

ASS. REC. BY:

REF: CS/SM018003524/Dcd3ⁿ²

Special Instruction:

Surveyor: Bryon

ASSIGNMENT (Office)

From (Person): Crull Teo

of SMO

Date/Time: 20/2/18 @ 4:28pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SKD 1607S

Insured: GBH 813E

at Workshop n/s Teamwork Garage

Tel: 68442475

of 53 ubi Ave 1 # 01-24

Policy No: _____ Claim No: CM7D1800777 / GPL

Sum Insured: _____ Excess: _____

Make of Veh: _____ D.O.A. 15/02/2018

(Client's Record)

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

H.O.D. Endorsement:

Date/Time: 5:11pm @ 23/2/18 Person Contacted: Damen

Vehicle IN / OUT

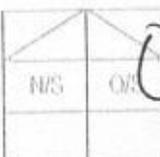
Date/Time	Action/Instruction (✓) Estimate	
	SKD 1607S - NA / INCI8003172/24	D.O.A: 15/2/18
	GBH 813E - NA / INCI8003172/24	D.O.A: 15/2/18

REF:

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 to Insured Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: _____

Veh No: **SKD 16078** Yr Reg: **Nov 2011**
 Type: M / Car / M. Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: **BMW 320** cc: **1995**
 Colour: **White** A/C: Insured / Std / Nil / NA
 Sp. Reading: **102013** T/Radio: Insured / Std / Nil / NA
 Eng/No: **A0621885M46 B20BD**
 C/No: **WBAPG56000NM91801**
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: Ino / Jammed / Leaked / Burnt or _____
 Brake: Ino / Jammed / Leaked / Burnt or _____
 Mod: Nil / S/Rim / STD A/Rim or _____
 Tyre Size: F: **225/40 R18**
 R: **- - -**



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

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or **Yokohama**
 Front _____ Rear _____
 R/Bal: **5** mm R/Bal: **5** mm
 L/Bal: **5** mm L/Bal: **5** mm
 D.O.A: **15/02/2018** D.O.I: **12/03/2018**
 Survey hold at **Teamwork Page ubi**

Bal. or Market Value: _____
 IDAC Accident Report: _____ Consistent? Yes or No
 GIA / PR Seen: _____ Consistent? Yes or No
 Est. Repairs: **2** days Res.: Yes or No
 Lum Sum: **20** % 3 Val: Yes or No
 CA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT

Des. of Damages: Fnt / Rear / O/S / N/S / U/C / Rooftop or
o/s body
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time	Action / Instruction
	Sampo GBH 813E
04/12/18	Jinapri 1/5 8001 - with 2 days of rep (Red. 796.33, 49%)

Date/Time, File Pass to? : Prefl. Report
 : Final Report
 Date/Time, File Return to? _____
 Days Of Repair: **2**
 Resurvey No. of Trip: **1**
 Survey Fee: _____
 Transportation: _____
 Add Fee: Site Insp (\$) _____
 Interview (\$) _____
 Tech. Invs (\$) _____
 Weekend (\$) _____
 Report Format: **TP**
 Lump Sum / I.B.F: (\$) **8000**
 Survey Fee: _____
 Transportation: _____
 Others: _____
 TOTAL: **250**

Nivitha (LKK Auto)

From: Teo, Grace <grace.teo@sompo.com.sg>
Sent: Tuesday, 20 February 2018 4:28 PM
To: admin-d@lkkauto.com; assignments@lkkauto.com
Cc: TEAMWORK GARAGE CLAIMS; Gnoh, Pau Loong
Subject: CMTD1800777/GPL \ YR REF: 1802-23 - ACCIDENT INVLG GBH813E & SKD1607S ON 15.02.18

Our Reference : CMTD1800777/GPL

Dear LKK AUTO,

Please make arrangement to conduct the survey for SKD1607S.

Please be informed that Gnoh Pau Loong the handler of this case.

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



Innovation for Wellbeing

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A Century of Trust

Sompo Insurance Singapore Pte. Ltd.

