

Surinder Tanyan

REF: Independent

CB/TP17021949/Tlrbrnz

ASSIGNMENT

From: _____ Date: 15-11-2017
 Estimated Cost: _____
 OD ☒ TP ☐ WS ☐ TP RES ☐ OD RES ☐ EVA ☐ INV ☐ MV ☐
 To Inspect Vehicle No: SBS 3377U
 at Workshop m/s Tower Transit
 of 21 Bulim Drive
 Insured: _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

(Policy Condition)

1pm - 4pm

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

N/S	O/S

Bal. or Market Value: _____
 IDAC Accident Report: _____ 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SBS3377U Yr Regn: 2014 Feb
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: V6/V6 BRTL cc 9364
 Colour: Green A/C: Insured / Std / NI / NA
 Sp. Reading: 272866 T/Radio: Insured / Std / NI / NA

Eng/No: _____
 C/No: JV 354P925 EA/64227

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: 275/70R22.5
 R: 275/70R22.5 (0)

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

Front Rear
 R/Bal. 9 mm R/Bal. 9/9 mm
 L/Bal. 9 mm L/Bal. 9/9 mm
 D.O.A. 15/11/11 1545
 Survey held at Tower Transit Bulim Drive

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

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

Date / Time Action / Instruction

SBS 3377U - X

Confirm \$1548.73, 1 day
 Red. \$561.91, 27/1

RECEIVED 18 DEC 2017

Date/Time: File Pass to?

1) typist

Date/Time: File Return to?

2)

☐ : Preli. Report
☒ : Final Report

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

\$ + RS \$

Photos

Others

Report Format: TP

Lump Sum / I.B.I. (\$ 1548.73)

TOTAL

100
50
50
12
80
292



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

-	Ref : CS/TP17021949/T1rb
XXXXXX- -	Date : 17-11-2017
	Code : TP2



1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	SBS 3377U
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	15/11/2017

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	08/11/2017	Inspection Date	15/11/2017
Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD. 21 BULIM DRIVE SINGAPORE 648170		

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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**TRANSIT
ENGINEERING**

ACCIDENT TIME REPORTED	1240HRS
ACCIDENT DATE	8-Nov-17
BUS CAPTAIN NAME	LIONG KAU
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	SBS3377U
BUS TYPE (SD/DD)	DD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

	Part No.	Part or Item Description	Quantity	Total Cost
	77200770	MIRROR ARM COMPLETE WITH MEKRA MIRROR	ORA 1	\$1,143.17
	77200685	Mirror Arm Complete with Mirror (Third Mirror)	ORA 1	\$155.56
			7% GST	\$90.91
			FINAL TOTAL COST	\$1,389.64

	LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)		TOTAL COST
	TO REPLACE/REPAIR THE DAMAGED PARTS	200	\$300.00
		7% GST	\$21.00
		FINAL TOTAL COST	\$321.00

ESTIMATED ACCIDENT REPAIR COST



SECTION 5: REPAIRS TO BUS ADVERTISEMENT VINYL/PANELS (ADVERTISEMENT COST)

TOTAL ADVERTISEMENT REPAIR COST	-
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SECTION 6: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	-
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SECTION 7: NUMBER OF DAYS UNDER ACCIDENT REPAIR (LOSS OF USE COST)

		Date In For Repairs	15/11/2017	
		Date Out From Repairs	16/11/2017	
		Number of Days Under Repair	1	
BUS TYPE (SD / DD)	DD	LOSS OF USE COST		\$400.00

SUMMARY	
SECTION NO.	COST
1	\$1,389.64
2	\$321.00
3	-
4	-
5	\$400.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$2,110.64

Taphan 97495749
 15/11/17 @ 1545.
 01 day.
 Resurvey new part
 sur @ lkkauto.com

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:

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	10/11/2017 09:51
Date Of Accident	08/11/2017 12:40
Exact Location Of Accident	PENJURU ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBS3377U
Insured/Policyholder	
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Co Reg No	201419417K
Email Address	SHARIFAH@TOWERTRANSIT.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68171747

Vehicle Particulars

Manufacturer	VOLVO
Model	B9TL-9.4 D (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	BUS

Insurance Company

Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-16086301MFBP
Cover Note Number	

Driver

Name of Driver	LIONG KAU
NRIC No	S2553496D
Date Of Birth	16/09/1947
Occupation	OUTDOOR
Date Of Driving Pass	20/08/1974
Driving Experience	43 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own Vehicle -

Insurance Company of Driver's Own Vehicle -

General Information of the Accident

Type Of Accident COLLISION - HEAD TO REAR
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) 10

