

INVOICE

ASS. REC. BY:

REF: CS/FCI 18009427 / A qd3

Special Instruction:

Surveyor

CWS

ASSIGNMENT (Office)

From (Person):

May Chua

of

FCI

Date/Time:

24/5/2018 @ 8:31am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SBZ 6336 G

Inaured:

SHA 6960 P

at Workshop m/s

Cycle & Carriage Fulco Motor

Tel:

67461000

of

330 Ubi Road 3

Policy No:

D18088936MFSH

Claim No:

D18004135MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

21/05/2018

CA / REV / REP. / REV 24 HRS

1wp

04062018 @ after lunch.

H.O.D. Endorsement:

Date/Time:

9:02am @ 24/5/18

Person Contacted:

Christopher

Vehicle-IN  OUT

Date/Time

Action/Instruction (✓) Estimate

SBZ 6336G - NA INCO 8026365/r

DOA: 25/9/2008

SHA 6960P - CS/FCI 18018787/R/vbm2

DOA: 2/10/2016

05/6/18 @

2:20pm visited to May Chua by email.

05/7/18 @

10.06am confirmed with Chris final fig \$9207.62, 4 days.

(Aed \$11074.20, 55%)

ASSIGNMENT

From: \_\_\_\_\_ Date: **4/6/18**  
 Estimated Cost: \_\_\_\_\_  
 OD **(TP)** WS / TP RES / OD RES / EVA / INV / MV  
 To inspect Vehicle No: **SBZ 6336G**  
 at Workshop m/s **Cycle & Cambridge Fulco motor**  
 of **330 Ubi Rd 3**  
 Insured: \_\_\_\_\_  
 Policy No: \_\_\_\_\_  
 Claims No: \_\_\_\_\_  
 Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_  
 (Client's Record) **after lunch.**  
 Make of Veh: \_\_\_\_\_

Veh No: **SBZ 6336G** Yr Regn: **2015 / Feb**  
 Type: **(M.Car)** / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /  
 Truck / Trailer or \_\_\_\_\_  
 Make: **Mercedes Benz E25D** cc: **1991**  
 Colour: **Silver** A/C: **Insured / Std / NI / NA**  
 Sp Reading: **37760** T/Radio: **Insured / Std / NI / NA**  
 Eng/No: \_\_\_\_\_  
 C/No: **WDD21203628099821**  
 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 \_\_\_\_\_

(Policy Condition)  
 Remark: **The veh had commenced its repair at the time of inspection.**

N/S	O/S

Bal. or Market Value: \_\_\_\_\_  
 IDAC Accident Rport: \_\_\_\_\_ Consistent? : **Yes** or No  
 GIA / FR Seen: \_\_\_\_\_ Consistent? : **Yes** or No  
 Est. Repairs: **4** days Res.: **Yes** or No  
 Lum Sum: \_\_\_\_\_ % 3 Val: **Yes** or No  
 CA / REV / REP. / **24 HRS** **wp**  
 Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: **IN / OUT**

Tyre Size: F: **245/40 R18**  
 R: **245/40 R18**  
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU **(PIR)** / SUMI /  
 TOYO / YOKO or \_\_\_\_\_  
 Front \_\_\_\_\_ Rear \_\_\_\_\_  
 R/Bal. **06** mm R/Bal. **06** mm  
 L/Bal. **06** mm L/Bal. **06** mm  
 D.O.A: \_\_\_\_\_ D.O.I: **04/06/18**  
 Survey held at **Cycle and Cambridge (Ubi)**  
 Des. of Damages: Frt **(Rear)** / O/S / N/S / U/C / Rooftop or \_\_\_\_\_  
 The **U/C / Chassis frame / Body Structure** affected due to collision.

Date / Time Action / Instruction  
**TP 1st Cop**

RECEIVED 25 JUL 2018

Date/Time: File Pass to?  : Preli. Report  
 17/5/18 **tp**  : Final Report  
 Date/Time: File Return to? \_\_\_\_\_  
 Report Format: **TP**  
 Lump Sum / I.B.I: (\$) **9207.62**

Days Of Repair: **4**  
 Resurvey No. of Trip: **1**  
 Add Fee:  Site Insp (\$)  Interview (\$)  Tech. Insp (\$)  Weekend (\$)  
 Survey Fee: **10x15 = 150**  
 Transportation: **170 + 150**  
 S-RE-SI: **50**  
 Photos: **50**  
 Other: **50**  
**26/7/18**  
 TOTAL: **462**

**MOTOR SURVEY ASSIGNMENT**

**Date** 23-05-2018 **Our Ref No.** D18004135MFSH

**Accident Date** 21-05-2018 **Claim Type.** Third Party

**Insured Vehicle** SHA6960P **Third Party Vehicle.** SBZ6336G

**Survey Location** 330 UBI ROAD 3  
**Contact Person.** CHRISTOPHER L. BULACLAC  
**Contact No.** 67461000/ 0 **Fax No.** 64875857

