iurveyor:	Shehm	ASSIGNMEN				21.0	24.10
rom (Person):	Little Chang	of	TCS	Det	e/Time:	2600	1018
Estimated Cost			Bill to:		-		
od HP ws	TP RES / OD RES	SIEVAINVIMVICS			SLO	168737	
To Inspect Vel	hicle No:	अप नश्यन्		_ Insured:	6538		
at Workshop n	n/s	H 3 Automotiv			0000	1900	
of		2 Kaki BUKH	AVE 2 #		0000	1.1	
Policy No:			Claim No:	Ompul	60011	6N	
Sum Insured:			Excess:			(F 12 10)	
Make of Veh:				D.	O.A	1512.2011	0
(Chem's Record	"				KIND OF THE	-	
CA / REV	REP / REV 24 H	TRS III DI			H.O.D. E	dorsement:	
	REP. / REV 24 H		Alex	Vel		1	
Date/Time:	אמנצויה אומנצויה	h Person Contacted:		Vel		1	
	Action/Instruction	n Person Contacted:)	Vel	iicle (IN	jour	
Date/Time:	אמנצויה אומנצויה	h Person Contacted:)	Vel	iicle (IN	1	
Date/Time:	Action/Instruction SUT TAUTY SUB (SEAT	Person Contacted: (X) Estimate NA /CTI LOSSY)	Vel	iicle (IN	jour	
Date/Time:	Action/Instruction	Person Contacted: (X) Estimate NA /CTI LOSSY)	Vel	iicle (IN	jour	
Date/Time:	Action/Instruction SUT TAUTY SUB (SEAT	Person Contacted: (X) Estimate NA /CTI LOSSY)	Vel	iicle (IN	jour	
Date/Time:	Action/Instruction SUF TAUTY SUB 68237 Dismuntly Run	Person Contacted: (X) Estimate NA /CTI (1) 2599 X 2013-2016)	Vel	iicle (IN	jour	
Date/Time:	Action/Instruction SUF TAUTY SUB 68237 Dismuntly Run	Person Contacted: (X) Estimate NA /CTI (1) 2599 X 2013-2016)	Vel	iicle (IN	jour	
Date/Time:	Action/Instruction SUF FAIRY SUB (S237) Dismurite Run After repair	Person Contacted: (X) Estimate NA /CTI LOSSIA X 22.12.2016)	Vel	iicle (IN	jour	

Lump Sum \$ 2600/2 Lakour + days

RECEIVED 1 9 JUN 2018

SHC 4968X SHC 4698A

(9/6/2018

PRS PRS	REF: TCS		
Similar:	ASSIG	GNMENT	
From: Estimated Cost:	Date:	Veh No: SJE 7947 Y Type: McCarl M.Cycle Bus Van Le	orry / Taxi / Prime Mover /
OD / P WS / TP RES / OD RES / I	HS Automotivs Like Bukit And 3 # 03-25 Automotivs Excess: - 6538 1368 N/S 0/S Pection. Consistent?: Yes or No Consistent?: Yes or No 3 Val.: Yes or No	Eng/No: NZE U16079 C/No: NZE U16079 Gen. Cond: Good / Fatr / Poor / Burn Steering: Inorder / Jammed / Leaker Brake: Inforder / Jammed / Leaker Modi: Nill / S/Rim / STD A/Rim Tyre Size: F: 195 (5 6) R: " BS / DUN / EXNOVA / GY / FS / LIZ TOYO / YOKO or Falker Front R/Bal. mm L/Bal. 6 mm D.O.A. Survey held at 14 up Soon 14 Des. of Damages: Frt / Rear / Communications of the control of the co	A / MIC / OHTSU / PIR / SUMI / Rear R/Bal. 6 mm D.O.l. 21/12/2016 C.1.38 PR OIS / N/S / U/C / Rooftop or
Date: Person C	Verlide, INTO	The U/C / Chassis frame / E	Body Structure affected due to collision.
Date / Time Action / Instru - No GIA - No Estimat			
1) 19-01-2017 Date/Time, File Return to? 2) Report Format:	Preli. Report Final Report Add	Days Of Repair: Resurvey No. of Trip: Fee: Site Insp (\$	Survey Fee: Transportation:)\$ + RSSt) Photos) Others
Lump Sum / I.B.I: (\$)	LJ. Weeksing	TOTAL



