

Signature

Taylor

REF:

CS/TP18016872 / Tlvbn2

# ASSIGNMENT

From:

Date:

Estimated Cost:

OD TP WS / TP RES / OD RES / EVA / INV / MY

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

Independent

Vehicle: IN / OUT

Date: Person Contacted:

Shah

Veh No: GBD4418H Yr Regn: 2014 out

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

Truck / Trailer or

Make: Nissan Cabstar C.C. 2453

Colour: White A/C: Insured / Std / NI / NA

Sp. Reading: 120637 T/Radio: Insured / Std / NI / NA

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

Rear

R/Bal. 6 mm R/Bal. 6/6 mm

L/Bal. 6 mm L/Bal. 6/6 mm

D.O.A. 14/8/18 D.O.I. 14/9/18 Q1750

Survey held at Ethos BS

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

O/S Front

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

Date / Time Action / Instruction

26/9/18 LS \$ 3150 confirmed by email (Red. 3213.74, 50%)

RECEIVED 27 SEP 2018

Date/Time, File Pass to?

☐

: Preli. Report

1)

☐

: Final Report

Date/Time, File Return to?

2) 26/9- typist

Report Format:

TP

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

3150/)

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Survey Fee:

Transportation:

) \$ + RS. SI

) Photos

) Others

TOTAL

145
50
50
33
80
358

323.06

**Veron Chen (LKKAuto)**

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**From:** Selamatshahh Zainal <Selamatshahh.Zainal@ethozgroup.com>  
**Sent:** Friday, 14 September 2018 12:14 PM  
**To:** assignments; SUR  
**Subject:** Request TP Independent Survey for GBD4418H  
**Attachments:** 2\_20180914115319.pdf

*Dear Motor Claims,*

*Please assist to conduct TP independent survey for GBD4418H claiming against a forklift owned by Boon Meng Industrial. Ethoz will bear the surveyor fees and submit the claim on our own. Vehicle can be survey at Ethoz 30 Bukit Batok Crescent.*

Warmest regards,

**Selamatshahh Zainal**  
Senior Executive  
Motor Claims Operations

**ETHOZ**

ETHOZ GROUP LTD

30 Bukit Batok Crescent Singapore 658075

HP: 9624 8656 | DID: 6654 7519 | Fax: 6654 7542

Website: [www.ethozgroup.com](http://www.ethozgroup.com)



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## Veron Chen (LKKAUTO)

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**From:** Veron Chen (LKKAUTO)  
**Sent:** Wednesday, 26 September 2018 2:15 PM  
**To:** Selamatshahh Zainal; Taufikh (LKKAUTO); SUR  
**Subject:** RE: Finalization for GBD4418H

Dear Shahh,

WITHOUT PREJUDICE

Confirm lump sum amount at \$3,150.00 @ 5 days

Will submit the report with the independent surveyor fees to Ethoz shortly.

Best Regards,

**Veron Chen** | 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)

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**From:** Selamatshahh Zainal <Selamatshahh.Zainal@ethozgroup.com>  
**Sent:** Wednesday, 26 September 2018 11:26 AM  
**To:** Taufikh (LKKAUTO) <Taufikh@lkkauto.com>; SUR <sur@lkkauto.com>  
**Subject:** Finalization for GBD4418H  
**Importance:** High

Hi Taufik,

*Please assist to confirm final lump sum amount at \$3,150.00 5 days*

*Appreciate if you could make confirmation soonest and submit the report with the independent surveyor fees to Ethoz.*

Warmest regards,

**Selamatshahh Zainal**  
Senior Executive  
Motor Claims Operations

**ETHOZ**  
ETHOZ GROUP LTD

30 Bukit Batok Crescent Singapore 658075

HP: 9624 8656 | DID: 6654 7519 | Fax: 6654 7542

Website: [www.ethozgroup.com](http://www.ethozgroup.com)



## 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	14/08/2018 16:09
Date Of Accident	14/08/2018 10:25
Exact Location Of Accident	OCH JOBSITE NEAR JALAN BUKIT MERAH
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	GBD4418H
<b>Insured/Policyholder</b>	
Name Of Registered Owner	ETHOZ GROUP LTD
Co Reg No	198104531H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-66547777

### Vehicle Particulars

Manufacturer	NISSAN
Model	CABSTAR-3.0 (M)
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	COMMERCIAL VEHICLE

### Insurance Company

Name of Insurance Company	SOMPO INSURANCE SINGAPORE PTE. LTD.
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	D18MTHCVE000148
Cover Note Number	01/01/2018-31/12/2018

