

ASSIGNMENTSurveyor: vinanDOI: 13.2.14Date / Time: 13.2.14Registered in Merimen: 17.2.14

Pre-assign / CCU / FTE

Insured Vehicle No.: 597 29944Claim No.: 600715235Name of Insured: 4 charanPolicy No.: 2100200287Insured Tel No.: 9088 9995Make / Model: HondaExcess Sec II :SS 7.2.14Place of Accident: junction of Riverside RoadIs driver the owner? (YES / NO) YES Nature of Accident:

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

If NO, Driver Name / Age: Driver Tel No.:

(V/L: YES / NO Insured Liability: % Final ? Yes / No

INSRS:
WSP: TRANS-CAB
Tel:
Liability:
RMKS: INSRS:
WSP:
Tel:
Liability:
RMKS: INSRS:
WSP:
Tel:
Liability:
RMKS: INSRS:
WSP:
Tel:
Liability:
RMKS:

Date/ Time	FOR CSO ONLY:	STAGE	DATE / PIC
3.3	Is driver the owner? (YES / NO)	Finalisation:	
VINAN	If NO, Driver Name / Age :	Email AIG for OI GIA:	
	Driver's Own Vehicle Number: Insurance Company:	Apt letter to OI:	
	597 29944 - NA/IN/108555/52 / 23-7-11	Call OI	4/3/14 VINAN
	CC4/AIG 09007641 (KDH) / 7-4-09	After call ltr to OI:	5/3/14
	CC4/AIG 09006073 (DESH) / 18-3-09	Type Report:	
	597 35944 - CC7/AIG 2019054 (CPHSP) / 27-09-12	Prepare Invoice:	
		Others:	
4/3/14	Called to confirm accident details. Inform TP claim. OI making a reversal and TP making a right turn. agree to settle at 50/50. Amount NCD will be affected. Letter send out	Documentation Check List:	Handler Typist
		OI Apt Ltr:	<input type="checkbox"/>
		Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		LTA / GIA:	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		Approval Email:	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>
4/6/14	To receive OI TP report back.		
13/03/14	To receive OI TP report back. To receive OI TP report back. To receive OI TP report back.		
18/03/14	TP rejected 40% to insure for 10%. Otherwise they pass to lawyer.		
	To write to AIG for instructions.		
	To write to AIG for instructions.		
	To write to AIG for instructions.		

FINALIZATION	Date/Time:	Confirm with:	Confirm by: <u>KSE</u>
Repair Cost: <u>46</u>	SS \$2,100	(2 days) Reduction: <u>76</u> %	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
FINAL SETTLEMENT	Date/Time: <u>04-12-19</u>	Confirm with: <u>VINAN</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Final Liability: <u>100</u> % <u>80</u>	(Agreed / Assessed) BOLA S/N No.:	<u>NIL</u>	If NO or B 28, Ass. Lia:
Repair Cost: <u>1,797.60</u>	SS <u>1,797.60</u>		
Loss of Rental (LOR): <u>195.17</u>	(2 days) x <u>97.58</u>		
Loss of Use (LOU): <u>-</u>	(\$ x days)		
Loss of Income (LOI): <u>80.00</u>	(\$30 x 3 days)		
LOR only <input type="checkbox"/> LOU only <input type="checkbox"/> LOR + LOU <input type="checkbox"/> LOR + LOI <input checked="" type="checkbox"/>	[Tick only one]		
GIA/LTA Search: <u>16.00</u>	SS <u>16.00</u>		
Medical: <u>-</u>	SS <u>-</u>		
Disbursement: <u>-</u>	SS <u>-</u>	(e.g. Tow/ Independent)	
Legal Cost: <u>-</u>	SS <u>-</u>		
Total: <u>2,596.96</u>	SS <u>2,596.96</u>	Global Sum SS: <u>2,060</u>	
FINAL PAYMENT	Date/Time: <u>04-12-19</u>	Confirm with: <u>VINAN</u>	Email <input checked="" type="checkbox"/> Call <input type="checkbox"/>
Payee 1:	SS <u>2,060.00</u>	Name 1: <u>TRANS-CAB AUTO SERVICES PTE LTD</u>	
Payee 2: (Strike if N.A.)	SS <u>-</u>	Name 2:	
Payee 3: (Strike if N.A.)	SS <u>-</u>	Name 3:	

