Surveyor

REF: CS/TP17020494/Arbn2

ASSIGNMENT

From: Date:

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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.

N/S	O/S

Bal. or Market Value:

IDAC Accident Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 3 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No. SLQ4197H. Yr Regn: 2017 / July

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

Make: Honda Shuttle c.c 1496

Colour White. A/C: Insured / Std / NI / NA

Sp.Reading 26930 T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: GP71113831

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: 185/60R15

R: 185/60R15

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front			Rear		
R/Bal.	06	mm	R/Bal.	06	mm
L/Bal.	06	mm	L/Bal.	06	mm

D.O.A. 23/10/17 D.O.I. 25/10/17.

Survey held at MG Solution

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

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

Date / Time	Action / Instruction
	TP Great American Independent.
	SLQ 4197H - X
19/12	Finalised $2,752.40 (Red 1495.92, 35%)

Date/Time, File Pass to?

1)

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 3

Resurvey No. of Trip: 2

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

Report Format : TP

Lump Sum / (B): ($ 2,752.40)

Survey Fee:	135
Transportation:	50
S+RS SI	50+50
Photos	29
Others	80
TOTAL	394

Survey Department Check List (Case Handler)

Reference No. : CS/TP/170204194/Arb.

Policy Type: OD / TP / TP RES / TL / EVA

Admin (Catherine): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

	(1) Office Assign Form	Case Handler Y-Date	Case Handler N-Date	Typist Y-Date	Typist N-Date
C	Reference No.	✓			
C	Customer Code	✓			
N	Assign From				
C	Assign Date				
C	Veh No (Inspected)	✓			
C	Veh No (Insured)				
C	D.O.A	✓			
C	Policy No				
C	Claim No				
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

Surveyor (Adrian): Case handler to make sure the surveryor completed all required information.

	(1) Assignment Form				
C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

	(2) System - (Views/Merimen)				
C	Damaged Vehicle Photographs Uploaded	✓			

	(3) Workshop Estimate/Assignment Form				
N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

	(4) System - (Views/Merimen)				
C	Resurvey photo Uploaded	✓			

Check By: Celine (Case Handler) 19/05/17 (Date)

*C: Critical *N: Non-Critical

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

MG SOLUTION PTE LTD

Ref : CS/TP17020494/Arb

23 KAKI BUKIT AVE 4
(SOUTH WING) #02-03B
VICOM INSPECTION CENTRESINGAPORE 415933

Date : 26-10-2017

Code : TP441

1.	Policy Particulars :- THIRD PARTY CLAIM		
	Insured Veh.	Veh. Inspected	SLQ 4197H
	Policy No.	Coverage ($)	0.00
	Claim No.	Excess ($)	0.00
	Assign From	Assign Date	25/10/2017

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	23/10/2017	Inspection Date	25/10/2017
	Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933		

5a.	Remarks
	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

Yan

From: Yan <mg3solution@gmail.com>
Sent: Wednesday, 25 October, 2017 2:59 PM
To: 'Ngian, Kelvyna'
Cc: general.claims@sg.gaig.com
Subject: RE: PRI for SLQ 4197H
Attachments: SLT744P.pdf; SLT744P - LTA Search.pdf; PRI For SLQ 4197H.pdf

Dear Kelvyna,

We refer to below email.
As you are not able to confirm whether SLT 744P is your insurer, therefore, we have decided to use our independent surveyor – **LKK Consultant** to conduct the PRI as our PRI was sent out to your side on 24/10/2017 which have already breached the NIMA Protocol. Therefore, all fees will be borne by your side.

Best Regards,
Jamie Yan

MG SOLUTION PTE LTD
23 Kaki Bukit Avenue 4 (South Wing)
#02-03B Vicom Inspection Centre
Singapore 415933
Tel : 6744 4165
Fax : 6744 4604

From: Ngian, Kelvyna [mailto:Kelvyna.Ngian@sg.gaig.com]
Sent: Wednesday, 25 October, 2017 2:19 PM
To: MG Solution Pte Ltd <mg3solution@gmail.com>
Subject: RE: PRI for SLQ 4197H

WITHOUT PREJUDICE

Dear Ms Hong

We have checked, no record of SLT744P as per our records.

