| rveyof: | Abdul Rahman of SPF Detertime 26/22/2018 |
|-------------------------------|--|
| | 11-11-11 |
| timated Cost: | Bill to: |
| | TP RES / OD RES / EVA / INV / MV 7 C8 SIF 2398U Insured: Q × 61 X |
| Inspect Vehice Workshop m/ | 1410 C. Danistor Til 627102+5 |
| Workshop III | 1001 PL 1 March 1 100 0 2 # 01-40 |
| olicy No: | Claim No: AEMD/105/009/2018/017 |
| um Insured: | Excess: |
| Make of Veh: | D.O.A. 31 01 2018 |
| | |
| Client's Record) | 1 |
| CA / REV / | REP. / REV 24 HRS Wp? |
| CA / REV / | 1 |
| CA / REV / | REP. / REV 24 HRS Wp? OLOMO 27 2 18 Person Contacted: The Vehicle DOUT |
| CA / REV / | REP. / REV 24 HRS Wp? Action/Instruction (X) Estimate H.O.D. Endorsement: Vehicle (N) OUT |
| CA / REV / | REP. / REV 24 HRS Wp? Action/Instruction (X) Estimate SLF 2798 U - X |
| CA / REV / | REP. / REV 24 HRS Wp? Action/Instruction (X) Estimate H.O.D. Endorsement: Vehicle (N) OUT |
| CA / REV / Date/Time: | REP. / REV 24 HRS Action/Instruction (×) Estimate Action/Instruction (×) Estimate Action/Instruction (×) Estimate |
| CA / REV / | REP. / REV 24 HRS Wp? Action/Instruction (X) Estimate SLF 2798 U - X Ax 61 x - X |

REF:

Survey Department Check List (Case Handler)

Reference No.: (S3) SPF 1800 3751 Tivel3

Palicy Type: OD / TP / TP RES / TL / EVA

Admin (

Case Handler

): Case handler to make sure all Information created by the assignment team are ACCURATE.

Typist

| L) Office | e Assign Form | <u>Y-Date</u> | N-Date | Y-Date | N-Date |
|-----------|---|---------------------|------------|--------------|----------|
| С | Reference No. | ~ | | | |
| С | Customer Code | | | | |
| N | Assign From | | | | |
| С | Assign Date | ~ | | | |
| С | Veh No (Inspected) | ~ | | | |
| С | Veh No (Insured) | 1 | | | |
| С | D.O.A | ~ | | | |
| C | Policy No | | | | |
| C | Claim No | ~ | | | |
| С | Insurance Authorisation (CA /REV/REP) | | | | |
| С | Report Type | ~ | | | |
| С | Weekend Charges | | | | |
| N | Survey held at/Repairer | / | | | |
| С | Excess | | | | |
| - | gnment Form | re the surveryor co | ompleted a | all required | informat |
| С | Vehicle No | v | | | |
| С | Regn Month/Year | ~ | | | |
| N | Vehicle Type | ~ | | | |
| N | Make & Model | ~ | | | |
| С | Engine Capacity. (C.C) | ~ | | | |
| N | Colour | 5 | | | |
| С | Odometer. (Sp.Reading) | | | | |
| С | Chassis No | _ | | | |
| N | General Condition | ~ | | | |
| N | Steering | ~ | | | |
| N | Brake | | | | |
| N | Modification (Modi) | / | | | |
| С | Tyre Size | | | | |
| N | Tyre Make | ~ | | | |
| С | Tyre Balance | ~ | | | |
| С | Date of Inspection | ~ | | | |
| N | Survey held | ~ | | | |
| N | Des.of Damages | ~ | | | |
| (2) Syste | em - (Views/Merimen) | | | | |
| С | Damaged Vehicle Photographs Uploaded | | | | |
| | kshop Estimate/Assignment Form | | | | |
| N | ALL Parts condition | V | | - | - |
| С | Market Value for OD cases | | 4 | | |
| С | Estimate Repair Cost for PRI (RSI, TMI, MSIG) | | | | |
| С | Days of repair | | | | |
| С | Finalised Amount | | | | |
| С | Re-inspection Cases to Finalize within 5 Days | | | | |
| | rem - (Views/Merimen) | | | | 1 |
| С | Resurvey photo Uploaded | | | | |

