

ASS. REC. BY:

REF:

CS/FCI18016215/TI sd3eb

Special Instruction:

Surveyor:

CWS

From (Person):

Taufelch
Lurene jaw

of

FCI

Date/Time:

4/9/18 @ 6:18pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 2183B

Insured:

SHC 0770A

at Workshop m/s

Prime Auto

Tel:

6861 0908

of

G Benoi place

Policy No:

Claim No:

D18006544MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

30/08/2018

CA / REV / REP. / REV 24 HRS

(CPS)

Date/Time:

9:27am @ 5/9/18

Person Contacted:

Chmissy

H.O.D. Endorsement:

Vehicle ☒ IN ☐ OUT

Date/Time	Action/Instruction (✓) Estimate
	SHD 2183B - NS/INC18014651/Klvbn2 DOA: 10/8/18
	SHC0770A - CS/FCI18015021/TIvd3 DOA: 13/8/18
07/09/18	@ 14:28 p.m. revised PA to Lurene Jaw via email.
19/09/18	Confirmed final figure \$500/- @ 2 days with Taufelch
	(\$100/- Red - 17%)

Surveyor

Tayler

REF:

1.1

FCI

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect 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: _____ 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: _____

Yr Regn: 2017 1 Moch.

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

Modi: 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. _____

mm

Rear

R/Bal. _____

mm

L/Bal. _____

mm

L/Bal. _____

mm

D.O.A. _____

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

No key

Date/Time, File Pass to?

20/09/18

1)

Typist

Date/Time, File Return to?

2)

☐

: Preli. 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

Photos

Others

TOTAL

Report Format :

Lump Sum / I.B.I: (\$ 500/- p/p)

90

50

50

16

206

MOTOR SURVEY ASSIGNMENT

Date	03-09-2018	Our Ref No. D18006544MFSH
Accident Date	30-08-2018	Claim Type. Third Party
Insured Vehicle	SHC0770A	Third Party Vehicle. SHD2183B
Survey Location	6 Benoi Place	
Contact Person.	CHRISSY TEO	
Contact No.	68610908/ 68610908	Fax No. 65152948
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	PRIME AUTO CLAIMS SERVICE PTE. LTD.	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	LURENE	

IMPORTANT NOTE

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

**LKK Auto Consultants Pte Ltd**

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile			
FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI18016215/T1sd3	
36 ROBINSON ROAD #16-01 CITY HOUSES SINGAPORE 068877		Date : 05-09-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 770A	Veh. Inspected	SHD 2183B
Policy No.		Coverage (\$)	0.00
Claim No.	D18006544MFSH	Excess (\$)	0.00
Assign From	CWS (LURENE JAW)	Assign Date	05/09/2018
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			
5. General Information			
Accident Date	30/08/2018	Inspection Date	05/09/2018
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Wednesday, 19 September 2018 5:28 PM
To: 'Alice Leong'
Cc: 'SUR'; 'Taufikh (LKK Auto)'
Subject: RE: FINALIZE TO SHD2183B

Hi Alice,

Confirmed final fig \$500.00 @ 2 days of repairs before GST.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Alice Leong [mailto:aliceleong@primeautoclaims.com]
Sent: Monday, 10 September 2018 10:16 AM
To: 'Taufikh (LKK Auto)' <taufikh@lkkauto.com>
Cc: 'SUR' <sur@lkkauto.com>
Subject: FINALIZE TO SHD2183B
Importance: High

Hi Taufikh

We enclosed our after repair photos & our calculation sheet for your retention. Shall we finalize at labor \$500/- and 2 days

Please let us have your confirmation within three days from our e-mail.

Regards

Alice Leong

Manager, Motor Claims

Prime Auto Claims Service Pte Ltd

6 Benoi Place Singapore 629927

T (65): 6861 0908 | F (65) 6515 2948

HP (65) 9818 4304

A member of the Prime Group

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Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Friday, 7 September 2018 2:28 PM
To: LURENEJAW@MSFIRSTCAPITAL.COM.SG; 'Claim Workflow System'
Cc: sur@lkkauto.com; 'Nivitha (LKK Auto)'; ASSIGNMENTS@LKKAUTO.COM
Subject: RE: SURVEY ASSESSMENT - D18006544MFSH/1
Attachments: SHD 2183B - Preli Advise.pdf

Dear Lurene,

Enclosed herewith preliminary advice of SHD 2183B.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Nivitha (LKK Auto) [mailto:admin-d@lkkauto.com]
Sent: Wednesday, 5 September 2018 9:30 AM
To: 'Claim Workflow System' <cwsmotorclaims@msfirstcapital.com.sg>; ASSIGNMENTS@LKKAUTO.COM
Cc: LURENEJAW@MSFIRSTCAPITAL.COM.SG; sur@lkkauto.com
Subject: RE: SURVEY ASSESSMENT - D18006544MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

BEST REGARDS,

G.Nivitha | Admin

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Claim Workflow System [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Tuesday, 4 September 2018 6:18 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWSMOTORCLAIMS@MSFIRSTCAPITAL.COM.SG; LURENEJAW@MSFIRSTCAPITAL.COM.SG
Subject: PRI: SURVEY ASSESSMENT - D18006544MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

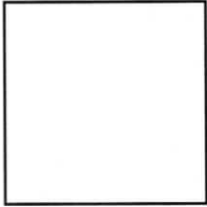
Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,

Admin Team
Claim Workflow System
Motor Claims Department
MS First Capital Insurance Limited
Tel : 6507 3848
Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.