**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** CYCLE & CARRIAGE -  
FULCO MOTOR DEALER **Attention.** NIL  
PTE LTD - (SERVICE)

**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/240694)



PRI Documents



Close



## PRI Header Details

<b>Claim No</b>	D18004135MFSH	<b>Policy No</b>	D-18088936MFSH	<b>Claimant S.No &amp; Name</b>	1 & CYCLE & C DEALER PTE L
<b>Workshop Name</b>	CYCLE & CARRIAGE - FULCO MOTOR DEALER PTE LTD - (SERVICE) (Contact Person : CHRISTOPHER L. BULACLAC )	<b>Survey Location &amp; Contact Details</b>	330 UBI ROAD 3 <b>Mobile:</b> 0 , <b>Phone:</b> 67461000 , <b>Fax:</b> 64875857 <b>EmailId:</b> CHRIS.BULACLAC@CCFULCO.COM.SG		
<b>Our Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	<b>Instructions To Surveyor</b>	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM		
<b>Insured Name</b>	COMFORT TRANSPORTATION PTE LTD	<b>Insured Vehicle No</b>	SHA6960P	<b>TP Vehicle No</b>	SBZ6336G
<b>PRI Recieved Date</b>	23-05-2018 09:33:45 PM	<b>Surveyor Appointed Date</b>	24-05-2018 08:30:43 AM	<b>Surveyor Accept Date</b>	24-05-2018 0

## Survey Report Upload

<b>Surveyor Inspection Date *:</b>	<input type="text"/>	<b>Surveyor Report Date</b>	24-05-2018	<b>Upload Survey Report *:</b>	<input type="button" value="Choose File"/>
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## Vehicle Particulars

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

## Multiple Documents Upload

File Name

Action

## Surveyor Job Remarks

Remarks

## Shiau Chan (LKKAuto)

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**From:** Shiau Chan (LKKAuto)  
**Sent:** Wednesday, 25 July 2018 10:06 AM  
**To:** [chris.bulaclac@ccfulco.com.sg](mailto:chris.bulaclac@ccfulco.com.sg)  
**Cc:** SUR  
**Subject:** RE: SURVEYOR APPOINTED; OUR REF : D18004135MFSH ; YOUR REF: SBZ6336G Finalization

Dear Chris,

WITHOUT PREJUDICE

Confirm final fig \$9,207.62 before GST and 4 repair days.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

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**From:** Chris Bulaclac [<mailto:chris.bulaclac@ccfulco.com.sg>]  
**Sent:** Tuesday, 10 July, 2018 8:12 AM  
**To:** Adrian Ling (LKKAuto); [MAYCHUA@MSFIRSTCAPITAL.COM.SG](mailto:MAYCHUA@MSFIRSTCAPITAL.COM.SG)  
**Subject:** FW: SURVEYOR APPOINTED; OUR REF : D18004135MFSH ; YOUR REF: SBZ6336G Finalization

Hi Adrian,

Please assist to finalize,

Thank you,

Best Regards,

**Christopher L. Bulaclac**  
**Assistant Manager – Service Operations**  
H/P 96552177 D/D 65949160  
email : [chris.bulaclac@ccfulco.com.sg](mailto:chris.bulaclac@ccfulco.com.sg)  
Cycle & Carriage Fulco Motor Dealer Pte Ltd  
330 UBI Road 3 Singapore 408650  
Tel : 67461000  
Fax : 64875857

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**From:** Mars Ler  
**Sent:** Tuesday, 26 June 2018 10:09  
**To:** [adrianling@lkkauto.com](mailto:adrianling@lkkauto.com)  
**Cc:** Chris Bulaclac  
**Subject:** RE: SURVEYOR APPOINTED; OUR REF : D18004135MFSH ; YOUR REF: SBZ6336G Finalization

Dear Adrian ,

## Shiau Chan (LKKAuto)

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**From:** Shiau Chan (LKKAuto)  
**Sent:** Tuesday, 5 June 2018 2:20 PM  
**To:** 'Claim Workflow System'; assignments  
**Cc:** MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18004135MFSH/1  
**Attachments:** CSFCI18009427Aqd3.pdf

Dear May,

Enclosed herewith preliminary advice of SBZ 6336G.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

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**From:** Admin-D (LKKAuto)

**Sent:** Thursday, 24 May 2018 9:09 AM

**To:** 'Claim Workflow System' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>

**Cc:** MAYCHUA@MSFIRSTCAPITAL.COM.SG; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>

**Subject:** RE: SURVEY ASSESSMENT - D18004135MFSH/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](mailto: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:** Thursday, 24 May 2018 8:30 AM

**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)

**Cc:** [CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG](mailto:CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG); [MAYCHUA@MSFIRSTCAPITAL.COM.SG](mailto:MAYCHUA@MSFIRSTCAPITAL.COM.SG)

