

INS. CASE OWNER:

CC 3, RW 180

15849, P1 a3 92

LKK:

IDAC:

Surveyor:

Amc

DOI:

ASSIGNMENT

29/8/18

Date / Time:

29/8/18

Registered in Merimen:

Pre-assign / CCU / FTE



Insured Vehicle No.:

Claim No.:

Name of Insured:

Policy No.:

Insured Tel No.:

HP:

Make / Model:

Excess Sec II :SS

D.O.A:

27/8/2018

Place of Accident:

Is driver the owner? ( YES / NO )

Nature of Accident:

If NO, Driver Name / Age:

Driver Tel No.:

(V/L: YES / NO)

OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO

Insured Liability: % Final ? Yes / No

SHC 38600



INSRS:

WSP:

Tel:

Liability:

RMKS:

CD 166  
Gy 63

INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:



INSRS:

WSP:

Tel:

Liability:

RMKS:

Date/ Time

RECEIVED 4 SEP 2018

STAGE DATE / PIC

Non-Reporting ltr (1st):

Non-Reporting ltr (2nd):

Non-Reporting ltr (Final):

Notification ltr (if non-pickup):

Call OI:

After call ltr to OI:

Documentation Check List: Handler Typist

Notification ltr (if non-pickup)

After call ltr to OI:

Authorisation To Act:

Release Voucher:

Final Repair Bill:

Car Rental Invoice:

Towing Invoice

LTA / GIA:

Medical Bill:

PIR:

Mandate/Reject Instruction:

LOD

Payment Breakdown Form:

Post-Repair Photos:

Others:

PRELIMINARY ADVICE Date/Time:

Sent By:

FINALIZATION

Date/Time:

Confirm with:

Repair Cost:

SS

(

days)

Reduction:

%

Confirm by:

Email

Call

FINAL SETTLEMENT

Date/Time:

Confirm with

Email

Call

Final Liability:

%

(Agreed / Assessed) BOLA S/N No.:

If NO or B 28, Ass. Lia:

Repair Cost:

SS

Loss of Rental (LOR):

SS

(

days)

Loss of Use (LOU):

SS

(\$

x

days)

Loss of Income (LOI):

SS

(\$

x

days)

LOR only ☐ LOU only ☐LOR + LOU ☐LOR + LOI ☐

[Tick only one]

GIA/LTA Search

SS

Medical:

SS

Disbursement:

SS

(e.g. Tow/ Independent)

Legal Cost

SS

1) Claim status: Normal/Reject/Private Settle

2) Report Format:

3) Survey fee:

Total:

SS

Global Sum SS:

FINAL PAYMENT

Date/Time:

Confirm with:

Email

Call

Payee 1:

SS

Name 1:

Payee 2: (Strike if N.A.)

SS

Name 2:

Payee 3: (Strike if N.A.)

SS

Name 3:

COPY SENT  
4/9/2018



## 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	27/08/2018 14:09
Date Of Accident	27/08/2018 11:00
Exact Location Of Accident	BOUNDARY RD X YIO CHU KANG RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC3860D
<b>Insured/Policyholder</b>	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	SONATA
Exact Purpose for which vehicle was being used at time of accident	
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

### Driver

Name of Driver	NOORDIN BIN IBRAHIM MARICAN
NRIC No	S1193067J
Date Of Birth	12/07/1956
Occupation	OUTDOOR
Date Of Driving Pass	17/02/1983
Driving Experience	35 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94362770
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	358 02-374 WOODLANDS AVENUE 5
Postcode	730358
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
Vehicle Registration Number of Driver's Own Vehicle	-
	-
Insurance Company of Driver's Own Vehicle	-
	-
	-

### General Information of the Accident

Type Of Accident	SIDE SWIPE
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?	YES
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)	4
Passenger 1	NAME: : - GENDER: : FEMALE
Passenger 2	NAME: : - GENDER: : MALE
Passenger 3	NAME: : - GENDER: : FEMALE

### 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

SEE ATTACH.

### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJV710A
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

RHT FRT

No. Of Passenger (Including Driver)

#### DETAILS OF INJURED PERSON 1

Name

NOORDIN BIN IBRAHIM MARICAN

Approximate Age

62

Injuries Sustain

SHOULDER

Injured person in which vehicle?