50 Raffles Place, #05-01/06 Singapore Land Tower, Singapore 048623

Website: www.sompo.com.sg | **Facebook:** www.facebook.com/SompoSG

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From: TEAMWORK GARAGE CLAIMS [mailto:claims@teamworkgarage.com]

Sent: Tuesday, February 20, 2018 3:31 PM

To: Teo, Grace

Cc: Gnoh, Pau Loong; claims@teamworkgarage.com

Subject: RE: CMTD1800777/GPL \ YR REF: 1802-23 - ACCIDENT INVLG GBH813E & SKD1607S ON 15.02.18

Importance: High

Without Prejudice

Dear Sir/Mdm,

We have agreed and selected the surveyor / surveyor company proposed by you to conduct the pre-repair inspection as a single joint expert whereby the cost of the pre-repair survey carried out by single joint expert will be bear by you.

We have selected :

LKK AUTO CONSULTANTS

as the motor surveyor / surveyor company named in your attached list.

Kindly forward your assignment to them asap so that we can arrange for the survey with them.

***Do get the surveyor / surveyor office to check with us on the availability of the car at the workshop before sending their surveyor down for PRI survey. We'll not be held responsible for wasted trips made to the workshop.**

Darren Ng
Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park
Singapore 408934
Tel: 68442475
Fax: 68442474

From: Teo, Grace [<mailto:grace.teo@sompo.com.sg>]
Sent: Tuesday, February 20, 2018 10:56 AM
To: TEAMWORK GARAGE CLAIMS <claims@teamworkgarage.com>
Cc: Gnoh, Pau Loong <PauLoong.Gnoh@sompo.com.sg>
Subject: CMTD1800777/GPL \ YR REF: 1802-23 - ACCIDENT INVLG GBH813E & SKD1607S ON 15.02.18

Our Reference : CMTD1800777/GPL
Your Reference: 1802-23

Without Prejudice

Date: 20th February 2018

Attention:
M/S TEAMWORK GARAGE

Dear Darren,

ACCIDENT INVOLVING GBH813E & SKD1607S ON 15.02.18

We refer to your Notice of Accident dated 20/02/2018.

Please be informed that Gnoh Pau Loong the handler of this case.

We intend to conduct a pre-repair survey of the damage to your client's/your customer's vehicle jointly with your client/your motor workshop. We propose to use one of the motor surveyors named in the attached list to conduct the joint pre-repair survey as a single joint expert.

Pre-Repair Survey

	Motor Surveyor	Surveyor	Selection (Indicate as tick)

1	Raleigh Services	Andrew Ow Yong	
		Vincent Ng	
2	LKK Auto Consultants	Kenneth Kong (North area)	
		Marcus Chua (East area)	
		Mohd Rasul (West area)	
		Mohd Taufikh (West area)	
3	Priority Services	Jimmy Lee	
		Lawrence Ng	
		Jeffery Ong	
4	JP Knights Adjusters & Surveyors	Jason Lek	
5	In House surveyor	Teo See Ling	

Please let us know within **two (2) working days** whether you agree to the appointment of any of these motor surveyors as a single joint expert. You may select up to two of the listed motor surveyors. We will bear the cost of the pre-repair survey carried out by the single joint expert.

Best Regards

Grace Teo

Claims Division

D: 6329 5170 | T: 6461 6555 | F: 6221 3147



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From: TEAMWORK GARAGE CLAIMS [<mailto:claims@teamworkgarage.com>]

Sent: Tuesday, February 20, 2018 9:35 AM

To: Claims - Motor Survey

Cc: claims@teamworkgarage.com

Subject: OUR REF: 1802-23 YOUR REF: GBH813E PRE-REPAIR INSPECTION FOR SKD1607S

Importance: High

WITHOUT PREJUDICE

OUR REF: 1802-23

YOUR REF: GBH813E

Dear Sir/Madam,

PRE-REPAIR INSPECTION FOR SKD1607S

ACCIDENT INVOLVING SKD1607S AND GBH813E ON 19.02.18

We refer to the above matter and enclosed herewith our client's GIA report and Notification of Pre-repair inspection for your attention.

Please let us have your list of surveyors for us to select as stated in the Practice Direction – Amendment No. 1 of 2016; Pre-action Protocol within 2 working days as of the date of our notice to you.

