

ASS. REC. BY:

REF:

CS/TCU 7024615 Kgb

Special Instructions:

Surveyor:

Korneth

ASSIGNMENT (Office)

From (Person):

CWS Aung Yin Min

of

FD

Date/Time:

28/12/07 2:30pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SDU 222T

Insured:

SHC 7644K

at Workshop m/s

Lai Huot (Meng Kee)

Tel:

6433 8110

of

160 Sin Ming Office #04-01/02

Policy No:

D-150727000431

Claim No:

D17011806MTSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

22.12.2017

CA / REV / REP. / REV 24 HRS wpi

28.12.2017

H.O.D. Endorsement:

Date/Time:

28/12/07 3:10pm

Person Contacted:

Jenny

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SDU 222T - CS / LIP 1000 9926 / Gyn

DCA: 30012010

SHC 7644K - CS / TCU 15010371 / Ribal

DCA: 27062015

04/1/18 @ 4.40pm revised to Aung Yin Min by email.

30/4

1/1 Ly @ 2250 Confirm by email (RED 8738, 25%)

REF: FCI

ASSIGNMENT

From: _____ Date: 29/12/17

Estimated Cost: _____

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

To Inspect Vehicle No: SDU 222 T

at Workshop via: Tai Hwat (Meng Kee)

of: 160 Sing Ming Drive # 04-01 / 02

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.



Bel. or Market Value: \$31K

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR. Seen: _____ Consistent? : Yes or No

Est. Repairs: 04 days Res: Yes or No

Lum. Supp: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS 'wp'

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

Veh No: SDU 222 T Yr Page: 11 of 08

Type: ☒ Car / M/Cycle / Bus / Van / Lorry / Taxi / Prime Mover / Truck / Trailer or

Make: Bmw ^A 520i cc: 1995

Colour: M. Grey A/C: _____ Insured / Std / NI / NA

Sp Reading: 96729 T/Radio: Insured / Std / NI / NA

Eng No: _____

C No: WBANT 120702 X 29463

Gen. Cond: ☒ Good / Fair / Poor / Burnt

Steering: ☒ In order / Jammed / Leaked / Burnt or

Brake: ☒ In order / Jammed / Leaked / Burnt or

Mod: Nil / SiRim / STD A/Rim or

Tyre Size: F: _____ R: 225/50R17

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

Front: _____ Rear: _____

R.Bal: 8 mm R.Bal: 8 mm

L.Bal: 8 mm L.Bal: 8 mm

D.O.A: 22/12/17 D.O.I: 29/12/17

Survey held at: _____

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

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

Date / Time Action / Instruction

11 file pass to Customer

RECEIVED 30 APR 2018

Close Time File Pass to:

9:16 AM

Close Time File Return to:

2:

☐

Prel. Report

☐

Final Report

Days Of Repair: 4Resurvey No. of Trip: 1

Survey Fee

Transportation

1 - 30 - 31

Phone

Fax

TOTAL

Add Fee:

☐

Site Insp \$

☐

Inter. Insp \$

☐

Tech. Insp \$

☐

Witness \$

Report Format: TPLump Sum / 1st: \$ 2000

110
50
50
10
220




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/FCI17024615/Kqb		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 28-12-2017		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7644K	Veh. Inspected	SDU 222T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D17011806MFSH	Excess (\$)	0.00	
Assign From	CWS (AUNG YIN MIN)	Assign Date	28/12/2017	
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	22/12/2017	Inspection Date	29/12/2017	
Survey held at	LAI HUAT (MENG KEE) MOTOR PTE LTD 160 SIN MING DRIVE #04-01/02 SIN MING AUTOCITY SINGAPORE 575722			
5a. Remarks				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				

First Capital Insurance Limited

A FAIRFAX Company

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

MOTOR SURVEY ASSIGNMENT

Date	26-12-2017	Our Ref No. D17011806MFSH
Accident Date	22-12-2017	Claim Type. Third Party
Insured Vehicle	SHC7644K	Third Party Vehicle. SDU222T
Survey Location	160 SIN MING DRIVE #04-01/02 AND #07-03SIN MING AUTOCITY	
Contact Person.	JENNY LIM	
Contact No.	64538110/ 64538110	Fax No. 64596267
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	LAI HUAT (MENG KEE) MOTOR PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	AUNGYM	

