



COSMAS LLC

A LIMITED LIABILITY LAW CORPORATION

Your Ref: Please Advise

Our Ref: CG/ny/CH/6489.24.Geng Bai

Date: 14 June 2024

BY CERTIFICATE OF POSTING

Soonhup Licheng Sdn Bhd
No. 49-01 Jalan Perjiranan
4/6 Bandar Dato Onn
81100 Johor Bahru
Malaysia

BY EMAIL (customerservice@lonpac.com)

Cc Lonpac Insurance Berhad
Motor Claims Department
6th Floor, Bangunan Public Bank
6 Jalan Sultan Sulaiman
50000 Kuala Lumpur, Malaysia
Your insured vehicle no : JQX6933

Dear Sirs

PROPERTY DAMAGE CLAIM

CLAIMANT: LIM GENG BAI – NRIC No. 8830229Z

ACCIDENT ON 21.03.2024 AT ABOUT 10:20HRS INVOLVING SLC1950T AND JQX6933 ALONG BOON LAY WAY TOWARDS JALAN BOON LAY

1. We refer to the captioned matter wherein we are instructed by the owner of the motorcar registration no. SLC1950T, Mr Lim Geng Bai.
2. We are instructed by the abovenamed to claim damages against you in connection with the captioned road traffic accident.
3. We are instructed that the accident was caused by your negligence in the driving, management and control of motor vehicle no. JQX6933. As a result of the accident, our client's vehicle was damaged and our client has been put to loss and expense, particulars of which are as follows:-

1.	Cost of repairs plus GST	\$11,481.18
2.	Loss of use for 8 days at \$120/day	\$ 960.00
3.	Survey report fee	\$ 780.00
3.	Photocopying, postage, transport & incidentals	\$ 50.00
5.	Legal costs plus GST	<u>\$ 763.00</u>

Total: \$14,034.18



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4. Copies of the following documents supporting the claim have been forwarded to your insurers, with a copy of this letter. You may obtain the same from them if you so wish.
 1. GIA report of SLC1950T
 2. Repair bill
 3. Original survey report with 59 colour photographs and invoice
 4. Vehicle Particulars
 5. Photos at scene
5. Please note that if you are insured and you wish to claim under your insurance policy, you should immediately pass this letter to your insurer.
6. Please also note that you or your insurer should send us an acknowledgment of receipt of this letter within 14 days of your receipt of this letter, failing which our client will have no alternative but to commence proceedings against you without further notice to you or your insurer.
7. If our client's claim is not admitted in full, please state the reasons and send us copies of all relevant supporting documents including but not limited to photographs of damage and complete accident reports. Kindly note that failure to comply would be in breach of protocol and would entail cost consequences against you.
8. Please provide us with the following particulars:-
 - (a) The name, address and NRIC number of the driver of JQX6933 at the time of the accident;
 - (b) Whether the driver was at the time of the accident driving as your servant and/or agent and/or authorized by you to drive; and
 - (c) Whether the driver was at the time of the accident covered by a policy of insurance, if so, the particulars thereof.
9. Please take notice that there is a presumption in law that the said driver was driving as your servant and/or agent at the time of the accident. If we do not hear from you within fourteen (14) days from the date hereof, we shall presume the same. We reserve the right to bring this letter to the attention to the Court on the issue of costs, in such an event.

Yours faithfully,

Cosmas Gomez
COSMAS LLC

Encs

133 New Bridge Road, #14-09, Chinatown Point, Singapore 059413
Tel: 65364662 | Fax: 65360738
UEN & GST Registration No. 201334745C
E-mail: cosmas@cosmas.com.sg | Website: www.cosmas.com.sg

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 Actual 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. 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 First Submission	21/03/2024 16:37 (SGT)
Reported by	Actual Driver
Date of Accident	21/03/2024 10:20 (SGT)
Exact Location of Accident	Singapore
Additional Location Information	ALONG BOON LAY WAY TOWARDS JALAN BOON LAY
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLC1950T

INSURED/POLICYHOLDER

Is company?	No
Name Of Registered Owner	LIM GENG BAI
NRIC No	SXXXX229Z
Email Address	younglianglim@gmail.com
Mobile Phone No	(Phone) +65-96618278
Alternative Phone No	-