COPY SENT

1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: 330 / 10 B-11

716 /

Henrieth

☐ Weekend (\$

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 Authorized 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 ability.
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 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	08/02/2014 10:00
Date Of Accident	07/02/2014 22:15
Exact Location Of Accident	River Valley Road T-X Tan Tye Place
Country/State of Loss	Singapore
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHB7675B
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Vehicle Particulars	
Manufacturer	CHEVROLET
Model	EPICA-2.0 DSL TURBO (A)
Exact Purpose for which vehicle was being used at time of accident	Hire and Reward
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	First Capital Insurance Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	D-12047359MFSH/175
Cover Note Number	
Driver	
Name of Driver	FAN MENG KEE
NRIC No	S0011392A
Date Of Birth	07/10/1952
Occupation	Outdoor
Date Of Driving Pass	14/01/1971
Driving Experience	43 Years And 0 Months
Gender	Male
Mobile Number	(Local) +65-93691089
Fax Number	
Contact Number	
Address	BLK 763 BEDOK RESERVOIR VIEW #16-279
Postcode	470763
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- Head to Rear (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No

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

On 07.02.2014 at about 2215hrs, I was traveling straight at right lane along River Valley Road with intention to make a right turn towards Tan Tye Place. After checking for oncoming traffic, I proceed to make my turn. In the midst of turning, Vehicle B (SGZ3894Y) which was stationary on the extreme left lane made a reversed without checking the rear. Thus resulted, vehicle B's right rear portion collided onto my taxi's right front portion. Vehicle A: 1 passenger Vehicle B: 1 passenger /rc

Are accident photos available for attachment?	Yes
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DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SGZ3894Y
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	LEE
NRIC/Passport Number	
Contact Number	9088 9995
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	PASSENGER
Phone Number	
Email Address	

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

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ACCIDENT STATEMENT

Date Of Report	10/02/2014 13:57
Date Of Accident	07/02/2014 22:10
Exact Location Of Accident	JUNCTION OF RIVERVALE ROAD
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGZ3894Y
Insured/Policyholder	
Name Of Registered Owner	LI SHOULONG
NRIC No	S7265840Z

Vehicle Particulars

Manufacturer	HONDA
Model	STREAM-1.8 (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?	Yes
If No, Please state action to be taken	
Vehicle Category	Private Car

Insurance Company

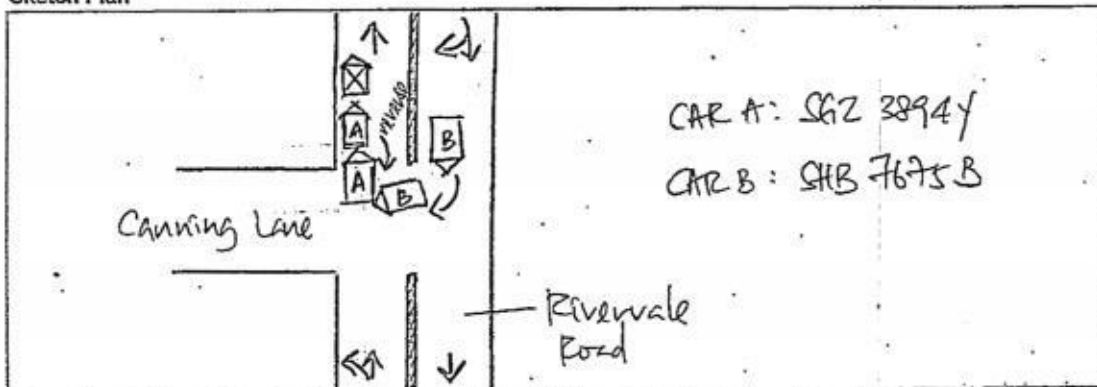
Name of Insurance Company	AIG Asia Pacific Insurance Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	2100200287-03000
Cover Note Number	

Driver

Name of Driver	LI SHOULONG
NRIC No	S7265840Z
Date Of Birth	03/12/1972
Occupation	Indoor
Date Of Driving Pass	24/03/2009
Driving Experience	4 Years And 10 Months
Gender	Male
Mobile Number	(Local) +65-90889995
Fax Number	
Contact Number	
EMail Address	NOEMAIL
Address	BLK 85B LORONG 4 TOA PAYOH #17-338
Postcode	312085
Was driver an employee of the Insured's Company	No

SKETCH PLAN**IMPORTANT NOTICE**

1. Please report correctly the details of the accident to speed up the claims process.
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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.
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Sketch Plan**Describe Circumstances of the Accident**

我在直走,当时前面有一辆车,所以我先退一点,然后,当时SHB 7675B左转,撞到我的车尾。

Declaration

We declare the foregoing particulars are true in every respect.

