

ASS. REC BY

REF: CS/FCI17023675/S1d302

Submitted by

CWS

Sebastian

ASSIGNMENT (Office)

From (Person)

Joanne Yong

FCI

Estimated Cost

2:04pm @ 13/12/2017

OD / IP / WS / IF RES / OD RES / EVA / INV / MV / CS

To Inspect Vehicle No.

SJG 7571S

Insured

SH8107G

at Workshop no.

Trans Eurokars

Tel

6360 2846

of

12 Sungai kadut Ave

Policy No.

Claim No.

D17011471MFSH

Sum Insured

Excess

Make of Veh.

(Client's Record)

D.O.A. 11/12/2017

CA / REV / REP. / REV 24 HRS

'wp'

14.12.2017 @ 10am - 10.30am

H.O.D. Enforcement

Date/Time

2:15pm @ 13/12/17

Person Contacted

Eva kok

Vehicle IN/OUT

Date/Time

Action/Instructions (✓) Estimate

SJG 7571S - x

SH8107G - CS/FCI17020195/R7gbc2

D.O.A. 11/12/2017

5/2.

TP withdraw claims

Submit preli report




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				
FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI17023675/Std3		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 13-12-2017		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SH 8107G	Veh. Inspected	SJG 7571S	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17011471MFSH	Excess (\$)	0.00	
Assign From	CWS (JOANNE YONG)	Assign Date	13/12/2017	
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				
5. General Information				
Accident Date	11/12/2017	Inspection Date		
Survey held at	HUA HONG PTE LTD 25D SUNGEI KADUT STREET 1 SINGAPORE 729332			
5a. General Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D17011471MFSH

Date: 06/01/2018

Our Ref: CS/FCI17023675/Std3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

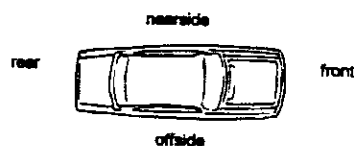
INITIAL INSPECTION REPORT OF VEHICLE NO. SJG 7571S

Please be informed that we had conducted the inspection of the abovementioned vehicle on 14/12/2017 at the premises of M/s Trans Eurokars at and have the following to report:-

Workshop Estimate Amount	: S\$ <u>15,120.27</u>
Revised Estimate Amount	: S\$ <u>14,070.27</u>
"Check" Items Amount	: S\$ <u>-</u>
Market Value	: S\$ <u>-</u>
LTA Reimbursement Value	: S\$ <u>-</u>
Nett Value	: S\$ <u>-</u>

Description of Damage:

The vehicle sustained damages
At O/S rearar portion.



Repair days: 5 days

Yours faithfully

Sebastian

Motor Surveyor

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C

GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	12-12-2017	Our Ref No. D17011471MFSH
Accident Date	11-12-2017	Claim Type. Third Party
Insured Vehicle	SH8107G	Third Party Vehicle. SJG7571S
Survey Location	EUROKARS CENTRE 12 SUNGEI KADUT AVE	
Contact Person.	EVA KOK	
Contact No.	63602846/ 0	Fax No. 63693003
Survey Type	WITHOUT PREJUDICE:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	TRANS EUROKARS PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.

This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/231821)



PRI Documents



Close



PRI Header Details

Claim No	D17011471MFSH	Policy No	D-15072701MFSH	Claimant S.No & Name	1 & TRANS EU
Workshop Name	TRANS EUROKARS PTE LTD (Contact Person : EVA KOK)	Survey Location & Contact Details	EUROKARS CENTRE 12 SUNGEI KADUT AVE Mobile: 0 , Phone: 63602846 , Fax: 63693003 EmailId: EVA.KOK@EUROKARS.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SH8107G	TP Vehicle No	SJG7571S
PRI Recieved Date	12-12-2017 09:15:50 PM	Surveyor Appointed Date	13-12-2017 02:03:48 PM	Surveyor Accept Date	13-12-2017 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	13-12-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
------------------------------------	--	-----------------------------	------------	--------------------------------	--

Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	Select Year ▼
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

File Name

Action

Surveyor Job Remarks

Remarks

Denise Tay (LKKAuto)

From: eva.kok@eurokars.com.sg
Sent: Monday, 5 February 2018 4:19 PM
To: Denise Tay (LKKAuto)
Cc: janice.syn@porsche.com.sg; rickteo@eurokars.com.sg
Subject: RE: SJG 7571S / FIRST CAPITAL / DOA: 11/12/2017

Denise,

Customer would like to withdraw claims.