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

ECICS LTD Ref: CS3/ICS16024286/Srb-1

7 TEMASEK BOULEVARD #10-01 SUNTEC TOWER ONE SINGAPORE 038987			Date: 26-02-2018	
			Code: ICS	
1.	A SUPLY	Policy Particular	s :- THIRD PARTY CLA	IM
	Insured Veh.	SLG 6823Z	Veh. Inspected	SJF 7947Y
	Policy No.		Coverage (\$)	0.00
	Claim No.	DMPU1600226H	Excess (\$)	0.00
	Assign From	LIONEL CHUA	Assign Date	26/02/2018
2.		Vehicle Par	ticulars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
0=1	Odometer	-	Steering	
	Brakes		Modification	
	General			
3.	er set augu	Cond	itions of Tyres	
		Size	Make	Balance
	R/H Front Tyre			mm
	L/H Front Tyre			mm
	R/H Rear Tyre			mm
	L/H Rear Tyre			mm
4.		Descrip	tion of Damages	
5.	u miranisticas, 199	Gene	ral Information	
	Accident Date	15/12/2016	Inspection Date	26/02/2018
	Survey held at	H S AUTOMOTIVE SERVICE	S	
	10.5%	2 KAKI BUKIT AVE 2 #01-15 KAKI BUKIT AUTOHU SINGAPORE 417921	В	
5a.			Remarks	
	A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			



CATH

Your ref: CS3/ICS16024286/Sbs2

Our ref: DMPU1600227H

20 February 2018

WITHOUT PREJUDICE SAVE AS TO COSTS

BY FAX: 6256 4315 & POST

M/s LKK Auto Consultants Pte Ltd 51 Ubi Avenue 1 #01-25 Paya Ubi Ind. Park Singapore 408933

Dear Sirs.

ACCIDENT INVOLVING SLG 6823Z & SJF 7947U ON 15.12.2016

We refer to the above accident.

We wish to inform that we have received a third party claim brought in by third party solicitors in respect of the abovementioned claim.

We understand that you/your surveyor have rendered a Pre-Repair Inspection on vehicle bearing registration number SJF 7947Y, however we have yet to receive any recommendations from you and/or your surveyor on following of the Pre-repair survey conducted at repairer, M/s HS Automotive Services at Blk. 2, Kaki Bukit Ave 2, #02-25 Kaki Bukit Auto Hub Singapore 417921.

We are pleased to enclose a copy of the said third party survey report by Par Automotive Consultancy for your ease of reference. Please check if the damage is consistent with the third party survey report and let us have your opinion on the best sum derived from your recommendation for this claim. We would appreciate it, if you could provide us a breakdown list, if possible.

Please take note that the Third-party lawyer is pestering us for an offer, failing which they will commence legal proceedings within the time frame stipulated in NIMA protocol.

Your kind assistance toward this matter would be greatly appreciated.

Yours faithfully,

- July -

Lionel Chua

Operation & Claims DID: 6303 0167

Fax: 6338 9267

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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 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	16/12/2016 11:24
Date Of Accident	15/12/2016 18:00
Exact Location Of Accident	KAKI BUKIT AUTOHUB
Country/State of Loss	Singapore
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SJF7947Y
Insured/Policyholder	
Name Of Registered Owner	MURUGAYAN RAJOO
NRIC No	S0030755F
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-91466252
Alternative Phone No	Others-91466252
Vehicle Particulars	
Manufacturer	TOYOTA
Model	AXIO
Exact Purpose for which vehicle was being used at time of accident	GOING HOME
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	China Taiping Insurance (Singapore) Pte. Ltd.
Type Of Coverage	Comprehensive
Fleet Policy	No
Policy Number	DMPCSN1524431601
Cover Note Number	

-				
D	200	2.0	-	*
ω	81	v	ш	т

EMail Address

Name of Driver PREMA D/O RAJOO NRIC No S8035389H Date Of Birth 06/11/1980 Occupation Indoor Date Of Driving Pass 01/01/2004 Driving Experience 12 Years And 11 Months Gender Female Mobile Number (Local) +65-91466252 Fax Number Contact Number

NOEMAIL

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 2. This Formmust be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wiful misrepresentation or withholding of material facts may allow insurance companies to repudiate policy liability.
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- 6 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 (GA) 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 capits of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

Lunderstand, 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 ensurer (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 few yers/few 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,
- (w) administering my claims (victualing 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) witho have insured vehicle(s) involved in this accident and the insurers' law yers 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 law yers/law firms), which may be sted outside of Singapore, for one or more of the above Purposes.

