

ASS. REC. BY:

REF:

CS/EGL18000122/Tlvbnz

Special Instruction:

Surveyor

Tawfik

ASSIGNMENT (Office)

From (Person):

Yee Pei Li

of

Etn

Date/Time: 03/01/2018 11:19 am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKZ 1509B

Insured:

SJW 7193R

at Workshop m/s

TC Autodinic

Tel:

6703 8515

of

25 Long Xee Rd

Policy No:

Claim No:

DSMPC1703112

Sum Insured:

Excess:

Make of Veh:

D.O.A. 28/12/2017

(Client's Record)

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

04-01-2018 @ 10am - 11am

H.O.D. Endorsement:

Date/Time:

03/01/2018 2:41 pm

Person Contacted:

Calvin

Vehicle IN / ~~OUT~~

Date/Time

Action/Instruction (✓) Estimate

SKZ 1509B - X

SJW 7193R - X

5/1/18

Email preli revised to Pei Li

23/1/18

Final fig \$ 2748.84 confirmed by email (Red 200, 7%)

Tanpin

REF: ECR

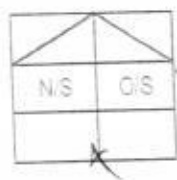
ASSIGNMENT

From: \_\_\_\_\_ Date: 04/01/2018  
Estimated Cost: \_\_\_\_\_  
OD / TP / WS / TP RES / OD RES / EVA / INV / MY  
To inspect Vehicle No: SKZ 1509B  
at Workshop m/s: TC Autodinic  
of: 25 Leng Kee Rd  
Insured: \_\_\_\_\_  
Policy No: \_\_\_\_\_  
Claims No: \_\_\_\_\_  
Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
(Client's Record)  
Make of Veh: \_\_\_\_\_

10am - 11am

(Policy Condition)

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



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 'DS'

Vehicle: IN / OUT

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_

Veh No: SKZ 1509B Vt Page: 206 Jan  
Type: Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
Truck / Trailer or  
Make: Nissan - Rushgari CC: 1197  
Colour: Bronze A/C Insured / Std / NI / NA  
Sp. Reading: 49444 T. Radio: Insured / Std / NI / NA  
Eng/No: \_\_\_\_\_  
C/No: SJW FE A J 1141550330  
Gen. Cond: Good / Fair / Poor / Burnt  
Steering: Inorder / Jammed / Leaked / Burnt or  
Brake: Inorder / Jammed / Leaked / Burnt or  
Mod: Nil / 3 Rim / STD A/Rim or  
Tyre Size: F: 215 / 60 R17  
R: 215 / 60 R17  
BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /  
TOYO / YOKO or Continental  
Front: 6 mm Rear: 6 mm  
R/Bal: 6 mm L/Bal: 6 mm  
D.O.A: \_\_\_\_\_ D.O.I: 04/01/180/040  
Survey held at: TC Leng Kee  
Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or

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

Date / Time Action / Instruction

23/1/2018

RECEIVED 24 JAN 2018

Date/Time File Pass to? ☐ : Preli. Report  
☐ : Final Report

Days Of Repair: 3  
Resurvey No. of Trip: 1

Date/Time File Return to? 23/1 - typist

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

Survey Fee:  
Transportation  
Photo  
Other

Report Format: TP  
Lump Sum / I.B 1: 3 2748.84

200

# Survey Department Check List (Case Handler)

Reference No.: CS/EGI/18000122/Tlvb  
Policy Type: OD / TP / TP RES / TL / EVA

Case Handler

Typist

**Admin (** ): Case handler to make sure all Information created by the assignment team are **ACCURATE**.

## (1) Office Assign Form

		Y-Date	N-Date	Y-Date	N-Date
C	Reference No.	✓			
C	Customer Code				
N	Assign From				
C	Assign Date	✓			
C	Veh No (Inspected)	✓			
C	Veh No (Insured)	✓			
C	D.O.A	✓			
C	Policy No				
C	Claim No	✓			
C	Insurance Authorisation (CA /REV/REP)				
C	Report Type	✓			
C	Weekend Charges				
N	Survey held at/Repairer	✓			
C	Excess				

**Surveyor (** ): Case handler to make sure the surveyor completed all required information.

## (1) Assignment Form

C	Vehicle No	✓			
C	Regn Month/Year	✓			
N	Vehicle Type	✓			
N	Make & Model	✓			
C	Engine Capacity. (C.C)	✓			
N	Colour	✓			
C	Odometer. (Sp.Reading)	✓			
C	Chassis No	✓			
N	General Condition	✓			
N	Steering	✓			
N	Brake	✓			
N	Modification (Modi)	✓			
C	Tyre Size	✓			
N	Tyre Make	✓			
C	Tyre Balance	✓			
C	Date of Inspection	✓			
N	Survey held	✓			
N	Des.of Damages	✓			

