

MS First Capital Insurance Limited Co.Reg. No. 195000106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Motor Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

### MOTOR SURVEY ASSIGNMENT

Date

30-05-2018

Our Ref No. D18004303MFSH

**Accident Date** 

25-05-2018

Claim Type. Third Party

Insured Vehicle

SHD3127H

Third Party Vehicle. GBA2422Z

**Survey Location** 

BLK 1001 BUKIT MERAH LANE 3 #01-67

Contact Person.

WAI FONG

Contact No.

62782213/0

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

LIAN HO HUP KEE

SPRAY PAINTING

Attention, NII

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

JOANNEY

#### 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.

#### Shiau Chan (LKKAuto)

From:

Shiau Chan (LKKAuto)

Sent:

Wednesday, 6 June 2018 12:04 PM

To:

'Claim Workflow System'; assignments

Cc:

JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR

Subject:

RE: SURVEY ASSESSMENT - D18004303MFSH/1

Attachments:

CSFCI18009955T1qb.pdf

Dear Joanne,

Enclosed herewith preliminary advice of GBA 2422Z.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>siewsc@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto)

Sent: Friday, 1 June 2018 3:42 PM

To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: JOANNEYONG@MSFIRSTCAPITAL.COM.SG; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D18004303MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Please be informed that vehicle currently not in the workshop, repairer arrange survey on 05.06.2018.

Best Regards,

Catherine Chong | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: <u>assignments@lkkauto.com</u> | 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, 1 June, 2018 12:51 PM To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; JOANNEYONG@MSFIRSTCAPITAL.COM.SG

Subject: PRI: SURVEY ASSESSMENT - D18004303MFSH/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



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

Your Ref: D18004303MFSH

Date: 06 June 2018

Our Ref: CS/FCI18009955/T1qb

The Motor Claims Department First Capital Insurance Ltd

Dear Sir/Madam,

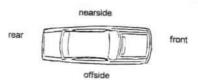
#### INITIAL INSPECTION REPORT OF VEHICLE NO. GBA 2422Z .

Please be informed that we had conducted the inspection of the abovementioned vehicle on  $\underline{05/06/2018}$  at the premises of M/s  $\underline{LIAN\ HO\ HUP\ KEE}$ . and have the following to report:-

Workshop Estimate Amount	: S\$	7,850.00	
Revised Estimate Amount	: S\$	3,368.00	
"Check" Items Amount	: S\$	1,900.00	
Market Value	: S\$	-	
LTA Reimbursement Value	: S\$	:=:	
Nett Value	: S\$		

Description of Damage:

<u>The vehicle sustained damages</u>
at the front n/s portion & undercarriage.



Yours faithfully

Taufikh Automotive Assessor

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# > Back to OneMotoring

- - - ...ouic Linquity

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	gistered verifcie
Owner ID Type:	Business
Owner ID:	1000A
Vehicle Details	10004
Vehicle No.:	GBA2422Z
Vehicle to be Exported:	No
Intended De-registration Date:	06 Jun 2018
Vehicle Make:	FIAT
Vehicle Model:	DOBLO CARGO 1.9MJTD
Primary Colour:	Orange
Manufacturing Year:	2007
Engine No.:	223B10005419000
Chassis No.:	ZFA22300005503434
Maximum Power Output:	ZFA22300005503434
Open Market Value:	\$19,895.00
Original Registration Date:	
First Registration Date:	26 Apr 2007
Transfer Count:	26 Apr 2007
Actual ARF Paid:	1
Intended PARF Rebate Details	\$0.00
PARF Eligibility:	No
PARF Eligibility Expiry Date:	140
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	\$0.00
COE Expiry Date:	25 Apr 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$24,005.00
COE Rebate Amount:	\$18,775.00
Total Rebate Amount:	\$18,775.00
Message	\$10,775.00
-	

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 06 Jun 2018

OK

1

20 results/page

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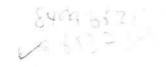
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For old advertisements, view Expired ads

- MHLW18068532 / Hin Lung Warkshop - HQ ENTRY DATE & TIME: 26/05/2018 11:51 SUBMITED BY: Slow Lie Mien

#### SINGAPORE ACCIDENT STATEMENT



#### IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- 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 witholding 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.

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	26/05/2018 11:51
Date Of Accident	25/05/2018 15:20
Exact Location Of Accident	ORANGE GROVE ROAD TOWARD ORCHARD ROAD
Country/State of Loss	SINGAPORE
	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA2422Z
Insured/Policyholder	

Insured/Policyholder

SPALATO SERVICES Name Of Registered Owner

53361000A Co Reg No NOEMAIL

Email Address (LOCAL) +65-96537389 Mobile Phone No

OFFICE-84996521 Alternative Phone No

**Vehicle Particulars** 

FIAT Manufacturer

DOBLO CARGO 1.9MJTD Model

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?

If No. Please state action to be taken

THIRD PARTY

COMMERCIAL VEHICLE

Vehicle Category

**Insurance Company** 

AXA INSURANCE PTE LTD Name of Insurance Company

THIRD PARTY FIRE AND/OR THEFT Type Of Coverage

NO Fleet Policy

GA350573 Policy Number

Cover Note Number

Driver

GHO TJU HONG Name of Driver

S1481176A NRIC No 02/08/1961 Date Of Birth OUTDOOR Occupation 08/09/1979 Date Of Driving Pass

38 YEARS AND 8 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-96537389 Mobile Number

Fax Number

Contact Number

NOEMAIL EMail Address

Address

**BLK 483 SEGAR ROAD** 

#03-340

Postcode

670483

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

Type Of Accident

COLLISION - U-TURN

Weather Conditions

CLEAR

Road Surface

DRY

Other Information

Was any foreign vehicle involved in this accident?

Number of vehicles involved in the accident

NO 2

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?

YES

If Yes, Please state which Police Station

Police Station Name

BUKIT PANJANG NEIGHBOURHOOD POLICE CENTRE

Police Station Address

ROAD: 42 FAJAR ROAD, POSTCODE: 679005, COUNTRY: SINGAPORE

Police Station Contact

TEL NO: 1800-8929999 - FAX NO: 67673650

Was notice of intended Prosecution given?

NO

If Yes, against whom?

Circumstances of Accident

REFER TO ATTACH

Attachment(s)

YES Are accident photos available for attachment?

Was there any video captured by Car Camera?

NO

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

Was there any audio recorded?

SHD3127H

Vehicle Make/Model/Colour

HYUNDAI (BLUE) TAXI COMFORT DELGO

**Details Of Properties** 

RIGHT SIDE FRONT DOOR

Vehicle Category

TAXI

Name of Driver

CHEW CHIN HUA

NRIC/Passport Number

S7000671E

Contact Number

96239989

Address

Postcode

BLK 235 ANG MO KIO AVE 3

#07-1118 560235

Insurance Company Name

Nature Of Damage

Page 2 of 30

### SKETCH PLAN

### IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.
- Any false reporting may be referred to the Police for investigation.
- 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
- 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)

l understand, acknowledge, agree and consent that:

- 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)
  - (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
- (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

for complying with requirements under any regulations, laws or court orders.

UEN: 53361000A

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

SKETCH PLAN Vetticle B. - SAD 3127H ORANGA GROVE ROAD
TOWARD ORGHARD RD DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER	70	Dollice	REPORT	ATTACHED.			
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				t in the table			
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			3				
		9					
					CES	3.85	560
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DECLARATION ERVICES

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

Policyholder's Signature

Date & Time UEN. JUJUTUUJA

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

Reporting Centre Personnel's Signature Name:

NRIC/FIN 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 <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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.

UEN: 53361000A

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature Name:

NRIC/FIN No .:

Policyholder's Signature Date & Time:

- 1



#### CONFIDENTIAL

### NOTICE OF COMPLIANCE

This is to inform that Mr/Mrs/Miss-Gho Tju Hong NRIC/FIN S1481176A. Residing Blk 483 Segar Road #03-340 Singapore 670483, hp: 96537389 has reported to the Police a non-injury traffic accident, which occurred along orange grove road towards orchard road. It is a two lane traffic. V1 was at the right lane and V2 was on the left lane. V1 was going straight when V2 made an illegal U-turn and collided into V1. The right hand side of V2 collided into V1's left front side bumper. This incident happens on 25/05/2018 at about 1520hrs involving the following vehicle:

- V1 GBA2422Z (Fiat Doblo, Light goods vehicle)
- V2 SHD3127H(Taxi NTUC Comfort Delgro)

## Further information of the Driver of V2:

Chua Chin Hua \$7000671E Blk 235 Ang Mo Kio Ave 3 #07-1118 HP: 96239989

2. If the accident was reported to Police within 24 hours of its occurrence, He/she therefore had complied with Sec 84(2) of the Road Traffic Act, Cap 276.

Rank/Name of issuing Officer : SC/Sgt Lugman

Date : <u>26/05/2018</u>

Time : 0955HRS

S/D Ref

Police Post/ Unit : Bukit Panjang NPC

Original - To be issued to informant

Duplicate - To be retained at NPC or Police Post

3ukit Panjang NFC 1 Segar Road #91-65 Singapore 977738 Tel: 6892 3999

### LIAN HO HUP KEE SPRAY PAINTING BLOCK 1001, #01-67 **BUKIT MERAH LANE 3** SINGAPORE 159718 TEL: 62782213

FIRST CAPITAL INSURANCE

1-Jun-18

#### ESTIMATE FOR REPAIRS TO GBA2422Z (FIAT DOBLO)

1pc	front fender LH	\$386.00 46
1pc	front bonnet	\$685.00 64
1pc	front bumper	\$486.00 de
1pc	front bumper pad	\$229.00 0
1pc	bumper fog lamp cover LH	\$153.00 oug
1pc	front headlamp assy LH	\$545.00 Cmg/
1pc	front fender lamp LH	\$107.00 XM
1pc	front bumper bracket	\$105.00 XUY
1pc	front bumper retainer	\$89.00 me
1pc	LH shock absorber	\$352.00 ? 7
1pc	LH lower arm	\$453.00 7 ( Xnv -
1pc	LH knuckle	\$595.00?
1pc	LH bearing hub	\$395.00 7
		100/

knocking accident affected areas, bumper panel, fender inner support panel, replace the above, transfer, and all realigning same

\$1,200.00

spray painting same

\$1,600.00 700

wheel alignment check and adjust

\$120.00 80.

remove/replacle LH suspension parts

\$350.00 120 XAN

700

TOTAL: \$7,850.00

To Nisbay damaged codes during resurvey
 Parts prices are subject to commitment of the subject to supplementaries.