Thanks
Kelvyna

From: Ngian, Kelvyna
Sent: Wednesday, October 25, 2017 9:51 AM
To: 'MG Solution Pte Ltd' <mg3solution@gmail.com>
Subject: RE: PRI for SLQ 4197H

WP

Morning Ms Hong

Will check at my end again

Thanks

Land Transport Authority

10 Sin Ming Drive Singapore 575701
Tel: 1800-CALL LTA (1800-2255 582) Fax: (65) 6553 5329

24 Oct 2017

Our ref 2410171801N003005857

TAN YONG JOO
23 KAKI BUKIT AVENUE 4
SINGAPORE 415933

Dear Sir/Madam

SEARCH FOR VEHICLE NO. : SLT744P AS AT : 23 OCT 2017
20171024155310662400

We refer to your request of 24 Oct 2017. The requested information are as follows :

Insurance Co.	: GREAT AMERICAN INSURANCE COMPANY

2. Please contact our customer service officers at tel: 1800-CALL LTA (1800-2255 582) should you require further assistance.

3. Thank you.

Yours sincerely

NG LAY CHOO (MS)
DEPUTY DIRECTOR, VRL SERVICE OPERATIONS
VEHICLE SERVICES GROUP
LAND TRANSPORT AUTHORITY

(This is a computer-generated notice that requires no signature.)

From 15 February 2017, you do not need to display road tax disc on the windscreen of your vehicle. LTA has stopped issuing physical road tax discs as part of our efforts to streamline our processes. Please ensure that your original motor insurance certificate is readily available in your vehicle at all times. If you are driving into Malaysia, you are advised to carry printed proof of the validity of your road tax in your vehicle.

Land Transport Authority

Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 24 Oct 2017 / 15:53:56
Receipt Date/Time : 24 Oct 2017 / 15:53:56

Tax Invoice/Receipt

Receipt No. : LTACT-QBS-171024-000085
Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S$)	GST Amount (S$)	Amount After GST (S$)
1	Perform VRL Enquiry - SLT744P Enquiry Fee 20171024155310662400	5.00	0.35	5.35
	Sub-Total	5.00	0.35	5.35
	Total Before Rounding	5.00	0.35	5.35
	Rounding Difference			0.00
	Total Amount Payable			5.35

Paid By

Cash	5.35
Total	5.35
Cash Change	0.00
Tendered Amount	5.35
Excess Refundable Amount	0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

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 witholding 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	23/10/2017 15:20
Date Of Accident	23/10/2017 11:45
Exact Location Of Accident	JUNCTION OF BEACH ROAD & MIDDLE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLQ4197H
Insured/Policyholder	
Name Of Registered Owner	SUPREME LEASING & LIMOUSINE PTE LTD
Co Reg No	53287737C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-88888888
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE-1.5 (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	17-M1000894-R00
Cover Note Number	
Driver	
Name of Driver	VENGUTU GOPI S/O KUMARA SHANKER
NRIC No	S7819626B
Date Of Birth	23/06/1978
Occupation	INDOOR
Date Of Driving Pass	23/10/2000
Driving Experience	17 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85002239
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 212 BUKIT BATOK ST 21 #02-249
Postcode	650212
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

General Information of the Accident

Type Of Accident	SIDE SWIPE
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

ON 23//10/2017 AT ABOUT 1145HRS AT JUNCTION OF BEACH ROAD AND MIDDLE ROAD. I WAS TRAVELLING ON THE 2ND LANE FROM THE LEFT ALONG BEACH ROAD AND WHEN COMING TOWARDS THE ABOVE MENTIONED JUNCTION, SUDDENLY A VEHICLE (B) ON MY RIGHT VEERED INTO MY LANE WITHOUT CHECKING HIS BLINDSPOT AND WITHOUT CAUTIOUS AND HENCE COLLIDED ONTO MY FRONT RIGHT PORTION OF MY VEHICLE (A) CAUSING DAMAGES TO MY VEHICLE. (A) SLQ 4197H (B) SLT 744P

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	SLT744P
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
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. [illegible]

2. The form must be completed by the Policyholder [illegible]

3. [illegible] must be [illegible] and accurate as possible [illegible] complete policy [illegible].

4. [illegible]

5. Any false statement may be referred to the Police for investigation.

6. The report will be forwarded by the Insurer's Office (MA Services Management Pte Ltd) [illegible] General Insurance Association of Singapore (GIA) Affiliated Companies [illegible] Insurance Companies.

