

ASS. REC. BY:

REF

CS/UOI18013423/Ksd3<sup>sz</sup>

Special Instruction:

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Jenny Lew

of

UOI

Date/Time:

18/7/18 @ 6:07pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

SJW 1733Y

Insured:

SKG 5236L

at Workshop m/s:

Service Riverview

Tel:

64819810

of

31K10, AMIC Ind. Park 2A #04-11

Policy No.:

Claim No.:

DHOM120012701500

Sum Insured:

Excess:

Make of Veh:

D.O.A.

10/07/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

lup

H.O.D. Endorsement:

Date/Time:

21/7/18 @ 9:01am

Person Contacted:

Karlvin

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction

(✓)

Estimate

SJW 1733Y-CCG / AIG16005500 / Kua3.2

DOA: 19/3/2016

SKG 5236L-X

24/8 L1 by B1800 email &amp; confirm

ASS. REC. BY:

REF: U021

Kenneth

## ASSIGNMENT

From:

Date:

Estimated Cost:

QD/TP/WS/TP RES/QD RES/EVA/INV/MV

To Inspect Vehicle No:

at Workshop n/s

of

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:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

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

Truck / Trailer or

Make:

Colour:

Sp. Reading

Eng/No:

C/No:

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim or

Tyre Size:

F:

R:

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or

Front

R/Bal.

L/Bal.

D.O.A.

Rear

R/Bal.

L/Bal.

D.O.I.

Survey held at

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

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

Date / Time

Action / Instruction

23/7

File pass to Catherine

06/09/13

Confirmed L/S \$ 1,800/- @ 2 days with Kenneth (\$792.50 Red - 31%)

RECEIVED 07 SEP 2010

Date/Time, File Pass to?

07/09/13

1)

Typist

Date/Time, File Return to?

2)

☐ : Prell. Report☒ : Final Report

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:

☐ : Site Insp (\$☐ : Interview (\$☐ : Tech Invs (\$☐ : Weekend (\$

Survey Fee:

Transportation:

S + RS - SI

Fixturs

Others

TOTAL

Report Format:

Lump Sum / I.B.I: (\$

1,800/- 4/5

240
50
50
19
359

## Nivitha (LKK Auto)

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**From:** Cheonghoh Law <mail@cheonghoh.sg>  
**Sent:** Wednesday, 18 July 2018 6:07 PM  
**To:** jennylew@uoi.com.sg  
**Cc:** assignments; Admin-D (LKKAuto)  
**Subject:** Re: Our ref: LCH.jp/AMK02-80628.18 Your ref: DHOM120012701500 - Accident involving SJW 1733 Y / SKG 5236 L (UOI) on 10/7/18 along Blk 1 Toh Yi Drive Carpark - Pre-repair survey of SJW 1733 Y 80628 (our ltr dd 18718) PRS.pdf  
**Attachments:** 80628 (our ltr dd 18718) PRS.pdf

### URGENT

Dear Jenny

Kindly see attached our letter dated 18 July 2018 for your attention.

Thank you.

P/s: as per teleconversation with Catherine of LKK of today to arrange for Mr Kenneth Kong for the PRS.

Regards,  
Jennifer  
Cheonghoh Law Corporation  
Blk 53 Chin Swee Road #03-05  
Singapore 160053  
Tel: 63378700  
Fax: 63373700

On 18 Jul 2018, at 12:51, Cheonghoh Law <mail@cheonghoh.sg> wrote:

### URGENT

Dear Sirs

Kindly see attached our letter dated 18 July 2018 - Notice of Accident and enclosing a copy of our client's report for your attention.

<80628 (our ltr d:d 18:7:18) Notice of Accident.pdf>

Regards,  
Jennifer  
Cheonghoh Law Corporation  
Blk 53 Chin Swee Road #03-05  
Singapore 160053  
Tel: 63378700  
Fax: 63373700

# **Cheonghoh** **Law Corporation**

(Incorporated with limited liability) Blk 53 Chin Swee Road #03-05 Singapore 160053  
Co. Reg No.201108070G Tel: 63378700 Fax: 63373700 E-mail: mail@cheonghoh.sg

In reply, please quote our Reference Number

Our Ref: LCH.jp/AMK02-80628.18  
Your Ref: DHOM120012701500

18 July 2018

**URGENT**

United Overseas Insurance Ltd  
3 Anson Road #28-01  
Springleaf Tower  
Singapore 079909  
Attn: Jenny Lew (Claims Dept)

**BY EMAIL ONLY**  
Fax No: 6327 3869

Dear Sirs

**ACCIDENT INVOLVING VEHICLES NO SJW 1733 Y AND SKG 5236 L ON 10 JULY 2018 AT/ALONG  
BLK 1 TOH YI DRIVE CARPARK -**

We refer to the above matter and your fax dated 18 July 2018.

