

WSS REC BY: Rasul REF: CS/AWA17020518 / R196n2 Special Instruction: \_\_\_\_\_

SA: Ben Tang ASSIGNMENT (Office) \_\_\_\_\_

From (Person): Ben Tang of AWAC Date/Time: 26/10/17 @ 2.41pm

Estimated Cost: \_\_\_\_\_ Bill No: \_\_\_\_\_

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

To Inspect Vehicle No: SFU 5512 A Insured: SJJ 7237 S

at Workshop n/o: Hua Hong Pte. Ltd Tel: 6661 9688 / 6661 9695

of: 25D Sungai Kadut str 1, 729332

Policy No: BVPPSB0548721700 Claim No: NSV1701202/SG

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A: 21/10/2017

(Client's Record): \_\_\_\_\_

CA / REV / REP. / REV 24 HRS: 'wp' 21.11.2017 @ 1pm H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 26/10/17 @ 2.46pm Person Contacted: Ashley Vehicle IN / ☒ OUT

Date/Time	Action/Instruction
	<input checked="" type="checkbox"/> Estimate
	<u>SFU 5512A - X</u>
	<u>SJJ 7237 S - X</u>
<u>30/11/17</u>	<u>had check with Ashley Tan, the vehicle has not send in for repair due to awaiting for liability.</u>
<u>30/11/17</u>	<u>Submit Preli. report.</u>

Form

REF: AWA

71667

ASSIGNMENT

From: Date: 21/11/17

Estimated Cost

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

To Inspect/Vehicle No: SFU 5512 A

at Workshop/mis: Hua Hong

of: 25, Sungai Kerdut Street 1, 724332

Insured:

Policy No:

Claim's No:

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

1pm

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Est. or Market Value:

DAO Accident Report: Consistent? : Yes or No:

GIA / PR Seen: Consistent? : Yes or No:

Est. Repairs: 5 days Res: Yes or No

Lum Sum: % 3 Val: Yes or No

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SFU 5512 A

Reg No: 2010 MAC

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

Make: TOYOTA ESTIMA ACRAS 24A : 2362

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

Sp Reading: 162049 T-Radio: Insured / Std / NI / NA

Eng No:

C No: ACR 560108584

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / B/Rim / STD A/Rim or

Tyre Size: F: 215/55R17

R:

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

TOYO / YOKO or

Front:

Rear:

R/Bal: 6 mm R/Bal: 6 mm

L/Bal: 6 mm L/Bal: 6 mm

D.O.A: 21/10/17 D.O.A: 21/11/17

Survey held at: Hua Hong

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

N/S FR

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

Date / Time Action / Instruction

RECEIVED 4 DEC 2017

Date/Time File Pass to:



Preli. Report



Final Report

Date/Time File Return to:

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

Add Fee:



Site Insp: \$

Interview: \$

Tech Insp: \$

Re-survey: \$

Report Format:

Lump Sum / I.B.I: \$

150



# 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

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA17020518/R1qb

(SINGAPORE BRANCH)  
60 ANSON ROAD, #08-01 (9th FLOOR)  
MAPLETREE ANSON  
SINGAPORE 079914

Date : 26-10-2017



Code : AWA

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJJ 7237S	Veh. Inspected	SFU 5512A
Policy No.	BVPPSB0548721700	Coverage (\$)	0.00
Claim No.	NSV1701202/SG	Excess (\$)	0.00
Assign From	BEN TANG	Assign Date	26/10/2017

## 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

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## 5. General Information

Accident Date	21/10/2017	Inspection Date
Survey held at	HUA HONG PTE LTD 25D SUNGEI KADUT STREET 1 SINGAPORE 729332	

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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# Survey Department Check List (Case Handler)

Reference No.: C9/AWA17070518/R196  
 Policy Type: OD (TP) TP RES / TL / EVA

545512A

Case Handler

Typist

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

## (1) Office Assign Form

- 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

Y-Date	N-Date	Y-Date	N-Date
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			
✓			

Surveyor ( Paul )

: Case handler to make sure the surveyor 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

✓			
✓			
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✓			
✓			

## (2) System - (Views/Merimen)

- C Damaged Vehicle Photographs Uploaded

✓		
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## (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

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Check By:

Cathy 30/11/17  
 Case Handler Date

## Nivitha (LKK Auto)

**From:** Tang, Ben <Ben.Tang@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>  
**Sent:** Thursday, 26 October, 2017 2:41 PM  
**To:** LKK (assignments@lkkauto.com) (assignments@lkkauto.com)  
**Cc:** SUR (sur@lkkauto.com); 'Yvonne Toh (yvonne@huahong.com.sg)'  
**Subject:** TP Survey assignment for SFU 5512A DOA: 21/10/2017 Our ref: NSV1701202/SG

The above captioned accident refers.

Pursuant to the Practice Directions Amendment No. 1 of 2016 which was effective on 1 April 2016, we like to advise that the third party claimant and us do have consensus in the appointment of **Mr. Kalvin Ang** as the Single Joint Expert to conduct the pre-repair survey of the third party claimant's vehicle.