Please take note: We will not entertain any of your surveyor calling us for the above inspection, without you giving us your list of surveyors for us to select by the Practice Direction of Pre-repair Inspection.

Thank you.

Darren Ng
Teamwork Garage Pte Ltd
53 Ubi Avenue 1
#01-24 Paya Ubi Industrial Park
Singapore 408934
Tel: 68442475
Fax: 68442474

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	19/02/2018 18:35
Date Of Accident	15/02/2018 17:10
Exact Location Of Accident	FARRER RD TWDS ADAM RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKD1607S
Insured/Policyholder	
Name Of Registered Owner	ENNY KUSUMO
NRIC No	S2698211A
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91769474
Alternative Phone No	OFFICE-91769474

Vehicle Particulars

Manufacturer	BMW
Model	320I AT ABS D/AB 2WD 4DR GAS/D SR
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097288746
Cover Note Number	

Driver

Name of Driver	CATHERINE KUSUMO MRS CATHERINE TAN
NRIC No	S9472472D
Date Of Birth	17/02/1994
Occupation	OUTDOOR
Date Of Driving Pass	26/08/2015
Driving Experience	2 YEARS AND 5 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-91712187
Fax Number	
Contact Number	OFFICE-91712187
Email Address	NOEMAIL

Address	BLK 59 ANG MO KIO AVENUE 8 #14-10
Postcode	567752
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 - CHANGE/CROSS LANE
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?	YES
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)	5
Passenger 1	NAME: : GLENN TAN XING RONG GENDER: : MALE
Passenger 2	NAME: : CASH TAN GENDER: : MALE
Passenger 3	NAME: : ENNY KUSUMO GENDER: : FEMALE
Passenger 4	NAME: : SULANTY LOEKMAN GENDER: : FEMALE

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 STATEMENT.

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	GBH813E
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE

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 CATHERINE KUSUMO MRS CATHERINE TAN
Approximate Age
Injuries Sustain NECK & BACK
Injured person in which vehicle? SKD1607S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 2

Name GLENN TAN XING RONG
Approximate Age
Injuries Sustain BACK & NECK
Injured person in which vehicle? SKD1607S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name CASH TAN
Approximate Age
Injuries Sustain NECK
Injured person in which vehicle? SKD1607S
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Accident Sketch Plan

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.

3. 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.

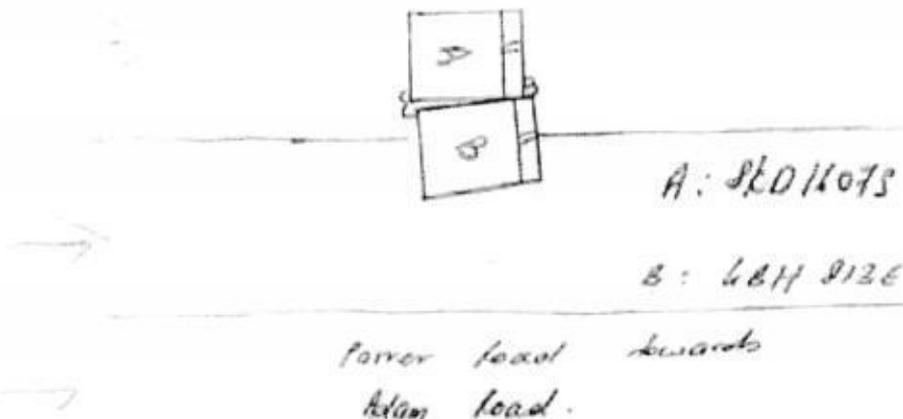
Policyholder's Signature
Date & Time:

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

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

Accident Sketch Plan

SKETCH PLAN

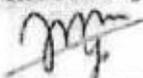


DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was travelling straight along pavement road towards Adam road. Out of sudden, vehicle (B) cut into my lane from my left and hit onto my vehicle side portion.

