

12/10/2017

ASS: REC BY

REF: CS/1CS17020760/Aqbn2

Special Instructions

Surveyor

Adnan

ASSIGNMENT (Office)

From (Person)

Lionel chua

of

ECICS

Date/Time

31/10/2017 @ 10:57am

Estimated Cost

Bill to

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

To Inspect Vehicle No.

SGT 1122L

Insured

SJB 7097 X

at Workshop m/s

Tick Hai Motor

Tel

6842 9089

of

Blkl kaki Buki + Ave 6, # 01-54 Autobay, 417883

Policy No.

Claim No.

DMPC1700605H

Sum Insured

Excess

Make of Veh.

(Client's Record)

D.O.A.

22/10/2017

3pm

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement

Date/Time

11:00am @ 31/10/2017

Person Contacted

Connie

Vehicle IN/OUT

☒

Date/Time

Action/Instruction (✓) Estimate

SGT 1122L - CS/MSG 11011720/4/g1-D.O.A: 16/06/2011

SJB 7097X - CC3/AIG 14010959/T1vm 3d1-D.O.A: 17/05/2014

LS \$1600, 3 days (Red \$4455.41, 72%)

5a.	Remarks
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Survey Department Check List (Case Handler)

Reference No. : C91CS1700760/Agb
Policy Type: OD / TP / RES / TL / EVA

SGT 1172L
Typist

Case Handler

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

(1) Office Assign Form

	Y-Date	N-Date	Y-Date	N-Date
C Reference No.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Customer Code	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Assign From	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Assign Date	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Veh No (Inspected)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Veh No (Insured)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C D.O.A	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Policy No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Claim No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Insurance Authorisation (CA /REV/REP)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Report Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Weekend Charges	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Survey held at/Repairer	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Excess	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

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

(1) Assignment Form

C Vehicle No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Regn Month/Year	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Vehicle Type	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Make & Model	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Engine Capacity. (C.C)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Colour	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Odometer. (Sp.Reading)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Chassis No	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N General Condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Steering	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Brake	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Modification (Modi)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Tyre Size	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Tyre Make	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Tyre Balance	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
C Date of Inspection	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Survey held	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
N Des.of Damages	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		

(2) System - (Views/Merimen)

C Damaged Vehicle Photographs Uploaded	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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(3) Workshop Estimate/Assignment Form

N ALL Parts condition	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C Market Value for OD cases	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C Estimate Repair Cost for PRI (RSI, TMI, MSIG)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C Days of repair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C Finalised Amount	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
C Re-inspection Cases to Finalize within 5 Days	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

(4) System - (Views/Merimen)

C Resurvey photo Uploaded	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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Check By: [Signature] 08/3/18

Case Handler

Date

*C: Critical *N: Non-Critical

21/05/2014

Nivitha (LKK Auto)

From: ECICS Claims <claims@ecics.com.sg>
Sent: Tuesday, 31 October, 2017 10:57 AM
To: Aridas & Associates; Catherine Chong (LKK Auto); assignments@lkkauto.com
Cc: ECICS Claims; sur@lkkauto.com; Lionel Chua Kok Keong (ECICS, Claims); Phoebe Jay Xie (ECICS, Claims)
Subject: RE: REQUEST FOR PRE REPAIR INSPECTION FOR SGT 1122L , OUR REF : AA.21429.17.THM
Attachments: 27102017100922.pdf

Without Prejudice

Our claim no. DMPC1700605H

Dear Vincent,

To date, we have not yet received any evidence of the relevant supporting documents from you/your client on this case, please furnish us a copy of repair quotation/estimate to show the detail of cost of repair breakdown for each item parts together with the evidence documents to show arising from the above accident for our perusal and action of this claim.

Dear Catherine,

Please proceed to conduct a third party pre-repair survey on vehicle bearing registration number SGT 1122L on a without prejudice basis of this claim and attached a copy of the GIA/Police reports for your perusal.

Thank you.

Regards,

Lionel Chua

DID: +65 6303 0167

FAX: +65 6338 9267

ECICS LIMITED

Email: claims@ecics.com.sg

follow us on  facebook follow us on  twitter visit our website ecics.com.sg 

From: Aridas & Associates [mailto:aridasv@singnet.com.sg]

Sent: Tuesday, 31 October, 2017 9:53 AM

To: ECICS Claims

Subject: RE: REQUEST FOR PRE REPAIR INSPECTION FOR SGT 1122L , OUR REF : AA.21429.17.THM

ATTENTION : MR LIONEL CHUA (CLAIMS EXECUTIVE)

Dear Sirs

We refer to your email of 30 October, 2017.