Third party survey is on a "Without Prejudice" basis

No illegal modification(s) is allowed

LKK Auto Consultants hence notify the Repairer of the following: To resurvey before/after spray painting

 Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer

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 Internat	ionale Des Experts En Automo	bblle
MS F	FIRST CAPITAL IN	ISURANCE LTD	Ref : CS/FCI18009955	5/T1qbe2
	OBINSON ROAD 01 CITY HOUSES	INGAPORE 068877	Date: 12-12-2018 Code: FCI2	
1.		Policy Particulars	s :- THIRD PARTY CLAIN	
	Insured Veh.	SHD 3127H	Veh. Inspected	GBA 2422Z
	Policy No.		Coverage (\$)	0.00
	Claim No.	D18004303MFSH	Excess (\$)	0.00
	Assign From	JOANNE YONG	Assign Date	01/06/2018
2.		Vehicle Par	ticulars & Condition	
	Make & Model	FIAT DOBLO CARGO	c.c	1910
	Engine No.	HIDDEN	Year of Reg.	2007
	Chassis No.	ZFA22300005503434	Colour	ORANGE
	Odometer	151930	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		
3.		Condi	tions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	205/55 R16	YOKOHAMA	6 mm
	L/H Front Tyre	205/55 R16	YOKOHAMA	6 mm
	R/H Rear Tyre	205/55 R16	YOKOHAMA	6 mm
	L/H Rear Tyre	205/55 R16	YOKOHAMA	6 mm
4.		Descrip	tion of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE F	RONT N/S AND UNDERCAP	RRIAGE PORTION.
	DAMAGES SEE D	ETAILS.		
5.		Gener	ral Information	
	Accident Date	25/05/2018	Inspection Date	05/06/2018
	Survey held at	LIAN HO HUP KEE SPRAY PA	AINTING	
		BLK 1001 BT MERAH LANE 3 #01-67 SINGAPORE 159718		
5a.			Remarks	
	B)THE INSPECTION	NSISTENT TO ACCIDENT REPO ON WAS CONDUCTED ON A'W CE TO YOUR INSTRUCTIONS,	ITHOUT PREJUDICE" BASI	S. ED REPAIRS.
5b.		Estimat	e Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	5 Working Days	3



### 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. GBA 2422Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT FENDER LH	BENT	386.00	386.00
1	FRONT BONNET	TO REPAIR SEE LABOUR	685.00	-
1	FRONT BUMPER	DEFORMED	486.00	486.00
1	FRONT BUMPER PAD	CRACKED	229.00	229.00
1	BUMPER FOG LAMP COVER LH	CRACKED	153.00	153.00
1	FRONT HEADLAMP ASSY LH	CRACKED	545.00	545.00
1	FRONT FENDER LAMP LH	NOT NECESSARY	107.00	8
1	FRONT BUMPER BRACKET	NOT NECESSARY	105.00	-
1	FRONT BUMPER RETAINER	NECESSARY	89.00	89.00
1	LH SHOCK ABSORBER	NOT NECESSARY	352.00	-
1	LH LOWER ARM	NOT NECESSARY	453.00	-
1	LH KNUCKLE	NOT NECESSARY	595.00	-
1	LH BEARING HUB	NOT NECESSARY	395.00	-
	LESS 10% DISCOUNT		-	-188.80
			4,580.00	1,699.20
	LABOUR			
	KNOCKING ACCIDENT AFFECTED AREAS, BUMPER PANEL, FENDER INNER SUPPORT PANEL, REPLACE THE ABOVE, TRANSFER, AND ALL REALIGNING SAME. INCLUSIVE OF THE REPAIR OF FRONT BONNET.		1,200.00	700.00
	SPRAY PAINTING SAME.		1,600.00	700.00
	WHEEL ALIGNMENT CHECK AND ADJUST.		120.00	80.00
	REMOVE / REPLACE LH SUSPENSION PARTS.	NOT NECESSARY	350.00	-
			-	-
			-	
			-	
			3,270.00	1,480.00
	GRAND TOTAL		7,850.00	3,179.20

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RECOMMENDED COST OF LUMP SUM REPAIRS	2,500.00
(TO ITS PRE-ACCIDENT CONDITION)	

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MARKET VALUE: \$24,000.00(EST)-LTA REIMBURSEMENT VALUE: \$18,775.00=NETT VALUE: \$5,225.00

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

**Automotive Assessor** 

St. S.

ADRIAN LING WAI PING

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

Licensed Appraiser

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