

C91 /SPF17023646 /Klvb52

Special Instruction:

Part by Part: \$ 5257.00

Third Parties:

Claimant:

Surveyor: Vicom Ltd

Workshop: Comfort Design

From (Person): Abdul Rahman of SF Date/Time: 13.12.2017
Estimated Cost: _____ Bill to: _____

OD/TP Re-inspection / Evaluation

To Inspect Vehicle No: SHD 85786 Insured: .QX 11536

at Workshop m/s Comfort Delgado
of 59 Layanq Drive

Policy No: _____ Claim No: AREND/105/009/2017/144

Sum Insured: _____ Excess: _____

Make of Veh: _____
(Client's Record) _____ D.O.A. 07.19.2017

H.O.D. Endorsement/Date: Do Not Finalise

Date/Time: _____ Person Contacted: _____ Vehicle IN / OUT _____

Date/Time: 11/1/17 Confirmed with 11/1/17 Final Fig 11/1/17, 11/1/17 days (Red \$ 11/1/17 / 11/1/17 %; Original 6 days)

Date/Time: 14/12/17 Submit Final Fig \$4997, 4 days (Red \$ 260 / 5 %; Original days)

[illegible]

Para(1) : Parts found not replaced (To highlight R or UB, LR, Etc)

Para(2) : Comments on consistency of damages (Parts Not Consistent : NC)
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RECEIVED 14 DEC 2007

Para(3) : Nett Value

Market Value :

Salvage Value : _____

Nett Value :

Inspected/
Evaluated by:

Fee Charged:

Basic & Add	
Transport	
Photos	
Others	
Total	

Date: _____

200

1) Date/Time 14/10-1984 File Pass to

2) Date/Time _____ File Return to _____

3) Date/Time _____ File Pass to _____

4) Date/Time File Return to

5) Date/Time _____ File Pass to _____

6) Date/Time _____ File Return to _____



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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref : CS1/SPF17023646/vb

ACCIDENT CLAIM SECTION
(SINGAPORE POLICE FORCE)
1 MOUNT PLEASANT ROAD
BLK 8 OLD POLICE ACADEMY SINGAPORE 298333

Date : 13-12-2017



Code : SPF

1. Policy Particulars :- PAPER SURVEY

Insured Veh.	QX 1153G	Veh. Inspected	SHD 8578G
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2017/141	Excess (\$)	0.00
Assign From	ABDUL RAHMAN	Assign Date	13/12/2017

2. Vehicle Particulars & Condition

Make & Model	c.c
Engine No.	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	07/09/2017	Inspection Date
Survey held at		

5a. Remarks

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SINGAPORE POLICE FORCE

SPF Accidents Claims Section
Automotive Engg & Mgmt Div
Police Logistics Department
No. 1 Mount Pleasant Road
Block 8 Old Police Academy
#02-12 Singapore 298333

Your Ref : SHD8578G

Our Ref : AEMD/105/009/2017/141

Date : 25 Oct 2017

Tel: 64784840
Fax: 64784848

LKK Auto Consultants Pte Ltd
Paya Ubi Industrial Park
51 Ubi Avenue 1 #01/02-25
Singapore 408933

Via Fax only: 62564315

Dear Sir,

ACCIDENT INVOLVING GOVT VEHICLE QX1153G AND OTHER VEHICLE SHD8578G ON 7 SEPTEMBER 2017

We refer to the above matter.

- 2 Kindly arrange for a **Post Inspection** of vehicle no. **SHD8578G** at **M/s Comfort Delgro Engrg Pte Ltd of 205 Braddell Road, Singapore 579701.**
- 3 For appointment kindly contact Tel: **63836280/62148374.**
- 4 Estimates were provided by the workshop.
- 5 Thank you.