We wish to inform you that our client wishes to appoint your surveyor from M/s LKK., to do the pre-repair survey as a single joint expert.

Thank you.

Yours faithfully

Mr Vincent Kee
M/s Aridas & Associates
Telephone No. : 6337 6359
Fax No. : 6338 2713
Email : aridasv@singnet.com.sg

From: ECICS Claims [<mailto:claims@ecics.com.sg>]
Sent: Monday, 30 October 2017 1:00 PM
To: aridasv@singnet.com.sg
Cc: ECICS Claims; Lionel Chua Kok Keong (ECICS, Claims); Phoebe Jay Xie (ECICS, Claims)
Subject: RE: REQUEST FOR PRE REPAIR INSPECTION FOR SGT 1122L OUR REF : AA.21429.17.THM

Without Prejudice

Dear Vincent,

We intend to conduct a pre-repair survey of the damage to your client's vehicle jointly with your client's workshop. We propose to use one of the motor surveyors named in our list to conduct the joint pre-repair survey as a single joint expert.

Please let us know within 2 working days whether you are agreeable to the appointment of any these motor surveyors provided to you as a single joint expert. You may select one of our motor surveyors.

As our listed of the survey firms for your nomination:

1. LKK
2. Formteam
3. Autoprobe
4. Raleigh
5. JP Knights
6. Appraisal Associates

Can you share with us is there any evidence documents to show for our perusal and action.

Thank you.

Regards,
Lionel Chua
DID: +65 6303 0167
FAX: +65 6338 9267
ECICS LIMITED
Email: claims@ecics.com.sg

follow us on  facebook follow us on  twitter visit our website ecics.com.sg 

From: Aridas & Associates [mailto:aridasv@singnet.com.sg]
Sent: Monday, 30 October, 2017 12:05 PM
To: ECICS Claims; Lionel Chua Kok Keong (ECICS, Claims); Phoebe Jay Xie (ECICS, Claims)
Subject: FW: REQUEST FOR PRE REPAIR INSPECTION FOR SGT 1122L OUR REF : AA.21429.17.THM

resent

From: Aridas & Associates [mailto:aridasv@singnet.com.sg]
Sent: Friday, 27 October 2017 10:10 AM
To: 'claims@ecics.com.sg'; 'lionel_chua@ecics.com.sg'; 'phoebejay_xie@ecics.com.sg'
Subject: REQUEST FOR PRE REPAIR INSPECTION FOR SGT 1122L OUR REF : AA.21429.17.THM

Dear Sirs

ACCIDENT INVOLVING MOTOR VEHICLES SGT 1122L AND SJB 7097X AT TOA PAYOH SPORTS HALL CARPARK ON 22.10.2017.

We are instructed by Tan Wei Leong Jason to notify you of a road traffic accident on 22.10.2017 at about 7.00pm at Toa Payoh Sports Hall carpark involving our client's vehicle registration number **SGT 1122L** and vehicle registration number **SJB 7097X** driven by you at the material time. Copies of the Singapore Accident Statement filed and LTA search particulars are enclosed.

As a result of the accident, our client's vehicle has been damaged. Before our client proceed to repair the damage vehicle, please let us know within 2 working days of your receipt of this notice whether you or your insurer would like to conduct a pre-repair survey of the vehicle. If we do not receive any reply from you within the stipulated timeline, our client shall proceed to repair the vehicle without further reference to you.

Our client's motor vehicle SGT 1122L can be inspected at M/s Tick Hai Motor & Welding Services, Blk 1 Kaki Bukit Avenue 6, #01-54 Autobay @ Kaki Bukit, Singapore 417883. Please contact **Ms Connie** at office number : **6842 9089**.

Yours faithfully

M/s ARIDAS & ASSOCIATES
75 Bukit Timah Road
#05-18, Boon Siew Building
Singapore 229833
Tel : 6337 6359
Fax : 6338 2713

enc

cc Xiang YuKun
Block 305A, Achovale Link
#07-03
Singapore 541305

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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.