Please conduct "THIRD PARTY" survey on without prejudice basis. The information as are follows:

3 <sup>rd</sup> Party Vehicle	:	SFU 5512 A
Insured Vehicle	:	SJJ 7237 S
Policy Number	:	BVPPSB0548721700
Name of Workshop	:	Hua Hong Private Limited
Contact Number	:	6661 9688 / 6661 9695
Person to Contact	:	Yvone Toh / Mrs. Tan
Estimated Cost of repairs	:	\$ N.A.

Regards,  
Claims Division

Copy to Hua Hong Private Limited via Email.

Note -

- (x)
1. This is to keep you informed that we have appointed surveyors to conduct inspection to your client's damaged vehicle on a without prejudice basis.
  2. **Please keep our motor surveyor and us informed so as to enable the surveyor to conduct a post repair inspection once your client's vehicle has been repaired and before returning the repaired vehicle to your customer.**
  3. Please quantify your client's claim with all relevant supporting documents once your client's vehicle has been repaired.
  4. Please do not construe this appointment of surveyor and our above request as an admission of liability.

Regards  
Motor Claims  
Claims Group

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The information contained in this e-mail and any attachments hereto is confidential. If you are not the intended recipient, you must not use or disseminate any of this information. If you have received this e-mail in error, please immediately notify the sender by reply e-mail and permanently delete the original e-mail (and any attachments hereto) and any copies or printouts thereof. Although this e-mail and any attachments hereto are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by Allied World Assurance Company Holdings, GmbH or its subsidiaries or affiliates, either jointly or severally, for any loss or damage arising in any way from its use.

## 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	23/10/2017 11:01
Date Of Accident	21/10/2017 19:50
Exact Location Of Accident	ALONG GATEWAY DRIVE TOWARDS BOON LAY WAY
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFU5512A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOH YEOW LIANG
NRIC No	S7337161I
Email Address	ANDREWYLG@SINGNET.COM.SG
Mobile Phone No	(LOCAL) +65-96337360
Alternative Phone No	OTHERS-96337360

### Vehicle Particulars

Manufacturer	TOYOTA
Model	ESTIMA AERAS 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	GREAT EASTERN GENERAL INSURANCE LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2017-V0100194-VDP
Cover Note Number	

### Driver

Name of Driver	GOH YEOW LIANG
NRIC No	S7337161I
Date Of Birth	24/10/1973
Occupation	OUTDOOR
Date Of Driving Pass	30/11/1995
Driving Experience	21 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96337360
Fax Number	
Contact Number	OTHERS-96337360
Email Address	ANDREWYLG@SINGNET.COM.SG

Address	BLK 182 JELEBU ROAD #12-54
Postcode	670182
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
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)	4

#### 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 SKETCH PLAN

#### 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	SJJ7237S
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	SAHALA
NRIC/Passport Number	
Contact Number	97285125
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 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:

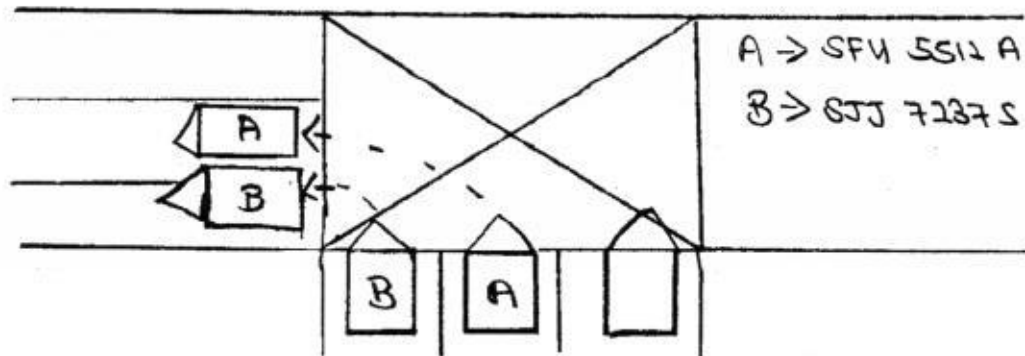
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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.

\_\_\_\_\_  
Policyholder's Signature  
Date & Time:

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

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

### SKETCH PLAN



Accident Date & Time: 21 Oct 2017 , 19:51 hrs

Accident Location: Gatenby Drive towards Bron Lay Way

I was at the mentioned location. While turning towards Bron Lay Way, vehicle B side swipe into my vehicle.

☐ Reporting Only ☐ Own Damage ☒ Third Party ☐ Claim at other workshop (OD/TP)

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

**\* IMPORTANT NOTE:**  
You had been advised by the workshop that in the event that you wish to claim against your own policy (Own Damage Claim), there is a **FOURTEEN (14) days** clause whereby the claim must be made within the stipulated timeframe from the day of occurrence.

