

22-00000

ASS. REC. BY:

REF: CS/MSG#022766/034302

Special Instruction:

Developer: Bryan

ASSIGNMENT (Office)

From (Person): Pauline them

of M81A

Date/Time: 26/12/19 @ 5:00pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHC 2185B

Insured: GBD 506M

at Workshop m/s

Chunni Motor

Tel: 6542 5119

of

Blk 10 # 01-05/06

Policy No: 29077124 MKC

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A. 2/11/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 1002000 27/12/19

Person Contacted: Lynn

Vehicle: IN / OUT

Date/Time	Action/Instruction
	Ishtiaq ✓
	GBD 506M
	SHC 2185B NS/INC1005221/FM TCR:15/03/2010
27/12/19 @ 16:52 pm	revised PA to Pauline via meimur.

ASS. REQ. BY:

REF:

## ASSIGNMENT

CBE Aug 2026  
2018, Aug

From:

Date:

Estimated Cost:

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

To inspect Vehicle No:

at Workshop no/s

at

Insured:

Policy No.

Claims No.

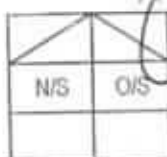
Sum Insured:

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: 3 days Res.: Yes or No

Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No

SHC 2185B

Yr Regn:

2018, Aug

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

Truck / Trailer or

Make:

Hyundai Ioniq

C.C

1580

Colour:

Blue

A/C:

Insured / Std / NI / NA

Sp.Reading

232248

T/Radio: Insured / Std / NI / NA

Eng/No:

G4LEJU076600

C/No:

KMHC851CVKU106572

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65R15

R:

11

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

TOYO / YOKO or

Duraturn

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

21/12/2019

D.O.I.

27/12/2019

Survey held at

Chunni AMK

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

0/8 Rnd

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

Date / Time

Action / Instruction

MSIG GBD 506M

22/01/2020 Jinnah 2/5 4900/- vtu 3 days of repair  
(\$ 3,600.32 Red- 42%)

RECEIVED 22 JAN 2020

Date/Time, File Pass #/7

22/01/20

1)

Type 4

Date/Time, File Return #/7

2)



Prel. Report



Final Report

Days Of Repair:

3

Resurvey No. of Trip:

2

Survey Fee:

Transportation

S + RS. \$

Photo

Video

TOTAL

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Per. Formula:

Comp. \$/1

\$ 4,900/- L/S

# 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

To: MSIG Insurance (Singapore) Pte. Ltd.  
4 Shenton Way  
#21-01 SGX Centre 2  
Singapore 068807

From: LKK Auto Consultants Pte Ltd  
51 Ubi Ave 1 #01-25  
Paya Ubi Industrial Park  
Singapore 408933

Attn: Pauline Tham

Date: 27 Dec 2019

## Preliminary Advice

Insured Vehicle No	: GBD506M	Accident Date	: 21/12/2019
TP Vehicle No	: SHC2185B	Assignment Date	: 26/12/2019
Make	: HYUNDAI AE IONIQ HEV DCT	Est. Duration of Repair	: 3 days
Date of Inspection	: 27/12/2019		
Inspection At	: Chunni Motor Work Pte Ltd - Amk (HQ) Blk 10 #01-05/06, AMK Autopoint Singapore 568047		

### Point of Impact / General Description of Damages

The vehicle sustained impact / damages o/s front portion and parts claimed are consistent to the accident.

Repairer's Estimate (Gross)	:S\$	8,595.28
Revised Amount	:S\$	5,080.96
Check Items (Estimated)	:S\$	0.00
Total	:S\$	5,080.96

Lump Sum Repair	:S\$
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### Total Loss Consideration

New for Old Value	:S\$
Pre-Accident Value	:S\$
COE / PARF Rebate	:S\$
Salvage Value	:S\$
Margin for Repair	:S\$

### Remarks

- ( ) The vehicle is economical/not economical for repair.
- ( X ) The above survey was conducted on a 'without prejudice' basis.

