

03/03/2018

AST. REC. BY:

REF:

CS3/GAL18007921/TI 2462

Special Instruction:

Surveyor

Taufelch.

ASSIGNMENT (Office)

From (Person):

Kelyna

of

GAL

Date/Time:

30042018 326pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

XD 8588m

Insured:

SLE 340SU

at Workshop m/s

Yee Keong Motor

Tel:

9780 8928.

of

No. 14 Penjuru Rd

Policy No:

Claim No:

Sum Insured:

Excess:

Make of Veh:

D.O.A.

26042018

(Client's Record)

CA / REV / REP. / REV 24 HRS w/p.

H.O.D. Endorsement:

Date/Time:

30042018 3:42pm

Person Contacted:

Mr. Hiew

Vehicle IN / OUT

Date/Time

Action/Instruction (X) Estimate

XD 8588m - X

SLE 340SU - CS/FC16022421 / K/bn2

DUT: 23.11.16

After repair: 7/5/2018

## ASSIGNMENT

From: Date: 30042018

Estimated Cost:

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

To Inspect Vehicle No:

at Workshop m/s

of

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:

IDAC Accident Report: Consistent?: Yes or No

GIA / PR Seen: Consistent?: Yes or No

Est. Repairs: 7 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: XD 8588M Yr Regn: Apr / 11

Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Tipper Truck

Make:

Isuzu

C.C 15681

Colour:

Blue

A/C: Insured / Std / NI / NA

Sp. Reading:

292051

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JALCYZ52 KB7000023

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

295/80R22.5

R:

(D)

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Transtone

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

D.O.I.

30/4/18 4pm

Survey held at

Yee Keong

Des. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

Rear ds, u/c

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Estimated repair range \$5,000 - \$7,000

6/2/18

Submit PRS Report.

5/1/2018

Date/Time, File Pass to?

☐

Preli. Report

1)

☐

Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

100

Transportation

S + RS, SI

Photos

Others

TOTAL

100

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Report Format:

Lump Sum / I.B.I: (\$)

**Catherine Chong (LKK Auto)**

---

**From:** Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>  
**Sent:** Monday, 30 April, 2018 3:26 PM  
**To:** SUR; Catherine Chong (LKK Auto)  
**Subject:** FW: 2nd Notice to Conduct Pre-Repair Survey - Your insured's vehicle: SLE3408U  
Our ref: XD 8588M/YK/sy/ms  
**Attachments:** PRS 2 - XD 8588M.pdf; SLE3408U.pdf; XD8588M.pdf

Hi team

Please conduct TP survey.

Thanks  
Kelvyna

**From:** accident@kscgp.com <accident@kscgp.com>  
**Sent:** Monday, April 30, 2018 12:59 PM  
**To:** Ngian, Kelvyna <Kelvyna.Ngian@sg.gaig.com>  
**Cc:** motor@kscgp.com  
**Subject:** [External] 2nd Notice to Conduct Pre-Repair Survey - Your insured's vehicle: SLE3408U Our ref: XD 8588M/YK/sy/ms

Dear Kelvyna,

We are instructed to reply to you as enclosed.

Thank you.

Regards,  
Myra  
KSCGP Juris LLP  
10 Hoe Chiang Road  
#13-03A Keppel Towers  
Singapore 089315  
Tel: 6538 3611 / DID: 3152 0989 / Fax: 6538 3708  
Email: [accident@kscgp.com](mailto:accident@kscgp.com)

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Your ref : SLE 3408U  
Our client's vehicle / ref: XD 8588M ; YK/sy/ms  
Date : 30 April 2018

Great American Insurance Company

By Email Only

Dear Sirs,

**DATE OF ACCIDENT: 26 APRIL 2018**  
**NOTICE TO INSURER TO CONDUCT PRE-REPAIR SURVEY / INSPECTIONS**

We refer to your email of even date.

Please be informed that we are not agreeable to your proposed motor surveyors. Instead we propose you to choose a surveyor from our list of surveyors as appended below:-

S/N	Name of Surveyor	Company Name
1.	Foo Philip	Precision Appraisal Services
2.	Ronald Ng	Precision Appraisal Services
3.	Lee Kok Weng	Lee Automobile Appraisals Services

Please be informed that if we do not hear from you within 2 working days from the date hereof, we will assume, as per the Protocol, that you have no objections to our list of motor surveyors. You will be deemed to have agreed to any of the above motor surveyors as a "single joint expert". We will inform you who the "single joint expert" is in due course.

If you object to our list of motor surveyors, we will accordingly inform the client to instruct his choice of motor surveyor to conduct the pre-repair survey. Also, please let us know within 2 working days excluding any intervening Saturday, Sunday and/or Public Holiday of your receipt of this notice whether you would like to conduct a pre-repair survey of the vehicle failing which we will commence repairs thereafter without any further notice or reference to you. Please also let us know if you required a Post-Repair Survey/Inspection for our client's consideration. Please be informed that the said vehicle can be surveyed / inspected at:

Workshop : Yee Keong Motor Engineering  
Address : No 14 Penjuru Road  
Singapore 609125  
Contact : Mr. Hiew (h/p: 9780 8928)

Kindly acknowledge upon inspection in the acknowledgement box below.

