ASS. REC. BY: REF: CS FC118001592	Mitas Especial laurentions
CWS ASSIGNMENT	Office)
From (Person): Lyrun Jaw of FCI Estimated Cost: Bill to	
OD (TP) WS / TP RES / OD RES / EVA / ENV / MV / CS To Inspect Vehicle No:  SJL 86 10 6	Insured: SHA 05 30L
of 10, AMK Ind. Prk 2A # 02-16	Tel: 6484 1933
Policy No: Cla	m No: D18 000 757 MFSH
Sum Incurad:	Pacess:
Make of Veh: (Client's Record)	D.O.A. 24/01/2018
CA / REV / REP. / REV 24 HRS WP)	H.O.D. Endorsement:
Date/Time: 8:4Sam@ 26 1 18 Person Contacted: M	rs.Org. Vehicie IN OUT
Date/Time Action/Instruction ( ) Estimate Pen	ding Video from Both Drivers
3HA053UL-CS/FCI17 0C1847/	11002 DOA: 04/03/2017
Part by Part \$ 2722.40	(Red: 4348.72:6196)

<u> </u>	
From Date:	FOR SILBHOG. 1997 MARL 2017
Estimated Ocati	Type: M.Car   M.Cycle : Bus : Nen (Lorry / Taxi / Prime Mover /
CD / TP / WS / TP RES / CD RES / EVA / INV / MV	Truck (Traffer or
Fo inspect vehicle No.	Ware Alonda VEZEL 200 1496
at Workshop mis	Octour ADEEN . 40 Insured / Std / NI / NA
of	Sc.Reading 1982 T Padic thaured / Std / NI / NA
insured	Eng Mo.
Policy No.	Cho 2021237787
Claims No.	Gen Gond, Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: Inorder / Jammed / Leaked / Burnt or
Client's Record	Brake: norder / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil /SRRm / STD A/Rim or
A TANK	Tyre Size: F: 215/60/1846
(Policy Condition)	R: <b>Z</b>
Remark: The veh had commenced its NIS OS	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO / YOKO or
Bal. cr Market Value.	Front Rear
IDAC Accident Room: Consistent?: Yes or No	R.Bal. R.Bai. mm
GIA 1 PR. Seen: Consistent? : Yes or No	L.Bai. ————————————————————————————————————
Est Repairs. days Res.: Yes or No	DOA 24/6/2018
Lum Sum: % 3 Val.: Yes or No	Survey held at
	Des. of Damages : Frt. / Rear. / O/S / N/S / U/C / Rooftop or
CA / REV / REP. / 24 HRS  Vahicle: IN / OUT	Frogs 200
Date. Person Contacted:	The U/C / Chassis frame / Body Structure affected due to politiser
Date Time Action Instruction	
	and the second s
	Days Of Repair:
SII (YPIST Final Report	Resurvey No. of Trip: Suney Fee. 150
Lata in a retainment of the control	7 renscorrey th
Add ree	70 man 4 m 3 mmm 20
TP	
Regard Former (1)	CONTRACTOR
ratio sain (E) =	71

## First Capital Insurance Limited

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

A FAIRFAX Company

MOTOR SURVEY ASSIGNMENT

Date

24-01-2018

Our Ref No. D18000757MFSH

**Accident Date** 

24-01-2018

Claim Type. Third Party

Insured Vehicle

SHA0530L

Third Party Vehicle. SLL8610G

**Survey Location** 

10 ANG MO KIO IND PARK 2A #02-16 AMK AUTO POINT

Contact Person.

NA

Contact No.

64841933/0

Fax No. 64841922

Survey Type

WITHOUT PREJUDICE: PENDING VIDEO FROM BOTH DRIVERS TO

DETERMINE LIABILITY.

**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

C.S. ONG AUTO PTE LTD

Attention, NIL

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

LURENE

#### **IMPORTANT NOTE**

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

This is a computer generated letter, no signature required.

Job Sheet (/0	ClaimWS/Surveyor/JobSheet/	234260) 🚣 PF	Ri Documents 😃 Close 🗶	_	
			PRI Header Details		
Claim No	D18000757MFSH	Policy No	D-18088937MFSH	Claimant S.No & Name	1 & C. S. ON
Workshop Name	C.S. ONG AUTO PTE LTD (Contact Person : NA)	Survey Location & Contact Details	10 ANG MO KIO IND PARK Mobile: 0 , Phone: 64841 EmailId: CSONGAUTO@YA	933 , <b>Fax:</b> 64	841922
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor			
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHA0530L	TP Vehicle No	SLL8610G
PRI Recieved Date	24-01-2018 08:23:21 PM	Surveyor Appointed Date	25-01-2018 02:21:59 PM	Surveyor Accept Date	26-01-2018
			Survey Report Upload		·
Surveyor Inspection Date *:		Surveyor Report Date	26-01-2018	Upload Survey Report *:	Choose File
			Vehicle Particulars		
Make	Please Select Make ▼	Model	Please Select Model ▼	Year	Select Year
Chasis No		Engine No		Mileage	
Color		Cubic Capacity			
Multiple Do	ocuments Upload				
		Upload Multiple	Documents		
File Nam	e			Action	
Surveyor J	ob Remarks				
Remarks				Save	