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

### CLAIM SUBFOLDER TRACKING

Case	Notified	Est Submitted	Adj Assigned	Adj Rpt	Adj Submitted	Ins Auth'd	Status
Main	26 Dec 2019 09:46		26 Dec 2019 17:09 <a href="#">Assign</a>				<a href="#">New Assignment</a> <a href="#">Cancel Case</a>

<a href="#">Main</a>	<a href="#">Reference</a>	<a href="#">Claim Details</a>	<a href="#">Documents</a>	<a href="#">Show All</a>
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### CLAIM SUBFOLDER DETAILS

[Created by insurer]

Insured:	IN-SPEC CORPORATION PTE LTD, Co. Reg. No.: 198501505Z		
Main Claimant:	COMFORT TRANSPORTATION PTE LTD, Co. Reg. No.: 199303821R		
Vehicle Reg. No.:	SHC2185B	Date of Loss:	21/12/2019 15:00 - :59 [16 Months and 6 Days From LTA Reg Date (Man Yr)]
Claim Type:	TP	Policy/Cover Note No.:	29077124MKC (Comprehensive) Coverage: 16/05/2019 - 15/05/2020
Vehicle Reg. No. (Insured):	GBD506M	Policy No. (Claimant):	
		Excess:	
Repairer:	Chunni Motor Work Pte Ltd - Amk (HQ) Blk 10 #01-05/06, AMK Autopoint, 568047 Ang Mo Kio - Tel: 64836016		
Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd. (HQ) - Tel: +65 6827 7888 ... [Handled by Pauline Tham - 6594 2545]		
Adjuster:	LKK Auto Consultants Pte Ltd (HQ) - Tel: 6256-3561 ... [Imm.Advice due 27/12/2019]		
Driver/Custodian (Insured):	SNG ENG HENG ( / Male) , NRIC: S1522328F Email:		
Adj Asg. Remarks:	on WP. Liab: clear, Agree on SJE, Assign: LKK Auto Consultants Pte Ltd. Contact: Ms Lynn /Ms Irene at 6542 5119 or 6542 7162.		

### ASSOCIATED MAIL RECEIVED

There are no mail for this case.

[View All](#) [Compose Case Mail](#)

### ALL ASSOCIATED TASKS

Due Date	Priority	Type	Task Group	Subject	Handler	Assigned By	Completed On	Created On	Done?
No results.									

[View All](#) [Search Tasks](#) [Create New Task](#) [Complete](#)

MCD616167092 / ComfortDelGro Engineering Pte Ltd - Laying  
ENTRY DATE & TIME: 23/12/2019 08:14  
SUBMITTED BY: Catharine Per May Juan

Your NCD will be affected due to late reporting  
Actual e-Filing Submission Date & Time: 24/12/2019 11:22

**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	23/12/2019 08:14
Date Of Accident	21/12/2019 15:30
Exact Location Of Accident	ANG MO KIO BLK 405-421
Country/State of Loss	SINGAPORE

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number	SHC2185B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	1XXXXXX21R
Email Address	FLEETSAFTY@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	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

**Driver**

Name of Driver	LIM CHWEE HOON
NRIC No	SXXXXX610D
Date Of Birth	06/05/1955
Occupation	OUTDOOR
Date Of Driving Pass	29/09/1977
Driving Experience	42 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96793610
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 730 07-31 WOODLANDS CIRCLE  
 Postcode 730730  
 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 COLLIDED INTO PARKED VEHICLE  
 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) 0

**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**

AS PER ATTACH

**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 GBD506M  
 Vehicle Make/Model/Colour  
 Details Of Properties  
 Vehicle Category COMMERCIAL VEHICLE  
 Name of Driver SNG ENG HENG  
 NRIC/Passport Number SXXXX328F  
 Contact Number  
 Address  
 Postcode  
 Insurance Company Name  
 Nature Of Damage NOT SURE  
 No. Of Passenger (Including Driver)