**Subject:** PRI: SURVEY ASSESSMENT - D18004135MFSH/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

Claim Workflow System



Auto  
Consultants  
Pte Ltd

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

Your Ref: D18004135MFSH

Date: 05 June 2018

Our Ref: CS/FCI18009427/Aqd3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

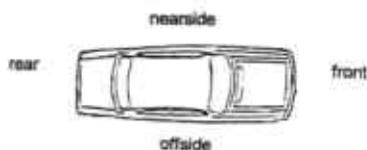
**INITIAL INSPECTION REPORT OF VEHICLE NO. SBZ 6336G .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 04/06/2018 at the premises of M/s CYCLE & CARRIAGE, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>19,054.72</u> .
Revised Estimate Amount	: S\$ <u>7,426.12</u> .
"Check" Items Amount	: S\$ <u>1,208.60</u> .
Market Value	: S\$ <u>-</u> .
LTA Reimbursement Value	: S\$ <u>-</u> .
Nett Value	: S\$ <u>-</u> .

**Description of Damage:**

The vehicle sustained damages at the rear portion.



Yours faithfully

ADRIAN LING WAI PING  
*B.Eng, AMSOE, AMIRTE, AMSAE-A, M.MATAI*  
Licensed Appraiser

## 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	22/05/2018 15:26
Date Of Accident	21/05/2018 15:05
Exact Location Of Accident	MARYMOUNT RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SBZ6336G
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHUA CHE HO
NRIC No	S0119195J
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96181663
Alternative Phone No	OTHERS-96181663

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E250 7 G-TRONIC
Exact Purpose for which vehicle was being used at time of accident	NORMAL USAGE
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100401014-03
Cover Note Number	

### Driver

Name of Driver	CHUA CHE HO
NRIC No	S0119195J
Date Of Birth	28/02/1940
Occupation	INDOOR
Date Of Driving Pass	27/08/1959
Driving Experience	58 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96181663
Fax Number	
Contact Number	OTHERS-96181663
EMail Address	NOEMAIL

Address	BLK 21 HOLLAND DRIVE #11-415 SINGAPORE
Postcode	271021
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 - 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	2
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)	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

AS I WAS TRAVELLING ALONG MARYMOUNT RD, THE CAR IN FRONT SLOW DOWN, I APPLIED THE BRAKE SLOW DOWN, SUDDENLY I FELT AN IMPACT FROM BEHIND REALIZED VEHICLE B (TAXI) SHA6960P KNOCKED INTO MY CAR BEHIND.

#### 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	SHA6960P
Vehicle Make/Model/Colour	TAXI BLUE
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)	

**MOTOR ACCIDENT REPORT FORM**
**BASIC INFORMATION**

Date of Report:	22/5/2018	Time:	
Date of Accident:	21/5/2018	Time:	1505
Exact Location of Accident:	Marina View Rd		

**DETAILS OF OWN VEHICLE**

Vehicle Registration Number:	SBZ 6336G	Name of Registered Owner:	Chua Che Hoo
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	

**VEHICLE PARTICULARS**

Manufacturer:	Mercedes-Benz	Model:	E 250
Exact Purpose for which vehicle was being use at time of Accident	<input checked="" type="checkbox"/> Normal Usage <input type="checkbox"/> Others		
Are You Claiming Under Your Own Insurance ?	<input type="checkbox"/> YES <input type="checkbox"/> NO Reporting Only <input checked="" type="checkbox"/> NO 3rd Party		
Vehicle Category	<input checked="" type="checkbox"/> Private car <input type="checkbox"/> Commercial Vehicle <input type="checkbox"/> Private Hire		

**INSURANCE DETAILS**

Name of Insurance:	AIG		
Type of Coverage:	<input checked="" type="checkbox"/> Comprehensive <input type="checkbox"/> Third Party		
Policy Number:	2100401014-03		
Driver when the Accident Happen			

Name of Driver:	Chua Che Hoo	NRIC/Passport/Fin No:	S0119195J
Date of Birth:	28/02/1940	Occupation:	
Date of Driving Pass:	27/08/1959	Gender:	<input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Mobile No.:	96181663	Home No.:	-
Address:	Blk 21 Holland Drive #11415 Singapore		
Email Address:	noemstl		
Postal Code:	271021		

Was the Driver an Employee of the insured's Company :	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	State the relationship of the driver to insured	owner
Vehicle Registration Number of driver's Own Vehicle:			
Insurance Company :			

**OTHER INFORMATION OF THE ACCIDENT**

Type of Accident:	3rd Party Hit Insured		
Weather Condition:	<input checked="" type="checkbox"/> Clear <input type="checkbox"/> Raining <input type="checkbox"/> Others, please specify		
Road Surface	<input checked="" type="checkbox"/> Dry <input type="checkbox"/> Wet <input type="checkbox"/> Others, please specify		
Was Anybody Injured:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
Was Any other material or Property Damaged:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Number of Passengers(Including Driver):	1		
Any Accident Photo in the Scene of Accident:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
Was there any video captured by your Camera? :	No		
Was the Accident reported to police:	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Was there any audio recording? :	No		
Which Police Station:			
Was notice of Intended Prosecution given :			

**DETAILS OF OTHER VEHICLE (Please fill Annex A if more vehicles involve)**

Vehicle Registration Number:	SHA 6960P	Name of Registered Owner :	(Blue Taxi)
NRIC/Passport No./FIN:		Company Reg. No.(for Company Veh):	
Name of Driver :		NRIC/Passport/Fin No :	
Mobile No.:		Home No.:	
Address:		Postal Code	
Email Address :			
Insurance Company :			

**Details of Passenger if any**

Passenger Name:	
Contact Number:	
Gender	

**Details of Injured Person**

Name :		Age :	
Address			
Injured Sustained :	Injured Person in which vehicle:		
Were Seatbelts worn:	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Were Injured Convey to Hospital by Ambulance:	<input type="checkbox"/> Yes <input type="checkbox"/> No		

## 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.

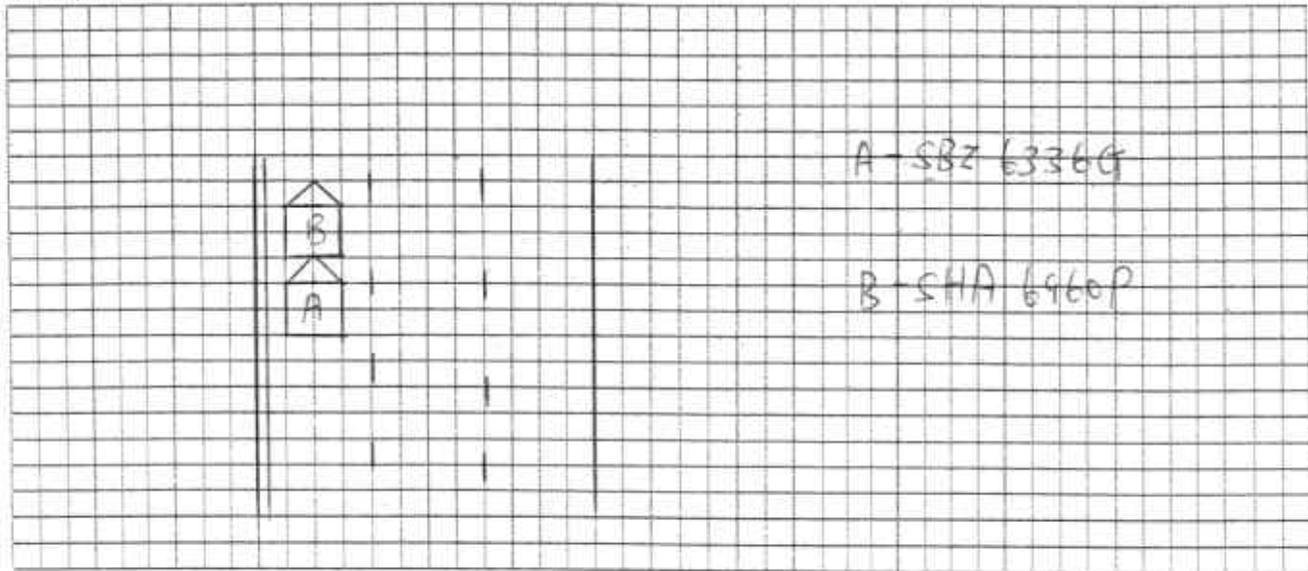
Policyholder's Signature  
Date & Time:

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

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



SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

As I was travelling along Marymount Rd, the car in front slow down, I applied the brake slow down, suddenly I felt an impact from behind realized vehicle B taxi SHA6960P knocked into my car behind.

DECLARATION

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

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.:





YOU ARE LICENSED TO DRIVE VEHICLES OF THE FOLLOWING CLASSES:

Class 2 Motor Cars and Motor Tricycles the weight of which includes those not across 200 kilograms.

Valid until: 27 Aug 1989

**FOR C&C USE ONLY**

License No. S0119195J

FOR C&C USE ONLY

100, No. S0 119 195J

AP1, 81E, 21 HOLLAND DRIVE  
215-2155  
SINGAPORE 1027

17-10-1983

REPUBLIC OF SINGAPORE DRIVING LICENCE

100668739A

Class 2 Motor Cars and Motor Tricycles the weight of which includes those not across 200 kilograms.

Valid until: 27 Jul 2008

**FOR C&C USE ONLY**

License No. S0119195J

CHUA CHE HOO

1940

REPUBLIC OF SINGAPORE

IDENTITY CARD NO. S0 119 195 J

CHUA CHE HOO

CHINESE

29-02-1940 M

SINGAPORE

**FOR C&C USE ONLY**

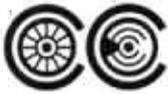
> [Back to OneMotoring](#)

### Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	9195J
Vehicle Details	
Vehicle No.:	SBZ6336G
Vehicle to be Exported:	No
Intended De-registration Date:	31 May 2018
Vehicle Make:	MERCEDES BENZ
Vehicle Model:	E250 SEDAN (R18)
Primary Colour:	Silver
Manufacturing Year:	2014
Engine No.:	27492030297469
Chassis No.:	WDD21203628099821
Maximum Power Output:	155.0 kW (207 bhp)
Open Market Value:	\$49,580.00
Original Registration Date:	12 Feb 2015
First Registration Date:	12 Feb 2015
Transfer Count:	0
Actual ARF Paid:	\$56,412.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	11 Feb 2025
PARF Rebate Amount:	\$42,309.00
Intended COE Rebate Details	
COE Expiry Date:	11 Feb 2025
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$76,889.00
COE Rebate Amount:	\$51,511.00
<b>Total Rebate Amount:</b>	<b>\$93,820.00</b>

The information contained herein is correct as at 22 May 2018

OK



CYCLE & CARRIAGE

CYCLE & CARRIAGE FULCO MOTOR DEALER PTE LTD  
EUNOS LINK SERVICE CENTRE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857



ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info	
CHUA CHE HO SBZ6336G MERCEDES-BENZ E250 7 G-TRONIC WDD2120362B099821  Contact No	Cust No/Name	/CHUA CHE HO
	Reg No/Reg Date	/
	Date In/Mileage	22/05/2018/ 0
	Chassis No	
	Engine No	
	Make/Model	/
	Colour/Trim	/

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00001	Cash	23/05/2018/ 08:26	DS	323 / ChrisBulaclac	58024

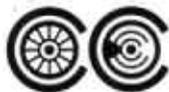
Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M SUNDRY			10.00	✓ 79.20
BENZ LOGO <i>new</i>			10.00	✓ 83.16
M SUNDRY			10.00	✓ 102.96
E250 EMBLEM <i>new</i>			10.00	✓ 102.96
M SUNDRY			10.00	✓ 102.96
7 G-TRONIC EMBLEM <i>new</i>			10.00	✓ 2970.00
M SUNDRY			10.00	✓ 317.20
REAR BOOT <i>Repair</i>			10.00	✓ 317.20
M SUNDRY			10.00	✓ 198.00
REAR BOOT LOCK <i>new</i>			10.00	✓ 198.00
M SUNDRY			10.00	✓ 1782.40
REAR BOOT WEATHERSTRIP <i>new</i>			10.00	✓ 1782.40
M SUNDRY			10.00	✓ 277.60
REAR BUMPER <i>del</i>			10.00	✓ 277.60
M SUNDRY			10.00	✓ 188.50
REAR BUMPER LOWER GARNISH <i>del</i>			10.00	✓ 188.50
M SUNDRY			10.00	✓ 881.50
REAR BUMPER CENTER CHROME <i>lit</i>			10.00	✓ 881.50
M SUNDRY			10.00	✓ 63.00
REAR BUMPER REINFORCEMENT <i>Box</i>			10.00	✓ 63.00
M SUNDRY			10.00	✓ 277.20
REAR BUMPER CLIPS <i>new</i>			10.00	✓ 277.20
M SUNDRY			10.00	✓ 277.20
REAR BUMPER SENSORS x 2pcs @S\$154 EACH <i>Buyed</i>			10.00	✓ 277.20
M SUNDRY			10.00	✓ 327.10
REAR LEFT EXHAUST CHROME GARNISH <i>Not new</i>			10.00	✓ 327.10
M SUNDRY			10.00	✓ 327.10
REAR RIGHT EXHAUST CHROME GARNISH <i>Buyed</i>			10.00	✓ 327.10
M SUNDRY			10.00	✓ 485.10
REAR BOOT LH LIGHT <i>Not new</i>			10.00	✓ 485.10
M SUNDRY			10.00	✓ 485.10
REAR BOOT RH LIGHT <i>Not new</i>			10.00	✓ 485.10
M SUNDRY			10.00	✓ 762.30

Estimate

Confirm & accepted by

Authorized signatory and company stamp

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**CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD**  
**EUNOS LINK SERVICE CENTRE**

CYCLE & CARRIAGE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857



**ESTIMATE**

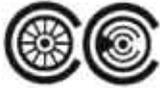
Invoice Name & Address	Owner Name & Vehicle Info	
CHUA CHE HO SBZ6336G MERCEDES-BENZ E250 7 G-TRONIC WDD2120362B099821  Contact No	Cust No/Name	/CHUA CHE HO
	Reg No/Reg Date	/
	Date In/Mileage	22/05/2018/ 0
	Chassis No	
	Engine No	
	Make/Model	/
	Colour/Trim	/

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSMD0001	Cash	23/05/2018/ 08:26	DS	323 / ChrisBulaciac	58024

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
M LH TAIL LAMP ASSY <i>see</i>			10.00	762.30
M SUNDRY				
S RH TAIL LAMP ASSY <i>see</i>				<del>100.00</del>
S MIPNT88088 TO CHECK LIGHTING & WIRING SYSTEM ON REAR ACCIDENT AFFECTED AREAS				350.00
S MIPNT88088 TO PERFORM COMPUTERIZE DIAGNOSTIC & SCANNING				400.00
S MIPNT88088 TO TRANSFER ALL BOOT COMPONENTS & MECHANISM PART				<del>800.00</del>
S MIPNT88088 TO REMOVE AND RE-INSTALL REAR CAPERTING & TRIMMING TO GIVE WAY ACCESS REPAIR ON REAR ACCIDENT AFFECTED AREAS (INCLUDE REVERSE CAMERA LENS)				<del>3200.00</del>
S MIPNT88088 TO REPLACE REAR BUMPER, REINFORCEMENT, BOOT LID ETC -TO REPAIR REAR END PANEL STRAIGHTEN, REFORM, ALIGN ON REAR ACCIDENT AFFECTED AREAS				200.00
S MIPNT88088 TO APPLY SEALANT KIT ON NEW PANEL & REPAIRED AREAS				<del>3600.00</del>
S MIPNT98088 SPRAY PAINTING ON REAR ACCIDENT AFFECTED AREAS				35.00
M SUNDRY				
Z C & C LOGO <i>see</i>				
Z NOTES CHUA CHE HO SBZ6336G MERCEDES-BENZ E250 7 G-TRONIC WDD2120362B099821				
Z NOTES ACCIDENT ON 21/05/2018 ALONG MARYMOUNT OWNER CLAIMING THIRD PARTY REQUIRED REPLACEMENT CAR TP #SHA6960P TP INS :				
LKK Auto Consultants hence notify the Repairer of the following: 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:		<i>Admin by</i> <i>04/06/18.</i> <i>04 Days</i>		
Confirm & accepted by	Parts 0.00 Labour 0.00 Standard Menu 0.00 Specialist Job 8,650.00 Others (Lub, etc) 0.00 Sundry 10,404.72 <b>Total (w/o GST) 19,054.72</b>			
Authorized signatory and company stamp				

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*2018.82*



CYCLE & CARRIAGE

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EUNOS LINK SERVICE CENTRE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857



ESTIMATE

Invoice Name & Address		Owner Name & Vehicle Info	
CHUA CHE HOO SBZ6336G MERCEDES-BENZ E250 7 G-TRONIC WDD21203628099821		Cust No/Name	/CHUA CHE HOO
Contact No		Reg No/Reg Date	/
		Date In/Mileage	22/05/2018/ 0
		Chassis No	
		Engine No	
		Make/Model	/
		Colour/Trim	/

Account No	Terms	Date/Time/Printed	GSE	Operator	WIP.No
CSM00001	Cash	26/06/2018/ 09:20	DS	218 / MarsLer	58024

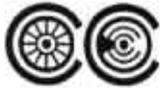
Description of Goods / Services	Qty	Unit Price	Disc%	Amount
S MIPNT88088 TO CHECK LIGHTING & WIRING SYSTEM ON REAR ACCIDENT AFFECTED AREAS				60.00
S MIPNT88088 TO PERFORM COMPUTERIZE DIAGNOSTIC & SCANNING				350.00
S MIPNT88088 TO REMOVE AND RE-INSTALL REAR CAPERTING & TRIMMING TO GIVE WAY ACCESS REPAIR ON REAR ACCIDENT AFFECTED AREAS (INCLUDE REVERSE CAMERA LENS)				400.00
S MIPNT88088 TO REPLACE REAR BUMPER, REINFORCEMENT, BOOT LID ETC -TO REPAIR REAR END PANEL STRAIGHTEN, REFORM, ALIGN ON REAR ACCIDENT AFFECTED AREAS				1600.00
S MIPNT98088 SPRAY PAINTING ON REAR ACCIDENT AFFECTED AREAS				1800.00
M SUNDRY C & C LOGO				35.00
X WDCD2128170016 BENZ LOGO	1.00	88.00	10.00	79.20
X WDCD2128176215 E250 EMBLEM	1.00	92.40	10.00	83.16
X WDCD2128858325 RR BUMPER	1.00	1980.44	10.00	1782.40
X WDCD0039909497 RIVET	10.00	7.00	10.00	63.00
X WDCD0009055504 RR BUMPER SENSOR	1.00	308.00	10.00	277.20
X WDCD2123280286 AIRMATIC COVER <i>? Damaged</i>	1.00	70.00	10.00	63.00
X WDCD2126900807 COVER	1.00	60.00	10.00	54.00
X WDCD2128858725 REAR BUMPER CTR CHRO	1.00	209.44	10.00	188.50
X WDCD2128854021 REAR BUMPER LWR GARN	1.00	308.44	10.00	277.60
X WDCD2218170000 7G TRONIC EMBLEM	1.00	114.40	10.00	102.96
X WDCD2126102014 BUMPER REINFORMENT	1.00	979.44	10.00	881.50
X WDCD2128801203 FRAME RR BUMPER CTR <i>cracked</i>	1.00	240.00	10.00	216.00
X WDCD2128854514 BUMPER BRACKET RR, L <i>? Damaged</i>	1.00	70.00	10.00	63.00
X WDCD2128854614 BUMPER BRACKET RR RH	1.00	70.00	10.00	63.00
X WDCD2128050114 BRACKET	1.00	100.00	10.00	90.00
X WDCD2124902827 RR EXHAUST CHROME PI	1.00	363.44	10.00	327.10

Confirm & accepted by *[Signature]*

*Finalization*

Authorized signatory and company stamp

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CYCLE & CARRIAGE·FULCO MOTOR DEALER PTE LTD  
EUNOS LINK SERVICE CENTRE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857



MITSUBISHI  
MOTORS

ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info	
CHUA CHE HOO SBZ6336G MERCEDES-BENZ E250 7 G-TRONIC WDD2120362B099821  Contact No	Cust No/Name	/CHUA CHE HOO
	Reg No/Reg Date	/
	Date In/Mileage	22/05/2018/ 0
	Chassis No	
	Engine No	
	Make/Model	/
	Colour/Trim	/

Account No	Terms	Date/Time/Printed	CSE	Operator	WIP No
CSM00001	Cash	26/06/2018/ 09:20	DS	218 / MarsLer	58024

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
X WDCD2128300454 REAR CENTRE UNDERCOV <i>tom</i>	1.00	390.00	10.00	351.00
Z NOTES CHUA CHE HOO SBZ6336G MERCEDES-BENZ E250 7 G-TRONIC WDD2120362B099821				
Z NOTES ACCIDENT ON 21/05/2018 ALONG MARYMOUNT OWNER CLAIMING THIRD PARTY REQUIRED REPLACEMENT CAR (R/A-21676) TP #SHA6960P TP INS : FIRST CAPITAL				

Estimate

Confirm & accepted by  <i>Finalization</i>  Authorized signatory and company stamp	Parts	4,962.62
	Labour	0.00
	Standard Menu	0.00
	Specialist Job	4,210.00
	Others(Lub,etc)	0.00
	Sundry	35.00
	<b>Total(w/o GST)</b>	<b>9,207.62</b>

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CYCLE & CARRIAGE-FULCO MOTOR DEALER PTE LTD  
EUNOS LINK SERVICE CENTRE

330 Ubi Road 3 Singapore 408650 Tel: 67461000 Fax: 64875857



ESTIMATE

Invoice Name & Address	Owner Name & Vehicle Info	
CHUA CHE HOO SBZ6336G MERCEDES-BENZ E250 7 G-TRONIC WDD2120362B099821  Contact No	Cust No/Name	/CHUA CHE HOO
	Reg No/Reg Date	/
	Date In/Mileage	22/05/2018/ 0
	Chassis No	
	Engine No	
	Make/Model	/
	Colour/Trim	/

Account No	Terms	Date/Time Printed	CSE	Operator	WIP No
CSM00001	Cash	26/06/2018/ 09:11	DS	218 / MarsLer	58024

Description of Goods / Services	Qty	Unit Price	Disc%	Amount
X WMCD2123280286 AIRMATIC COVER	1.00	70.00	10.00	63.00 <i>damaged</i>
X WMCD2126900807 COVER	1.00	60.00	10.00	54.00
X WMCD2128801203 FRAME RR BUMPER CTR	1.00	240.00	10.00	216.00 <i>cracked</i>
X WMCD2128854514 BUMPER BRACKET RR, L	1.00	70.00	10.00	63.00
X WMCD2128854614 BUMPER BRACKET RR RH	1.00	70.00	10.00	63.00 <i>damaged</i>
X WMCD2128050114 BRACKET	1.00	100.00	10.00	90.00
X WMCD2124902827 RR EXHAUST CHROME PI	1.00	363.44	10.00	327.10 <i>replaced</i>
X WMCD2128300454 REAR CENTRE UNDERCOV	1.00	390.00	10.00	351.00 <i>to be</i>

Z NOTES

CHUA CHE HOO  
SBZ6336G MERCEDES-BENZ E250 7 G-TRONIC  
WDD2120362B099821

Z NOTES

SUPPLEMENTARY ITEMS

Estimate

Confirm & accepted by

*Supplementary*

Authorized signatory and company stamp

Parts	1,227.10
Labour	0.00
Standard Menu	0.00
Specialist Job	0.00
Others (Lub, etc)	0.00
Sundry	0.00
Total (w/o GST)	1,227.10

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## 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/FCI18009427/Aqd3q2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 06-08-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 6960P	Veh. Inspected	SBZ 6336G
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18004135MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	24/05/2018
2. Vehicle Particulars & Condition			
Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WDD2120362B099821	Colour	
Odometer	-	Steering	
Brakes		Modification	
General			
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	245/40 R18	PIRELLI	6 mm
L/H Front Tyre	245/40 R18	PIRELLI	6 mm
R/H Rear Tyre	245/40 R18	PIRELLI	6 mm
L/H Rear Tyre	245/40 R18	PIRELLI	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	21/05/2018	Inspection Date	04/06/2018
Survey held at	CYCLE & CARRIAGE.FULCO MOTOR DEALER PL NO.330 UBI ROAD 3 SINGAPORE 408650		
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.			



## 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. SBZ 6336G

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	BENZ LOGO (SN)	NECESSARY	79.20	79.20
1	E250 EMBLEM (SN)	NECESSARY	83.16	83.16
1	7 G-TRONIC EMBLEM (SN)	NECESSARY	102.96	102.96
1	REAR BOOT (SN)	TO REPAIR SEE LABOUR	2,970.00	-
1	REAR BOOT LOCK (SN)	NOT NECESSARY	317.20	-
1	REAR BOOT WEATHERSTRIP (SN)	NOT NECESSARY	198.00	-
1	REAR BUMPER (SN)	DEFORMED	1,782.40	1,782.40
1	REAR BUMPER LOWER GARNISH (SN)	DEFORMED	277.60	277.60
1	REAR BUMPER CENTER CHROME (SN)	CUT	188.50	188.50
1	REAR BUMPER REINFORCEMENT (SN)	BENT	881.50	881.50
1	REAR BUMPER CLIPS (SN)	NECESSARY	63.00	63.00
2	REAR BUMPER SENSORS (SN)	DAMAGED	277.20	277.20
1	REAR LEFT EXHAUST CHROME GARNISH (SN)	NOT NECESSARY	327.10	-
1	REAR RIGHT EXHAUST CHROME GARNISH (SN)	DAMAGED	327.10	327.10
1	REAR BOOT LH LIGHT (SN)	NOT NECESSARY	485.10	-
1	REAR BOOT RH LIGHT (SN)	NOT NECESSARY	485.10	-
1	LH TAIL LAMP ASSY (SN)	NOT NECESSARY	762.30	-
1	RH TAIL LAMP ASSY (SN)	NOT NECESSARY	762.30	-
1	C&C LOGO (SN)	NECESSARY	35.00	35.00
1	AIRMATIC COVER (SN) (ADDITIONAL)	DAMAGED	63.00	63.00
1	COVER (SN) (ADDITIONAL)	DAMAGED	54.00	54.00
1	FRAME RR BUMPER CTR (SN) (ADDITIONAL)	CRACKED	216.00	216.00
1	BUMPER BRACKET RR,L (SN) (ADDITIONAL)	DAMAGED	63.00	63.00
1	BUMPER BRACKET RR RH (SN) (ADDITIONAL)	DAMAGED	63.00	63.00
1	BRACKET (SN) (ADDITIONAL)	DAMAGED	90.00	90.00
1	RR EXHAUST CHROME PI (SN) (ADDITIONAL)	REPEATED	327.10	-
1	REAR CENTRE UNDERCOV (SN) (ADDITIONAL)	TORN	351.00	351.00
			<b>11,631.82</b>	<b>4,997.62</b>

Report Ref No. CS/FC118009427/Aqd3q2



# LKK Auto Consultants Pte Ltd

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TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Page No.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>LABOUR</b>			
	TO CHECK LIGHTING & WIRING SYSTEM ON REAR ACCIDENT AFFECTED .		100.00	60.00
	TO PERFORM COMPUTERIZE DIAGNOSTIC & SCANNING.		350.00	350.00
	TO TRANSFER ALL BOOT COMPONENTS & MECHANISM PART.	NOT NECESSARY	400.00	-
	TO REMOVE AND RE-INSTALL REAR CAPERTING & TRIMMING TO GIVE WAY ACCESS REPAIR ON REAR ACCIDENT AFFECTED AREAS .(INCLUDE REVERSE CAMERA LENS).		800.00	400.00
	TO REPLACE REAR BUMPER ,REINFORCEMENT ,BOOT LID ETC-TO REPAIR REAR END PANEL STRAIGHTEN ,REFORM ,ALIGN ON REAR ACCIDENT AFFECTED AREAS .INCLUSIVE OF THE REPAIR OF REAR BOOT .		3,200.00	1,600.00
	TO APPLY SEALANT KIT ON NEW PANEL & REPAIRED AREAS.	NOT NECESSARY	200.00	-
	SPRAY PAINTING ON REAR ACCIDENT AFFECTED AREAS.		3,600.00	1,800.00
			8,650.00	4,210.00
	<b>GRAND TOTAL</b>		<b>20,281.82</b>	<b>9,207.62</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>9,207.62</b>

Report Ref No. CS/FCI18009427/Aqd3q2

ADRIAN LING WAI PING

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

Licensed Appraiser

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