Policyholder's Signature / Date &

Driver's Signature (# driver is not the policyholder) / Date

Parsonnel

Sketch Plan

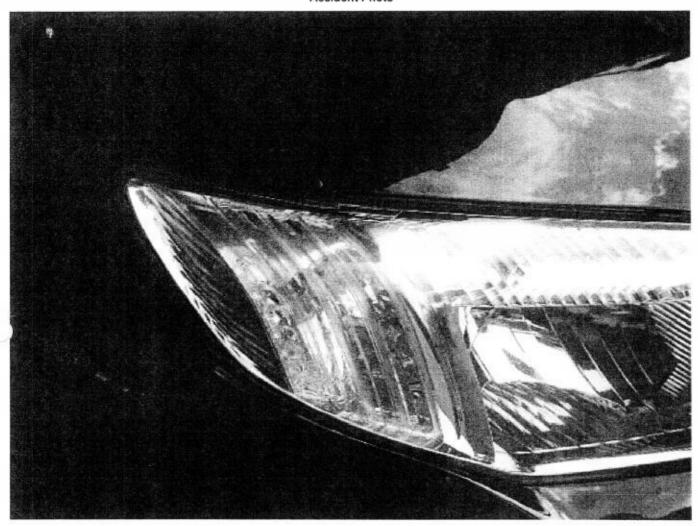
KAKI BUKIT AUTOHUB CARBARK BXIT

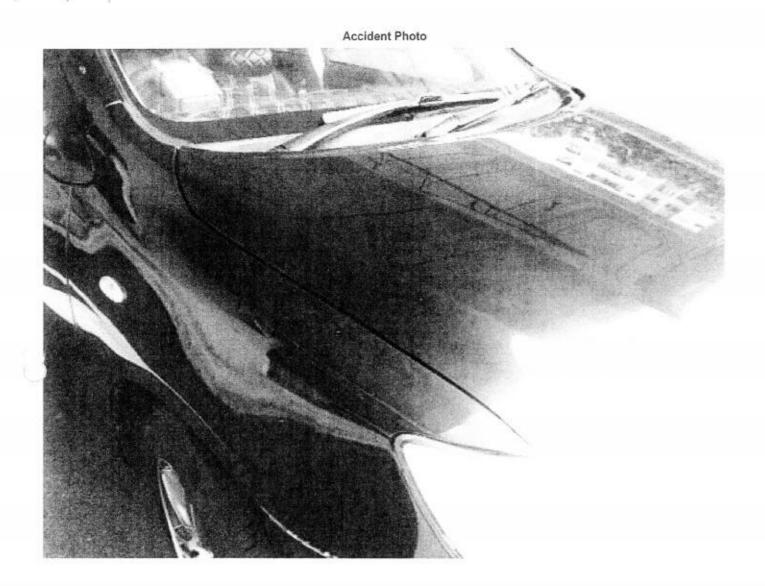
A. 8JF 19474 > B. 8LG 6833Z

Accident Photo



Accident Photo









PAR Automotive Consultancy

Regn. No. 52986974L

Thomson Rd Post Office PO Box 029 Singapore 915701. Tel: 645 31173, Fax: 645 36131,

Report No: 0112-17-HSA

03 March 2017

ACCIDENT VEHICLE SURVEY REPORT

Murugayan Rajoo c/o H S Automotive Services Blk 2 Kaki Bukit Ave 2 #02-25 Kaki Bukit Auto Hub Singapore 417921

VEHICLE INFORMATION:

Vehicle Reg No.:

SJF7947Y

Odometer:

186548km

Make & Model:

Toyota Corolla Axio 1.5

Colour:

Blue

Chassis number:

NZE1416078880

Date of accident:

15/12/2016

Year of Regn.:

11/06/2008

Date inspected:

22/12/2016

Repairer at:

H S Automotive Services

Date inspected (After Repair):

22/02/2017

Blk 2 Kaki Bukit Ave 2 #02-25

Kaki Bukit Auto Hub Singapore 417921

STATIC CHECKS, where applicable:

Steering:

serviceable

Footbrake :

serviceable

Handbrake:

serviceable

Paintwork:

Good

General condition:

Good

TIRE CONDITION:

LH / Make

RH / Make

Size

Front:

5mm/Falken

5mm/Falken

195/65R15

Rear:

5mm/Falken

5mm/Falken

195/65R15

POINT OF IMPACT AND DAMAGE, where applicable:

Impact on the front portion.

