

22/03/2002

ASS. REC. BY:

REF: CS/AGI/18002588/ M1d3

Special Instruction:

Surveyor:

MA

ASSIGNMENT (Office)

Date/Time 8/2/18 @ 8.50am

From (Person):

Julie Mengubat

of

AGI

Bill to:

Estimated Cost:

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

To Inspect Vehicle No:

SLA3604R

Insured:

SKX 68855

at Workshop m/s

NGS Trading

Tel:

64815727

of

Blk 10, Amk Ind. Prk 2A #02-01

Claim No:

C10001344

Policy No:

Excess:

Sum Insured:

Make of Veh:  
(Client's Record)

D.O.A. 6/2/18

9/2/18 @ 2pm owner waiting

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

wp

Date/Time 9.12am @ 8/2/18

Person Contacted:

Evelyn

Vehicle-IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLA3604R - X

SKX68855 - X

Confirm with Evelyn LIS \$900, 3 days

Red: \$1063.25, 541.

## ASSIGNMENT

SLA3604R.

FEB 2016

From \_\_\_\_\_ Date \_\_\_\_\_  
 Estimated Cost \_\_\_\_\_

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

To inspect Vehicle No \_\_\_\_\_

at Workshop No \_\_\_\_\_

of \_\_\_\_\_

Insured \_\_\_\_\_

Policy No \_\_\_\_\_

Claims No \_\_\_\_\_

Sum Insured \_\_\_\_\_ Excess \_\_\_\_\_

(Client's Record)

Make of Veh \_\_\_\_\_

(Policy Condition)

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



Bel. or Market Value \_\_\_\_\_

IDAC Accident Report: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR. Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: \_\_\_\_\_ days Res.: Yes or No

Lump Sum: \_\_\_\_\_ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

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

Vehicle: IN / OUT

Date / Time \_\_\_\_\_ Action / Instruction \_\_\_\_\_

Veh No: \_\_\_\_\_  
 Type: ☒ M Car / ☐ M Cycle / ☐ Bus / ☐ Van / ☐ Lorry / ☐ Taxi / ☐ Prime Mover /

Truck / Trailer or

Make

TOYOTA Auris

1598

Colour

Silver

A/D Insured / Std / NI / NA

Sp. Reading

41791

T. Radio Insured / Std / NI / NA

Eng No

C No

WRO53REH104540264

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

Steering: ☒ In Order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Brake: ☒ In Order / ☐ Jammed / ☐ Leaked / ☐ Burnt or

Modi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim or

Tyre Size

F:

205/55/R16

R:

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

TOYO / YOKO or

Yoko

Front

R. Bal.

8

mm

Rear

R. Bal.

8

mm

L. Bal.

8

mm

L. Bal.

8

mm

D.O.A.

06/02/2018

D.O.I.

9/2/2018

Survey held at: \_\_\_\_\_

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 File Pass to:

typist



: Prel. Report



: Final Report

Date/Time File Return to:

Days Of Repair: 3

Resurvey No. of Trip: -

Survey Fee

Transaction

1.3495.00

Profit

0.00

Add Fee:



Site Insp: \$



Interv. \$



Tech. Insp: \$



Free-Enc: \$

Report Format:

TP

Lump Sum / 1.3495.00

900

250



# 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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18002588/M1rd3

(BUDGET DIRECT INSURANCE)  
190 CLEMENCEAU AVENUE #03-01  
SINGAPORE SHOPPING CENTRESINGAPORE  
239924

Date : 08-02-2018



Code : AGI

## Policy Particulars :- THIRD PARTY CLAIM

1.

|              |                |                |            |
|--------------|----------------|----------------|------------|
| Insured Veh. | SKX 6885R      | Veh. Inspected | SLA 3604R  |
| Policy No.   |                | Coverage (\$)  | 0.00       |
| Claim No.    | C10001344      | Excess (\$)    | 0.00       |
| Assign From  | JULIE MANGUBAT | Assign Date    | 08/02/2018 |

## Vehicle Particulars & Condition

2.

