120342002			10		
ASS. REC. BY:		REF: (5/7	FCZ18001537/A	VbCASpecial Instr	iction:
Simalic .	Rasul	•	NMENT (Office)		
From (Person):	CW3 Aung YI	n Min of	FCL	Date/Ti	100019 4 HODE
Estimated Cost:			Bill to:		
OD####WS#	TP RES / OD R	ES / EVA / INV / N	AV / CS	·	···
To Inspect Vehic	le No:	SHB 37	1 9D	Insured:	94A 9275P
at Workshop m/s		Ding Auto			83039588
		31 Conjuration		 	03 03 13 04
Policy No:			Claim No:	018	000 73 UMFSH
Sum Insured:					3 00 10 00 11 011
Make of Veh:(Client's Record)		•			23012618
CA / REV / F	EP. / REV 24				
Date/Time: 3	501208 1011n	M B C	cted: Alex	H.O.D	. Endorsement:
		rerson Conta	cted; nix	· Vehicle (INLOUT
Date/Time /	Action/Instruction	ı (V) E⊊#	niate.		
	SHB 37990 -			·	
	775P -	NS/ IN(150)	11959 / Hldm2		Dug: 3/12/15
	_		J		
30/1/18	Email Dre	ti revised	to FII		
B 1 (_		d by email	(Red 10.	C113 F1.18C
			J -		

22 (0.2 (10.0)

Survey Department Check List (Case Handler)

•	Survey Department C	Jeck Fize I.	Case i iui	141-1	
eference	No.: CS FCI/800 1537 RIVD				
olicy Ty	pe: OD / TP / TP RES / TL / EVA	Case H	andier	Тур	
): Case handler to make sure all informa	tion created	by the ass	ignment tea	m are ACCUR
dmin (): Case handler to make sure all informa	Y-Date	N-Date	Y-Date	N-Date
1) Office	Assign Form	1-Date	10.000		
Ć	Reference No.				
C	Customer Code				
N	Assign From	1			
C	Assign Date	<u> </u>			
C	Veh No (Inspected)		 -		
С	Veh No (Insured)				
С	D.O.A	- 			
C	Policy No		 		
C	Claim No		 		
	Insurance Authorisation (CA /REV/REP)				
Č	Report Type				11
<u>c</u>	Weekend Charges		<u> </u>		+
N	Survey held at/Repairer	/		{ 	+
<u></u>	Frence	. L		J L	
	or (): Case handler to make sure th	e survervor (ompleted	all required	information.
Survey	or (): Case handler to make sure of		•		
(1) Assig	nment Form		<u> </u>] [
С	Vehicle No	<u> </u>		1	
C	Regn Month/Year			┨ ├───	
N	Vehicle Type	- V		┪┝───	
N	Make & Model			┪┝╼╼╼	-
C	Engine Capacity. (C.C)	<u> </u>		┥ ├───	
N	Colour			┥┝┈┈	
<u>C</u>	Odometer. (Sp.Reading)			┨ ├───	
C	Chassis No			┨┝╼╼	
N	General Condition	_ \ _ \ <u>_ \</u>		╡┞╾╾╾	
N	Steering			┥┝╾╾	
1	Brake			-	
N	Modification (Modi)				
<u>N</u>				┩ ├	
C	Tyre Size			┩ ┡	
N	Tyre Make	~			
, <u>C</u>	Tyre Balance	~		_	
<u>C</u>	Date of Inspection	~		_]	
N	Survey held	~		_]	
N	Des.of Damages				
(2) Sys	tem - (Views/Merimen)	~		7	
C	Damaged Vehicle Photographs Uploaded				
(2) 14/-	orkshop Estimate/Assignment Form			<u> </u>	
(3) VV	ALL Parts condition				
,	Market Value for OD cases			_{	
C	Estimate Repair Cost for PRI (RSI, TMI, MSIG)			_	
C	Days of repair			_	
<u> </u>	Internal Amount	V		_	
<u>C</u>	Eineline within \$ (12VS		l		
(4)	stem - (Views/Merimen)				
(4) <u>5</u>					

123 18 Date VERON Check By: Case Handler



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

ID	ST CAPITAL INSU	IDANCELTD	Ref : CS/FCI180015	27/D4.db
ш	OT CAPITAL INSU	TANCE LID	Rei . CS/FC/160013	37/K IVU
	OBINSON ROAD	SINGAPORE 068877	Date: 25-01-2018	
			Code: FCI2	11 102 11 61 81 11 81 81 81 91 11 11 11
•		Policy Particul	ars :- THIRD PARTY CLA	ÍM
	Insured Veh.	SHA 9275P	Veh. Inspected	SHB 3799D
	Policy No.	· · · · · · · · · · · · · · · · · · ·	Coverage (\$)	0.00
	Claim No.	D18000734MFSH	Excess (\$)	0.00
	Assign From	CWS (AUNG YIN MIN)	Assign Date	24/01/2018
•		Vehicle P	articulars & Condition	to display the second of the s
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	-	Steering	
	Brakes		Modification	,
	General			
•	. No. 10 (1997)	Gor	ditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
· 64	L/H Rear Tyre			mm
		√. ¹ Descr	iption of Damages ion	
. 158		Gen	eral Information	-a ch arvinna viva:
17.784	Accident Date	23/01/2018	Inspection Date	25/01/2018
	Survey held at	31 CORPORATION RD	mapocalon Date	20/0 //2010
	Repairer	DING AUTO PTE LTD		
2, .	9 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Remarks	
enter(SGF		ON WAS CONDUCTED ON A"	<u>表現の後後後の日本の一般機能には、準備に関して</u> くられていません。	

