

ASS. REC. BY:

REF: CS/FCI 18005679 / R1rd3

Special Instruction:

Surveyor:

CWS

ASSIGNMENT (Office)

From (Person):

Aung Yin Min

of FCI

Date/Time: 27/3/18 @ 12:39pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SFM 6444Z

Insured:

SHC 0686K

at Workshop m/s

Mova Automotive

Tel:

6272 3892

of

Blk 1008, Bkt Merah Lane 3 # 01-04

Policy No:

Claim No:

D17011223MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

02/12/2017

CA / REV / REP. / REV 24 HRS (DS)

H.O.D. Endorsement:

Date/Time:

2:16pm @ 27/3/18

Person Contacted:

Nitha

Vehicle IN

OUT

Date/Time

Action/Instruction (✓) Estimate

SFM 6444Z - NA/INC 09013367/r

D.O.A: 15/6/2009

SHC 0686K - CS3/FCI 15021155/Ugbd1

D.O.A 8/12/15

9686 9275

Confirm with Jaelyn P/P \$600 @ 3 days

Red: \$172.40, 22%

MOTOR SURVEY ASSIGNMENT

Date	05-12-2017	Our Ref No. D17011223MFSH
Accident Date	02-12-2017	Claim Type. Third Party
Insured Vehicle	SHC0686K	Third Party Vehicle. SFM6444Z
Survey Location	BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08	
Contact Person.	NITHA	
Contact No.	62723892/ 0	Fax No. 62708314
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	MOVA AUTOMOTIVE 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/231469)



PRI Documents



Close



PRI Header Details

Claim No	D17011223MFSH	Policy No	D-15072702MFSH	Claimant S.No & Name	1 & MOVA AU
Workshop Name	MOVA AUTOMOTIVE PTE LTD (Contact Person : NITHA)	Survey Location & Contact Details	BLOCK 1008 BUKIT MERAH LANE 3 #01-04/06/08 Mobile: 0 , Phone: 62723892 , Fax: 62708314 EmailId: NITHA@MOVA.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	DIRECT SETTLEMENT:		
Insured Name	CITYCAB PTE LTD	Insured Vehicle No	SHC0686K	TP Vehicle No	SFM6444Z
PRI Recieved Date	26-03-2018 07:58:47 PM	Surveyor Appointed Date	27-03-2018 12:38:20 PM	Surveyor Accept Date	27-03-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	27-03-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="Select Year"/>
Chasis No	<input type="text"/>	Engine No	<input type="text"/>	Mileage	<input type="text"/>
Color	<input type="text"/>	Cubic Capacity	<input type="text"/>		

Multiple Documents Upload

<input type="button" value="Upload Multiple Documents"/>	
File Name	Action

Surveyor Job Remarks

Remarks	<input type="text"/>	<input type="button" value="Save"/>
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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 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	04/12/2017 10:31
Date Of Accident	02/12/2017 19:45
Exact Location Of Accident	594 UPPER THOMSON RD ESSO SERVICE STATION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SFM6444Z
Insured/Policyholder	
Name Of Registered Owner	TRIPLE J MARKETING
Co Reg No	53326960A
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96336141

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE 1.5G CVT
Exact Purpose for which vehicle was being used at time of accident	
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	GA099403/1
Cover Note Number	

Driver

Name of Driver	EVA MARIE CHAN LAY NEO
NRIC No	S7625797C
Date Of Birth	05/09/1976
Occupation	INDOOR
Date Of Driving Pass	20/04/2002
Driving Experience	15 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81861919
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	14 THONG SOON GREEN
Postcode	787320
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	YES
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)	4

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	GEYLANG SERAI NEIGHBOURHOOD POLICE POST
Police Station Address	ROAD: BLK 111 ALJUNIED CRESCENT #01-102 , POSTCODE: 380111 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-7459999 - FAX NO: 67455673
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

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

Vehicle Registration Number	SHC686K
Vehicle Make/Model/Colour	
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

DETAILS OF INJURED PERSON 1

Name	EVA MARIE CHAN LAY NEO
Approximate Age	41
Injuries Sustain	
Injured person in which vehicle?	SFM6444Z
Were seat belts worn?	YES
Was injured conveyed to hospital by ambulance?	YES
Address	14 THONG SOON GREEN
Postcode	787320

Sketch Plan Pg. 1

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 willful 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 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.
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.



[Handwritten signature]

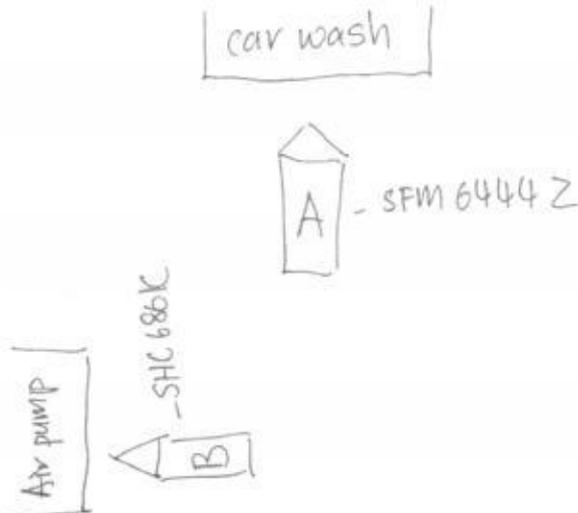
Policyholder's Signature / Date & Time

[Handwritten signature]

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

Witnessed by Reporting Centre Personnel

Sketch Plan



Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20171203/2055

1 of 4

Report No. T/20171203/2055

Police Station Of Origin:
Geylang Serai NPP
111 Aljunied Crescent #01-102 SINGAPORE
380111
Tel No: 1800-7459999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2017 14:23	Vide Report No.:	Station Diary No.: 27
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Informant's Particulars			
Name of Informant: EVA MARIE CHAN LAY NEO		Address: 14 THONG SOON GREEN SINGAPORE 787320	
ID Type / ID No.: NRIC NO / S7625797C		Contact No.: Home/Office: Mobile: 81861919	
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Female	Age: 41	Date of Birth: 05/09/1976	Type of Informant: Driver
Race: Chinese		Language:	Institution / School Name:
Occupation: Admin Officer		Driving Licence Information: Class: 3	Date of Expiry:

General information of the Accident				
Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 02/12/2017 19:45	Type of Location: ESSO Service Station
Location: Along Road 1 UPPER THOMSON ROAD 594 UPPER THOMSON ROAD ESSO SERVICE STATION				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: One Way		Traffic Control: Not Controlled		Traffic Volume: No Traffic
Type of Collision: Between Moving Vehicles - Side to Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SFM6444Z	Car	HONDA	SHUTTLE 1.5G CVT	White	Slightly Damaged	3
SHC686K	Car	HYUNDAI	I40 1.7L CRDI AT ABS AIRBAG 4DR	Yellow	No Damage	0

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20171203/2055

2 of 4

Police Station Of Origin:
Geylang Serai NPP
111 Aljunied Crescent #01-102 SINGAPORE
380111
Tel No: 1800-7459999

Report No. T/20171203/2055

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	EVA MARIE CHAN LAY NEO	ID No.	S7625797C
Related Vehicle	SFM6444Z (Car)	Contact No.	81861919
Hospital/Clinic	C3 Family Clinic @Aljunied Crescent	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	03/12/2017	Date Discharge	03/12/2017
No. of Days granted Medical Leave	03	Degree of Injury	Slight
Driver			
Name	Chay Kum Fook	ID No.	S0343162B
Related Vehicle	SHC686K (Car)	Contact No.	98007346
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 2/12/2017 at about 1945hrs, I went to the above mentioned place to wash my car and vacuum upon reaching I saw that there were two stools placed in front of the washing area. I assumed that it was closed as there was no staff at the area as well. As such, I reversed my car out to exit the mentioned area.

While reversing I saw SHC686k was on the rear left of my vehicle and I sounded my horn to signal to SHC686K about my intention to reverse out. While reversing I came to a stop as I wanted to reverse more to the right side. Out of the sudden I heard a bang and then I realized that the rear left portion of my vehicle hit onto the rear of SHC686K while SHC686K was trying to reverse out.

I got off my vehicle and questioned the driver and he mentioned to me that he did not hear my horn. I made a check on my vehicle and I realized that there was some scratches on the rear left of my vehicle. We was unable to come to a settlement in terms of our claim as such I am here to lodge a police report against him for claiming purposes as well.

On the 3/12/2017 at about 1330hrs, I went to C3 Family Clinic @Aljunied Crescent and I was given a three-day MC from the time period of 03/12/2017 to 05/12/2017 due to muscle strain.

Sketch Plan Pg. 5



**SINGAPORE
POLICE FORCE**



T/20171203/2055

Police Station Of Origin:
Geylang Serai NPP
111 Aljunied Crescent #01-102 SINGAPORE
380111
Tel No: 1800-7459999

CONTINUATION OF REPORT

3 of 4
Report No. T/20171203/2055

Sketch Plan Pg. 6



SINGAPORE
POLICE FORCE



T/20171203/2055

Police Station Of Origin:
Geylang Serai NPP
111 Aljunied Crescent #01-102 SINGAPORE
380111
Tel No: 1800-7459999

4 of 4
Report No. T/20171203/2055

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: G / Sgt 2 ANG YI FENG, ELSON	Signature Of Informant: 
Signature Of Interpreter: Not applicable	Date/Time: 03/12/2017 14:23
Officer In Charge Of Case: TP / AEIT / SSI 2-YEO GEAK-ENG CECILIA Contact No.: 65476404	Classification Of Case:
Authentication Stamp  Singapore Police Force	

Main Office:
 Mova Building
 No. 22, Jalan Kilang,
 Singapore 159419
 Tel: (65) 6476 3333
 Fax: (65) 6271 5891
 www.mova.com.sg

Workshop Dept:
 Block 1008,
 Bukit Merah Lane 3,
 #01-04/06/08/94
 Singapore 159722

Tel: (65) 6272 3892
 Fax: (65) 6270 8314

Co. Reg. 198904033G
 GST Reg. M2-0088864-2

Estimate

24/03/2018

MS FIRST CAPITAL INSURANCE LIMITED
 36 Robinson Road
 #16-01 City House
 Singapore 068877.

Page # :- 1

Veh # :- SFM6444Z

Veh Model :- HONDA SHUTTLE

Estimate# :- CK417259

Claim # :- TP/CK131147

ACC. Date :- 02/12/17

Terms :- C.O.D Days

Remarks :- MFG 12 Apr 2016 (2015)

Attention :- XA026

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	REAR BUMPER SIDE RETAINER LH	1	PC 28.00	28.00
2.	REAR BUMPER - REPAIR	1	PC	
3.	REAR FENDER - REPAIR	1	PC	
LIST TOTAL S\$				28.00
20% DISCOUNT S\$				-5.60
				22.40
LABOUR :				
TO KNOCK AND STRAIGHTEN ON REAR BUMPER, REAR FENDER LH. TO ALIGN CONNECTION				200 350.00
TO SPRAY PAINT ON REAR BUMPER & REAR FENDER LH				400 500.00 40.00
LABOUR TOTAL S\$				390.00
				772.40

E. & O.E

NON-TAX AMOUNT S
 AMOUNT S\$ 412.40
 GST @ 7% 28.87

AMOUNT DUE S\$ 441.27

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

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:

Repair
 HP 90010068
 3 days
 P/P
 10/04/18 P1450
 Reg after repair

June



Estimate

24/03/2018

MS FIRST CAPITAL INSURANCE LIMITED
36 Robinson Road
#16-01 City House
Singapore 068877.

Page # :- 1
Veh # :- SFM6444Z
Veh Model :- HONDA SHUTTLE
Estimate# :- CK417259
Claim # :- TP/CK 131147
ACC. Date :- 02/12/17
Terms :- C.O.D Days
Remarks :- WFA 12 Apr 2016 (2015)

Main Office:
Mova Building
No. 22, Jalan Kilang,
Singapore 159419
Tel: (65) 6476 3333
Fax: (65) 6271 5991
www.mova.com.sg
Workshop Dept:
Block 1008,
Bukit Merah Lane 3,
#01-04/06/08/94
Singapore 159722
Tel: (65) 6272 3892
Fax: (65) 6270 8314
Co. Reg. 198904033G
GST Reg. M2-0088864-2

Attention :- XA026

No.	Description	Qty	U.Price	Amounts S\$
LIST ITEMS :				
1.	REAR BUMPER SIDE RETAINER LH	1 PC	28.00	28.00
2.	REAR BUMPER - REPAIR	1 PC		
3.	REAR FENDER - REPAIR	1 PC		
LIST TOTAL S\$				28.00
20% DISCOUNT S\$				-5.60
				22.40
LABOUR :				
TO KNOCK AND STRAIGHTEN ON REAR BUMPER, REAR FENDER LH. TO ALIGN CONNECTION				200 350.00
TO SPRAY PAINT ON REAR BUMPER & REAR FENDER LH				400 500.00
LABOUR TOTAL S\$				600-00 850.00

E. & O.E

NON-TAX AMOUNT S *3 days* = 772.40
 AMOUNT S\$ ~~442.40~~
 GST @ 7 % 28.87
 AMOUNT DUE S\$ 441.27

Customer's Signature/Co. Stamp **MOVA AUTOMOTIVE PTE LTD**

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:

Repair
HP 90010068
3 days
P/P
10/04/18 P1450
Reg after repair



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

Ref : CS/FCI18005679/R1rd3s2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 27-09-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHC 686K	Veh. Inspected	SFM 6444Z
Policy No.	D-15072702MFSH	Coverage (\$)	0.00
Claim No.	D17011223MFSH	Excess (\$)	0.00
Assign From	AUNG YIN MIN	Assign Date	27/03/2018

2. Vehicle Particulars & Condition

Make & Model	HONDA SHUTTLE 1.5G	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	GK81003617	Colour	WHITE
Odometer	038749	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/50 R16	FALKEN	6 mm
L/H Front Tyre	205/50 R16	FALKEN	6 mm
R/H Rear Tyre	205/50 R16	FALKEN	6 mm
L/H Rear Tyre	205/50 R16	FALKEN	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S REAR PORTION.
DAMAGES SEE DETAILS.

5. General Information

Accident Date	02/12/2017	Inspection Date	10/04/2018
Survey held at	MOVA AUTOMOTIVE PTE LTD BLK 1008 BUKIT MERAH LANE 3 #01-04/06/08 SINGAPORE 159722		

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: **3 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. SFM 6444Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER SIDE RETAINER LH	NOT NECESSARY	28.00	-
1	REAR BUMPER (NPA)	TO REPAIR SEE LABOUR	-	-
1	REAR FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-5.60	-
			22.40	-
LABOUR				
	TO KNOCK AND STRAIGHTEN ON REAR BUMPER, REAR FENDER LH. TO ALIGN CONNECTION.		350.00	200.00
	TO SPRAY PAINT ON REAR BUMPER & REAR FENDER LH.		500.00	400.00
			850.00	600.00
GRAND TOTAL			872.40	600.00
RECOMMENDED COST OF REPAIRS				600.00

Report Ref No. CS/FCI18005679/R1rd3s2

MOHAMMED RASUL BIN MOHD YUNUS

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.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.