## **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

	- Section of the sect	Affiliated to Federation Internati	onale Des Experts En Automob	lle 💮 💮
FIR:	ST CAPITAL INSU	JRANCE LTD	Ref : CS/FCI18001592/	M1td3
	ROBINSON ROAD -01 CITY HOUSES	BINGAPORE 068877	Date: 26-01-2018  Code: FCI2	
		Policy Particulars	:- THIRD PARTY CLAIM	
	Insured Veh.	SHA 530L	Veh. Inspected	SLL 8610G
	Policy No.		Coverage (\$)	0.00
	Claim No.	D18000757MFSH	Excess (\$)	0.00
	Assign From	CWS (LURENE JAW)	Assign Date	26/01/2018
		Vehicle Parti	culars & Condition	Maria Sangara Sangara Sangara Sangara Sangar
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	-	Steering	1
	Brakes		Modification	··· · · · · · · · · · · · · · · · · ·
	General			
		Condit	ions 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
<u>.</u>		Descripti	on of Damages	
yko		Genera	I Information	
	Accident Date	24/01/2018	Inspection Date	26/01/2018
	Survey held at	C. S. ONG AUTO PTE LTD	<u>,                                     </u>	
		BLOCK 10 ANG MO KIO IND PA AMK AUTOPOINT SINGAPORE 568047	C2A #04-01/#03-11	
	<u> </u>			
а.		-,⊴- Ri	emarks y	

### Denise Tay (LKKAuto)

From:

Denise Tay (LKKAuto)

Sent:

Tuesday, 30 January 2018 4:57 PM

To:

Admin-D (LKKAuto); 'Claim Workflow System'; assignments

Cc:

LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR

Subject:

RE: SURVEY ASSESSMENT - D18000757MFSH/1

**Attachments:** 

PRELI ADVISED SLL 8610G.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SLL 8610G

Best Regards,

Denise Tay | Case Handler

**LKK Auto Consultants Pte Ltd** 

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Friday, 26 January 2018 8:48 AM

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

Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D18000757MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

#### LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: <u>assignments@lkkauto.com</u> | 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: Thursday, 25 January 2018 2:22 PM To: ASSIGNMENTS@LKKAUTO.COM

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

Subject: PRI: SURVEY ASSESSMENT - D18000757MFSH/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



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

Your Ref: <u>D18000757MFSH</u>

Date: 30/1/2018

Our Ref: CS/FCI18001592/M1td3

The Motor Claims Department First Capital Insurance Ltd

Dear Sir/Madam,

# INITIAL INSPECTION REPORT OF VEHICLE NO. <u>SLL 8610G</u>.

Please be informed that we had conducted the inspection of the abovementioned vehicle on 26/1/2018 at the premises of M/s <u>C.s.Ong.</u> and have the following to report: -

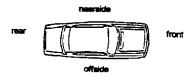
Workshop Estimate Amount	: <u>S\$</u>	<u>7,071.12</u>
Revised Estimate Amount	: <u>S\$</u>	2,722.40
"Check" Items Amount	: <u>S\$</u>	<u></u>
Market Value	: <u>S\$</u> _	_ <u>•</u>
LTA Reimbursement Value	: <u>S\$    </u>	<del>.</del> <del>.</del>
Nett Value	: <u>S\$</u>	

Description of Damage:
<u>The vehicle sustained damages</u>
at the o/s body.

Comments/ Present Status:

Damages Consistent.

