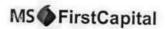
urveyor	GQ.	1	ASSIGNME	NT (Office)	1	×
): (WS Eilen					Time: 17042018 24
Estimated Co.	st;			Bill to:		
OD HOP W	STTP RESTOD R	ES/EVA/	INV / MV / C	S	•	PAS SHIPPINE
To Inspect Ve	chicle No:	SLB	57426		Insured:	SHC 1268C
at Workshop	m/s	Allswell	mda		Tel:	6679 1146
of		25 Defi				
Policy No:				Claim No:	0180	WJ886MFSH
200						
Sum Insured:				Excess:		
Make of Veh				Excess: _	DO	A 13042018
Make of Veh: (Client's Record	d)					.A. 13042018
Make of Veh: (Client's Record	/ REP. / REV 24			19.042018	@ Ilam	O.D. Endorsement:
Make of Veh: (Client's Record	d)			19.042018	@ Ilam	O.D. Endorsement:
Make of Veh: (Client's Record	/ REP. / REV 24	M Perso	n Contacted: _	19.042078 Cai Yol	@ Ilam	O.D. Endorsement:
Make of Veh. (Client's Record CA / REV Date/Time;	Action/Instruction	Perso	n Contacted: _	19.042078 Cai Yol	@ Ilam	O.D. Endorsement:
Make of Veh. (Client's Record CA / REV Date/Time;	Action/Instruction SLB 57416	Perso	on Contacted: _	19.042018 (Cai Yol	O Nam H.	O.D. Endorsement:
Make of Veh. (Client's Record CA / REV Date/Time;	Action/Instruction SLB 57142 G SHC 1268C	Perso (X - X - 78/FC	on Contacted: _) Estimate LIUU07090	19.042018 Cai Yal	O Nam H. Vehic	O.D. Endorsement:

A	SSIGNMENT
From: Date: 19042018	Veh No: 5UB 57426 Yr Regn: 14 Ap 1
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
OD (TP) WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or
To Inspect Vehicle No: SLB 5742G	Make: Toyota Vellfire c.c 249 Colour Grey A/C: Insured/Std/NI
at Workshop m/s All swell mota.	Colour Grey A/C Insured / Std / NI
of 25 Pefu lak 9	Sp.Reading 156271 T/Radio: Insured / Std / NI
Insured	Eng/No:
Policy No.	C/No: AGH 3 000 325 37
Claims No.	Gen. Cond: Good / Fair / Poor / Burnt
Sum Insured: Excess:	Steering: In order / Jammed / Leaked / Burnt or
(Client's Record)	Brake: In reer / Jammed / Leaked / Burnt or
Make of Veh:	Modi: Nil / SRim / STD A/Rim or
1, Lam	Tyre Size: F: 245/45 8 R 18
(Policy Condition)	R:
7 7	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO OF West lake
Bal, or Market Value: \$157 k.	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/Bal. 6
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/Bal. 6
Est. Repairs:	D.O.A. D.O.I. 19-04
Lum Sum: % 3 Val.: Yes or No	Survey held at W/S
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S / U/C / Rooftop or
Vehicle: IN / 0	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure affected due to co
Date / Time Action / Instruction	36 with Ben iRed & 1641.74, 29%.)
1410 hulian \$ 1141.	. .
DECEL	VED 1 3 DEC 2018
RECEI	
	V.=\\.
	12/12/2
	Days Of Repair:
Date/Time, File Pass to? : Preli. Report	Day's Orritopani
1) v v WWW : Final Report	Resurvey No. of Trip: Survey Fee: //
2) Add	F. []
- Add	Interview (\$) Photos
Report Format: 70	Tech Invs (\$) Others
Lump 8um / I.B.I: (\$ 39.49-36)	Weekend (\$
The state of the s	TATASSED AND AND AND AND AND AND AND AND AND AN
	TOTAL 2



MS First Capital Insurance Limited Co.Reg. No. 195000106C 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

16-04-2018

Our Ref No. D18002886MFSH

Accident Date

13-04-2018

Claim Type. Third Party

Insured Vehicle

SHC1268C

Third Party Vehicle. SLB5742G

Survey Location

25 Defu lane 9

Contact Person.