**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

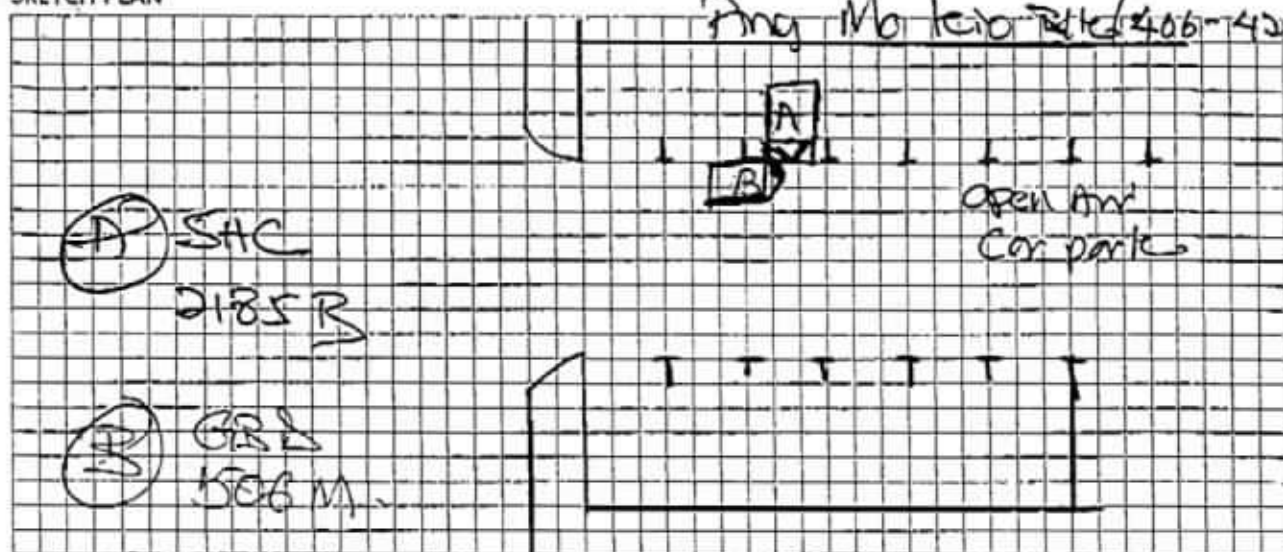
Policyholder's Signature  
Date & Time:

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

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



## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

on 21.12.2019 @ 1530 hrs I

veh (A) Park @ the open air

Car park lot went out for lunch.

when I came back I notice

my front bumper drop on the floor

and I went there and call police

awhile the veh (B) driver came

and told me he hit my bumper.

@ the point of incident no

body in veh (A).

## DECLARATION

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

MPORT TRANSPORTATION PTE LTD

CO. REG. NO. 109303821R

Policyholder's Signature

Date &amp; Time:

Driver's Signature

(if driver is not the policyholder)

Date &amp; Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



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

VEHICLE NO : SHC 2185B

DATE : 23.12.2019

MAKE :

TEL : 6542 5119

MODEL : HYUNDAI IONIQ

FAX : 6542 6039

MALL

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet <i>dent</i>			\$ 2,253.80
	Front Bumper Cover <i>form</i>			\$ 418.30
	Front Bumper Clips 10 pcs <i>new</i>			\$ 22.00
	Front Bumper Centre Moulding <i>cut</i>			\$ 398.00
	Headlamp Support Panel Assy <i>crack/broken</i>			\$ 949.30
	Headlamp (LH/RH) <i>o/s broken n/s new</i>	\$	1,198.80	\$ 2,397.60
	Headlamp Halogen Bulb (RH) <i>new</i>			\$ 14.40
	Day Light, RH <i>mainly broken</i>			\$ 642.50
	Front Fender (RH) <i>dent</i>			\$ 490.70
	Front Fender Shield (RH) <i>new</i>			\$ 114.70
	Emblem-Blue Drive (RH) <i>new</i>			\$ 26.60
	Wiper Container <i>new</i>			\$ 210.00
	Wiper Container Motor <i>new</i>			\$ 75.00
			6400.00	
			5120.00	
	<b>SUB TOTAL</b>			\$ 8,012.90
	<b>LESS 20%</b>			\$ 1,602.58
	<b>DISCOUNTED TOTAL</b>			\$ 6,410.32
	<b>Labour Charge</b>			
	Panel Beating			\$ 1,000.00
	Spray Painting Charge			\$ 750.00
	Wiring Charge			\$ 50.00
	Tuff Kote			\$ 50.00
	Towing Charge			\$ 90.00
	Remove/Refix Aircon & Refill Gas			\$ 150.00
			1060.00	
	<b>TOTAL LABOUR</b>			\$ 2,090.00
	<b>ESTIMATE TOTAL</b>			\$ 8,500.32
	<i>27/12/2019 @ 1100am</i>			
	<i>N/A Andrew</i>			
	<i>1/2pm 3 days</i>			
	<i>3 Jan</i>			
	<i>LKK Auto</i>			
			6180.00	
			1/s 4900/-	

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 motor Surveyor appointed by the insurance company.