VEHICLE PARTICULARS

Manufacturer	Toyota
Model	Corolla
Variant	-
Exact purpose for which vehicle was being used at time of accident	Private hire
Are you claiming under your own insurance policy for repair to your vehicle?	No - Claiming third party
Vehicle Category	Private hire
Transmission	Auto
CC	1598

INSURANCE COMPANY

Name of Insurance Company	Income Insurance Limited
Policy Number / Cover Note Number	5111415747-04

DRIVER

Name of Driver	LIM YOUNG LIANG
NRIC No	SXXXX023F
Date Of Birth	15/10/1953
Occupation	Outdoor

Driving Pass Date	13/11/1985
Driving experience	38 YEARS AND 4 MONTHS
Gender	Male
Mobile Number	(Phone) +65-98525028
Alt. Phone Number	-
Email Address	younglianglim@gmail.com
Address	188 BOON LAY DRIVE #09-110
Address complement	-
Postcode	640188
Is the driver the policyholder?	No
If No, Relationship of the Driver with the Insured	Parent
Does Driver Own Other Vehicles?	No
Vehicle Registration Number of Other Vehicle Owned by Driver	-
Insurance Company of Other Vehicle Owned by Driver	-

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 the accident?	Yes
Number of vehicles involved in the accident	2
Was anybody injured in the Accident?	No
Was any injured conveyed to hospital by ambulance?	-
Was any other vehicle or property damaged?	Yes
Number of Passengers (Including Driver)	2
Has the driver been approached by unknown person(s) soliciting/offering accident claims assistance?	No
Translator's name	-
Translator's ID	-
Translator's phone number	-
Translator's email	-
Original language used in the statement	-

FOREIGN VEHICLE 1

Vehicle Registration Number	JQX6933
Vehicle Category	Commercial vehicle

PASSENGER 1

Name	UNKNOWN
Gender	Male

DETAILS OF POLICE ACTION

Was the accident reported to the police?	Yes
Police Station Name	Traffic Police
Police Station Phone No	(Phone) +65-65470000
Alt. Police Station Phone No	(Fax) +65-65474900
Police Station Address	10 Ubi Avenue 3 Singapore 408865
Was notice of intended Prosecution given?	No
If yes, against whom?	-

CIRCUMSTANCES OF ACCIDENT

ON THE STATED DATE AND TIME, I WAS DRIVING ALONG BOON LAY WAY TOWARDS JALAN BOON LAY. THE ROAD WAS BEND AND CURVE WHILE I FOLLOW ON THE ROAD SUDDENLY VEHICLE B (JQX6933) WAS COMING VERY CLOSE AND OVERTAKE MY LANE. THE DRIVER (VEHICLE B) MENTION THAT HE DIDNT SEE MY VEHICLE AND ALSO THE VEHICLE VERY HIGH CAUSED HE DIDN'T NOTICED MY VEHICLE AT THE SIDE. SO RESULTING THIS ACCIDENT HAPPENED HIT ONTO MY VEHICLE FROM REAR RIGHT PORTION TO FRONT DOOR CAUSED DAMAGES.

ATTACHMENT(S)

Are accident photos available for attachment?
Was there any video captured by Car Camera?

Yes
No

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	JQX6933
Vehicle Manufacturer	-
Vehicle Model	-
Vehicle Variant	-
Vehicle Colour	-
Vehicle Category	Commercial vehicle
Name of Driver	-
Contact Number	-
Address	-
Address complement	-
Postcode	-
Insurance Company Name	-
Nature Of Damage	-
Details of property damaged in accident	-
No. Of Passenger (Including Driver)	-

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 Actual 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 Traffic Police Department for investigation.**
6. This report will be forwarded by the insurers to 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.

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.