Yours faithfully,

Abdul Rahman
Accident Claims Officer
for ASST DIRECTOR

A FORCE FOR THE NATION

2017/141

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	09/09/2017 08:40
Date Of Accident	07/09/2017 17:40
Exact Location Of Accident	OUTRAM RD TWDS TIONG BAHRU OPPOSITE OUTRAM MRT STN
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SHD8578G
Insured/Policyholder	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
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	TAXI
Insurance Company	
Name of Insurance Company	FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-15072702MFSH
Cover Note Number	
Driver	
Name of Driver	CHIA MIA HENG ANDREW
NRIC No	S0207519I
Date Of Birth	16/11/1953
Occupation	OUTDOOR
Date Of Driving Pass	31/07/1980
Driving Experience	37 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	503 06-293 TAMPINES CENTRAL 1
Postcode	520503
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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)	2

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

SEE POLICE REPORT.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLD2369K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	KHAIRULNIZAM BIN MOHAMAD
NRIC/Passport Number	S8432887A
Contact Number	84284949
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	RHT FRT
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 willful 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 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.
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' law yers/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' law yers/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 law yers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature / Date & Time

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

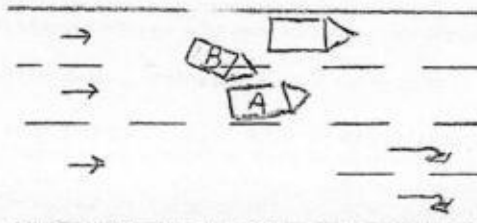
Witnessed by Reporting Centre Personnel

Sketch Plan

BUTRAM RD TWDS TIONG BAHRU
OPPOSITE BUTRAM MRT.

A: SHD8578G.

B: SLD2369K.



Sketch Plan Pg. 2



**SINGAPORE
POLICE FORCE**



T/20170907/2188

1 of 3

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20170907/2188

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 07/09/2017 21:30		Vide Report No.: A/20170907/0128		Station Diary No.:	
Informant's Particulars					
Name of Informant: CHIA MIA HENG			Address: APT BLK 503 TAMPINES CENTRAL 1 #06-293 HDB- TAMPINES SINGAPORE 520503		
ID Type / ID No.: NRIC NO / S02075191			Contact No.: Home/Office: Mobile: 97592267		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 63	Date of Birth: 16/11/1953	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident				
Type of Accident:	Non-Injury Government Vehicle	Drink Drive: No	Date/Time of Accident: 07/09/2017 17:40	Type of Location: Straight Road
Location: Along Road 1 Traveling Toward Road 2 OUTRAM ROAD TIONG BAHRU ROAD				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: Heavy
Type of Collision: Between Moving Vehicles - Head To Side				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHD8578G	TAXI					1
SLD2369K	Car					1

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



**SINGAPORE
POLICE FORCE**



T/20170907/2188

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3
Report No. T/20170907/2188

CONTINUATION OF REPORT

Driver			
Name	CHIA MIA HENG	ID No.	S0207519I
Related Vehicle	SHD8578G (TAXI)	Contact No.	97592267
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	KHAIRULNIZAM BIN MOHAMAD	ID No.	S8432887A
Related Vehicle	SLD2369K (Car)	Contact No.	84284949
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

AT THE ABOVE MENTIONED DATE AND TIME, I WAS DRIVING MY TAXI (SHD8578G) ALONG OUTRAM ROAD TOWARDS TIONG BAHRU ROAD, WITH 1 PASSENGER, ON THE MIDDLE LANE OF THE THREE LANE ROAD. THERE WAS A CAR (SLD2369K), COMING FROM MY LEFT, DID NOT GIVE WAY TO MY TAXI AND COLLIDED ONTO MY TAXI'S WHOLE LEFT PORTION. THE SAID DRIVER THEN INFORMED ME THAT HE IS A POLICE OFFICER. PARTICULARS WERE SUBSEQUENTLY EXCHANGED. I WISH TO STATE THAT I HAVE AN IN-CAR CAMERA INSTALLED IN MY TAXI. MY INVESTIGATING OFFICER IS DYLAN (65476251).

7/ 21823



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police Division HQ
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20170907/2188

3 of 3

Report No. T/20170907/2188

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:
TP /
WOO JUN HON

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / GIA /
Staff Sgt TANG SIEW PING
Contact No.: 65476430

Authentication Stamp
NP168

Signature Of Informant:

Date/Time:
07/09/2017 21:30

Classification Of Case:



SINGAPORE
POLICE FORCE

Describe Circumstances of the Accident

Refer to P/Report T/20170907/2188.