Our client hereby nominates Kenneth Kong from LKK Auto Consultants Pte Ltd as per Serial No. 1) in your attached list therein to conduct the pre-repair survey ("PRS") of the damages to our client's vehicle no. SJW 1733 Y arising out of the above mentioned accident.

Kindly be informed that our client's vehicle is available for PRS at our client's repair workshop on **Tuesday, 24 July 2018** the details are as follows :-

Service @ Riverview Pte Ltd  
Blk 10 Ang Mo Kio Industrial Park 2A #04-11  
AMK Autopoint  
Singapore 568047

Person to contact : Kevin (contact no. 64819810)

Yours faithfully



Lee Cheong Hoh  
**CHEONGHOH LAW CORPORATION**

cc: client - via fax only (SJW 1733 Y)

## 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	11/07/2018 15:32
Date Of Accident	10/07/2018 18:15
Exact Location Of Accident	1 TOH YI DRIVE OSCP
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SJW1733Y
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CHIA HUI QIN
NRIC No	S8113727G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96338933
Alternative Phone No	OTHERS-96338933

### Vehicle Particulars

Manufacturer	TOYOTA
Model	MARK X-2.5 (A)
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
Are you claiming under your own insurance policy for repair to your vehicle?	NO
If No, Please state action to be taken	THIRD PARTY
Vehicle Category	PRIVATE CAR

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	GA095169
Cover Note Number	05/04/2018 - 04/04/2019

### Driver

Name of Driver	LIN SHIWEI
NRIC No	S8140667G
Date Of Birth	04/12/1981
Occupation	INDOOR
Date Of Driving Pass	20/09/2004
Driving Experience	13 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96338933
Fax Number	
Contact Number	OTHERS-96338933
Email Address	ROY.LSW@GMAIL.COM

Address	BLK 455C ANG MO KIO ST 44 #27-33
Postcode	563455
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
Vehicle Registration Number of Driver's Own Vehicle	- - -
Insurance Company of Driver's Own Vehicle	- - -

#### General Information of the Accident

Type Of Accident	HIT AND RUN / VANDALISM / DAMAGED WHILST PARKED
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?	NO
Was any other material or property damaged?	YES
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	0

#### Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

REFER TO THE POLICE REPORT & SKETCH PLAN BY DRIVER

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SKG5236L
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
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 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:

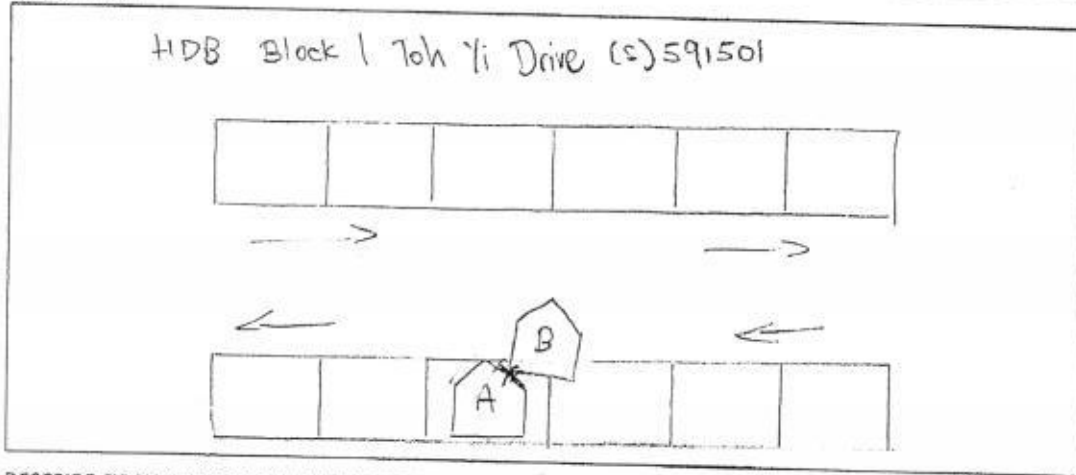
  
Reporting Centennial Personnel's Signature  
Name:  
NRIC/FIN No.:



## Sketch Plan Pg. 2

Date of accident: 10/07/19 Time: 18:15 Location: 1 Toh Yi Drive DLP  
 My Vehicle A: SJH1733Y Vehicle B: SCA5236L Vehicle C: -

### SKETCH PLAN



### DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Refer to the police report.

☒ claim third party

☐ Claim OD/TP at Ah Lim Motor ☒ Claim OD/TP at other workshop ☐ Reporting Only

Remarks: Please forward a copy of my efile accident report to:

My workshop: Rex

Email address:

& myself

Email address: ray.lsw@gmail.com

Note: Please take note that your Insurer have 14 days timeframe for you to submit own damage claim under you own policy. Kindly check with your own Insurer for more information.

### 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 Officer's Signature  
Name:  
NRIC/FIN No.:



AND FACTOR COMPANY

## Sketch Plan Pg. 3



**SINGAPORE  
POLICE FORCE**



T/20180710/7016

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

1 of 3

Report No. T/20180710/7016

## REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/07/2018 23:29		Vide Report No.:	Station Diary No.:
<b>Informant's Particulars</b>			
Name of Informant: LIN SHIWEI		Address: APT BLK 455C ANG MO KIO STREET 44 #27-33 SINGAPORE 563455	
ID Type / ID No.: NRIC NO / S8140667G		Contact No.:	Mobile: 96338 <sup>9</sup> 33
Nationality: SINGAPORE CITIZEN		Email: Roy.lsw@gmail.com	
Sex: Male	Age: 36	Date of Birth: 02/12/1981	Type of Informant: Vehicle Owner
Race: Chinese		Language: English	Institution / School Name:
Occupation: Sales and related associate professional nec		Driving Licence Information: Class: 3 Date of Expiry:	

<b>General Information of the Accident</b>				
Type of Accident:	Non-Injury Hit and Run	Drink Drive: No	Date/Time of Accident: 10/07/2018 18:15	Type of Location: Car Park
Location:  1 TOH YI DRIVE				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Not Controlled	Traffic Volume: Light	
Type of Collision: Moving Vehicle Against - Parked Vehicle			Anyone conveyed by ambulance: No	

<b>Details of Vehicle Involved</b>						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SJW1733Y	Car	TOYOTA	Mark X	Grey	Slightly Damaged	0
SKG5236L	Car	VOLKSWAGO N	Jetta	Grey		1

<b>Details of Person Involved</b>	
Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA



**SINGAPORE  
POLICE FORCE**



T/20180710/7016

Police Station Of Origin:  
Traffic Police Division HQ  
10 Ubi Avenue 3 SINGAPORE 408865  
Tel No: 65470000

2 of 3

Report No. T/20180710/7016

**CONTINUATION OF REPORT**

Vehicle Owner			
Name	LIN SHIWEI	ID No.	S8140667G
Related Vehicle	SJW1733Y (Car)	Contact No.	96338833
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

My vehicle SJW1733Y is parked at Blk 1 Toh Yi Drive Carpark Lot.  
Vehicle - Grey Volks Wagon SKG5236L reversed into my parked. After noticing that he had reversed into my car, owner adjusted vehicle and parked beside my car. Owner got off vehicle to check on damage. Went back into his vehicle and drove off without leaving a note.

Video of impact and video of SKG5236L owner hit and run is available.

**SERVICE @ RIVERVIEW PTE LTD**

10, Ang Mo Kio Autopoint #04-11

Ang Mo Kio Industrial Park 2A

Singapore 568047

Tel : 6481 9810 / 64814849 Fax : 6481 6256

Email : riverview@singnet.com.sg

Buss.reg.No : 200910700K

Lump Sum  
repair less 20%

<u>STW 17334</u>	<u>Toyota Mark X 2.5</u>	<u>List Price \$</u>
<u>Parts</u>	<u>Remarks</u>	<u>less 25%</u>
front Bumper	Damaged/deform	? \$1220
front Bumper side retainer RH	necessary	Dis - \$40
front Bumper centre grille	snx	
front Radiator grille	snx	
front headlamp RH	? mtg Cra \$1090	
front reinforcement beam	? x R	
<u>Special net item</u>		
front Bumper clips (set 1)	? nec	\$30
front license plate with holder	snx	