Policyholder's Signature / Date & Time

X *[Signature]*

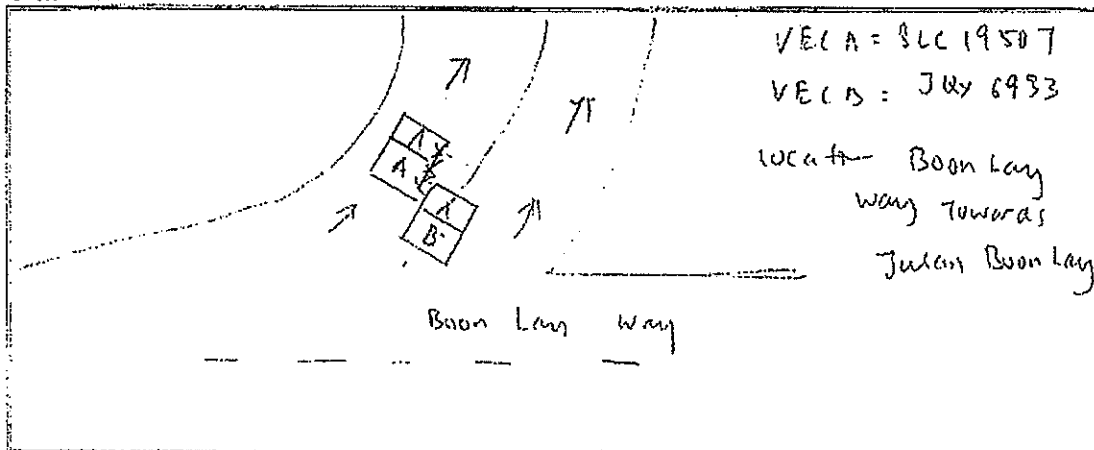
Actual Driver's Signature (if driver is not the policyholder) / Date & Time



Witnessed by Reporting Centre Personnel
(Name as in NRIC/ID card)

[Signature]

Sketch Plan



Xh

WWE declare the foregoing particulars are true in every respect

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

Witnessed by Reporting Centre Personnel
(Name as in NRICID card)





**SINGAPORE
POLICE FORCE**



T/20240321/7068

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20240321/7068

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 21/03/2024 16:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: LIM YOUNG LIANG			Address: 188 BOON LAY DRIVE #09-110 SINGAPORE 640188		
ID Type / ID No.: NRIC NO / S0025023F			Contact No.: Home/Office: Mobile: 98525028		
Nationality: SINGAPORE CITIZEN			Email: younglianglim@gmail.com		
Sex: Male	Age: 70	Date of Birth: 15/10/1953	Type of Informant: Vehicle Owner		
Race: Chinese			Language: English		
Occupation: Private-hire car driver			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 21/03/2024 10:20	Type of Location: Bend
Location: JURONG WEST STREET 41				
Weather: Clear		Road Surface: Dry		
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side Swipe - Same Direction				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Vehicle Type	Make	Model	Color	Condition	No. of Injuries
JQX6933	Lorry					0
SLC1950T	Motor car					0

Details of Person Involved	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE
POLICE FORCE**



T/20240321/7068

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20240321/7068

CONTINUATION OF REPORT

Vehicle Owner				
Name	LIM YOUNG LIANG		ID No.	S0025023F
Related Vehicle	NIL		Contact No.	98525028
Hospital/Clinic	NIL		Class of Driving Licence & Expiry	Class: NIL Date of Expiry: NIL
Date	NIL		Date	NIL
No. of Days granted Medical Leave	NIL	Degree of	NIL	

Brief Details.

ON THE STATED DATE AND TIME, I WAS DRIVING ALONG BOON LAY WAY TOWARDS JALAN BOON LAY. THE ROAD WAS BEND AND CURVE WHILE I FOLLOW ON THE ROAD SUDDENLY VEHICLE B (JQX6933) WAS COMING VERY CLOSE AND OVERTAKE MY LANE. THE DRIVER (VEHICLE B) MENTION THAT HE DIDN'T SEE MY VEHICLE AND ALSO THE VEHICLE VERY HIGH CAUSED HE DIDN'T NOTICED MY VEHICLE AT THE SIDE. SO RESULTING THIS ACCIDENT HAPPENED HIT ONTO MY VEHICLE FROM REAR RIGHT PORTION TO FRONT DOOR CAUSED DAMAGES.