Declaration

We declare the foregoing particulars are true in every respect.

CITYCAB PTE LTD
CO. REG. NO. 199502839G

Policyholder's Signature / Date &
Time

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

Witnessed by Reporting Centre
Personnel

COMFORTDELGRO ENGINEERING PTE LTD
#205 Braddell Road
Blk C Ext 1 3rd Level
Singapore 579701



VICOM LTD
385 Sin Ming Drive Singapore 575718

Mainline (65) 6458 4555
Facsimile (65) 6458 1040

www.vicom.com.sg
Company Registration No: 108100020R

SURVEY REPORT

GENERAL INFORMATION

VAC Ref. No. :	515207	Claim No. :	305070231
Accident Date :	07/09/2017	Claim Type :	THIRD PARTY
Assignment Date :	11/09/2017	Policy No. :	
Survey Date :	11/09/2017	Finalised Dt.:	
Survey Report Date :	02/10/2017		

VEHICLE PARTICULARS

Vehicle No. :	SHD8578G	Chassis No. :	KMHLB41UMGU093762
Registration Date :	15/09/2016	Engine No. :	D4FDGU674645
Make :	HYUNDAI	Engine Cap. :	1685 CC
Model :	I40	Transmission :	AUTOMATIC
		Colour :	YELLOW

CONDITION OF VEHICLE DURING SURVEY (VISUAL and STATIC TEST ONLY)

Foot Brake :	SERVICEABLE	Steering :	SERVICEABLE
Hand Brake :	SERVICEABLE	Modification :	NONE
Mileage :	173661 KM		

<u>TYRES</u>	<u>SIZE</u>	<u>MAKE</u>	<u>BALANCE (mm)</u>
FRONT RH	205/60R16	HANKOOK	6
FRONT LH	205/60R16	HANKOOK	6
REAR RH	205/60R16	HANKOOK	6
REAR LH	205/60R16	HANKOOK	6

SURVEY CONDUCTED AT

ComfortDelGro Engineering Pte Ltd,
59 Loyang Drive Singapore 508969.
Assignment given by: MVA Chiang (C.D.G.E.)

REMARKS

[1] Workshop Estimate : S\$ 5,804.52
[2] Our Adjustment : S\$ 5,257.00
[3] Repair Period : 6 days
[4] We have not authorised repairs. This survey was carried out on without prejudice basis.

VICOM LTD**SURVEY REPORT****Annex A: Adjustment on Spare Parts**

#	Qty	Vehicle Parts Description	Condition	Workshop Estimate (S\$)	VAC Adjustment (S\$)
1	1	Rear Bumper	Deformed	603.60	603.60
2	10	Rear Bumper Clips	Necessary	22.00	22.00
3	1	Rear Fender (Lh)	Dented	2020.10	2020.10
4	1	Rear Fender Inner Lining (Lh)	Reuse	164.40	0.00
5	1	Rear Windscreen Moulding	Necessary	60.00	60.00
6	1	Front Door (Lh)	Dented	1403.05	1403.05
Subtotal				: 4273.15	4108.75
Less 20 %				854.63	821.75
TOTAL				: 3418.52	3287.00

SPECIAL NETT ITEM

1	1	Rear W/Screen Sealant	Waived	46.00	0.00
2	1	Rear Door Comfortdelgro & App Sticker Lh	Necessary	80.00	80.00
3	1	Front Door Comfort Sticker Lh	Necessary	70.00	70.00
TOTAL				: 196.00	150.00

TOTAL FOR SPARE PARTS : 3614.52 3437.00

VICOM LTD

SURVEY REPORT

Annex B: Adjustment on Labour and Spray Painting

#	Job Description	Workshop Estimate (S\$)	VAC Adjustment (S\$)
1	Panel beating	800.00	720.00 600
2	Spray painting	800.00	720.00 700
3	Wiring charges	30.00	20.00 144
4	Tuff kote	50.00	40.00
5	Remove/refix cushion & upholstery rear	150.00	80.00 50
6	Remove/refix rear windscreen glass	120.00	120.00 100
7	Remove/refix reverse sensor	120.00	60.00 20
8	Transfer of door mechanism	120.00	60.00 50
TOTAL FOR LABOUR AND SPRAY PAINTING		2190.00	1820.00

