

Our Reference: **SDZ1518H/7018061**  
Your Reference: **SJV1436K**

**By Email / Mail**

**01/07/2020**

**LONPAC INSURANCE BHD C/O LKK AUTO CONSULTANTS**  
Attn: Third Party Claim Department -

**ACCIDENT INVOLVING SDZ1518H & SJV1436K ON 23 Mar 2020.**

Dear Officer,

We wish to inform you that the repairs to our client vehicle have been completed.

We hereby submit the claims as follows:

Details	Remarks	Amount (SGD)
Cost of Repairs		\$3,106.15
Loss Of Rental	\$139.10 x 3 days	\$417.30
Others		
<b>TOTAL</b>		<b>\$3,523.45</b>

Kindly let us have your offer to [Christine.yow@wearnes.com](mailto:Christine.yow@wearnes.com)

Your soonest reply is much appreciated. Thank you.



Yours faithfully  
Christine Yow  
D (65) 6430 4899  
Wearnes Automotive Pte Ltd  
Bodyshop and Paint Division  
249 Alexandra Road  
Singapore 159935

This is a computer generated printout, no signature is required.

## (PAYMENT BREAKDOWN)

Vehicle No	:	SDZ1518H (Insd veh)	Model	:	INFINITI Q50
	:	SDV1436K (TP veh)			
Date of Accident	:	23/03/20			

Global Sum Settlement	:	<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO
Liability	:	100 %	(Agreed/Assessed)

Repair Estimate	:	\$ 5130.55	
Final Repair Cost	:	\$ 3106.15	
Loss of Use	:	\$	days at \$ per day
Rental (if any)	:	\$ 417.30	03 days at \$ 139.10 (incl of GST) per day
Others	:	\$	
	:	\$	
	:	\$	
	:	\$	
Final Settlement Sum	:	\$ 3523.45	

Remarks:	

Payment Instruction: Payee's Breakdown			
1)	WEARNES AUTOMOTIVE PTE LTD	:	\$ 3523.45
2)		:	\$
3)		:	\$
4)		:	\$

# **SERVICE TAX INVOICE**

0 - L00002	SL: LONPAC INSURANCE BHD	GST Reg.No:M28920628X
LONPAC INSURANCE BHD		Inv.No. . : B&P 7018061 Page 1
300 BEACH ROAD		Inv.date. : 26/06/2020
#17-04/07 THE CONCOURSE		WIP No. . : 15424
SINGAPORE 199555		Veh.In/Out: 22/06/2020 24/06/2020
		*Tel.No. . : 62507388
		Reg.No. . : SDZ1518H
Closed by .... : Paul Ong Qing Yong		Reg.date . : 30/07/2018
Svc Consultant : ACC		Mileage ... : 33,286
Remarks ..... : Mr Peter Lim Hee Sen		Chassis No: JN1BCAV37Z0570092

Parts/Op.No	Description	Mech	Qty	Price	Disc%	Pkg	Amount	G
802	TO REPLACE REAR BUMPER,	0		900.00	0		900.00	S
	TOW COVER							
800	TO SPRAYPAINT & BLEND ON	0		800.00	0		800.00	S
	REAR BUMPER, ETC							
280	TO CHECK WIRING INCLUDE	0		405.00	0		405.00	S
	RESETTING OF ALL ELECTRICAL							
	MODULES							
850226HH1H	FACE-RR BUMPER	1.0	EA	865.00	10		778.50	S
850716HH0A	REAR TOW COVER	1.0	EA	21.60	10		19.44	S

		Gross Total.	2,902.94
Labour Total	2,105.00	Net.....	2,902.94
Parts Total	797.94	GST @ 7.0%	203.21
Package Total	0.00	Total.....	3,106.15
		Paid.....	0.00
		Please Pay..	3,106.15

GST: S=StdRated; O=OutOfScope; Z=ZeroRated  
 Enquiries must be lodged within 14 days from the invoice date  
 This is a computer generated invoice. No signature is required.

