

15/5/2010

CC 3 / III 1800 4514 / K1053

LKK:

IDAC:

INS. CASE OWNER:

ASSIGNMENT

Surveyor:

KALVIN

DOI:

07/03/18

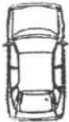
Date / Time:

07/03/18

Registered in Merimen:

08/03/18

Pre-assign / CCU / FTE



Insured Vehicle No. : SJL 56013

Name of Insured :

Insured Tel No. : HP:

Excess Sec II : S\$ D.O.A : 04/03/18

Is driver the owner? (YES / NO) Nature of Accident :

Claim No. :

Policy No. :

Make / Model :

Place of Accident :

If NO, Driver Name / Age :

Driver Tel No. :

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability : % Final ? Yes / No

SNC 6495E

INSRS:
WSP: Premier Auto
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:INSRS:
WSP:
Tel :
Liability :
RMKS:

Date/ Time		STAGE	DATE / PIC
	SNC 6495E - CC4/III 16010636/R1W392 DOA: 07/06/16	Non-Reporting ltr (1st):	
	- NAI/INC13017960/E DOA: 25/09/13	Non-Reporting ltr (2nd):	
	- NAI/LPC08015909/P1 DOA: 26/05/18	Non-Reporting ltr (Final):	
	- NS/INC16023238/H160m2 DOA: 03/12/16	Notification ltr (if non-pickup):	
	SJL 560137 - CC6/III 17018414/K1053 DOA: 22/09/17	Call OI:	
	- NAI/MSG17018289/K4 DOA: 22/09/17	After call ltr to OI:	
20-6-18	SPOKEN TO GRAY AND CONFIRMED MUTUAL SETTLEMENT - HMK.	Documentation Check List: Handler Typist	
		Notification ltr (if non-pickup)	<input type="checkbox"/>
		After call ltr to OI:	<input type="checkbox"/>
18.7.18	YEM IS INSURED UNDER LIBERTY NOT INDIA. 7-18/7/18	Authorisation To Act:	<input type="checkbox"/>
		Release Voucher:	<input type="checkbox"/>
		Final Repair Bill:	<input type="checkbox"/>
		Car Rental Invoice:	<input type="checkbox"/>
		Towing Invoice:	<input type="checkbox"/>
		LTA / GIA :	<input type="checkbox"/>
		Medical Bill:	<input type="checkbox"/>
		PIR:	<input type="checkbox"/>
		Mandate/Reject Instruction:	<input type="checkbox"/>
		LOD	<input type="checkbox"/>
		Payment Breakdown Form:	<input type="checkbox"/>
		Post-Repair Photos:	<input type="checkbox"/>
		Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Confirm by:

Repair Cost:

S\$

(days) Reduction:

%

Email ☐Call ☐

FINAL SETTLEMENT

Date/Time:

Confirm with

Email ☐Call ☐

Final Liability:

%

(Agreed / Assessed) BOLA S/N No. :

If NO or B 28, Ass. Lia :

Repair Cost:

S\$

Loss of Rental (LOR):

S\$

(days)

Loss of Use (LOU):

S\$

(\$ x days)

Loss of Income (LOI):

S\$

(\$ x days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LO ☐

[Tick only one]

GIA/LTA Search

S\$

Medical:

S\$

Disbursement:

S\$

(e.g. Tow/ Independent)

Legal Cost

S\$

Total:

S\$

Global Sum S\$:

FINAL PAYMENT

Date/Time:

Confirm with:

Email ☐Call ☐

Payee 1:

S\$

Name 1:

Payee 2: (Strike if N.A.)

S\$

Name 2:

Payee 3: (Strike if N.A.)

S\$

Name 3:

Survei: Kelvin

ASSIGNMENT

Date: _____ Person Contacted: _____

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

N/S	O/S

[illegible]

Lump Sum / L.E.U. (\$)

☐ Weekend (\$)

TOTAL

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	08 Jul 2015 / 08:00:57	Receipt No.:	AACCK001-AX239-150708-000001
Asset Type:	Vehicle	Transaction Amount:	\$75,176.00
Asset ID:	SHC6495E	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150708080057248232		
Vehicle No.:	SHC6495E		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	08 Jul 2015		
Original Registration Date:	08 Jul 2015		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5593720		
Engine No.:	D4FDEH313565		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2014		
Open Market Value:	\$21,451.00		
Minimum PARF Benefit:	\$13,219.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	08 Jul 2015 08:00:57		
COE No.:	2015070801002828E		
COE Expiry Date:	07 Jul 2023		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$53,004.00		
Lifespan Expiry Date:	07 Jul 2023		