Summary

Description	Workshop Estimate (S\$)	VAC Adjustment (S\$)
TOTAL FOR SPARE PARTS	3614.52	3437.00
TOTAL FOR LABOUR AND SPRAY PAINTING	2190.00	1820.00
TOTAL REPAIR COST	5804.52	5257.00

4 Days

VICOM LTD
SURVEY REPORT
Annex C: Conclusion

ASSESSOR'S REPORT

At the place of inspection, we saw this vehicle sustained nearside damage.

The damages seen during our survey were at rear bumper, rear n/s fender, rear n/s door, front n/s door and surrounding areas. A fuller detailed description of the damages is in Annex A of this survey report.

ASSESSOR'S RECOMMENDATION

Comfortdelgro Engineering Pte Ltd (Loyang) estimated a repair cost of S\$5,804.52. We adjusted it to S\$5,257.00 on a part-by-part basis.

Accordingly, we recommend repairs to this vehicle be carried out on a part-by-part basis at S\$5,257.00.

The repairs would require a period of 6 working days.



Kamarudin Abdul Kadir
for VICOM Ltd



Your Ref: AEMD/105/009/2017/141

Date: 15th December 2017

Our Ref: CS1/SPF17023646/K1vbs2

M/s Automotive Engineering & MGT Division

Accident Claim Section

(Singapore Police Force)

1 Mount Pleasant Road

Blk 8 Old Police Academy

Singapore 298333

Attn: Abdul Rahman

Dear Sir / Madam,

EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SHD 8578G

INSURED VEHICLE: QX 1153G

ACCIDENT DATE: 07/09/2017

We thank you for your instruction on 13/12/2017.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SHD 8578G from M/s Vicom Ltd.
- b) Singapore Accident Statement of Vehicles SHD 8578G.
- c) Colour damaged vehicle photographs of SHD 8578G.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SHD 8578G
Make & Model	: Hyundai I40
Year of Registration	: 2016
Chassis Number	: KMHLB41UMGU093762
Engine Capacity	: 1685cc

2. We recommend that the repairs of the entire damage require about 4 (Four) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.



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. SHD 8578G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	603.60	603.60
10	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	REAR FENDER (LH)	DENTED	2,020.10	2,020.10
1	REAR FENDER INNER LINING (LH)	REUSE	164.40	-
1	REAR WINDSCREEN MOULDING	NECESSARY	60.00	60.00
1	FRONT DOOR (LH)	DENTED	1,403.05	1,403.05
	LESS 20% DISCOUNT		-854.63	-821.75
			3,418.52	3,287.00
SPECIAL NETT ITEMS				
1	REAR W/SCREEN SEALANT (SN)	WAIVED	46.00	-
1	REAR DOOR COMFORTDELGRO & APP STICKER LH (SN)	NECESSARY	80.00	80.00
1	FRONT DOOR COMFORT STICKER LH (SN)	NECESSARY	70.00	70.00
			196.00	150.00
LABOUR				
	PANEL BEATING.	NOT NECESSARY	800.00	600.00
	SPRAY PAINTING.		800.00	700.00
	WIRING CHARGES.		30.00	-
	TUFF KOTE.		50.00	40.00
	REMOVE / REFIX CUSHION & UPHOLSTERY REAR.		150.00	50.00
	REMOVE / REMOVE REAR WINDSCREEN GLASS.		120.00	100.00
	REMOVE / REFIX REVERSE SENSOR.		120.00	20.00
	TRANSFER OF DOOR MECHANISM.		120.00	50.00
			2,190.00	1,560.00
GRAND TOTAL			5,804.52	4,997.00
RECOMMENDED COST OF REPAIRS				4,997.00

Report Ref No. CS1/SPF17023646/K1vbs2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

K.K.LAU CPT(RET)

BEng(Hons), B.Bus, MBA, PEng, PE,
MinstAEA, MASME, MIRTE

REGD Auto Consultant-SAE, 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.