|              |        |              |
|--------------|--------|--------------|
| Make & Model | c.c    | 0            |
| Engine No.   | HIDDEN | Year of Reg. |
| Chassis No.  |        | Colour       |
| Odometer     |        | Steering     |
| Brakes       |        | Modification |
| General      |        |              |

## Conditions of Tyres

3.

|                | Size | Make | Balance |
|----------------|------|------|---------|
| R/H Front Tyre |      |      | mm      |
| L/H Front Tyre |      |      | mm      |
| R/H Rear Tyre  |      |      | mm      |
| L/H Rear Tyre  |      |      | mm      |

## Description of Damages

4.

## General Information

5.

|                |                                                             |                 |
|----------------|-------------------------------------------------------------|-----------------|
| Accident Date  | 06/02/2018                                                  | Inspection Date |
| Survey held at | NGS TRADING<br>BLK 10 AMK IND PK 2A #02-01 SINGAPORE 568047 |                 |

## Remarks

5a.

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

## Nivitha (LKK Auto)

**From:** Julie Mangubat <julie.m@budgetdirect.com.sg>  
**Sent:** Thursday, 8 February 2018 8:50 AM  
**To:** sur@lkkauto.com; assignments@lkkauto.com  
**Subject:** FW: Notification of Accident Our Insured Veh SLA3604R | Our ref: C10001344  
**Attachments:** SLA3604R\_06022018.pdf; SKX6885S LTA Search ack.pdf

Dear Team

Please accept TP survey on a without prejudice basis.

Thank you,  
-Julie

**From:** Evelyn Ng [mailto:evelynnngstrading@gmail.com]  
**Sent:** Wednesday, 7 February, 2018 6:03 PM  
**To:** Claims <claims@budgetdirect.com.sg>  
**Subject:** Notification of Accident Our Insured Veh SLA3604R

Dear Sir/Madam,

RE ACCIDENT ON 06/02/2018 @14:40 HRS  
INVOLVING SLA3604R & SKX6885S  
CLAIMS AGAINST VEH SKX6885S (Auto General Ins (s) Pte Ltd)  
**FOR DIRECT THIRD PARTY CLAIMS**

Kindly be informed that an accident involving my/our vehicle no. **SLA3604R** and vehicle(s) no. **SKX6885S** had taken place at/along **West Coast Road** on date **06/02/2018** at time : **14:40 hours**.

Please let us/me know within 2 working days from the date of this notice if you wish to carry out or waive a pre-repair inspection.

If I/we did not hear from you within 2 working days, I/we shall proceed to repair the vehicle without further notice and I/we shall claim for the additional loss of use arising from the giving of this notification to you.

Kindly let us have your claims reference, officer in charge of this case and please let us have your clients advice on quantum and liability.

You may engage LKK to inspect out insure vehicle on 09/02/2018(Friday).

Warmest Regards,

--  
**NGS TRADING**

Evelyn Ng HP96955547  
Blk 10 Ang Mo Kio Ind Park 2a  
#02-01 AMK AutoPoint  
Singapore 568047  
Tel: 64815727 Fax: 64815772

## 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 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             | 07/02/2018 17:06 |
| Date Of Accident           | 06/02/2018 14:40 |
| Exact Location Of Accident | WEST COAST ROAD  |
| Country/State of Loss      | SINGAPORE        |

### DETAILS OF OWN VEHICLE

|                             |                         |
|-----------------------------|-------------------------|
| Vehicle Registration Number | SLA3604R                |
| <b>Insured/Policyholder</b> |                         |
| Name Of Registered Owner    | ANG CHONG WEI ROY       |
| NRIC No                     | S7343462I               |
| Email Address               | LEOWYEEEMUN@HOTMAIL.COM |
| Mobile Phone No             | (LOCAL) +65-96614465    |
| Alternative Phone No        | OTHERS-96614465         |