Case Handler

Date



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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref: CS3/SPF18003751/T1vd3

ACCIDENT CLAIM SECTION (SINGAPORE POLICE FORCE)

Date: 27-02-2018



| MO | UNT PLEASANT | | Date: 27-02-2018 | |
|-------|-----------------|--|-------------------------------------|-------------------|
| DLK C | OLD FOLIOL AC | ADENTION ONE 20000 | Code: SPF | |
| | | Policy Particulars | :- (THIRD PARTY CLAI | IM) |
| | Insured Veh. | QX 61X | Veh. Inspected | SLF 2798U |
| | Policy No. | | Coverage (\$) | 0.00 |
| | Claim No. | AEMD/105/1009/2018/017 | Excess (\$) | 0.00 |
| | Assign From | ABDUL RAHMAN | Assign Date | 27/02/2018 |
| 2. | | Vehicle Part | iculars & Condition | |
| | Make & Model | | c.c | 0 |
| | Engine No. | HIDDEN | Year of Reg. | |
| | Chassis No. | | Colour | |
| | Odometer | ₹. | Steering | |
| | Brakes | | Modification | |
| | General | | | |
| 3. | | Condi | tions 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. | | Descript | tion of Damages | |
| 5. | | Gener | al Information | |
| | Accident Date | 31/01/2018 | Inspection Date | 27/02/2018 |
| | Survey held at | HAN CAR REPAIRS | | |
| | | BLK 1001 #01-49 BUKIT MER ALEXANDRA VILLAGE SINGAPORE 159718 | AH LANE 3 | |
| 5a. | | | Remarks | |
| | B) THE REPAIR E | ON WAS CONDUCTED ON A "\ STIMATE WAS NOT PRESENT VAS TOLD TO PREPARE THE E LEASE FIND DAMAGED VEHIC | ED AT THE TIME OF INSI ESTIMATE. | ASIS. PECTION. |



Your Ref:

SLF2798U

Our Ref:

AEMD/105/009/2018/017

Date:

26 February 2018

SPF Accidents Claims Section Automotive Engg & Mgmt Div Police Logistics Department No. 1 Mount Pleasant Road Block 8 Old Police Academy #02-12 Singapore 298333

Tel: 64784840 Fax: 64784848

Via Fax only: 62564315

M/s LKK Auto Consultants Pte Ltd Paya Ubi Industrial Park 51 Ubi Avenue 1 #01/02-25 Singapore 408933

Dear Sir/Madam,

ACCIDENT ON 31 JANUARY 2018 INVOLVING POLICE VEHICLE QX61X AND OTHER VEHICLE SLF2798U

We refer to the above matter.

- Please arrange for a Pre-Repair Inspection of vehicle no. SLF2798U at M/s Han Car Repairs of Blk 1001 Bukit Merah Lane 3 #01-49, Singapore 159718.
- 3 Estimates were not provided by the workshop.
- For appointment, please contact Ms Susan at HP: 97777266 / DID: 62710275.
- 5 Thank you.

Yours faithfully,

Abdul Rahman Accident Claims Officer for ASST DIRECTOR

cc : KSCGP Juris LLP Ref: SLF2798U/HC/sy/ms Via Fax: 65383708 (FYI, pls)

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.

Any false reporting may be referred to the Police for investigation.