## (2) System - (Views/Merimen)

C	Damaged Vehicle Photographs Uploaded	✓			
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## (3) Workshop Estimate/Assignment Form

N	ALL Parts condition	✓			
C	Market Value for OD cases				
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)				
C	Days of repair	✓			
C	Finalised Amount	✓			
C	Re-inspection Cases to Finalize within 5 Days				

## (4) System - (Views/Merimen)

C	Resurvey photo Uploaded	✓			
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Check By: Verson 23/1/18  
Case Handler Date

\*C: Critical \*N: Non-Critical

21/05/2014



# 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

ERGO INSURANCE PTE LTD

Ref : CS/EG18000122/T1vb

5 TEMASEK BOULEVARD  
#04-01 SUNTEC TOWER FIVE  
SINGAPORE 038985

Date : 03-01-2018



Code : EGI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJW 7193R	Veh. Inspected	SKZ 1509B
Policy No.		Coverage (\$)	0.00
Claim No.	DSMPC1703112	Excess (\$)	0.00
Assign From	YEE PEI LI	Assign Date	03/01/2018

## 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	28/12/2017	Inspection Date	04/01/2018
Survey held at	TC AUTOCLINIC PTE LTD 25 LENG KEE RD SINGAPORE 159097		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
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Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref: DSMPC1703112  
Our ref: CS/EG118000122/T1vb

Date: 5/1/2018

The Motor Claims Department  
M/s: ERGO INSURANCE PTE LTD

Dear Sir/Madam,

**PRELIMINARY ADVICE OF VEHICLE NO. SKZ 1509B**

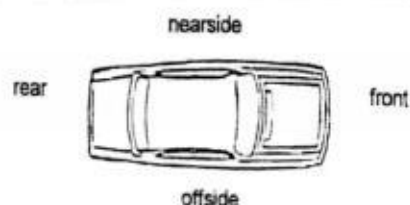
We thank you for your instruction on 3/1/2018

Please be informed that we had conducted the inspection of the above mentioned vehicle on 4/1/2018 at the premises of M/s TC AUTOCLINIC PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$2,238.44
Revised Estimate Amount	: S\$1,297.32
"Check" Items Amount	: S\$301.12
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

**Description of Damage:**

The vehicle sustained damages at the rear portion.



**Comments/Present Status:**

Damages Consistent

Yours faithfully,

MOHAMAD TAUFIKH  
M.MATAI, AMSAE-A  
Automobile Assessor

Veron Chen (LKKAuto)

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**From:** Veron Chen (LKKAuto)  
**Sent:** Friday, 5 January, 2018 12:08 PM  
**To:** 'Survey Report (ERGO Insurance Pte. Ltd.)'  
**Cc:** SUR  
**Subject:** RE: SJW7193R / TP : SKZ1509B/LKK / DOA : 28/12/2017 (DSMPC1703112)  
**Attachments:** PRELI REVISED.pdf

Dear Pei Li,

Enclosed preliminary revised of vehicle SKZ 1509B  
Date of survey: 4/1/2018  
Number of days:3 days

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

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**From:** Admin-D (LKKAuto)  
**Sent:** Wednesday, 3 January, 2018 2:44 PM  
**To:** 'Survey Report (ERGO Insurance Pte. Ltd.)' <Survey.Report@ergo.com.sg>  
**Cc:** assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>  
**Subject:** RE: SJW7193R / TP : SKZ1509B/LKK / DOA : 28/12/2017 (DSMPC1703112)

Dear Pei Li,

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](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** Survey Report (ERGO Insurance Pte. Ltd.) [<mailto:Survey.Report@ergo.com.sg>]  
**Sent:** Wednesday, 3 January, 2018 11:19 AM  
**To:** 'admin-d@lkkauto.com' <[admin-d@lkkauto.com](mailto:admin-d@lkkauto.com)>  
**Subject:** OI : SJW7193R / TP : SKZ1509B/LKK / DOA : 28/12/2017 (DSMPC1703112)

Dear Ashley,

In compliance with "State Courts Practice Directions Amendment No.1 of 2016" in regards to the Pre Repair Survey, both TP repairer and ERGO Insurance Pte Ltd have agreed on your company **LKK AUTO CONSULTANTS PTE LTD** to be the "Single Joint Expert".

Please assist to conduct this survey from **TC AUTOCLINIC PTE LTD**,

ADDRESS : NO 1 SIXTH LOK YANG ROAD  
SINGAPORE 628099

PERSON TO CONTACT : YM HO @ 6703 4832

ERGO OFFICER-IN-CHARGE : STEVE LIM

***Note: To survey on DIRECT SETTLEMENT basis. Please inform the repairer in writing, that you are require to conduct a re-survey before vehicle is returned to claimant. They are to contact your office directly. Please do keep us in the loop.***

Please fill up the necessary on ERGO PRS Form from workshop and return to us together on your update of the survey status via [Survey.Report@ergo.com.sg](mailto:Survey.Report@ergo.com.sg).