This email has been checked for viruses by AVG antivirus software.
www.avg.com



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18006544MFSH

Date: 07 September 2018

Our Ref: CS/FCI18016215/T1sd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

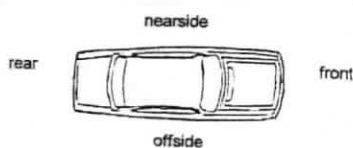
INITIAL INSPECTION REPORT OF VEHICLE NO. SHD 2183B .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 05/09/2018 at the premises of M/s Prime Auto Claims Service Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>600.00</u> .
Revised Estimate Amount	: S\$ <u>500.00</u> .
"Check" Items Amount	: S\$ <u> </u> .
Market Value	: S\$ <u> </u> .
LTA Reimbursement Value	: S\$ <u> </u> .
Nett Value	: S\$ <u> </u> .

Description of Damage:

The vehicle sustained damages at the front o/s portion.



Comments/ Present Status:

Damages Consistent.

Repair days: 2 Days

Yours faithfully,
Mohamad Taufikh
Automotive Assessor

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	31/08/2018 12:18
Date Of Accident	30/08/2018 15:05
Exact Location Of Accident	TELOK BLANGAH ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD2183B
Insured/Policyholder	
Name Of Registered Owner	PRIME CAR RENTAL & TAXI SERVICES PTE LTD
Co Reg No	199606293Z
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-68982000

Vehicle Particulars

Manufacturer	HONDA
Model	SHUTTLE-1.5 G CVT ABS (A)
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	5068045737-03
Cover Note Number	

Driver

Name of Driver	LEE RICHARD
NRIC No	S1816023D
Date Of Birth	30/07/1967
Occupation	OUTDOOR
Date Of Driving Pass	10/05/2004
Driving Experience	14 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90407764
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK. 110A DEPOT ROAD #05-619 SINGAPORE
Postcode	101110
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 - CHANGE/CROSS LANE
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

REFER TO ATTACHED STATEMENT

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHC770A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	MS FIRST CAPITAL INSURANCE LTD
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.



31 August 2018
1103 hrs

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.:

On 30.08.2018 @ approximately 1505 hrs, I was driving my taxi SHD2183B along Telok Blangah Road on the extreme left lane. While travelling, one yellow taxi SHC770A that travelled on my right lane (after a merging lane on right two lanes) failing to keep proper lookout and give way to oncoming vehicles then changed lane into my lane. As a result, the left rear fender wheel arch of SHC770A grazed against my taxi frontal right side.

After the accident, we alighted from our vehicles to check on damages. At the material time, no one was injured in this accident. My taxi in-car camera recorded the occurring of this accident.

A handwritten signature in black ink, appearing to be 'R. S. S.', written in a cursive style.



Prime Auto Claims Service Pte Ltd

GST Reg. No : 201606560M

6 Benoi Place Singapore 629927

Tel: 6861 0908 Fax: 6515 2948

Date: 03.09.2018

MS First Capital Insurance Ltd

36 Robinson Road #16-01

City House

Singapore 068877

Attn: Motor Claims Dept

RE: ESTIMATE COST OF REPAIR TO VEHICLE SHD2183B HONDA SHUTTLE HYBRID (2017)

L/charges

- | | |
|--|--------------------------|
| 1) To tuff kote. | \$ nmix 50.00 |
| 2) To knock & repair right front fender wheel arch & front bumper. Align & adjust front bumper. | \$ ✓ 200.00 |
| 3) To putty, respray painting right front fender wheel arch & front bumper. To polish. | \$ ³⁰⁰ 350.00 |

Sub total L/charges	\$ 600.00	\$500
Estimated Grand Total	\$ 600.00	#



Tanfah 97495749
- wp'
5/9/18 @ 12pm
02 days
Resurvey after repair.
7/9/18




LKK Auto Consultants Pte Ltd

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

TEL: 6256 3561 FAX: 6256 4315

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

Affiliated to Federation Internationale Des Experts En Automobile				
FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI18016215/T1sd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 20-09-2018	
			Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 770A	Veh. Inspected	SHD 2183B	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18006544MFSH	Excess (\$)	0.00	
Assign From	LURENE JAW	Assign Date	04/09/2018	
2. Vehicle Particulars & Condition				
Make & Model	HONDA SHUTTLE HYBRID	c.c	1490	
Engine No.	HIDDEN	Year of Reg.	2017	
Chassis No.	GP71111563	Colour	ORANGE	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	185/60 R15	TOYO	6 mm	
L/H Front Tyre	185/60 R15	TOYO	6 mm	
R/H Rear Tyre	185/60 R15	TOYO	6 mm	
L/H Rear Tyre	185/60 R15	TOYO	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	30/08/2018	Inspection Date	05/09/2018	
Survey held at	PRIME AUTO CLAIMS SERVICE PTE LTD 6 BENOI PLACE SINGAPORE 629927			
5a. Remarks				
A) DAMAGES CONSISTENT TO ACCIDENT REPORT. B) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. C) IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
5b. Estimate Days of Repair				
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. SHD 2183B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	TO TUFF KOTE.	NOT NECESSARY	50.00	-
	TO KNOCK & REPAIR RIGHT FRONT FENDER WHEEL ARCH & FRONT BUMPER. ALIGN & ADJUST FRONT BUMPER.		200.00	200.00
	TO PUTTY, RESPRAY PAINTING RIGHT FRONT FENDER WHEEL ARCH & FRONT BUMPER. TO POLISH.		350.00	300.00
			600.00	500.00
	GRAND TOTAL		600.00	500.00
RECOMMENDED COST OF REPAIRS				500.00

Report Ref No. CS/FCI18016215/T1sd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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