### Vehicle Particulars

|                                                                              |                       |
|------------------------------------------------------------------------------|-----------------------|
| Manufacturer                                                                 | TOYOTA                |
| Model                                                                        | COROLLA ALTIS-1.6 (A) |
| Exact Purpose for which vehicle was being used at time of accident           | PRIVATE USE           |
| Are you claiming under your own insurance policy for repair to your vehicle? | NO                    |
| If No, Please state action to be taken                                       | THIRD PARTY           |
| Vehicle Category                                                             | PRIVATE CAR           |

### Insurance Company

|                           |                                      |
|---------------------------|--------------------------------------|
| Name of Insurance Company | MSIG INSURANCE (SINGAPORE) PTE. LTD. |
| Type Of Coverage          | COMPREHENSIVE                        |
| Fleet Policy              | NO                                   |
| Policy Number             | 71504300 QMY                         |
| Cover Note Number         |                                      |

### Driver

|                      |                           |
|----------------------|---------------------------|
| Name of Driver       | LEOW YEE MUN (LIAO YIMAN) |
| NRIC No              | S7334240F                 |
| Date Of Birth        | 15/09/1973                |
| Occupation           | INDOOR                    |
| Date Of Driving Pass | 08/02/2000                |
| Driving Experience   | 17 YEARS AND 11 MONTHS    |
| Gender               | FEMALE                    |
| Mobile Number        | (LOCAL) +65-96614465      |
| Fax Number           |                           |
| Contact Number       | OTHERS-96614465           |
| Email Address        | LEOWYEEEMUN@HOTMAIL.COM   |

|                                                     |                                                 |
|-----------------------------------------------------|-------------------------------------------------|
| Address                                             | BLK 64 TELOK BLANGAH DRIVE #09-172<br>SINGAPORE |
| Postcode                                            | 100064                                          |
| Was driver an employee of the Insured's Company     | NO                                              |
| If No, Relationship of the Driver with the Insured  | SPOUSE                                          |
| 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                                                 | 2                                            |
| 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)                                                     | 2                                            |
| Passenger 1                                                                                 | NAME: : DAVID ANG XU CHENG<br>GENDER: : MALE |

#### 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 ATTACHED

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

|                                     |                       |
|-------------------------------------|-----------------------|
| Vehicle Registration Number         | SKX6885S              |
| Vehicle Make/Model/Colour           |                       |
| Details Of Properties               |                       |
| Vehicle Category                    | PRIVATE CAR           |
| Name of Driver                      | CHUA LIANG KWANG PAUL |
| NRIC/Passport Number                | S1707545D             |
| Contact Number                      | 98177194              |
| Address                             |                       |
| Postcode                            |                       |
| Insurance Company Name              |                       |
| Nature Of Damage                    |                       |
| No. Of Passenger (Including Driver) |                       |

SKETCH PLANIMPORTANT 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: 7/2/2018

10:43am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 7/2/2018

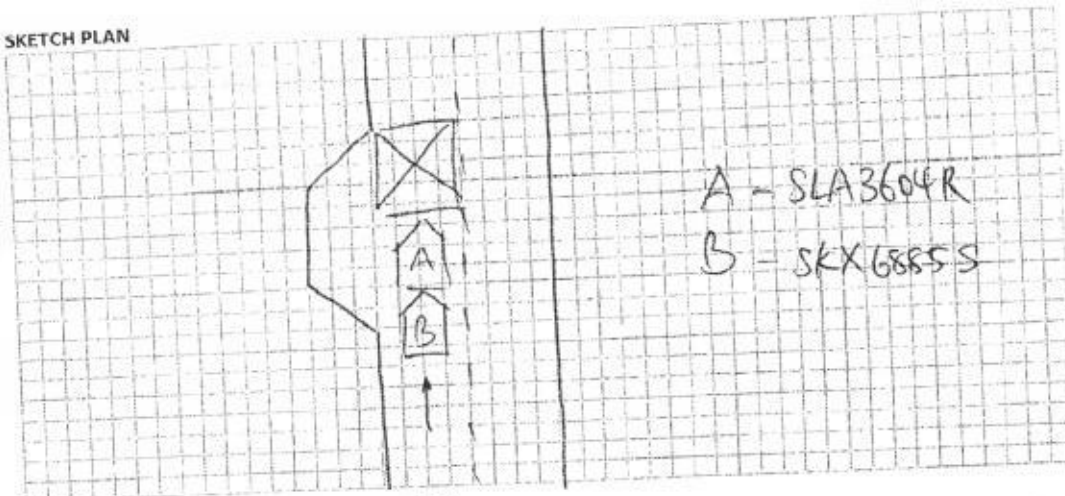
10:43am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Along the bus stop outside West Coast Plaza, my car was stationary as it was red at the traffic lights. Car behind me bumped into me as light was turning green.

