

27/03/2018

ASS. REC. BY:

REF: CS/AWA18015771/K1qdz n2

Special Instruction:

Surveyor: Kalvin

ASSIGNMENT (Office)

From (Person): Hew Lee Fong of AWAC Date/Time: 4.05pm 29/8/18

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 8722S

Insured:

FBN 1502P

at Workshop m/s

Premier Automotive

Tel:

65446682

of

23 chengj ave 2 #03-02

Policy No:

AVFMSB 0000651800

Claim No:

NSV1800494/8G

Sum Insured:

Excess:

Make of Veh:

D.O.A.

23/08/2018

(Client's Record)

CA / REV / REP. / REV 24 HRS

(wp)

H.O.D. Endorsement:

Date/Time:

4.16pm 29/8/18

Person Contacted:

Wee dekVehicle ☒ IN / OUT

Date/Time

Action/Instruction

(✓) Estimate

SHB 8722S - C03 / TP17017287 / K1ea3q.2 DoA: 4/9/17FBN1502P-X

(08/11/13)

REF:

Surveyor: Kelvin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected Vehicle No: _____

at Workshop m/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.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 3 days Res.: Yes or No

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 8722 S Yr Regn: 5 Dec, 2013

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

Truck / Trailer or

Make: KIA optima C.C. 1685Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 505073 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: KNAGM414ME5452324Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD AD Rim orTyre Size: F: 205/65R16

R: _____

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

TOYO / YOKO or Achilles

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 23/8/8 D.O.I. 29/8/8Survey held at Premier

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

Rear MP

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

Date / Time Action / Instruction

6/9/18 Called 4587250/3 Pgs (Red 81372.70, 38%) ALAC4s.

RECEIVED 07 SEP 2013

Date/Time, File Pass to?

☐ : Prel. Report1) only transfer☐ : Final Report

Date/Time, File Return to?

2) _____

Days Of Repair: 3Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Weekend (\$ _____)Report Format: TPLump Sum / I.B.I. (\$) 2250

150

Nivitha (LKK Auto)

From: Hew, LeeFong <LeeFong.Hew@awac.com> on behalf of Motorsurvey <Motorsurvey@awac.com>
Sent: Wednesday, 29 August 2018 4:05 PM
To: 'assignments'
Cc: 'SUR'; 'Goh Wee Dek'; Gary Shi; Vincent Chua
Subject: TP Survey assignment for SHB 8722S - DOA: 23/08/2018 Our ref: NSV1800494/SG

The above captioned accident refers.

Pursuant to the Practice Directions Amendment No. 1 of 2016 which was effective on 1 April 2016, we like to advise that the third party claimant and us **do** have consensus in the appointment of **M/s LKK Auto Consultants Pte Ltd** as the Single Joint Expert to conduct the pre-repair survey of the third party claimant's vehicle.

Please conduct "THIRD PARTY" survey on without prejudice basis. The information as are follows:

3 rd Party Vehicle	:	SHB 8722 S
Insured Vehicle	:	FBN 1502 P
Policy Number	:	AVFMSB0000651800
Name of Workshop	:	Premier Automotive Services Pte Ltd
Contact Number	:	6214 8880 Ext 068 / 6544 6682
Person to Contact	:	Goh Wee Dek
Estimated Cost of repairs	:	\$ 3,062.30

Regards,
Claims Division

Copy to Premier Automotive Services Pte Ltd via Email

Note -

- (x)
1. This is to keep you informed that we have appointed surveyors to conduct inspection to your client's damaged vehicle on a without prejudice basis.
 2. **Please keep our motor surveyor and us informed so as to enable the surveyor to conduct a post repair inspection once your client's vehicle has been repaired and before returning the repaired vehicle to your customer.**
 3. Please quantify your client's claim with all relevant supporting documents once your client's vehicle has been repaired.
 4. Please do not construe this appointment of surveyor and our above request as an admission of liability.