13:55 hrs
10/02/2014

Policyholder's Signature / Date & Time

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



Witnessed by Reporting Centre Personnel

TRANS-CAB AUTO SERVICES PTE LTD
 NO.42 SUNGEI KADUT STEET 1 SINGAPORE 729346
 TEL NO.6287 6666 FAX NO.6366 8862
 CO/GST REG NO.201019626G
SHB 7675B -

ROEL

Vehicle No.:
 Chassis No.:
 Vehicle Make:
 Vehicle Model:
 Date of Accident :
 Third Party Insurer :

SHB 7675B - ROEL
LK1LA69RJBB092744*
CHEVROLET
CHEVROLET EPICA 2.0
07.02.2014
206

PART			LIST
1	1	Front Bumper	\$ 1,202.00 ✓
2	1	Front Bumper Reinforcement	\$ 295.25 ✓
3	1	Front Bumper Lower Absorber	\$ 180.00 ✓
4	1	Front Bumper Retainer RH	\$ 102.00 ✓
5	1	Front Bumper Fog Lamp Outer Cover RH	\$ 32.40 ✓
6	1	Front Headlamp RH	\$ 816.00 ✓
7	1	Front Fender RH	\$ 837.60 ✓
8	1	Front Fender Liner RH	\$ 47.00 ✓
9	1	Bonnet Panel	\$ 1,250.00 ✓
10	1	Front Support Panel Assy	\$ 1,222.32 ✓
11	1	Radiator Grille	\$ 367.00 ✓
12	1	Windscreen Washer Tank - Filler Neck	\$ 4.80 ✓
13	1	Windscreen Washer Tank	\$ 62.00 ✓
14	1	Windscreen Washer Tank Motor	\$ 51.00 ✓
15	1	TANK, WIPER HOSE	\$ 21.00 ✓

TOTAL	\$	6,490.37
10%	\$	649.04
	\$	5,841.33

Specical Nett

1 Set	Front Bumper Fastener Clip(Necessary)	\$ 24.00 ✓
1 Set	Front Fender Liner Clip(Necessary)	\$ 20.00 ✓
1 Set	Side Rocker Panel Garnish Clip	\$ 30.00 ✓
1	Front Tyre RH	\$ 180.00 ✓
1	Front Tyre Rim RH	\$ 126.00 ✓
1	Tyre hub cap RH	\$ 35.00 ✓

TOTAL	\$	415.00
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TOTAL PARTS	\$	6,256.33
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TRANS-CAB AUTO SERVICES PTE LTD

NO.42 SUNGEI KADUT STREET 1 SINGAPORE 729346

TEL NO 6287 6666 FAX NO 6366 8862

CO/GST REG NO 201019626G

SHB 7675B -**ROEL**

Panel Beating, Knocking And Straightening
The Necessary Portion, Remove And
Renewal Of Parts, Adjust And Realign The
Same

\$ 840.00 *3000*

To Rust-Proofing Of The Affected Areas.

\$ *220* 220.00 *X*

Putty and Spray Painting Of The Affected
Portion.

\$ 810.00 *3600*

To check steering geometry and computer
wheel alignment

\$ *220* 220.00 *X*

To transfer of tire, rim and on wheel
balancing.

\$ *170* 170.00 *X*

To Check Electrical Lighting Concerned.

\$ 170.00 *200***TOTAL \$ 2,430.00****Over All Total \$ 8,686.33****REPAIR DAYS****3 DAYS**
2 days

Let Auto Consultants hence notify
the Repairer of the following:

- To resurvey before/after spray painting
- To replace damaged part(s) during resurvey
- All quotes are subject to confirmation
- All quote survey is on a "Without Prejudice" basis
- No legal modification(s) is allowed
- All complementary item(s) must be resurveyed and
is subject to final approval from Insurance Company

Acknowledged by Repairer

Signature:

Date:

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

Express

CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'ed	Status
Main	10 Feb 2014 Edit Reg		13 Feb 2014 00:00 Edit Adj Rpt	S\$2,100.00 Edit Estimates	S\$2,100.00 View Rpt		Pending for Survey Report Cancel Case