DECLARATION

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

Policyholder's Signature

Date & Time: 7/2/2018 10:43 am

Driver's Signature

(If driver is not the policyholder)

Date & Time: 7/2/2018 10:43 am

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

GRABMP SketchPlanForm\_03

# NGS TRADING

Blk 10 Ang Mo Kio Ind. Pk 2a #02-01 AMK AutoPoint Singapore 568047  
Tel: 64815727 Fax: 64815772 Email: evelynngstrading@gmail.com  
Reg No.: 51106300L

## QUOTATION

No. : QT-09293

AUTO & GENERAL INSURANCE (S) PTE LTD  
MOTOR CLAIMS DEPT  
190 CLEMENCEAU AVENUE  
#03-01 SINGAPORE SHOPPING CENTRE  
SINGAPORE 239924

Your Ref. :  
Our Ref : QT-09293/SLA3604  
C. C. :  
Date : 07-02-2018  
Page : 1 of 1

TEL : 6221 2111

FAX : 6725 0611

| Description                                                                                              | Qty | U/ Price<br>S\$   | Amount<br>S\$ |
|----------------------------------------------------------------------------------------------------------|-----|-------------------|---------------|
| ACCIDENT ON 06/02/2018 ALONG WEST COAST<br>INVOLVING SLA3604R & SKX6885S<br>CLAIMS AGAINST SKX6885S      |     |                   |               |
| REPLACEMENT PARTS:-                                                                                      |     |                   |               |
| REAR BUMPER                                                                                              | 1   | 577.50 <i>det</i> | 577.50        |
| REAR BUMPER REINFORCEMENT                                                                                | 1   | 413.50 <i>X</i>   | 413.50        |
| SubTotal                                                                                                 |     |                   | 991.00        |
| LESS 25%                                                                                                 | 1   | -247.75           | -247.75       |
| REVERSE SENSOR S.NETT                                                                                    | 1   | 280.00 <i>220</i> | 280.00        |
| TO REMOVE ALL DAMAGED PARTS WITH ALL NECESSARY<br>COMPONENT/ATTACHMENT, REPAIR/RESHAPE DENTED BODY PANEL | 1   | 500.00 <i>200</i> | 500.00        |
| SPRAY PAINTING                                                                                           | 1   | 400.00 <i>200</i> | 400.00        |
| TO CHECK ALL WIRE HARNESS, ALL RELATED CONNECTORS. CHECK<br>PROPER FUNCTION.                             | 1   | 40.00             | 40.00         |

*Not Authorized  
4/3 Repair  
Ats Point Point  
Lok Hwa MA  
9/2/2018*

*12/2/18*

Any other parts which necessitate repair or renewal will incur additional charged.  
Please contact our Ms Evelyn @ HP 96955547 to arrange for survey. Thank you.

