

ASS. REC. BY:

REF:

REF: CS/GM18009158/KHbn2

Special instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Rachel Tan of GPR Date/Time: 21/05/2018 10.43am

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SHA 7510Z Insured: SKX 79221

at Workshop m/s Comfort Delano Tel: 6214 8313

of 59 Layung Drive

Policy No: \_\_\_\_\_ Claim No: CLMEMVP0000000728

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 18052018  
(Client's Record)

CA / REV / REP. / REV 24 HRS WP

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 21/05/2018 11:00am Person Contacted: Jamuni Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
11/11/2023	1. Review the project schedule and identify critical path activities.
11/11/2023	2. Conduct a risk assessment for each activity and assign risk levels.
11/11/2023	3. Develop contingency plans for high-risk activities.
11/11/2023	4. Communicate the findings of the risk assessment to the project team.
11/11/2023	5. Implement risk mitigation strategies for high-risk activities.
11/11/2023	6. Monitor and review the project schedule and risk levels regularly.
11/11/2023	7. Update the project schedule and risk levels as the project progresses.
11/11/2023	8. Report the project status and risk levels to the project sponsor.
11/11/2023	9. Review the project schedule and risk levels at the end of the project.
11/11/2023	10. Document the project schedule and risk levels for future reference.

SHA 75102 - PG 1/ALH17010631/Hlm03 DOA: 260517

SKX 7521 - X

Lump Sum \$2450- (Red: 2600- 151%)

(08/11/13)

Q. meyr: Kalvin

REF:

## ASSIGNMENT

From: \_\_\_\_\_ Date: \_\_\_\_\_

Estimate/Cost: \_\_\_\_\_

OD / TP / INS / TP RES / OD RES / EVA / INV / MV

To Inspected 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 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: SHA 75102 Yr Regn: 13 May 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / T<sub>2</sub> / Prime Mover /Truck / Trailer or 3143Make: Mercedes Benz c.c. \_\_\_\_\_Colour: White A/C: Insured / Std / NI / NASp. Reading: 441498 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: WDD 21200 12B 168 377

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 225 / 55 R16

R: \_\_\_\_\_

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

TOYO / YOKO or Weld/Re.

Front Rear

R/Bal. 2 mm R/Bal. 2 mmL/Bal. 2 mm L/Bal. 2 mmD.O.A. 18/5/18 D.O.I. 21/5/18Survey held at CAGE (Logans)

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

Per As

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

GAZ  
4s

RECEIVED 24 MAY 2018

Date/Time, File Pass to?

1) 24h Typist

Date/Time, File Return to?

2) \_\_\_\_\_

☐ : Prell. Report☒ : Final ReportDays Of Repair: 2Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

250

Add Fee: ☐ : Site Insp (\$ \_\_\_\_\_)☐ : Interview (\$ \_\_\_\_\_)☐ : Tech. Invs (\$ \_\_\_\_\_)☐ : Weekend (\$ \_\_\_\_\_)Report Format: TPLump Sum / I.B.I. (\$) 2450

## Catherine Chong (LKK Auto)

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**From:** Tan, Rachel <Rachel.Tan@sg.gaig.com>  
**Sent:** Monday, 21 May, 2018 10:43 AM  
**To:** Jumani Bin Masudin  
**Cc:** LKK Assignments  
**Subject:** DOA.18.05.18 SHA7510Z with your insured SKX7922L (GA)  
**Attachments:** img-521103606-0001.pdf

Without Prejudice

Dear Jumani, Our insured has not reported accident, we will conduct PRI on a without prejudice basis.

Dear LKK, Please accept TP survey assignment. Attached PRI request for your reference.

Regards  
Rachel Tan  
Executive, Motor Claims, Great American Insurance Company  
Tel: 6804 7846

**From:** Jumani Bin Masudin <jumanibm@cdge.com.sg>  
**Sent:** Monday, May 21, 2018 10:40 AM  
**To:** General Claims <GeneralClaims@sg.gaig.com>  
**Cc:** Tan, Rachel <Rachel.Tan@sg.gaig.com>  
**Subject:** [External] Fw: DOA.18.05.18 SHA7510Z with your insured SKX7922L

TO

Officer in charge

see attached

Best Regards  
Jumani Masudin  
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd  
Tel. 6214-8315 / Fax. 6546-8156

----- Forwarded by Jumani Bin Masudin/cdge/delgronotes on 21/05/2018 10:38 AM -----