Thanks

Eva Kok
Insurance Claims Officer
Trans Eurokars Pte Ltd
12 Sungei Kadut Avenue
Singapore 729648
Dir: +65 6360 2846 | Fax: +65 6369 3003 | Email: eva.kok@eurokars.com.sg
Website: www.eurokarsgroup.com



*****DISCLAIMER*****

This email and any attachments there to be intended for the sole use of the recipient(s) named above and may contain information that is confidential and/or proprietary to the Eurokars Group.
Any use of the information contained herein (including, but not limited to, total or partial reproduction, communication, or dissemination in any form) by persons other than the intended recipient(s) is prohibited. If you have received this email in error, please notify the sender immediately and delete it.

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Monday, February 5, 2018 4:16 PM
To: Eva Kok <eva.kok@eurokars.com.sg>
Subject: SJG 7571S / FIRST CAPITAL / DOA: 11/12/2017

Dear Eva,

Can help me check the status? (eg not sent in for repair, pending liability, under repair..etc)

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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	11/12/2017 16:20
Date Of Accident	11/12/2017 08:10
Exact Location Of Accident	ALONG BIDEFORD ROAD TOWARDS CTE (INSIDE TUNNEL)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJG7571S
Insured/Policyholder	
Name Of Registered Owner	TAM WING TSANG SIMON
NRIC No	S2758744E
Email Address	SIMON_WT_TAM@ME.COM
Mobile Phone No	(LOCAL) +65-96283523
Alternative Phone No	OTHERS-96283523

Vehicle Particulars

Manufacturer	PORSCHE
Model	CAYENNE
Exact Purpose for which vehicle was being used at time of accident	PRIVATE 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 CAR

Insurance Company

Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	S117V10393/VPS/R09
Cover Note Number	

Driver

Name of Driver	TAM WING TSANG SIMON
NRIC No	S2758744E
Date Of Birth	15/01/1964
Occupation	INDOOR
Date Of Driving Pass	12/06/2006
Driving Experience	11 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96283523
Fax Number	
Contact Number	OTHERS-96283523
Email Address	SIMON_WT_TAM@ME.COM

Address	1 GRANGE GARDEN #11-05 THE GRANGE
Postcode	249631
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)	3

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

REFER TO SKETCH PLAN & 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

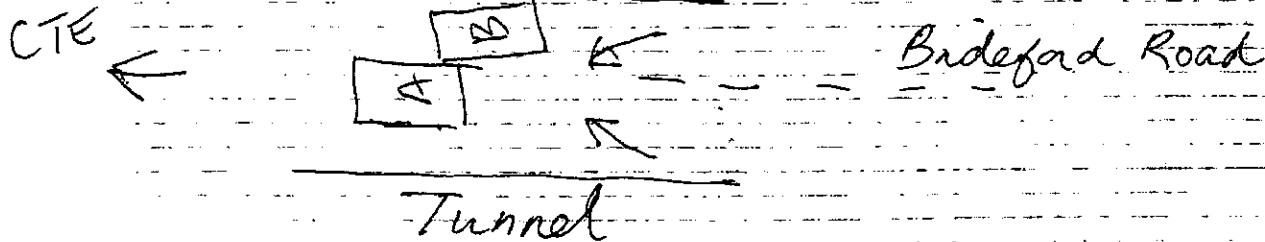
DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SH8107G
Vehicle Make/Model/Colour	HYUNDAI
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



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 11/12/2017 around 8:10am, I was driving along Bideford Road toward CTE (entering into tunnel), suddenly I heard an impact from behind, I stopped my car immediately. I realised vehicle B had hit onto the right rear portion of my car while he was merging into the lane.