7. [illegible]

8. Consent Under the Personal Data Protection Act 2012:

I understand, [illegible]

a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may be 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 investigation of the claim and any necessary investigations relating to the claim);

(ii) investigating the accident and/or my claim;

(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) [illegible] ("Purposes")

(b) [illegible]

c) [illegible]

d) [illegible]

e) [illegible]

f) [illegible] Law enforcement and government agencies [illegible]

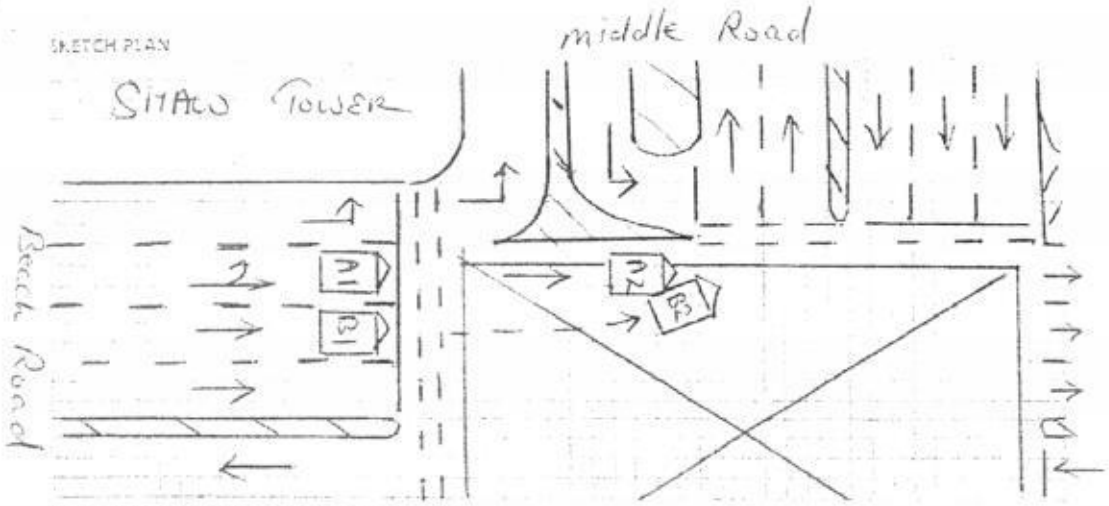
g) for complying with requirements under any regulations, laws or court orders;

Sign & Company Stamp
Date & Time

Driver Signature
(if driver and/or policyholder)
Date & Time

Reporting Service Representative Details
Name
NRIC/FIN No.

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/10/2017 at about 11HS hrs at Junction of Beach Road and Middle Road. I was travelling on the 2nd Lane from the Left along Beach Road and when coming towards the above mentioned junction, suddenly a Vehicle (B) on my Right veered into my Lane without checking his blindspot and without cautions and hence collided onto my Front Right Portion of my Vehicle (A) causing damages to my vehicle.

(A) SLG 4197 H
(B) SLT 7HH P

DECLARATION

Police Officer's signature
Date & Time:

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

Reporting Officer Name/Policy's Signature
Name:
NIC/DL No:

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933
Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376
Reg. No: 201427944N
Email : mg3solution@gmail.com

TO : GREAT AMERICAN INSURANCE COMPAY
DATE : 24-Oct-17

ATTENTION : MOTOR CLAIMS DEPT
JOB TYPE : T/P CLAIM

ESTIMATE REPORT :

VEHICLE DETAILS

VEHICLE NO : SLQ4197H

MODEL : HONDA SHUTTLE 1.5G

CHASSIS NO :

ACCIDENT DETAILS DATE : 23-Oct-17
TIME : 11:45HR

THIRD PARTY REQUESTOR / CONTACT : JACK LI

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	FRONT BUMPER Deformed	1	$ 1380.00	$ 1380.00
2	FRONT BUMPER SIDE RETAINER New	2	$ 42.50	$ 85.00
3	FRONT BUMPER FOGLAMP UPPER GARNISH Deformed	1	$ 58.00	$ 58.00
4	FRONT BUMPER GOFLAMP LOWER GARNISH Deformed	1	$ 65.00	$ 65.00
5	FRONT HEAD LAMP cracked	1	$ 1250.00	$ 1250.00
6	FRONT HEAD LAMP LOWER BRACKET New	1	$ 72.40	$ 72.40

