

ASS. REC. BY:

REF: CS/FCI18012990 / Ktd301 Special Instruction:

Surveyor:

CWS

Kenneth

ASSIGNMENT (Office)

From (Person):

May chua

of

FCI

Date/Time:

17/7/18 @ 4:23pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLG 6061E

Insured:

SH 6740R

at Workshop m/s

Esteem Performance

Tel:

6484 1221

of

BLK 5033 AMK Ind. Park

Policy No:

Claim No:

D18004676 MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

09/06/2018

CA / REV / REP. / REV 24 HRS

DS

18/07/2018

H.O.D. Endorsement:

Date/Time:

4:20pm @ 17/7/18

Person Contacted:

Serence

Vehicle IN/OUT

Date/Time

Action/Instruction

(✓)

Estimate

SLG 6061E -x

SH 6740 R - NS/INC17024075/K1-be2

DOA: 18/12/2017

Part by Part \$856.95 : (Red: 2941.39; 77%)

Surveyor

REF: FCI

ASSIGNMENT

From: _____ Date: 18/07/2018

Estimated Cost: _____

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

To Inspect Vehicle No: SLG 6061E

at Workshop m/s: Esteem Performance

of: Blk 5033 AMK Ind Park 3 #01-259

Insured: _____

Policy No. _____

Claims No. _____

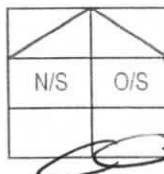
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.



Bal. or Market Value: \$80k

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.3.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SLG 6061E Yr Regn: 10, 16

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

Truck / Trailer or _____

Make: Toy Prius A Hybrid c.c 1798

Colour: m. Silver White A/C: Insured / Std / NI / NA

Sp. Reading: 125263 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: J70 KB 31-F 20353 5781

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Front: _____ mm

R/Bal. _____ mm

L/Bal. _____ mm

D.O.A. 9/6/18

Survey held at: _____

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

Rec at

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

Date / Time: 17/07/2018 Action / Instruction: Serene all May Chua, she allowed us to survey first this vehicle.

18/7 File pass to Customer

RECEIVED 11 SEP 2018

Date/Time, File Pass to? ☐ : Preli. Report

1) 10/9 Typist ☒ : Final Report

Date/Time, File Return to? _____

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$)

☐ : Interview (\$)

☐ : Tech. Invs (\$)

☐ : Weekend (\$)

Survey Fee:	130
Transportation:	50
\$ + RS. SI	50
Photos	13
Others	
TOTAL	243

Report Format: TP

Lump Sum / IBI: (\$ 856.95)



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/FCI18012990/Ktd3

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 17-07-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SH 6740R	Veh. Inspected	SLG 6061E
Policy No.		Coverage (\$)	0.00
Claim No.	D18004676MFSH	Excess (\$)	0.00
Assign From	CWS (MAY CHUA)	Assign Date	17/07/2018

2. Vehicle Particulars & Condition

Make & Model		c.c	0
Engine No.	HIDDEN	Year of Reg.	
Chassis No.		Colour	
Odometer	-	Steering	
Brakes		Modification	
General			

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre			mm
L/H Front Tyre			mm
R/H Rear Tyre			mm
L/H Rear Tyre			mm

4. Description of Damages

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5. General Information

Accident Date	09/06/2018	Inspection Date	
Survey held at	ESTEEM PERFORMANCE PTE LTD BLK 5033 ANG MO KIO INDUSTRIAL PARK 2 #01-259 SINGAPORE 569536		

5a. Remarks

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

Date	12-06-2018	Our Ref No. D18004676MFSH
Accident Date	09-06-2018	Claim Type. Third Party
Insured Vehicle	SH6740R	Third Party Vehicle. SLG6061E
Survey Location	BLK 5033 ANG MO KIO, IND PARK 2 #01-251/259	
Contact Person.	SERENCE CHEE	
Contact No.	64841221/ 0	Fax No. 64847829
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	ESTEEM PERFORMANCE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

