

22/03/2002

ASS. REC. BY:

REF: CS/SM017022185 / Dvbnz

Special Instruction:

Surveyor:

Byron

ASSIGNMENT (Office)

From (Person):

Sherry Wong

of

SM0

Date/Time:

21.11.2017 244pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJA 9029K

Insured:

SLD 9247H

at Workshop m/s

Teamwork

Tel:

of

53 Ubi Ave 1 #0124

Policy No:

Claim No:

CMTD1704183 / AGC

Sum Insured:

Excess:

Make of Veh:

D.O.A.

03.11.2017

(Client's Record)

CA / REV / REP. / REV 24 HRS wpi

H.O.D. Endorsement:

Date/Time:

21.11.2017 256pm

Person Contacted:

Daven

Vehicle

IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SJA 9029K - NA/EQ17021688/13
	SLD 9247H - X

D.O.A. 03.11.2017

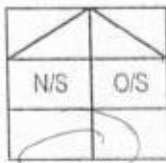
Signature

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.



Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 2 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: 85A9029 K Yr Regn: Dec 2017
 Type: M/Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or
 Make: Toyota Corolla Altis 1598
 Colour: Black A/C: Insured / Std / NI / NA
 Sp. Reading: 120942 T/Radio: Insured / Std / NI / NA
 Eng/No: 3224706476
 C/No: MR0532EC107157049
 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: 185/70 R14
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Yokohama
 Front _____ Rear _____
 R/Bal. 5 mm R/Bal. 5 mm
 L/Bal. 5 mm L/Bal. 5 mm
 D.O.A. 03/11/2017 D.O.I. 21/11/2017
 Survey held at Teamwork Paya Ubi
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or.
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	<u>Sampo 8LD 9247H</u>
	<u>MV 9.51C</u>
	<u>LTA 82471-</u>
	<u>NL 10001- (body value + PARF)</u>
<u>28/11/18</u>	<u>Finance 4/5 8501- with 2 days grace (Ref 3293.40, 2919)</u>

RECEIVED 28 NOV 2018

Date/Time, File Pass to?

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Survey Fee:

Transportation: _____ \$ + RS. _____ \$

Photos

Others

TOTAL

250

Report Format : TP

Lump Sum / I.B.I: (\$ 8501/2)

Add Fee:

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

Catherine Chong (LKK Auto)

From: Wong, Shi Yi Shery <Shery.Wong@sompo.com.sg>
Sent: Tuesday, 21 November, 2017 2:44 PM
To: 'assignments'
Cc: 'Nivitha (LKK Auto)'; Henry, Irene James; Chan, Shu Hui Agnes
Subject: FW: OUR REF: 1711-39 YOUR REF: SLD9247H PRE-REPAIR INSPECTION FOR SJA9029K

Our Reference: CMTD1704183/AGC

Hi,

Kindly assign your motor surveyor to conduct motor survey of the mentioned (SJA9029K).

Please refer to the email correspondence below.

Best Regards

Shery Wong

Claims Division

D: 6329 5339 | T: 6461 6555 | F: 6221 3147



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SOMPO

A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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From: TEAMWORK GARAGE CLAIMS [mailto:claims@teamworkgarage.com]
Sent: Tuesday, November 21, 2017 2:11 PM
To: Wong, Shi Yi Shery
Cc: Henry, Irene James; Chan, Shu Hui Agnes; claims@teamworkgarage.com
Subject: RE: OUR REF: 1711-39 YOUR REF: SLD9247H PRE-REPAIR INSPECTION FOR SJA9029K
Importance: High

Dear Sir,

We have agreed and selected the surveyor / surveyor company proposed by you to conduct the pre-repair inspection as a single joint expert whereby the cost of the pre-repair survey carried out by single joint expert will be bear by you.

We have selected :

LKK AUTO CONSULTANTS PTE LTD

as the motor surveyor / surveyor company named in your attached list.

Kindly forward your assignment to them asap so that we can arrange for the survey with them.