- 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

| A | CI | DEN | SIA | EW | ENI |
|---|----|-----|-----|----|-----|
| | | | | | |

Date Of Report

01/02/2018 17:08

Date Of Accident

31/01/2018 15:10

Exact Location Of Accident

BLK 28 OLD POLICE ACADEMY

Country/State of Loss

SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number

SLF2798U

Insured/Policyholder

Name Of Registered Owner

NG SHI WEL

NRIC No

S8333200Z

Email Address

NGSHIWEI7@GMAIL.COM

Mobile Phone No

(LOCAL) +65-97503949

Alternative Phone No

OTHERS-97503949

Vehicle Particulars

Manufacturer

HONDA

Model

VEZEL-1.5 HYBRID X (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

AXA INSURANCE PTE LTD

Type Of Coverage

COMPREHENSIVE

Fleet Policy

NO

Policy Number

GA243617

Cover Note Number

20/08/2017 - 19/08/2018

Driver

Name of Driver

NG SHI WEI

NRIC No

S8333200Z

Date Of Birth

25/10/1983

Occupation Date Of Driving Pass

INDOOR 12/05/2004

Driving Experience

13 YEARS AND 8 MONTHS

Gender

MALE

Mobile Number

(LOCAL) +65-97503949

Fax Number

OTHERS-97503949

Contact Number EMail Address

NGSHIWEI7@GMAIL.COM

225 45K18

BLK 8 TANJONG PAGAR PLAZA

Address #18-105

080008 Postcode

Was driver an employee of the Insured's Company NO

OWNER

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED Type Of Accident

NO

NO

NO

0

YES

CLEAR Weather Conditions

DRY Road Surface

Other Information

Was any foreign vehicle involved in this accident? NO

Number of vehicles involved in the accident

Was any body injured in the Accident?

Was any injured conveyed to hospital by

ambulance?

Was any other material or property damaged? YES

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Details of Police Action

Was the accident reported to the police?

If Yes, Please state which Police Station

JURONG POLICE DIVISIONAL HQ ('J' DIVISION) Police Station Name

NO

ROAD: NO. 2 JURONG WEST AVENUE 5 , POSTCODE: 649482 , Police Station Address

COUNTRY: SINGAPORE

TEL NO: 1800-7910000 - FAX NO: 68965649 Police Station Contact

Was notice of intended Prosecution given?

If Yes, against whom?

Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

QX61X Vehicle Registration Number

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

GOVERNMENT

MUHD SAIFUDDIN ZULLFATTH Name of Driver

S8925485Z NRIC/Passport Number

98324316 Contact Number

Address Postcode

Insurance Company Name

Nature Of Damage

Page 2 of 18

No. Of Passenger (Including Driver)

Sketch Plan Pg. 1

SKETCH PLAN

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may allow insurance companies to repudiete policy liability.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- 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 :
 - 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 complie 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: 12-11&

2:130

Oriver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Contre Percobiler's Signature

Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

| KETCH PLAN | Vehicle B: &X & X Vehicle C: |
|--|--|
| cor A | 1 Softw rars |
| | FUX61X Road |
| DESCRIBE CIRCUMSTANCES | OF THE ACCIDENT |
| 1. 2 1.1 | ranked profimally at 133thr on 2431/118 with |
| norm brake by. All around My stationary of direct of QX 61 | 1530hrs I was informed a police an has hit ellich. Thereofter, I exchange particulars with the 1H. Please see dotail in Police Report. |
| | |
| | |
| | |
| | |
| | |
| ☐ Claim OD/TP at Ah L | Exercise control of the control of t |
| | im Motor Claim Of TP at other workshop Reporting Only I a copy of my efile accident report to: |
| Remarks: Please forward My workshop: Email address: & myself: Email address: Note: Please take note th | a copy of my efile accident report to : nat your insurer have 14 days timeframe for you to submit own damage claim under |
| Remarks: Please forward My workshop: Email address: & myself: Email address: Note: Please take note th you own policy. Kindly ch | a copy of my efile accident report to: |
| Remarks: Please forward My workshop : Email address : & myself : Email address : Note: Please take note th you own policy. Kindly ch | a copy of my efile accident report to : nat your insurer have 14 days timeframe for you to submit own damage claim under |
| Remarks: Please forward My workshop : Email address : & myself : Email address : Note: Please take note th you own policy. Kindly ch | a copy of my efile accident report to: nat your insurer have 14 days timeframe for you to submit own damage claim under leck with your own insurer for more information. |