Please see details as described in the Annex for parts and labour.

REMARKS:

We have inspected the above-mentioned vehicle on a "Without Prejudice" basis.

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

Date Of Driving Pass

Driving Experience

Mobile Number Fax Number Contact Number EMail Address

Gender

- 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 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	30/12/2016 11:12
Date Of Accident	15/12/2016 15:30
Exact Location Of Accident	KAKI BUKIT AUTO HUB
Country/State of Loss	SINGAPORE
	ETAILS OF OWN VEHICLE
Vehicle Registration Number	SLG6823Z
Insured/Policyholder	
Name Of Registered Owner	CONTI SERVICES
Co Reg No	53347068D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-90108484
Vehicle Particulars	
Manufacturer	BMW
Model	320I-2.0 (A)
Exact Purpose for which vehicle was being used at time of accident	WORK PURPOSE
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	COMMERCIAL VEHICLE
Insurance Company	
Name of Insurance Company	ECICS LIMITED
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	
Driver	
Name of Driver	IVAN SEET BIN MOHD SEET
NRIC No	S8490044C
Date Of Birth	03/07/1984
Occupation	OUTDOOR

03/04/2012

MALE

NOEMAIL

4 YEARS AND 8 MONTHS

Sketch Plan

SKEIGHFLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Formmust be completed by the Policyholder and/or the Authorised Driver.
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- 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 inferested 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.
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lunderstand, 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 law yers/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.

Policyholder's Signature / Date & fime		Witnessed by Reporting Centre
ketch Plan	& Time \ Out Tvi	Personnel
Kali Bulit Aub Hub		B) SJF 7947Y
100		(B) 501 1941 1
	A	
	B	

Accident Photo









INSURED COPY

MOTOR COVER NOTE

Motor Vehicles (Third-Party Risks Compensation) Act (Chapter 189)
Motor Vehicles (Third-Party Risks and Compensation) Rules, 1960
Road Transport Act, 1987 (Malaysia)
Motor Vehicles (Third-Party Risks) Rules, 1959 (Malaysia)
And any subsequent revisions to the above Acts and Agreement

The Insured mentioned in the Schedule having proposed for insurance in respect of the Motor Vehicle describe in the Schedule, is hereby HELD COVERED under the terms of the Company's usual form of Motor Policy applicable thereto for the period mentioned in the Schedule unless the cover be terminated by the Company by notice in writing in which case the insurance will thereupon cease and a proportionate part of the annual premium otherwise payable for such insurance will be charged for the time the Company has been on risk.

TYPE	: NEW (Z10/Z11/UBER/GRABCAR COVER	(1)
COVER NOTE NO	O.: 6487	Chassis No. : WBAVA76080NK74324
Agency Name	: Autoshield	Engine No. : A303H872N46B20BA
Agency Code	: A0000064	
Hire Purchase	: NIL	
1. Index Mark and	d Registration Number of Vehicle :	SLG6823Z
2 Name of Policy	rholder .	Conti Services
3 Effective Date of Date of Expiry (of the Commencement of Insurance : of Insurance :	14 OCTOBER 2016 15 MAY 2017
Details of Vehic Make and Des Year of Manufi Engine Capaci	scription of Vehicle : acture :	BMW 320j 2.0 2007 1995 cc
5. Cover Type : Excess :		COMPREHENSIVE SEC I & II-S\$1500 (SG)/S\$3000 (OUT, SG)
6. Value (S\$) :		AS PER MARKET VALUE
7. Type of Plan :		AUTHORISED WORKSHOPS

I/We hereby Certify that the policy to which this Certificate relates is inspecd in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Issued By Autoshield on 14/10/2016 11:42 AM

Junia

Issued By

Chief Executive Officer

NOTE: This Cover Note is only valid for 60 days from the date of Issue, unless replaced by the Certificate of Insurance issued by ECICS Limited.

If policy is cancelled after inception date, premium for time on risk will be charged subject to minimum of \$\$90.25 (inclusive of GST).

An administrative fee of \$\$26.75 (Inclusive of GST) will be charged for retaining old registration number for a new vehicle.