Yours faithfully Ma CF Automotive Assessor



MAAP18011895 / AMK Autopoint Pte Ltd - HQ ENTRY DATE & TIME: 24/01/2018 13:05 SUBMITTED BY: CHUA SEK HOW

#### 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 ladgement 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	24/01/2018 13:05	
Date Of Accident	24/01/2018 08:40	
Exact Location Of Accident	ALONG FERNVALE ROAD	
Country/State of Loss	SINGAPORE	
	DETAILS OF OWN VEHICLE	

	DETAILS OF OVER VEHICLE
<del></del>	

Vehicle Registration Number SLL8610G

Insured/Policyholder

TAY MING YONG Name Of Registered Owner NRIC No S8320291B

**Email Address** ARGENTATE83@GMAIL.COM

Mobile Phone No (LOCAL) +65-91776706 Alternative Phone No OTHERS-92996095

Vehicle Particulars

Manufacturer **HONDA** Model VEZEL

Exact Purpose for which vehicle was being used at

time of accident

PERSONAL 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** 

NTUC INCOME INSURANCE CO-OPERATIVE LTD Name of Insurance Company

COMPREHENSIVE Type Of Coverage

Fleet Policy NO

Policy Number 5088372762

Cover Note Number

Driver

Name of Driver TAY MING YONG NRIC No S8320291B Date Of Birth 26/06/1983 Occupation **INDOOR Date Of Driving Pass** 04/06/2007

10 YEARS AND 7 MONTHS **Driving Experience** 

Gender MALE

Mobile Number (LOCAL) +65-91776706

Fax Number

OTHERS-92996095 Contact Number

**EMail Address** ARGENTATE83@GMAIL.COM

#### Sketch Plan

SKETCH PLAN

VEHICLE NO .: SLL 8610G

INSURER : DATE & TIME:

24 01 18.

#### **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 Authorized Driver.
- information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>resolitate policy liability</u>.
- 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.
- 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 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' fawvers/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:
  - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing traud, regulators, law enforcement and government agencies at reasonably required for the purposes stated, or

(ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature Date & Time: Oriver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personner's Signature
Name: STEW HOUN

NRIC/F#H No.:

# C. S. ONG AUTO PTE. LTD:

Business.Reg.No.: 201408916W GST Reg.No.: 201408916W

10, Ang Mo Kio Ind. Park 2A, #02-16 AMK Autopoint, Singapore (568047).

Tel: 6484 1933 Fax: 6484 1922 E-Mail: csongauto@yahoo.com.sg

To: Motor Claims Department, FIRST CAPITAL INS LTD Date: 24-01-2018

Accident Involving Vehicles SLL8610G & SHA530L [Your Insured] on 24/01/2018 @ 0840 Hrs Along Fernvale Rd

Estimated Repair Costs For SLL	.8610G [Honda Vezel]	I	
1Pc Front Bumper	al -	<u>\$</u>	727.50 ~
1Set Front Bumper Clips	<u>u</u> -	_ <b>4</b> -	45.00
1Pc Front Bumper Lower Garnish	7- 1	-φ ¢	374.90
1Pc Front Grille	\(\frac{1}{x}\)	.Ψ ./¢	263.70
1Pc Front RH Fender	at 1	(Ψ <b>t</b>	1,100.00
1Pc Front RH Fender Shield		√ <b>¢</b> .	192.10
1Set Front RH Fender Shield Clips	2VC >		35.00
1Pc Front RH Wheelarch govern	215-		224.70
1Pc Front RH Fog Lamp	ave x		310.80
1Pc Front RH Fog Lamp Cover	and -	( ₽ -~dr	55.80
1Pc Front RH Headlamp	ave	ጉጋ . ታ	1,759.40
Tre Front Kri Headianip	,	•	•
	Parts Sum:	\$	5,088.90
	Parts Less 20%:	\$	1,017.78
LKK Auto Consult is the in fy the Repairer of the in fy	Parts Total:	\$	4,071.12
the Repairer of lic :	1		
Laudul of Miscretines in the contraction of the con			
I world Date had:			•
	R	\$	<b>150.00</b>
* To supply 1 Pc RH-bumper side garrish  No ille: http://www.com/spicestoresurvey-dand  * To supply 1 Pc RH-bumper lower garrish  Is subject to lina approve them insure the Company  * To supply 1 PcARbby Fepder-side garrish	_		
* To supply 1 Pc Ripbumper lower garnish	1 P-	\$	× 150.00
as subject to fina approval from Insura the Company			
TO Supply In C With Supply Pality Supply	1	\$	<b>√</b> 150.00
Signature:	1		
* To remove and replace all damaged parts.	500	٠\$	<del>- 1,200.0</del> 0
* To putty and re-spray new paintwork on all affects	ed areas. 500.	\$	1 <del>,200.0</del> 0
* To conduct a check on all wiring systems.		\$	150.00
Labour	& MISC Charges Total:	\$	3,000.00
Not Durhor PIP Rom Parts T	_		
PIP Rosw Parts T	otal:	\$	4,071.12
	& MISC Charges Total:	\$	3,000.00
Grand	_	\$	7,071.12
HE AWWIND	_	•	,
4 widays x	My Dogard RJA		
	\$ 2752.40		
Sel1/5018 ~ Mey /	m -+2-1-40		
1/2/8	11.12		