| 1. Tailgale | - d+ . 1 | 909.60 |
|---|----------------|--------------------------|
| 2 Tailgate windscreen sealant | - nec - nec | 50.00 56.20 |
| 3. Tailgate emblem 'HYBRD' 4. Tailgate emblem 'VEZEL WRESTERSTIP | - nec | 56.20 |
| 5. Tailgate H Was Smarr | - nec | 35.00 80.00 721.70 |
| 6. Rear bumper @\$458.77 7. Rear tail lamp x 2 | - dm | 913 .60 |
| 8 Rear corner garnish | - dm | 149.50 XZ |
| 9 Rear end panel top garnish | - dm | 86.40 |
| 10. Tailgate outer garnish | -? din | 245.10 |
| e 11. Rear bumper lower diffuser | in - nec | -250 (S/N) |
| 12. Set rear bumper lower diffuser o | ups - nec | 21-12 80 |
| | less 28% | 54 1 30 683 56 |
| 1. To dismantle refit tailgale fitting ancilliary accessories | igs / many | 60.00 |
| 2 To dismantle refit tailgale fittil ancilliary accessories 2 To dismantle refit tailgate glass | 146/18 | 120 000 |
| 3. To supply oust proofing/reseal tuff a treatment to resprayed/replaced/rep | 8 2 5 6 6 | 60.00 |
| 4 . To respecy affected areas - 2¢ | anels | 400.00 |
| 5. Labouer charge - panel beating, reg | bairing of | 600.00 |

14/6/18

45 3200/2 Labour 4 days



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

| HS. | | DAMAGE ASSES | SMENT REPORT | |
|-------|----------------------------------|---|------------------------------------|-------------------------|
| ALITO | MOTIVE ENGINE | EERING & MGT DIVISION | Ref: CS3/SPF1800375 | 51/T1vd3s2 |
| OR | DENT CLAIM SEC CE)1 MOUNT PLE | CTION(SINGAPORE POLICE EASANT ROAD BLK 8 OLD NGAPORE 298333 | | |
| TTN | : ABDUL RAHMA | N | Code: SPF | |
| | | Policy Particulars : | - (THIRD PARTY CLAIM |) |
| | Insured Veh. | QX 61X | Veh. Inspected | SLF 2798U |
| | Policy No. | | Coverage (\$) | 0.00 |
| | Claim No. | AEMD/105/1009/2018/017 | Excess (\$) | 0.00 |
| | Assign From | ABDUL RAHMAN | Assign Date | 26/02/2018 |
| | | Vehicle Partic | culars & Condition | |
| | Make & Model | HONDA VEZEL 1.5X HYBRID | c.c | 1496 |
| | Engine No. | HIDDEN | Year of Reg. | 2016 |
| | Chassis No. | RU31203879 | Colour | BLACK |
| | Odometer | 020686 KM | Steering | IN ORDER |
| | Brakes | IN ORDER | Modification | SPORTS RIM |
| | General | GOOD | | |
| | | Conditi | ons of Tyres | |
| | | Size | Make | Balance |
| | R/H Front Tyre | 225/45R18 | GOODYEAR | 6 mm |
| | L/H Front Tyre | 225/45R18 | GOODYEAR | 6 mm |
| | R/H Rear Tyre | 225/45R18 | GOODYEAR | 6 mm |
| | L/H Rear Tyre | 225/45R18 | GOODYEAR | 6 mm |
| . 1 | | Descripti | on of Damages | |
| | THE VEHICLE SU | STAINED DAMAGES AT THE RE | AR PORTION. | |
| j | | Genera | I Information | |
| | Accident Date | 31/01/2018 | Inspect Date / Time | 27/02/2018 (12:40 PM) |
| | Survey held at | HAN CAR REPAIRS | | |
| | | BLK 1001 #01-49 BUKIT MERA ALEXANDRA VILLAGE SINGAPORE 159718 | H LANE 3 | |
| ia. | | | emarks | |
| | B) THE REPAIR E | ON WAS CONDUCTED ON A "W STIMATE WAS NOT PRESENTE VAS TOLD TO PREPARE THE ES EASE FIND DAMAGED VEHICLE | D AT THE TIME OF INSPE STIMATE. | CTION. |
| 5b. | | | Days of Repair | |
| 1000 | T | MAL PERIOD FOR REPAIR: | 4 Working Days | |