## AUTHORIZATION TO ACT

I, Peter Lim Hee Seng ("the third party claimant")  
of BLK 259B Compassvale Road, #08-613 S542259 (address),  
owner of SDZ 1518H (vehicle no.) hereby authorize  
Wearnes Automotive P/L  
("the workshop") to act for me with respect to my claim for repair costs and / or rental  
and / or loss of use ("claim") for my vehicle no. SDZ 1518H that was  
damaged pursuant to the accident which occurred on 23/03/20 (date) along  
Junction of Bedok Reservoir & Eunos Link (location)  
involving vehicle no. SJY 1436K ("the accident").

I further authorize the workshop to sign the discharge voucher on my behalf to settle  
my above mentioned claim in a manner that they deem fit and the workshop is further  
authorized to receive payment further to settlement of my claim with payment  
cheque/s being made in favour of the workshop.

I further acknowledge that any settlement the workshop may reach on my behalf is on  
a without prejudice and without admission of liability basis insofar as the driver /  
owner / insurers of the other vehicle/s is concerned.

Dated this 22 day of June (month) 20 20 (year)



Signed by "the third party claimant"  
Policyholder's Signature only  
& Company Chop - (if registered under a company)



Signed by "the workshop"

**Wearnes Automotive Pte. Ltd.**

Co Reg No. 199501400R / GST Reg No. M28920628X  
45 Leng Kee Road, Singapore 159103  
Telephone: +65 6876 5063  
www.wearnesleasing.com

**LONPAC INSURANCE BHD**

100 BEACH ROAD  
#19-00 SHAW TOWER  
Singapore 189702

**Tax Invoice**

**Inv No.** : R2000647  
**Inv Date** : 24 Jun 2020  
**Ref** :  
**Terms** : 90 Days

**Rental Information**

Agreement No. : RA20/00337  
Billing Period : 22/06/2020 13:00 - 24/06/2020 17:25  
Driver Name : Peter Lim Hee Seng

**Car Information**

Registration No. : SFR8779T  
Make : INFINITI  
Model : Q50 2.0T SPORT A/T  
S/R (R19) EU6

#	Description	Qty	UOM	Unit Price	Amt
1	Being Rental Payment for the Period Stated Above	3.00	Day	130.00	390.00

**Remarks:**

SDZ1518H\_Lonpac\_Paul (I)

**Payment method:**

Interbank GIRO and credit card payments: Deduction will take place from 5th to 9th of the month.

Cheque payments: All cheques should be crossed and made payable to "Wearnes Automotive Pte Ltd".

**Bank Transfers:**

Oversea-Chinese Banking Corporation Limited

Bank Code: 7339

Branch Code: 501

Bank Account Name: Wearnes Automotive Pte Ltd

Bank Account: 501-296727-001

SWIFT CODE: OCBCSGSG

Subtotal : S\$ 390.00  
GST 7.0% : S\$ 27.30  
**Total : S\$ 417.30**

Please note that late payment interest will be imposed at a rate of 2% per month commencing from the date that the payment is due, compounded daily, plus an administrative fee of S\$50.00 (excluding GST) each time.

*This is a computer generated document. No signature is required.*

## 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	23/03/2020 13:37
Date Of Accident	23/03/2020 00:05
Exact Location Of Accident	JUNCTION OF BEDOK RESERVOIR & EUNOS LINK
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDZ1518H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PETER LIM HEE SENG
NRIC No	SXXXX050Z
Email Address	LIMPETER@SAM.SG
Mobile Phone No	(LOCAL) +65-98381518
Alternative Phone No	OFFICE-98381518
<b>Vehicle Particulars</b>	
Manufacturer	INFINITI
Model	INFINITI Q50 2.0 PROACTIVE R18 E6
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	PRIVATE CAR

### Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

### Driver

Name of Driver	FRANCIS XAVIER RAINALD LIM RUI NAN
NRIC No	SXXXX856E
Date Of Birth	05/12/1991
Occupation	INDOOR
Date Of Driving Pass	04/12/2012
Driving Experience	7 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-83997775
Fax Number	
Contact Number	

Address	BLK 259B COMPASSVALE ROAD #08-613
Postcode	542259
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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
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?	
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

REFER TO ATTACHED

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV1436K
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
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

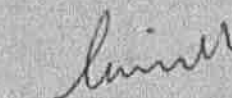
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful misrepresentation or withholding of material facts 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 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 purposes 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.



