

Surveyor:

Adrian

ASSIGNMENT (Office)

From (Person):

May chua

of

FCI

Date/Time:

16/5/18 @ 5:33pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SKZ 9110P

Insured:

SHD 6520K

at Workshop in/s

New Hock Teck

Tel:

6747 9241

of

1 Kaki. bukit Ave 6 Blk C # 01-43 Autobay

Policy No:

Claim No:

D18003862 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A

12/05/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

1wp

21/05/2018

H.O.D. Endorsement:

Date/Time:

5:40pm @ 16/5/18

Person Contacted:

Sukyi

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SKZ 9110P-X
	SHD 6520K-X
20/5-	Revert pending estimate.
	lump sum \$1600f , 3 days (Red: 8055.70, 83%)

FCU

ACCOMPLISH

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To inspect Vehicle No: **SKZ 9110P**at Workshop no: **New Hock Teck**

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 Rpt: _____ Consistent? Yes or No

GIA / PR Seen: _____ Consistent? Yes or No

Est. Repairs: _____ days Res: Yes or No

Lum Sum: _____ % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: **SKZ 9110P** Yr Regn: **2016 Feb**Type: **(M) Cab** / M Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: **Toyota**Colour: **Black**Sp Reading: **39835**

Engine:

C.No: **MROS REH04541308**Gen. Cond: **Good** / Fair / Poor / BurntSteering: **In order** / Jammed / Leaked / Burnt orBrake: **In order** / Jammed / Leaked / Burnt orModi: Nil / S/Rim / **STD A/Rim** or

Tyre Size

F: **205/55R16**R: **205/55R16**BS / **(OUN)** EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

R/Bal: **06** mmL/Bal: **06** mm

D.O.A:

Survey held at: **NHT**Des. of Damages: Frt / **(R)** / O/S / **(N/S)** / UIC / Rooftop or

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

Rear

R/Bal: **06** mmL/Bal: **06** mmD.O.I: **21/05/18**

Date / Time: _____ Action / Instruction:

TP 1st Cap

RECEIVED 21 JUN 2016

Date/Time: File Pass to?

2016 Typist

Date/Time: File Return to?



Preli. Report



Final Report

Days Of Repair: **3**Resurvey No. of Trip: **1**

Survey Fee

Transportation

Add Fee:



Site Insp: (\$)



Inspection: (\$)



Technician: (\$)



Material: (\$)

Report Format:

Temp. Sum / LRI: **TP 1600-**

170
50
50
22
292

Denise Tay (LKKAuto)

From: Denise Tay (LKKAuto)
Sent: Monday, 28 May 2018 11:33 AM
To: Admin-D (LKKAuto); 'Claim Workflow System'; assignments
Cc: MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR
Subject: RE: SURVEY ASSESSMENT - D18003862MFSH/1

Dear Sir/Madam,

Please be informed that we have inspected the vehicle SKZ 9110P on 21/05/18
We are pending estimate from repairer.

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: denisetay@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)
Sent: Wednesday, 16 May 2018 5:56 PM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18003862MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

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

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | 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: Wednesday, 16 May 2018 5:32 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; MAYCHUA@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18003862MFSH/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.

MOTOR SURVEY ASSIGNMENT

Date	15-05-2018	Our Ref No. D18003862MFSH
Accident Date	12-05-2018	Claim Type. Third Party
Insured Vehicle	SHD6520K	Third Party Vehicle. SKZ9110P
Survey Location	1 KAKI BUKIT AVE 6 BLK C #01-43 AUTOBAY@KAKI BUKIT	
Contact Person.	REENA/SUKYI	
Contact No.	67479241/ 67479241	Fax No. 67417276
Survey Type	WITHOUT PREJUDICE:	
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	NEW HOCK TECK MOTOR PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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/240334)



PRI Documents



Close



PRI Header Details

Claim No	D18003862MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & NEW HOC
Workshop Name	NEW HOCK TECK MOTOR PTE LTD (Contact Person : REENA/SUKYI)	Survey Location & Contact Details	1 KAKI BUKIT AVE 6 BLK C #01-43 AUTOBAY@KAKI BUI Mobile: 67479241 , Phone: 67479241 , Fax: 67417271 EmailId: ADMIN@NHTMOTOR.COM		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE:		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHD6520K	TP Vehicle No	SKZ9110P
PRI Recieved Date	16-05-2018 05:47:11 PM	Surveyor Appointed Date	16-05-2018 05:31:57 PM	Surveyor Accept Date	16-05-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	16-05-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	Please Select Make ▼	Model	Please Select Model ▼	Year	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

File Name

Action

Surveyor Job Remarks

Remarks

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type: Singapore NRIC
Owner ID: 7159B