*3 working days*

Total **1,963.25**

Yours faithfully,



Administrator

*\$900/2  
Conk*



# 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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI18002588/M1rd3n2

(BUDGET DIRECT INSURANCE)

190 CLEMENCEAU AVENUE #03-01

SINGAPORE SHOPPING CENTRESINGAPORE

239924

Date : 13-06-2018



Code : AGI

## 1. Policy Particulars :- THIRD PARTY CLAIM

|              |                |                |            |
|--------------|----------------|----------------|------------|
| Insured Veh. | SKX 6885S      | Veh. Inspected | SLA 3604R  |
| Policy No.   |                | Coverage (\$)  | 0.00       |
| Claim No.    | C10001344      | Excess (\$)    | 0.00       |
| Assign From  | JULIE MANGUBAT | Assign Date    | 08/02/2018 |

## 2. Vehicle Particulars & Condition

|              |                   |              |            |
|--------------|-------------------|--------------|------------|
| Make & Model | TOYOTA ALTIS      | c.c          | 1598       |
| Engine No.   | HIDDEN            | Year of Reg. | 2016       |
| Chassis No.  | MR053REH104540264 | Colour       | SILVER     |
| Odometer     | 41791             | Steering     | IN ORDER   |
| Brakes       | IN ORDER          | Modification | SPORTS RIM |
| General      | GOOD              |              |            |

## 3. Conditions of Tyres

|                | Size       | Make     | Balance |
|----------------|------------|----------|---------|
| R/H Front Tyre | 205/55 R16 | YOKOHAMA | 8 mm    |
| L/H Front Tyre | 205/55 R16 | YOKOHAMA | 8 mm    |
| R/H Rear Tyre  | 205/55 R16 | YOKOHAMA | 8 mm    |
| L/H Rear Tyre  | 205/55 R16 | YOKOHAMA | 8 mm    |

## 4. Description of Damages

|                                                    |
|----------------------------------------------------|
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. |
| DAMAGES SEE DETAILS.                               |

## 5. General Information

|                |                                                             |                 |            |
|----------------|-------------------------------------------------------------|-----------------|------------|
| Accident Date  | 06/02/2018                                                  | Inspection Date | 09/02/2018 |
| Survey held at | NGS TRADING<br>BLK 10 AMK IND PK 2A #02-01 SINGAPORE 568047 |                 |            |

## 5a. Remarks

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

## 5b. Estimate Days of Repair

|                                     |                |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 3 Working Days |
|-------------------------------------|----------------|



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.: 1 of 1

## ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLA 3604R

| Qty | Description of Parts                                                                                   | Condition   | Estimate By Workshop (\$) | Our Adjusted (\$) |
|-----|--------------------------------------------------------------------------------------------------------|-------------|---------------------------|-------------------|
|     | <b><u>REPLACEMENT OF PARTS</u></b>                                                                     |             |                           |                   |
| 1   | REAR BUMPER                                                                                            | DEFORMED    | 577.50                    | 577.50            |
| 1   | REAR BUMPER REINFORCEMENT                                                                              | SERVICEABLE | 413.50                    | -                 |
|     | LESS 25% DISCOUNT                                                                                      |             | -247.75                   | -144.37           |
|     |                                                                                                        |             | 743.25                    | 433.13            |
|     | <b><u>SPECIAL NETT ITEMS</u></b>                                                                       |             |                           |                   |
| 1   | REVERSE SENSOR (SN)                                                                                    | SHORTED     | 280.00                    | 220.00            |
|     |                                                                                                        |             | 280.00                    | 220.00            |
|     | <b><u>LABOUR</u></b>                                                                                   |             |                           |                   |
|     | TO REMOVE ALL DAMAGED PARTS WITH ALL NECESSARY COMPONENT/ATTACHMENT, REPAIR/RESHAPE DENTED BODY PANEL. |             | 500.00                    | 200.00            |
|     | SPRAY PAINTING.                                                                                        |             | 400.00                    | 200.00            |
|     | TO CHECK ALL WIRE HARNESS, ALL RELATED CONNECTORS, CHECK PROPER FUNCTION.                              |             | 40.00                     | 40.00             |
|     |                                                                                                        |             | 940.00                    | 440.00            |
|     | <b>GRAND TOTAL</b>                                                                                     |             | <b>1,963.25</b>           | <b>1,093.13</b>   |
|     | <b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>                            |             |                           | <b>900.00</b>     |

Report Ref No. CS/AG18002588/M1rd3n2

MA CHIN FOOK

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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