Attached are estimate, insured and third party SAS (note: reports not to be released to any Third Party).

Kindly acknowledge receipt of this email.

Thank you.

**Yee Pei Li**

Claims Assistant (Motor)  
ERGO Insurance Pte. Ltd.  
5 Temasek Boulevard  
#04-01 Suntec Tower Five  
Singapore 038985  
Tel.: 65 6829 9199 DID: 65 6829 9194  
Website: [www.ergo.com.sg](http://www.ergo.com.sg)

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

**Catherine Chong (LKK Auto)**

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**From:** Survey Report (ERGO Insurance Pte. Ltd.) <Survey.Report@ergo.com.sg>  
**Sent:** Wednesday, 3 January, 2018 11:19 AM  
**To:** 'admin-d@lkkauto.com'  
**Subject:** OI : SJW7193R / TP : SKZ1509B/LKK / DOA : 28/12/2017 (DSMPC1703112)  
**Attachments:** SJW7193R - SAS.pdf; SKZ1509B - SAS.pdf; SKZ1509B - estimate.pdf; SKZ1509B - prs form.pdf

Dear Ashley,

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Thank you.

**Yee Pei Li**

Claims Assistant (Motor)  
ERGO Insurance Pte. Ltd.  
5 Temasek Boulevard  
#04-01 Suntec Tower Five  
Singapore 038985  
Tel.: 65 6829 9199 DID: 65 6829 9194  
Website: [www.ergo.com.sg](http://www.ergo.com.sg)

ERGO is one of the major insurance groups in Germany and Europe. Worldwide, ERGO is represented in more than 30 countries and concentrates on Europe and Asia. ERGO is part of Munich Re (Group), one of the world's leading risk carriers.

# ERGO

Date: 02.01.2018  
Our Reference: DSMPC1703112/EN/pl  
Your Reference: SKZ 1509B  
  
To: TC AUTOCLINIC PTE LTD

Sent via Fax   
or  
Email kelvinheng@tanchong.com

### Pre-Repair Survey (PRS) Acknowledgement

Vehicle For Inspection: SKZ 1509B  
Insured's Vehicle: SJW 7193R  
Date Of Accident: 28.12.2017

We acknowledge receipt of your request for PRS on: 30.12.2017

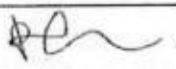
In compliance with "State Courts Practice Directions Amendment No.1 of 2016", do select an assessor from the list below and indicate your selection in the box marked \*.

\*

AIS	Automobile Inspection Services Pte Ltd	LBS	L.B.S Auto Consultants Pte Ltd
FTA	FormTeam Consultancy Pte Ltd	<input checked="" type="checkbox"/> LKK	LKK Auto Consultants Pte Ltd
IAS	Infiniti Appraisal Service	PS	Priority Services
JPK	JP Knights Pte Ltd	VAC	Vicom Ltd

<input type="checkbox"/>	Your request for inspection does not have your client's cost of repair estimate, kindly forward a copy.
<input type="checkbox"/>	Your request for inspection does not have your client's GIA report, kindly forward a copy.
<input type="checkbox"/>	We acknowledge your interest for direct settlement, we will assess & revert soon upon receipt of estimate.
<input type="checkbox"/>	Our Insured's driver has not reported the accident to us todate.
<input checked="" type="checkbox"/>	Others: _____

**OFFICER-IN-CHARGE - STEVE LIM**

Prepared by:		Pei Li	6829 9194	<a href="mailto:claims@ergo.com.sg">claims@ergo.com.sg</a>
Signature:				FAX : 6829 9247

#### Assessor use only:

Assignment Date: \_\_\_\_\_  
Assignment Time: \_\_\_\_\_

Remarks:

#### Workshop use only:

##### Assessor attended workshop on:

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Inspector: \_\_\_\_\_

☐ Vehicle not available at the appointed date and time.

Kindly acknowledge our Assessor presence for the above job .

Workshop Acknowledgement & Stamp.

Note: Our inspection is on a without admission to liability basis.