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/232288)



PRI Documents



Close



PRI Header Details

Claim No	D17011806MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & LAI PTE LTD
Workshop Name	LAI HUAT (MENG KEE) MOTOR PTE LTD (Contact Person : JENNY LIM)	Survey Location & Contact Details	160 SIN MING DRIVE #04-01/02 AND #07-03: Mobile: 64538110 , Phone: 64538110 , Fax: EmailId: JENNY.LIM@LAIHUAT.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC7644K	TP Vehicle No	SDU22
PRI Recieved Date	27-12-2017 06:56:52 PM	Surveyor Appointed Date	28-12-2017 02:30:56 PM	Surveyor Accept Date	28-12-

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	28-12-2017	Upload Survey Report *:	<input type="text"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select"/>
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

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Thursday, 4 January, 2018 4:40 PM
To: 'Claim Workflow System'; assignments
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D17011806MFSH/1
Attachments: CSFC117024615Kqb.pdf

Dear Yin Min,

Enclosed herewith preliminary advice of SDU 222T.

Wishes you a Happy New Year 2018

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Admin-D (LKKAUTO)
Sent: Thursday, 28 December, 2017 3:10 PM
To: 'Claim Workflow System' <cwsmotorclaims@first-insurance.com.sg>; assignments <assignments@lkkauto.com>
Cc: AUNGYINMIN@FIRST-INSURANCE.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D17011806MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

"Wishes you a Happy New Year 2018"

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: Claim Workflow System [<mailto:cwsmotorclaims@first-insurance.com.sg>]
Sent: Thursday, 28 December, 2017 2:30 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@FIRST-INSURANCE.COM.SG; AUNGYINMIN@FIRST-INSURANCE.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D17011806MFSH/1

Dear Sir/Mdm,



Auto
Consultants
Pte Ltd

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

Your Ref: D17011806MFSH

Date: 04 January 2018

Our Ref: CS/FCI17024615/Kqb

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

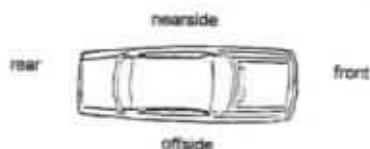
INITIAL INSPECTION REPORT OF VEHICLE NO. SDU 222T.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 29/12/2017 at the premises of M/s LAI HUAT MENG KEE, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>2,988.00</u>
Revised Estimate Amount	: S\$ <u>2,848.00</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 the o/s rear portion.



Yours faithfully

KONG SENG CHEONG
Licensed Appraiser

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	22/12/2017 13:16
Date Of Accident	22/12/2017 12:00
Exact Location Of Accident	CTE TOWARDS SUNTEC CITY (CHANGI AIRPORT EXIT)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SDU222T
Insured/Policyholder	
Name Of Registered Owner	CHUA HAN MENG
NRIC No	S0100583I
Email Address	DEREKCHUA_HANMENG@YAHOO.COM.SG
Mobile Phone No	(LOCAL) +65-96725110
Alternative Phone No	OTHERS-96725110
Vehicle Particulars	
Manufacturer	BMW
Model	520I AUTO ABS AIRBAG 2WD XENON HEADLAMP
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	
Cover Note Number	
Driver	
Name of Driver	CHUA HAN MENG
NRIC No	S0100583I
Date Of Birth	11/06/1947
Occupation	INDOOR
Date Of Driving Pass	06/03/1969
Driving Experience	48 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96725110
Fax Number	
Contact Number	OTHERS-96725110
EMail Address	DEREKCHUA_HANMENG@YAHOO.COM.SG

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: 22 DEC 2017

1315 HRS

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

Reporting Centre Personnel's Signature
Name: Deborah Lai
NRIC/FIN No.: S7332411Z

2017-12-22 13:15:45

REPUBLIC OF SINGAPORE DRIVING LICENCE


 Licence Number: **S01005831**
 Name: **CHUA HAN MENG**
 Birth Date: **11 Jun 1947**
 Issue Date: **10 Nov 2003**


 100889027H

REPUBLIC OF SINGAPORE


 IDENTITY CARD NO. **S01005831**


CHUA HAN MENG

Race: **CHINESE**
 Date of Birth: **11-06-1947** Sex: **M**
 Country of Birth: **SINGAPORE**