**From:** "ApeosPort-IV C5570" <sbs-singnalling@sbstransit.com.sg>  
**To:** jumanibm@cdge.com.sg  
**Date:** 21/05/2018 10:37 AM  
**Subject:** Scan Data from CDG\_LO\_AW\_A5570

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Number of Images: 8  
Attachment File Type: PDF

Device Name: ApeosPort-IV C5570  
Device Location:

This message and any attachments may contain confidential, privileged or proprietary information. If you are not the intended recipient, kindly notify us and delete this message and its attachments immediately, and please be advised that using, copying, distributing or disclosing any contents therein is not allowed. Statements pertaining to any matter outside our business are not to be taken as endorsed by ComfortDelGro Corporation Limited or its related companies. The comments/proposals provided are for discussion purposes only and are subject to approvals. Nothing herein shall constitute a binding agreement between the parties. Neither party shall be bound in any way to any term or condition except as agreed in a written agreement signed by the duly authorised representatives of both parties.

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SBS Transit Ltd [Registration No. 199206653M]

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ComfortDelGro Engineering Pte Ltd [Registration No. 199506048W]

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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 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	19/05/2018 11:39
Date Of Accident	18/05/2018 17:50
Exact Location Of Accident	SLIP RD > CTE(CITY) NEAR YIO CHU KANG ENTRANCE
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7510Z
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	MERC

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 TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	THEN NGIT POH
NRIC No	S2195457H
Date Of Birth	05/01/1968
Occupation	OUTDOOR
Date Of Driving Pass	17/10/1991
Driving Experience	26 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96855422
Fax Number	
Contact Number	
Email Address	TNP688@HOTMAIL.COM

Address	471 #10-774 ANG MO KIO AVENUE 10
Postcode	560471
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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	RAINING
Road Surface	WET

### 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?	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)	5
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : -- GENDER: : FEMALE
Passenger 3	NAME: : - GENDER: : MALE
Passenger 4	NAME: : - GENDER: : FEMALE

### 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

SEE ATTACH.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKX7922L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR

Name of Driver ALAN

NRIC/Passport Number

Contact Number 90609982

Address

Postcode

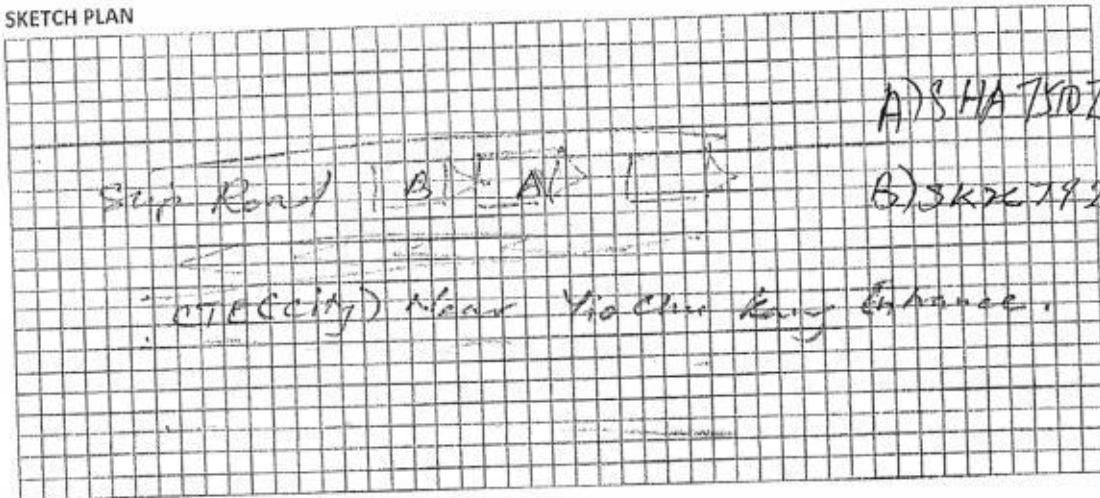
Insurance Company Name

Nature Of Damage FRT

No. Of Passenger (Including Driver)

# Sketch Plan Pg. 1

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 18/5/18 at about 1750 hrs while I Veh A was following other vehicles in the slip road, had to slow down because vehicles in front slowed down. Veh B collided on the rear of my vehicle.