First Capital Insurance Limited

A FAIRFAX Company

MOTOR SURVEY ASSIGNMENT

Date

23-01-2018

Our Ref No. D18000734MFSH

Accident Date

23-01-2018

Claim Type. Third Party

Insured Vehicle

SHA9275P

Third Party Vehicle. SHB3799D

Survey Location

BLK 10, #01-20 SIN MING INDUSTRIAL ESTATESECTOR C

Contact Person.

ALEX KHONG

Contact No.

64521208/83039588

Fax No. 64520614

Survey Type

WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:

Appointed

Surveyor

LKK AUTO CONSULTANTS PTE LTD

Contact Person

NA

Fax No. 68416315

Contact Number.

NA

SI COCHIECTION BY

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

DING AUTOMOTIVE PTE

Attention. NIL

Cc: TP Solicitor

LTD 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/JobShee	et/234235)	PRI Documents	×	<u></u> -
			PRI Header Details		
Claim No	D18000734MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & DII
Workshop Name	DING AUTOMOTIVE PTE LTD (Contact Person : ALEX KHONG)	Survey Location & Contact Details	BLK 10, #01-20 SIN MIN Mobile: 83039588 , Pho EmailId: TAXISCS@STE	ne: 6452120	
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: W	E ADMIT LIA	BILITY Q
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA9275P	TP Vehicle No	SHB37
PRI Recieved Date	23-01-2018 09:36:09 PM	Surveyor Appointed Date	24-01-2018 04:39:48 PM	Surveyor Accept Date	25-01-
		S	urvey Report Upload		
Surveyor Inspection Date *:	神匹	Surveyor Report Date	25-01-2018	Upload Survey Report *:	
			Vehicle Particulars		
Make	Please Select Make	Model	Please Select Model	Year	Select
Chasis No		Engine No		Mileage	
Color	ſ	Cubic Capacity			
Multiple Do	cuments Upload				ı
	Up	load Multiple Doo	cuments		
File Nam	e		Ac	tion	

Surveyor Job Remarks

Veron Chen (LKKAuto)

From:

Veron Chen (LKKAuto)

Sent:

Tuesday, 30 January 2018 12:38 PM

To:

'Claim Workflow System'

Çc:

AUNGYINMIN@MSFIRSTCAPITAL.COM.SG; SUR

Subject:

RE: SURVEY ASSESSMENT - D18000734MFSH/1, SHB 3799D

Attachments:

SHB 3799D PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SHB 3799D

Date of survey: 25/1/2018 Number of days:12 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)

From: Admin-D (LKKAuto)

Sent: Thursday, 25 January 2018 10:12 AM

To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: AUNGYINMIN@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkaufo.com>

Subject: RE: SURVEY ASSESSMENT - D18000734MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

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@msfirstcapital.com.sg]

Sent: Wednesday, 24 January, 2018 4:40 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; AUNGYINMIN@MSFIRSTCAPITAL.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D18000734MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Best Regards,

Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited

Tel: 6507 3848 Fax: 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



Company Registration No. 199607198R

51 UBLAYE 1, #02-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your ref:

D18000734MFSH

Our Ref:

CS/FCI18001537/R1vb

Date: 30/1/2018

The Motor Claims Department

M/s FIRST CAPITAL INSURANCE LTD

Without Prejudice

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO.

SHB 3799D

We thank you for your instruction on

24/1/2018

Please be informed that we had conducted the inspection of the above mentioned

25/1/2018

at the premises of M/s

DING AUTO PTE LTD

and have the following to report:-

Workshop Estimate Amount Revised Estimate Amount : S\$16,731.17 : S\$8,078.46

"Check" Items Amount

: S\$114.40

Market Value

: S\$

LTA Reimbursement Value

: S\$

Nett Value

: S\$

Description of Damage:

The vehicle sustained damages at the

rear portion.

neana



offside

1

front

Comments/Present Status:

Damages Consistent

Yours faithfully,

MOHAMMED RASUL Automotive Assessor

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2839G
Vehicle Details	· · · · · · · · · · · · · · · · · · ·
Vehicle No.:	SHB3799D
Vehicle to be Exported:	No
Intended De-registration Date:	12 Mar 2018
Vehicle Make:	HYUNDAI
Vehicle Model:	SONATA NF 2.0 CRDI AT ABS 2WD 4DR TURBO
Primary Colour:	Yellow
Manufacturing Year:	2012
Engine No.:	D4EA7295917
Chassis No.:	KMHET41VMCA829699
Maximum Power Output:	110.0 kW (147 bhp)
Open Market Value:	\$14,348.00
Original Registration Date:	27 Sep 2012
First Registration Date:	27 Sep 2012
Transfer Count:	0
Actual ARF Paid:	\$14,348.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Sep 2020
PARF Rebate Amount:	\$10,043.00
Intended COE Rebate Details	
COE Expiry Date:	26 Sep 2020
COE Category:	A - Car (1600cc & below)
and the second of the second o	

CQE Period(Years):

8

PQP Paid:

\$51,531.00

COE Rebate Amount:

\$16,353.00

Total Rebate Amount:

\$26,396.00

Message

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be deregistered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is

The information contained herein is correct as at 12 Mar 2018

ОК

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 witholding 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 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	STATEMEN	TATEME	- 1	NIT	YΕ	ıп	\sim	c	Λ
	J 1 A 1 E 1 1 E 1								-

 Date Of Report
 23/01/2018 11:15

 Date Of Accident
 23/01/2018 00:30

Exact Location Of Accident ALONG JALAN BESAR TOWARDS KITCHENER RD

Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHB3799D

Insured/Policyholder

Name Of Registered Owner CITYCAB PTE LTD

Co Reg No 199502839G
Email Address NOEMAIL

Mobile Phone No

Alternative Phone No OFFICE-65508768

Vehicle Particulars

Manufacturer HYUNDAI

Model SONATA-2.0 CRDI (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 TAXI

Insurance Company

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD

Type Of Coverage THIRD PARTY FIRE AND/OR THEFT

Fleet Policy NO

Policy Number D-15072702MFSH

Cover Note Number

Driver

Name of Driver CHIN YEN HING, WILLY

NRIC No S7804852B
Date Of Birth 23/01/1978
Occupation OUTDOOR
Date Of Driving Pass 21/09/1999

Driving Experience 18 YEARS AND 4 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-93636033

Fax Number

Contact Number

EMail Address NOEMAIL

J.

Address

APT BLK 139 JALAN BUKIT MERAH #03-1456 SINGAPORE 160139

Postcode

Was driver an employee of the Insured's Company NO

If No. Relationship of the Driver with the Insured

OTHER - RELIEF

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?

YES

Was any injured conveyed to hospital by

NO

ambulance?

YES

Was any other material or property damaged?

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

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

REFER TO ATTACH STATEMENT.

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Remarks/ Reasons:

FILE NOT SUITABLE

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SHA9275P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name CHIN YEN HING WILLY

Page 2 of 11

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SHB3799D

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

NO

Address Postcode

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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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 insurers) 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:
 - 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 invoive 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 dalms.(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.:

GIARMC SketchPlanForm_V3

Page 4 of 11

Accident Sketch Plan Pg. 2

ECLARATION We declare the foregoing part	•	every respect, A.Signature		A (
	iculars are true in	every respect.			
•					
•					•
•					<u> </u>
					
		94			

)		
SHA 9275P) hit	onto	my sear	Portion	•
laiting yedestrian					
					1
Jalan Besar	towards	Kitchene	r Rd.	I Was	Stoping -
,				00:30	\mathcal{L}
			04 0		
ESCRIBE CIRCUMSTANCES	OF THE ACCUR	FNT			
Julian Beson					
53					
<u> </u>	- R				
			3 4 4 1 1 1 5	3 1 3 1 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1	SHA AZT
	Chener			10	7 - 10

Page 5 of 11

You Call, We Tow - Fast . Secured . Reliable $\vdash (6.4)$ **Express Towing Services**

No. 134678 Date: ∠

CASH SALE/WORK ORDER

實施 Ding AutoMotive	Ump Start/Changing of battery
車號 SHRS799D 車型 Servots	Tyre Replacement
時間(日/夜) Time (day/hight): 01、12 Contact No: 93636033	Multi/Basement
Location: SEN DOSOF X CETCHERET Rd	With Load/Calgo box King Dolly
For Cerporation 12,1	Transport Charge Low Body Kit
Cash S: (())	Door Opening Service
sod Bv:	Collect Doc/Key
之車輪,在進行中如7 at owner's risk. The con	Repo Woodlands and Tuas Checkpoint
other misdemeanour to your vehicle whilst being towed.	