DECLARATION

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

Amir Tam

Policyholder's Signature

Date & Time:

Driver's Signature

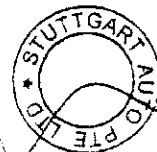
(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:



Janice Syn

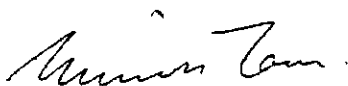
SKETCH PLAN

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:

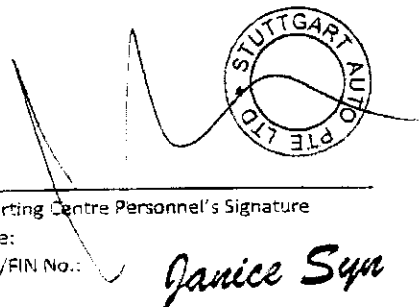
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the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



Janice Syn

STUTTGART AUTO
NO:12 SUNGEI KADUT AVE (S) 729648 (FAX NO. 63602899)
ESTIMATED COST OF REPAIRS

FIRST CAPITAL INSURANCE LTD 36 ROBINSON ROAD #16-01 CITY HOUSE SINGAPORE 068877		NAME : Tam Wing Tsang ADDRESS : 1 Grange Garden #11-05, The Grange Singapore 249631	WIP : 30033 DATE: 11-12-17
ATTN :		TEL :	
FAX :			
VEH NO :	SJG7571S	DATE IN :	
CHASSIS NO :	WP1ZZZ9PZ8LA27607	MILEAGE :	
MODEL :	Porsche Cayenne Tiptronic	DATE REG. :	15-07-08
		CONTACT PERSON :	TOMMY / RICK 63602445
		TYPE OF CLAIM :	TP AGAINST SH8107G
		POLICY NO. :	

NATURE OF WORKS

S/NO	Parts Description	QTY	PART NO	(NETT) PRICES
1	REAR LINING ✓ <i>Cut</i>	1	P955-505-411-11-G2X	\$ 2,247.00
2	CLAMP LINING REAR ✓ <i>NEC</i>	5	P955-505-807-00-	\$ 17.00
3	COVER, REAR LINING ✓ <i>NEC Bumper Chrome Garnish</i>	1	P955-505-787-10-	\$ 685.50
4	SPOILER, REAR BUMPER, UPPER ✓ <i>Cut</i>	1	P955-505-521-12-G2X	\$ 2,056.50
5	CLAMP ✓ <i>NEC</i>	5	P955-505-180-00-	\$ 257.50
6	SPEED NUT ✓ <i>NEC</i>	5	PN -015-437-4 -	\$ 9.00
7	RETAINING CLIP ✓ <i>NEC</i>	2	P955-505-535-00-	\$ 6.80
8	CLAMPING WASHER ✓ <i>NEC</i>	4	PN -901-162-02-	\$ 4.40
9	P955-505-875-10-/SPOILER-REAR LOWER PART ✓ <i>SCR</i>	1	P955-505-875-14-	\$ 1,106.00
10	SCREW ✓ <i>NEC</i>	5	PN -900-942-01-	\$ 11.50
11	DISC WHEEL SILVER LACQUERED ✓ <i>Cut</i>	1	P955-362-126-01-9A1	\$ 3,599.10
			Total Parts	\$ 10,000.30
			LESS 10%	\$ 1,000.03
			Nett Total Parts	\$ 9,000.27

Labour Description

1	TO REMOVE DAMAGED /AFFECTED REAR BUMPER ASSY, <i>1400 / day</i> REPLACE AFFECTED BODY PARTS & FITTINGS WHICHEVER NECESSARY.		\$ 2,800.00 <i>2100</i>
2	TO SPRAY PAINT REAR BUMPER & BUMPER CENTRE SKIRT. <i>1200 / panel</i>		\$ 1,500.00
3	TO CHECK ELECTRICAL WIRING SYSTEM FOR PROPER FUNCTION ABILITY INCLUDING PARKING ASSIST SENSORS.	NETT	\$ 380.00 ✓
4	TO CHECK STEERING GEOMETRY & CONDUCT WHEEL ALIGNMENT ACCORDING TO SPECIFICATIONS.	NETT	\$ 680.00 ✓
5	TO REMOVE, REPLACE /REFIT RHR TYRES & RIMS		\$ 60.00 ✓
6	TO RE-PROGRAMMED SYSTEM & ERASE FAULT CODES AFTER ACCIDENT REPAIR.	NETT	\$ 600.00 ✓
7	SUNDRIES.		<i>50</i> \$ 100.00
		TOTAL LABOUR	\$ 6,120.00
		TOTAL PARTS	\$ 9,000.27