## DECLARATION

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

COMFORT TRANSPORTATION PTE LTD  
CC REG NO: 190003821R 96855422 L

Policyholder's Signature  
Date & Time:

Driver's Signature  
(If driver is not the policyholder)

Reporting Centre Personnel's Signature  
Name:

19/5/18



**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.

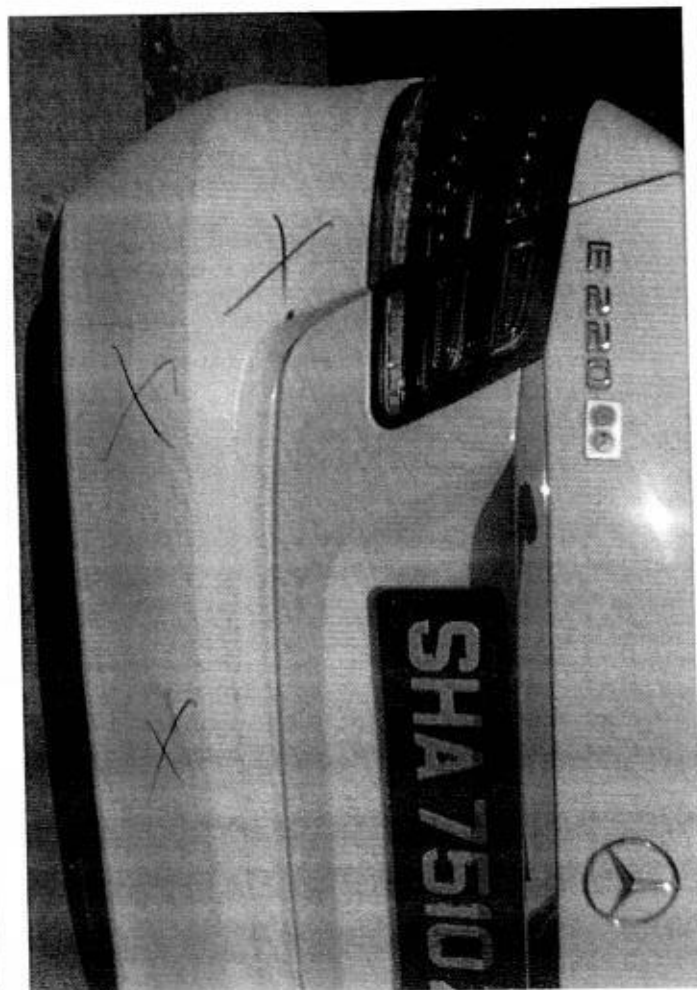
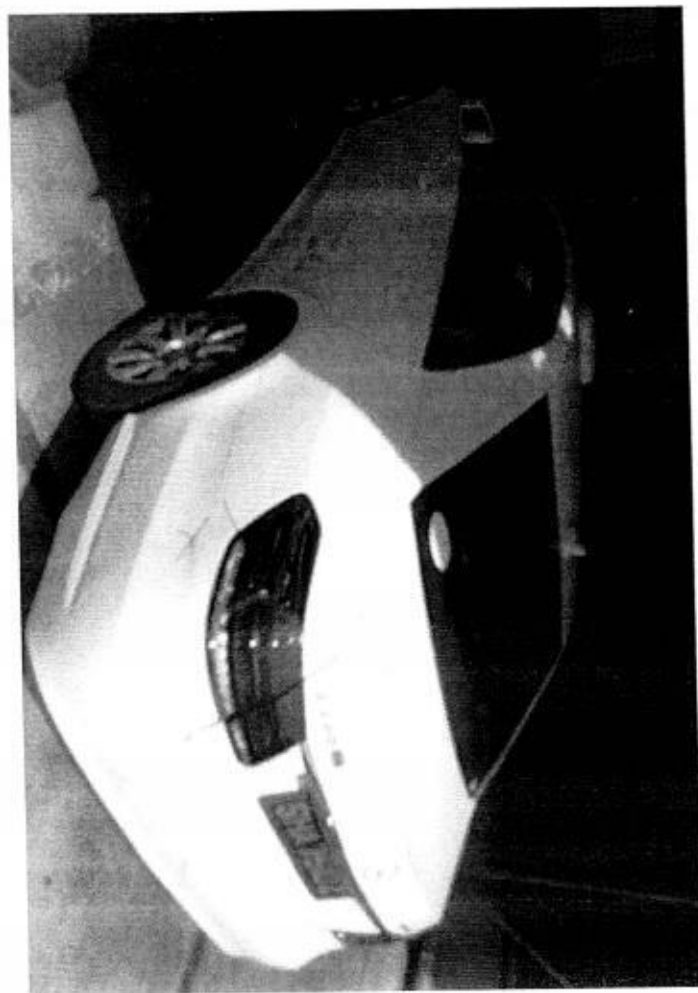
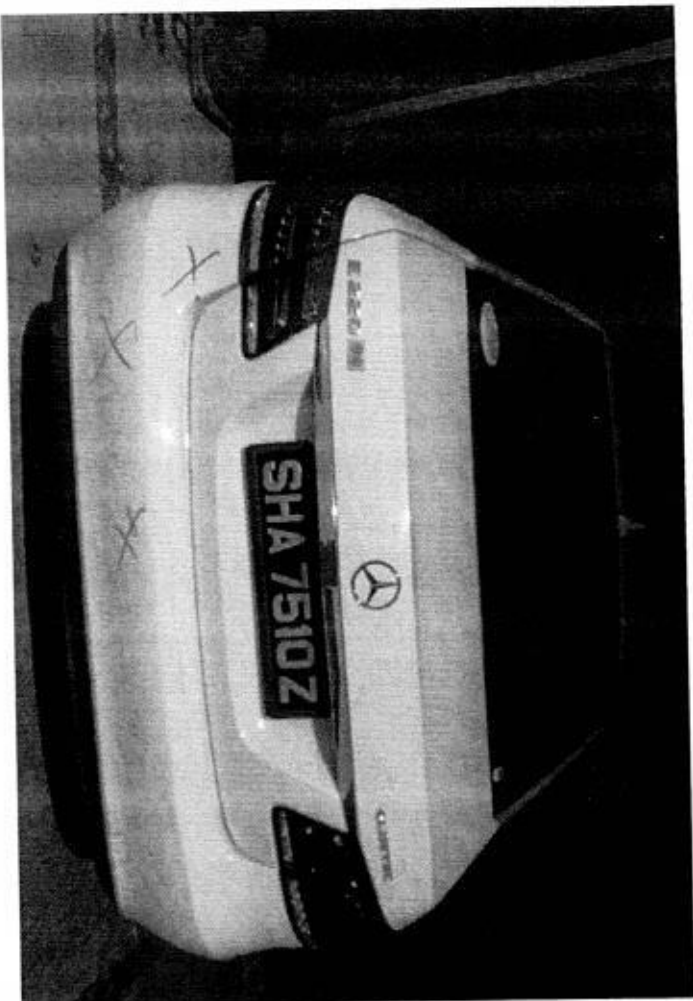
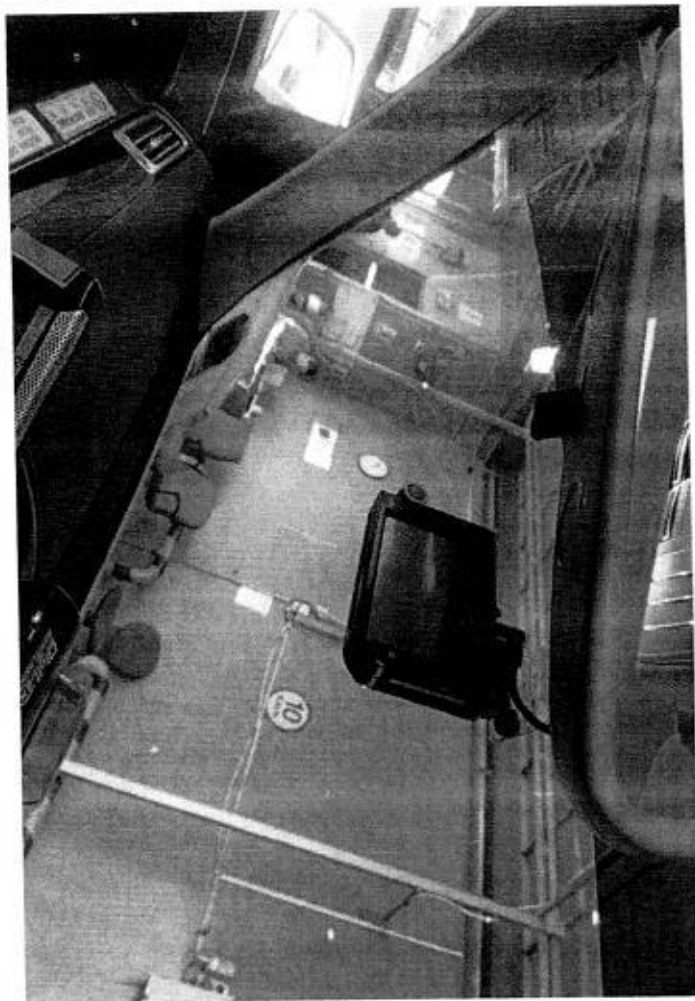
COMFORT TRANSPORTATION PTE LTD  
CC REG NO. 190303821R