 100889027H

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

		PASS DATE
Class 3	Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms	06 Mar 1998

NP 428A



1507852


 NRIC No: **S01005831**



Blood Group: **A+** Date of issue: **14-12-1993**

APT BLK 131 SERANGOON NORTH AVENUE 1 #03-104
SINGAPORE 550131
 NRIC No: **S01005831** Date: **15/01/2012** No: **7002020**

Enquire Vehicle Insurer

Vehicle No.	Incident Date/Time	Search Status	Insurance Company Code	Insurance Company Name
SHC7644K	22 Dec 2017 / 12:00:00	Successful	F03	FIRST CAPITAL INS LTD

[Previous](#) [OK](#)

来發 (明记) 摩哆有限公司 LAI HUAT (MENG KEE) MOTOR PTE LTD

Sector A, Block 21, Sin Ming Industrial Estate #01-56/58/60 Singapore 575679, Tel: 6453 8110 Fax: 6459 6267
RCB No: 199407592C

ESTIMATE

EST No EST0016146
Chua Han Meng

Page 1 of 1
Your ref TP-SHC 7544K FG
Job No 69098
Our ref 17 12 29
Payment
Date 27/12/2017

Attn

Vehicle No SDU 222T
Vehicle Model BMW 520i
Accident on 22/12/2017

*Not Authorised
V/Ly & ?
Resurvey After Point
4 days*

Quantity	Unit	Description	Unit price	Disc. pct	Amount
Supply of Parts - Nett item.					
1.00	Pc	Rear tail lamp RH	478.00		478.00 ✓
1.00	Pc	Rear bumper	1,310.00		1,310.00 ✓
Labour & Misc					
1.00		To knock dents on rear fender RH and renew of parts	400.00		400.00 ✓
1.00		To spray paint (including rear boot lid)	800.00		800.00 ✓

Sub-Total
GST 7.00%
Total

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: 2,988.00
Date: 209 16
3,197.16

本公司拥有最先进的 CAROLINER MARK IV 机械, 可提供给多种款式的车身及给予快速与准确的测量方式和大快修理。除外, 还有先进的 SAICO Deluxe 喷漆烘炉。

"Our services include the latest and reliable CAROLINER MARK IV repair bench, draw-aligner and the support dolly system to provide accurate re-alignment and speedy repairs. We also provide the new and advanced SAICO Deluxe oven heater for re-spraying all motor vehicles."




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/FCI17024615/Kqbq2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 07-05-2018		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 7644K	Veh. Inspected	SDU 222T	
Policy No.	D-15072702MFSH	Coverage (\$)	0.00	
Claim No.	D17011806MFSH	Excess (\$)	0.00	
Assign From	AUNG YIN MIN	Assign Date	28/12/2017	
2. Vehicle Particulars & Condition				
Make & Model	B.M.W. 520I (A)	c.c	1995	
Engine No.	HIDDEN	Year of Reg.	2008	
Chassis No.	WBANT12070CX29463	Colour	METALLIC GREY	
Odometer	96729	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	225/50 R17	MICHELIN	8 mm	
L/H Front Tyre	225/50 R17	MICHELIN	8 mm	
R/H Rear Tyre	225/50 R17	MICHELIN	8 mm	
L/H Rear Tyre	225/50 R17	MICHELIN	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	22/12/2017	Inspection Date	29/12/2017	
Survey held at	LAI HUAT (MENG KEE) MOTOR PTE LTD 160 SIN MING DRIVE #04-01/02 SIN MING AUTOCITY SINGAPORE 575722			
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.		4 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. SDU 222T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR TAIL LAMP RH (SN)	CUT /CRACKED	478.00	478.00
1	REAR BUMPER (SN)	BUCKLED	1,310.00	1,310.00
			1,788.00	1,788.00
	<u>LABOUR</u>			
	TO KNOCK DENTS ON REAR FENDER RH AND RENEW OF PARTS.		400.00	400.00
	TO SPRAY PAINT (INCLUDING REAR BOOT LID).		800.00	660.00
			1,200.00	1,060.00
	GRAND TOTAL		2,988.00	2,848.00
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,250.00

Report Ref No. CS/FCI17024615/Kqbq2

KONG SENG CHEONG

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.