## 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	28/12/2017 14:21
Date Of Accident	28/12/2017 08:35
Exact Location Of Accident	LOWER DELTA ROAD TOWARDS JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW7193R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KANG BLOW MUI
NRIC No	S0059007Z
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98795303
Alternative Phone No	OFFICE-NOPHONE

### Vehicle Particulars

Manufacturer	KIA
Model	CERATO FORTE KOUP 1.6 AT SX ABS D/AB SR
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?	YES
If No, Please state action to be taken	
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	ERGO INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	DMPC17S007387
Cover Note Number	

### Driver

Name of Driver	CHARLENE FRANCESCA SEOW SU-MIN
NRIC No	S8312124F
Date Of Birth	29/04/1983
Occupation	INDOOR
Date Of Driving Pass	17/05/2002
Driving Experience	15 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91776181
Fax Number	
Contact Number	
Email Address	SEOWCHARLENE@YAHOO.COM.SG

Address	156 MARIAM WAY #02-07
Postcode	507082
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	CHILDREN
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	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	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)	1

#### 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

PLEASE REFER TO THE SKETCH PLAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKZ1509B
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOH
NRIC/Passport Number	
Contact Number	90025603
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**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: 28/12 2-39pm

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

## SKETCH PLAN

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT


LICENSE PLATE: SJW 7193 R	ACCIDENT DATE & TIME: 28/12/17 @ 8.37am
CONTACT NUMBER: 91776181	E-MAIL ADDRESS: seancharlene@yahoo.com.sg
LOCATION: Bukit Merah	
<p>While travelling from Lower Delta towards Jln Bukit Merah on the left turn, (slip road towards Jln Bukit Merah), the Nissan in front of me decided to go for the turn &amp; then last min decided to hit his brakes as he felt he could not complete the turn (he said so). So I rammed into him. My car was damaged due to the impact &amp; height of his car (MPV type) &amp; his car had minimal damage. (As per photos) We both came out to take photos &amp; exchange numbers. I even went to his driver seat area to take photo of the accident from another view. I didn't notice anyone else in the car with him. Subsequently, he said to report insurance &amp; settle. So we drove off. And 10mins or so later, I told him to contact my dad, in which he said "his wife is injured &amp; needed the doctor." I did not</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input checked="" type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

## DECLARATION

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

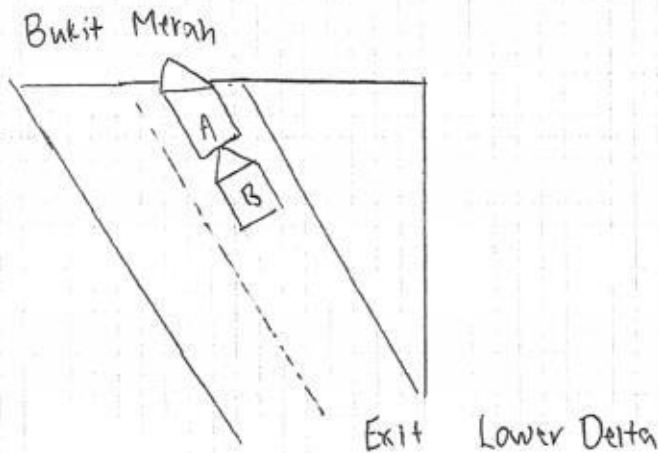
 Policyholder's Signature  
 Date & Time:

 Driver's Signature  
 (If driver is not the policyholder)  
 Date & Time: 28/12 2.35pm

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

# Sketch Plan Pg. 3

## SKETCH PLAN



A: SKZ1509B  
B: SJW7193R

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE:	ACCIDENT DATE & TIME:
CONTACT NUMBER:	E-MAIL ADDRESS:
LOCATION:	
<p>notice anyone in the car with him, much less an "injured" person. So he says he wants to claim. So that's why I figured he is not being entirely truthful &amp; taking advantage of this situation. Kindly investigate.</p>	
NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIM UNDER YOUR OWN POLICY. PLEASE CHECK YOUR POLICY FOR MORE INFORMATION	
Please state:	
<input checked="" type="checkbox"/> Claim Own Policy <input type="checkbox"/> Claim Third Party <input type="checkbox"/> Claim OD/TP at other workshop <input type="checkbox"/> Reporting Only	

## DECLARATION

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

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 28/12 2.35pm

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

**ERGO**

## ORIGINAL

## THE SCHEDULE

Agency	A000542	Class of Policy	PRIVATE CAR	Policy Number	..... DMPC17S007387
Account	A000542	Issued on	..... 11/04/2017 in Singapore Branch		
Client		Acceptance Date	11/04/2017	Replacing Cover Note	17721858

Period of Insurance from 02/06/2017 to 12/10/2018 , both dates inclusive

Insured's Name....	KANG BIOW MUI
Address:	156 MARIAM WAY
	#02-07
	SINGAPORE 507082

Business/Occupn... EXECUTIVE  
Financial interest MAYBANK

Premium .....	BASIC ANNUAL PREMIUM		SGD1,622.75		
	LESS NCD	55.00%	SGD892.51-		
	NCD PROTECTOR PREMIUM		SGD73.02		
	SPECIAL ADJUSTMENT		SGD56.23-		
	Total Annual Premium .....		SGD747.03	Premium Due	SGD1,019.23
				Premium GST	SGD71.35
				Total Due	SGD1,090.58
Act Premium.....	SGD0.00				

