ASS. REC. BY: | REF: CS/FCI18004510/ RIrd3 Special Instruction:

Surveyor: CWS Rasul

ASSIGNMENT (Office)

From (Person): Aung Yin Min of FCI Date/Time: 8/3/18 @ 9.36am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: GBF 3367S Insured: SHB 23944

at Workshop m/s: Mega Auto Tel: 8468 9838

of: Blk 10 Sin Ming 2nd · Est Sec · C # 01-04

Policy No: Claim No: D18001880MFSH

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A. 03/03/2018

09/03/18

CA / REV / REP. / REV 24 HRS 1wp

H.O.D. Endorsement:

Date/Time: 3:11pm @ 8/8/18 Person Contacted: search Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	GBC 3361S - X
	SHB 2394H - CCS/AXA1201191/H/edfl D.O.A - 16/2012
13/3/18	Sent pdf thru email
	Confirm L/S $4400, 8 days (Rcd $4770.80, S21.

Yoshu FCI 2740w

ASSIGNMENT

Date 9/3/18

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

To Inspect Vehicle No GBC3367S

at Workshop M/s Mega Auto #02

at Blk10, Sin Ming Ind. Est Sec C # 01-04

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

N/S O/S

Bal or Market Value

CAD Accident Report Consistent? Yes or No

Est. Repairs days Yes or No

CA / REV / REP / 24 HRS (WP)

Date Person Contacted Vehicle IN / OUT

Vehicle No GBF 3367S Regd 2016 Sep

Type M/Car M/Cycle Bus (Van) Lorry Taxi Prime Mover Truck Trailer

Make TOYOTA HIACE DX 3.0A 2982

Colour WHITE

Reading 37977

Engine No

Chassis No KDH 201 5023417

Gen Cond Good (Fair) Poor Burnt

Steering (Normal) Jammed Leaked Burnt or

Brake (Normal) Jammed Leaked Burnt or

Mod (Nil) / S/Rim / STD A/Rim or

Tyre Size F 195R15C

R 195/80R15

BS / DUN / EKNOVA / GY / FS / LIZA / MIC / CHTSU / PIR / SUM / TOYO / YOKO or

Front Rear

R.Bal 6 -- R.Bal 6 --

L.Bal 6 -- L.Bal 6 --

D.O.I 03/03/18 D.O. 09/03/18

Surveyed at MEGA AUTO

Date of Damages Frt Rear O/S (N/S) U/C Roof top or

The U/C / Chassis frame / Body Structure affected due to collision

Date Time Action / Instruction

RECEIVED 17 APR 2018

Date/Time File Passed: typist

☐ Prelim. Report

☑ Final Report

Date/Time File Returned

Days Of Repair 8

Resurvey No of Trip 1

Add Fee: ☐

Report Format TP

Lump Sum 4400

Survey Fee	170
	50
	50
	50
	320

MS FirstCapital

MS First Capital Insurance Limited Co.Reg.No. 199000106C GST Reg. No. M2-0001676-9
6 Raffles Quay #21-00 Singapore 048580
Tel: (65) 6222 2311 Fax: (65) 6222 3547
Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877
Tel: (65) 6507 3848 Fax: (65) 6507 3849
www.msfirstcapital.com.sg

MOTOR SURVEY ASSIGNMENT

Date	06-03-2018	**Our Ref No.**	D18001880MFSH
Accident Date	03-03-2018	**Claim Type.**	Third Party
Insured Vehicle	SHB2394U	**Third Party Vehicle.**	GBC3367S
Survey Location	BLOCK 10 SIN MING INDUSTRIAL EST. SECTOR C#01-04		
Contact Person.	SARAH CHAN		
Contact No.	8468 9838/ 0	**Fax No.**	6458 5884
Survey Type	DIRECT SETTLEMENT:		
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD		
Contact Person	NA	**Fax No.**	68416315
Contact Number.	NA		

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	MEGA AUTO PTE LTD	**Attention.**	NIL
Cc : TP Solicitor	NA	**TP Solicitor Fax No.**	NA
Officer Incharge	AUNGYM		

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/235655) PRI Documents Close