The information contained in this e-mail and any attachments hereto is confidential. If you are not the intended recipient, you must not use or disseminate any of this information. If you have received this e-mail in error, please immediately notify the sender by reply e-mail and permanently delete the original e-mail (and any attachments hereto) and any copies or printouts thereof. Although this e-mail and any attachments hereto are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by Allied World Assurance Company Holdings, GmbH or its subsidiaries or affiliates, either jointly or severally, for any loss or damage arising in any way from its use.



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

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA18015771/K1qd3

(SINGAPORE BRANCH)
60 ANSON ROAD #08-01 (8th FLOOR)
MAPLETREE ANSON
SINGAPORE 079914

Date : 29-08-2018



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBN 1502P	Veh. Inspected	SHB 8722S
Policy No.	AVFMSB0000651800	Coverage (\$)	0.00
Claim No.	NSV1800494/SG	Excess (\$)	0.00
Assign From	HEW LEE FONG	Assign Date	29/08/2018

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	23/08/2018	Inspection Date	29/08/2018
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

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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Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	05 Dec 2013 / 09:21:43	Receipt No.:	AACCK001-AX239-131205-000009
Asset Type:	Vehicle	Transaction Amount:	\$75,101.00
Asset ID:	SHB8722S	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20131205092143501849		

Vehicle No.:	SHB8722S
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)
First Registration Date:	05 Dec 2013
Original Registration Date:	05 Dec 2013
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414ME5452324
Engine No.:	D4FDDH308787
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2013
Open Market Value:	\$19,721.00
Minimum PARF Benefit:	\$7,332.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	05 Dec 2013 09:21:43
COE No.:	2013120501000909M
COE Expiry Date:	04 Dec 2021
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$62,740.00
Lifespan Expiry Date:	04 Dec 2021

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	28/08/2018 15:23
Date Of Accident	23/08/2018 23:40
Exact Location Of Accident	RACE COURSE ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB8722S
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI

Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5095103893
Cover Note Number	

Driver

Name of Driver	KHOO CHEE KONG
NRIC No	S1728362F
Date Of Birth	15/09/1965
Occupation	OUTDOOR
Date Of Driving Pass	12/07/1984
Driving Experience	34 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-97900736
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 708 #07-61 HOUGANG AVE 2
Postcode	530708
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?	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)	1

Details of Police Action

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

Circumstances of Accident

BOTH VEHICLES - NO PAX/PILLION

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	FBN1502T P.
Vehicle Make/Model/Colour	M/CYCLE
Details Of Properties	VEH. B
Vehicle Category	MOTORCYCLE
Name of Driver	MALE INDIAN
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

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.



27 AUG 2013

[Signature]

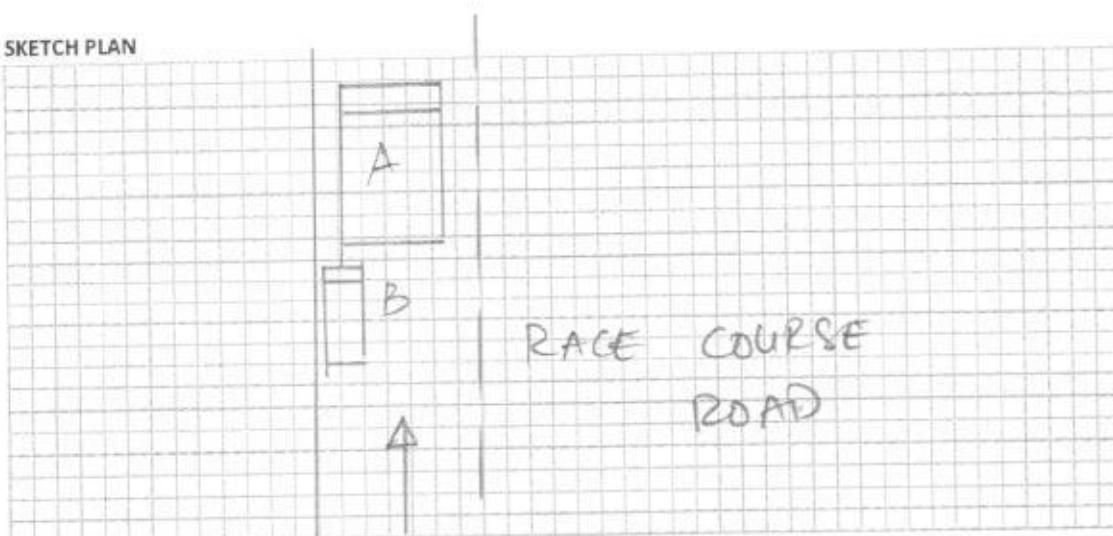
Policyholder's Signature
Date & Time:

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

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

1728362

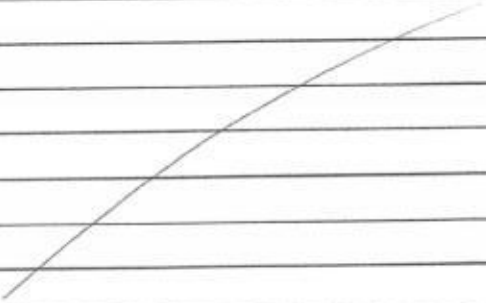
SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: JTB87228

B: FBN 15077.



DECLARATION

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

27 AUG 2019

Policyholder's Signature
Date & Time:

Driver's Signature _____
(If driver is not the policyholder)
Date & Time: 12/28/22

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

Sketch Plan Pg. 3

Describe Circumstance of the Accident.

ON 23/08/2018 @ 2340 HRS, I STOPPED MY TAXI (SHB 8722 S) ALONG RACE COURSE ROAD IN THE EXTREME LEFT LANE - TO BOARD PASSENGERS.

WHILE STATIONARY, SUDDENLY I FELT AN IMPACT FROM THE REAR.

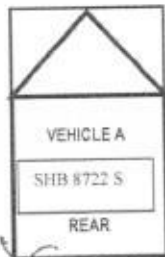
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (FBN 1507 T- M/CYCLE) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR LEFT OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

RIDER OF VEHICLE B DID NOT FALL OFF FROM HIS M/CYCLE & SUFFERED NO INJURY. NO AMBULANCE AT SCENE.

NO PASSENGERS ONBOARD MY TAXI YET.
NO PILLION ONBOARD VEHICLE B.

DAMAGES FOUND ON VEHICLE A & VEHICLE B




PREMIER TAXI




FBN 1507 T

THIRD PARTY VEHICLE

 1728362/F

Driver's Signature & NRIC Number
Tuesday, August 28, 2018 @ 3:34:33 PM

(attended by )

PREMIER AUTOMOTIVE SERVICES PTE LTD.

23 CHANGI SOUTH AVENUE 2 #01-02
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511
CO. REG: 200707743D GST REG: 200707743D

29-Aug-18

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHB 8722 S

1 pc	Bootlid emblem	— <i>rec</i>	\$	27.00
1 pc	Bootlid CRDI	X <i>"</i>	\$	29.00
1 pc	Rear bumper	— <i>Reborn</i>	\$	696.00
1 pc	Rear bumper lower cover	— <i>(w)</i>	\$	206.00
2 pcs	Rear bumper side bracket o/s & n/s @ \$29.00	<i>X sm</i>	\$	58.00
1 pc	Rear bumper inner sponge	<i>✓ for</i>	\$	114.00
1 pc	Rear bumper reinforcement	<i>✓ con</i>	\$	607.00
1 pc	Rear bumper n/s reflector	— <i>con</i>	\$	46.00
	<i>n/s Rear Fender x repair</i>		\$	1,783.00
	Less 10%		\$	178.30
			\$	1,604.70