Risk No. 001	PRIVATE CAR				
1. Registration	SJW7193R	Make/Model ..	KIA CERATO	PORTE KOUP 1.6 COUPE	1591 CC
Type of Cover	Comprehensive	No. of seats	4	Body Type .....	COUPE
Engine No. ...	G4FCAH381896	Capacity cc's	1591	Year of Regn....	2010
Chassis No...	KNAFW611MAS224562				

Certificate Ref. PC1

SETTLEMENT - MARKET VALUE AT TIME OF ACCIDENT	MARKET VALUE
EXCESS: (SECTION I) .....	SGD750.00
ADD'L EXCESS: UNNAMED DRIVERS (SECTION I)....	SGD500.00
ADD'L EXCESS: NON-AUTH WORKSHOPS (SECTION I) ..	SGD300.00
EXCESS: WINDSCREEN	SGD100.00
YOUNG&INEXP DRIVERS(SECTION I)	SGD3,000.00
Named Drivers KANG BIOW MUI	CHARLENE SEOW SU MIN

NCD PROTECTOR PREMIUM  
SPECIAL ADJUSTMENT

The following clauses/endorsements apply only to this motor policy

## SANCTION LIMITATION AND EXCLUSION CLAUSE

NO INSURER SHALL BE DEEMED TO PROVIDE COVER AND NO INSURER SHALL BE LIABLE TO PAY ANY CLAIM OR PROVIDE ANY BENEFIT HEREUNDER TO THE EXTENT THAT THE PROVISION OF SUCH COVER, PAYMENT OF SUCH CLAIM OR PROVISION OF SUCH BENEFIT WOULD EXPOSE THAT INSURER TO ANY SANCTION, PROHIBITION OR RESTRICTION UNDER UNITED NATIONS RESOLUTIONS OR THE TRADE OR ECONOMIC SANCTIONS, LAWS OR REGULATIONS OF THE EUROPEAN UNION OR UNITED KINGDOM OR UNITED STATES OF AMERICA.

## PERSONAL DATA PROTECTION (APPLICABLE TO INDIVIDUALS)

AT ERGO INSURANCE PTE. LTD. (ERGO) WE ARE COMMITTED TO PROTECT YOUR PERSONAL DATA. WE COLLECT, USE, DISCLOSE AND/OR PROCESS

Continued on page 2

Sketch Plan Pg. 5

REPUBLIC OF SINGAPORE DRIVING LICENCE

License No: S8312124F

SEOW SU-MIN CHARLENE  
(XIAO SHUMIN CHARLENE)

Birth Date: 29 Apr 1983

Issue Date: 13 May 2003

000478474D



REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S8312124F

Name: CHARLENE FRANCESCA SEOW  
SU-MIN  
(XIAO SHUMIN CHARLENE)  
萧淑敏

Race: CHINESE

Date of birth: 29-04-1983

Country/Place of birth: SINGAPORE

Sex: F

5253325




Driver

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

Class 3 Motor Cars and Motor Tractors the weight of which unladen does not exceed 2500 kilograms

PASS DATE: 17 May 2002

NP 42BA

Licence No: S8312124F



5253325

8312124F

24-12-2013

156 MARIAM WAY  
#02-07  
SINGAPORE 507082




REPUBLIC OF SINGAPORE  
IDENTITY CARD NO. S73189201



Name



LOH MENG HWEE  
(LU MINGHUI)

卢 铭 辉

Race

CHINESE

Date of Birth

Sex

03-06-1973 M

Country of Birth

SINGAPORE

A0026662



NRIC No. S73189201



Blood Group: Date of issue:

25-06-2005

APT BLK 175A PUNGGOL FIELD #04-569  
SINGAPORE 821175

NRIC No: S73189201

Date: 21-11-2004

No: 8021929

TC AUTOCLINIC PTE LTD  
25 LENG KEE ROAD  
SINGAPORE 159097

ESTIMATE : ACCIDENT/BODY REPAIRS  
WORKSHOP : LENG KEE  
CONTACT NO : 67038511  
REFERENCE : 249/IC/TCAC/CCR/2017  
DATE : 28-DEC-2017

ERGO INSURANCE PTE LTD  
5 TEMASEK BOULEVARD  
#04-01 SUNTEC TOWER FIVE  
S(038985)  
TEL : 68299199  
FAX : 68299247/9248  
ATTN : CLAIM MANAGER

OWNER'S NAME : LOH MENG HWEI (LU MINGHUI)  
ADDRESS : BLK 175A PUNGGOL FIELD  
#04-569  
S(821175)  
TELEPHONE NO : 67285603 / 90025603