**Do get the surveyor / surveyor office to check with us on the availability of the car at the workshop before sending their surveyor down for PRI survey. We'll not be held responsible for wasted trips made to the workshop.*

Darren Ng
Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park
Singapore 408934
Tel: 68442475
Fax: 68442474

From: Wong, Shi Yi Shery [mailto:Shery.Wong@sompo.com.sg]
Sent: Tuesday, November 21, 2017 1:45 PM
To: 'claims@teamworkgarage.com' <claims@teamworkgarage.com>
Cc: Henry, Irene James <irene.henry@sompo.com.sg>; Chan, Shu Hui Agnes <agnes.chan@sompo.com.sg>
Subject: RE: OUR REF: 1711-39 YOUR REF: SLD9247H PRE-REPAIR INSPECTION FOR SJA9029K

Our Reference: CMTD1704183/AGC

Your Reference: 1711-39

Date: 21st November 2017

Without Prejudice

BY EMAIL ONLY

Attention:

M/S TEAMWORK GARAGE

ACCIDENT INVOLVING SJA9029K & SLD9247H ON 03.11.17

Dear Sir

We refer to your Notice of Accident via email dated 20/11/2017.

Please be informed that Agnes is the handler of this case.

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

Pre-Repair Survey

	Motor Surveyor	Surveyor	Selection (Indicate as tick)
1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Ma Chin Fook (North area)	

		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffery Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	
5	In House surveyor	Teo See Ling	

Please let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

Shery Wong

Claims Division

D: 6329 5339 | T: 6461 6555 | F: 6221 3147



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Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

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From: TEAMWORK GARAGE CLAIMS [<mailto:claims@teamworkgarage.com>]

Sent: Monday, November 20, 2017 4:57 PM

To: Motor Survey

Cc: claims@teamworkgarage.com

Subject: RE: OUR REF: 1711-39 YOUR REF: SLD9247H PRE-REPAIR INSPECTION FOR SJA9029K

Importance: High

Dear Sompo,

Attached is the GIA REPORT

Darren Ng

Teamwork Garage Pte Ltd

53 Ubi Avenue 1

#01-24 Paya Ubi Industrial Park

Singapore 408934

Tel: 68442475

Fax: 68442474

From: TEAMWORK GARAGE CLAIMS [<mailto:claims@teamworkgarage.com>]
Sent: Monday, November 20, 2017 4:54 PM
To: motorsurvey@sompo.com.sg
Cc: claims@teamworkgarage.com
Subject: OUR REF: 1711-39 YOUR REF: SLD9247H PRE-REPAIR INSPECTION FOR SJA9029K
Importance: High

WITHOUT PREJUDICE

OUR REF: 1711-39
YOUR REF: SLD9247H

Dear Sir/Madam,

PRE-REPAIR INSPECTION FOR SJA9029K
ACCIDENT INVOLVING SJA9029K & SLD9247H ON 03.11.17

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

Please let us have your list of surveyors for us to select as stated in the Practice Direction – Amendment No. 1 of 2016; Pre-action Protocol within 2 working days as of the date of our notice to you.

Please take notice: We will not entertain any of your surveyor calling us for the above inspection, without you giving us your list of surveyors for us to select by the Practice Direction of Pre-repair Inspection.

Darren Ng
Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park
Singapore 408934
Tel: 68442475
Fax: 68442474

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 willful 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 this report being made available aforesaid.

ACCIDENT STATEMENT

Date Of Report	14/11/2017 10:38
Date Of Accident	03/11/2017 21:45
Exact Location Of Accident	PUNGGOL WAY TWDS PUNGGOL CENTRAL
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJA9029K
Insured/Policyholder	
Name Of Registered Owner	ROSET LIMOUSINE SERVICES PTE.LTD.
Co-Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97481160
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	EQ INSURANCE COMPANY LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	DMCFHQ17-000185
Cover Note Number	
Driver	
Name of Driver	WEE KOK SIU(HUANG GUOXIU)
NRIC No	S8306603B
Date Of Birth	02/03/1983
Occupation	INDOOR
Date Of Driving Pass	21/02/2008
Driving Experience	9 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90931983
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 987C BUANGKOK GREEN #13-55
Postcode	533987
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	COLLISION - HEAD TO REAR
Weather Conditions	CLEAR
Road Surface	DAMP

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)	2

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

PLS REFER TO THE ATTACHED STATEMENT.

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	SLD9247H
Vehicle Make/Model/Colour	MAZDA 3
Details Of Properties	
Name of Driver	NOOR HISHAM BIN MOHD YUNOS
NRIC/Passport Number	S8718821C
Contact Number	82636977
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

14/11/17

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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I stopped my car at the traffic junction. when the car behind me couldn't stop in time and hit me. No injuries was found.

DECLARATION

I/we declare that the particulars are true in every respect.