### Driver

Name of Driver	MUNNA SHAJAHAN CHOWDHURY
Work Permit No	061871020
Date Of Birth	16/04/1976
Occupation	OUTDOOR
Date Of Driving Pass	13/07/2004
Driving Experience	14 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-86977836
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	73 SCIENCE PARK 02-23
Postcode	118254
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	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?	
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 THE SKETCH PLAN

#### 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	6322
Vehicle Make/Model/Colour	FORK LIFT
Details Of Properties	
Vehicle Category	COMMERCIAL VEHICLE
Name of Driver	ARIF
NRIC/Passport Number	
Contact Number	63820919
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.
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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:

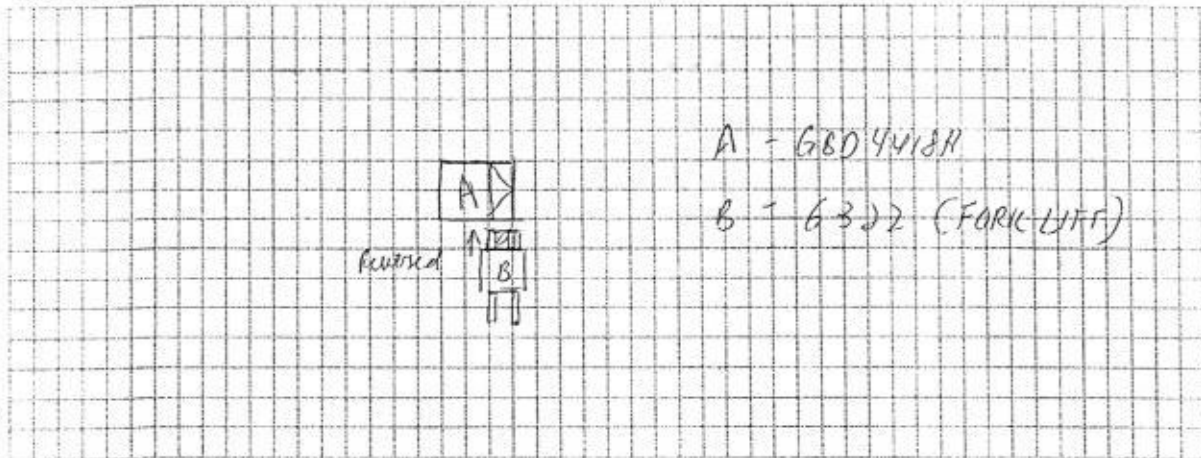
 14/05/18

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At OCH Job site when drop man, suddenly Right hand side  
1 Fork Lift Reversed, coming and 1 person try to stop but he  
can not stop then come to direct by Lorry GBD4418H. Right  
Front door.

**Important:**

You have been advised by the workshop that in the event that you wish to  
claim against your own policy (OD CLAIM), There is a **FOURTEEN (14)**  
**DAYS CLAUSE** WHEREBY MUST BE MADE within the stipulated time frame  
from the day of the occurrence.

	- Reporting Only
	- Claim OD
✓	- Claim TP
	- Claim OD/ TP at other workshop

DECLARATION

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



Policyholder's signature  
Date & Time

*[Signature]* 14/08/18

Driver's Signature  
(if driver not the policyholder)  
Date & Time

*[Signature]*

Reporting Centre Personnel's Signature  
Name: Kenneth  
Nric/Fin No.



PO: 163156

Ethoz Group Ltd

**ETHOZ**

PLEASE ARRANGE TO SURVEY  
VEHICLE AT 30 BUKIT BATOK  
CRESCENT (S 658075)

Selamatshahh  
CLAIM DEPARTMENT  
DID : 66547519  
FAX :

Date : 11/09/2018  
To : **HL ASSURANCE PTE. LTD.**

**ESTIMATION**

Attn : **Motor Claim Department**

FAX :

Owner : ETHOZ Group Ltd  
: SOMPO INSURANCE SINGAPORE PTE. LTD.  
Certificate No : D18MTHCVE000148 Accident Date : 14/08/2018  
Vehicle No : GBD-4418-H Make & Model : NISSAN CABSTAR 3.0 G (M) EURO 5

**ESTIMATED REPAIR COST DETAILS**

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
-----	-------------	-------------------	---------------

Nett Item

1	FRONT DOOR RH	1,396.50	bl ✓ ✓
1	FRONT DOOR WEATHERSTRIP RH	137.40	MA ✓ ✓
1	FRONT DOOR WINDOW REGULATOR RH	112.00	? X SVC X
1	FRONT DOOR SIGNAL LAMP RH	48.50	X X SVC X
1	FRONT DOOR TRIMBOARD RH	722.50	X 7 X SVC X
1	FRONT STEP PANEL GARNISH RH	140.10	X X SVC X
1	FRONT WHEELHOUSE PANEL RH	1,646.40	bl ✓ ✓



Date : 11/09/2018  
To : HL ASSURANCE PTE. LTD.