SHC3860D

Were seat belts worn?

YES

Was this injured conveyed to hospital by ambulance?

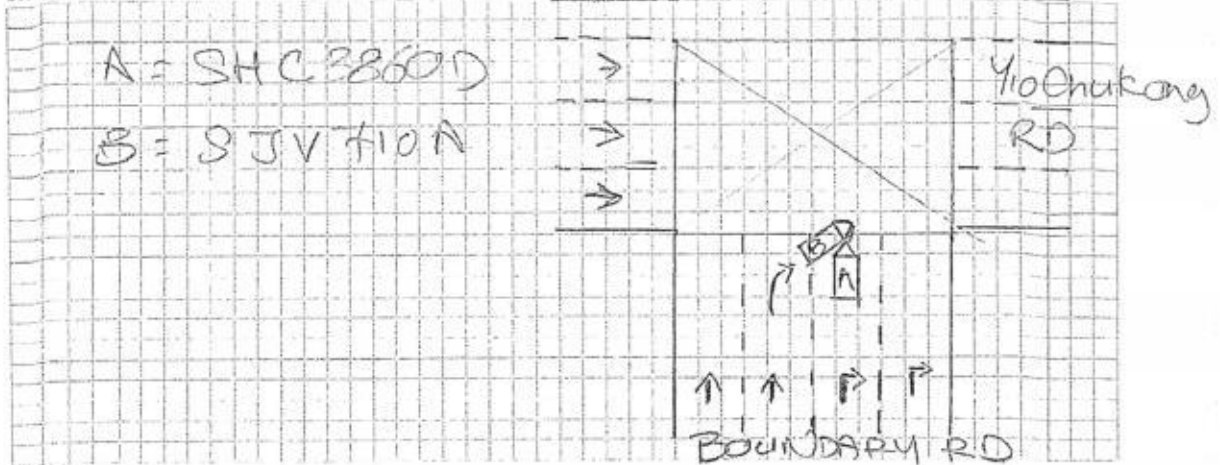
NO

Address

Postcode

# Sketch Plan Pg. 1

SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On the 27/08/2018 @ 11 hrs, I was driving along Boundary Rd towards Yio Chu Kong road. I was slowing down when I almost reach the cross-junction to turn to the Yio Chu Kong Rd. Suddenly vehicle B swerved in front of my taxi and collided on my left front portion of my taxi. 3 passengers on board and no injury reported. Driver is injured on his back and will consult the doctor later.

## DECLARATION

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

UMFORT TRANSPORTATION PTE LTD  
CO REG NO 199303821R  
Policyholder's Signature

Driver's Signature  
(If driver is not the policyholder)

Loke Wei Yiang  
Reporting Centre Personnel's Signature

**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.

COMFORT TRANSPORTATION PTE LTD  
CO. REG. NO. 199303821R

Policyholder's Signature  
Date & Time:

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

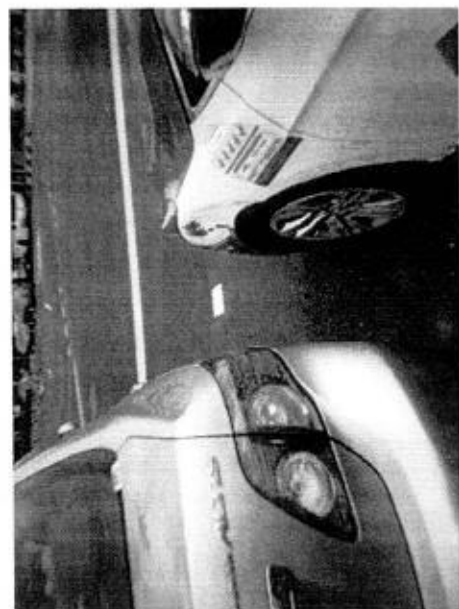
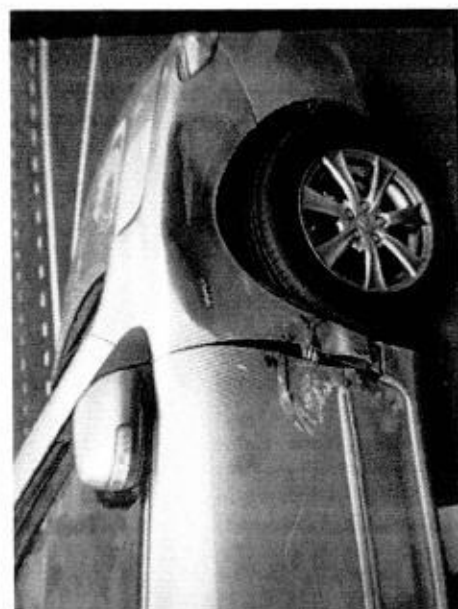
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:

Loh Wei Yeng









# COMFORTDELGRO ENGINEERING

A member of COMFORTDELGRO

## ComfortDelGro Engineering Pte Ltd

205 Braddell Road Singapore 379701

Mainline + 65 6363 8280 Facsimile + 65 6260 9755

### Workshops

59 Loyang Drive Singapore 508989

360 Sin Ming Drive Singapore 375717

45 Pandan Road Singapore 609235

220 Upper Selegie Road Singapore 346559

24 Serangoon Loop Singapore 756156

7 Sungei Kadut Way Singapore 720791

501 Yishun Industrial Park A Singapore 768732

Date/Time: 27.08.2018 15:58

Page : 1

Team: ARC Repair TP(CLSO)1

## JOB CARD

Sales Order:

JC NO.: 305204959

STOMER

MS COMFORT TRANSPORTATION PTE LTD

7010045

STOMER NO.

RESS

383 SIN MING DRIVE

Singapore SINGAPORE 575717

65508755

(R)

(O)

(P)

COUNT CARD NO.

REGN NO.:

SHC3860D

MILEAGE

MAKE:

HYUNDAI

FUEL

E.....1/2.....F

MODEL

I-40

DATE/TIME IN

27.08.2018 11:55

YR OF MANU

05.02.2015

TARGET DATE

CHASSIS CODE

KMHLB41UMFU064528

COMPLETION DATE/TIME:

## JOB DESCRIPTION

Accident Date: 27.08.2018

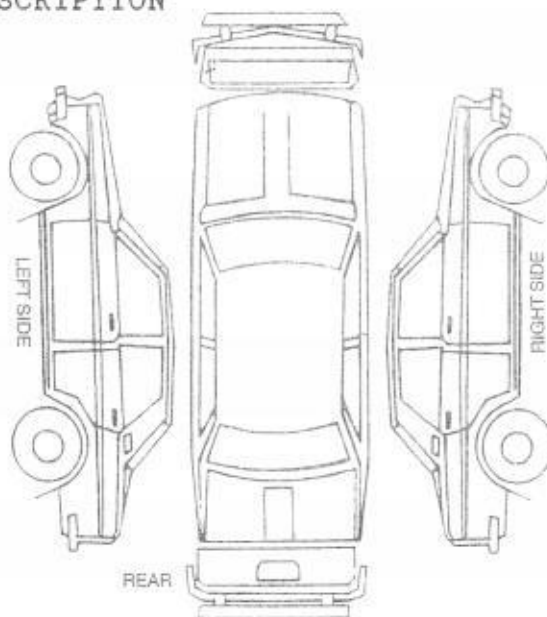
NATURE: 3P 27.08.18

S/NO

LABOR CODE

DESCRIPTION

FRONT



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

9:

o.:

ile No.:

SHC3860D

LIMITS

Vehicle No.:

SHC3860D

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

REPAIR ESTIMATE\*

VEHICLE NO : SHC 3860D

DATE 27/8/2018

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover ✓			\$ 562.30
	Front Bumper Bracket Top (RH) ?			\$ 22.40
	Front Bumper Bracket (RH) ?			\$ 24.60
	Front Fender (RH) ✓			\$ 619.00
	Front Fender Shield (RH) X			\$ 169.80
	Front Fender Retainer X			\$ 9.20
	Frt Wheel Alignment X			\$ 150.70
	<del>Sub</del> Head Lamp (LH) ✓			
	Front wheel Cover (LH) ✓			
	Side Mirror (LH) X repair			
	SUB TOTAL			\$ 1,558.00
	LESS 20%			\$ 311.60
	DISCOUNTED TOTAL			\$ 1,246.40
	Front Fender Advertisement Logo (RH) ✓			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ <del>560.00</del> 400
	Spray Painting Charge			\$ <del>500.00</del> 400
	Tuff Kote			\$ <del>50.00</del> 20
	Frt Wheel Alignment			\$ <del>80.00</del> X
	TOTAL LABOUR			\$ 1,190.00
	ESTIMATE TOTAL			\$ 2,536.40

Kahin, dck

29/8/18 1715h

2 hrs.

4/5

After repair

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modifications allowed
- Supplementary work without resurvey and is subject to final approval from insurance Company

Acknowledged by Repairer

Signature:

Date:

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.

# COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd  
59 Loyang Drive Singapore 508969  
Fax: 6546 8156

Our Job Ref No : 305204959  
Date : 31/08/18

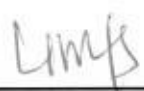
## FINALIZATION FORM


To : LKK Fax :  
Attn : KALVIN ANG  
Vehicle Reg No. : SHC3860D Date of Accident : 27-Aug-18

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

1. The repair job shall bill to: AXA --- SJV 710A
2. The finalized amount shall be:
  - (a) Spare Parts after List discount
  - (b) Labour Charges
  - Total for Part-By-Part Repair Cost**
  - (c) Lumpsum Repair (if applicable)  
Total for Lumpsum repair cost after Less: 20% \$2,500.00  
**Final Lumpsum Repair cost \$2,500.00**
3. Estimated normal period for repairs: 2 working days.
4. We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
5. Thank you for your assistance.

We confirm the estimates and  
finalized amount

Signature :   
Name : LIM T S  
Tel : 62148398  
Fax : 65468156

Signature :   
Name : KALVIN  
Date : 31/8/18

## For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		NO		
3. Survey Fees	-----			
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

*Final Amount Subject to Insurance Approval*

[illegible]

COMPANY : THIRD PARTY'S CLAIMS (CAS)  
CUSTOMER: 7010045  
ADDRESS : COMFORT TRANSPORTATION PTE LTD  
383 SIN MING DRIVE  
SINGAPORE SINGAPORE 575717  
65508755

JOB NO : 305204959  
REGN NO : SHC3860D  
MILEAGE : 0000000000  
MAKE : HYUNDAI  
MODEL : I-40  
DATE OF REGN : 05.02.2015  
DATE/TIME IN : 27.08.2018 11:55  
ACCIDENT DATE : 27.08.2018

## JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

## PART REQUISITION

0001 04-01-0103-0578-G	I40V2 COVER-FR BUMPER#	1	0.00	0.00	0.00
0002 04-01-0103-0574-A	I40VC PANEL-FENDER LH+	1	0.00	0.00	0.00
0003 04-01-0103-0781-A	I40V2 LAMP ASSY-HEAD LH#	1	0.00	0.00	0.00
0004 04-01-0103-0639-G	I40VC BRACKET-FR BUMPER S	1	0.00	0.00	0.00
0005 04-01-0103-0658-G	I40VC CAP ASSY-WHEEL HUB	1	0.00	0.00	0.00

SUB-TOTAL : 0.00

## JOB NATURE

0000 L	LUMP SUM REPAIR	2500.00
--------	-----------------	---------

SUB-TOTAL : 2,500.00

TOTAL : 2,500.00

  
MVA NAME & SIGNATURE  
DATE :

