

ASS. REC. BY:

REF: CS/FCI18009515/Gsd3ⁿ² Special Instruction:

Surveyor:

ASSIGNMENT (Office)

AUS

From (Person):

Eileen lee

of

FCI

Date/Time:

25/05/2018 @

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLP 1515D

Insured:

SHC 3228E

at Workshop m/s:

Allswell Motor Traders

Tel:

6679 1146

of

25 Deaf Lane 9

Policy No:

Claim No:

D18004174 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23/05/2018

(Client's Record)

28/05/2018 @ 11am

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

9:34am @ 25/5/18

Person Contacted:

chai yee

Vehicle IN

OUT

Date/Time	Action/Instruction
	(✓) Estimate
	SLP 1515D - X
	SHC 3228E - CS3/FCI15610076/V6/c3
30/05/18 @ 17:55 p.m.	Revised PA to Gilman via email.

DUA: 14/6/15

Guarantee

Xcel

REF: FCI

C25418

ASSIGNMENT

From:

Date: 28/5/18

Estimated Cost:

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

To inspect Vehicle No:

SLP 4515 D

at Workshop m/s

Alls well Motor

of

25 Defu here 9

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

11am

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:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS / wp

Vehicle: IN / OUT

Date:

Person Contacted:

Date / Time

Action / Instruction

Finalised \$ 1299.2 Ben.

(£ 1,487.20 Red - 53%)

RECEIVED 12 JUL 2018

Date/Time: File Pass to?

12/07/18

1)

7/2/18

Date/Time: File Return to?

2)

☐

: Preli. Report

☒

: Final Report

Days Of Repair:

3

Resurvey No. of Trip:

2

Survey Fee:

Transportation

\$ + RS \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format:

Lump Sum / I.B.I: (\$ 1,299.20 r/p)

130
50
50+50
16
296

Veh No: SLP4515D

Yr Regn: 05 Jun 2017

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

Truck / Trailer or

Make:

Honda Vezel

Hybrid

C.C

1496

Colour

Black

A/C: Insured / Std / NI / NA

Sp. Reading

62575

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

RU31244510

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:

245/60R16

R:

11

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

TOYO / YOKO or

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

28-05-18

Survey held at

w/s

11AM

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

o/s wt

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

MOTOR SURVEY ASSIGNMENT

Date	24-05-2018	Our Ref No. D18004174MFSH
Accident Date	23-05-2018	Claim Type. Third Party
Insured Vehicle	SHC3228E	Third Party Vehicle. SLP4515D
Survey Location	25 Defu lane 9	
Contact Person.	CHAI YEE	
Contact No.	66791146/ 91478545	Fax No. 0
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	ALLSWELL MOTOR TRADERS	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.

Job Sheet (/ClaimWS/Surveyor/JobSheet/240740)



PRI Documents



Close



PRI Header Details

Claim No	D18004174MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & ALLSWELL
Workshop Name	ALLSWELL MOTOR TRADERS (Contact Person : CHAI YEE)	Survey Location & Contact Details	25 Defu lane 9 Mobile: 91478545 , Phone: 66791146 , Fax: 0 EmailId: ACCOUNT5@ALLSWELLMOTOR.COM.SG		
Our Surveyor	LKK AUTO CONSULTANTS PTE LTD	Instructions To Surveyor	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM		
Insured Name	COMFORT TRANSPORTATION PTE LTD	Insured Vehicle No	SHC3228E	TP Vehicle No	SLP4515D
PRI Recieved Date	24-05-2018 05:57:38 PM	Surveyor Appointed Date	25-05-2018 08:14:06 AM	Surveyor Accept Date	25-05-2018 0

Survey Report Upload

Surveyor Inspection Date *:		Surveyor Report Date	25-05-2018	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:	Company
Owner ID:	2541Z
Vehicle Details	
Vehicle No.:	SLP4515D
Vehicle to be Exported:	No
Intended De-registration Date:	30 May 2018
Vehicle Make:	HONDA
Vehicle Model:	VEZEL HYBRID 1.5X A
Primary Colour:	Black
Manufacturing Year:	2017
Engine No.:	LEB5944526
Chassis No.:	RU31244510
Maximum Power Output:	112.0 kW (150 bhp)
Open Market Value:	\$26,059.00
Original Registration Date:	05 Jun 2017
First Registration Date:	05 Jun 2017
Transfer Count:	0
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	04 Jun 2027
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	04 Jun 2027
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$53,001.00
COE Rebate Amount:	\$47,774.00
Total Rebate Amount:	\$51,524.00

The information contained herein is correct as at 30 May 2018

OK

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Wednesday, 30 May 2018 5:55 PM
To: 'Nivitha (LKK Auto)'; 'Claim Workflow System'; ASSIGNMENTS@LKKAUTO.COM
Cc: EILEENLEE@MSFIRSTCAPITAL.COM.SG; sur@lkkauto.com
Subject: RE: SURVEY ASSESSMENT - D18004174MFSH/1
Attachments: SLP 4515D - Preli Advise.pdf

Dear Eileen,

Enclosed herewith preliminary advice of SLP 4515D.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Friday, 25 May 2018 9:40 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: EILEENLEE@MSFIRSTCAPITAL.COM.SG; sur@lkkauto.com
Subject: RE: SURVEY ASSESSMENT - D18004174MFSH/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: Friday, 25 May 2018 8:14 AM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; EILEENLEE@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18004174MFSH/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
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18004174MFSH

Date: 30 May 2018

Our Ref: CS/FCI18009515/Gsd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

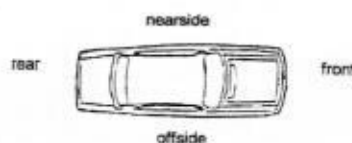
INITIAL INSPECTION REPORT OF VEHICLE NO. SLP 4515D .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 28/05/2018 at the premises of M/s Allswell Motor Traders and have the following to report:-

Workshop Estimate Amount	: S\$ <u>2,786.40</u> .
Revised Estimate Amount	: S\$ <u>1,299.20</u> .
"Check" Items Amount	: S\$ _____ .
Market Value	: S\$ _____ .
LTA Reimbursement Value	: S\$ _____ .
Nett Value	: S\$ _____ .