**SINGAPORE
POLICE FORCE**



T/20240321/7068

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

3 of 3
Report No. T/20240321/7068

CONTINUATION OF REPORT

Signature Of Officer Recording The Report: Not applicable
Signature Of Interpreter: Not applicable
Officer In Charge Of Case: TP / TPIB / SYED MUHAMMAD ISA BIN OMAR ALHABSHEE Contact No.: 65476187

Signature Of Informant: The identity of the person making this report has been authenticated by Singpass. No signature is required.
Date/Time: 21/03/2024 16:14
Classification Of Case:

Butir-Butir Kendaraan :			
No. Pendaftaran	JQX6933	No. Pendaftaran Terdahulu	JQX6933
No. Rujukan Kendaraan		Nama Kenderaan	R124 (RB/EPB WOH)
Buatan	SCANIA	No. Casis	XI ER6X20005105513
No. Enjin	DT1202L016228080	Status Pemunya	Commercial
Jenis	PENGERAK UTAMA	Sukat (cc)	11700
Model (Tahun Dikeluarkan)	2015	Tarikh Didaftarkan	2015-07-15
No. Rujukan Pemilik	41197993-X		
Warna	KUNING		
Butir-Butir Pemilik :			
Nama	SOONHUP LICHENG SDN BHD	No. KP Baru	1197993-X
No. KP Lama		Kategori	Syarakat/Pertubuhan
Alamat 1	NO 49-01 JALAN PERJIRANAN 4/6	Alamat 2	BANDAR DATO ONN
Alamat 3		Alamat 4	
Alamat 5		Poskod	81100
Bandar	JOHOR BAHRU	Negeri	JOHOR
Butir-Butir Insurans :			
Nama Syarikat	LONPAC INSURANCE BERHAD	No. Polisi	A5551886-3
Tempoh Insurans (Dari)	2024 03-18	Tempoh Insurans (Hingga)	2025-03-17

FORM KADARUKAN 1/15 (CUI)



YK SUPREME AUTOWERKZ PTE LTD

(Spray Paint) No.1 Kaki Bukit Ave 6 Autobay @ Kaki Bukit #01-38 Singapore 417883

Bedok Branch: Blk 3012 Bedok Industrial Park E #01-2016 S(489978)

Hotline: 64482700

Bill To:

CASH - ACCIDENT CASE

Ship To:

MR LIM GENG BAI

BLK 188 BOON LAY DRIVE #09-110

S(640188) HP:9852-5028

Attn:

Phone:

Fax:

Invoice


UEN No: 201906952K

Invoice No :	00006500
Date :	03/05/2024
Page :	1
Served by:	Wan / Meng / Kiong / Sandy

Job Done by	Our Ref	Model	Location	Terms
SC	6500 SLC1950T	TOYOTA ALTIS	2016 0138	C.O.D.

Description	Vehicle No	Amount (S\$)
TOTAL LUMP SUM REPAIR COST FOR SLC1950T TOYOTA ALTIS - ACCIDENT CASE INVOLVED WITH MALAYSIA TRUCK JQX6933 DATED 21ST MAR 2024. (LAW FIRM: COSMAS LLC)	SLC1950T	\$11,481.18

Payment By: Cash (\$) By Nets () By Visa () By UEN () Total	\$11,481.18
Memo: Thank you!	
** Credit Term Only Apply to Registered Company with our credit approval. ** Cheque should payable to : YK Supreme Autowerkz Pte Ltd ** Or TT to OCBC Current : 608-05487-000-1 * Goods sold are not returnable. ** Dispute Policy: ANY ISSUES after sale/repair please contact us within 5 working days. Warranty item only within Singapore main island for 1:1 exchange & original invoice must be presented. Exchange item onside service fees will apply. * 3 Months warranty for workmanship unless stated if not otherwise. * No Warranty for digital parts /sensor parts / electronic itmes	Discount
	Total After Discount
	\$11,481.18
	Less: Payment
	\$0.00
	Balance Due
	\$11,481.18

Good Rceived in Good Condition By	COMPANY STAMP	Scan SGQR to Pay or Paynow UEN: 201906952K		Credit Term Approved By
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Appraisal Services

Insurance Loss Adjusters & Licensed Appraisers

Insurance Claim Investigator

Business Address: 110A Arab Street Singapore 199806

Tel: +65 98586761 / +65 66523352; Fax: +65 67220690

E mail – mail.stappraisal@gmail.com

Mailing Address: 161 Alexandra Post Office Singapore 911506

Invoice No: **06664**

ORIGINAL

INVOICE

Date: 12th April 2024

Our Ref: TP / YKA SLC1950T/ 03.21/24

Your Ref:

CUSTOMER PARTICULARS

Name	: Mr Lim Geng Bai
Address	188 Boon Lay Drive #09 - 110 Singapore 640188

ASSIGNMENT

TP Motor Claims by SLC 1950 T

DESCRIPTION

A set of Survey Report, correspondence & consultation. Other disbursements incurred.
Transport charges.