Policyholder's Signature  
Date & Time:



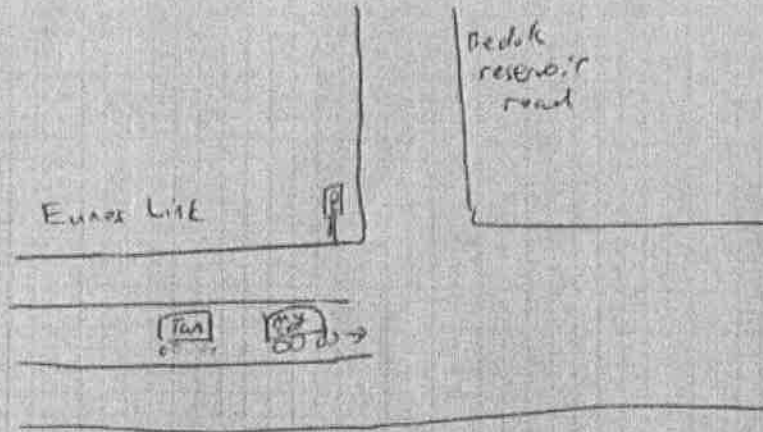
Driver's Signature  
(If driver is not the policyholder)  
Date & Time:

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



# Accident Sketch Plan

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along Eunos Link towards ECP. At 12:05 am on 23rd March 2020, I stopped at the traffic junction with Bedok Reservoir Road. While the traffic light was still red, I felt somebody hit my car from the rear. Upon verifying it, car SJV 1436 K was driven by Tan Kim Hui S1519445 B had crashed into my car. My car rear bumper was dented from the impact.

## DECLARATION

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

*[Signature]*

Policyholder's Signature  
Date & Time:

*[Signature]*

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

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

# SINGAPORE ACCIDENT STATEMENT

## IMPORTANT NOTICE

1. Complete and submit this Form to Allied World's Authorised Reporting Centre ("ARC") for filling.
2. Please report correctly the details of the accident to speed up the claims process.
3. This Form must be completed by the Policyholder and/or the Authorised Driver.
4. 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.
5. The issue and acceptance of this Form by Insurance companies is not an admission of policy liability on the part of the insurance companies.
6. Any false reporting may be referred to the Traffic Police Department for investigation.

## ACCIDENT STATEMENT

Date and Time of Accident

Date: 23/03/20 Time: 0005

Exact Location of Accident

JUNCTION OF BEDOK RESERVOIR & BEDOK LANE

## DETAILS OF OWN VEHICLE

Vehicle Registration Number

SD2168H

## INSURED / POLICYHOLDER (OWN VEHICLE)

Name of Registered Owner (See Insurance Cert.)

Peter Lim Heeseng

Personal Identification - NRIC (Singaporean/PR)

S1547050Z

- FIN/Passport Number

- Not Applicable

## VEHICLE PARTICULARS (OWN VEHICLE)

Vehicle Make / Model

Manufacturer INFINITI Model Q50

Type of Vehicle\*

☐ Saloon ☐ MPV ☐ CRV ☐ Van ☐ Lorry  
☐ Bus ☐ M/cycle ☐ Others, \_\_\_\_\_

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 ☒ No (If No, Please select: ☐ Third Party ☐ Reporting)

Vehicle Category\*

☒ Private ☐ Commercial ☐ Motorcycle

## INSURANCE COMPANY (OWN VEHICLE)

Name of Insurance Company \*

LIBERTY

Type of Policy

☒ Comprehensive ☐ Third Party Fire & Theft ☐ TP Only

Fleet Policy

☐ Yes ☒ No

Policy Number

Motor CI

## DRIVER

☐ Same as Insured above

Name of Driver

FRANCIS XAVIER RAIMUND LIM RUIMAN

Personal Identification - NRIC (Singaporean/PR)

S9146856E

- FIN/Passport Number

Date of Birth

05 dd/ 12 mm/ 21 /yy

Driving Date Pass

04 dd/ 12 mm/ 12 /yy

Year of Driving Experience

Year(s)

Month(s)

Occupation

☐ Indoor ☐ Outdoor

Gender

☒ Male ☐ Female

Contact Number / Mobile Phone / Fax No.