Description of Damage:

The vehicle sustained damages
at the o/s front portion.



Comments/ Present Status:

Damages Consistent.

Repair days: 3 Days

Yours faithfully,
Guo Qiang
Automotive Assessor

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	23/05/2018 16:03
Date Of Accident	23/05/2018 11:05
Exact Location Of Accident	DUXTON ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLP4515D
Insured/Policyholder	
Name Of Registered Owner	ALLSWELL LEASING & LIMOUSINE PTE LTD
Co Reg No	201432541Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-64625405

Vehicle Particulars

Manufacturer	HONDA
Model	VEZEL-1.5 HYBRID X (A)
Exact Purpose for which vehicle was being used at time of accident	
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE HIRE

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	5087620250-01
Cover Note Number	

Driver

Name of Driver	TEO KIM SAN EDDIE
NRIC No	S1724845F
Date Of Birth	21/07/1965
Occupation	OUTDOOR
Date Of Driving Pass	24/09/1985
Driving Experience	32 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81189180
Fax Number	
Contact Number	
E-Mail Address	NOEMAIL

Address	BLK 233 PENDING ROAD #08-07
Postcode	670233
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER & LEASEE
Vehicle Registration Number of Driver's Own Vehicle	-
	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

General Information of the Accident

Type Of Accident	COLLISION - OPENING DOOR OF VEHICLE
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

ON 23/05/2018 11.05AM AT DUXTON ROAD ONE WAY ROAD. A TAXI VEHICLE, NO SHC3228E PARK IN MY RIGHT HAND SIDE PARKING LOT. WHEN I PASS BY THE ROAD SUDDENLY THE TAXI PASSENGER OPEN THE LEFT HAND SIDE PASSENGER DOOR AND CAME IN CONTACT WITH MY RIGHT HAND FRONT FENDER.

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	SHC3228E
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
2. This Form must be completed by the Policyholder and/or the Authorised Driver.
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 #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23/05/2018 11:05 am at Duxton Road one way road. A taxi vehicle No SHC3228E park in my right hand side parking lot. When I pass by the road suddenly the taxi passenger open the left hand side passenger door and come in contact with my right hand front fender.

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.:

Allswell Motor Traders

25 Defu Lane 9, Singapore 539266

Tel : +65 6679 1146

email:ben@allswellmotor.com.sg

3 Days
part by part.
before paint photos.
Bu. Qian 82880282
28/5/18

(3rd party claim against First Capital insured SUC3228)

[Signature]
16/6/18

Estimate repair

Vehicle No. : SUP4515D
Make & Model : Honda hybrid 1.5X
Chassis No. : _____
Date of survey : _____

Submitted by : Bm
COE expiry : 07-06-2027
Engine No. : _____

S/No	Part Description	Qty	Unit Price	Price	Disposition by
01	RH Fender / <u>buc</u>	01	\$691.0	580	
02	RH bonnet <u>x repair</u>	01	\$998.0		* repair
03	RH retainer / <u>rec</u>	01	\$69.0	44	
					624
					20%: 499.2
	<u>Labour description</u>				
01	Dismantle / Assembly of RH fender	01	\$160.0	50	
02	Panel beating of front bonnet	01	\$360.0	150	
03	Spray painting of affected area RH fender / bonnet / front bumper	01	\$860.0	600	
					1299.2
				3138	
LKK Auto Consultants hence notify the Repairer of the following: <ul style="list-style-type: none"> • 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 					

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


Signature:
Date:

**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/FCI18009515/Gsd3n2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 12-07-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 3228E	Veh. Inspected	SLP 4515D	
Policy No.	D-18088936MFSH	Coverage (\$)	0.00	
Claim No.	D18004174MFSH	Excess (\$)	0.00	
Assign From	EILEEN	Assign Date	25/05/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA VEZEL HYBRID	c.c	1496	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	RU31244510	Colour	BLACK	
Odometer	62575	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	215/60 R16	DUNLOP	6 mm	
L/H Front Tyre	215/60 R16	DUNLOP	6 mm	
R/H Rear Tyre	215/60 R16	DUNLOP	6 mm	
L/H Rear Tyre	215/60 R16	DUNLOP	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	23/05/2018	Inspection Date	28/05/2018	
Survey held at	25 DEFU LANE 9			
Repairer	ALLSWELL MOTOR TRADERS			
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLP 4515D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	RH FENDER	BUCKLED TO REPAIR SEE LABOUR NECESSARY	691.00	580.00
1	RH BONNET		998.00	-
1	RH RETAINER		69.00	44.00
	LESS 20% DISCOUNT		-	-124.80
			1,758.00	499.20
	LABOUR			
	DISMANTLE/ASSEMBLY OF RH FENDER.		160.00	50.00
	PANEL BEATING OF FRONT BONNET.		360.00	150.00
	SPRAY PAINTING OF AFFECTED AREA RH FENDER/BONNET/FRONT BUMPER.		860.00	600.00
			1,380.00	800.00
	GRAND TOTAL		3,138.00	1,299.20
	RECOMMENDED COST OF REPAIRS			1,299.20

Report Ref No. CS/FC118009515/Gsd3n2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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