PRI Header Details

Claim No	D18001880MFSH	**Policy No**	D-18088937MFSH	**Claimant S.No & Name**	1 & MEGA AU
Workshop Name	MEGA AUTO PTE LTD (Contact Person : SARAH CHAN)	**Survey Location & Contact Details**	BLOCK 10 SIN MING INDUSTRIAL EST. SECTOR C#01-0 **Mobile:** 0 , **Phone:** 8468 9838 , **Fax:** 6458 5884 **EmailId:** MTC@MEGA-AUTO.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	**Instructions To Surveyor**	DIRECT SETTLEMENT:		
Insured Name	CITYCAB PTE LTD	**Insured Vehicle No**	SHB2394U	**TP Vehicle No**	GBC3367S
PRI Recieved Date	07-03-2018 06:02:09 PM	**Surveyor Appointed Date**	08-03-2018 09:35:16 AM	**Surveyor Accept Date**	08-03-2018 0

Survey Report Upload

Surveyor Inspection Date *:		**Surveyor Report Date**	08-03-2018	**Upload Survey Report *:**	Choose File

Vehicle Particulars

Make	Please Select Make	**Model**	Please Select Model	**Year**	Select Year
Chasis No		**Engine No**		**Mileage**	
Color		**Cubic Capacity**			

Multiple Documents Upload

Upload Multiple Documents

File Name **Action**

Surveyor Job Remarks

Remarks Save

LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile

FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS/FCI18004510/R1rd3

Date : 08-03-2018

Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SHB 2394U	Veh. Inspected	GBC 3367S
	Policy No.		Coverage ($)	0.00
	Claim No.	D18001880MFSH	Excess ($)	0.00
	Assign From	CWS (AUNG YIN MIN)	Assign Date	08/03/2018

2. Vehicle Particulars & Condition

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

3. Conditions 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. Description of Damages

5. General Information

	Accident Date	03/03/2018	Inspection Date	
	Survey held at	MEGA AUTO PTE LTD BLK 10 SIN MING INDUSTRIAL ESTATE SECTOR C #01-04 SINGAPORE 575645		

5a. Remarks

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

LKK Auto Consultants Pte Ltd

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

Your Ref: D18001880MFSH

Our Ref: CS/FCI18004510/R1rd3

The Motor Claims Department
First Capital Insurance Ltd

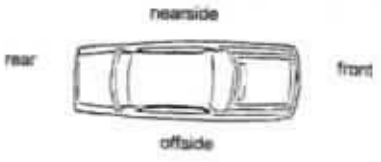
Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. GBC 3367S .

Please be informed that we had conducted the inspection of the above mentioned vehicle on 09/03/2018 at the premises of M/s MEGA AUTO PTE LTD and have the following to report:-

Workshop Estimate Amount	: S$ 9,170.80 .
Revised Estimate Amount	: S$ 6,476.98 .
"Check" Items Amount	: S$ 645.83 .
Market Value	: S$ - .
LTA Reimbursement Value	: S$ - .
Nett Value	: S$ - .

Description of Damage:
The vehicle sustained damages at n/s body.



Yours faithfully
RASUL
Automotive Assessor

MAGA18031812 / Mega Auto Pte Ltd - HQ
ENTRY DATE & TIME: 07/03/2018 09:31
SUBMITTED BY: Michelle Ho

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 07/03/2018 09:57

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
5. **Any false reporting may be referred to the Police for investigation.**
6. This report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will, for a fee, be made available upon application by interested parties.
7. By the 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	07/03/2018 09:31
Date Of Accident	03/03/2018 11:05
Exact Location Of Accident	ALONG JALAN TAN TOCK SENG TOWARDS MOULMEIN ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	GBF3367S
Insured/Policyholder	
Name Of Registered Owner	FEDERAL EXPRESS (SINGAPORE) PTE LTD
Co Reg No	198402740W
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-69222929
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE-3.0 D DX (A)
Exact Purpose for which vehicle was being used at time of accident	DELIVERY AND PICK-UP
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	100786341
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD NAJIB BIN HUSSAIN
NRIC No	S7628375C
Date Of Birth	13/09/1976
Occupation	OUTDOOR
Date Of Driving Pass	02/01/1996
Driving Experience	22 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91093272
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 450A SENG KANG WEST WAY #22-333
Postcode	791450
Was driver an employee of the Insured's Company	YES
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

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR
Road Surface	DRY

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?	NO
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.	NO
Number of Passengers (Including Driver)	1

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

On 03/03/2018 at 11:05hrs I was travelling along Jalan Tan Tock Seng towards Moulmein Road on the right lane. When a Taxi which was on the left lane, reversed and suddenly turn right to cut across while trying to enter TTS Hospital, hitting the left passenger side of my van. There is an eyewitness Mr Edmund Mobile: 90271781, who witnessed what had happened.