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name BUKIT BATOK NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: 21 BUKIT BATOK EAST AVE 4 , POSTCODE: 659840 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-6659999 - FAX NO: 66655793
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number YP4501P
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

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:

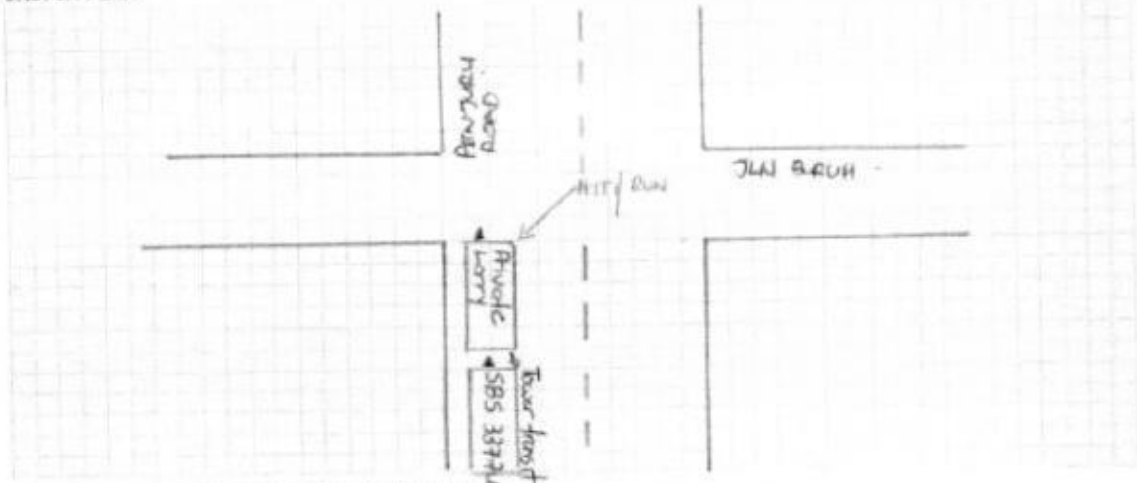
Driver's Signature
(if driver is not the policyholder)
Date & Time:

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

LIONG KAU

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 8th november 2017 at 143hrs, I was driving tour transit bus SBS 3377U. I was driving along Penguin Road at the traffic light junction of Penguin Road and Jalan Buruh my bus was stationary behind the at traffic light junction. Suddenly in front lorry at the traffic light fail to applied brake instead the lorry moving backward. I try horn many time, but the lorry fail to stopped and knock into my bus causing left hand side blind spot mirror dislodged and fell off from the arm bar and cracked left hand side mirror. After that, I going down from my bus and check the bus damages. I pick up my bus side mirror. Lorry driver fail to exchange particulars.

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.:



**SINGAPORE
POLICE FORCE**



T/20171108/2109

1 of 3

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

Report No. T/20171108/2109

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 08/11/2017 15:31	Vide Report No.:	Station Diary No.: 39
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Informant's Particulars

Name of Informant: LIONG KAU			Address: APT BLK 153 GANGSA ROAD #15-323 SINGAPORE 670153	
ID Type / ID No.: NRIC NO / S2553496D			Contact No.: Home/Office: Mobile: 96383965	
Nationality: SINGAPORE CITIZEN			Email:	
Sex: Male	Age: 70	Date of Birth: 16/09/1947	Type of Informant: Driver	
Race: Chinese			Language: Chinese	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,2A,2,3,4,5 Date of Expiry:	

General Information of the Accident

Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 08/11/2017 12:45	Type of Location: X-Junction
Location: Junction of Road 1 and Road 2 PENJURU ROAD JALAN BURUH AT THE TRAFFIC LIGHT JUNCTION.				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SBS3377U	Bus/Coach/Mi nibus				Slightly Damaged	6

Details of Person Involved

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



**SINGAPORE
POLICE FORCE**



T/20171108/2109

2 of 3

Report No. T/20171108/2109

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Driver			
Name	LIONG KAU	ID No.	S2553496D
Related Vehicle	SBS3377U (Bus/Coach/Minibus)	Contact No.	96383965
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 2B,2A,2,3,4,5 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

ON THE 08/11/2017 AT ABOUT 1243HRS, WHILE I WAS DRIVING ALONG PENJURU ROAD, AT THE TRAFFIC LIGHT JUNCTION OF PENJURU RD AND JALAN BUROH. MY BUS WAS PARKED BEHIND A LORRY AS THE TRAFFIC LIGHT AT THE POINT OF TIME WAS RED, THE LORRY IN FRONT OF ME I PRESUME DID NOT APPLY ANY BRAKES AS THE LORRY WAS STILL ROLLING BACKWARDS. I SOUNDED MY HORN SEVERAL TIMES BUT TO NO AVAIL, THE LORRY STILL KNOCKED ONTO MY BUS, CAUSING THE FRONT MIRROR OF THE BUSS TO DROP OFF. I GOT DOWN OF MY BUS AND PICKED UP MY MIRROR, HOWEVER WHEN I TURNED BACK THE LORRY HAD ALREADY DROVE OFF AND COULD NOT BE FOUND. THERE IS CCTV RECORDING IN MY BUS.