Yours sincerely,



Your ref : SLE 3408U  
Our client's vehicle / ref: XD 8588M ; YK/sy/ms  
Date : 30 April 2018

**Acknowledgement**

This is to confirm that I \_\_\_\_\_ *[Full Name of Surveyor]* of  
\_\_\_\_\_ *[Surveyor's Company]* have completed as  
follows:-

(a) Pre- Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(b) Pre- Repair Survey/Inspection (after dismantling) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(c) Re-inspection of new replacement part (party by part) on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:

(d) Post – Repair Survey/Inspection on \_\_\_\_\_ [Date] at \_\_\_\_\_ [Time].

\_\_\_\_\_  
Name and signature of Appointed Surveyor  
Company Stamp

\_\_\_\_\_  
Witnessed by:  
Date:



> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

<b>Vehicle Owner Particulars</b>	
Owner ID Type:	Company
Owner ID:	9484H
<b>Vehicle Details</b>	
Vehicle No.:	XD8588M
Vehicle to be Exported:	No
Intended De-registration Date:	05 Jul 2018
Vehicle Make:	ISUZU
Vehicle Model:	CYZ52K
Primary Colour:	White
Manufacturing Year:	2011
Engine No.:	6WG1414486
Chassis No.:	JALCYZ52KB7000023
Maximum Power Output:	-
Open Market Value:	\$100,382.00
Original Registration Date:	05 Apr 2011
First Registration Date:	05 Apr 2011
Transfer Count:	0
Actual ARF Paid:	\$5,020.00
<b>Intended PARF Rebate Details</b>	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
<b>Intended COE Rebate Details</b>	
COE Expiry Date:	04 Apr 2021
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	10
QP Paid:	\$29,690.00
COE Rebate Amount:	\$8,157.00
<b>Total Rebate Amount:</b>	<b>\$8,157.00</b>

The information contained herein is correct as at 05 Jul 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 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	28/04/2018 10:13
Date Of Accident	26/04/2018 10:45
Exact Location Of Accident	AVIATION PARK ROAD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD8588M
<b>Insured/Policyholder</b>	
Name Of Registered Owner	BAN JOO VENTURE CONTRACTOR PTE LTD
Co Reg No	199409484H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-96675049

### Vehicle Particulars

Manufacturer	ISUZU
Model	CYZ52K-15.7 D (M)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	999994670/100856542
Cover Note Number	

### Driver

Name of Driver	WONG THIAM CHYE
NRIC No	S1369585G
Date Of Birth	15/11/1959
Occupation	OUTDOOR
Date Of Driving Pass	24/04/1982
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85447795
Fax Number	
Contact Number	
Email Address	NOEMAIL



Address	BLK 240 BUKIT PANJANG RING ROAD #08-127
Postcode	
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	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	
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	JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-8999999 - FAX NO: 66655791
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

KINDLDY REFER TO ATTACH POLICE REPORT NO.T/20180428/2059.

#### 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	SLE3408U
Vehicle Make/Model/Colour	HONDA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	TAN TIWEE LAM
NRIC/Passport Number	S1504956A
Contact Number	97425774
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name WONG THIAM CHYE

Approximate Age

Injuries Sustain 5 DAYS MC

Injured person in which vehicle? XD8588M

Were seat belts worn?

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.

馬裕貿易工程私人有限公司  
BAN JOO VENTURE CONTRACTORS PTE LTD

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 Pg. 2

## SKETCH PLAN

Aviation park Rd

A XD8588M

B SLF34084

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to police report

### **Important:**

You have been advised by the workshop that in the event that you wish to claim against your own policy (OD CLAIM), There is a **FOURTEEN (14) DAYS CLAUSE WHEREBY MUST BE MADE** within the stipulated time frame from the day of the occurrence.


<input type="checkbox"/>	- Reporting Only
<input type="checkbox"/>	- Claim OD
<input type="checkbox"/>	- Claim TP
<input checked="" type="checkbox"/>	- Claim OD/ TP at other workshop

### **DECLARATION**

I/WE declare the foregoing particulars are true in every respect.

裕實易工程私人有限公司  
BAN JOO VENTURE CONTRACTORS PTE LTD

  
Policyholder's Signature  
Date & Time

 28/4/18  
Driver's Signature  
(If driver not the policyholder)  
Date & Time

  
Reporting Centre Personnel's Signature  
Name:  
Nric/Fin No.