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



# HUA HONG PRIVATE LIMITED

25D Sungei Kadut Street 1 Singapore 729332  
Tel: (65) 6661 9688 Fax: (65) 6661 9699 Email: info@huhong.com.sg

## Estimate Repair List

13 November 2017

HHTPClaims17-97

Allied World Assurance Company, Ltd  
60 Anson Road #08-01  
Mapletree Anson  
Singapore 079914  
Attn: Motor Claims Department

### ACCIDENT INVOLVING SFU 5512 A & SJJ 7237 S ON 21/10/2017 ALONG GATEWAY DRIVE TOWARDS BOON LAY WAY AT ABOUT 1950 HOURS

Insured : GOH YEOW LIANG  
Vehicle Registration No : SFU 5512 A  
Vehicle Make : TOYOTA  
Vehicle Model : ESTIMA AERAS 2.4 A  
Vehicle Chassis No : ACR500108584  
Policy No : 2017-V0100194-VDP  
Date of Accident : 21/10/2017

*Repair*  
*Hp 90010068*  
*5 days*  
*23/11/17*

S/N	Quantity	Description	Type of Claim: Third Party	
			Unit Price S\$	Amount S\$
1	1	Front Door (LH)		\$ 550.00 <i>At</i>
2	1	Front Door Garnish (LH)		\$ 420.00 <i>R</i>
3	1	Front Door Weather Strip (LH)		\$ 90.00 <i>new</i>
4	1	Front Fender (LH)		\$ 190.00 <i>R</i>
5	1	Front Fender Garnish		\$ 115.00 <i>R</i>
				\$ 1,365.00
			Cost 10%	\$ (136.50)
				\$ 1,228.50

*L/S*  
*21/11/17 @ 1300*  
*Repair after*  
*repair*

To dismantle & refit front bumper to change front LH fender and dismantle & change front LH door. \$ 600.00 *400*

To perform wire checking. \$ 20.00 ✓

To dismantle & transfer front LH door fitting and mechanism to new door. \$ 60.00 ✓

To spray front LH fender, front LH fender garnish, front LH door and front LH door garnish. \$ 800.00 *600*

\$ 2,708.50 *2981.50*  
\$ 189.60  
\$ 2,898.10

*my*

Authorised by Claims Dept  
Mrs Tan @ 9639 9195

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

7% GST  
Total

Acknowledged by Repairer

Signature:



# 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

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA17020518/R1qbn2

(SINGAPORE BRANCH)  
60 ANSON ROAD ,#08-01 (9th FLOOR)  
MAPLETREE ANSON  
SINGAPORE 079914

Date : 05-12-2017



Code : AWA

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJJ 7237S	Veh. Inspected	SFU 5512A
Policy No.	BVPPSB0548721700	Coverage (\$)	0.00
Claim No.	NSV1701202/SG	Excess (\$)	0.00
Assign From	BEN TANG	Assign Date	26/10/2017

## 2. Vehicle Particulars & Condition

Make & Model	TOYOTA ESTIMA AERAS 2.4A	c.c	2362
Engine No.	HIDDEN	Year of Reg.	2010
Chassis No.	ACR500108584	Colour	GREY
Odometer	162049	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	215/55 R17	MICHELIN	6 mm
L/H Front Tyre	215/55 R17	MICHELIN	6 mm
R/H Rear Tyre	215/55 R17	MICHELIN	6 mm
L/H Rear Tyre	215/55 R17	MICHELIN	6 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.
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## 5. General Information

Accident Date	21/10/2017	Inspection Date	21/11/2017
Survey held at	HUA HONG PTE LTD 25D SUNGEI KADUT STREET 1 SINGAPORE 729332		

## 5a. Remarks

A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 Working Days
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# 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. SFU 5512A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT DOOR (LH)(WCP)	BENT	550.00	550.00
1	FRONT DOOR GARNISH (LH)(WCP)	TO REPAIR SEE LABOUR	420.00	-
1	FRONT DOOR WEATHER STRIP (LH)(WCP)	NECESSARY	90.00	90.00
1	FRONT FENDER (LH)(WCP)	TO REPAIR SEE LABOUR	190.00	-
1	FRONT FENDER GARNISH (LH)(WCP)	TO REPAIR SEE LABOUR	115.00	-
	COST PLUS 10%		136.50	64.00
			1,501.50	704.00
	<b><u>LABOUR</u></b>			
	TO DISMANTLE & REFIT FRONT BUMPER TO CHANGE FRONT LH FENDER AND DISMANTLE & CHANGE FRONT LH DOOR. INCLUSIVE OF THE REPAIR OF FRONT DOOR GARNISH (LH), FRONT FENDER (LH) AND FRONT FENDER GARNISH (LH).		600.00	400.00
	TO PERFORM WIRE CHECKING.		20.00	20.00
	TO DISMANTLE & TRANSFER FRONT LH DOOR FITTING AND MECHANISM TO NEW DOOR.		60.00	60.00
	TO SPRAY FRONT LH FENDER, FRONT LH FENDER GARNISH, FRONT LH DOOR AND FRONT LH DOOR GARNISH.		800.00	600.00
			1,480.00	1,080.00
	<b>GRAND TOTAL</b>		<b>2,981.50</b>	<b>1,784.00</b>
	<b>RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)</b>			<b>1,784.00</b>

Report Ref No. CS/AWA17020518/R1qbn2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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