Vehicle Details

Vehicle No.: SKZ9110P
Vehicle to be Exported: Yes
Intended De-registration Date: 14 May 2018
Vehicle Make: TOYOTA
Vehicle Model: COROLLA ALTIS CLASSIC 1.6 CVT
Primary Colour: Black
Manufacturing Year: 2015
Engine No.: 1ZRY225541
Chassis No.: MR053REH104541308
Maximum Power Output: 90.0 kW (120 bhp)
Open Market Value: \$17,804.00
Original Registration Date: 15 Feb 2016
First Registration Date: 15 Feb 2016
Transfer Count: 0
Actual ARF Paid: \$17,804.00

Intended PARF Rebate Details

PARF Eligibility: Yes
PARF Eligibility Expiry Date: 14 Feb 2026
PARF Rebate Amount: \$13,353.00

Intended COE Rebate Details

COE Expiry Date: 14 Feb 2026
COE Category: A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years): 10
QP Paid: \$46,651.00
COE Rebate Amount: \$36,154.00
Total Rebate Amount: \$49,507.00

The information contained herein is correct as at 14 May 2018

OK

MSME18062558 / SME Motor Pte Ltd - Kaki Bukit
ENTRY DATE & TIME: 14/05/2018 15:18
SUBMITTED BY: Fanda Wen

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	14/05/2018 15:18
Date Of Accident	12/05/2018 10:50
Exact Location Of Accident	FULLERTON BAY HOTEL LOBBY.
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SKZ9110P
Insured/Policyholder	
Name Of Registered Owner	YEO KIM SENG
NRIC No	S1277159B
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-92391888
Alternative Phone No	OFFICE-92391888
Vehicle Particulars	
Manufacturer	TOYOTA
Model	ALTIS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	5097713477
Cover Note Number	
Driver	
Name of Driver	TEO LI WEN
NRIC No	S8937211I
Date Of Birth	21/10/1989
Occupation	INDOOR
Date Of Driving Pass	25/08/2016
Driving Experience	1 YEAR AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-81333721
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 322 JURONG EAST ST 31 #09-226
 Postcode 600322
 Was driver an employee of the Insured's Company NO
 If No, Relationship of the Driver with the Insured OTHER - IN LAW
 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? 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

I WAS TRAVELLING ON A SINGLE LANE AT LOBBY OF THE FULLERTON BAY HOTEL WHEN THE BELLBOY CAME FORWARD TO DIRECT THE TRAFFIC. I REALISED THAT VEHICLE B WAS BEHIND MY VEHICLE AT THAT POINT OF TIME AND WAS STATIONARY. THE BELLBOY PUT HIS HAND TO SIGNAL VEHICLE B TO STOP AND HOLD ON WHILE DIRECTING ME TO MOVE FORWARD. I CHECKED THAT VEHICLE B WAS STATIONARY AND I STARTED TO MOVE OFF SLOWLY. BUT SUDDENLY, I HEARD A BANG AND FELT AN IMPACT. DRIVER B HAD HIT ONTO THE REAR LEFT PORTION OF MY VEHICLE AND CAUSED DAMAGES. DRIVER B WAS TRYING TO OVERTAKE MY VEHICLE ON A SINGLE LANE.

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 SHD6520K
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category TAXI
 Name of Driver
 NRIC/Passport Number
 Contact Number
 Address
 Postcode
 Insurance Company Name
 Nature Of Damage
 No. Of Passenger (Including Driver)


Accident Sketch Plan Pg. 1


SKETCH PLANIMPORTANT NOTICE

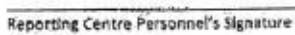
1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or withholding of material facts may 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.

X 
 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.:

Accident Sketch Plan Pg. 1

SKETCH PLAN

	<p>A: SK2911OP</p> <p>B: SHD652OK</p> <p>Fullerton Bay Hotel</p>
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DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>I was travelling on a single lane at the lobby of the Fullerton Bay Hotel when the bellboy came forward to direct the traffic.</p> <p>I realised that vehicle 'B' was behind my vehicle at that point of time and was stationary.</p> <p>The bellboy put up his hand to signal vehicle "B" to stop and hold on while directing me to move forward. I checked that vehicle "B" was stationary and I started to move off slowly.</p> <p>But suddenly, I heard a bang and felt an impact. Driver "B" had hit onto the rear left portion of my vehicle and caused damages. Driver "B" was trying to overtake my vehicle on a single lane.</p> <p><i>[Signature]</i></p>
--

DECLARATION

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

[Signature]
 Policyholder's Signature
 Date & Time:

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

14/5/18 2pm
[Signature]
 Reporting Centre Personnel's Signature
 Name:
 NRIC/FIN No.:

New Hock Tech



新福德車廠私人有限公司

NEW HOCK TECK MOTOR PTE. LTD.