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

OPINION ON REPAIR COST FOR VEHICLE NO. SLF 2798U

| Qty | Description of Parts | Condition | Recommended (\$) |
|-----|--|-------------------------|------------------|
| | REPLACEMENT OF PARTS | | |
| 1 | TAILGATE | DENTED | 909.60 |
| 1 | TAILGATE WINDSCREEN SEALANT | NECESSARY | 50.00 |
| 1 | TAILGATE WINDSCREEN MOULDING | NECESSARY | 160.00 |
| 1 | TAILGATE EMBLEM 'HYBRID' | NECESSARY | 56.20 |
| 1 | TAILGATE EMBLEM 'VEZEL' | NECESSARY | 56.20 |
| 1 | TAILGATE WEATHERSTRIP | * CHECK | |
| 1 | TAILGATE 'H' LOGO | NECESSARY | 35.00 |
| 1 | TAILGATE KEYLESS SENSOR | * CHECK | |
| 1 | REAR BUMPER | DENTED | 721.70 |
| 2 | REAR TAILLAMP @ \$456.80 | DAMAGED | 913.60 |
| 2 | REAR CORNER GARNISH @ \$149.50 | DAMAGED | 299.00 |
| 1 | REAR END PANEL TOP GARNISH | DAMAGED | 86.40 |
| 1 | TAILGATE OUTER GARNISH | DAMAGED | 245.10 |
| 1 | TAILGATE LOCK | * CHECK | |
| 1 | REAR BUMPER LOWER DIFFUSER (NPA) | TO REPAIR SEE LABOUR | - |
| 1 | SET REAR BUMPER LOWER DIFFUSER CLIPS | NECESSARY | 45.00 |
| | LESS 20% DISCOUNT | | -715.56 |
| | | | 2,862.24 |
| | SPECIAL NETT ITEMS | | |
| 1 | REAR BUMPER SENSOR (SN) | * CHECK | |
| | LABOUR | | |
| | TO DISMNATLE / REFIT TAILGATE FITTINGS / ANCILLARY ACCESSORIES. | | 60.00 |
| | TO DISMANTLE / REFIT TAILGATE GLASS. | | 120.00 |
| | TO SUPPLY RUST PROOFING / RESEAL TUFF COATING TREATMENT TO RESPRAYED / REPLACED / REPAIRED PANEL. | | 60.00 |
| | TO RESPRAY AFFECTED AREAS - 2 PANELS. | | 400.00 |
| | LABOUR CHARGE - PANEL BEATING, REPAIRING OF AFFECTED AREAS. INCLUSIVE OF THE REPAIR OF REAR BUMPER LOWER DIFFUSER. | | 600.00 |

Report Ref No. CS3/SPF18003751/T1vd3s2



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

TEL: 6256 3561 FAX: 6256 4315

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

Page No.:2 of 2

| Qty | Description of Parts | Condition | Recommended (\$) |
|-----|--|-----------|------------------|
| | TO CONDUCT ELECTRICAL CHECK, REPLACE REVERSE SENSORS, MODULE, REWIRING, ETC. | | 50.00 |
| | PS-Sea Int State At a car fair com | | 1,290.00 |
| | GRAND TOTAL | | 4,152.24 |

| RECOMMENDED COST OF LUMP SUM REPAIRS | 3,300.00 |
|--|----------|
| (TO ITS PRE-ACCIDENT CONDITION)(EXCLUDE CHECK ITEMS \$\$566.00 NETT) | |

Report Ref No. CS3/SPF18003751/T1vd3s2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

L

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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