

ASS. REC. BY:

REF:

es/Est19020099/Ad3

Special Instruction:

Survey:

Adrian

ASSIGNMENT (Office)

From (Person):

menmen Pauline Soh

of

EGT

Date/Time: 13/11/19 @ 11:09am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

8ML8680S

Insured:

GBC 7181A

at Workshop m/s

MG solution

Tel:

G 744 465

of

28 Kulci Buleit Ave 4 #02-03B

Policy No:

Claim No:

CDMCG19002118

Sum Insured:

Excess:

D.O.A.

12/11/2019

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

11:40am @ 13/11/19

Person Contacted:

Ms. Heng

Vehicle IN/OUT

Date/Time

Action/Instruction

Schmidt ✓

8ML8680S - NA / TM119 020029 / r3

DOA: 12/11/19

GBC 7181A - NA / TM119 020029 / r3

DOA: 12/11/19

13/11 @ 13:01

- Sent via menmen pending estimate

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

Veh No: SML 86805 Yr Regn: 2019 / June .

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

Truck / Trailer or

Make: Toyota CHR C.C. 1797

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

Sp. Reading: 45474 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: ZYX102092269 .

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: 215/60R17.

R: 215/60R17.

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

TOYO / YOKO or

Front

R/Bal. 06 mm

L/Bal. 06 mm

D.O.A.

Rear

R/Bal. 06 mm

L/Bal. 06 mm

D.O.I. 12/11/19.

Survey held at

MG Solution.

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

TP Ergo

Lump Sum \$4600/- (Red: 6696.50, 50%)

MV:

PV:

Nett:

RECEIVED 30 JAN 2020

Date/Time, File Pass to?

30/1 Typist

Date/Time, File Return to?

☐ : Preli. Report  
☒ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:

Transportation:

3 + PS. St

Photos

Other:

TOTAL:

350

11

361

Report Format:

TP

Lump Sum / L.B. : \$4600/-

## Nivitha (LKK Auto)

---

**From:** ERGO Insurance Pte. Ltd. (Claims Department) <claims@ergo.com.sg>  
**Sent:** Wednesday, 13 November 2019 11:09 AM  
**To:** Admin-D (LKKAuto (admin-d@lkkauto.com)); Admin A (admin-a@lkkauto.com); Mei Kwan (LKKAuto (Meikwan@lkkauto.com)  
**Cc:** mg3solution@gmail.com; Ivy Yong; Phoebe Xie  
**Subject:** FW: Claims ref no. (P) CDMCG19002118 SML8680S-( PRE-INSPECTION) ; YOUR REF : GBC7181A -DOA ON 12/11/2019  
**Attachments:** SML8680S ( PRE-INSPECTION0 ; YOUR REF GBC7181A.pdf

Hi LKK,

Please conduct this survey request.

**(Note: Survey vehicle only, LOD will be handled by Ergo)**

Kindly inform us if you are not able to attend it.

**\*\*\* NOTE:** Please assist to quote our claims ref no. as the subject matter, when forwarding the Preliminary Reports / Survey Reports.

Thank you

Date Classification : Confidential, C3

Warmest Regards,  
Pauline Soh  
ERGO Insurance Pte. Ltd.

5 Temasek Boulevard, #04-05 Suntec Tower Five  
Singapore 038985  
DID : +65 6829 9194  
[pauline.soh@ergo.com.sg](mailto:pauline.soh@ergo.com.sg)

# ERGO

[www.ergo.com.sg](http://www.ergo.com.sg)

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.



Disclaimer: This message and its attachments are confidential, intended only for the named addressee, and may be privileged. If you are not the intended recipient, you should not disclose, distribute, copy or use this communication. If you are not the intended recipient, please notify the sender by return email and delete this message. By opening any attachment to this message, you agree to accept the risk that it may contain a virus or damaging code, and you agree that ERGO Insurance Pte Ltd. will not be liable for any loss or damage thereby caused.