8299 7745

Address of Driver	Postcode ( )
Email Address	
Was driver an employee of the Insured's Company?	<input type="radio"/> Yes <input checked="" type="radio"/> No
If No, Relationship of the Driver with the Insured	CHILDREN
Vehicle Registration Number of Driver's Own	<input type="radio"/> Yes <input type="radio"/> No
Vehicle Registration Number of Driver's Own Vehicle (If applicable)	
Insurance Company of Driver's Own Vehicle (If applicable)	
<b>GENERAL INFORMATION OF THE ACCIDENT</b>	
Type of Collision (Eg. Chain collision, Head-On collision, Side Swipe, Front to Rear)	HEAD-REAR
Weather Conditions	<input checked="" type="radio"/> Clear <input type="radio"/> Raining <input type="radio"/> Others, _____
Road Surface	<input checked="" type="radio"/> Dry <input type="radio"/> Wet <input type="radio"/> Others, _____
<b>OTHER INFORMATION</b>	
Was any foreign vehicle involved in this accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any body injured in the accident?	<input type="radio"/> Yes <input checked="" type="radio"/> No
Was any other vehicle or property damaged?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Was there any video captured by Car Camera?	<input checked="" type="radio"/> Yes <input type="radio"/> No
Number of Passengers (Including Driver)	01
<b>DETAILS OF POLICE ACTION</b>	
Was the Accident reported to the Police?	<input type="radio"/> Yes <input type="radio"/> No (If Yes, please state which Police Station.)
Police Station Name	/
Police Station Address	
Police Station Contact	
Was notice of intended Prosecution given?	Tel No. <input type="radio"/> Yes <input type="radio"/> No (If Yes, against whom?) Fax No.
<b>DETAILS OF OTHER VEHICLE / PROPERTY 1</b>	
Vehicle Registration Number	SDV 143612
Vehicle Make/ Model/ Colour	
Details of Properties	
Name of Driver	
Personal Identification - NRIC (Singaporean/PR)	
- FIN/Passport Number	
Contact Number	
Address	
Name of Insurance Company	
Nature of Damage	
No. of Passenger (Including Driver)	
(Note: Please use page 6 if you need to add more vehicles.)	

## Paul Ong Qing Yong

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**From:** Rasul (LKKAuto) <Rasul@lkkauto.com>  
**Sent:** Friday, June 26, 2020 8:54 AM  
**To:** Paul Ong Qing Yong  
**Subject:** RE: SDZ1518H Finalise

Hi Paul,

Finalised amount confirm

Note: We are on work from home arrangement. All correspondence should be made via email. Submission of claim related documents will be in softcopy. Any inconvenience caused is much regretted.

Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



*Save the Earth. Print only when necessary.*

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**From:** Paul Ong Qing Yong [<mailto:paul.ong@wearnes.com>]  
**Sent:** Friday, 26 June, 2020 8:23 AM  
**To:** Rasul (LKKAuto)  
**Subject:** SDZ1518H Finalise

Attached

**Paul Ong**  
Service Consultant  
Bodyshop & Paint



**Wearnes Automotive Pte Ltd**  
45 Leng Kee Road Singapore 159103  
M (65) 8126 1237 D (65) 6378 9336  
[www.wearnesauto.com](http://www.wearnesauto.com) [paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)

*This email, including any attachment, is confidential and may also be privileged.  
If you have received it in error, please notify us immediately by reply email and then delete this message from your system.  
Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.*

## Paul Ong Qing Yong

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**From:** Jia Le (LKK Auto) <JiaLe@lkkauto.com>  
**Sent:** Tuesday, March 31, 2020 8:55 AM  
**To:** Paul Ong Qing Yong  
**Cc:** Admin A  
**Subject:** RE: TP Claim - SDZ1518H; TP Vehicle SJV1436K DOA 23/03/2020

Without Prejudice

Dear Sirs/Madam,

### **ACCIDENT INVOLVING SJV 1436K AND SDZ 1518H ON 23/03/2020**

We refer to the above matter.