IMPORTANT NOTE

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

Job Sheet (/ClaimWS/Surveyor/JobSheet/241369)



PRI Documents



Close



PRI Header Details

Claim No	D18004676MFSH	Policy No	D-18088936MFSH	Claimant S.No & Name	1 & ESTEEM P
Workshop Name	ESTEEM PERFORMANCE PTE LTD (Contact Person : SERENCE CHEE)	Survey Location & Contact Details	BLK 5033 ANG MO KIO, IND PARK 2 #01-251/259 Mobile: 0 , Phone: 64841221 , Fax: 64847829 EmailId: SERENCE@ESTEEMPERF.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	SH6740R	TP Vehicle No	SLG6061E
PRI Recieved Date	13-07-2018 02:38:09 PM	Surveyor Appointed Date	17-07-2018 04:22:30 PM	Surveyor Accept Date	17-07-2018 0

Survey Report Upload

Surveyor Inspection Date *:	<input type="text"/>	Surveyor Report Date	17-07-2018	Upload Survey Report *:	<input type="button" value="Choose File"/>
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Vehicle Particulars

Make	<input type="text" value="Please Select Make"/>	Model	<input type="text" value="Please Select Model"/>	Year	<input type="text" value="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

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	09/06/2018 16:40
Date Of Accident	09/06/2018 12:30
Exact Location Of Accident	NEW BRIDGE ROAD BEFORE CHINATOWN POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG6061E
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66550005

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS HYBRID 1.8 CVT
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A29069766MKF
Cover Note Number	

Driver

Name of Driver	GOH CHIN TIONG
NRIC No	S1444248J
Date Of Birth	17/04/1960
Occupation	OUTDOOR
Date Of Driving Pass	16/12/1980
Driving Experience	37 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91389696
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 110 TAMPINES STREET 11 #06-249 SINGAPORE 521110
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	
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)	2
Passenger 1	NAME: : P1 GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	NO
If Yes, Please state which Police Station	
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

I was at a junction wanting to Turn Right. Suddenly there was a pedestrian at the pedestrian crossing the road. I slowed down in order to let the pedestrian cross. Upon slowing down, I felt an impact from my rear vehicle. I later realised that a blue taxi had hit my rear of my vehicle. No injury involved. My passenger 1 male adult was not injured., I only written down his name and IC.

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	SH6740R
Vehicle Make/Model/Colour	TOYOTA/ PRIUS HYBRID 1.8 CVT / BLUE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	LEE SENG HEE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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 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 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.
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.

[Signature]

9/6/18

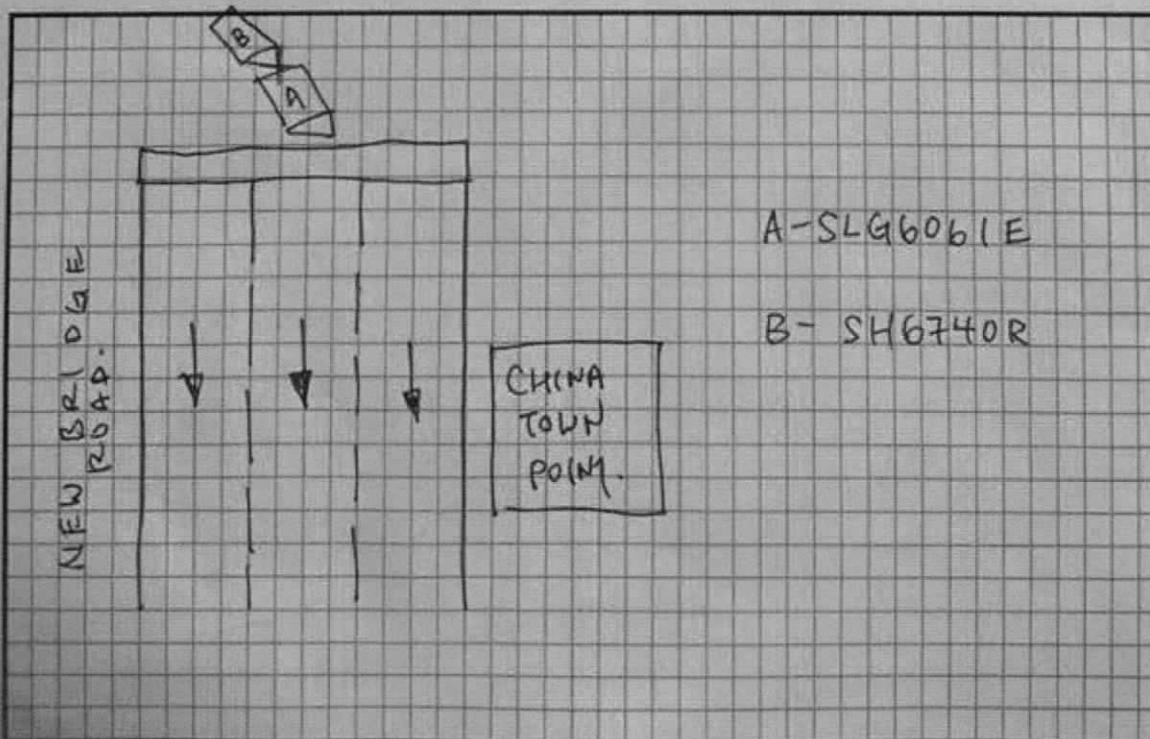
VERIFIED BY AJAX MARS
REPORTING OFFICER
Mohammad Azaly Bin Abdullah

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Centre
Personnel

Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I was at a junction wanting to Turn Right. Suddenly there was a pedestrian at the pedestrian crossing the road. I slowed down in order to let the pedestrian cross. Upon slowing down , I felt an impact from my rear vehicle. I later realised that a blue taxi had hit my rear of my vehicle.

No injury involved.

My passenger 1 male adult was not injured.,

I only written down his name and IC.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -
MOHAMMAD AZALY BIN ABDULLAH



MARS Officer

Registered Owner or Driver's Signature

Job Complete Date/Time

9 June 2018 at 1:36 PM

Date/Time:

9 June 2018 at 1:36 PM



ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Repair Estimates

SLG 6061 E

Not Authorized

Parts	(a) Cost / List Price Items	\$	2,904.45
	Plus/Less 25%	\$	726.11
	Total of Cost / List	\$	2,178.34
	(b) Nett Price Items		
	Less		
	Total of Nett Item		
	(c) Special Nett Items	\$	200.00
Total Parts Cost		\$	2,378.34
Labour		\$	1,420.00
Total		\$	3,798.34

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:

Date:

The above total will be subjected to 7% G.S.T.

Name of Surveyor : Kennerh
Company : LKK
Survey conducted on : 18/7/18 at _____

Remarks By Surveyor

(a) The repair of this vehicle is authorized / is not authorized until further notice.

(b) Recommended Days of Repair : 02 day(s)

(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : De Date: 18/7/18



ESTEEM PERFORMANCE PTE LTD

Blk 5033 Ang Mo Kio, Ind Park 2 #01-251/ 259, 569536.
Tel: +65-6484 1221 Fax: +65-6484 7829 Website: www.esteemperf.com.sg

Spare Parts

Vehicle No. :	SLG 6061 E	Submit By :	Carmen Lim
Make & Model :	TOYOTA PRIUS	Year Manufacture :	2016
Chassis No. :	JTDKB3FU203535781	Engine No. :	

Cost / List

S/No.	Part Description	Qty	Unit Price	Price	Disposition by Surveyor
1	Reverse sensor <i>Sm</i>	1	\$200.00	S.N	X
2	Rear bumper <i>R</i>	1	\$497.50		X
3	Rear bumper clip <i>mm</i>	10	\$40.00		X
4	Rear bumper side retainer LH <i>Sm</i>	1	\$112.70		X
5	Rear bumper side retainer RH <i>Sm</i>	1	\$112.70		X
6	Rear bumper reinforcement <i>R</i>	1	\$398.90		X
7	Rear bumper lower garnish centre <i>nd / Sm</i>	1	\$582.60		X
8	Rear bumper lower garnish RH <i>Sm</i>	1	\$149.70		X
9	Tail lamp RH - UPPER <i>Sm</i>	1	\$498.75		X
10	Tail lamp RH - LOWER <i>Sm</i>	1	\$511.60		X
11					
12					
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20					
21					
22					
23					

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

Blk 5033 Ang Mo Kio Industrial Park 2 #01-259 Singapore 569536 Tel: 64841221 Fax: 64847829

Company Reg No. 200005485N / GST No. 20-0005485-N



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/FCI18012990/Ktd3e2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 11-09-2018



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SH 6740R	Veh. Inspected	SLG 6061E
Policy No.	D-18088936MFSH	Coverage (\$)	0.00
Claim No.	D18004676MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	17/07/2018

2. Vehicle Particulars & Condition

Make & Model	TOYOTA PRIUS HYBRID (A)	c.c	1798
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	JTDKB3FU203535781	Colour	METALLIC PEARL WHITE
Odometer	125263	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/65 R15	YOKOHAMA	8 mm
L/H Front Tyre	195/65 R15	YOKOHAMA	8 mm
R/H Rear Tyre	195/65 R15	YOKOHAMA	8 mm
L/H Rear Tyre	195/65 R15	YOKOHAMA	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
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5. General Information

Accident Date	09/06/2018	Inspection Date	18/07/2018
Survey held at	ESTEEM PERFORMANCE PTE LTD BLK 5033 ANG MO KIO INDUSTRIAL PARK 2 #01-259 SINGAPORE 569536		

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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	2 Working Days
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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

Page No.:1 of 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLG 6061E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	TO REPAIR SEE LABOUR	497.50	-
10	REAR BUMPER CLIP	NOT NECESSARY	40.00	-
1	REAR BUMPER SIDE RETAINER LH	SERVICEABLE	112.70	-
1	REAR BUMPER SIDE RETAINER RH	SERVICEABLE	112.70	-
1	REAR BUMPER REINFORCEMENT	TO REPAIR SEE LABOUR	398.90	-
1	REAR BUMPER LOWER GARNISH CENTRE	DENTED / CUT	582.60	582.60
1	REAR BUMPER LOWER GARNISH RH	SERVICEABLE	149.70	-
1	TAIL LAMP RH-UPPER	SERVICEABLE	498.75	-
1	TAIL LAMP RH-LOWER	SERVICEABLE	511.60	-
	LESS 25% DISCOUNT		-726.11	-145.65
			2,178.34	436.95
	<u>SPECIAL NETT ITEMS</u>			
1	REVERSE SENSOR (SN)	SERVICEABLE	200.00	-
			200.00	-
	<u>LABOUR</u>			
	TO RENEW DAMAGED PARTS & KNOCK OUT ACCIDENT REPAIR AREA (REAR BUMPER,END PANEL).INCLUSIVE OF THE REPAIR OF REAR BUMPER AND REAR BUMPER REINFORCEMENT.		600.00	200.00
	TO PUTTY,RESPRAY PAINT FOR AFFECTED ACCIDENT REPAIR AREA (REAR BUMPER,END PANEL).		600.00	220.00
	TO CHECK WIRING.	NOT NECESSARY	50.00	-
	TO REMOVE & REFIT REVERSE SENSOR TO ASSIST WORK LOAD.	NOT NECESSARY	120.00	-
	TO TUFF COAT.	NOT NECESSARY	50.00	-
			-	-
			-	-
			1,420.00	420.00
	GRAND TOTAL		3,798.34	856.95

Report Ref No. CS/FCI18012990/Ktd3e2



RECOMMENDED COST OF REPAIRS			856.95
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Report Ref No. CS/FCI18012990/Ktd3e2

KONG SENG CHEONG

Licensed Appraiser

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