DING AUTOMOTIVE PTE LTD

BLK 10, #01-20 SIN MING INDUSTRIAL EST. SEC C SINGAPORE 575645 TEL: 6452 1208 FAX: 6452 0614

TO :

ESTIMATE REPORT

1ST Quotation

FAX NO:

23/01/2018 16:23

JOB-NO: 50110472

OWNER'S PARTICULARS

ADDRESS: 383 SIN MING DRIVE

Page 1 of 3

VEHICLE DETAILS

LICENSE NO: SHB3799D

TRANS: AUTO

CHASSIS: KMHET41VMCA829699

MAKE / MODEL: HYUNDAI / Sonata 2.0 CRDi

ENGINE: D4EA7295917

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 2

CLAIM DETAILS

CLAIM DETAILS		QUOTED	DISCOUNT	DISC PRICE			REV
DESCRIPTION	QTY	COSTS			IND	SUR.DISP	PRICE
LABOUR					·		16120
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	1,800.00	0.00	1,800.00		Υ	1700
2 R&R REAR WINDSCREEN GLASS	1.00	120.00	0,00	120.00		Υ	120
3 R&R REAR FUEL TANK ASSY	1.00	120.00	0.00	120,00		Y	$-\times$ $^{\prime}$
4 R&R REAR SPARE TYRE BOARD/CARPET/TRIM	1.00	80.00	0.00	80.00		Y	60
5 R&R REAR SEATS & CARPETS TO ASSIST REPAIR	1.00	80.00	0.00	80.00		Υ	$\frac{\chi n}{2}$
6 ADJUST TAIL LAMP AIM & CHECK WIRING	1.00	80.00	0.00	80.00		Y	<u> 50</u>
7 RUST PROOFING	1.00	80.00	0.00	80.00		Y	<u>60</u>
8 SUNDRIES	1.00	50.00	0.00	50.00		Y	<u>>ಀ</u>
9 RESPRAY REAR FENDER LH	1.00	250.00	0.00	250.00		Y	<u>ათ</u>
10 RESPRAY REAR FENDER RH	1.00	250.00	0.00	250.00		Y	<u> </u>
11 RESPRAY REAR BUMPER	1.00	250.00	0.00	250.00		Y	<u> 200</u>
12 RESPRAY REAR END PANEL	1.00	250.00	0.00	250.00		Y	<u> 2</u> ~
13 RESPRAY REAR SPRAY TYRE BOARD	1.00	250.00	0.00	250.00		Y	200
14 RESPRAY BOOTLID	1.00	250.00	0.00	250.00		Υ	2 <u>~~</u> .1
15 TOWING CHARGES	1.00	100.00	0.00	100.00		YUY	? ox ceipT
16 MOUNT WORK BENCH	1.00	300.00	0.00	300.00		Υ	\overline{Xv}
TOTAL:		4,310.00	0.00	4,310.00			
MATERIALS				500.00			Day /
1 REAR BUMPER	1.00	523.93	0.00	523.93	L	Y	<u> </u>
2 REAR BUMPER REINFORCEMENT CAR	1,00	462.30	0,00	462.30	L	Y	
3 REAR BUMPER RETAINER LH	1.00	42.68	0.00	42.68	L	Y	
4 REAR BUMPER RETAINER RH	1.00	42.68	0.00	42.68	L	Υ	
5 REAR BUMPER BRACKET LH	1.00	79.75	0.00	79.75	L	Y	<u> </u>
6 REAR BUMPER BRACKET RH	1.00	79.75	0.00	79.75	L	Y	
7 REAR BUMPER SPONGE CALL	1.00	113.52	0.00	113.52	L	Y	
8 REAR BUMPER PROTECTOR LH	1.00	102.96	0.00	102.96	L	Y	
9 REAR BUMPER PROTECTOR RH	1.00	102,96	0.00	102.96	L	Υ	Xen
10 REAR BUMPER LWR EXT	1.00	40.70	0.00	40.70	L	Y	<u> </u>
11 REAR BUMPER LWR COVER LH	1.00	38.83	0.00	38.83	L	Y	<u> </u>
12 BOOTLID	1.00	1,139.00	0.00	1,139.00	L	Y	
13 BOOTLID EMBLEM-LOGO	1.00	21.45	0.00	21.45	L	Y	
14 BOOTLID EMBLEM-HYUNDAI	1.00	20,13	0.00	20.13	L	Y	
15 BOOTLID EMBLEM-SONATA	1,00	40.92	0.00	40.92	L	Y	
16 BOOTLID EMBLEM-CRDI	1.00	18.70	0.00	18.70	L	Y	