## ESTIMATION

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd  
: SOMPO INSURANCE SINGAPORE PTE. LTD.  
Certificate No : D18MTHCVE000148 Accident Date : 14/08/2018  
Vehicle No : GBD-4418-H Make & Model : NISSAN CABSTAR 3.0 G (M) EURO 5

### ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	Sub Total	4203.40	
		10%	
	<u>Special Nett Item</u>		
1	FRONT DOOR ROC STICKER	10.00	net
	Sub Total	10.00	
	<u>Labour &amp; Misc</u>		
	LABOUR TO FACILITATE REPAIR	750.00	500
	TO RESPRAY AFFECTED AREAS	750.00	500
	TO REMOVE AND TRANSFER DOOR COMPONENTS	150.00	60
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	

Date : 11/09/2018  
To : HL ASSURANCE PTE. LTD.

## ESTIMATION

Attn : Motor Claim Department

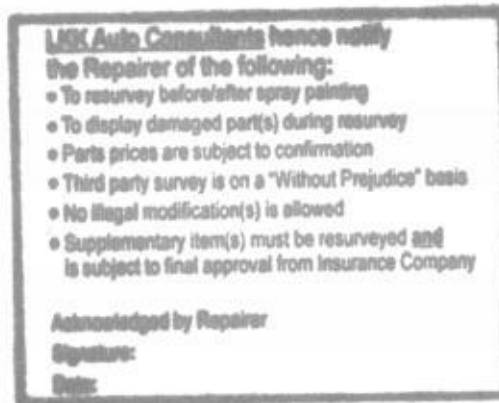
FAX :

Owner : ETHOZ Group Ltd  
: SOMPO INSURANCE SINGAPORE PTE. LTD.  
Certificate No : D18MTHCVE000148 Accident Date : 14/08/2018  
Vehicle No : GBD-4418-H Make & Model : NISSAN CABSTAR 3.0 G (M) EURO 5

### ESTIMATED REPAIR COST DETAILS

Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR APP.
	RUST PROOFING	50.00	30
	Sub Total	1730.00	



Remarks:

5523.06  
SUB TOTAL ~~6,363.74~~  
GST 7.0 % 445.46  
TOTAL 6,809.20

Surveyor's name:

Tanpin 97495744

Principal's name: ETHOZ Group Ltd

Survey Date & Time:

14/9/18 @ 1730

5 days  
Lumpsum  
Resurvey after repair  
Shirley Loh  
17/9/18

PAGE: 3

Lump sum  
@ \$3150  
5 days

**ETHOZ**

Date : 26/09/2018

To : HL ASSURANCE PTE. LTD.

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D18MTHCVE000148 Accident Date : 14/08/2018

Vehicle No : GBD-4418-H Make & Model : NISSAN CABSTAR 3.0 G (M) EURO 5

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
<b>Nett Item</b>			
1	FRONT DOOR RH	1396.50	1396.50
1	FRONT DOOR WEATHERSTRIP RH	137.40	137.40
1	FRONT DOOR WINDOW REGULATOR RH	112.00	0.00
1	FRONT DOOR SIGNAL LAMP RH	48.50	0.00
1	FRONT DOOR TRIMBOARD RH	722.50	0.00
1	FRONT STEP PANEL GARNISH RH	140.10	0.00
1	FRONT WHEELHOUSE PANEL RH	1646.40	1646.40
	<b>Sub Total</b>	<b>4203.40</b>	<b>3180.30</b>
	<b>Discount 10% On Parts</b>	<b>(0.00)</b>	<b>(318.03)</b>
<b>Special Nett Item</b>			
1	FRONT DOOR ROC STICKER	10.00	10.00

PAGE : 1



Date : 26/09/2018

To : HL ASSURANCE PTE. LTD.