## **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

	11.0 m. A.	Affiliated to Federation Internation	nale Des Experts En Automol	olle
FIRS	ST CAPITAL INSU	RANCE LTD	Ref : CS/FCI18001592	/M1td3e2
	OBINSON ROAD 01 CITY HOUSES	INGAPORE 068877	Date: 08-02-2018 Code: FCI2	
1.		Policy Particulars	:- THIRD PARTY CLAIM	
	Insured Veh.	SHA 530L	Veh. Inspected	SLL 8610G
	Policy No.	D-18088937MFSH	Coverage (\$)	0.00
	Claim No.	D18000757MFSH	Excess (\$)	0.00
	Assign From	LURENE JAW	Assign Date	26/01/2018
2.		Vehicle Parti	culars: & Condition	
	Make & Model	HONDA VEZEL	c.c	1496
	Engine No.	HIDDEN	Year of Reg.	2017
	Chassis No.	RU31237787	Colour	GREEN
	Odometer	10831	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.∷		Conditi	ons of Tyres	
		Size	Make	Balance
	R/H Front Tyre	215/60 R16	DUNLOP	8 mm
	L/H Front Tyre	215/60 R16	DUNLOP	8 mm
	R/H Rear Tyre	215/60 R16	DUNLOP	8 mm
	L/H Rear Tyre	215/60 R16	DUNLOP	8 mm
4.		Descripti	on of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE O/S	S FRONT PORTION.	
	DAMAGES SEE D	ETAILS.		
5.		Genera	I Information	
	Accident Date	24/01/2018	Inspection Date	26/01/2018
	Survey held at	10, AMK IND PRK 2A #02-16		
	Repairer	C. S. ONG AUTO PTE LTD		
5a.		A AMERICAN PROPERTY AND	emarks	
	B)THE INSPECTION	ISISTENT TO ACCIDENT REPOR ON WAS CONDUCTED ON A"WIT CE TO YOUR INSTRUCTIONS, W	THOUT PREJUDICE" BASIS	D REPAIRS.
5b.		Estimate	Days of Repair,	
	ESTIMATED NOR	MAL 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 2

#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLL 8610G

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted ≟ (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	DEFORMED	727.50	727.50
1	SET FRONT BUMPER CLIPS	NECESSARY	45.00	45.00
1	FRONT BUMPER LOWER GARNISH	TO REPAIR SEE LABOUR	374.90	
1	FRONT GRILLE	SERVIÇEABLE	263.70	-
1	FRONT RH FENDER	DENTED	1,100.00	1,100.00
1	FRONT RH FENDER SHIELD	SERVICEABLE	192.10	-
1	SET FRONT RH FENDER SHIELD CLIPS	NOT NECESSARY	35.00	-
1	FRONT RH WHEELARCH GARNISH	DISTORTED	224.70	224.70
1	FRONT RH FOG LAMP	SERVICEABLE	310.80	-
1	FRONT RH FOG LAMP COVER	сит	55.80	55.80
1	FRONT RH HEADLAMP	SERVICEABLE	1,759.40	-
	LESS 20% DISCOUNT		-1,017.78	-430.60
			4,071.12	1,722.40
	SPECIAL NETT ITEMS			
1	RH BUMPER SIDE GARNISH (SN)	TO REPAIR SEE LABOUR	150.00	-
1	RH BUMPER LOWER GARNISH (SN)	TO REPAIR SEE LABOUR	150.00	-
1	RH FENDER SIDE GARNISH (SN)	TO REPAIR SEE LABOUR	150.00	-
			450.00	-
	LABOUR			
	TO REMOVE AND REPLACE ALL DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER LOWER GARNISH, RH BUMPER SIDE GARNISH, RH BUMPER LOWER GARNISH AND RH FENDER SIDE GARNISH.		1,200.00	500.00
	TO PUTTY AND RE-SPRAY NEW PAINTWORK ON ALL AFFECTED AREAS.		1,200.00	500.00
	TO CONDUCT A CHECK ON ALL WIRING SYSTEMS.	NOT NECESSARY	150.00	
			2,550.00	1,000.00
	GRAND TOTAL	·	7,071.12	2,722.40

Report Ref No. CS/FCI18001592/M1td3e2



Page No.:2 of 2

RECOMMENDED COST OF REPAIRS 2,722:40

Report Ref No. CS/FCI18001592/M1td3e2

MA CHIN FOOK

**Automotive Assessor** 

KS.

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.