

22/05/2002

ASS. REC. BY:

REF: CS/FCI7024015/Ard302

Special Instruction:

SUBMITTER:

Adrian

ASSIGNMENT (Office)

From (Person):

Lurene Jaw

of

FCI

Date/Time: 5:19pm @ 18/12/17

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SJC 1927K

Insured:

SHA 8109T

at Workshop m/s

MG solution

Tel:

67444165

of

23 kaki Bukit Ave 4 #02-03

Policy No:

Claim No:

D1701159 6MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

14/12/17

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

10:15am @ 14/12/17

Person Contacted:

Ms. Heng

Vehicle: ☒ IN / OUT

Date/Time

Action/Instruction

(✓) E-Not

Pending ID's VF to be submitted for viewing

SJC 1927K - X

SHA 8109T - CS/GWC9006915/TIc91

D.O.A. 14/12/17

Sent prev through email

confirm L/S \$1000, 5 days

REF: FCI

ASSIGNMENT

01/12/08.

From: _____ Date: 19/12/17

Estimated Cost: _____

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

To Inspect Vehicle No: SJC 1927K

at Workshop m/s MG solution

of 23 kaki Bukit Ave 4

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

Pending ID'S VF to be submitted for viewing

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ 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 Cap

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

Veh No: SJC 1927K Regn: 2008 Feb.

Type: ☒ M. Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Suzuki SX4 cc 1586

Colour: Grey A.O. Insured / Std / NI / NA

Sp. Reading: 281/775 T Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JSA GYA 21500116757

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: 205/60R16

R: 205/60R16

BS / DUN / EXNOVA / GY / FS / LIZA / ☒ MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front _____ Rear _____

R/Bal. 06 mm R/Bal. 06 mm

L/Bal. 06 mm L/Bal. 06 mm

D.O.A. _____ D.O.I. 19/12/17

Survey held at MG solution

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

Front n/s, u/c

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

Date / Time Action / Instruction

TP 1st Cap.

MV: 8.5K

PV: 7.5K ✓

Next: 1K.

RECEIVED 23 JAN 2017

Date/Time File Pass to? ☐ : Preli. Report1) typist ☒ : Final Report

Date/Time File Return to?

2) _____

Days Of Repair: 5

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp. (\$☐ : Interview (\$☐ : Tech. Insp. (\$☐ : Weekend (\$

Survey Fee

Transportation

_____ \$ - RS _____ \$

Photos

Diagrams

Report Format: TPLump Sum / LB: (\$ 1000)

140

50

50

24

264

First Capital Insurance Limited

A FAIRFAX Company

Company Reg. No. 195000106C
GST Reg. No. M2-0001676-9

MOTOR SURVEY ASSIGNMENT

Date	18-12-2017	Our Ref No. D17011596MFSH
Accident Date	14-12-2017	Claim Type. Third Party
Insured Vehicle	SHA8109T	Third Party Vehicle. SJC1927K
Survey Location	23 KAKI BUKIT AVE 4 AAS KAKI BUKIT CENTRE#02-03	
Contact Person.	HENG YOKE HONG	
Contact No.	67444165/ 0	Fax No. 67444604
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR: PENDING ID'S VF TO BE SUBMITTED FOR OUR VIEWING.	
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	MG SOLUTION PTE LTD	Attention. NIL.
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

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/232031)



PRI Documents



Close



PRI Header Details

Claim No	D17011596MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & MG SOLUT
Workshop Name	MG SOLUTION PTE LTD (Contact Person : HENG YOKE HONG)	Survey Location & Contact Details	23 KAKI BUKIT AVE 4 AAS KAKI BUKIT CENTRE#02-03 Mobile: 0 , Phone: 67444165 , Fax: 67444604 EmailId: MG3SOLUTION@GMAIL.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: LIABILITY UNCLEAR: PENDING ID FOR OUR VIEWING.		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA8109T	TP Vehicle No	SJC1927K
PRI Recieved Date	18-12-2017 04:28:44 PM	Surveyor Appointed Date	18-12-2017 05:18:22 PM	Surveyor Accept Date	19-12-2017 10