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
17 BOOTLID LAMP LH C .	1.00	203.50	0.00	203.50	L	Y	
18 BOOTLID LAMP RH	1,00	203,50	0.00	203.50	L	Υ	
9 BOOTLID PLATE LAMP LH	1,00	49.50	0.00	49.50	L	Y	<u> </u>
0 BOOTLID PLATE LAMP RH	1.00	49.50	0.00	49.50	L	Y	\mathbf{X}_{0}
1 BOOTLID HINGE LH 🤸	1.00	109.45	0.00	109.45	L	Y	<u>×100</u>
2 BOOTLID HINGE RH 🗡	1.00	109.45	0.00	109.45	L	Y	-
BOOTLID LOCK 🎢 🗸	1.00	109.45	0.00	109.45	L	Υ	
BOOTLID LOCK CATCH 74 /	1.00	108.90	0.00	108,90	L	Υ	
BOOTLID INSULATOR 7	1.00	155.10	0.00	155.10	L	Υ	_
BOOTLID RUBBER BEADING A	1.00	91.30	0.00	91.30	L	Υ	_
7 BOOTLID DAMPER LH ⊀	1.00	104.50	0.00	104,50	L	Y	X2°
B BOOTLID DAMPER RH ⊀	1.00	104.50	0.00	104.50	L	Y	× 1,1
BOOTLID KEY LOCK	1.00	109,01	0.00	109.01	L	Y	
BOOTLID CABLE 🗡	1.00	109,02	0.00	109.02	L	Y	- *
1 REAR END PANEL # /	1.00	323.29	0.00	323.29	Ĺ	Y	^
2 REAR END PANEL TOP GARNISH CM	1.00	42.02	0.00	42.02	L	Y	
3 TAIL EMAP LH CAN	1,00	323,40	0.00	323.40	L		
4 TAIL LAMP RH CPA /						Y	
- 6	1.00	323,40	0.00	323,40	L	Y	
5 TAIL LAMP INNER PANEL LH	1.00	267.30	0.00	267.30	L	Υ	~
6 TAIL LAMP INNER PANEL RH	1.00	267.30	0.00	267.30	L	Y	<u> </u>
7 SPARE TYRE PANEL W-	1.00	812.90	0.00	812.90	L	Y	4.
8 SPARE TYRE BOARD 🗡 🕝	1.00	162.14	0.00	162.14	L	Υ	Xc a
9 SPARE TYRE SIDE PANEL LH	1.00	179.30	0.00	179.30	L	Υ	<u> </u>
O SPARE TYRE SIDE PANEL RH	1.00	179,30	0.00	179.30	L	Y	<u> </u>
11 SPARË TYRË TYRE LOCK 🔨	1.00	18.00	0.00	18.00	L	Y	7 X SV
2 REAR FENDER LH 🙎	1.00	1,598.30	0.00	1,598.30	L	Υ	-K -
3 REAR FENDER RH	1.00	1,598.30	0.00	1,598.30	L	Υ	R
4 REAR WINDSCREEN MLDG	1.00	49.28	0.00	49.28	L	Y	XX
5 REAR BUMPER ADS STICKER 🖊 🖊	1.00	180.00	0.00	180.00	s	Y And	100
16 REAR BUMPER RUBBER PROTECTOR PAD 🗡	1.00	150.00	0.00	150.00	s	Y	-XCM
7 BOOTLID STICKER-CAB BOOKING 65521111 N		40.00	0.00	40.00	S	Y	
8 BOOTLID STICKER-CITY CAB N	1.00	40.00	0,00	40.00	S	Y	
9 BOOTLID ADS STICKER 🗡	1.00	250.00	0.00	250,00	s	· v	Ź₩.
50 SBOOTLID INSULATOR CLIP SET	1.00	35.00	0.00	35.00	S	· v	
51 REAR NUMBER PLATE SO	1.00	35.00	0.00	35.00	S	· ·	
52 REAR END PANEL SEALANT	1.00	50.00	0.00	50.00	S	, , , , , , , , , , , , , , , , , , ,	
53 SPARE TYRE PANEL INSULATOR PAD	1.00	280.00	0.00	280.00	S	Y	-
,					_	Y	
4 SPARE TYRE PANEL SEALANT	1.00	50.00	0.00	50.00	S	Y	/
55 REAR FENDER SEALANT LH	1.00	50.00	0.00	50.00	S	Y	<u> </u>
66 REAR FENDER ADS STICKER LH	1.00	250.00	0.00	250.00	S	Y	20
7 REAR FENDER SEALANT RH	1,00	50,00	0.00	50.00	S	Y	×~
58 REAR FENDER ADS STICKER RH	1.00	250,00	0.00	250.00	S	Υ	150
9 REAR WINDSCREEN GLASS INNER SEAL 🖊	1.00	30.00	0.00	30.00	S	Υ	
60 REAR WINDSCREEN GLASS SEALANT 🗚 -	1.00	50.00	0.00	50,00	S	Υ	
TOTAL:		12,421.17	0.00	12,421.17			
OTAL PARTS & LABOUR :		16,731,17	0.00	16,731,17			<u></u>
XCESS/LOADING:S\$ 0.00			1				
o. Of Day: (2 dwy)		King	18				
E-SURVEY: BEFOREAFTER PAINTING ART-BY-PART OR LUMP SUM: \$\$		1 1/20	ine K	Auto Consultate Pairer of the	follou	Vina:	
ATE OF SURVEY: 24 / 1 / 8	PI	400	— • 10 te	survey before/a	ter spra	W Dainting	
URVEYED BY: RASUL CLI	KK)	•	• Parts	splay damaged p prices are subje	ect to co	nfirmation	-
			• Third	party survey is (egal modification	on a "W	ithout Prejudi	ce" basis
CONTACT NO: 900100 68	FAX NO): 	- ↑ Supp	iementary item/s	i) must l	he resultana	and
1.000 10 11/14 Aut		Λa	13 300	roct to timas appr	ON SETTING	TO (PENNINGE	Company Re
email:rasul@IKKauto	0 · C01	· ~	J	dedged by Repa	irer		
			Signatu	1 6 :			