**SINGAPORE
POLICE FORCE**



T/20171108/2109

3 of 3

Report No. T/20171108/2109

Police Station Of Origin:
Bukit Batok N.P.C
21 Bukit Batok East Avenue 4 SINGAPORE
659840
Tel No: 1800-6659999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

J/

Sgt 2 ANG YU WEI

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / HRT /

SI KALESWARI PALANI

Contact No.: 65476902

SN 114

Authentication Stamp

NP188

Signature :

Singapore Police Force

Signature Of Informant:

Date/Time:

08/11/2017 15:31

Classification Of Case:



TOWER TRANSIT
ENGINEERING

ACCIDENT TIME REPORTED	1240HRS
ACCIDENT DATE	8-Nov-17
BUS CAPTAIN NAME	LIONG KAU
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	SBS3377U
BUS TYPE (SD/DD)	DD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

	Part No.	Part or Item Description	Quantity	Total Cost
	77200770	MIRROR ARM COMPLETE WITH MEKRA MIRROR	dis ✓ 1	\$1,143.17
	77200685	Mirror Arm Complete with Mirror (Third Mirror)	dis ✓ 1	\$155.56
				1298.73
			7% GST	\$90.91
			FINAL TOTAL COST	\$1,389.64

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)		TOTAL COST
TO REPLACE/REPAIR THE DAMAGED PARTS		\$300.00
		7% GST
		\$21.00
		FINAL TOTAL COST
		\$321.00

ESTIMATED ACCIDENT REPAIR COST



SECTION 5: REPAIRS TO BUS ADVERTISEMENT VINYL/PANELS (ADVERTISEMENT COST)

TOTAL ADVERTISEMENT REPAIR COST	-
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SECTION 6: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	-
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SECTION 7: NUMBER OF DAYS UNDER ACCIDENT REPAIR (LOSS OF USE COST)

		Date In For Repairs	15/11/2017
		Date Out From Repairs	16/11/2017
		Number of Days Under Repair	1
BUS TYPE (SD / DD)	DD		
LOSS OF USE COST		\$400.00	

SUMMARY	
SECTION NO.	COST
1	\$1,389.64
2	\$321.00
3	-
4	-
5	\$400.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$2,110.64

1298.73

250

42

1548.73

*

Tanpin 97495749.
01 day

15/11/17
Confirm with Shanpin
then e-mail

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:




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			
TOWER TRANSIT SINGAPORE PTE. LTD.		Ref : CS/TP17021949/T1rbn2	
21 BULIM DRIVE SINGAPORE 648170		Date : 22-12-2017	
		Code : TP479	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	Veh. Inspected		SBS 3377U
Policy No.	Coverage (\$)		0.00
Claim No.	Excess (\$)		0.00
Assign From	Assign Date		15/11/2017
2. Vehicle Particulars & Condition			
Make & Model	VOLVO B9TL	c.c	9364
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	YV3S4P925EA164227	Colour	GREEN
Odometer	272866	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	MICHELIN	9 mm
L/H Front Tyre	275/70 R22.5	MICHELIN	9 mm
R/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	9/9 mm
L/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	9/9 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S MIRROR.			
DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	08/11/2017	Inspection Date	15/11/2017
Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD. 21 BULIM DRIVE SINGAPORE 648170		
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:		1 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. SBS 3377U

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	MIRROR ARM COMPLETE WITH MEKRA MIRROR	DISTORTED	1,143.17	1,143.17
1	MIRROR ARM COMPLETE WITH MIRROR (THIRD MIRROR)	DISTORTED	155.56	155.56
			1,298.73	1,298.73
LABOUR				
	TO REPLACE/REPAIR THE DAMAGED PARTS.		300.00	250.00
			300.00	250.00
GRAND TOTAL			1,598.73	1,548.73

RECOMMENDED COST OF REPAIRS			1,548.73
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Report Ref No. CS/TP17021949/T1rbn2

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.