S/NETT

1 set	Rear bumper clips	— <i>rec</i>	\$	48.00
1 pc	Rear bumper top protector	— <i>rec</i>	\$	80.00 <i>50</i>
1 set	Bootlid sticker	— <i>rec</i>	\$	100.00
1 pc	Rear n/s fender sticker	— <i>rec</i>	\$	60.00
	Sundry		\$	50.00 <i>20 rec</i>
	To dismantle / replace/test reverse sensor to new bumper and reset to the same		\$	120.00 <i>30</i>
	To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.		\$	180.00 <i>50</i>
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the end panel, rear n/s fender etc		\$	700.00 <i>400</i>
	To putty and spray painting on rear bumper, end panel, rear n/s fender, <i>Ren Bootlid</i>	<i>X</i>	\$	600.00 <i>5% 50</i>
	To apply rustproofing on the repaired and replaced panels.		\$	80.00 <i>X 20</i>
			\$	3,622.70

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

Kalvin
29/8/18
3 days
45
After Repair photo



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

ALLIED WORLD ASSURANCE COMPANY LTD

Ref : CS/AWA18015771/K1qd3n2

(SINGAPORE BRANCH)
60 ANSON ROAD #08-01 (8th FLOOR)
MAPLE TREE ANSON
SINGAPORE 079914

Date : 13-09-2018



Code : AWA

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	FBN 1502P	Veh. Inspected	SHB 8722S
Policy No.	AVFMSB0000651800	Coverage (\$)	0.00
Claim No.	NSV1800494/SG	Excess (\$)	0.00
Assign From	HEW LEE FONG	Assign Date	29/08/2018

2. Vehicle Particulars & Condition

Make & Model	KIA OPTIMA	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	KNAGM414ME5452324	Colour	SILVER
Odometer	505073	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/65 R16	ACHILLES	7 mm
L/H Front Tyre	205/65 R16	ACHILLES	7 mm
R/H Rear Tyre	205/65 R16	ACHILLES	7 mm
L/H Rear Tyre	205/65 R16	ACHILLES	7 mm

4. Description of Damages

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

Accident Date	23/08/2018	Inspection Date	29/08/2018
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

5a. Remarks

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

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 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. SHB 8722S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	BOOTLID EMBLEM	NECESSARY	27.00	27.00
1	BOOTLID CRDI	NOT NECESSARY	29.00	-
1	REAR BUMPER	DEFORMED	696.00	696.00
1	REAR BUMPER LOWER COVER	CUT	206.00	206.00
2	REAR BUMPER SIDE BRACKET O/S & N/S @\$29.00	SERVICEABLE	58.00	-
1	REAR BUMPER INNER SPONGE	TORN	114.00	114.00
1	REAR BUMPER REINFORCEMENT	CRACKED	607.00	607.00
1	REAR BUMPER N/S REFLECTOR	CRACKED	46.00	46.00
1	N/S REAR FENDER (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 10% DISCOUNT		-178.30	-169.60
			1,604.70	1,526.40
<u>SPECIAL NETT ITEMS</u>				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	48.00	48.00
1	REAR BUMPER TOP PROTECTOR (SN)	NECESSARY	80.00	50.00
1	SET BOOTLID STICKER (SN)	NECESSARY	100.00	100.00
1	REAR N/S FENDER STICKER (SN)	NECESSARY	60.00	60.00
1	SUNDRY (SN)	NECESSARY	50.00	20.00
			338.00	278.00
<u>LABOUR</u>				
	TO DISMANTLE/REPLACE/TEST REVERSE SENSOR TO NEW BUMPER AND RESET TO THE SAME.		120.00	30.00
	TO DISMANTLE/REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS.		180.00	50.00
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS, INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE END PANEL, REAR N/S FENDER ETC.		700.00	400.00
	TO PUTTY AND SPRAY PAINTING ON REAR BUMPER, END PANEL, REAR FENDER FENDER, REAR BOOTLID.		600.00	540.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.	NOT NECESSARY	80.00	-
			1,680.00	1,020.00
GRAND TOTAL			3,622.70	2,824.40

Report Ref No. CS/AWA18015771/K1qd3n2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,250.00
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Report Ref No. CS/AWA18015771/K1qd3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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