Please be informed that basing on the accident statements submitted by both parties, the liability is clear and shall proceed with direct settlement for the above mentioned case.

Please note that this e-mail is on without prejudice basis which does not amount to an authorisation of repair to your client's vehicle.

The final repair cost is subjected to the consistency of the damages according to the nature of the accident.

And the days of LOU/ LOR will be based on the number of days of repair as recommended by our surveyor.

Please note that all finalisation subject insurer's approval.

**"Kindly note that this negotiation between parties on this matter is purely on a without prejudice basis with the sole intention of resolving the matter amicably without parties resorting to legal proceedings. No admission of liability, whatsoever, should be deemed / inferred from this negotiation of terms/settlement.**

**In the event of new evidence being discovered or subsequently produced by either party that will materially affect/influence on the issues of liability/damages, either party is not bound, thereafter, by the negotiation terms/settlement."**

Best Regards,

**Chan Jia Le** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6749 5792 | email: [Jiale@lkkauto.com](mailto:Jiale@lkkauto.com) | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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**From:** Paul Ong Qing Yong [mailto:[paul.ong@wearnes.com](mailto:paul.ong@wearnes.com)]  
**Sent:** Monday, 30 March 2020 5:03 PM  
**To:** Admin-D (LKKAuto); Jia Le (LKK Auto)  
**Cc:** assignments; Admin A  
**Subject:** Re: TP Claim - SDZ1518H; TP Vehicle SJV1436K DOA 23/03/2020

Hi Jia Le,

Paul

Hp 90010068

3 days

22/06/2020 @ 1410

Resy before paint



WEARNES

# SERVICE ESTIMATE

97795 - C00001 SL: SERVICE SALES - PC

Mr Peter Lim Hee Seng  
BLK 259B Compassvale Road  
#08-613

Singapore 542259

GST Reg.No:M28920628X

Inv.No. : B&P 0 Page 1

Inv.date. : 23/03/2020

WIP No. : 15424

Veh.In/Out:

\*Tel.No. : Mobile: 98381518

Reg.No. : SDZ1518H

Reg.date : 30/07/2018

Mileage : 0

Chassis No: JN1BCAV37Z0570092

Closed by .... : Paul Ong Qing Yong

Svc Consultant :

Remarks ..... : Mr Peter Lim Hee Sen

Op.No	Description	Mech Qty	Price	Disc%	Pkg	Amount	G
-------	-------------	----------	-------	-------	-----	--------	---

802	TO REPLACE REAR BUMPER, TOW COVER, BUMPER BRACKET, ETC	0	1800.00	0		<del>1,800.00</del> S	900
800	TO SPRAYPAINT & BLEND ON REAR BUMPER, ETC	0	1600.00	0		<del>1,600.00</del> S	800
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	405.00	0		405.00 S	
NOTES	DO NOT DEL	0	0.00	0			S
	FACE-RR BUMPER <i>del</i>	1.0 EA	839.80			839.80 S	
	REAR TOW COVER <i>cut</i>	1.0 EA	20.90			20.90 S	
	BRACKET-BUMPER RR LH ?	1.0 EA	32.30			32.30 S	
	BRACKET-BUMPER RR RH ?	1.0 EA	32.30			32.30 S	
	BUMPER REAR LH BRACK ?	1.0 EA	32.30			32.30 S	
	BUMPER REAR RH BRACK ?	1.0 EA	32.30			32.30 S	

Gross Total. 4,794.90

Labour Total 3,805.00  
Parts Total 989.90  
Package Total 0.00

Net..... 4,794.90  
GST @ 7.0% 335.64  
Total..... 5,130.55  
Paid..... 0.00  
Please Pay.. 5,130.55

GST: S=StdRated; 0=OutOfScope; Z=ZeroRated