TYPE OF CLAIM : THIRD PARTY CLAIM  
POLICY NO : AIG AGAINST EGRO INS  
VEHICLE NO : SKZ15098  
MODEL CODE : FRLARBZJ11UEA--A--  
MODEL/YEAR : NISSAN QASHQAI 1.2  
ENGINE NO : HRA2217690A  
CHASSIS NO : SJNFEAJ11U1550330  
MILEAGE : 1 KM  
DATE IN : 28/12/2017  
LIABILITY : 0.00  
EXCESS CLAUSE : 0.00  
ESTIMATE BY : SHAWN CHUA CHU RONG  
ACCIDENT DATE : 28/12/2017

claims@ergo.com.sg

Fr. Kelvin Hong  
96450098

**LKK Auto Consultants hence notify  
the Repairer of the following:**

- To resurvey before/after spray painting
- To display damaged parts for survey
- 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:

Taufik 97495749  
DS

04/01/18 @ 1040

Resurvey before paint

sur @ lkhauto.com

taufik@lkhauto.com

3 days

  
8/1/18

TC AUTOCLINIC PTE LTD  
25 LENG KEE ROAD  
SINGAPORE 159097

ESTIMATED LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SKZ15098

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	RSI	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	55.00	✓ ✓
2	ZZ/001	RENEW REAR BUMPER ASSY, ETC, PANEL AND REPAIRS	780.00	390 780
3	ZZ/002	RESPRAY REAR BUMPER ASSY, END PANEL	500.00	250 500
TOTAL LABOUR CHARGES			1335.00	

TC AUTOCLINIC PTE LTD  
25 LENG KEE ROAD  
SINGAPORE 159097

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SKZ1509B

		DAMAGED PARTS & PRICES		
S/NO	PARTS DESCRIPTION	PARTS NUMBER	NETT	LIST S/NETT REMARKS
1	SENSOR-REVERSE	SENSOR		200.00 ? <del>X</del> <i>nn</i>
2	BRACKET-BUMPER SIDE LHR	85221-4EAOA	35.90	<i>nei</i> ✓ ✓
3	ENERGY ABSORBER	85090-4EAOB	126.40	? ✓ <i>con</i> ✓
4	REAR BUMPER ASSEMBLY	85022-4EAOH	717.00	<i>de</i> ✓ ✓
SUB TOTAL			879.30	0.00 200.00
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)			175.86	0.00 0.00
GRAND TOTAL			703.44	0.00 200.00
OVERALL TOTAL			903.44	

LEGEND: REMARKS( OK ) = APPROVED, REMARKS( X ) = NOT APPROVED

TC AUTOCLINIC PTE LTD  
25 LENG KEE ROAD  
SINGAPORE 159097

SUMMARY OF ESTIMATE FOR VEHICLE REGN NO SKZ15098

TOTAL LABOUR CHARGES	1335.00	
TOTAL SPARE PARTS CHARGES	903.44	
GRAND TOTAL	2238.44 *	2948.84

\* All charges do2 not include GST.

SURVEYOR'S PARTICULARS

NAME	:	
SURVEYED DATE	:	
AUTHORIZED DATE	:	
EXCESS CLAUSE	:	0.00
LIABILITY	:	0.00
REMARKS	:	

PLS NOTE : This estimate is based on visual inspection of the affected vehicle. Should we require further labour charges & spare parts in the process of repairs, we shall inform you accordingly.

## **Veron Chen (LKKAUTO)**

---

**From:** Veron Chen (LKKAUTO)  
**Sent:** Tuesday, 23 January 2018 12:17 PM  
**To:** 'Shawn Chua / TCAC'  
**Cc:** Taufikh (LKKAUTO); SUR  
**Subject:** RE: FW: SKZ1509B Finalized Claim

Dear Shawn,

Confirmed finalize amount \$2748.84 before GST

No of days: 3 days

**Final invoice and all supporting documents sent to ERGO INSURANCE**

Best Regards,

**Veron Chen** | Case Handler

**LKK Auto Consultants Pte Ltd**

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

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

**From:** Shawn Chua / TCAC [mailto:shawnychua@tanchong.com]  
**Sent:** Tuesday, 23 January 2018 11:14 AM  
**To:** Veron Chen (LKKAUTO) <veronchen@lkkauto.com>  
**Cc:** Taufikh (LKKAUTO) <Taufikh@lkkauto.com>; SUR <sur@lkkauto.com>  
**Subject:** Re: FW: SKZ1509B Finalized Claim

Ergo Ref: **DSMPC1703112**

Our Ref: **SKZ1509B**

Good morning.

Attached for your perusal.

On Tue, Jan 23, 2018 at 10:06 AM, Veron Chen (LKKAUTO) <veronchen@lkkauto.com> wrote:

Dear Shawn,

Kindly forward before paint /supplementary photos.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :[sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

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

**From:** Shawn Chua / TCAC [<mailto:shawnychua@tanchong.com>]

**Sent:** Friday, 19 January 2018 8:37 AM

**To:** Veron Chen (LKKAuto) <[veronchen@lkkauto.com](mailto:veronchen@lkkauto.com)>

**Cc:** Taufikh (LKKAuto) <[Taufikh@lkkauto.com](mailto:Taufikh@lkkauto.com)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>

**Subject:** Re: SKZ1509B Finalized Claim

Ergo Ref: **DSMPC1703112**

Our Ref: **SKZ1509B**

Good morning & apologies on the oversight.