Main	Reference	Claim Details	Documents	Show All					
CLAIM SUBFOLDER DETAILS [Created by adjuster]									
Insured: Li ShouLong , ID: S7265840Z									
Main Claimant: TRANS-CAB SERVICES PTE LTD , Co. Reg. No.: 200303878K									
Vehicle Reg. No.:	SHB7675B	Date of Loss:	07/02/2014 22:00 - :59 [19 Months and 9 Days From LTA Reg Date (Man Yr)]						
Claim Type:	TP / 800715285	Policy/Cover Note No.:	2100200287 (Comprehensive) Coverage: 26/04/2013 - 25/04/2014						
Vehicle Reg. No. (Insured):	SGZ3894Y	Policy No. (Claimant):	D-12047359MFSH/175						
		Excess:							
Repairer: Trans-cab Auto Services Pte Ltd (HQ) No. 42 Sungei Kadut St 1, 729346 Sungei Kadut - Tel: 62876666									
Handling Insurer: AIG Asia Pacific Insurance Pte. Ltd. (SG) - Tel: 65-6419-3000 ... [Handled by Loh, Chee-Heng] Chee-Heng.Loh@aig.com									
Claimant's Insurer: MS First Capital Insurance Ltd (HQ) - Tel: 62222311									
Adjuster: LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Handled by KENNETH KONG] ... [Final Rpt due 29/11/2019]									
Driver/Custodian (Insured): Li ShouLong () , NRIC: S7265840Z Email:									
ASSOCIATED MAIL RECEIVED View All Compose Case Mail									
• AIG_SG (27/11/2019): Report Send Back Alerts - SHB7675B (TP)									
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.									

***SHB7675B (800715285)**
[SGZ3894Y]

Trans-cab Auto Services Pte Ltd

Documents Checklist

Reset | Save | Print

There are no document checklists configured.

Our Checklist Remarks - LKK Auto Consultants Pte Ltd (HQ)

Show Remarks To: ☐ Handling Insurer

Note: Remarks are private unless you show it to other parties.

NOTE: TO BE COMPLETED BY SURVEYOR

TEAM _____

**AIG THIRD PARTY EXPRESS SETTLEMENT
FOR ACCIDENTS ON OR AFTER 1ST JUNE 2008
(PAYMENT BREAKDOWN)**

Vehicle No:	SGZ3894Y (Insd veh)	Model:	CHEVROLET EPICA 2.0 DSL
	SHB7675B (TP veh)		TURBO (A)
Date of Accident:	07/02/2014		

Global Sum Settlement	:	<input checked="" type="checkbox"/> [X] Yes	<input type="checkbox"/> [] No
Repair Estimate	:	\$	9,294.37
Final Repair Cost	:	\$	
Loss of Use	:	\$	2.00 days at \$50.00 per day
Rental (if any)	:	\$	2 days
LTA / GIA Search Fee	:	\$	
Others:	:	\$	
	:	\$	
Final Settlement Sum (GLOBAL SUM)	:	\$	2,060.00

Is Third Party Workshop GIA Registered? ☐ [] YES ☒ [X] NO (Kindly indicate below)

A) For Non GIA Registered Workshop: Agreed Liability 80 (%)

B) For GIA Registered Workshop: BOLA Applicable: Yes/ No BOLA Scenario No: _____
 BOLA Liability: _____ (%) Assessed Liability (*): _____ (%)
** Assessed Liability to be filled only for chain collisions and for cases where BOLA does not apply.*

Remarks _____

Payment Instruction: Payee's Breakdown			
1)	Trans-Cab Auto Services Pte Ltd	:	\$ 2,060.00
2)		:	\$
3)		:	\$
4)		:	\$

NUR SHAQILAH BTE ABDOL WAHAB

13 Dec
2019

LKK Auto Consultants Pte Ltd

Date

Please attach all the supporting documents to the form.
 (Final Repair Bill; Rental Invoice; Release Voucher; Authorisation to Act; Survey Report; Medical Report/
 Bill (if any))

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: CC3/AIG14003036/KEA3S2-1

Date: 13/12/2019

REFERENCE

Handling Insurer:	AIG Asia Pacific Insurance Pte. Ltd.	Policy No:	2100200287
Claimant Vehicle No :	SHB7675B	Insured Vehicle No :	SGZ3894Y
Date of Loss:	07/02/2014	Nature of Claim:	TP
		Claim No:	800715285

DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHB7675B		
Make & Model:	CHEVROLET EPICA, 2.0 DSL TURBO (A)	Engine No:	Z20S1455772K
Reg. Date:	29/06/2012 (Man. Year: 2011)	Chassis No:	KL1LA69RJBB092744
Colour:	Red/White	Odometer:	148248 km
Engine Capacity:	1991 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:	Good	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:	West Lake 8 mm	Rear Left Side:	West Lake 5 mm
Front Right Side:	West Lake 8 mm	Rear Right Side:	West Lake 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS

	Repairer's	Adjuster's	Difference	Diff %
Parts	6,256.33	1,961.16	4,295.17	68.65
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,430.00	680.00	1,750.00	72.02
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
Calculated Gross Total (S\$)	8,686.33	2,641.16	6,045.17	69.59
Approved Total (Overridden) (S\$)		2,100.00		
(S\$)	8,686.33	2,100.00	6,586.33	75.82
+ GST 7.00/7.00% (S\$)	608.04	147.00	461.04	75.82
Nett Amount (S\$)	9,294.37	2,247.00	7,047.37	75.82
+ Loss of Use (2.0 x S\$50.00/day) (S\$)		100.00		
+ Car Rental (2.0 x S\$121.98/day) (S\$)		243.96		
(S\$)		2,590.96		
Liabile Amount (80.00%) (S\$)		2,072.77		
+ Doc/Search Fee (S\$)		6.00		
Nett Liability (S\$)		2,078.77		
Global Sum Settlement (S\$)		2,060.00		

INSPECTION

Date of Assignment: 13/02/2014

Date Inspected: 13/02/2014 Inspected At:

Trans-cab Auto Services Pte Ltd
NO.2 ANG MO KIO ST 63
SINGAPORE 569111

Estimated Period of Repair: 2.0 days

Adjuster: KENNETH KONG**Manager:** Asher Sng Rong Yi

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

Recommended Parts

No.	Qty	Part No. Particulars	Condition	Repairer's	Amount
1	1	*FRONT BUMPER	Bent	1,202.00 FL	*1,202.00 FL
2	1	*FRONT BUMPER REINFORCEMENT	Repair	295.25 FL	*- FL
3	1	*FRONT BUMPER LOWER ABSORBER	Serviceable	180.00 FL	*- FL
4	1	*FRONT BUMPER RETAINER RH	Distorted	102.00 FL	*102.00 FL
5	1	*FRONT BUMPER FOG LAMP OUTER COVER RH	Distorted	32.40 FL	*32.40 FL
6	1	*FRONT HEADLAMP RH	Cut	816.00 FL	*816.00 FL
7	1	*FRONT FENDER RH	Repair	837.60 FL	*- FL
8	1	*FRONT FENDER LINER RH	Serviceable	47.00 FL	*- FL
9	1	*BONNET PANEL (DENTED)	Not Consistent With The Impact	1,250.00 FL	*- FL
10	1	*FRONT SUPPORT PANEL ASSY	Repair	1,222.32 FL	*- FL
11	1	*RADIATOR GRILLE	Serviceable	367.00 FL	*- FL
12	1	*WINDSCREEN WASHER TANK - FILLER NECK	Serviceable	4.80 FL	*- FL
13	1	*WINDSCREEN WASHER TANK	Serviceable	62.00 FL	*- FL
14	1	*WINDSCREEN WASHER TANK MOTOR	Serviceable	51.00 FL	*- FL
15	1	*TANK, WIPER HOSE	Serviceable	21.00 FL	*- FL
16	1	*SET FRONT BUMPER FASTENER CLIP	Necessary	24.00 FS	*24.00 FS
17	1	*SET FRONT FENDER LINER CLIP	Not Necessary	20.00 FS	*- FS
18	1	*SET SIDE ROCKER PANEL GARNISH CLIP	Not Necessary	30.00 FS	*- FS
19	1	*FRONT TYRE RH	Serviceable	180.00 FS	*- FS
20	1	*FRONT TYRE RIM RH	Serviceable	126.00 FS	*- FS
21	1	*TYRE HUB CAP RH	Serviceable	35.00 FS	*- FS

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

Sub Total (S\$)	6,905.37	2,176.40
- List Item Discount on L Items 10.00/10.00% (S\$)	649.04	215.24
Total Parts (S\$)	6,256.33	1,961.16

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
Labour Items				
1	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME.	New	840.00	300.00
2	TO RUST-PROOFING OF THE AFFECTED AREAS.	New	220.00	0.00
3	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.	New	810.00	360.00
4	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	New	220.00	0.00
5	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	New	170.00	0.00
6	TO CHECK ELECTRICAL LIGHTING CONCERNED.	New	170.00	20.00
Gross Labour Cost (\$\$)			2,430.00	680.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >