Surveyer:    Doc   ASSIGNMENT   Date   Time   Surveyer:	(550)		CC 3 /CTI1801	3163,1	[2] UB ) ( LKK	
Surveyor:  Pressign / CCU / FTE International / Country   State   Stat	INS. CASE OWNE		00 10111001		10	- Laz
Note of housed which No.    STACE   ST	Surveyor;	Falvin		(18/18	Date / Time /	7 (16
Same of Insured  Same of Accident  HEND And Insured  Same of Insured  Same	P	LIETE			Registered in Merimen:	
Name of fluored lands o	A STATE OF THE PROPERTY OF	571	161121		SNM ISDUAR	thind
Busined Tel No.  Excess Net IL:SS  D.O.A.	Insured Vehicle N	(d)	1	Claim No.		
Excess See II.SS  Is diver the connect?  (YES / NO.)  Nature of Accident:  (YES / NO.)  OIGHA REPORT YES / NO.  (YES / NO.)  OIGHA REPORT YES / NO.  (YES / NO.)  OIGHA REPORT YES / NO.  (YES / NO.)  SEPALIZATION  DATE / See II.SS  NATE:  Liability: L	Name of Insured	PATELLE S	EE HOL JEM.	Policy No.		1011181802
IN driver the owner?  IN NO. Driver Name / Age: TEN Serial PEN 1  IN NO. Driver Name / Age: TEN Serial PEN 1  SERIAL SERI	Insured Tel No.		HP 9076441	Make / Model		
Bedriver the owner?  If NO, Driver Name / Age: TEN Serial PEN 1  If NO, Driver Name / Age: TEN Serial PEN 1  If NO, Driver Name / Age: TEN Serial PEN 1  If NO, Driver Name / Age: TEN Serial PEN 1  If NO, Driver Name / Age: TEN Serial PEN 1  If NO, Driver Name / Age: TEN Serial PEN 1  If NO, Driver Name / Age: TEN Serial PEN 1  If NO, Driver Name / Age: TEN Serial PEN 1  If NO, Driver Name / Age: TEN Serial PEN 1  If NO, Driver Name / Age: TEN Serial PEN 1  In No. B. Serial Driver Name / Age: TEN Serial PEN 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: TEN Serial Pen 1  In No. B. Serial Driver Name / Age: Ten Serial Coll Driver Name / Age: Ten Serial Age: Ten Serial Driver Name / Age: Ten Seri	Excess Sec II :SS		D.O.A. 17 718	Place of Accid	dent Thomson	KD TO HINTED SQUE
Driver To No.: (VI.: YES / NO) Insured Liability: 9 Final ? Yes / No  System of the property o	Is driver the owne	r! (YES / NO )	Nature of Accident :			BALESTIEF FO
Driver Tol No.: (V.L. YES / NO) Insured Liability: 9 Final ? Yes / No  VID NOTE: (V.L. YES / NO) Insured Liability: 9 Final ? Yes / No  WSP. WSP. WSP. WSP. WSP. WSP. WSP. WSP.	If NO. Driver No	me / Ace TEN YOR	w penh.	OI GIA REPO	ORT: YES / NO : TP GIA REP	ORT: YES / NO
NSRS: WSP Tel: Liability: RMKS:  Date/ Time  Date/ Time  Date/ Time  Date/ Time  Date/ Time  Date/ Time:  Date/ Time:  Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Time: Date/ Date/ Time: Date/ D	Driver Te	l No. :	(V/L: YES / NO )			
WSP: Tel: Liability: RMKS:  Distal Time  Distal Time  Distal Time  This is a state of the property of the prop	CHD YOUS	×				
STAGE DATE / PIC  Non-Reporting in (1st) Non-	WSP: UV Tet: Linbility: RMKS:	WSI Tel:	pility:	WSP: Tel: Liability:	Tel Lia	sp. hilay :
Non-Reporting In Class:  Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class: Non-Reporting In Class. Non-Report Non-Reporting In Class. Non-Report Non-Reporting In Class. Non-Report Non-Reporting In Class. Non-Report Non	Dute/Time				Total Control	
The content of the	00/2/18	7410 1003 3	A 2 3 12431			DATE/PIC
The continuent of the contin	MALILIA				Non-Reporting ltr (2nd):	
Q   18 @   10:00	-1111					
Decementation to (16 non-peckup)   After call by to Of.   Authorisation to Act   Authorisation to Authorisation to Act   Authorisation	10/9/18 @ 10:00	TP suddenly	reek and 010 and	ble to	- Control - Cont	the contract of the contract o
Decementation to (16 non-peckup)   After call by to Of.   Authorisation to Act   Authorisation to Authorisation to Act   Authorisation	11 11 00 10 10	break intime.	and collided with	TP.		
After call in to Ot:  Advantagement To Act  Release Voucher  Final Repair Bill:  Car Rental Invoice:  Towing Invoice:  LTA / GIA  Medical Bill:  PRELIMINARY ADVICE Date/Time:  Confirm with:  Payment Breakdown Form:  Payment Breakdown Form:  Payment Breakdown Form:  Payment Breakdown Form:  Post-Repair Photos:  Others:  Confirm with:  Confirm by:  Repair Cost:  SS ( days) Reduction:  FINAL SETTLEMENT Date/Time: (10 ( Confirm with: Confirm with: Confirm by:  Repair Cost:  SS ( 18 7 - 9 ( Agreed / Assessed) BOLA S/N No. 2 7 (If NO or B 28, Ass. Lia :  Repair Cost:  SS 12 5 - 50 ( 2.5 days) x   2.5 . 9 (						fundler Typist
Authorisation To Act						
Final Repair Bill:					Service Control of the Control of th	
Car Remail Invoice: Towing Invoice:    Car Remail Invoice:					Release Voucher	-
Towing brooke   LTA/GIA   Medical Bill   Pit   Mandate/Reject Instruction   LOD   Payment Breakdown Form:   Post-Repair Photos:   Others:   Othe					The second section of the second section of the second section of the second section s	-
Call						
Medical Hill:   PH:   Mandate/Reject Instruction:   LOD   Payment Breakdown Form:   Payment Breakdown Form:   Payment Breakdown Form:   Post-Repair Photos   Others:						
Mandate/Reject Instruction   LOD		SECULED !	5 OCT 2018			
LOD		RECEIVED	U DOI LOW		101000000000000000000000000000000000000	
Payment Breakdown Form:   Payment Breakdown Form:   Post-Repair Photos   Others:   O					Mandate/Reject Instruction	
Post-Repair Photos						
Others:   Confirm with:   Confirm by:	DEFECT OF A DEFE	E Dunztiere 16 od	W Do	,		
Confirm with:   Confirm by:	PRELIMINARY ADVICT	r Date time: (1)	15 Sent By: WC	ι		
Repair Cost:   S5	FINALIZATION	Date/Time:	Confirm with:			
Final Liability:			(1000)000000000000000000000000000000000	5	December 2010	Call
SS 1487.94	FINAL SETTLEMENT				Email Cal	
Loss of Rental (LOR):   SS 313.50   2.5 days)     125.40	All the contract of the contra	% LOO' (Agree	d / Assessed) BOLA S/N No. : 7	27	If NO or B 28, Ass. Lia:	
Construction   Cons			20		COUNTY	2
Loss of Income (LOI):   S5   (S   x   days)   LOR + LOU   LOR + LOU   LOR + LOU   Tick only one			25 days) x 125.40	(c		
LOR only					THE THE PERSON OF THE PERSON O	1
SS   4.49	The state of the s			onel	1	
Medical:   SS	Carried Street, Street		To District Control of the Control o	rro-di		
Eggi   Cost   SS   33.93   Global Sum SS:   930,00		55				ect/Private Settle
Total:   SS [ 9 3 3 . 9 3   Global Sum SS:			(e.g. Tow/ Independe	ent)		
Payce 1: Strike if N.A.) SS Confirm with: Email Call  Name 1: COMFORTDELGRO ENGINEERING PIE LID  Name 2: Comfort Delaro Engineering Pie Lid			Charles of Last of	1 8	3) Survey fee:	
Payce 1: SS 1930.00 Name 1: COMFORTDELGRO ENGINEERING PTE LTD Payce 2: (Strike if N.A.) SS Name 2:					timail Cal	
Payce 2: (Strike if N.A.) 55 Name 2:				C1600 C		1 10
Test Administration (Associated Manager Manage				E COKO EX	JUNE FRUND LIE	L 18
	Payee 3: (Strike if N.A.)	SS	Name 2:			

Smeyr: Kolvin	
ASSI	GNMENT
From: Date:	Veh No: SHO 30.7 x Yr Regn: Foct , 2016
Estimated Cost	Type: M.Car / M.Cycle / Bus / Van / Lorry / Tol / Prime Mover /
OD ITP/WS/TP RES/OD RES/EVA/INV/MV	Truck / Trailer or
To Insped Vehicle No:	
at Workshop m/s	Colour Ble AIC: InsuGo / Std / NI / NA
of	Sp.Reading 1937/0 T/Radio: Insped / Std / NI / NA
Insured:	Eng/No:
Policy No.	
Claims No.	
Sum in suled: Excess:	Gen, Cond: Good / F / Poor / Burnt
(Client's Record)	Steering: Inorgan Jammed / Leaked / Burnt or
Make of Veh:	Brake: Inorder / Jammed / Leaked / Burnt or
IMARE OF TERE	Modi: Nil / S/Rim / STOA/Rim or
	Tyre Size; F: 195/65/C:5
(Policy Condition)	R:
Remark: The veh had commenced its N/S O/S repair at the time of inspection.	BS / DUN / EXNOVA / GY / FS / LIZA / MIC / DHTSU / PIR / SUMI /
repair at the time of inspection,	TOYOTYOKO or West Us
Bal, or Market Value:	Front Rear
IDAC Accident Rport: Consistent? : Yes or No	RVBal. 7 mm RVBal. 7 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 7 mm L/Bal. 7 mm
Est Repairs 2 days Res.: Yes or No	D.O.A. 14/2/18 D.O.I. 18/2/18
LumSum: PM % 3 Val.: Yes or No	Survey held at (DRE (Loyang)
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / Q/S / N/S / U/C / Rooftop or
Vehicle: IN/OUT	
Date:Person Contacted:	The U/C / Chassis frame / Body Structure affected due to collision.
Date / Time Action / Instruction	
	(72
\$1390.60 (Red:\$	979.23 /41%) PIP
	*
	1
	/
Date/fine, File Pass to? : Prell. Report	Days Of Repair:
i) : Final Report	Resurvey No. of Trip: Survey Fee:
Dola/Time, File Return to?	Transportation:
z) Add Fe	
	:Interview (\$ ) Photos
Report Format:	: Tech. Invs (\$ )) Others
Lump Sum / I.B.I: (\$	:Weekend (\$
zwink same men fa	
	TOTAL

(Entriso)