**From:** MG Solution [mailto:mg3solution@gmail.com]  
**Sent:** Wednesday, 13 November 2019 10:09 am  
**To:** ERGO Insurance Pte. Ltd. (Claims Department)  
**Subject:** SML8680S-( PRE-INSPECTION) ; YOUR REF : GBC7181A -DOA ON 12/11/2019

Dear Person In Charge,

Please refer to attach file and arrange for pre-inspection.

we prefer our single joint expert as below:

ADRIAN LING WAI PING	LKK AUTO CONSULTANTS PTE LTD
----------------------	------------------------------

Thank You.

Best Regards,

Ms Hong

**MG SOLUTION PTE LTD**

23 Kaki Bukit Avenue 4 (South Wing)

#02-03B Vicom Inspection Centre

Singapore 415933

Tel : 6744 4165

Fax : 6744 4604

## View Sent Message

This mail is associated with :

**\*SML8680S**  
**[GBC7181A]**

TP  
PRIME CAR LIMO PTE LTD  
Nov 12 2019 9:00AM

Mg Solution

[Resend](#)[View Recipients](#)[Print Message](#)[Delete Message](#)[Forward](#)

**From** LKK Auto Consultants Pte Ltd (LKK\_HQ), sent on 18/11/2019 13:01 PM.  
**To** phoebe.xie@ergo.com.sg  
**Subject** Claims ref no. (P) CDMCG19002118 SML8680S

Dear Sir/Madam,

Please be informed that we have inspected the vehicle **SML8680S**  
We are pending estimate from repairer.

Best Regards,  
Denise Tay | Case Handler

### DOCUMENTS SUMMARY

There are no documents.

**MG SOLUTION PTE LTD**

23 Kaki Bukit Ave 4 (South Wing) #02-03B  
Vicom Inspection Centre, Singapore 415933  
Tel: 6243 1373 Fax: 6243 1376  
Co. Reg. No.: 201427944N

# vehicle ins  
SmL 86805

Date : 13/11/19

To : ERGO INSURANCE PTE LTD

By Fax & Email

Tel : 6829 9170

Fax : 6829 9242

Email : claims@ergo.com.sg

Attn: Motor Claims Department

Dear Sir,

Re: Accident involving motor vehicle Nos. SmL 86805 and GBC 7181A along  
Calostier Road towards 7E beside Zhongshan on 12/11/19  
mail

We are instructed by PRIME CAR LIMO PTE LTD (Name of Claimant) to notify  
you of a road traffic accident on the above mentioned. A copy of the Singapore Accident  
Statement / Traffic Police Report filed is enclosed.

As a result of the accident, our client's / customer's vehicle has been damaged. Before our client  
/ we proceed to repair the damaged vehicle, please let us know within 2 working days of your  
receipt of this notice whether you or your insurer would like to conduct a Pre- Repair Survey of  
the vehicle. If we do not receive any reply from you within the stipulated timeline, our client / we  
shall proceed to repair the vehicle without further reference to you.

Thank you.

Yours faithfully,



MS. HENG YOKE HONG  
HP: 9188 8931

**FOR SURVEYOR**

Please initial here after completion of pre-repair  
inspection. Thank you.

Appointed Surveyor: \_\_\_\_\_  
(Name & Signature)

Date & Time of inspection: \_\_\_\_\_

\*CAN I CHECK THIS CASE LIABILITY? \*

## 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 GlA 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	12/11/2019 12:33
Date Of Accident	12/11/2019 09:00
Exact Location Of Accident	BALESTIER RD TWDS CTE BESIDE ZHONGSHAN MALL
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SML8680S
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PRIME CAR LIMO PTE LTD
Co Reg No	201826883W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-99999999
<b>Vehicle Particulars</b>	
Manufacturer	TOYOTA
Model	C-HR HYBRID
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	PRIVATE HIRE
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MK000854-R00
Cover Note Number	
<b>Driver</b>	
Name of Driver	YAP BENG HUA(YE MINGHUA)
NRIC No	S7123396J
Date Of Birth	03/07/1971
Occupation	OUTDOOR
Date Of Driving Pass	15/05/1992
Driving Experience	27 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91095200
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 121 TECK WHYE LANE #10-820
Postcode	680121
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