2753
2202.40

TOTAL PRICE	$2,186.90	2910.40
LESS 20%	$ 437.38	582.08
SUB TOTAL PRICE	$1,749.52	2328.32

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	FRONT BUMPER CLIP (SET) New	1	$ 20.00	$ 20.00
			TOTAL	$20.00

20

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

S/N	JOB DESCRIPTION	PRICE	ADJUSTED COST	APPROVED
1	TO PANEL BEAT, REMOVE AND REPLACE PARTS	$ ~~800.00~~	250	
2	TO SPRAY PAINT AFFECTED AREA	$ ~~600.00~~	250	

3	TUFF COAT	$	100.00	x	
4	WIRING CHECK	$	~~150.00~~	30	
5	CONDUCT WATER LEAKAGE TEST	$	250.00	x	
	TOTAL		$1,900.00		

530.

ESTIMATE REPORT

TOTAL PARTS COST : $1,769.52
TOTAL LABOUR COST : $1,900.00
TOTAL REPAIR COST : $3,669.52 4248.30

APPROVED DETAILS

EXCESS :
NO. OF WORKING DAYS :
RE-SURVEY :
PART BY PART OR LUMP SUM :
DATE & TIME OF SURVEY :
SURVEYED BY :
CONTACT NUMBER :
FAX NUMBER :

total: 2752.40 (P/P) ✓
03 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

Affiliated to Federation Internationale Des Experts En Automobile

MG SOLUTION PTE LTD

Ref : CS/TP17020494/Arbn2

23 KAKI BUKIT AVE 4
(SOUTH WING) #02-03B
VICOM INSPECTION CENTRESINGAPORE 415933

Date : 22-12-2017

ON BEHALF OF SUPREME LEASING & LIMOUSINE PTE LTD

Code : TP441

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	**Veh. Inspected**	SLQ 4197H
	Policy No.	**Coverage ($)**	0.00
	Claim No.	**Excess ($)**	0.00
	Assign From	**Assign Date**	25/10/2017

2. Vehicle Particulars & Condition

	Make & Model	HONDA SHUTTLE	**c.c**	1496
	Engine No.	HIDDEN	**Year of Reg.**	2017
	Chassis No.	GP71113831	**Colour**	WHITE
	Odometer	26930	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	NIL
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	185/60 R15	YOKOHAMA	6 mm
	L/H Front Tyre	185/60 R15	YOKOHAMA	6 mm
	R/H Rear Tyre	185/60 R15	YOKOHAMA	6 mm
	L/H Rear Tyre	185/60 R15	YOKOHAMA	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	23/10/2017	**Inspection Date**	25/10/2017
	Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR: **3 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLQ 4197H

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	DEFORMED	1,380.00	1,380.00
2	FRONT BUMPER SIDE RETAINER @$42.50	NOT NECESSARY	85.00	-
1	FRONT BUMPER FOGLAMP UPPER GARNISH	DEFORMED	58.00	58.00
1	FRONT BUMPER FOGLAMP LOWER GARNISH	DEFORMED	65.00	65.00
1	FRONT HEAD LAMP	CRACKED	1,250.00	1,250.00
1	FRONT HEAD LAMP LOWER BRACKET	NOT NECESSARY	72.40	-
	LESS 20% DISCOUNT		-582.08	-550.60
			2,328.32	2,202.40
	SPECIAL NETT ITEMS			
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	20.00	20.00
			20.00	20.00
	LABOUR			
	TO PANEL BEAT,REMOVE AND REPLACE PARTS.		800.00	250.00
	TO SPRAY PAINT AFFECTED AREA.		600.00	250.00
	TUFF COAT.	NOT NECESSARY	100.00	-
	WIRING CHECK.		150.00	30.00
	CONDUCT WATER LEAKAGE TEST.	NOT NECESSARY	250.00	-
			1,900.00	530.00
	GRAND TOTAL		**4,248.32**	**2,752.40**

	RECOMMENDED COST OF REPAIRS			**2,752.40**

Report Ref No. CS/TP17020494/Arbn2

ADRIAN LING WAI PING

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

Licensed Appraiser