Attached for your perusal.

On Fri, Jan 19, 2018 at 8:18 AM, Veron Chen (LKKAuto) <[veronchen@lkkauto.com](mailto:veronchen@lkkauto.com)> wrote:

Dear Shawn,

No finalise attached.

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :[sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

**From:** Shawn Chua / TCAC [mailto:[shawnychua@tanchong.com](mailto:shawnychua@tanchong.com)]  
**Sent:** Thursday, 18 January 2018 4:37 PM  
**To:** Taufikh (LKKAUTO) <[Taufikh@lkkauto.com](mailto:Taufikh@lkkauto.com)>  
**Cc:** SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** SKZ1509B Finalized Claim

Ergo Ref: **DSMPC1703112**

Our Ref: **SKZ1509B**

Good afternoon sir.

Attached is **SKZ1509B** finalized claim.

Kindly revert so that i can close the case soon.

Thank you very much for your time & assistance.

--

Regards,

Shawn Chua

Service Executive

TC AutoClinic Pte Ltd

25 Leng Kee Road

Singapore 159097

DID: +65 67038515

HP: +65 96450023

Fax: +65 64795019



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Regards,

Shawn Chua

Service Executive

TC AutoClinic Pte Ltd

25 Leng Kee Road

Singapore 159097

DID: +65 67038515

HP: +65 96450023

Fax: +65 64795019



--

Regards,

Shawn Chua

Service Executive

TC AutoClinic Pte Ltd  
25 Leng Kee Road  
Singapore 159097  
DID: +65 67038515  
HP: +65 96450023  
Fax: +65 64795019



TC AUTOCLINIC PTE LTD  
25 LENG KEE ROAD  
SINGAPORE 159097

FINALIZED : ACCIDENT/BODY REPAIRS  
WORKSHOP : LENG KEE  
CONTACT NO : 67038511  
REFERENCE : 249/IC/TCAC/CCR/2017  
DATE : 28-DEC-2017

ERGO INSURANCE PTE LTD  
5 TEMASEK BOULEVARD  
#04-01 SUNTEC TOWER FIVE  
S(038985)  
TEL : 68299199  
FAX : 68299247/9248  
ATTN : CLAIM MANAGER

OWNER'S NAME : LOH MENG HWEE (LU MINGHUI)  
ADDRESS : BLK 175A PUNGGOL FIELD  
#04-569  
S(821175)  
TELEPHONE NO : 67285603 / 90025603

TYPE OF CLAIM : THIRD PARTY CLAIM  
POLICY NO : 2100447500-01000  
VEHICLE NO : SKZ1509B  
MODEL CODE : FRLARBZJ11UEA--A--  
MODEL/YEAR : NISSAN QASHQAI 1.2  
ENGINE NO : HRA2217690A  
CHASSIS NO : SJNFEAJ11U1550330  
MILEAGE : 50439 KM  
DATE IN : 28/12/2017  
LIABILITY : 0.00  
EXCESS CLAUSE : 0.00  
ESTIMATE BY : SHAWN CHUA CHU RONG  
ACCIDENT DATE : 28/12/2017

TC AUTOCLINIC PTE LTD  
25 LENG KEE ROAD  
SINGAPORE 159097

LABOUR CHARGES FOR ACCIDENT VEHICLE REGN NO SKZ15098

S/NO	JOB CODE	NATURE OF JOB	ESTIMATED CHARGES	SURVEYOR'S RECOMMENDATION
1	RS1	REPLACE REVERSE SENSOR, NECESSARY ADJUSTMENT & FUNCTION TEST	55.00	55.00
2	ZZ/001	RENEW REAR BUMPER, RIGHT BRACKET, REINFORCEMENT & STAYS, ENERGY ABSORBER, TOW HOOK COVER. REPAIR REAR		
3	ZZ/002	END PANEL	1170.00	780.00
4	ZZ/003	RESPRAY REAR BUMPER, END PANEL	750.00	500.00
5	ZZ/004	COMPLIMENTARY WASH & VACUUM		
TOTAL LABOUR CHARGES			1975.00	1335.00