#### General Information of the Accident

Type Of Accident	COLLISION - CHANGE/CROSS LANE
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

PLS 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	GBC7181A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	COMMERCIAL 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

## SKETCH PLAN

### IMPORTANT NOTICE

1. Please report promptly the date & time accident to speed up the claims process.
  2. This form must be completed by the Policyholder and for the Attention of Insurer.
  3. Information provided must be as truthful and accurate as possible. Any willful 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 Insurer to the GIC Records Management Centre (GIC RMC) and by the General Insurance Association of Singapore (GIAS) for archiving and that copies of the report will for accessible made available upon request by interested parties.
  7. By the lodgment of this report to the Insurers, the Policyholder is the authorising and consent of the parties and disclosure 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 ("GIAS") 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 claim, including the settlement of the claim, and any subsequent matters relating to the claim;
    - (ii) investigating the accident and/or my claim;
    - (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 to on the external cover of envelope/mail packaging and/or
    - (v) complying with applicable law or administrative provisions, including handling and/or dealing with any claims or disputes ("Disputes").
  - (b) My insurer, my workshop and vehicle(s) involved in the accident and the relevant Insurers, my workshop, may and are permitted to collect, use, disclose and/or process my personal information for the purpose(s) of my claims, disputes and
  - (c) Insurers, my insurer, my workshop and vehicle(s) involved in the accident and the relevant Insurers, my workshop, may and are permitted to collect, use, disclose and/or process my personal information for the purpose(s) of my claims, disputes and
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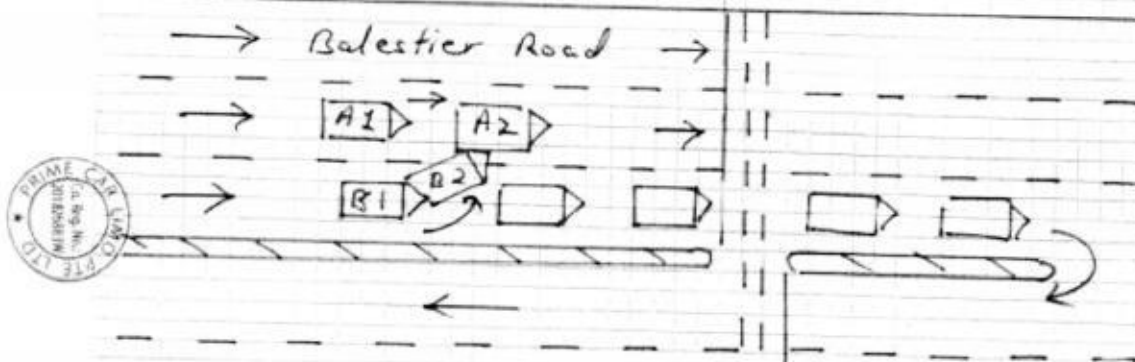
Policyholder's Signature  
Date & Time

Witness Signature  
of driver is not the policyholder  
Date & Time

Insuring Company Representative Signature  
Name:  
NRIC/FIN No:

Individual Statement

520 BALASTIER | ZHONGSHAN MALL



On 12/11/2019 at about 0900 hrs at along Balastier Road towards CTE beside ZhongShan Mall. I was travelling on the centre lane and when coming towards ZhongShan Mall, a vehicle (B) on my Right veered into my lane without proper lookout due to his lane was heavy traffic hence collided onto my Right Rear Portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SML 8680 S  
(B) GBC 7181 A

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

DECLARATION

I/We hereby declare that the information provided is true and correct.