Policyholder's
Date & Time:



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

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

TeamWork Garage Pte Ltd

Like any other business, hence not all the repairs are covered by the warranty:

- resurvey (to be done during resurvey)
- to display damaged parts to confirmation
- Third party survey is not "Without Prejudice"
- No reclassification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Sompo Insurance Pte Ltd
 Signature:
 50 Raffles Place, #05-01/06

Singapore Land Tower
 Singapore 048623

Teamwork Garage Pte Ltd
 53 Ubi Avenue 1 #01-23/24 Spore 408934
 Paya Ubi Industrial Park
 Tel : 6844 2475 Fax : 6844 2474
 E-mail : claims@teamworkgarage.com
 Register number : 201015366H
 ROC number : 201015366H

3RD PARTY CLAIM ESTIMATION

Vehicle number : SJA9029K
 Make / Model : TOYOTA/ALTIS
 Chassis number : MR053ZCE107157049
 Accident date : 03 November 2017
 Reference : 1711-39

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	REAR BUMPER distorted	500.50 ✓
2	REAR BUMPER SIDE RETAINER SW	74.88 X
2	REAR BUMPER DAMPER HH	198.64 X
1	END PANEL HH	525.07 X
1	END PANEL TOP GARNISH HH	132.10 X
	500.50	1431.19
	375.37	
	Less 25 %	357.79
	Subtotal	1073.40
	Balance C/F	1073.40
<u>PARTS REPLACEMENT - SPECIAL NETT ITEMS</u>		
	Balance B/F	1073.40
1 SET	REAR BUMPER CLIP NUC	60.00 30/-
1 SET	REAR REVERSE SENSOR Dem	300.00 220/-
1	JOINT SEALANT HH	150.00 X
	Subtotal	510.00
	Balance C/F	1583.40
<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
	Balance B/F	1583.40
1	CHECK REAR WIRING AND LIGHTNING SYSTEM	60.00 HH
2	REMOVE AND RENEW REAR REVERSE SENSOR	150.00 40/-
3	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH	200.00 HH
4	PANEL BEATING ON AFFECTED AREAS	1200.00 200/-
5	SPRAY PAINTING ON AFFECTED AREAS	800.00 200/-
6	APPLY ANTI RUST ON AFFECTED AREAS	150.00 HH
	Subtotal	2560.00
	Grand total	4143.40

21/11/2017 @ 1500m
 Not Anting
 4/5mm 2 days.
 1065.37
 4/5 850/-




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			
SOMPO INSURANCE SINGAPORE PL		Ref : CS/SMO17022185/Dvbn2	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 28-11-2018	
Code : SMO			
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLD 9247H	Veh. Inspected	SJA 9029K
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1704183/AGC	Excess (\$)	0.00
Assign From	SHERY WONG	Assign Date	21/11/2017
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA COROLLA ALTIS	c.c	1598
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	MR053ZEC107157049	Colour	BLACK
Odometer	120942	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/70 R14	YOKOHAMA	5 mm
L/H Front Tyre	185/70 R14	YOKOHAMA	5 mm
R/H Rear Tyre	185/70 R14	YOKOHAMA	5 mm
L/H Rear Tyre	185/70 R14	YOKOHAMA	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	03/11/2017	Inspection Date	21/11/2017
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		
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:		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. SJA 9029K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DISTORTED	500.50	500.50
2	REAR BUMPER SIDE RETAINER	SERVICEABLE	74.88	-
2	REAR BUMPER DAMPER	NOT NECESSARY	198.64	-
1	END PANEL	NOT NECESSARY	525.07	-
1	END PANEL TOP GARNISH	NOT NECESSARY	132.10	-
	LESS 25% DISCOUNT		-357.79	-125.13
			1,073.40	375.37
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIP (SN)	NECESSARY	60.00	30.00
1	SET REAR REVERSE SENSOR (SN)	DAMAGED	300.00	220.00
1	JOINT SEALANT (SN)	NOT NECESSARY	150.00	-
			510.00	250.00
LABOUR				
	CHECK REAR WIRING AND LIGHTING SYSTEM.	NOT NECESSARY	60.00	-
	REMOVE AND RENEW REAR REVERSE SENSOR.		150.00	40.00
	REMOVE AND REFIT REAR LINING, TRIM AND GARNISH.	NOT NECESSARY	200.00	-
	PANEL BEATING ON AFFECTED AREAS.		1,200.00	200.00
	SPRAY PAINTING ON AFFECTED AREAS.		800.00	200.00
	APPLY ANTI RUST ON AFFECTED AREAS.	NOT NECESSARY	150.00	-
			2,560.00	440.00
GRAND TOTAL			4,143.40	1,065.37
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				850.00

Report Ref No. CS/SMO17022185/Dvbn2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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