### 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

CHI	NA TAIPING INSU	RANCE (S) PTE LTD	Ref : CC3/CTI18013	163/K1ub3
	NSON ROAD #16-0 RINGLEAF TOWER	SINGAPORE 079909	Date: 19-07-2018 Code: CTI	
1.		Policy Particul	ars :- THIRD PARTY CLA	IM
	Insured Veh.	SJJ 1547L	Veh. Inspected	SHD 3007X
	Policy No.		Coverage (\$)	0.00
	Claim No.		Excess (\$)	0.00
	Assign From		Assign Date	19/07/2018
2.		Vehicle P	articulars & Condition	
	Make & Model		c.c	0
	Engine No.	HIDDEN	Year of Reg.	
	Chassis No.		Colour	
	Odometer	5	Steering	
	Brakes		Modification	
	General			
3.		Cor	nditions 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.		Descr	ription of Damages	
5.		Ger	neral Information	
	Accident Date	17/07/2018	Inspection Date	18/07/2018
_	Survey held at	COMFORTDELGRO ENGIN		130-7-20-70-70-70-70-70-70-70-70-70-70-70-70-70
		59 LOYANG DRIVE SINGAPORE 508969		
5a.			Remarks	

# OMFORTDELGRO : ENGINEERING

member of COMFORTDELGRO

ComfortDelGro Engineering Pte Ltd

Date/Time: 18:07:2018 13:33

Page : 1

JOB CARD JC NO: 305189339 ARC Repair TP(CLSO)1 Sales Order: Team: REGN NO. SHD3007X MILEAGE TOMER COMFORT TRANSPORTATION PTE LTD FUEL MUKE TOYOTA 7010045 TOMERNO 383 SIN MING DRIVE PRIUS HYBRID(G4')18.07.2018 01:40 MODEL Singapore SINGAPORE 575717 YR OF MANU. 07.10.2016 65508755 TARGET DATE (FI) (P) CHASSIS CODE JTDKB3FU303531285 COMPLETION DATE:TIME

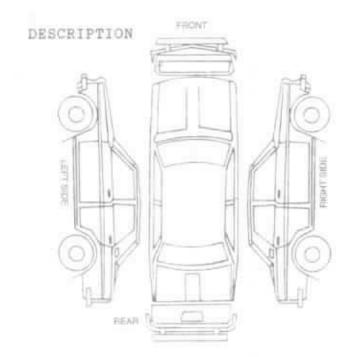
JOB DESCRIPTION

Accident Date: 17.07.2018 NATURE: 3P 17.07.2018

S/NO

COUNT CARD NO.

LABOR CODE



SCKED & PASSED OUT BY:			
SERVICE ADVISOR			CUSTOMER'S SIGNATURE
wiedgement Slip		Exit Pass	
s No. SHD3007X	CHIANG	Vehicle No.: SHD3007X	
of Service Advisor returned to Service Reception upon colle	Signature/Date	Name of Service Advisor To be kept by Security Guard	Date



Company Registration No. 199607198R

51 UBLAVE 1, 002-25 PAYA UBLINDUSTRIAL PARK, SINGAPORE 400933 TEL: (065) 62563561 FAX: (065) 62564315

Your ref:

To Be Advised

Date:

19.07.2018

Our ref:

CC3/CTI18013163/K1ub3

The Motor Claims Department M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

#### PRELIMINARY ADVICE OF VEHICLE NO.

SHD3007X

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 18.07.2018 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: \$\$	2,369.83
Revised Estimate Amount	: S\$	1,390,60
"Check" Items Amount	: S\$	326.25
Market Value	: S\$	
LTA Reimbursement Value	: S\$	-
Nett Value	: S\$	-

Description of Damage:

The vehicle sustained damages at the

Rear N/S Portion



Comments/Present Status:

Damages Consistent

Estimated normal period for repairs:

2 days

Yours faithfully,

KALVIN ANG

Licensed Appraiser

#### COMFORTDELGRO ENGINEERING

7

Our Job Ref No : 305189339 ComfortDelGro Engineering Pte Ltd 20/07/18 59 Loyang Drive Singapore 508969 Fax: 6546 8156 Date FINALIZATION FORM LKK Fax: To KALVIN Attn SHD3007X 17/07/2018 Vehicle Reg No. : The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-CHINA SJJ1547L The repair job shall bill to: 1. The finalized amount shall be: Spare Parts after List discount \$910.60 Labour Charges (b) \$480.00 Total for Part-By-Part Repair Cost \$1,390.60 (C.) Lumpsum Repair (if applicable) Total for Lumpsum repair cost after Less: Final Lumpsum Repair cost 3. Estimated normal period for repairs: 2 working days. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 4. working days 5. Thank you for your assistance We confirm the estimates and finalized amount Signature: Signature: 1Ca/Lin CHIANG Name Name 62148314 Tel Date 65468156 Fax For Official Use Only Document Confirm By Item Amount Attached Remarks (Signature) Yes or No Rental Rate P/Day YES 2. Loss of Income Paid N Survey Fees LTA Search Fee 7.49 Medical Fees (on behalf of driver, if applicable) Overrun Remarks:

Date: 21.07.2018 Time: 08:55:51

Page: 1

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO

305189339

REGN NO MILEAGE

: SHD3007X : 0000000000

MAKE

: TOYOTA

MODEL

: PRIUS HYBRID(G4)