TC AUTOCLINIC PTE LTD  
25 LENG KEE ROAD  
SINGAPORE 159097

MATERIAL LIST FOR ACCIDENT VEHICLE REGN NO SKZ1509B

S/NO PARTS DESCRIPTION	PARTS NUMBER	DAMAGED PARTS & PRICES		
		NETT	LIST	S/NETT REMARKS
1 TOW HOOK COVER (SUPPLEMENTARY)	85071-4EA0A	16.80		ant ✓ OK
2 RIGHT REINFORCEMENT STAY (SUPPLEMENTARY)	H5210-4EAMA	126.00		br ✓ OK
3 LEFT REINFORCEMENT STAY (SUPPLEMENTARY)	H5211-4EAMA	126.00		bt ✓ OK
4 REINFORCEMENT (SUPPLEMENTARY)	H5030-4EAMA	619.20		ht ✓ OK
5 ENERGY ABSORBER	85090-4EA0B	126.40		OK
6 REAR BUMPER ASSEMBLY	85022-4EA0H	717.00		OK
7 SENSOR-REVERSE	SENSOR			200.00 X
8 BRACKET-BUMPER SIDE LHR	85221-4EA0A	35.90		OK
SUB TOTAL		1767.30	0.00	0.00
LESS DISCOUNT (NETT-20.00%, LIST-30.00%, S/NETT-.00%)		353.46	0.00	0.00
GRAND TOTAL		1413.84	0.00	0.00
OVERALL TOTAL		1413.84		

LEGEND: REMARKS( OK ) = APPROVED, REMARKS( X ) = NOT APPROVED

TC AUTOCLINIC PTE LTD  
25 LENG KEE ROAD  
SINGAPORE 159097

SUMMARY OF OVERALL CHARGES FOR VEHICLE REGN NO SKZ1509B

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NETT ITEM	1757.30
LESS 20.00%)	-353.46
NETT AMOUNT	1413.84

LIST ITEM	0.00
LESS 30.00%)	0.00
LIST AMOUNT	0.00

SPECIAL NETT ITEM	0.00
LESS .00%)	0.00
SPECIAL NETT AMOUNT	0.00

TOTAL LABOUR CHARGES	1335.00
TOTAL SPARE PARTS CHARGES	1413.84

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TOTAL CHARGES	2748.84
ADD 7 % GST	192.42

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GRAND TOTAL	2941.26
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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

Affiliated to Federation Internationale Des Experts En Automobile				
ERGO INSURANCE PTE LTD		Ref : CS/EGI18000122/T1vbn2		
5 TEMASEK BOULEVARD #04-01 SUNTEC TOWER FIVE SINGAPORE 038985		Date : 25-01-2018		
		Code : EGI		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SJW 7193R	Veh. Inspected	SKZ 1509B	
Policy No.	DMPC17S007387	Coverage (\$)	0.00	
Claim No.	DSMPC1703112	Excess (\$)	0.00	
Assign From	YEE PEI LI	Assign Date	03/01/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	NISSAN QASHQAI	c.c	1197	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	SJNFEAJ11U1550330	Colour	BRONZE	
Odometer	49444	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	215/60 R17	CONTINENTAL	6 mm	
L/H Front Tyre	215/60 R17	CONTINENTAL	6 mm	
R/H Rear Tyre	215/60 R17	CONTINENTAL	6 mm	
L/H Rear Tyre	215/60 R17	CONTINENTAL	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	28/12/2017	Inspection Date	04/01/2018	
Survey held at	TC AUTOCLINIC PTE LTD 25 LENG KEE RD SINGAPORE 159097			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		<b>3 Working Days</b>		

**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. SKZ 1509B**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	BRACKET-BUMPER SIDE LHR (N)	NECESSARY	35.90	35.90
1	ENERGY ABSORBER (N)	CRACKED	126.40	126.40
1	REAR BUMPER ASSEMBLY (N)	DEFORMED	717.00	717.00
1	TOW HOOK COVER (ADDITIONAL)(N)	CUT	16.80	16.80
1	RIGHT REINFORCEMENT STAY (ADDITIONAL)(N)	BENT	126.00	126.00
1	LEFT REINFORCEMENT STAY (ADDITIONAL)(N)	BENT	126.00	126.00
1	REINFORCEMENT (ADDITIONAL)(N)	BENT	619.20	619.20
	LESS 20% DISCOUNT		-353.46	-353.46
			1,413.84	1,413.84
	<b>SPECIAL NETT ITEMS</b>			
1	SENSOR-REVERSE (SN)	NOT NECESSARY	200.00	-
			200.00	-
	<b>LABOUR</b>			
	REPLACE REVERSE SENSOR,NECESSARY ADJUSTMENT & FUNCTION TEST.		55.00	55.00
	RENEW REAR BUMPER ASSY,ETC.PANEL AND REPAIRS.		780.00	780.00
	RESPRAY REAR BUMPER ASSY,END PANEL.		500.00	500.00
			1,335.00	1,335.00
	<b>GRAND TOTAL</b>		<b>2,948.84</b>	<b>2,748.84</b>
	<b>RECOMMENDED COST OF REPAIRS</b>			<b>2,748.84</b>

Report Ref No. CS/EGI18000122/T1vbn2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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