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:


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



Teamwork Garage Pte Ltd
 53 Ubi Avenue 1 #01-23/24 Spore 408934
 Paya Ubi Industrial Park
 Tel : 6844 2475
 E-mail : claims@teamworkgarage.com
 Register number : 201015366H
 ROC number : 201015366H
3RD PARTY CLAIM ESTIMATION

50 Raffles Place , #05-01/06
 Singapore Land Tower
 Singapore 048623

Vehicle number	SKD1607S
Make / Model	BMW/320I
Chassis number	WBAPG56000NM91801
Accident date	15 February 2018
Reference	1802-23

Qty	Particulars	Unit Price - SGD \$
<u>PARTS REPLACEMENT - LIST ITEMS</u>		
1	FRONT LH SIGNAL LAMP <i>cut</i>	39.60 ✓
1	FRONT LH DOOR HANDLE <i>cut</i>	159.80 ✓
1	FRONT LH SIDE DOOR MIRROR <i>den</i>	102.00 X
		301.40
	Less 5 %	15.07
	Subtotal	286.33
	Balance C/F	286.33
<u>LABOUR AND MISCELLANEOUS CHARGES</u>		
	Balance B/F	286.33
1	CHECK WIRING AND LIGHTNING SYSTEM	60.00 30/-
2	PANEL BEATING ON AFFECTED AREAS	600.00 400/-
3	SPRAY PAINTING ON AFFECTED AREAS	600.00 400/-
4	APPLY ANTI RUST ON AFFECTED AREAS	50.00 30/-
	Subtotal	1310.00
	Grand total	1596.33

12/03/2018 @ 12:15 hrs

1049.43

4/5 800/-

Not Authorised

1/5 sum 2 dgs.

Ryan
 LKK Auto

[Signature]

LKK Auto Consultants hence notify
 the Repairer of the following:
 • To resurvey before/after spray painting
 • To display damaged part(s) during resurvey
 • Parts prices are subject to confirmation
 • Third party survey is on a "Without Prejudice" basis
 • No illegal modification(s) is allowed
 • Supplementary item(s) must be resurveyed and
 is subject to final approval from Insurance Company
 Acknowledged by Repairer
 Signature:
 Date:



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			
SOMPO INSURANCE SINGAPORE PL		Ref : CS/SMO18003524/Dcd3n2	
50 RAFFLES PLACE #05-01/06 SINGAPORE LAND TOWERSINGAPORE 048623		Date : 13-12-2018	
		Code : SMO	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GBH 813E	Veh. Inspected	SKD 1607S
Policy No.		Coverage (\$)	0.00
Claim No.	CMTD1800777/GPL	Excess (\$)	0.00
Assign From	GRACE TEO	Assign Date	20/02/2018
2. Vehicle Particulars & Condition			
Make & Model	BMW 320	c.c	1995
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	WBAPG56000NM91801	Colour	WHITE
Odometer	102013	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/40 R18	YOKOHAMA	5 mm
L/H Front Tyre	225/40 R18	YOKOHAMA	5 mm
R/H Rear Tyre	225/40 R18	YOKOHAMA	5 mm
L/H Rear Tyre	225/40 R18	YOKOHAMA	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	15/02/2018	Inspection Date	12/03/2018
Survey held at	TEAMWORK GARAGE PTE LTD 53 UBI AVENUE 1 #01-24 SINGAPORE 408934.		
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:		2 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. SKD 1607S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT LH SIGNAL LAMP	CUT	39.60	39.60
1	FRONT LH DOOR HANDLE	CUT	159.80	159.80
1	FRONT LH SIDE DOOR MIRROR	TO REPAIR SEE LABOUR	102.00	-
	LESS 5% DISCOUNT		-15.07	-9.97
			286.33	189.43
	LABOUR			
	CHECK WIRING AND LIGHTING SYSTEM.		60.00	30.00
	PANEL BEATING ON AFFECTED AREAS.INCLUSIVE OF THE REPAIR OF FRONT LH SIDE DOOR MIRROR.		600.00	400.00
	SPRAY PAINTING ON AFFECTED AREAS.		600.00	400.00
	APPLY ANTI RUST ON AFFECTED AREAS.		50.00	30.00
			1,310.00	860.00
	GRAND TOTAL		1,596.33	1,049.43
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			800.00

Report Ref No. CS/SMO18003524/Dcd3n2

ANG BRYAN TANI

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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