DATE OF REGN

: 07.10.2016

DATE/TIME IN

: 18.07.2018 01:40

ACCIDENT DATE : 17.07.2018

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

#### PART REQUISITION

0001 04-01-0302-2267-G PRIVC BUMPER PIECE 10 22.00 25.00 16.50

0002 04-01-0302-2287-G PRIG4 GUARD-REAR BUMPER C 1 552.60 25.00 414.45

0003 04-01-0302-2282-G PRIG4 COVER REAR BUMPER 1 458.60 25.00 343.95

0004 09-01-0302-2005-A PRIG4 REVERSE SENSOR ASSY 1 135.70 2.50- 135.70

SUB-TOTAL: 910.60

#### JOB NATURE

0000 20-05 REAR BUMPER MAT

50.00

0001 L PANEL BEATING

200.00

2 23-502

SPRAYPAINT ON AFFECTED AREA

200.00

0003 20-22

REMOVE/REFIX REVERSE SENSOR

30.00

SUB-TOTAL: 480.00

Date: 21.07.2018 Time: 08:55:51

Page: 2

REPAIR ESTIMATE

COMPANY: THIRD PARTY'S CLAIMS (CAS)

CUSTOMER: 7010045

ADDRESS: COMFORT TRANSPORTATION PTE LTD

383 SIN MING DRIVE

SINGAPORE SINGAPORE 575717

65508755

JOB NO REGN NO : 305189339 : SHD3007X

MILEAGE MAKE

: 00000000000 : TOYOTA

MODEL

: PRIUS HYBRID(C

DATE OF REGN

: 07.10.2016

DATE/TIME IN

: 18.07.2018 01:40

ACCIDENT DATE : 17.07.2018

JOB / PARTS DESCRIPTION

OTY IND UNIT-PRICE DISC% AMOUNT

TOTAL: 1,390.60

MVA NAME & SIGNATURE

DATE:

AUTHORISED : YES / NO

SURVEYOR NAME & SIGNATURE

DATE:

REPAIR ESTIMATE

VEHICLE NO: SHD 3007X

MAKE

18/7/2018 12:59 CHVIVS

· TOYOTA PRILIS MODEL

DDEL :	TOYOTA PRIUS		1:114	10		1
F	PARTS DESCRIPTION	QTY	UNIT PRICE	_	MOUNT	
F	REAR BUMPER / Water			\$	458.60	
F	REAR BUMPER RE-INFORCEMENT	1		\$	322.30	
F	REAR BUMPER UNDER COVER			\$	552.60	
F	REAR BUMPER SIDE RETAINER			\$	112.70	
F	REAR BUMPER SPONGE × **			\$	143.40	
	REAR BUMPER CLIPS / ~~			\$	22.00	
F	RETAINER, REAR BUMPER, UPPER SIDE			\$	30.70	1
	RETAINER, REAR BUMPER, SIDE, LH 🗴			\$	94.80	
	SEAL, REAR BUMPER SIDE, LH 😾 🖊			\$	148.40	
	SUB TOTAL			s	1,885.50	1
	LESS 25%			s	471.38	
	DISCOUNTED TOTAL			s	1,414.13	1
	REAR BUMPER REVERSE SENSOR REAR BUMPER METAL PLATE			s	135.70	N
	DEAD DUMPER REVERSE SENSOR			s	50.00	1.0
	REAR BOWIFER WETAL PLATE			"	50.00	1
					185.70	+
				\$	185.70	+
				1.8		
- 1	LABOUR CHARGE				240	
	Panel Beating			\$	350.00	1
-	Spray Painting Charge			\$	20 0 250.00 17× 50.00 3 0 120.00	1
	Wiring Charge			\$	11× 50:00	
	Remove/Refix Reverse Sensor			\$	7 6 120.00	
	TOTAL   ABOUR			\$	770.00	4
	TOTAL LABOUR	1		3	770.00	1
	Ka him 12/c/4  Ka him 12/c/4  18/7/18 # 1505 has  2 Ans  Plant part plant  Redon Part plant			\$	2,369.83	
	V. 1: 16/014	L)	K Auto Consultants h	nence r	otify	1
	A jun	th	Repairer of the folio		HAT.	ı
	0/2/18 10		display dame of parts.			н
	18/7/10 15054	- 1	errs prices are subject to	-	109	L
		3	and party security of our st."		Hilliopa, page	
	a Ches	1 3	North Co.		noved and	
	2/1	1	subject to be a second	2011796	rance Company	
	8/8 24 1/	130	envision to home			
	afor full for	Sk	State of the state			
	II AND	10.0		1		10

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

REPAIR ESTIMATE

VEHICLE NO : SHD 3007X

MAKE

18/7/2018 12:59 CHM/S

: TOYOTA PRIUS	QTY	UNIT PRICE	1	AMOUNT	1
PARTS DESCRIPTION REAR BUMPER	wif	UNIT PRICE	5	458.60	1
REAR BUMPER RE-INFORCEMENT .7			5	322.30	1
REAR BUMPER UNDER COVER			\$	552.60	
REAR BUMPER SIDE RETAINER ?			~ 7.0	112.70	
REAR BUMPER SPONGE X			\$		
			\$	143.40 22.00	
REAR BUMPER CLIPS			\$		
RETAINER, REAR BUMPER, UPPER SIDE			\$	30.70	
RETAINER, REAR BUMPER, SIDE, LH ×			\$	94.80	
SEAL, REAR BUMPER SIDE, LH × 1914			\$	148.40	
SUB TOTAL			\$	1,885.50	1
LESS 25%			\$	471.38	
DISCOUNTED TOTAL			\$	1,414.13	1
REAR BUMPER REVERSE SENSOR			\$	135.70	1
REAR BUMPER METAL PLATE			\$	50.00	N
			\$	185.70	
LABOUR CHARGE				240	
Panel Beating			5	350.00	-
Spray Painting Charge			\$	250,00	
Wiring Charge			\$	× 59.00 × 59.00 7 0 120.00	
Remove/Refix Reverse Sensor			\$	J. 120.00	
TOTAL LABOUR	to Consu	Itants hence notify he following:	\$	770.00	
ESTIMATE TOTAL	rvey before	fafter spray painting	\$	2,369.83	1
10 11/6/W *To disp	est entrinible	d part(s) during resurvey bject to confirmation	Ť		1
Ra fun / E/C/	arty survey	is on a "Without Prejudice"	basis		
1 0/0/0 HT 1 Nothing		sion(s) is allowed			
18/4/18 1505/0	mentary ite ect to final a	e(s) must be resurveyed a pploval from Impurance Co	rowly		
// (0)	edged by R	an arms			
G. Ches States					
Ka him 16/6/4 ESTIMATE TOTAL  Parts  Parts  Third  No like  18/7/18 150 5 La Supple  Refor Part 1 La  Reform					
8/8 011/1					
PAOL PAY 12					
800			l		