\_\_\_\_\_  
SURVEYOR NAME & SIGNATURE  
DATE :  
AUTHORISED : YES / NO



## COMFORTDELGRO ENGINEERING PTE LTD

## REPAIR ESTIMATE\*

VEHICLE NO : SHC 3860D

DATE 27/8/2018

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Front Bumper Cover — <i>Retracted</i>			\$ 562.30
	Front Bumper Bracket Top (RH) <i>Zone</i>			\$ 22.40
	Front Bumper Bracket (RH) <i>Zone</i>			\$ 24.60
	Front Fender (RH) — <i>Paint</i>			\$ 619.00
	Front Fender Shield (RH) <i>X se</i>			\$ 169.80
	Front Fender Retainer <i>X se</i>			\$ 9.20
	Frt Wheel Alignment <i>X se</i>			\$ 150.70
	<i>Head lamp (LH) — <del>gravel</del></i>		<i>\$1388</i>	
	<i>Front wheel cover (LH) — <del>gravel</del></i>		<i>\$150.70</i>	
	SUB TOTAL			\$ 1,558.00
	LESS 20%			\$ 311.60
	DISCOUNTED TOTAL			\$ 1,246.40
	Front Fender Advertisement Logo (RH) <i>me</i>			\$ 100.00
				\$ 100.00
	Labour Charge			
	Panel Beating			\$ <del>560.00</del> <i>400</i>
	Spray Painting Charge			\$ <del>500.00</del> <i>400</i>
	Tuff Kote			\$ <del>50.00</del> <i>20</i>
	Frt Wheel Alignment			\$ <del>80.00</del> <i>X 20</i>
	TOTAL LABOUR			\$ 1,190.00
	ESTIMATE TOTAL			\$ 2,536.40
	<i>Kahin, CLK</i>			
	<i>29/8/18 1715h</i>			
	<i>2 hrs.</i>			
	<i>4/5</i>			
	<i>After Repair</i>			
				<i>3767.36</i>

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.

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 "no win, no fee" basis
- No illegal motorway use or illegal use of vehicle
- Supplemental charges are subject to insurance company

Acknowledged by Repairer  
Signature:  
Date:



# LKK Auto Consultants Pte Ltd

51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No: 199607198R GST Reg. No. 19-9607198-R

Affiliated to Federation Internationale Des Experts En Automobile			
COMFORTDELGRO ENGINEERING PTE LTD		Ref : CC3/QW18015849/K1a3s2	
59 LOYANG DRIVESINGAPORE 508969		Date : 06-09-2018	
		Code : QW007	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	Veh. Inspected		SHC 3860D
Policy No.	Coverage (\$)		0.00
Claim No.	Excess (\$)		0.00
Assign From	Assign Date		29/08/2018
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	HYUNDAI I40	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KMHLB41UMFU064528	Colour	BLUE
Odometer	582902	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	205/60R16	WEST LAKE	7 mm
L/H Front Tyre	205/60R16	WEST LAKE	7 mm
R/H Rear Tyre	205/60R16	WEST LAKE	7 mm
L/H Rear Tyre	205/60R16	WEST LAKE	7 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION.			
DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	27/08/2018	Inspection Date	29/08/2018
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
<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:		<b>2 Working Days</b>	



# 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. SHC 3860D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER COVER	DEFORMED	562.30	562.30
1	FRONT BUMPER BRACKET TOP (RH)	SERVICEABLE	22.40	-
1	FRONT BUMPER BRACKET (RH)	SERVICEABLE	24.60	-
1	FRONT FENDER (RH)	DENTED	619.00	619.00
1	FRONT FENDER SHIELD (RH)	SERVICEABLE	169.80	-
1	FRONT FENDER RETAINER	SERVICEABLE	9.20	-
1	FRT WHEEL ALIGNMENT	SERVICEABLE	150.70	-
1	HEADLAMP (LH)	GRAZED	1,388.00	1,388.00
1	FRONT WHEEL COVER (LH)	GRAZED	150.70	150.70
1	SIDE MIRROR (LH) (NPA)	TO REPAIR SEE LABOUR	-	-
	LESS 20% DISCOUNT		-619.34	-544.00
			2,477.36	2,176.00
<b>SPECIAL NETT ITEMS</b>				
1	FRONT FENDER ADVERTISEMENT LOGO (RH) (SN)	NECESSARY	100.00	100.00
			100.00	100.00
<b>LABOUR</b>				
	PANEL BEATING, INCLUSIVE OF THE REPAIR OF SIDE MIRROR (LH).		560.00	400.00
	SPRAY PAINTING CHARGE.		500.00	400.00
	TUFF KOTE.		50.00	20.00
1	FRT WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
			1,190.00	820.00
<b>GRAND TOTAL</b>			<b>3,767.36</b>	<b>3,096.00</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONSITION)</b>				<b>2,500.00</b>

Report Ref No. CC3/QW18015849/K1a3s2

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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