Labour charges

- 1) To Renew damaged parts at Accident Area <sup>2401</sup> \$400
- 2) To spray paint Accident Area <sup>2501</sup> \$400

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:

Not Withheld  
 11 Sep 87  
 Murray After Paint

# SERVICE @ RIVERVIEW PTE LTD

10, Ang Mo Kio Autopoint #04-11  
 Ang Mo Kio Industrial Park 2A  
 Singapore 568047  
 Tel : 6481 9810 / 64814849 Fax : 6481 6256  
 Email : riverview@singnet.com.sg  
 Buss.reg.No : 200910700K

Lump Sum  
 repair car 25%

SJW 17334

Toyota Mark X 2.5

List Price \$

Parts

Remarks

Car 25%

front Bumper	most Damaged/deform	? \$1220 ✓
front Bumper side valance RH	necessary	111 ✓ \$40
front Bumper centre grille	rx	
front Radiator grille	rx	
front headlamp RH	? crack	\$1090 my car
front reinforcement beam	rx reuse	
		25%
<u>special well item</u>		
front Bumper clips (set 1)	rx 30 ✓	
front license plate with holder	rx	

Labour charges

1) To Renew damaged part at Accident Area	\$400	2401
2) To spray paint Accident Area	\$400	2501


Not wither 2592.50  
 11 hr @ 1800/  
 Presure After Paint  
 2 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

Affiliated to Federation Internationale Des Experts En Automobile				
UNITED OVERSEAS INSURANCE LTD			Ref : CS/UOI18013423/Ksd3s2	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909			Date : 07-09-2018	
			Code : UOI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SKG 5236L	Veh. Inspected	SJW 1733Y	
Policy No.		Coverage (\$)	0.00	
Claim No.	DHOM120012701500	Excess (\$)	0.00	
Assign From	JENNY LEW	Assign Date	18/07/2018	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	TOYOTA MARK X (A)	c.c	2499	
Engine No.	HIDDEN	Year of Reg.	2010	
Chassis No.	GRX1306009032	Colour	METALLIC GREY	
Odometer	80152	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	225/50 R17	BRIDGESTONE	6 mm	
L/H Front Tyre	225/50 R17	BRIDGESTONE	6 mm	
R/H Rear Tyre	225/50 R17	BRIDGESTONE	5 mm	
L/H Rear Tyre	225/50 R17	BRIDGESTONE	5 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	10/07/2018	Inspection Date	24/07/2018	
Survey held at	SERVICE @ RIVERVIEW PTE LTD BLK 10 AMK AUTOPOINT ANG MO KIO INDUSTRIAL PARK 2A #04-11 SINGAPORE 568047			
<b>5a. Remarks</b>				
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 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. SJW 1733Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER	MTG CRACKED	1,220.00	1,220.00
1	FRONT BUMPER SIDE RETAINER RH	DISTORTED	40.00	40.00
1	FRONT BUMPER CENTRE GRILLE (NPA)	SERVICEABLE	-	-
1	FRONT RADIATOR GRILLE (NPA)	SERVICEABLE	-	-
1	FRONT HEADLAMP RH	MTG CRACKED	1,090.00	1,090.00
1	FRONT REINFORCEMENT BEAM (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 25% DISCOUNT		-587.50	-587.50
			1,762.50	1,762.50
<b>SPECIAL NETT ITEMS</b>				
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	30.00	30.00
1	FRONT LICENSE PLATE WITH HOLDER (NPA)(SN)	SERVICEABLE	-	-
			30.00	30.00
<b>LABOUR</b>				
	TO RENEW DAMAGED PARTS AT ACCIDENT AREA.INCLUSIVE OF THE REPAIR OF FRONT REINFORCEMENT BEAM.		400.00	240.00
	TO SPRAY PAINT ACCIDENT AREA.		400.00	250.00
			800.00	490.00
<b>GRAND TOTAL</b>			<b>2,592.50</b>	<b>2,282.50</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>1,800.00</b>

Report Ref No. CS/UO118013423/Ksd3s2

KONG SENG CHEONG

Licensed Appraiser

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 contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.