MR BEN OOI

Contact No.

66791146/91478545

Fax No. 0

Survey Type

WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:

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

ALLSWELL MOTOR

TRADERS

Attention. NIL

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

EILEEN LEE

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.

Shiau Chan (LKKAuto)

From:

Shiau Chan (LKKAuto)

Sent:

Friday, 20 April 2018 2:51 PM

To:

'Claim Workflow System'

Cc:

EILEENLEE@MSFIRSTCAPITAL.COM.SG; assignments; SUR

Subject:

RE: SURVEY ASSESSMENT - D18002886MFSH/1

Attachments:

CSFCI18007117Gqb.pdf

Dear Eileen,

Enclosed herewith preliminary advice of SLB 5742G.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Catherine Chong (LKK Auto) [mailto:admin-d@lkkauto.com]

Sent: Tuesday, 17 April, 2018 3:55 PM

To: 'Claim Workflow System' < cwsmotorclaims@msfirstcapital.com.sg
Co: EILEENLEE@MSFIRSTCAPITAL.COM.SG; ASSIGNMENTS@LKKAUTO.COM

Subject: RE: SURVEY ASSESSMENT - D18002886MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer will arrange.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: <u>assignments@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]

Sent: Tuesday, 17 April, 2018 2:41 PM To: <u>ASSIGNMENTS@LKKAUTO.COM</u>

Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; EILEENLEE@MSFIRSTCAPITAL.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D18002886MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey. Kindly submit your report via CWS within the next 14 days.

Best Regards, Admin Team



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

Your Ref: <u>D18002886MFSH</u> Our Ref: <u>CS/FCI18007117/Gqb</u> Date: 20 April 2018

The Motor Claims Department First Capital Insurance Ltd

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLB 5742G .

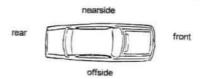
Please be informed that we had conducted the inspection of the abovementioned vehicle on $\underline{19/04/2018}$ at the premises of M/s $\underline{ALLSWELL\ MOTOR}$. and have the following to report:-

Workshop Estimate Amount	: S\$	5,590.60	
Revised Estimate Amount	: S\$	3,990.13	
"Check" Items Amount	: S\$	*	
Market Value	: <u>S</u> \$	-	
LTA Reimbursement Value	: <u>S\$</u>	-	
Nett Value	: <u>S\$</u>	-	

Pending for parts prices.

Description of Damage:

<u>The vehicle sustained damages</u>
at the rear portion.



Yours faithfully

Guo Qiang Automotive Assessor **Enquire PARF/COE Rebate for Registered Vehicle**

Owner ID Type:	Company
Owner ID:	2541Z
Vehicle Details	
Vehicle No.:	SLB5742G
Vehicle to be Exported:	No
ntended De-registration Date:	20 Apr 2018
Vehicle Make:	ТОУОТА
/ehicle Model:	VELLFIRE 2.5Z G EDITION A
Primary Colour:	Grey
Manufacturing Year:	2015
ngine No.:	2ARH609985
Chassis No.:	AGH300032537
Maximum Power Output:	134.0 kW (179 bhp)
Open Market Value:	\$40,273.00
Original Registration Date:	14 Apr 2016
irst Registration Date:	14 Apr 2016
ransfer Count:	0
Actual ARF Paid:	\$48,383.00
ntended PARF Rebate Details	
ARF Eligibility:	Yes
ARF Eligibility Expiry Date:	13 Apr 2026
ARF Rebate Amount:	\$36,287.00
ntended COE Rebate Details	
OE Expiry Date:	13 Apr 2026
OE Category:	B - Car above 1600cc or 97kW (130bhp)
OE Period(Years):	10
QP Paid:	\$47,000.00
OE Rebate Amount:	\$37,517.00
otal Rebate Amount:	\$73,804.00

The information contained herein is correct as at 20 Apr 2018

OK

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 <u>truthful and accurate</u> 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.	
STATE OF PARTY OF LIGHT	ACCIDENT STATEMENT
Date Of Report	14/04/2018 10:27
Date Of Accident	13/04/2018 18:10
Exact Location Of Accident	SIMEI TOWARD EXPO NEXT TO CHANGI HOSPITAL
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	SLB5742G
Insured/Policyholder	
Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE LTD
Co Reg No	201432541Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625405
Vehicle Particulars	
Manufacturer	TOYOTA
Model	VELLFIRE-2.5 Z G-EDITION CVT (A)
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 HIRE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5085700497-01
Cover Note Number	
Driver	
Name of Driver	TAN BOON SIONG

Name of Driver TAN BOON SIONG

 NRIC No
 S7128276G

 Date Of Birth
 19/08/1971

 Occupation
 OUTDOOR

 Date Of Driving Pass
 11/09/2003

Driving Experience 14 YEARS AND 7 MONTHS

Gender MALE

Mobile Number (LOCAL) +65-90596598

Fax Number

Contact Number

EMail Address NOEMAIL

Address

BLK 704 JURONG WEST STREET 71 #04-92

Postcode

640704

Was driver an employee of the Insured's Company NO

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

COLLISION - HEAD TO REAR

OTHER - HIRER & LEASEE

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

NO

ambulance? Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance. 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 THE 13TH APR 2017, AT AROUND 6.10PM, I WASH STOPPING AT THE TRAFFIC LIGHT ON SIMEI AVE WAITING FOR THE LIGHT TO TURN GREEN, DURING THIS TIME, I HEAD A SQUEAKING SOUND FROM THE BACK AND NEXT MOMENT WAS BANG BY THE TAXI DRIVER.

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

SHC1268C

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

TAXI

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

Sketch Plan

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
- 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.
- 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.
- The report will be forwarded by the insurers of the GIA Recurds 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 cupies of the report being made available aforesoid.
- 8. Consent under the Personal Data Protection Act (PDPA)

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 insurers) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law lirms, 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 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.
 - 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

Data & June

Driver's Signature

(if driver is not the policyboilier)

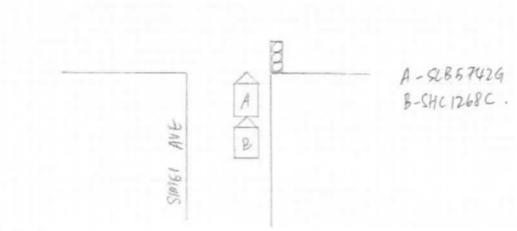
Date & Time

Reporting Centre Personnel's Signature

NRIC/TIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

1 E 12 E 13
the traffic light on Since the auniting for the light to
the traffic light on Since Are another for the light to
the one
tun gren.
2 During this time I head a surring count from the ball
2 During this time I head a query count from the ball and next number was bring by they Taxi draw.
the true true and the true of the course,

DECLARATION

I/We declare the laregoing particulars are true in every respect.

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

Reporting Centre Personnel's Signature
Name:
NRIC/FIN No.: 14/04/18
Chai Ye.C.

Allswell Motor Traders

25 Defu Lane 9 Singapore 539266 ence notify

Tel: +65 6679 1146 pairer of email:ben@allswellmotor.com.sg

- . To resurvey before/after spray painting
- . To display damaged part(s) during resurvey

(3rd party claim against

. No illegal modification(s) is allowed

· Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Estimate repair

Vehicle No.

Acknowledged by Spars 5742 G

Make & Model ate

Chassis No.

Date of survey

4 Days. pot/before put

Capital Mumed SHC126BC)

Submitted by COE expiry Engine No.

S/No	Part Description	Qty	Unit Price	Price "	Disposition by
01.	Toulgate 1718.45	01	#1-896.0		Buc
O3 .	Rear Sumper 1219.4	01	#1,319.0		ee
٥3.	sensor / casing outer billy	-01	_		
04	End panel	01	-		* repour
69a	End ranel top garnish	01	¢316.5	/	ee
01.	Bumper clips (9) \$11.00 each	07	-	\$24.D	- BC
Oa	Sealand near mindsovoen 40	01	-	母120.0	1 45
03	SRM80 VRON CHW COURSE LOW	01	-	#260·D	- DM
04.	Glass mouding 50	0[_	\$ 2100	25 %
01	Dismantle / Assembly of	01	4710		10
01	toulgate / bum per / sunsors/	01	4 >60	150	
	end paul garnish				
63 .	Repair of end pavel	ol	\$360	300	
03.	premantle 1 Assembly of	01	4180	100	
	tailgale glass				
04.	Spray painting of tangate.	01.	件1200-0	De.	700
	auti-rust parut			400	1250

Note: If any of the quoted parts are recommended to be repaired, then an additional labour cost will be charged accordingly under supplementary. 3183.15

25%, 2387,36

6034.90





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 Internat	ionale Des Experts En Automob	oile			
MS I	FIRST CAPITAL IN	ISURANCE LTD	Ref : CS/FCI18007117	/Gqbe2			
	OBINSON ROAD 01 CITY HOUSES	INGAPORE 068877	Date: 13-12-2018 Code: FCI2				
1.		Policy Particulars	s :- THIRD PARTY CLAIM				
	Insured Veh.	SHC 1268C	Veh. Inspected	SLB 5742G			
	Policy No.		Coverage (\$)	0.00			
	Claim No.	D18002886MFSH	Excess (\$)	0.00			
	Assign From	EILEEN LEE	Assign Date	17/04/2018			
2.		Vehicle Part	ticulars & Condition				
	Make & Model	TOYOTA VELLFIRE	c.c	2493			
	Engine No.	HIDDEN	Year of Reg.	2016			
	Chassis No.	AGH300032537	Colour	GREY			
	Odometer	156271	Steering	IN ORDER			
	Brakes	IN ORDER	Modification	SPORTS RIM			
	General	GOOD					
3.		Condi	tions of Tyres				
		Size	Make	Balance			
	R/H Front Tyre	245/45Z R18	WEST LAKE	6 mm			
	L/H Front Tyre	245/45Z R18	WEST LAKE	6 mm			
	R/H Rear Tyre	245/45Z R18	WEST LAKE	6 mm			
	L/H Rear Tyre	245/45Z R18	WEST LAKE	6 mm			
4.		Description of Damages					
	THE VEHICLE SU	STAINED DAMAGES AT THE R	EAR PORTION.				
	DAMAGES SEE D	ETAILS.					
5.		Gener	al Information				
	Accident Date	13/04/2018	Inspection Date	19/04/2018			
	Survey held at	25 DEFU LANE 9					
	Repairer	ALLSWELL MOTOR TRADER	S				
5a.			Remarks				
	B)THE INSPECTION	ISISTENT TO ACCIDENT REPO ON WAS CONDUCTED ON A"W CE TO YOUR INSTRUCTIONS, "	ITHOUT PREJUDICE" BASIS				
5b.		Estimate	e Days of Repair				
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	5 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. SLB 5742G

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	TAILGATE	BUCKLED	1,896.00	1,718.45
1	REAR BUMPER	DEFORMED	1,319.00	1,219.40
1	END PANEL (NPA)	TO REPAIR SEE LABOUR	-	-
1	END PANEL TOP GARNISH	DEFORMED	316.50	245.30
	LESS 25% DISCOUNT		_	-795.79
			3,531.50	2,387.36
	SPECIAL NETT ITEMS			
2	BUMPER CLIPS @\$11.00 (SN)	NECESSARY	22.00	22.00
1	SEALANT REAR WINDSCREEN (SN)	NECESSARY	120.00	40.00
1	SENSOR REAR (SN)	DAMAGED	260.00	200.00
1	GLASS MOUDLING (SN)	NECESSARY	100.00	50.00
			502.00	312.00
	LABOUR			
	DISMANTLE / ASSEMBLY OF TAILGATE / BUMPER / SENSORS / END PANEL GARNISH. INCLUSIVE OF THE REPAIR OF END PANEL.		260.00	150.00
	REPAIR OF END PANEL.		360.00	300.00
	DISMANTLE / ASSEMBLY OF TAILGATE GLASS.	1	180.00	100.00
	SPRAY PAINTING OF TAILGATE, REAR BUMPER INCLUDING ANTI-RUST PAINT.		1,200.00	700.00
			2,000.00	1,250.00
	GRAND TOTAL		6,033.50	3,949.36

3,949.36 RECOMMENDED COST OF REPAIRS

Report Ref No. CS/FCI18007117/Gqbe2

XING GUO QIANG

M.MATAI, AMSAE-A

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 contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.