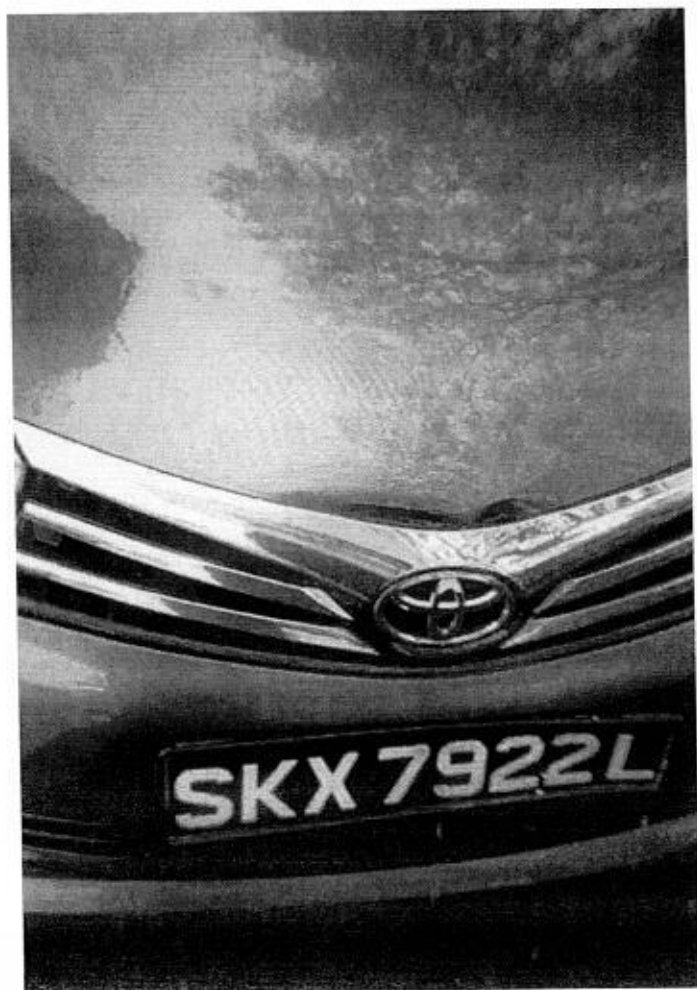
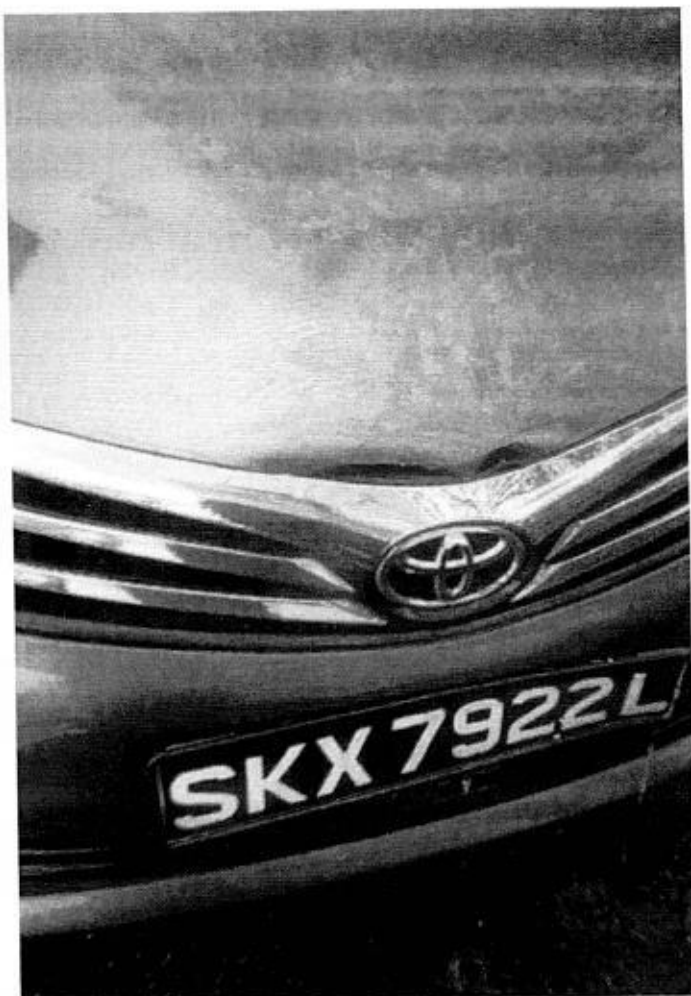
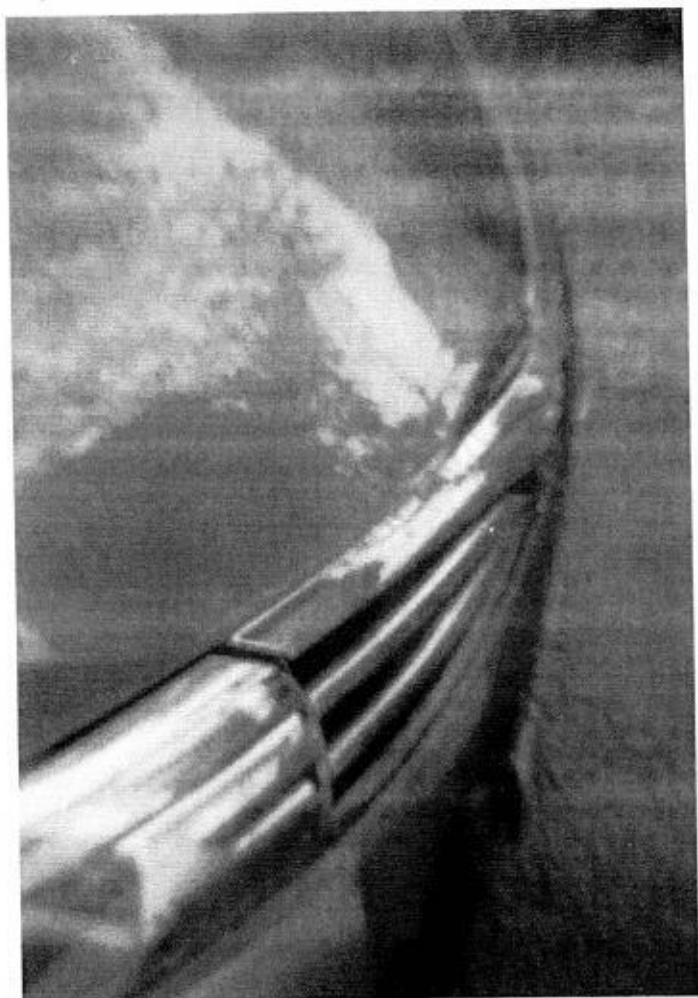
Policyholder's Signature  
Date & Time:

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

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

*[Signature]*  
SR Moorthy  
CSO





ber of COMFORTDELGRO

Date/Time: 21.05.2018 09:07

Page : 1

ARC Repair TP(CLSO)1

JOB CARD Sales Order:

JC NO305162403

COMFORT TRANSPORTATION PTE LTD

VO 7010045

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(O)

REGN NO:

SHA7510Z

MILEAGE

MAKE:

MERCEDES BENZ

FUEL

E.....1/2.....F

MODEL

E220CDI(E6)

19.05.2018 10:50

DATE/TIME IN

YR OF MANU.

13.05.2015

TARGET DATE

CHASSIS CODE

WDD2120012B168377

COMPLETION DATE/TIME:

ARD NO.

JOB DESCRIPTION

ent Date: 18.05.2018

E: 3P 18.05.18

LABOR CODE

DESCRIPTION

PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

ent Slip

Exit Pass

SHA7510Z

JU GAIC

Vehicle No.:

SHA7510Z

e Advisor

Signature/Date

Name of Service Advisor

Date

to Service Reception upon collection

To be kept by Security Guard

## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHA 7510Z

DATE 21/5/2018 10:17

MAKE :

MODEL : MERCEDES BENZ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper			\$ 1,510.00
	Rear Bumper Reinforcement			\$ 1,150.00
	Rear Bumper Bracket Lower (LH/RH)		\$ 135.00	\$ 270.00
	Rear Bumper Bracket Top (LH/RH)		\$ 125.00	\$ 250.00
	Rear Bumper Retainer Mounting (LH/RH)		\$ 115.00	\$ 230.00
	Rear Bumper Towing Cover			\$ 175.00
	Taillamp (LH)			\$ 1,280.00
	<b>SUB TOTAL</b>			<b>\$ 4,865.00</b>
	<b>LESS 20%</b>			<b>\$ 973.00</b>
	<b>DISCOUNTED TOTAL</b>			<b>\$ 3,892.00</b>

Rear Bumper Sensor

\$ 388.00 Nett

## Labour Charge

Panel Beating

Spray Painting Charge

Wiring Charge

Remove/Refix Reverse Sensor

200  
\$ 350.00  
\$ 250.00 200  
\$ 50.00 X 2  
\$ 120.00 20

TOTAL LABOUR

\$ 770.00

ESTIMATE TOTAL

\$ 5,050.00

Kalin (LKK)

21/5/18 1145hrs

2018

4/5

After Repair &amp; Loh

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:

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.





# COMFORTDELGRO ENGINEERING

Our Job Ref No : 305162403  
Date : 23/05/2018

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508959  
Fax: 6546 8156

## FINALIZATION FORM

To : LKK  
Attn : KALVIN  
: SHA7510Z  
Date of Accident : 18/05/2018

Fax :

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

- The repair job shall bill to: GAIC --- SKX7922L  
###
- The finalized amount shall be:
  - Spare Parts after List discount
  - Labour Charges ###
  - Total for Part-By-Part Repair Cost
  - Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$2,450.00  
Final Lumpsum Repair cost
- Estimated normal period for repairs: 2 working days
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and  
finalized amount

Signature :  
Name : JUMANI  
Tel : 6214 8315  
Fax : 65468156

Signature :  
Name : Kalvin  
Date : 24/5/18

### For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:



# 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

GREAT AMERICAN INSURANCE COMPANY

Ref : CS/GAI18009158/K1tbn2

3 TEMASEK AVENUE  
#16-01 CENTENNIAL TOWER  
SINGAPORE 039190

Date : 28-05-2018



Code : GAI

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SKX 7922L	Veh. Inspected	SHA 7510Z
Policy No.		Coverage (\$)	0.00
Claim No.	CLMOMVP000000728	Excess (\$)	0.00
Assign From	RACHEL TAN	Assign Date	21/05/2018

## 2. Vehicle Particulars & Condition

Make & Model	MERCEDES BENZ	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WDD2120012B168377	Colour	WHITE
Odometer	441498	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/55 R16	WEST LAKE	7 mm
L/H Front Tyre	225/55 R16	WEST LAKE	7 mm
R/H Rear Tyre	225/55 R16	WEST LAKE	7 mm
L/H Rear Tyre	225/55 R16	WEST LAKE	7 mm

## 4. Description of Damages

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

## 5. General Information

Accident Date	18/05/2018	Inspection Date	21/05/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		

## 5a. Remarks

A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.
----------------------------------------------------------------------------------------------------------------------------------------

## 5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 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. SHA 7510Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	DEFORMED	1,510.00	1,510.00
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	1,150.00	-
2	REAR BUMPER BRACKET LOWER (LH/RH) @\$135.00	SERVICEABLE	270.00	-
2	REAR BUMPER BRACKET TOP (LH/RH) @\$125.00	SERVICEABLE	250.00	-
2	REAR BUMPER RETAINER MOUNTING (LH/RH) @\$115.00	SERVICEABLE	230.00	-
1	REAR BUMPER TOWING OVER	SERVICEABLE	175.00	-
1	TAILLAMP (LH)	CRACKED	1,280.00	1,280.00
	LESS 20% DISCOUNT		-973.00	-558.00
			3,892.00	2,232.00
<b><u>SPECIAL NETT ITEMS</u></b>				
1	REAR BUMPER SENSOR (SN)	SHORTED	388.00	388.00
			388.00	388.00
<b><u>LABOUR</u></b>				
	PANEL BEATING.		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR.		120.00	20.00
			770.00	420.00
<b>GRAND TOTAL</b>			<b>5,050.00</b>	<b>3,040.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>2,450.00</b>

Report Ref No. CS/GAI18009158/K1tbn2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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