**SINGAPORE  
POLICE FORCE**



T/20180428/2059

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

1 of 3

Report No. T/20180428/2059

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 28/04/2018 11:48		Vide Report No.:	Station Diary No.: 39
<b>Informant's Particulars</b>			
Name of Informant: WONG THIAM CHYE		Address: APT BLK 240 BUKIT PANJANG RING ROAD #08-127 SINGAPORE 670240	
ID Type / ID No.: NRIC NO / S1369585G		Contact No.:	Mobile: 85447795
Nationality: SINGAPORE CITIZEN		Email:	
Sex: Male	Age: 58	Date of Birth: 15/11/1959	Type of Informant: Driver
Race: Chinese		Language: English	Institution / School Name:
Occupation: Trailer-truck driver		Driving Licence Information: Class: 3,4 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 26/04/2018 10:45	Type of Location: Straight Road
Location: Along Road 1 AVIATION PARK ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow:		Traffic Control:	Traffic Volume: Light	
Type of Collision: Head to rear of stationary vehicle			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
SLE3408U	Car					0
XD8588M	Lorry				Slightly Damaged	0



**SINGAPORE  
POLICE FORCE**



T/20180428/2059

2 of 3

Report No. T/20180428/2059

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

**CONTINUATION OF REPORT**

**Brief Details.**

On the 26/04/2018 at about 10.45am, I stopped my company lorry at the side of the road to check on the tires. During that time, I was alone and no one was with me. I also on the hazard lights. While I was checking the tires, suddenly, a car came from behind and hit onto the rear part of my lorry. I quickly jumped towards the grass area to avoid the collision. I landed on the grass patch. I got up and when to check on the driver and he was alright. We exchanged our contact number and personal details. There were damaged to the rear part of my lorry. The driver then waited for the tow truck to tow his car. His details are as follows:

Tan Tiwee Lam  
S1504956A  
HP: 97425774

On the same day, I felt pain on my body and went to see the doctor at Jurong Polyclinic. I was given MC (Medical Leave) from the 26/04/2018 to the 27/4/2018. I also went back to see the doctor again on the 27/04/2018 and was given MC (Medical Leave) from the 28/04/2018 to the 30/04/2018. I suffered injuries on my left wrist and my buttocks.



**SINGAPORE  
POLICE FORCE**



T/20180428/2059

Police Station Of Origin:  
Jurong East N.P.C  
92 Boon Lay Way SINGAPORE 609962  
Tel No: 1800-8999999

3 of 3

Report No. T/20180428/2059

## 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:

D /

Staff Sgt ABU HAMID BIN ABU SHAMA

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT

Sr Staff Sgt IRMAN BIN MOHAMAD SAID

Contact No: 65476365

SINGAPORE  
POLICE FORCE

Authentication Stamp

NP168

SIGNATURE

Signature Of Informant:

Date/Time:

28/04/2018 11:48

Classification Of Case:

Authentic  
WR100

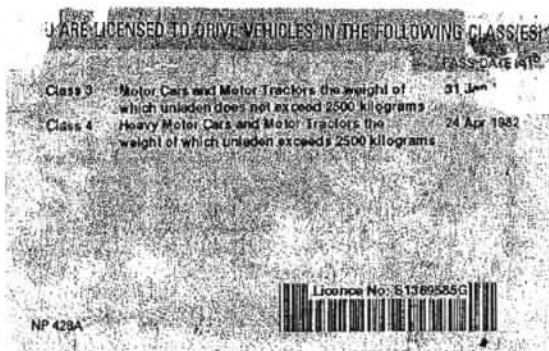
Authentic  
WR100



A: XD 8588

B: SLZ 34084





**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

**PRE-REPAIR INSPECTION REPORT**

GREAT AMERICAN INSURANCE COMPANY  
3 TEMASEK AVENUE #16-01 CENTENNIAL  
TOWER SINGAPORE 039190

Ref: CS3/GAI18007921/T1z4be2

Date: 09-07-2018



Code: GAI

**1. Policy Particulars :- (THIRD PARTY CLAIM)**

Insured Veh.	SLE 3408U	Veh. Inspected	XD 8588M
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	KELVYNA	Assign Date	30/04/2018

**2. Vehicle Particulars & Condition**

Make & Model	ISUZU CYZ52K	c.c	15681
Engine No.	HIDDEN	Year of Reg.	2011
Chassis No.	JALCYZ52KB7000023	Colour	BLUE
Odometer	292051 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	295/80 R22.5	TRANSTONE	8 mm
L/H Front Tyre	295/80 R22.5	TRANSTONE	8 mm
R/H Rear Tyre	295/80 R22.5 (D)	TRANSTONE	8/8 mm
L/H Rear Tyre	295/80 R22.5 (D)	TRANSTONE	8/8 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S AND UNDERCARRIAGE PORTION.	
--	--

**5. General Information**

Accident Date	26/04/2018	Inspect Date / Time	30/04/2018 ( 04:00 PM )
Survey held at	YEE KEONG MOTOR ENGINEERING NO: 14 PENJURU ROAD SINGAPORE 609125		

**5a. Remarks**

A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$5,000-\$7,000
---

**5b. Estimate Days of Repair**

ESTIMATED NORMAL PERIOD FOR REPAIR:	7 Working Days
-------------------------------------	----------------

Report Ref No. CS3/GAI18007921/T1z4be2

**Inspected By**

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

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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