X

DATE : 27.12.2019

**TEL : 6542 5119**

**FAX : 6542 6039**

2

# 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/MSG19022766/DSD3N2  
Date: 23/01/2020

### REFERENCE

Handling Insurer:	MSIG Insurance (Singapore) Pte. Ltd.	Policy No:	29077124
Claimant Vehicle No :	SHC2185B	Insured Vehicle No :	GBD506M
Date of Loss:	21/12/2019	Nature of Claim:	TP
		Claim No:	615747

### DESCRIPTION & IDENTIFICATION OF VEHICLE

Reg No:	SHC2185B	Engine No:	G4LEJU076600
Make & Model:	HYUNDAI AE IONIQ HEV DCT, 1.6 (A)	Chassis No:	KMHC851CVKU106572
Reg. Date:	15/08/2018 (Man. Year: 2018)	Odometer:	232248 km
Colour:	Blue		
Engine Capacity:	1580 cc		
Market Value/New Car Price:	N/A		
Sum Insured (\$\$):	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:	DURATURN 5 mm	Rear Left Side:	DURATURN 5 mm
Front Right Side:	DURATURN 5 mm	Rear Right Side:	DURATURN 5 mm

The above values represent the remaining tyre treads depth

COST OF CLAIMS	Repairer's	Adjuster's	Difference	Diff %
Parts	6,410.32	5,120.00	1,290.32	20.13
Miscellaneous Items	0.00	0.00	0.00	
Labour	2,090.00	1,060.00	1,030.00	49.28
Paintwork Labour	0.00	0.00	0.00	
Towing	0.00	0.00	0.00	
<b>Calculated Gross Total (\$\$)</b>	<b>8,500.32</b>	<b>6,180.00</b>	<b>2,320.32</b>	<b>27.30</b>
<b>Approved Total (Overridden) (\$\$)</b>		<b>4,900.00</b>		
<b>(\$\$)</b>	8,500.32	4,900.00	3,600.32	42.36
<b>+ GST 7.00/7.00% (\$\$)</b>	595.02	343.00	252.02	42.35
<b>Nett Amount (\$\$)</b>	<b>9,095.34</b>	<b>5,243.00</b>	<b>3,852.34</b>	<b>42.36</b>

### INSPECTION

Date of Assignment:	26/12/2019	
Date Inspected:	27/12/2019	Inspected At: Chunni Motor Work Pte Ltd - Amk (HQ) Blk 10 #01-05/06, AMK Autopoint Singapore 568047
Estimated Period of Repair:	3.0 days	

Adjuster: BRYAN TANI

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		
Part Source:	(Last Synchronised: 23 Jan 2020)	
Parts:	N/A	HYUNDAI AE IONIQ HEV DCT 1.6 (A) (Model not available in database)
Labour:	Repairer's	(Price-denominated Standard List)
Print Code:	(Unsubmitted, no print-code for SHC2185B)	
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		*BONNET	Bent/Dented	2,253.80 FL	*2,253.80 FL
2	1		*FRONT BUMPER COVER	Torn	418.30 FL	*418.30 FL
3	10		*FRONT BUMPER CLIPS	Necessary	22.00 FL	*22.00 FL
4	1		*FRONT BUMPER CENTRE MOULDING	Cut	398.00 FL	*398.00 FL
5	1		*HEADLAMP SUPPORT PANEL ASSY	Cracked/Broken	949.30 FL	*949.30 FL
6	1		*HEADLAMP (LH/RH)	O/s Broken/N/s Not Necessary	2,397.60 FL	*1,198.80 FL
7	1		*HEADLAMP HALOGEN BULB (RH)	Not Necessary	14.40 FL	*- FL
8	1		*DAY LIGHT,RH	Mounting Broken	642.50 FL	*642.50 FL
9	1		*FRONT FENDER (RH)	Dented	490.70 FL	*490.70 FL
10	1		*FRONT FENDER SHIELD (RH)	Not Necessary	114.70 FL	*- FL
11	1		*EMBLEM-BLUE DRIVE (RH)	Necessary	26.60 FL	*26.60 FL
12	1		*WIPER CONTAINER	Not Necessary	210.00 FL	*- FL
13	1		*WIPER CONTAINER MOTOR	Not Necessary	75.00 FL	*- FL
					Sub Total (S\$)	8,012.90 6,400.00
					- List Item Discount on L Items 20.00/20.00% (S\$)	1,602.58 1,280.00
					Total Parts (S\$)	6,410.32 5,120.00

F=Franchise part. L=ListItemDisc.

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	PANEL BEATING	New	1,000.00	500.00
2	SPRAY PAINTING CHARGE	New	750.00	500.00
3	WIRING CHARGE	New	50.00	30.00
4	TUFF KOTE	New	50.00	30.00
5	TOWING CHARGE	New	90.00	0.00
6	REMOVE/REFIX AIRCON & REFILL GAS	New	150.00	0.00
Gross Labour Cost (\$\$)			2,090.00	1,060.00

Report was unsubmitted during this print-out.

< END OF ESTIMATES >