7 TEMASEA BOULEVARD BIG OF SUNTES TOWER ONE SINGAPORE \$35987 TEL BUZZAZZO FAX BIGHDOZ COMPANY REGISTRATION NO. 198001301C WEBSITE ROP/ANNW RICELESTING



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

ECICS LTD

Ref: CS3/ICS16024286/Brbs2-1

7 TEMASEK BOULEVARD



#10-	TEMASEK BOULEVARD 10-01 SUNTEC TOWER ONE INGAPORE 038987		Date: 03-07-2018		
	or ii		Code: ICS		
1.		Policy Partic	culars :- THIRD PARTY CLA	IM.	
	Insured Veh.	SLG 6823Z	Veh. Inspected	SJF 7947Y	
	Policy No.		Coverage (\$)	0.00	
	Claim No.	DMPU1600227H	Excess (\$)	0.00	
	Assign From	LIONEL CHUA	Assign Date	26/02/2018	
2.		Vehicle	Particulars & Condition		
	Make & Model	TOYOTA AXIO	c.c	1496	
	Engine No.	HIDDEN	Year of Reg.	2008	
	Chassis No.	NZE1416078880	Colour	BLUE	
	Odometer	186547	Steering	IN ORDER	
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
	General	FAIR			
3.		C	Conditions of Tyres		
		Size	Make	Balance	
	R/H Front Tyre	195/65R15	FALKEN	6 mm	
	L/H Front Tyre	195/65R15	FALKEN	6 mm	
	R/H Rear Tyre	195/65R15	FALKEN	6 mm	
	L/H Rear Tyre	195/65R15	FALKEN	6 mm	
		Des	cription of Damages		
	THE VEHICLE SU DAMAGES SEE D	STAINED DAMAGES AT T ETAILS.	HE FRONT PORTION.		
5.		G	General Information		
	Accident Date	15/12/2016	Inspection Date	21/12/2016	
	Survey held at	H S AUTOMOTIVE SERV	VICES		
	2 KAKI BUKIT AVE 2 #02-25 KAKI BUKIT AUTOHUB SINGAPORE 417921				
ā.			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 NOR	ESTIMATED NORMAL 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. SJF 7947Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BONNET	TO REPAIR SEE LABOUR	806.00	-
2	FRONT HEADLAMP RH/LH	CRACKED	1,614.00	1,117.00
2	FRONT HEADLAMP CLIP RH/LH	NECESSARY	33.60	33.60
1	FRONT GRILLE	CUT	408.00	408.00
1	FRONT GRILLE LOGO "TOYOTA"	NECESSARY	66.00	66.00
1	SET FRONT GRILLE CLIP	NECESSARY	24.20	24.20
1	FRONT BUMPER	CUT	1,077.00	1,077.00
1	FRONT BUMPER SPONGE	CRACKED	108.00	108.00
1	FRONT BUMPER FOG LAMP COVER RH	NOT NECESSARY	68.00	-
1	FRONT BUMPER FOG LAMP RH	NOT NECESSARY	287.70	-
2	FRONT BUMPER SIDE RETAINER RH/LH	NOT NECESSARY	80.20	
1	FRONT BUMPER REINFORCEMENT	BENT	329.00	329.00
1	SET FRONT BUMPER CLIP	NECESSARY	36.00	36.00
	LESS 25% DISCOUNT	Donner of the Control	98	-799.70
			4,937.70	2,399.10
	SPECIAL NETT ITEMS			
1	FRONT NUMBER PLATE WITH FRAME (SN)	ABRADED	50.00	25.00
			50.00	25.00
	LABOUR			
	TO STRAIGHTEN AND PANEL BEATING BONNET, FRONT SUPPORT PANEL AND FRONT FRAME MEMBERS. TO REMOVE AND REFIT ABOVE PARTS. INCLUSIVE OF THE REPAIR OF BONNET.		900.00	400.00
	TO PUTTY, RE-SPRAY PAINTING AND POLISH AFFECTED AREAS.		1,200.00	500.00
	TO CHECK AND RECTIFY WIRING SYSTEM.		80.00	30.00
	TO RUST PROOF AFFECTED AREAS.	NOT NECESSARY	90.00	
				2.5
			82	5-
				35
			2,270.00	930.00
0	GRAND TOTAL		7,257.70	3,354.10

Report Ref No. CS3/ICS16024286/Brbs2-1



Page No.:2 of 2

RECOMMENDED COST OF LUMP SUM REPAIRS 2,600.00 (TO ITS PRE-ACCIDENT CONDITION)

Report Ref No. CS3/ICS16024286/Brbs2-1

LIM TEOW GUAN

Asst. Automotive Assessor

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.

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