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	CAM VIDEO WITH EYEWITNESS MR EDMUND
Was there any audio recorded?	NO

Details of Witness 1

Name	MR EDMUND
Phone Number	90271781
Email Address	

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB2394U
Vehicle Make/Model/Colour	HYUNDAI
Details Of Properties	FRONT RIGHT PORTION
Vehicle Category	TAXI
Name of Driver	MR ENG
NRIC/Passport Number	S1490509Z
Contact Number	90856909
Address	

Sketch Plan #2

SKETCH PLAN

Please See Attached Drawing

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 03/07/2018 at 11:05hrs I was travelling along Jalan Tun Teck Seng towards Maxwell Road on the right lane. When a Taxi which was on the left lane, reversed and suddenly turn right to cut across while trying to enter TTS Hospital. It ram the left passenger side of my van. There is an eyewitness Mr. Edward Mobile: 96371781, who witnessed what had happened.

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

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
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:

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

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

Sketch Plan #3

Taxi wanted to turn right in Tan Tock Seng Hospital

Ahmad Jalan Tan Tock Seng. Entrance to TTS Hospital 02/06/18

Quotation Details - Quotation No SN-002012-18-20011

Date Created: 7/3/2018

Customer Details:

Absolute - 2 Jun 15 - Fedex
Absolute - 2 Jun 15 - Federal Express (S) Pte Ltd
90 Alps Ave
Singapore 498746
Fax: 6542 6348

View Photo Accident Photo

Vehicle Details

Vehicle No	: GBF 3367 S
Vehicle Make	: Toyota
Vehicle Model	: Hiace 2013
Vehicle Engine No	:
Engine Chasis No	:
Mileage	:

Owner's Accident Details

Job No	**: SN-002012-18-20011**
JobCategory	: TP - Lump Sum
Date of Acident	:
Owner's Insurer	: ,
Location of Accident	:

Suveyor's Details

Surveyor Name	:
Surveyor Company	:
Surveyor ContactNo	:
Surveyor FaxNo	:
Quotation Submission Date	:
Surveyor Approve Date	:
Supplementary Date	:
Supplementary Approve Date	:

Item No	Ref No	Description	QTY	Unit List Price	Mark Up / Discount %	Mark Up / Discount Price	Total Price	Rev Qty	Rev Unit Price	Remarks	Final Total Price	Surveyor Approval
Materials												
1	1	Front Bumper	1	$583.30	-25.00	$437.48	$437.48	0	0		$0.00	Scr
2	2	Front Bumper Retainer LH	1	$166.60	-25.00	$124.95	$124.95	0	0		$0.00	X
3	3	Front Bumper Clips	10	$5.00	-25.00	$3.75	$37.50	0	0		$0.00	Rn
4	4	Headlamp LH	1	$861.10	-25.00	$645.83	$645.83	0	0		$0.00	? Scr
5	5	Front Door LH	1	$1,750.00	-25.00	$1,312.50	$1,312.50	0	0		$0.00	RH
6	6	Wing Mirror LH	1	$833.30	-25.00	$624.98	$624.98	0	0		$0.00	X
7	7	Front Centre Panel LH	1	$180.50	-25.00	$135.38	$135.38	0	0		$0.00	BH
8	8	Sliding Door LH	1	$1,805.50	-25.00	$1,354.13	$1,354.13	0	0		$0.00	BH
9	9	Rear Fender LH	1	$1,464.10	-25.00	$1,098.08	$1,098.08	0	0		$0.00	R