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	19-12-2017	Upload Survey Report *:	<input type="button" value="Choose File"/>
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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

[Upload Multiple Documents](#)

File Name

Action

Surveyor Job Remarks

Remarks



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/FCI17024015/Ard3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 19-12-2017



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 8109T	Veh. Inspected	SJC 1927K
Policy No.		Coverage (\$)	0.00
Claim No.	D17011596MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	19/12/2017

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

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5. General Information

Accident Date	14/12/2017	Inspection Date	19/12/2017
Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933		

5a. 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: D17011596MFSH

Our Ref: CS/FCI17024015/Ard3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

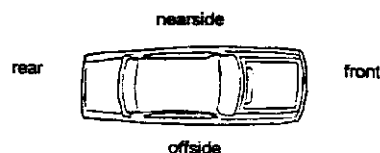
INITIAL INSPECTION REPORT OF VEHICLE NO. SJC 1927K .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 19/12/2017 at the premises of M/s MG SOLUTION PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$ <u>5,919.65</u> .
Revised Estimate Amount	: S\$ <u>3,799.65</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 front n/s portion. The undercarriage
affected due to collision.



Yours faithfully
ADRIAN LING
Automotive Assessor

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	15/12/2017 16:24
Date Of Accident	14/12/2017 23:45
Exact Location Of Accident	FULLERTON CIRCLE TOWARDS CONNAUGHT DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJC1927K
Insured/Policyholder	
Name Of Registered Owner	GLOWING ILLUSIONS
Co Reg No	53258778B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98711153
Alternative Phone No	OFFICE-98711153

Vehicle Particulars

Manufacturer	SUZUKI
Model	SX4-1.6 HB (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 PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5082251004-01
Cover Note Number	

Driver

Name of Driver	LI GUOWEI
NRIC No	S8704120D
Date Of Birth	10/02/1987
Occupation	OUTDOOR
Date Of Driving Pass	15/11/2011
Driving Experience	6 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87481042
Fax Number	
Contact Number	OFFICE-87481042
EMail Address	NOEMAIL

Address
Postcode
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured PAID DRIVER
Vehicle Registration Number of Driver's Own Vehicle -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLISION - HEAD ON COLLISION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? NO
Was any body injured in the Accident? YES
Was any other material or property damaged? NO
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

ON 14.12.2017 AT ABOUT 2345 HRS AT FULLERTON CIRCLE TOWARDS CONNAUGHT DRIVE AT FULLERTON ROAD, I WAS TRAVELLING ON THE ABOVE MENTIONED CIRCLE TOWARDS CONNAUGHT DRIVE AND SUDDENLY A VEEED ONTO MY VEHICLE (B) SHA8109T EXITED OUT FROM FULLERTON ROAD WITHOUT GIVING AND WITHOUT STOPPING FOR MY ON COMING TRAFFIC AND HENCE COLLIDED TO MY VEHICD ONTO MY LEFT FRONT PORTION OF MY VEHICLE CAUSING DAMAGES TO MY VEHICLE I HAVE 1 PASENGER INSIDE MY VEHICLE

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

SKETCH PLAN

IMPORTANT NOTICE

[illegible]

SKETCH PLAN

Cannaught Drive

Fullerton Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 14/12/2017 at about 2345 hrs at Fullerton Circle towards Cannaught Drive at Fullerton Road. I was travelling on the above mentioned circle towards Cannaught Drive and suddenly a vehicle (B) entered out from Fullerton Road without giving and without stopping for my on-coming traffic and hence collided onto my left front portion of my vehicle (A) causing damages to my vehicle. I have one passenger inside my vehicle.