Date:

CLAIM DETAILS

QUOTED DISCOUNT DISC PRICE

IND SUR.DISP

REV PRICE

DESCRIPTION

COSTS QTY

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto) Sent: Monday, 12 March 2018 4:37 PM To: 'Accounts Ding Auto' Cc: Rasul (LKKAuto); SUR; Kenneth Ding; DAMtaxi Subject: RE: FW: SHB3799D-Finalize Amount & After Repair Photo. Dear Michelle, Noted with thanks. Final invoice and all supporting documents sent to First Capital Ins Ltd. OIC AUNG YIN MIN (REF: D18000734MFSH) 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: Accounts Ding Auto [mailto:accounts@dingauto.sg] Sent: Monday, 12 March 2018 4:08 PM To: Veron Chen (LKKAuto) < veronchen@lkkauto.com> Cc: Rasul (LKKAuto) < Rasul@lkkauto.com>; SUR < sur@lkkauto.com>; Kenneth Ding < kenneth.ding@dingauto.sg>; DAMtaxi <TAXISCS@stengg.com> Subject: Re: FW: SHB3799D-Finalize Amount & After Repair Photo. Dear Veron, We confirm the finalize amount. Thank you so much. Yours Sincerely, Fang XinYi Michelle Office Contact: 92394128 Ding Automotive Pte Ltd

On Mon, Mar 12, 2018 at 11:25 AM, Veron Chen (LKKAuto) < veronchen@lkkauto.com > wrote:

Dear Michelle,

Kindly confirmed Lump Sum \$6450.

1	No of days: 12 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)
	From: Accounts Ding Auto [mailto:accounts@dingauto.sg] Sent: Monday, 12 March 2018 9:50 AM
	To: Rasul (LKKAuto) < Rasul@lkkauto.com >; SUR < sur@lkkauto.com > Cc: Veron Chen (LKKAuto) < veronchen@lkkauto.com >; Admin-D (LKKAuto) < admin-d@lkkauto.com >; Kenneth Ding
	<kenneth.ding@dingauto.sg>; DAMtaxi <taxiscs@stengg.com> Subject: Re: FW: SHB3799D-Finalize Amount & After Repair Photo.</taxiscs@stengg.com></kenneth.ding@dingauto.sg>
	Morning all,
	Please advice the finalize amount for this case as we still have not receive any update from you till today.
	Kindly check and update us as soon as possible.
	Thank you so much.
	Yours Sincerely,
	Fang XinYi Michelle
	Office Contact: 92394128

On Tue, Feb 27, 2018 at 9:26 AM, Accounts Ding Auto <accounts@dingauto.sg> wrote:</accounts@dingauto.sg>
Morning all,
Please advice the finalize amount for this case as we still have not receive any update from you till today.
Kindly check and update us as soon as possible.
Thank you so much.
Yours Sincerely,
Fang XinYi Michelle
Office Contact : 92394128
Ding Automotive Pte Ltd
On Fri, Feb 23, 2018 at 4:27 PM, Accounts Ding Auto <accounts@dingauto.sg> wrote:</accounts@dingauto.sg>
Dear all,
Please advice the finalize amount for this case as we still have not receive any update from you till today
Kindly check and update us as soon as possible.
Thank you so much.

Ding Automotive Pte Ltd

Yours Sincerely,

Fang XinYi Michelle

HP Contact: 87483145

Ding Auto Pte Ltd
Ding Automotive Pte Ltd
On Mon, Feb 5, 2018 at 9:10 AM, Asher Sng (LKKAuto) < Asher Sng@lkkauto.com > wrote:
Hi Veron / Rasul,
FYA.
CS/FCI18001537/R1vb
Thank You.
Best Regards,
Asher Sng Case Handler
LKK Auto Consultants Pie Ltd
phone: 6841-6051 email: ashersng@lkkauto.com fax: 6741-4108
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 S(408933)
From: taxiscs@stengg.com [mailto:taxiscs@stengg.com]
Sent: Monday, 5 February 2018 8:54 AM To: Pasul (LKKAuto) - Pasul (Mkkauto acm)
To: Rasul (LKKAuto) < Rasul@lkkauto.com > Cc: ACCOUNTS@DINGAUTO.SG; ADMIN@DINGAUTOMOTIVE.COM.SG
Subject: SHB3799D-Finalize Amount & After Repair Photo.
Hi rasul,
Please see below for the finalize according to our conversion to finalize for SHB3799D

Office Contact: 92394128

Finalize Amount

Total Repair - 12 Days

Labour - \$2930 Special Netts - \$730 Parts - \$5573.07 Parts after 20% discount =\$4458.45 Total L+S+P =\$8118.45 -20% LUMP SUM Final Amount = \$6494.76