Signature of Driver  
Date & Time

Signature of Driver  
(If driver is not a policyholder)  
Date & Time

Signature of Witness  
Date & Time

Lyn 12/11/19

# MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

TO	: ERGO	DATE	: 12-Nov-19
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
ESTIMATE REPORT	:		
<u>VEHICLE DETAILS</u>			
VEHICLE NO	: SML8680S	Denise	
MODEL	: TOYOTA C-HR HYBRID 1.8S		
CHASSIS NO	:		
<u>ACCIDENT DETAILS</u>	DATE : 12-Nov-19		
	TIME : 09:00PM		
THIRD PARTY REQUESTOR / CONTACT	: JACK LI		

## CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	REAR DOOR RH <i>Dented</i>	1	\$ 1,455.80	\$ 1,455.80
2	REAR DOOR STICKER <i>New</i>	1	\$ 110.00	\$ 110.00
3	REAR DOOR OUTER PROTECTOR <i>lt</i>	1	\$ 322.50	\$ 322.50
4	SIDE SKIRT RH <i>lt</i>	1	\$ 680.50	\$ 680.50
5	REAR FENDER RH <i>Repair</i>	1	\$ 980.90	\$ 980.90
6	REAR SHOCK ABSORBER <i>New</i>	1	\$ 360.00	\$ 360.00
7	REAR UPPER ARM <i>Best</i>	1	\$ 280.00	\$ 280.00
8	REAR LOWER ARM <i>Best</i>	1	\$ 420.00	\$ 420.00
9	REAR KNUCKLE ARM WITH BEARING <i>Best</i>	1	\$ 360.00	\$ 360.00
10	REAR LINKAGE RH <i>New</i>	1	\$ 130.00	\$ 130.00
11	REAR SWING ARM RH <i>New</i>	1	\$ 380.00	\$ 380.00
12	REAR STABILIZER BAR <i>2 New</i>	1	\$ 450.00	\$ 450.00
13	REAR STABILIZER BAR BUSH	1	\$ 60.00	\$ 60.00
14	REAR SUSPENSION ARM RH <i>Best</i>	1	\$ 230.00	\$ 230.00
15	REAR WHEEL ARCH RH <i>lt</i>	1	\$ 310.00	\$ 310.00
16	REAR BUMPER(UPPER) <i>Dented</i>	1	\$ 830.00	\$ 830.00
17	REAR BUMPER(LOWER) <i>New</i>	1	\$ 580.00	\$ 580.00
18	REAR BUMER SIDE RETAINER RH <i>New</i>	1	\$ 62.30	\$ 62.30

4656.30  
3492.22

TOTAL PRICE \$8,002.00  
LESS 25% \$ 2,000.50

SUB TOTAL PRICE

\$6,001.50

## 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/EGI19020099/ATD3N2

Date: 31/01/2020

## REFERENCE

Handling Insurer: ERGO Insurance Pte. Ltd.

Policy No:

Claimant Vehicle No : SML8680S

Insured Vehicle No : GBC7181A

Date of Loss: 12/11/2019

Nature of Claim: TP

Claim No: CDMCG19002118

## DESCRIPTION &amp; IDENTIFICATION OF VEHICLE

Reg No: SML8680S

Make &amp; Model: TOYOTA C-HR, 1.8 HYBRID ICON/DYNAMIC (A)

Engine No: 2ZR8290067

Reg. Date: 07/06/2019 (Man. Year: 2017)

Chassis No: ZYX102092269

Colour: Grey

Odometer: 45474 km

Engine Capacity: 1797 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: 215/60R17

Rear Tyre Size: 215/60R17

Front Left Side: Dunlop 6 mm

Rear Left Side: Dunlop 6 mm

Front Right Side: Dunlop 6 mm

Rear Right Side: Dunlop 6 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	7,296.50	4,137.22	3,159.28	43.30
Miscellaneous Items	0.00	0.00	0.00	
Labour	4,000.00	1,610.00	2,390.00	59.75
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (S\$)</b>	<b>11,296.50</b>	<b>5,747.22</b>	<b>5,549.28</b>	<b>49.12</b>
<b>Approved Total (Overridden) (S\$)</b>		<b>4,600.00</b>		
<b>(S\$)</b>	11,296.50	4,600.00	6,696.50	59.28
<b>+ GST 7.00/7.00% (S\$)</b>	790.76	322.00	468.76	59.28
<b>Nett Amount (S\$)</b>	<b>12,087.26</b>	<b>4,922.00</b>	<b>7,165.26</b>	<b>59.28</b>