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

#### Shu Pei (LKKAuto)

From:

Lucas Lee < lucas.lee@sg.cntaiping.com>

Sent:

Friday, 20 July 2018 9:00 AM

To:

Shu Pei (LKKAuto)

Subject:

RE: Direct Settlement - Accident Involving SJJ1547L (OI : CTI - SNM18D03556C02) and

SHD3007X (TP: LKK REF - CC3/CTI18013163/K1ub3) on 17.07.2018

Attachments:

leeSZ\_SNM18D03556C01-SJJ1547L-LKKDirectSettlementAccidentLtr\_CLCR95.775.pdf;

MSNH18092909-SJJ1547Lpdf

Dear Sirs,

Kindly refer to the above attachment.

Case Handler: Irene Tay

#### Lucas Lee

Claims Department (Motor)

China Taiping Insurance (Singapore) Pte. Ltd.

3 Anson Road #16-00 Springleaf Tower Singapore 079909

Direct (65) 6389 6181

Fax (65) 6222 7175/6224 7478 Email: lucas.lee@sg.cntaiping.com Website: www.sg.cntaiping.com



#### Disclaimer.

This message is confidential; its contents do not constitute a commitment by China Taiping Insurance (Singapore) Pte. Ltd. except where provided for in a written agreement between you and China Taiping Insurance (Singapore) Pte. Ltd. Any anauthorized disclosure, use or dissemination, either in whole or partial, is prohibited. If you are not the intended recipient of the message, please notify the sender immediately.

From: Shu Pei (LKKAuto) [mailto:shupei@lkkauto.com]

Sent: Thursday, 19 July, 2018 5:28 PM

To: Claims Dept of CTI

Cc: Lucas Lee; Irene Tay; Admin A; Thin Thin (LKKAuto)

Subject: Direct Settlement - Accident Involving SJJ1547L (OI : CTI - TBA) and SHD3007X (TP : LKK REF -

CC3/CTI18013163/K1ub3) on 17.07.2018

#### WITHOUT PREJUDICE

Dear Irene,

We refer to the above matter.

This is a TP direct settlement case. We had inspected TP vehicle SHD 3007X at M/s ComfortDelGro Engineering Pte Ltd (Loyang).

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Enclosed for your perusal is:

- TP's GIA report
- Estimated cost of repair
- Preliminary advice

Our case handler in-charge is Thin Thin and she can be contacted at DID: 6841 2360.

Thank You.

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: <u>shuper@likkauto.com</u> | fax: 6741-4108 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | \$(408933)

This email has been seanned by the Symantec Email Security.cloud service. For more information please visit <a href="http://www.symanteccloud.com">http://www.symanteccloud.com</a>



#### 中国太平保险(新加坡)有限公司

CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

3 Ameni Road #16-50 Springlest Tower Singapore 0/9905 Tel: 6389 6111 Fax: 6222 1033 Website www.sg.cntsiging.com Cn: Fleg No. 200208384E

Our Reference: SNM18D03556/C01/7

Date: 20 JULY 2018

via Ordinary & Registered Mail

SEE KOK YEW PATRICK BLK 467 ANG MO KIO AVE 10 #03-1004 SINGAPORE 560467

Dear Sir / Madam

ACCIDENT INVOLVING SJJ1547L AND SHD3007X ON 17 JULY 2018 ALONG THOMSON ROAD TOWARDS UNITED SQUARE

We refer to the abovementioned accident.

Please be advised that the third party vehicle, SHD3007X, is filing a third party property claim against your vehicle.

We have appointed LKK Auto Consultants Pte Ltd, to administer the said claim on our behalf and they will contact you for more information about the accident.

Kindly render your assistance and co-operation accordingly.

Yours truly, Claims Department

(This is a computer generated letter and no signature is required.)

CC : LKK Auto Consultants Pte Ltd

Attn

THIN THIN

: THIN THIN : CC3/CT118013163

Contact No : 68412360

via Email : THINTHIN@LKKAUTO.COM

CC : Agent - (AN0067A) - EVERVIT TRADING PTE LTD

F01/LKKDS-2013



# COMFORTDELGRO ENGINEERING

Our Re	T 0718 / SHD3007X	/WT(st)			
Your F	Ref:	CDGE Taxi Claims Dept	Conf	fortDelGro En Braddell Road	gineering Pte Ltd Singspore 579701
Date	25-Jul-18	59 Loyang Drive 4th Flr		Main	ne +65 6383 6280
CHINA	INSURANCE CO LTD	Singapore 508969		Facsim	ille +65 (1280 9755
	ON ROAD				www.cdge.com.sg
	SPRINGLEAF TOWER			Conymy Res	NAMES OF THE PERSONS ASSESSED.
	PORE 079909				Workshops
	Motor Claims Department	WITHOUT PREJUDICE			Braddell 205 Braddell Road Singapore 579701
Dear !	Sir	WAUDED	C 1 14	E 471	Loyang 59 Loyang Drive Singapore 508966
	DENT INVOLVING OUR TAXI OTHER	SHD3007X YOUR INSURED ON	17	7.07.18	Sin Ming 383 Sin Ming Drive Singapore 575717
Vehicle vehicle assist	e No : SHD3007X which was i	for Comfort Transportation Pte Ltd, to involved in the captioned accident will driver concerned have requested and gainst the party responsible for all ap	autho	rized us to	Pandar 45 Pandar Road Singapore 609286 Ub 320 Ubi Road Singapore 408641 Senok
4 4	ansidest was caused by the neal	igent act of your insured driving SJJ	1547	=	24 Senoko Loo Singapore 75815
we an	submitting these claims for your	consideration on behalf of the claim	ants.		Sungei Kadı
					7 Sungel Kadut Wa Singapore 72879
	OWNER'S CLAIM Cost of Repair		\$	1,487.94	Yishu
1 2	3 days Loss of Rental @	\$ 125.40 per day	\$	376.20	bon Industrial Park Singapore 76873
3	Survey Report Fees (Surveyed	by M/s LKK)	\$	7.49	angapora risera
4	LTA Search Fees		\$	7,49	•
5	GIA / Police Report Fees		\$	-	7.7
6	Towing / Medical / Transporation	Fees Sub Total	_	1,871.63	
HIRE	R'S CLAIM			240.00	
7	days Loss of Income (	\$ 80.00 per days Total Claims	· s	2,111.63	-
					-
We e	nclose herewith the following doc Original repair bill and photocopi	es of photographs :	_	4	pcs.
b) c)	LTA search slip/s of : GIA / Police report/s of :	SHD3007X			
d)	( X ) Photograph/s of Accident Sc	Medical bill/receipts ( ) Certificate of the en (x) Downtime/Mileage record	( ^ )	remainate	letter
soon	ly look into the matter and let us he as possible.	ear from you on the settlement of the			
Plea to ar	se note that it is a condition of any ny personal injury claim (if any) of	settlement reached that it shall be with the taxi driver.	vithout	prejudice	
	rs faithfully				

William 'lan

Deputy Manager

CDGE Claims Department

Tel: 6214 8737 Fax: 6214 1843 Email : williamtan@cdge.com.sg

This is a computer generated letter. No signature is required.

A member of









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

Our Ref: CC3/CTI18013163/K1ub3

19 SEPTEMBER 2018

PATRICK SEE KOK YEW BLK 467 ANG MO KIO AVE 10 #03-1004 SINGAPORE 560467

Dear Sir/Madam,

# ACCIDENT INVOLVING SJJ 1547L & SHD 3007X ON 17 /07/2018

We refer to the above accident where we are acting for China Taiping Insurance (Singapore) Pte Ltd to resolve the claim against you and/or your authorized driver under the Auto Insurance policy taken up with them.

Based on the accident report and accident scenario, liability is down against us. We will therefore proceed to negotiate for an amicable settlement with the Third Party.

Should you however wish to further discuss on the matter prior to our negotiations and settlement, please contact us within 10 days from the date of this letter.

Please call us if you have further queries.

Yours faithfully,

Mi

THIN THIN HLAING

Case Handler DID: 6841 2360 Fax: 6741 4108

Email: thinthin@lkkauto.com

c.c. China Taiping Insurance (Singapore) Pte Ltd (Motor Claims Dept) LETTER OF AUTHORISATION

(NAF / PAF)

ACCIDENT INVOLVING

TOYOTA PRIUS SHD3007X , SJJ1547L

ON 17-Jul-18 19:15

ALONG

THOMSON ROAD TWDS GOLD HILL PLAZA

I / We

LIANG CHANGLIAN

(Hirer) NRIC No.:

S8333273E

and/or

(Relief) NRIC No.:

Taxi Number

SHD3007X

hereby authorise ComfortDelGro Engineering Pte Ltd(CDGE):

- To submit my/our claims for damages, costs and expense, including loss of income, loss of rental, medical fee and legal costs.
- To have absolute discretion to agree to any settlement or compensation amount in respect of my/our claim against third party (except personal injuries and medical claims).
- 3. To sign Discharge Voucher on my/our behalf,
- 4. To accept any payment (claim proceeds) in respect of the claim against third party and payment by cheque shall be forward directly to CDGE in accordance with CDGE's instruction and made in favour of "ComfortDelGro Engineering Pte Ltd".

Date

18-Jul-2018

Name of Hirer

LIANG CHANGLIAN

Hirer NRIC

S8333273E

Signature :



Address

320 SEMBAWANG CLOSE #09-265

750320

Contact No.

93652510

# MOTOR CLAIMS DISCHARGE VOUCHER

Policy No : DMPCSN3011281803

Claim No : SNM18D03556/C01/7

Claimant : COMFORT TRANSPORTATION PTE LTD

Singapore Dollars One Thousand Nine Hundred and Thirty Only Amount : S\$ 1,930.00

I/We agree to accept the above mentioned amount to be paid to me/us in full & final settlement of all claims, costs & disbursements for injuries / damages sustained by me/us through an accident involving

Claimant Vehicle No. : SHD 3007X Insured Vehicle No. : SJJ 1547L

: 17/07/2018 Place of Accident : THOMSON ROAD TOWARDS GOLD HILL PLAZA

IN CONSIDERATION of the payment made to me/us of the aforementioned sum by CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD., I/We agree absolutely to discharge CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD. and/or

Insured Name

: PATRICK SEE KOK YEW

Driver Name

: TEN YEAR PENG

from all claims, present or future in respect of all loss, injury or damage sustained by me/us arising out of the said accident.

I acknowledge that this payment is made without admission of liability on the part of CHINA TAIPING INSURANCE (SINGAPORE) PTE. LTD.

Global Sum

S\$ 1,930.00 S\$ 1,930.00 .

Total

Signature

Date

9.10.18

CLASS BY ARTHUR COMPORTDEL GRO EXTENSION ALF LTC.

Claimant Name : COMFORT TRANSPORTATION PTE LTD NRIC No :

SINGAPORE SHAWS

"The contents of this decument apply to vehicle damages only All personal injunes and damages arising therefrom are excluded from the ambit and application of this document

Please forward your cheque made payable to. COMPORTDELGRO ENGINEERING PTE LTD

## COMFORTDELGRO ENGINEERING

A member of CompoinDelgro

GST REG. NO. M2-8921817-3

8010012

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 579701 Marriers = 65 6363 6250 Factoriels = 65 6260 9755

Wateriopa SH Layeng Drive Singapore 508969 3933 Sin Ming Drive Singapore 575717 46 Plendan Road Singapore 608394 320 Util Host 3 Singapore 408649 7 Sungel Kedul Way Singapore 728791 601 Yelsen Industrial Park A Singapore 31

> COMPANY REG. NO.: 199506048W Page: 1

CHINA TAIPING INSURANCE CO(S)PTE IN SPRINGLEAF TOWER

3 ANSON ROAD #16-00 SINGAPORE SG 079909

CONTACT NO: 62222366

VICILIE NO SHD3007X

1NV. NO/DATE 91385500 24.07.2018

MAKK TOYOTA

JOB NO. 305189339

MODEL.

PRIUS HYBRID(G4)

ODOMRTER READING

DATE OF REG 07, 10, 2016

DATE/TIME IN 18,07,2018 01:40

CHASSIS CODE JTDKB3FU303531285

Description: 3P 17.07.2018

S/No Part No. Oty Unit Price Allisc Not PART REQUISITION 0001 04-01-0302-2267 PRIVE BUMPER PIECE 10 2.20 25.00 16,50 0002 04-01-0302-2287 PRIG4 GUARD-RKAR BUMPKR C 1 552,60 25,00 414.45 0003 04-01-0302-2282 PRIG4 COVER REAR BUMPER 1 458,60 25,00 343.95 0004 09-01-0302-2005 PRTG4 REVERSE SKNSOR ASSY 135.70 1 0.00 135.70 910,60 SUB-TOTAL

JOB NATURE

0001	20-05	REAR FUMPER MAT	50.00	50.00
0002	L	PANEI, BRATING	200.00	200.00
0003	23-502	SPRAYPAINT ON AFFECTED ARKA	200.00	200.00
0004	20-22	REMOVE/REFIX REVERSE SENSOR	30.00	30.00

ComfortDelGro Engineering Pte Ltd member of COMFORTDELCRO

lead Office: 05 Braddell Road ingapore 579701

ACCOUNT No. INVOICE No. **AMOUNT** BANK/CHQ N 8010012 91385500 1,487.94

lindly note that no receipt shall be issued unless requested.

**JUSTOMER'S COPY** 

# COMFORTDELGRO ENGINEERING

A member of COMFORDELGRO

GST REG, NO. M2-8921817-3

TAX INVOICE

ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singspore 579701 Maintine + 65 6263 6280 Facurete + 65 6280 9755

Workshops:

58 Layerg Drive Bingapore 508969 383 Sin Ming Drive Singapore 575717 45 Pandan Road Singapore 609238 320 Util Rood 3 Singapore 408649

\$4 Senoko Loop Bingapore 758136 7 Sungel Kadul Way Singapore 728795 501 Yahun Industrial Park A Singapore 76

COMPANY REG. NO.: 199506048W

Page: 2

8010012

CHINA TAIPING INSURANCE CO(S)PTE 6T SPRINGLEAF TOWER

3 ANSON ROAD #16-00 SINGAPORE SG 079909

CONTACT NO: 62222366

SHD3007X

INV. NO/DATK 91385500 24.07.2018

JOH NO

MAKK TOYOT'A

305189339

MODEL.

PRIUS HYBRID(G4)

ODOMETER READING

DATE OF REG 07.10.2016

DATR/TIME IN 18.07.2018 01:40

CHASSIS CODE JPDKB3FU303531285

S/No Part No.

Oty Unit Price %Disc

Net:

SUB-TOTAL

480.00

Items total

Add GST @

7,000 %

1,390.60

97.34

Invoice amount

1,487.94

Issued by

: KATHERINETAN 24.07.2018 10:46:43

Repair type : CLSO/57/57 Payment Type/Term: /Credit 30 days

'omfortDelGro Engineering Pte Ltd member of COMFORIDELGRO

lead Office: 05 Braddell Road ingapore 579701

indly note that no receipt shall be issued unless requested.