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D18MTHCVE000148 Accident Date : 14/08/2018

Vehicle No : GBD-4418-H Make & Model : NISSAN CABSTAR 3.0 G (M) EURO 5

FINAL ESTIMATED REPAIR COST DETAILS Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	Sub Total	10.00	10.00
<b>Labour &amp; Misc</b>			
	LABOUR TO FACILITATE REPAIR	750.00	500.00
	TO RESPRAY AFFECTED AREAS	750.00	500.00
	TO REMOVE AND TRANSFER DOOR COMPONENTS	150.00	60.00
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS	30.00	30.00
	RUST PROOFING	50.00	30.00
	Sub Total	1730.00	1120.00

PAGE : 2



Date : 26/09/2018  
To : HL ASSURANCE PTE. LTD.

Attn : Motor Claim Department

FAX :

Owner : ETHOZ Group Ltd

Insured By : SOMPO INSURANCE SINGAPORE PTE. LTD.

Certificate No : D18MTHCVE000148 Accident Date : 14/08/2018

Vehicle No : GBD-4418-H Make & Model : NISSAN CABSTAR 3.0 G (M) EURO 5

**FINAL ESTIMATED REPAIR COST DETAIL** Excess : 0.00 Add Excess : 0.00

QTY	DESCRIPTION	REPAIRER AMT (\$)	SURVEYOR AMT (\$)
	Sub Total	5,523.06	3,992.27
	GST 7.0 %	386.61	279.46
	Total	5,909.67	4,271.73

Surveyor Name : TAUFIK - LKK

Date & Time : 14/09/2018 5:30:00 PM

Selamatshahh

PAGE : 3

CLAIM DEPARTMENT

DID : 66547519

FAX :



# 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

Ref : CS/TP18016872/T1vbn2

C/O: ETHOZ GROUP LTD  
30 BUKIT BATOK CRESCENTSINGAPORE 658075

Date : 03-10-2018



Code : TP274

## 1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	Veh. Inspected	GBD 4418H
Policy No.	Coverage (\$)	0.00
Claim No.	Excess (\$)	0.00
Assign From	Assign Date	14/09/2018

## 2. Vehicle Particulars & Condition

Make & Model	NISSAN CABSTAR	c.c	2953
Engine No.	HIDDEN	Year of Reg.	2014
Chassis No.	JN1SC2F24Z0856540	Colour	WHITE
Odometer	120637	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

## 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/R15	BRIDGESTONE	6 mm
L/H Front Tyre	195/R15	BRIDGESTONE	6 mm
R/H Rear Tyre	155 R13 (D)	BRIDGESTONE	6/6 mm
L/H Rear Tyre	155 R13 (D)	BRIDGESTONE	6/6 mm

## 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION.
DAMAGES SEE DETAILS.

## 5. General Information

Accident Date	14/08/2018	Inspection Date	14/09/2018
Survey held at	ETHOZ GROUP LTD 30 BUKIT BATOK CRESCENT SINGAPORE 658075		

## 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:	5 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. GBD 4418H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	FRONT DOOR RH	BENT	1,396.50	1,396.50
1	FRONT DOOR WEATHERSTRIP RH	CUT	137.40	137.40
1	FRONT DOOR WINDOW REGULATOR RH	SERVICEABLE	112.00	-
1	FRONT DOOR SIGNAL LAMP RH	SERVICEABLE	48.50	-
1	FRONT DOOR TRIMBOARD RH	SERVICEABLE	722.50	-
1	FRONT STEP PANEL GARNISH RH	SERVICEABLE	140.10	-
1	FRONT WHEELHOUSE PANEL RH	BENT	1,646.40	1,646.40
	LESS 10% DISCOUNT		-420.34	-318.03
			3,783.06	2,862.27
<b><u>SPECIAL NETT ITEMS</u></b>				
1	FRONT DOOR ROC STICKER (SN)	NECESSARY	10.00	10.00
			10.00	10.00
<b><u>LABOUR</u></b>				
	LABOUR TO FACILITATE REPAIR.		750.00	500.00
	TO RESPRAY AFFECTED AREAS.		750.00	500.00
	TO REMOVE AND TRANSFER DOOR COMPONENTS.		150.00	60.00
	TO CHECK AND RECONNECT ALL NECESSARY WIRINGS.		30.00	30.00
	RUST PROOFING.		50.00	30.00
			1,730.00	1,120.00
<b>GRAND TOTAL</b>			<b>5,523.06</b>	<b>3,992.27</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>3,150.00</b>

Report Ref No. CS/TP18016872/T1vbn2

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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