## INSPECTION

Date of Assignment: 13/11/2019

Date Inspected: 12/11/2019

Inspected At:

MG SOLUTION PTE LTD  
23 KAKI BUKIT AVE 4  
(SOUTH WING) #02-03B  
SINGAPORE 415933

Estimated Period of Repair: 6.0 days

Adjuster: ADRIAN LING

Manager: DENISE TAY KWEE CHENG

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: 31 Jan 2020)

Parts: M1-SUV TOYOTA C-HR 1.8 HYBRID ICON/DYNAMIC (A) (Catalogue:Merimen Singapore 1.0)

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

Print Code: (Unsubmitted, no print-code for SML8680S)

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 DOOR RH	Dented	1,455.80 FL	*1,051.00 FL
2	1		*REAR DOOR STICKER	Necessary	110.00 FL	*110.00 FL
3	1		*REAR DOOR OUTER PROTECTOR	Cut	322.50 FL	*322.50 FL
4	1		*SIDE SKIRT RH	Cut	680.50 FL	*680.50 FL
5	1		*REAR FENDER RH	Repair	980.90 FL	*- FL
6	1		*REAR SHOCK ABSORBER	Not Necessary	360.00 FL	*- FL
7	1		*REAR UPPER ARM	Bent	280.00 FL	*280.00 FL
8	1		*REAR LOWER ARM	Bent	420.00 FL	*420.00 FL
9	1		*REAR KNUCKLE ARM WITH BEARING	Damaged	360.00 FL	*360.00 FL
10	1		*REAR LINKAGE RH	Not Necessary	130.00 FL	*- FL
11	1		*REAR SWING ARM RH	Not Necessary	380.00 FL	*- FL
12	1		*REAR STABILIZER BAR	Not Necessary	450.00 FL	*- FL
13	1		*REAR STABILIZER BAR BUSH	Not Necessary	60.00 FL	*- FL
14	1		*REAR SUSPENSION ARM RH	Bent	230.00 FL	*230.00 FL
15	1		*REAR WHEEL ARCH RH	Cut	310.00 FL	*310.00 FL
16	1		*REAR BUMPER (UPPER)	Deformed	830.00 FL	*830.00 FL
17	1		*REAR BUMPER (LOWER)	Not Necessary	580.00 FL	*- FL
18	1		*REAR BUMPER SIDE RETAINER RH	Necessary	62.30 FL	*62.30 FL
19	1		*SET REAR BUMPER CLIPS	Necessary	25.00 FS	*25.00 FS
20	1		*SET WHEEL ARCH CLIP	Necessary	20.00 FS	*20.00 FS
21	1		*SET SIDE SKIRT CLIPS	Necessary	20.00 FS	*20.00 FS
22	1		*WHEEL TYRE	Not Necessary	380.00 FS	*- FS
23	1		*WHEEL RIM	Cut	850.00 FS	*580.00 FS

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

Sub Total (S\$)	9,297.00	5,301.30
- List Item Discount on L Items 25.00/25.00% (S\$)	2,000.50	1,164.08
Total Parts (S\$)	7,296.50	4,137.22

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	TO PANEL BEAT,REMOVE AND REPLACE PARTS	New	1,600.00	600.00
2	TO SPRAY PAINT AFFECTED AREA	New	1,600.00	600.00
3	WIRING CHECK	New	100.00	30.00
4	WHEEL ALIGHMENT	New	120.00	80.00
5	TO REMOVE AND REFIX REAR UNDERCARRIAGE	New	280.00	220.00
6	TO REMOVE AND REFIX REAR DOOR FITTINGS	New	120.00	80.00
7	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS,RESET MEMORIES TO SPECIFICATION ETC.	New	180.00	0.00
<b>Gross Labour Cost (S\$)</b>			<b>4,000.00</b>	<b>1,610.00</b>

Report was unsubmitted during this print-out.

< END OF ESTIMATES >