Tick Hai Motor 8 WS

ACCIDENT STATEMENT

Date Of Report	26/10/2017 13:51
Date Of Accident	22/10/2017 19:00
Exact Location Of Accident	TOA PAYOH SPORTS HALL CARPARK
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SGT1122L
Insured/Policyholder	
Name Of Registered Owner	TAN WEI LEONG JASON
NRIC No	S7908573A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91089980
Alternative Phone No	OFFICE-91089980
Vehicle Particulars	
Manufacturer	HONDA
Model	CIVIC
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	SD16V14432/VPC2/R00
Cover Note Number	
Driver	
Name of Driver	TAN WEI LEONG JASON
NRIC No	S7908573A
Date Of Birth	17/03/1979
Occupation	INDOOR
Date Of Driving Pass	04/12/2000
Driving Experience	16 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91089980
Fax Number	
Contact Number	OFFICE-91089980
Email Address	NOEMAIL

Address	BLK 303D PUNGGOL PLACE #12-229
Postcode	824303
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	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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

MY CAR BROKE DOWN. BATTERY WAS FLAT. I MOVED TO THE SIDE OF THE ROAD. I THEN WENT AWAY TO ASK FOR ASSISTANCE. WHEN I CAME BACK, THE SIDE WAS BADLY DAMAGED. THE OTHER DRIVER (SJB7097X) HAD PUT A CARD WITH HIS NUMBER ON MY WINDSCREEN ASKING ME TO CALL HIM BACK. HE TOLD ME TO CALL BACK WITH REGARDS TO THE DAMAGE.

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	SJB7097X
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Name of Driver	XIANG YUKUN
NRIC/Passport Number	
Contact Number	92472728
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

Sketch Plan Pg. 1


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:

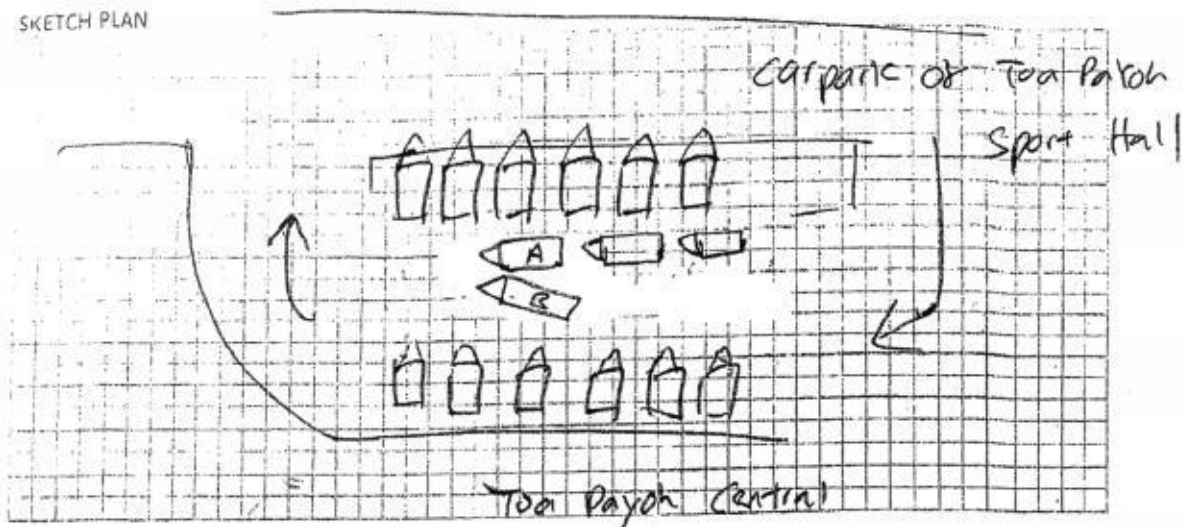
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this form and any other personal information provided by me or possessed by my insurer (collectively the "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:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

My car broke down. Battery was flat. I move to the side of the road. I then went away to ask for assistance.

When I come back, the side was badly damaged. The other driver, SJB7097X had put a card with his number on my windscreen asking me to call him back.

He told me to call him back with regard to the damage.