Please help to close this case ASAP

Thanks

Best Regards
Ding Automotive Pte Ltd
Alex Khong
Hp :65508768



[This e-mail is confidential and may also be privileged. If you are not the intended recipient, please delete it and notify us immediately; you should not copy or use it for any purpose, nor disclose its contents to any other person. Thank you]



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 internation	nale Des Experts En Automo	bile
FIRS	CAPITAL INSUF	RANCE LTD	Ref : CS/FCI18001537	7/R1vbe2
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date: 13-03-2018 Code: FCI2		
1.		Policy Particulars	:- THIRD PARTY CLAIM	
	Insured Veh.	SHA 9275P	Veh. Inspected	SHB 3799D
	Policy No.	D-18088937MFSH	Coverage (\$)	0.00
	Claim No.	D18000734MFSH	Excess (\$)	0.00
	Assign From	AUNG YIN MIN	Assign Date	24/01/2018
2.		Vehicle Part	culars & Condition	
<u> vanceau tylk</u>	Make & Model	HYUNDAI SONATA 2.0	c.c	1991
	Engine No.	HIDDEN	Year of Reg.	2012
	Chassis No.	KMHET41VMCA829699	Colour	YELLOW
	Odometer	107049	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	FAIR		
3.		Concli	lons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	215/60 R16	TRIANGLE	5 mm
	L/H Front Tyre	215/60 R16	TRIANGLE	5 mm
	R/H Rear Tyre	215/60 R16	TRIANGLE	5 mm
	L/H Rear Tyre	215/60 R16	TRIANGLE	5 mm
4.		Descript		
	THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
	DAMAGES SEE D	ETAILS.		
5,			al information.	
Cape weeking	Accident Date	23/01/2018	Inspection Date	25/01/2018
	Survey held at	31 CORPORATION RD		
!	Repairer	DING AUTO PTE LTD		
5a.			Remarks 😕 🐪	
. Consequently	INTHE INSPECTION	NSISTENT TO ACCIDENT REPO ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, N	THOUT PREJUDICE" BAS	IS. ED REPAIRS.
5b.			Days of Repair	
1	TOTIMATED NOB	MAL PERIOD FOR REPAIR:	12 Working Da	vs



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 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHB 3799D

Qty	Description of Parts	. Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS		•	
1	REAR BUMPER	DEFORMED	523.93	523.93
1	REAR BUMPER REINFORCEMENT	CRACKED	462.30	462.30
1	REAR BUMPER RETAINER LH	NECESSARY	42.68	42.68
1	REAR BUMPER RETAINER RH	NECESSARY	42.68	42.68
1	REAR BUMPER BRACKET LH	NECESSARY	79.75	79.75
1	REAR BUMPER BRACKET RH	NECESSARY	79.75	79.75
1	REAR BUMPER SPONGE	CRACKED	113.52	113.52
1	REAR BUMPER PROTECTOR LH	DEFORMED	102.96	102.96
1	REAR BUMPER PROTECTOR RH	SERVICEABLE	102.96	-
1	REAR BUMPER LWR EXT	DEFORMED	40.70	40.70
1	REAR BUMPER LWR COVER LH	СИТ	38.83	38.83
1	BOOTLID	BENT	1,139.00	1,139.00
1	BOOTLID EMBLEM - LOGO	NECESSARY	21.45	21.45
1	BOOTLID EMBLEM - HYUNDAI	NECESSARY	20.13	20.13
1	BOOTLID EMBLEM - SONATA	NECESSARY	40.92	40.92
1	BOOTLID EMBLEM - CRDI	NECESSARY	18.70	18.70
1	BOOTLID LAMP LH	CRACKED	203.50	203.50
1	BOOTLID LAMP RH	CRACKED	203.50	203.50
1	BOOTLID PLATE LAMP LH	SERVICEABLE	49.50	-
1	BOOTLID PLATE LAMP RH	SERVICEABLE	49.50	-
1	BOOTLID HINGE LH	SERVICEABLE	109.45	-
1	BOOTLID HINGE RH	SERVICEABLE	109.45	-
1	BOOTLID LOCK	BENT	109.45	109.45
1	BOOTLID LOCK CATCH	BENT	108.90	108.90
1	BOOTLID INSULATOR	TORN	155.10	155.10
1	BOOTLID RUBBER BEADING	NECESSARY	91.30	91.30
1	BOOTLID DAMPER LH	SERVICEABLE	104.50	-
1	BOOTLID DAMPER RH	SERVICEABLE	104.50	-
1	BOOTLID KEY LOCK	BENT	109.01	109.01
1	BOOTLID CABLE	SERVICEABLE	109.02	-
1	REAR END PANEL	BENT	323.29	323.29