AMOUNT CHARGEABLE

\$780.00

TOTAL

\$780.00

Terms of payment: 7 days from date of invoice
All Payments please make payment to "ST Appraisal Services"



Authorised Signature

Appraisal Services

Insurance Loss Adjusters & Licensed Appraisers

Insurance Claim Investigator

Business Address: 110A Arab Street Singapore 199806

Mobile: +65 98586761 / +65 66523352 Fax: +65 67220690

Mailing Address : 161 Alexandra Post Office Singapore 911506

Email: mail.stappraisal@gmail.com

Date : 12th April 2024

Our Ref : TP / YKA SLC1950T/ 03.21/24

Your Ref :

Mr Lim Geng Bai
188 Boon Lay Drive
#09 - 110
Singapore 640188

DAMAGED VEHICLE (SLC 1950 T) INSPECTION REPORT (WITHOUT PREJUDICE)

Detailed accounts of our inspection are as follows: -

(A) Reference

Name of Claimant	: Mr Lim Geng Bai	Date of Request	: 25 th March 2024
	:	Referred By	: Insured
Policy No.	: Please Advice	Date of Inspection	: 25 th March 2024
Claim No.	: Please Advice	Date of Re-inspection	:
Accident Date	: 21 st March 2024	Sum Insured	: NA
Repairer	: M/s YK Supreme Autowerkz Pte Ltd	Excess Amount	: NA
	: 1 Kaki Bukit Avenue 6, AutoBay	3 rd Party Vehicle	: Please Advice
	: #01-11 Singapore 417883	3 rd Party Insurer	: Please Advice

(B) Particulars of Vehicle

Registration No	: SLC 1950 T	Mileage	: 419801 km
Make & Model	: TOYOTA COROLLA ALTIS 1.6	Engine No	: 1ZRY241891
Year of Registration	: 4 th March 2016	Chassis No.	: MR053REH104543376
Colour	: Black	Engine Capacity.	: 1,598 cc

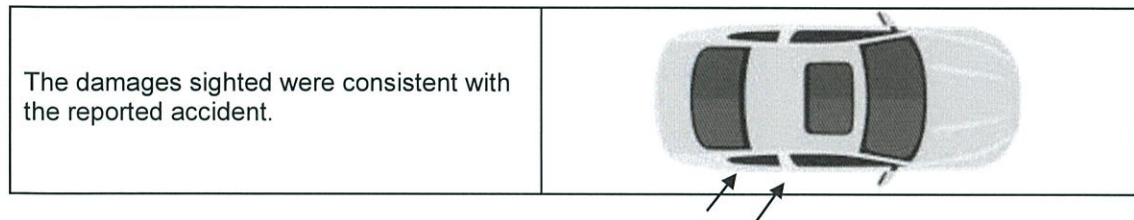
(C) Pre-Accident Condition (Static Test Only)

Steering	: Serviceable	Paint Work	: Good
Foot-brake	: Serviceable	Modification	: NIL
Hand-brake	: Serviceable	General Condition	: Good

(D) Tyre Condition

	Tread Depth	Make	Size
Front Right	80 %	KAPSEN	205/55 R16
Front Left	80 %	KAPSEN	205/55 R16
Rear Right	80 %	BRIDGESTONE	205/55 R16
Rear Left	80 %	KAPSEN	205/55 R16

(E) Point of Impact



(F) General Description of Damages

The impact of the collision has damaged/affected the RH rear wheel rim, RH rear tyre, RH rear suspension, rear fender, rear bumper, rear door, front door and etc.

Please refer to the Annex for a detailed account of the damages and photographs taken.

(G) Recommendation

We have inspected thoroughly the actual damages found on the vehicle, before we arrived at our recommendation as to whether the parts needed replacement or repairs.

Our adjusted cost of repair is **\$11,481.18** and an estimated **8** days is required to repair the vehicle. Please refer to the Annex for a detailed account of the cost estimates.

(H) Remarks

We have not authorized the repairs. However, for information under normal circumstances, the repairs should not exceed **8** days.

This inspection was conducted on a **“without prejudice”** basis.

We are pleased to advise that the inspection work was carried out accordingly, and hereby submit our Appraisal Report, which includes evidence photographs.

ST Appraisal Services



T T RAJAN
MVI, ITC (Mechanical), NTC (Motor Vehicle)
ASIET, MSAAA, Assessor/Appraiser
AD041-2007532D

TP / YKA SLC1950T/ 03.21/24

ASSESSMENT OF REPAIRS AND SPARE PARTS COSTS FOR VEHICLE NO: SLC 1950 T**Adjustment of Spare Parts Costs for Repairs**

Item	Qty	Vehicle parts description	Condition / Remark	Estimated by workshop	Disc. (%)	Adjusted cost
1	1	RH rear fender	dented	998.20	25	748.65
2	1	RH rear fender dust cover	folded/torn	224.00	25	168.00
3	1	Rear windscreen moulding	necessary	186.30	25	139.73
4	1	Rear bumper fascia	cut/torn	988.00	25	741.00
5	1	Rear bumper side retainer	damaged	104.60	25	78.45
6	1	Rear door panel	dented	1198.60	25	898.95
7	1	Rear door outer moulding	necessary	178.60	25	133.95
8	1	Rear door outer upper moulding	necessary	169.70	25	127.28
9	1	Rear door weatherstrip	torn	294.60	25	220.95
10	1	Rear door upper hinge	distorted	98.20	25	73.65
11	1	Rear door lower hinge	distorted	102.40	25	76.80
12	1	Rear door inner trim board	cut/damaged	622.00	25	466.50
13	1	Rear door glass regulator	distorted	422.00	25	316.50
14	1	Rear door outer moulding	necessary	172.40	25	129.30
15	1	Rear door inner lock	distorted	524.30	25	393.23
16	1	Rear door outer handle	cut/damaged	202.00	25	151.50
17	1	Rear door upper sticker	necessary	106.00	25	79.50
18	1	Rear door side sticker	necessary	94.30	25	70.73
19	1	Rear door glass channel	necessary	98.30	25	73.73
20	1	Front door panel	dented	1245.65	25	934.24
21	1	Front door lock	malfunction	486.30	25	364.73
22	1	Front door weatherstrip	necessary	262.66	25	197.00
23	1	Front door glass channel	necessary	87.60	25	65.70
24	1	Front door outer moulding	necessary	167.46	25	125.60
25	1	Front door glass regulator	serviceable	467.20	100	0.00
26	1	Front door inner trim board	serviceable	726.30	100	0.00
27	1	Front door outer handle	missing	197.60	25	148.20
28	1	Front door upper sticker	necessary	98.60	25	73.95
29	1	Front door side sticker	necessary	90.20	25	67.65
30	1	RH rear shock absorber	distorted	387.00	25	290.25
31	1	RH rear wheel bearing	distorted	298.00	25	223.50

Special Nett Items

1	1	Rear alloy rim	distorted	680.00		600.00
2	1	Rear tyre	cut/damaged	245.00		220.00
3	1	Rear windscreen sealant	necessary	80.00		60.00
4	1 set	RH rear fender dust cover clip	necessary	40.00		36.00
5	1 set	Front door inner trim board clip	necessary	45.00		38.00
6	1 set	Rear door inner trim board clip	necessary	45.00		38.00

Total parts	12434.07	8571.18
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Adjustment of Labour Costs for Repairs

To remove and replaced damaged parts including straightening and repositioning replacement parts.	1150.00	1050.00
To supply paint materials and to respray affected panels.	1200.00	1100.00
To remove and refit rear windscreen to facilitate repair.	150.00	120.00
To carry out anti rust treatment on affected panels.	120.00	100.00
To remove/transfer door fittings and attachments. To check for proper functions.	200.00	160.00
Carry out wheel alignment and reset settings.	120.00	100.00
To remove and replace rear suspension components. To realign affected parts.	250.00	200.00
To provide towing service.	80.00	80.00
Total Labour (S\$)	3270.00	2910.00

Adjustment Parts and Labour Costs of Repairs

	Estimated by workshop	Adjusted cost
TOTAL PARTS COSTS	12434.07	8571.18
TOTAL LABOUR COSTS	3270.00	2910.00
TOTAL REPAIR COSTS	15704.07	11481.18
ADJUSTED REPAIR COST		11481.18