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511

CO. REG:200707743D GST REG:200707743D

7-Mar-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6495 E

1 pc	Rear bumper	\$	696.00
1 pc	Rear bumper lower cover	\$	206.00
2 pcs	Rear bumper side bracket o/s & n/s @ \$29.00	\$	58.00
1 pc	Rear bumper inner sponge	\$	114.00
1 pc	Rear bumper reinforcement	\$	607.00
2 pcs	Rear bumper stay o/s & n/s @ \$53.00	\$	106.00
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00	\$	36.00
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00	\$	36.00
1 pc	Rear bumper o/s reflector @ \$46.00	\$	46.00
			<hr/>
			\$ 1,905.00
Less 10%			\$ 190.50
			<hr/>
			\$ 1,714.50

S/NETT

1 set	Rear bumper clips	\$	48.00
1 set	Reverse sensor	\$	280.00 200
	Sundry	\$	50.00 X
	To dismantle / replace/test reverse sensor to new bumper and reset to the same	\$	120.00 20
	To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.	\$	180.00 X
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the end panel	\$	700.00 200
	To putty and spray painting on rear bumper, end panel	\$	400.00 180
	To apply rustproofing on the repaired and replaced panels.	\$	200.00 X
			<hr/>
			\$ 3,692.50

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

- 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:

Ka/lu/11/11/11
U 7/3/18 10.00am
2 Pys
PIP
Before Paint 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 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	05/03/2018 09:03
Date Of Accident	04/03/2018 07:20
Exact Location Of Accident	GHIM MOH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6495E
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	CHIA KIA HOOD
NRIC No	S0036086D
Date Of Birth	31/07/1952
Occupation	OUTDOOR
Date Of Driving Pass	26/10/1977
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96403761
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 117 #05-318 EDGEFIELD PLAINS
Postcode	820117
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

VEH. A - NO PAX VEH. B - 1 PAX

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	SJL5601B
Vehicle Make/Model/Colour	MITSUBISHI GRANDIS
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	97648012-MR HO/DRIVER'S FATHER
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT PORTION

No. Of Passenger (Including Driver)

2

DETAILS OF INJURED PERSON 1

Name

CHIA KIA HOOD - DRIVER OF VEH. A

Approximate Age

Injuries Sustain

UNWELL, WENT TO MT ALVERNIA HSPTL FOR TREATMENT & HAD 5 DAYS MC

Injured person in which vehicle?

SHC6495E

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

NO

Address

Postcode

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.



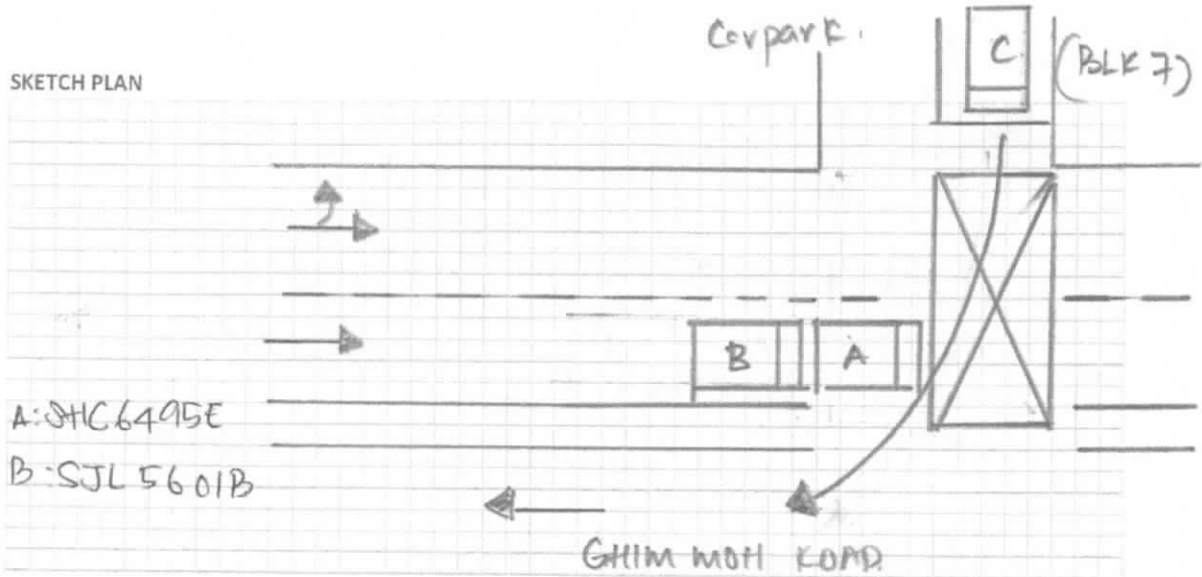
Policyholder's Signature
Date & Time:

Rlood
SHC 6495E
0036086 D
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

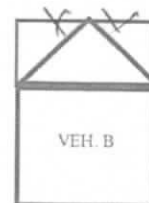
As stated in police report, dated 04/03/18, police report number. T/20180304/2038
at Toa Payoh NPC.

Brief Details.