GRAND TOTAL

\$ 15,120.27

Please note that this is **only an estimate**, base on our visual inspection. However should there be any additional work be found necessary in the course of repair and thus additional parts, materials and labor cost will be deem necessary, you will be inform accordingly prior to any action taken. In view of this, expected delays will be indivertible and therefore additional working days will be required. As such the loss of use and other incidentals will be adjusted accordingly.

Prepared By

Acknowledge By

5 days.

Sebastian.

14/12/2017.

- Part by part repair.
- Photo before paint

90036121

Sebastianyeang@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:

**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**FIRST CAPITAL INSURANCE LTD**

Ref : CS/FCI17023675/Std3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 06-02-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SH 8107G	Veh. Inspected	SJG 7571S
Policy No.	D-15072701MFSH	Coverage (\$)	0.00
Claim No.	D17011471MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	13/12/2017

2. Vehicle Particulars & Condition

Make & Model	PORSCHE CAYENNE	c.c	3598
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	WP1ZZZ9PZ8LA27607	Colour	GREY
Odometer	50151	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	235/65 R17	MICHELIN	6 mm
L/H Front Tyre	235/65 R17	MICHELIN	6 mm
R/H Rear Tyre	235/65 R17	MICHELIN	6 mm
L/H Rear Tyre	235/65 R17	MICHELIN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	11/12/2017	Inspection Date	14/12/2017
Survey held at	TRANS EUROKARS PTE LTD 12 SUNGEI KADUT AVE SINGAPORE 729648		

5a. Remarks

A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
--

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	5 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJG 7571S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR LINING	CUT	2,247.00	2,247.00
5	CLAMP LINING REAR	NECESSARY	17.00	17.00
1	COVER,REAR LINING	NECESSARY	685.50	685.50
1	SPOILER REAR BUMPER,UPPER	CUT	2,056.50	2,056.50
5	CLAMP	NECESSARY	257.50	257.50
5	SPEED NUT	NECESSARY	9.00	9.00
2	RETAINING CLIP	NECESSARY	6.80	6.80
4	CLAMPING WASHER	NECESSARY	4.40	4.40
1	P955-505-875-10-/SPOILER-REAR LOWER PART	SCRATCHED	1,106.00	1,106.00
5	SCREW	NECESSARY	11.50	11.50
1	DISC WHEEL SILVER LACQUERED	CUT	3,599.10	3,599.10
	LESS 10% DISCOUNT		-1,000.03	-1,000.03
			9,000.27	9,000.27
SPECIAL NETT ITEMS				
1	SUNDRIES (SN)	NECESSARY	100.00	50.00
			100.00	50.00
LABOUR				
	TO REMOVE DAMAGED/AFFECTED REAR BUMPER ASSY.REPLACE AFFECTED BODY PARTS. & FITTINGS WHICHEVER NECESSARY.		2,800.00	2,100.00
	TO SPRAY PAINT REAR BUMPER & BUMPER CENTRE SKIRT.		1,500.00	1,200.00
	TO CHECK ELECTRICAL WIRING SYSTEM FOR PROPER FUNCTION ABILITY INCLUDING PARKING ASSIST SENSORS.		380.00	380.00
	TO CHECK STEERING GEOMETRY & CONDUCT WHEEL ALIGNMENT ACCORDING TO SPECIFICATIONS.		680.00	680.00
	TO REMOVE,REPLACE/REFIT RHR TYRES & RIMS.		60.00	60.00
	TO RE-PROGRAMMED SYSTEM & ERASE FAULT CODES AFTER ACCIDENT REPAIR.		600.00	600.00
			6,020.00	5,020.00
GRAND TOTAL			15,120.27	14,070.27

Report Ref No. CS/FCI17023675/Std3e2



RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)			14,070.27
---	--	--	-----------

Report Ref No. CS/FCI17023675/Std3e2

YEANG WAI KEEN

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.