(A) SJC 1927 K

(B) SHH 8109 T

DECLARATION



Date & Time

Date & Time

Date & Time

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type:	Business
Owner ID:	8778B

Vehicle Details

Vehicle No.:	SJC1927K
Vehicle to be Exported:	Yes
Intended De-registration Date:	19 Dec 2017
Vehicle Make:	SUZUKI
Vehicle Model:	SX4 1.6HB AT
Primary Colour:	Grey
Manufacturing Year:	2007
Engine No.:	M16A1344572
Chassis No.:	JSAGYA21S00116757
Maximum Power Output:	75.0 kW (100 bhp)
Open Market Value:	\$13,348.00
Original Registration Date:	01 Feb 2008
First Registration Date:	01 Feb 2008
Transfer Count:	1
Actual ARF Paid:	\$14,683.00

Intended PARF Rebate Details

PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	31 Jan 2018
PARF Rebate Amount:	\$7,341.00

Intended COE Rebate Details

COE Expiry Date:	31 Jan 2018
COE Category:	A - Car (1600cc & below)
COE Period(Years):	10
QP Paid:	\$14,001.00
COE Rebate Amount:	\$161.00
Total Rebate Amount:	\$7,502.00

The information contained herein is correct as at 19 Dec 2017

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

Email : mg3solution@gmail.com

TO : FIRST CAPITAL INSURANCE LIMITED DATE : 16/12/2017
ATTENTION : MOTOR CLAIMS DEPT JOB TYPE : T/P CLAIM
ESTIMATE REPORT :

VEHICLE DETAILS

VEHICLE NO : SJC1927K
MODEL : SUZUKI SX4 1.6

Jonice

CHASSIS NO

ACCIDENT DETAILS DATE : 14-Dec-17
TIME : 23:45HRS

THIRD PARTY REQUESTOR / CONTACT : JACK

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	FRONT BUMPER <i>Del</i>	1	\$ 630.00	\$ 630.00 ✓
2	FRONT BUMPER SIDE RETAINER <i>Del</i>	1	\$ 55.00	\$ 55.00 ✓
3	FRONT BUMPER GUARD <i>Del</i>	1	\$ 162.00	\$ 162.00 ✓
4	HEADLAMP <i>Crack</i>	1	\$ 355.20	\$ 355.20 ✓
5	FRONT FENDER <i>Del</i>	1	\$ 288.00	\$ 288.00 ✓
6	FRONT FENDER INNER COWLING <i>Del</i>	1	\$ 60.00	\$ 60.00 ✓
7	FRONT FENDER GUARD <i>Del</i>	1	\$ 180.00	\$ 180.00 ✓
8	FRONT KNUCKLE ARM <i>Best</i>	1	\$ 260.00	\$ 260.00 ✓
9	FRONT KNUCKLE ARM BEARING <i>Ne</i>	1	\$ 133.00	\$ 133.00 ✓
10	FRONT SHOCK ABSORBER <i>Best</i>	1	\$ 280.00	\$ 280.00 ✓
11	FRONT LOWER ARM <i>Best</i>	1	\$ 230.00	\$ 230.00 ✓
12	FRONT WHEEL HUP <i>Del</i>	1	\$ 233.00	\$ 233.00 ✓

TOTAL PRICE \$ 2,866.20

LESS 25% \$ 716.55

SUB TOTAL PRICE \$ 2,149.65

SPECIAL NETT ITEMS

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
-----	-------------	-----	-------------	--------------

1	FRONT BUMPER CLIPS(SET) ~	1	\$	20.00	\$	20.00	✓
2	FRONT FENDER INNER COWLING CLIPS(SET) ~	1	\$	20.00	\$	20.00	✓
3	FRONT WHEEL TYRE ~	1	\$	550.00	\$	550.00	✓
4	FRONT WHEEL RIM ~	1	\$	800.00	\$	800.00 400	✓

440

TOTAL \$ 1,390.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

1	PANEL BEATING, REMOVING AND REPLACING PARTS	\$800.00	500	
2	SPRAY PAINTING TO AFFECTED AREA	\$1,000.00	400	
3	WIRING CHECK	\$100.00	30	
4	TUFF COAT	\$ 120.00	X	
5	REMOVE AND REFIX UNDERCARRIAGE	\$280.00	200	
6	FOUR WHEEL ALIGNMENT	\$ 80.00	✓	