On 04/03/2018 at about 0720hrs, I was driving my silver colour taxi bearing registration no: SHC 6495E along Ghim Moh Road, Near Blk 7, an unknown car drove out from the carpark suddenly causing me to jam brake. However another Mitsubishi car bearing registration no: SJL 5601B could not brake in time and collided into the rear of my taxi. Due to the accident, my taxi rear bumper was out of alignment and there are scratches.

As the accident happened too fast, I forgot to take down the other driver particulars. I felt pain on my chest area and went to see a doctor at Mt Alvernia Hospital and was given 5days of MC. There is a camera installed in my taxi however it capture only the front view. That is all.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



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.:



**SINGAPORE
POLICE FORCE**



T/20180304/2038

1 of 3

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

Report No. T/20180304/2038

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/03/2018 13:59		Vide Report No.:		Station Diary No.: 61	
Informant's Particulars					
Name of Informant: CHIA KIA HOOD			Address: APT BLK 117 EDGEFIELD PLAINS #05-318 SINGAPORE 820117		
ID Type / ID No.: NRIC NO / S0036086D			Contact No.: Home/Office: Mobile: 96403761		
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 65	Date of Birth: 31/07/1952	Type of Informant: Driver		
Race: Chinese			Language: Chinese		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class: 2B,2A,2,3 Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 04/03/2018 07:20	Type of Location: Straight Road
Location: Along Road 1. GHIM MOH ROAD				
Accident occurred along Ghim Moh Road				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Light
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SHC6495E	TAXI				Slightly Damaged	0
SJL5601B	Car					1



**SINGAPORE
POLICE FORCE**



T/20180304/2038

2 of 3

Report No. T/20180304/2038

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Brief Details.

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**SINGAPORE
POLICE FORCE**



T/20180304/2038

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

3 of 3

Report No. T/20180304/2038

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report: E / Sgt 2 CHI WEI SIANG, DESMOND	Signature Of Informant: <i>R. Hoed</i>
Signature Of Interpreter: Not applicable	Date/Time: 04/03/2018 13:59
Officer In Charge Of Case: TP / AEIT / SSI 2 YEO GEAK ENG CECILIA Contact No.: 65476404	Classification Of Case:

Authentication Stamp
NP168



SN 168



Land Transport Authority
10 Sin Ming Drive
Singapore 575701
GST Registration No. : M4-0006529-2

Print Date/Time : 05 Mar 2018 / 13:51:46

Receipt Date/Time : 05 Mar 2018 / 13:51:46

Tax Invoice/Receipt

Receipt No. : ITNET-00000-180305-001186

Previous Receipt No. :

S/N	Item Description/ Business Transaction Reference No.	Amount Before GST (S\$)	GST Amount (S\$)	Amount After GST (S\$)
Result of Insurance Enquiry - SJL5601B				
As at 04 Mar 2018/07:20:00				
Insurance Co: INDIA INT'L INS PTE LTD				
1	Insurance Enquiry - SJL5601B Enquiry Fee 20180305135114751260	7.00	0.49	7.49
Sub-Total		7.00	0.49	7.49
Total Before Rounding		7.00	0.49	7.49
Rounding Difference				0.04
Total Amount Payable				7.45
Paid By				
	xxxxxxxxxxx0416	Credit Card: Visa/MasterCard		7.45
Total				7.45
Cash Change				0.00
Tendered Amount				7.45
Excess Refundable Amount				0.00

THANK YOU AND HAVE A NICE DAY!

Please ensure that all payments to the Authority are good and promptly settled by the payment service provider / financial institution. Otherwise, the transaction and receipt is considered void and late fee may apply.

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG:200707743D GST REG:200707743D

7-Mar-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6495 E

1 pc	Rear bumper		\$ 696.00
1 pc	Rear bumper lower cover		\$ 206.00
2 pcs	Rear bumper side bracket o/s & n/s @ \$29.00	X 5	\$ 58.00
1 pc	Rear bumper inner sponge	X 5	\$ 114.00
1 pc	Rear bumper reinforcement	X 5	\$ 607.00
2 pcs	Rear bumper stay o/s & n/s @ \$53.00	X 5	\$ 106.00
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2 pcs	Rear bumper reinforcement upper bracket @ \$18.00	X 5	\$ 36.00
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			<hr/>
			\$ 1,905.00
			Less 10%
			\$ 190.50
			<hr/>
			\$ 1,714.50

S/NETT

1 set	Rear bumper clips		\$ 48.00
1 set	Reverse sensor		\$ 280.00
Sundry			\$ 50.00
To dismantle / replace/test reverse sensor to new bumper and reset to the same			\$ 120.00
To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.			\$ 180.00
To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the end panel			\$ 700.00
To putty and spray painting on rear bumper, end panel			\$ 400.00
To apply rustproofing on the repaired and replaced panels.			\$ 200.00
			<hr/>
			\$ 3,692.50

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES

- To resurvey before other 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:

st:

9/3/18
costs up \$1150 / 2017

Ka/Lu/Ulu
7/3/18 10:00h
2 Pys
PIP
Before Paint p/b