1 Kaki Bukit Ave 6, Blk C #01-43 Autobay@Kaki Bukit, Singapore 417883

Email: admin@nhtmotor.com Website: www.nhtmotor.com

Tel: 6747 9241 Fax: 6741 7276

UEN: 201718370K

YEO KIM SENG

Blk 1 Kaki Bukit Ave 6

01-43

Singapore 417883

14/05/2018

MROS3REH14541302

TP 1st Cap. Denise

Accident date: 12/05/2018

Estimated repair cost for vehicle no: SKZ9110P TOYOTA ALTIS 1.6 A '16

S/n	Qty	Items	U/price	Amount
1	1	Rear Bumper <i>Reps</i>		\$561.90 <i>x</i>
2	10	Rear Bumper Clip <i>not new</i>	\$6.50	\$65.00 <i>x</i>
3	1	Rear L/H Bumper Side Retainer <i>new</i>		\$134.10 <i>x</i>
4	1	Rear Axle <i>new</i>		\$2,821.30 <i>x</i>
5	1	Rear L/H Axle Bearing <i>changed</i>		\$780.30 <i>520.70</i>
6	1	Rear L/H Tyre <i>new</i>		\$380.00 <i>x</i>
7	1	Rear L/H Rim <i>new</i>		\$1,180.00 <i>480.50</i>
8	1	Rear L/H Door <i>Reps</i>		\$980.70 <i>x</i>
9	2	Rear L/H Door Frame Sticker <i>new</i>	\$141.20	\$282.40 <i>x</i>
				<i>520.70 480.50</i>
				<i>390.52</i>
Subtotal :-				\$7,185.70

Labour charges

To remove & refit reverse sensor	\$100.00 <i>x</i>
To remove & refit rear axle	\$380.00 <i>100</i>
To remove & refit rear L/H door, lock, gear motor & frame sticker	\$180.00 <i>100</i>
To check wiring	<i>1130</i> \$60.00 <i>30</i>
Tuff kote	<i>total: 700 0.52</i> \$150.00 <i>x</i>
Panel beating	<i>2/5: 1.6k</i> \$800.00 <i>300</i>
Spray painting	<i>03 days</i> \$800.00 <i>600</i>

Acknowledged by Repairer

Signature:

Date:

Subtotal :- \$2,470.00

Total:- \$9,655.70




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/FCI18008918/Atd3n2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 22-06-2018		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 6520K	Veh. Inspected	SKZ 9110P	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18003862MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	16/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA ALTIS	c.c	1598	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	MR053REH104541308	Colour	BLACK	
Odometer	39835	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/55 R16	DUNLOP	6 mm	
L/H Front Tyre	205/55 R16	DUNLOP	6 mm	
R/H Rear Tyre	205/55 R16	DUNLOP	6 mm	
L/H Rear Tyre	205/55 R16	DUNLOP	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/05/2018	Inspection Date	21/05/2018	
Survey held at	NEW HOCK TECK MOTOR PTE LTD 1 KAKI BUKIT AVENUE 6 #01-43 AUTOBAY @ KAKI BUKIT SINGAPORE 417883			
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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SKZ 9110P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	561.90	-
10	REAR BUMPER CLIP @\$6.50	NOT NECESSARY	65.00	-
1	REAR L/H BUMPER SIDE RETAINER	NOT NECESSARY	134.10	-
1	REAR AXLE	NOT NECESSARY	2,821.30	-
1	REAR L/H AXLE BEARING	DAMAGED	780.30	520.70
1	REAR L/H TYRE	NOT NECESSARY	380.00	-
1	REAR L/H DOOR	TO REPAIR SEE LABOUR	980.70	-
2	REAR L/H DOOR FRAME STICKER @\$141.20	NOT NECESSARY	282.40	-
	LESS 25% DISCOUNT		-	-130.18
			6,005.70	390.52
SPECIAL NETT ITEMS				
1	REAR L/H RIM (SN)	CUT	1,180.00	480.00
			1,180.00	480.00
LABOUR				
	TO REMOVE & REFIT REVERSE SENSOR.	NOT NECESSARY	100.00	-
	TO REMOVE & REFIT REAR AXLE.		380.00	100.00
	TO REMOVE & REFIT REAR L/H DOOR, LOCK, GEAR MOTOR & FRAME STICKER.		180.00	100.00
	TO CHECK WIRING.		60.00	30.00
	TUFF KOTE.	NOT NECESSARY	150.00	-
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR L/H DOOR.		800.00	300.00
	SPRAY PAINTING.		800.00	600.00
	-		-	-
	-		-	-
	-		-	-
			2,470.00	1,130.00
GRAND TOTAL			9,655.70	2,000.52

Report Ref No. CS/FCI18008918/Atd3n2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			1,600.00
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Report Ref No. CS/FCI18008918/Atd3n2

ADRIAN LING WAI PING

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

Licensed Appraiser

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