TOTAL \$2,380.00

1210

ESTIMATE REPORT

TOTAL PARTS COST : \$ 3,539.65
TOTAL LABOUR COST : \$ 2,380.00
TOTAL REPAIR COST : \$ 5,919.65

Adrian Lj

19/12/17

1/2 1K

0.50amp

400/1300

1/2 1K ✓

APPROVED DETAILS

EXCESS :
NO. OF DAYS :
RE-SURVEY :

PART BY PART OR LUMP SUM :

DATE & TIME OF SURVEY :
SURVEYED BY :
CONTACT NUMBER :
FAX NUMBER :

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modifications are allowed
- Supplementary items 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/FCI17024015/Ard3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 25-01-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 8109T	Veh. Inspected	SJC 1927K
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17011596MFSH	Excess (\$)	0.00
Assign From	LURENE JAW	Assign Date	18/12/2017

2. Vehicle Particulars & Condition

Make & Model	SUZUKI SX4	c.c	1586
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JSAGYA21S00116757	Colour	GREY
Odometer	281775	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/60 R16	MICHELIN	6 mm
L/H Front Tyre	205/60 R16	MICHELIN	6 mm
R/H Rear Tyre	205/60 R16	MICHELIN	6 mm
L/H Rear Tyre	205/60 R16	MICHELIN	6 mm

4. Description of Damages

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

5. General Information

Accident Date	14/12/2017	Inspection Date	19/12/2017
Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933		

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
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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. SJC 1927K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	DEFORMED	630.00	630.00
1	FRONT BUMPER SIDE RETAINER	DAMAGED	55.00	55.00
1	FRONT BUMPER GUARD	DEFORMED	162.00	162.00
1	HEADLAMP	CRACKED	355.20	355.20
1	FRONT FENDER	DISTORTED	288.00	288.00
1	FRONT FENDER INNER COWLING	DEFORMED	60.00	60.00
1	FRONT FENDER GUARD	DEFORMED	180.00	180.00
1	FRONT KNUCKLE ARM	BENT	260.00	260.00
1	FRONT KNUCKLE ARM BEARING	NECESSARY	133.00	133.00
1	FRONT SHOCK ABSORBER	BENT	280.00	280.00
1	FRONT LOWER ARM	BENT	230.00	230.00
1	FRONT WHEEL HUP	DAMAGED	233.00	233.00
	LESS 25% DISCOUNT		-716.55	-716.55
			2,149.65	2,149.65
SPECIAL NETT ITEMS				
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	20.00	20.00
1	SET FRONT FENDER INNER COWLING CLIPS (SN)	NECESSARY	20.00	20.00
1	FRONT WHEEL TYRE (SN)	NOT NECESSARY	550.00	-
1	FRONT WHEEL RIM (SN)	CUT	800.00	400.00
			1,390.00	440.00
LABOUR				
	PANEL BEATING, REMOVING AND REPLACING PARTS.		800.00	500.00
	SPRAY PAINTING TO AFFECTED AREA.		1,000.00	400.00
	WIRING CHECK.		100.00	30.00
	TUFF COAT.	NOT NECESSARY	120.00	-
	REMOVE AND REFIX UNDERCARRIAGE.		280.00	200.00
	FOUR WHEEL ALIGNMENT.		80.00	80.00
			2,380.00	1,210.00
GRAND TOTAL			5,919.65	3,799.65

Report Ref No. CS/FCI17024015/Ard3e2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,000.00
-------------------------------------------------------------------------	--	--	----------

Report Ref No. CS/FCI17024015/Ard3e2

MARKET VALUE: \$8,500.00 (EST)-PAPER VALUE: \$7,500.00=NETT VALUE: \$1,000.00

ADRIAN LING WAI PING

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

Licensed Appraiser

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