DECLARATION

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

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.:

26/10/17 @ 12.05pm

tick: HATC

TPECICS
Xiao Chen

S/N.	Item Description	Amount (\$)
1	Headlamp (LH) <i>ct</i>	\$ 808.92
2	Headlamp Lower Bracket (LH) <i>not new</i>	\$ 346.68
3	Front Bumper <i>deformed</i>	\$ 616.32
4	Front Bumper Side Bracket (LH) <i>new</i>	\$ 15.41
5	Front Foglamp Cover <i>ct</i>	\$ 134.82
6	Front Foglamp (LH) <i>not new</i>	\$ 211.86
7	Front Fender (LH) <i>repair</i>	\$ 308.16
8	Front Fender Inner Garnish (LH) <i>not new</i>	\$ 86.67
9	Front Fender Signal Light (LH) <i>cracked</i>	\$ 53.93
	<i>20%</i>	
	Total :	\$ 2,582.77
	Less 10% :	\$ 258.28
	Amount :	\$ 2,324.49

1629.40
1303.52

S/N	Special Nett Item	Amount (\$)
1	Front Bumper Lower Lip <i>xhe new</i>	\$ 231.00
2	Front Tyre Rim (LH) <i>xhe new</i>	\$ 1,500.00
	Total :	\$ 1,731.00

Labour	Amount (\$)
remove & refit headlamp, to check wiring & focus headlamp	\$ 150.00
remove, replace above listed parts and panel beat accident	\$ 900.00
affected parts	
to spray painting on affected area	\$ 950.00
<ul style="list-style-type: none"> • To display damaged parts during survey • Parts prices are subject to confirmation • Third party survey is on a "Without Prejudice" basis • No legal implication(s) is given • Supplementary request must be resurveyed and 	
Labour Total :	\$ 2,000.00
Total (Parts & Labour)	\$ 6,055.49

$$\begin{array}{r} 30 \\ 300 \\ 400 \\ \hline 730 \end{array}$$

total 2033.52
w/s 1.6K 03 Days

Date:



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

ECICS LTD

Ref : CS/ICS17020760/Aqbn2

7 TEMASEK BOULEVARD
#10-01 SUNTEC TOWER ONE
SINGAPORE 038987

Date : 09-03-2018



Code : ICS

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJB 7097X	Veh. Inspected	SGT 1122L
Policy No.		Coverage (\$)	0.00
Claim No.	DMPC1700605H	Excess (\$)	0.00
Assign From	LIONEL CHUA	Assign Date	31/10/2017

2. Vehicle Particulars & Condition

Make & Model	HONDA CIVIC	c.c	1597
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	MRHFC5650GT000197	Colour	RED
Odometer	26032	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/45 R18	DUNLOP	6 mm
L/H Front Tyre	225/45 R18	DUNLOP	6 mm
R/H Rear Tyre	225/45 R18	DUNLOP	6 mm
L/H Rear Tyre	225/45 R18	DUNLOP	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	22/10/2017	Inspection Date	31/10/2017
Survey held at	TICK HAI MOTOR & WELDING SERVICES BLK 1 KAKI BUKIT AVE 6 #01-54 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		

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

Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SGT 1122L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	HEADLAMP (LH)	CUT	808.92	808.92
1	HEADLAMP LOWER BRACKET (LH)	NOT NECESSARY	346.68	-
1	FRONT BUMPER	DEFORMED	616.32	616.32
1	FRONT BUMPER SIDE BRACKET (LH)	NECESSARY	15.41	15.41
1	FRONT FOGLAMP COVER	CUT	134.82	134.82
1	FRONT FOGLAMP (LH)	NOT NECESSARY	211.86	-
1	FRONT FENDER (LH)	TO REPAIR SEE LABOUR	308.16	-
1	FRONT FENDER INNER GARNISH (LH)	NOT NECESSARY	86.67	-
1	FRONT FENDER SIGNAL LIGHT (LH)	CRACKED	53.93	53.93
	LESS 10% DISCOUNT		-258.28	-
	LESS 20% DISCOUNT		-	-325.88
			2,324.49	1,303.52
<u>SPECIAL NETT ITEMS</u>				
1	FRONT BUMPER LOWER LIP (SN)	NOT NECESSARY	231.00	-
1	FRONT TYRE RIM (LH)(SN)	NOT NECESSARY	1,500.00	-
			1,731.00	-
<u>LABOUR</u>				
	TO REMOVE & REFIT HEADLAMP, TO CHECK WIRING & FOCUS HEADLAMP.		150.00	30.00
	TO REMOVE, REPLACE ABOVE LISTED PARTS AND PANEL BEAT ACCIDENT AFFECTED PARTS. INCLUSIVE OF THE REPAIR OF FRONT FENDER (LH).		900.00	300.00
	TO SPRAY PAINTING ON AFFECTED AREA.		950.00	400.00
			2,000.00	730.00
GRAND TOTAL			6,055.49	2,033.52

RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,600.00
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Report Ref No. CS/ICS17020760/Aqbn2

ADRIAN LING WAI PING

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

Licensed Appraiser

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