:USTOMER'S COPY

ACCOUNT No.	INVOICE No.	AMOUNT	BANK/CHQ N
8010012	91385500	1,487.94	Ŷ

Our Ref: CT18070507

Date: 24 July 2018



#### TO WHOM IT MAY CONCERN

Dear Sir/Madam

ACCIDENT ON

17/07/2018 @ 19:15 hrs

ALONG

THOMSON ROAD TWDS GOLD HILL PLAZA

INVOLVING

SJJ1547L

We refer to the above-mentioned accident and wish to inform that Comfort Transportation Pte Ltd is the registered owner of the taxi bearing vehicle registration number SHD3007X (the "Taxi"). The Taxi was hired to LIANG CHANGLIAN IC NO S8333273E a registered hirer-operator of Comfort Transportation Pte Ltd at the time of occurrence of the aforementioned accident at a rental rate \$125.40 per day (inclusive of GST).

Please be advised that the Taxi was insured with MS First Capital Insurance Ltd on a third party basis at the material time of the accident.

We wish to confirm that the aforesaid hirer-operator had obtained our permission to undertake repairs for damage on the Taxi arising from the said accident with a motor workshop of his choice.

Please liaise with the said hirer-operator or his authorized workshop directly for settlement of claims with third party's insurance company in respect of the said accident.

Yours faithfully

Christine Tay Assistant Manager, Fleet Safety

This is a computer generated letter. No signature is required.

	MILEAGE READING	MILEAGE	RATE	5	DATE NAM	NAME OF DRIVER
	0.0	S S S S S S S S S S S S S S S S S S S	- 1	10		
	24/NS	1001x	03/10			
19	3		()	1380 // (Jac)		
				/		
1	n .					

Enquire Vehicle Insurer

Vehicle No. Incident Date/Time Search Status Insurance Company Code Insurance Company Name

CHINA TAIPING INSURANCE (SINGAPORE) PTE LTD C01 SJJ1547L 17 Jul 2018 / 19:15:00 Successful

Previous

OK

SUD 3007X



#### 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 Intern	nationale Des Experts En Auton	nobile
CHI	NA TAIPING INSU	RANCE (S) PTE LTD	Ref : CC3/CTI18013	163/K1ub3q2
	ISON ROAD #16-0 INGLEAF TOWER	00 RSINGAPORE 079909	Date: 17-10-2018 Code: CTI	
1.		Policy Particul	ars :- THIRD PARTY CLAI	M
	Insured Veh.	SJJ 1547L	Veh. Inspected	SHD 3007X
	Policy No.	DMPCSN3011281803	Coverage (\$)	0.00
	Claim No.	SNM18D03556/C01/7	Excess (\$)	0.00
	Assign From		Assign Date	18/07/2018
2.		Vehicle P	articulars & Condition	
	Make & Model	TOYOTA PRIUS	c.c	1798
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	JTDKB3FU303531285	Colour	BLUE
	Odometer	193710	Steering	IN ORDER
	Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
	General	FAIR		
3.		Con	ditions of Tyres	The state of the s
		Size	Make	Balance
	R/H Front Tyre	195/65 R15	WEST LAKE	7 mm
	L/H Front Tyre	195/65 R15	WEST LAKE	7 mm
	R/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
	L/H Rear Tyre	195/65 R15	WEST LAKE	7 mm
١.			iption of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE ETAILS.	REAR N/S PORTION.	
5.	الباعية بيباث	Gen	eral Information	
	Accident Date	17/07/2018	Inspection Date	18/07/2018
	Survey held at	COMFORTDELGRO ENGIN	EERING PTE LTD	
		59 LOYANG DRIVE SINGAPORE 508969		
a.	8 11 15 1		Remarks	
	A)THE INSPECTION	ON WAS CONDUCTED ON A" CE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" BAS	IS. ED REPAIRS
ib.	1-/11/1000110/1140		ate Days of Repair	THE PHYS.
0.000	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	2 Working Day	5



#### 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

1,390.60

#### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 3007X

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			7,10
1	REAR BUMPER	DEFORMED	458.60	458.60
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	322.30	000000
1	REAR BUMPER UNDER COVER	DEFORMED	552.60	552.60
1	REAR BUMPER SIDE RETAINER	SERVICEABLE	112.70	3
1	REAR BUMPER SPONGE	NOT NECESSARY	143.40	5
1	REAR BUMPER CLIPS	NECESSARY	22.00	22.00
1	RETAINER ,REAR BUMPER,UPPER SIDE	SERVICEABLE	30.70	12
1	RETAINER ,REAR BUMPER ,SIDE ,LH	SERVICEABLE	94.80	
1	SEAL ,RREAR BUMPER SIDE ,LH	TO REPAIR SEE LABOUR	148.40	-
	LESS 25% DISCOUNT		-471.38	-258.30
			1,414.12	774.90
	SPECIAL NETT ITEMS			
1	REAR BUMPER REVERSE SENSOR (SN)	SHORTED	135.70	135.70
1	REAR BUMPER METAL PLATE (SN)	NECESSARY	50.00	50.00
	And the first control of the second control of the second		185.70	185.70
	LABOUR			
	PANEL BEATING INCLUSIVE OF THE REPAIR OF SEAL ,RREAR BUMPER SIDE ,LH .		350.00	200.00
	SPRAY PAINTING CHARGE.		250.00	200.00
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR		120.00	30.00
			770.00	430.00
	GRAND TOTAL		2,369.82	1,390.60

Report Ref No. CC3/CTI18013163/K1ub3q2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

RECOMMENDED COST OF REPAIRS

HO LEONG CHUAN

**Automotive Assessor** 

DISCLAIMER OF LIABILITY TO THIRD PARTIES: This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contact or tort, is accepted to any third party who may reply on the Report wholly or in part. Any third party acting or replying on this Report, in whole or in part, does so at his or her own risk.