Material Total: $5,770.80 **Final Sub-Total : $0.00**

Special Nett Items

1	10	*FEDEX Sticker	1	$500.00	0.00	$500.00	~~$500.00~~ 300	0	0	$0.00	Ne

Special Nett Items Total: $500.00 Final Sub-Total : $0.00

Labour

1	11	Straighten & Panel Beat Accident Area	1	$1,300.00	0.00	$1,300.00	~~$1,300.00~~	0	0	$0.00	900
2	12	Respray Front Door LH, Centre Panel LH, Sliding Door LH, Rear Fender LH.	1	$1,300.00	0.00	$1,300.00	~~$1,300.00~~	0	0	$0.00	900 ~~200~~
3	13	Labour for sticker	1	$300.00	0.00	$300.00	~~$300.00~~	0	0	$0.00	150

Labour Total: $2,900.00 Final Sub-Total : $0.00

Others

Others Total: $0.00 Final Sub-Total : $0.00

Total Price: $9,170.80 Final Total Price : $0.00

Rasu
Hp 90010068
8 days
4/8
09/03/18 @ 1530
Resurvey after repair
email: rasul@lkkauto.com

13/3/18

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

FIRST CAPITAL INSURANCE LTD

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Ref : CS/FCI18004510/R1rd3q2

Date : 24-04-2018

Code : FCI2

1.	Policy Particulars :- THIRD PARTY CLAIM			
	Insured Veh.	SHB 2394U	**Veh. Inspected**	GBF 3367S
	Policy No.	D-18088937MFSH	**Coverage ($)**	0.00
	Claim No.	D18001880MFSH	**Excess ($)**	0.00
	Assign From	AUNGYM	**Assign Date**	08/03/2018

2.	Vehicle Particulars & Condition			
	Make & Model	TOYOTA HIACE DX 3.0 A	**c.c**	2982
	Engine No.	HIDDEN	**Year of Reg.**	2016
	Chassis No.	KDH2015023417	**Colour**	WHITE
	Odometer	37977	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	NIL
	General	FAIR		

3.	Conditions of Tyres			
		Size	**Make**	**Balance**
	R/H Front Tyre	195 R15C	BRIDGESTONE	6 mm
	L/H Front Tyre	195 R15C	BRIDGESTONE	6 mm
	R/H Rear Tyre	195/80 R15	BRIDGESTONE	6 mm
	L/H Rear Tyre	195/80 R15	BRIDGESTONE	6 mm

4.	Description of Damages
	THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.

5.	General Information			
	Accident Date	03/03/2018	**Inspection Date**	09/03/2018
	Survey held at	MEGA AUTO PTE LTD BLK 10 SIN MING INDUSTRIAL ESTATE SECTOR C #01-04 SINGAPORE 575645		

5a.	Remarks
	A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b.	Estimate Days of Repair	
	ESTIMATED NORMAL PERIOD FOR REPAIR	**8 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBF 3367S

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	SCRATCHED	583.30	583.30
1	FRONT BUMPER RETAINER LH	SERVICEABLE	166.60	-
10	FRONT BUMPER CLIPS @$5.00	NECESSARY	50.00	50.00
1	HEADLAMP LH	SERVICEABLE	861.10	-
1	FRONT DOOR LH	BENT	1,750.00	1,750.00
1	WING MIRROR LH	SERVICEABLE	833.30	-
1	FRONT CENTRE PANEL LH	BENT	180.50	180.50
1	SLIDING DOOR LH	BENT	1,805.50	1,805.50
1	REAR FENDER LH	TO REPAIR SEE LABOUR	1,464.10	-
	LESS 25% DISCOUNT		-1,923.60	-1,092.33
			5,770.80	3,276.97
	SPECIAL NETT ITEMS			
1	FEDEX STICKER (SN)	NECESSARY	500.00	300.00
			500.00	300.00
	LABOUR			
	STRAIGHTEN & PANEL BEAT ACCIDENT AREA INCLUSIVE OF THE REPAIR OF REAR FENDER LH .		1,300.00	900.00
	RESPRAY FRONT DOOR LH,CENTRE PANEL LH,SLIDING DOOR LH ,REAR FENDER LH.		1,300.00	900.00
	LABOUR FOR STICKER .		300.00	150.00
			2,900.00	1,950.00
	GRAND TOTAL		**9,170.80**	**5,526.97**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**4,400.00**

Report Ref No. CS/FCI18004510/R1rd3q2

MRB

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser