMPER GRILLE (RH)	Cut	186.90 FL	*186.90 FL
4	1	*FRONT BUMPER CENTRE MOULDING	Cut	188.00 FL	*188.00 FL
5	1	*FRONT BUMPER BRACKET (RH)	Not Necessary	28.00 FL	*- FL
6	10	*FRONT BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
7	1	*HEADLAMP SUPPORT PANEL ASSY	Cracked	949.30 FL	*949.30 FL
8	1	*HEADLAMP (RH)	Broken	1,198.80 FL	*1,198.80 FL
9	1	*DAY LIGHT,RH	Cut	642.50 FL	*642.50 FL
10	1	*FRONT FENDER (RH)	Dented	490.70 FL	*490.70 FL
11	1	*FRONT FENDER SHIELD (RH)	Not Necessary	114.70 FL	*- FL
12	1	*EMBLEM-BLUE DRIVE (RH)	Necessary	26.60 FL	*26.60 FL
13	1	*FRONT WHEEL RIM (RH)	Not Necessary	1,124.20 FL	*- FL
14	1	*FRONT WHEEL HUB CAP (RH)	Not fitted	346.40 FL	*- FL
15	1	*FRONT WHEEL BEARING	Damaged	454.00 FL	*454.00 FL
16	1	*FRONT SHOCK ABSORBER (ASSY)(RH)	Distorted	372.50 FL	*372.50 FL
17	1	*FRONT SHOCK ABSORBER MOUNTING (RH)	Not Necessary	206.90 FL	*- FL
18	1	*FRONT DRIVE SHAFT (RH)	Not Necessary	936.70 FL	*- FL
19	1	*RACK & PINION ASSY	Not Necessary	887.40 FL	*- FL
20	1	*STG TIE END	Not Necessary	94.70 FL	*- FL
21	1	*FRONT SUSPENSION LOWER ARM (RH)	Distorted	296.80 FL	*296.80 FL
22	1	*KNUCKLE ARM (RH)	Distorted	363.60 FL	*363.60 FL
23	1	*ENGINE CROSSMEMBER	Not Necessary	1,803.90 FL	*- FL
24	1	*FRONT TYRE (RH)	Serviceable	216.00 FS	*- FS

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

Sub Total (\$\$)	12,596.40	5,610.00
- List Item Discount on L Items 20.00/20.00% (\$\$)	2,476.08	1,122.00
Total Parts (\$\$)	10,120.32	4,488.00

Report was unsubmitted during this print-out.

Adjuster Report

Recommended Miscellaneous Items

There are no new miscellaneous items selected.

Recommended Labour

No	Particulars	Lab.Type	Repairer's	Amount
Labour Items				
1	PANEL BEATING	New	1,000.00	500.00
2	SPRAY PAINTING CHARGE	New	500.00	400.00
3	WIRING CHARGE	New	50.00	30.00
4	TUFF KOTE	New	50.00	20.00
5	TOWING CHARGE	New	90.00	0.00
6	REMOVE/REFIX UNDERCARRIAGE (FRT)	New	400.00	80.00
7	FRONT WHEEL ALIGNMENT	New	120.00	60.00
8	REMOVE/REFIX AIRCON & REFILL GAS	New	150.00	0.00
9	DIAGNOSTIC & RESETTING TO ERASE FAULT CODE }	New	480.00	150.00
10	RE-SET FRT ABS SYSTEM }	New	200.00	0.00
Gross Labour Cost (\$\$)			3,040.00	1,240.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >