

ASS. REC. BY:

REF:

CS/ FCL 7012336 / Tirb02

Special Instruction:

Surveyor:

Taufik

ASSIGNMENT (Office)

From (Person):

CNS Joanne Yong

of

FCL

Date/Time:

27062017 926am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

SJG 2686C

Insured:

SH 6137H

at Workshop m/s

Wah Hong

Tel:

6515 5988 / 9788 0700

of

38 Toh Guan Road East # 01-57

Policy No.:

Claim No.:

D17006208M7SH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

21062017

(Client's Record)

CA / REV / REP. / REV 24 HRS 'Wp'

230 pm

H.O.D. Endorsement:

Date/Time:

27-06-2017 937am

Person Contacted:

Michael

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SJG 2686C - x
	SH 6137H - x
3/7/17	Sent preli to Joanne
	Vehicle repair at other w/s
	(Vehicle not sent in for repair)

Srinivas

Tanjalis

REF: FCI

ASSIGNMENT

From: _____ Date: 27062017

Estimated Cost: _____

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

To Inspect Vehicle No: SJG 2686G

at Workshop m/s Wuh Hong

of 38 Ton Guan Road East

Insured: #01-57

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: 9788 0700 - Michael

(Policy Condition) 2-30pm

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 Wp

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SJG 2686C Yr Regn: 2008, June

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

Truck / Trailer or

Make: Toyota Camry c.c. 2362

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

Sp. Reading: 140907 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: MK053BK400703911

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: 215/55R17

R: _____

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

TOYO / YOKO or

Front R/Bal. 6 mm

R/Bal. 6 mm

L/Bal. 6 mm

D.O.A. _____ D.O.I. 27/6/17 @ 250

Survey held at Wuh Hong

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

R/O/S

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

Submit preli report

RECEIVED 27 JUN 2018

Signature and date 26/6/2018

Date/Time, File Pass to?

1) August

Date/Time, File Return to?

2) _____

Preli. Report Final Report

Days Of Repair: -

Resurvey No. of Trip: -

Survey Fee:

Transportation: S + RS, SI

Add Fee: Site Insp (\$), Interview (\$), Tech. Invs (\$), Weekend (\$)

Photos Others

Report Format: TP

Lump Sum / I.B.I: (\$ -)

TOTAL

80
50
19
149



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile

FIRST CAPITAL INSURANCE LTD

Ref : CS/FCI17012336/T1rb

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 27-06-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SH 6137H	Veh. Inspected	SJG 2686C
Policy No.		Coverage (\$)	0.00
Claim No.	D17006208MFSH	Excess (\$)	0.00
Assign From	CWS (JOANNE YONG)	Assign Date	27/06/2017

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

--

5. General Information

Accident Date	21/06/2017	Inspection Date	27/06/2017
Survey held at	WAH HONG & CREDIT PTE LTD 38 TOH GUAN ROAD EAST #01-57 ENTERPRISE HUB SINGAPORE 608581		

5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	22-06-2017	Our Ref No. D17006208MFSH
Accident Date	21-06-2017	Claim Type. Third Party
Insured Vehicle	SH6137H	Third Party Vehicle. SJG2686C
Survey Location	38 TOH GUAN ROAD EAST #01-57 ENTERPRISE HUB	
Contact Person.	SUNNY TEE	
Contact No.	65155778/ 65155988	Fax No. 68966321
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	WAH HONG MOTORS & CREDIT PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/224445)  PRI Documents  Close 

PRI Header Details

Claim No	D17006208MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & WA PTE LTD
Workshop Name	WAH HONG MOTORS & CREDIT PTE LTD (Contact Person : SUNNY TEE)	Survey Location & Contact Details	38 TOH GUAN ROAD EAST #01-57 ENTERPRIS Mobile: 65155988 , Phone: 65155778 , Fax: EmailId: SUNNY@WAHHONG.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH6137H	TP Vehicle No	SJG268
PRI Recieved Date	23-06-2017 05:59:38 PM	Surveyor Appointed Date	27-06-2017 09:26:03 AM	Surveyor Accept Date	27-06-

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	27-06-2017	Upload Survey Report *:	<input type="text"/>
------------------------------------	----------------------	-----------------------------	------------	--------------------------------	----------------------

Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Janice Lee (LKKAuto)

From: Janice Lee (LKKAuto)
Sent: Monday, July 03, 2017 11:47 AM
To: 'Claim Workflow System'; JOANNEYONG@FIRST-INSURANCE.COM.SG
Cc: SUR; Admin-D (LKKAuto); assignments
Subject: RE: SURVEY ASSESSMENT - D17006208MFSH/1
Attachments: SJG 2686C.pdf

Dear Joanne,

Enclosed preliminary revised for **SJG 2686C**

Thank you.

Best Regards,

Janice Lee (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: janicelee@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAuto)
Sent: Tuesday, June 27, 2017 9:39 AM
To: 'Claim Workflow System'; assignments
Cc: JOANNEYONG@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17006208MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]
Sent: Tuesday, 27 June, 2017 9:26 AM
To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; JOANNEYONG@FIRST-INSURANCE.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D17006208MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL: (065) 62563561 FAX: (065) 62564315

Your Ref: D17006208MFSH

Date: 3 July 2017

Our Ref: CS/FCI17012336/T1rb

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

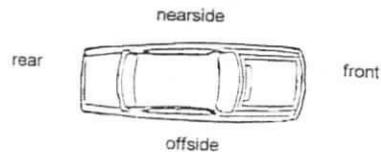
INITIAL INSPECTION REPORT OF VEHICLE NO. SJG 2686C .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 27/06/2017 at the premises of M/s WAI HONG & CREDIT PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$	<u>420.00</u>	.
Revised Estimate Amount	: S\$	<u>350.00</u>	.
“Check” Items Amount	: S\$	<u>-</u>	.
Market Value	: S\$	<u>-</u>	.
LTA Reimbursement Value	: S\$	<u>-</u>	.
Nett Value	: S\$	<u>-</u>	.

Description of Damage:

The vehicle sustained damages at the front o/s portion.



Yours faithfully

TAUFIKH
Automotive Assessor

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 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	21/06/2017 16:53
Date Of Accident	21/06/2017 10:15
Exact Location Of Accident	ALONG JALAN TOA PAYOH TOWARDS MACPHERSON RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG2686C
Insured/Policyholder	
Name Of Registered Owner	TAN CHIEW PENG
NRIC No	S6870712I
Email Address	EARNXI@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-91016588
Alternative Phone No	OFFICE-91016588

Vehicle Particulars

Manufacturer	TOYOTA
Model	CAMRY-2.4 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE
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	FWD SINGAPORE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	PNPV2017-00000657
Cover Note Number	

Driver

Name of Driver	TAN CHIEW PENG
NRIC No	S6870712I
Date Of Birth	20/09/1968
Occupation	INDOOR
Date Of Driving Pass	22/02/1992
Driving Experience	25 YEARS AND 3 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91016588
Fax Number	
Contact Number	OFFICE-91016588
EMail Address	EARNXI@HOTMAIL.COM

Address
 Postcode
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OWNER
 Vehicle Registration Number of Driver's Own Vehicle -
 -
 -
 Insurance Company of Driver's Own Vehicle -
 -
 -

General Information of the Accident

Type Of Accident SIDE SWIPE- SAME DIRECTION
 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
 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

Please refer to the attached Sketch Plan and the accident details

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 SH6137H
 Vehicle Make/Model/Colour
 Details Of Properties
 Name of Driver JONG FOOK SENG
 NRIC/Passport Number S1502480A
 Contact Number 93879287
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)

Details of Witness

Name
 Phone Number
 Email Address

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 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 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")

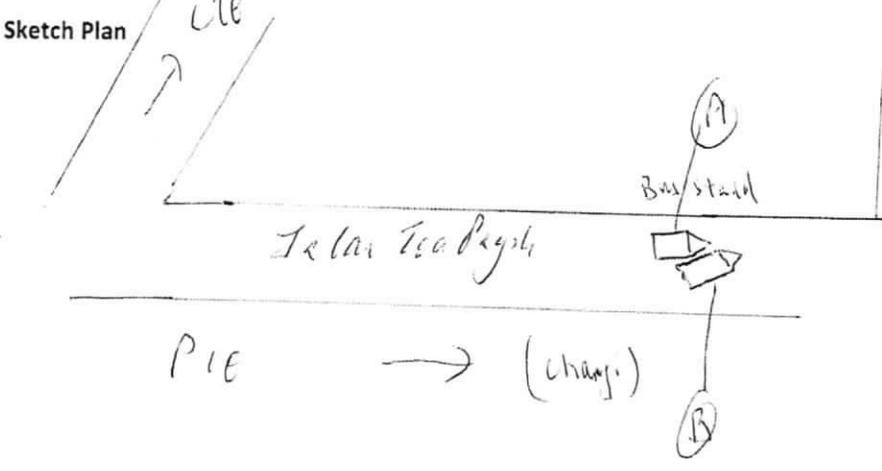
(b) all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and

(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.

[Handwritten Signature]
 Policyholder's Signature
 Date & Time 21/6/2017 4:30pm
 CLE

 Driver's Signature (if driver is not the policy holder)
 Date & Time

 Witness by Reporting Centre
 Personnel



[Handwritten Signature]
 A - SJK 26860
 B - SM6137H

Describe Circumstances of the Accident

On June 21, 2017 at about 10.15 am, I was driving my car bearing registration number SJG2686C (A) along Jalan Toa Payoh towards Macpehrson Road.

I was driving on the extreme left lane and suddenly a Taxi (B) on my right, bearing registration number SH6137H cuts into my path and side swipe my vehicle on the right hand front fender and bumper.

As there was no injury to all parties, we exchange our particulars as follows:

Third Party's Particulars:

Car Number (B) : SH6137H

Name of Driver: Jong Fook Seng

Identity Card No: S1502480A

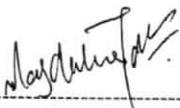
Phone Number: 93879287

Important note

Under **General Condition – Conduct of Claim** of the Motor Policy, you have to decide within 21 days of occurrence or discovery of damage whether or not to claim under the policy. Please check your policy for more information.

Declaration

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



Policyholder's Signature

Date & Time 21/6/2017

4.30pm

Driver's Signature (if driver is not the policy holder)

Date & Time

Witness by Reporting Centre

Personnel



Name: TAN CHIEW PENG
 Address: Blk 345 Kang Ching Road #09-99 S 610345
 Policy Number: PNPV2017-00000657

Date : 23 June, 2017
 Vehicle No : SJG2686C

Quotation for Reinstste / Repairs for vehicle

Parts Replacement – Cost Price

Cost Price

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
 Signature:
 Date:

MISC & Labour & Charges

1 job	To remove and replace all the parts mentioned above and knocking and straighten up the necessary affected areas	\$	200.00	150
1 job	To spray painting on affected areas	\$	220.00	200

Labour's Total :	<u>\$</u>	<u>420.00</u>
Sub-Total :	<u>\$</u>	<u>420.00</u>
GST 7% :	<u>\$</u>	<u>29.40</u>
Grand Total :	<u>\$</u>	<u>449.40</u>

Thank You
 Your Faithfully,



 Michael Tee
 Wah Hong Motors & Credit Pte Ltd
 Tel : 6773 7377
 Fax : 6896 6321
 Email : michael@wahhong.sg

Tanjinh 97491744
WP
27/6/17 @ 250 pm
2 days
Money after repair
sw@lkkauto.com

WAH HONG



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI17012336/T1rbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 04-07-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SH 6137H	Veh. Inspected	SJK 2686C
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17006208MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	27/06/2017
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA CAMRY	c.c	2362
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	MR053BK4007027911	Colour	SILVER
Odometer	140907	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/55 R17	DUNLOP	6 mm
L/H Front Tyre	215/55 R17	DUNLOP	6 mm
R/H Rear Tyre	215/55 R17	DUNLOP	6 mm
L/H Rear Tyre	215/55 R17	DUNLOP	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	21/06/2017	Inspection Date	27/06/2017
Survey held at	WAH HONG & CREDIT PTE LTD 38 TOH GUAN ROAD EAST #01-57 ENTERPRISE HUB SINGAPORE 608581		
5a. Remarks			
A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 Working Days	



LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJG 2686C

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO REMOVE AND REPLACE ALL THE PARTS MENTIONED ABOVE AND KNOCKING AND STRAIGHTEN UP THE NECESSARY AFFECTED AREAS.		200.00	150.00
	TO SPRAY PAINTING ON AFFECTED AREAS.		220.00	200.00
			420.00	350.00
	GRAND TOTAL		420.00	350.00
	RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)			350.00

Report Ref No. CS/FCI17012336/T1rbe2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.