Report Ref No. CS/FCI18001537/R1vbe2



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.:2 of 3

Oty	Description of Parts	Condition	Eštimate By Workshop (\$))	Our Adjusted (\$)
1	REAR END PANEL TOP GARNISH	CRACKED	42.02	42.02
1	TAIL LAMP LH	CRACKED	323.40	323.40
1	TAIL LAMP RH	CRACKED	323.40	323.40
1	TAIL LAMP INNER PANEL LH	TO REPAIR SEE LABOUR	267.30	-
1	TAIL LAMP INNER PANEL RH	TO REPAIR SEE LABOUR	267.30	-
1	SPARE TYRE PANEL	BUCKLED	812.90	812.90
1	SPARE TYRE BOARD	SERVICEABLE	162.14	-
1	SPARE TYRE SIDE PANEL LH	TO REPAIR SEE LABOUR	179.30	-
1	SPARE TYRE SIDE PANEL RH	TO REPAIR SEE LABOUR	179.30	-
1	SPARE TYRE LOCK	SERVICEABLE	18.00	-]
1	REAR FENDER LH	TO REPAIR SEE LABOUR	1,598.30	-
1	REAR FENDER RH	TO REPAIR SEE LABOUR	1,598.30	-
1	REAR WINDSCREEN MLDG	NOT NECESSARY	49.28	-
	LESS 20% DISCOUNT			-1,114.61
			10,631.17	4,458.46
	SPECIAL NETT ITEMS	Į.		
1	SUNDRIES (SN)	NECESSARY	50.00	20.00
1	REAR BUMPER ADS STICKER (SN)	NECESSARY	180.00	100.00
1	REAR BUMPER RUBBER PROTECTOR PAD (SN)	SERVICEABLE	150.00	-
1	BOOTLID STICKER - CAB BOOKING 65521111 (SN)	NECESSARY	40.00	40.00
1	BOOTLID STICKER - CITY CAB (SN)	NECESSARY	40.00	40.00
1	BOOTLID ADS STICKER (SN)	NOT NECESSARY	250.00	-
1	SET BOOTLID INSULATOR CLIP (SN)	NECESSARY	35.00	35.00
1	REAR NUMBER PLATE (SN)	SCRATCHED	35.00	35.00
1	REAR END PANEL SEALANT (SN)	NECESSARY	50.00	50.00
1	SPARE TYRE PANEL INSULATOR PAD (SN)	NOT NECESSARY	280.00	-
1	SPARE TYRE PANEL SEALANT (SN)	NECESSARY	50.00	50.00
1	REAR FENDER SEALANT LH (SN)	NOT NECESSARY	50.00	-
1	REAR FENDER ADS STICKER LH (SN)	NECESSARY	250.00	150.00

Report Ref No. CS/FCI18001537/R1vbe2



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

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Qty	Description of Parts	Condition	Estimate By. Workshop (\$))	Our Adjusted
1	REAR FENDER SEALANT RH (SN)	NOT NECESSARY	50.00	-
1	REAR FENDER ADS STICKER RH (SN)	NECESSARY	250.00	150.00
1	REAR WINDSCREEN GLASS INNER SEAL (SN)	NECESSARY	30.00	30.00
1	REAR WINDSCREEN GLASS SEALANT (SN)	NECESSARY	50.00	50.00
			1,840.00	750.00
	LABOUR			
	STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS. INCLUSIVE OF THE REPAIR OF TAIL LAMP INNER PANEL LH, TAIL LAMP INNER PANEL RH, SPARE TYRE SIDE PANEL LH, SPARE TYRE SIDE PANEL RH, REAR FENDER LH AND REAR FENDER RH.		1,800.00	1,400.00
1	R&R REAR WINDSCREEN GLASS.		120.00	120.00
	R&R REAR FUEL TANK ASSY.	NOT NECESSARY	120.00	-
	R&R REAR SPARE TYRE BOARD/CARPET/TRIM.		80.00	60.00
	R&R REAR SEATS & CARPETS TO ASSIST REPAIR.	NOT NECESSARY	80.00	-
	ADJUST TAIL LAMP AIM & CHECK WIRING.		80.00	30.00
	RUST PROOFING.		80.00	60.00
	RESPRAY REAR FENDER LH.	:	250.00	200.00
	RESPRAY REAR FENDER RH.		250.00	200.00
	RESPRAY REAR BUMPER.		250.00	200.00
1	RESPRAY REAR END PANEL.		250.00	200.00
	RESPRAY REAR SPRAY TYRE BOARD.		250.00	200.00
	RESPRAY BOOTLID.		250.00	200.00
	TOWING CHARGES.		100.00	40.00
	MOUNT WORK BENCH.	NOT NECESSARY	300.00	-
			4,260.00	2,910.00
	GRAND TOTAL		16,731.17	8,118.46

RECOMMENDED COST O	FLUMPSUM RÉPAIRS CONDITION)	6,450.00
(TO ITS PRE-ACCIDENT	EONDITION)	

Report Ref No. CS/FCI18001537/R1vbe2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.S.

ADRIAN LING WAI PING

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

Licensed Appraiser

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