

Surveyor: P. Am

REF:

NS / INC18017648 / R16052

22920

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: SJR 8667K

Policy No. 5107909049 090818 - 160719

Claims No. NT/1011644-02

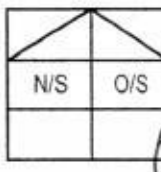
Sum Insured: _____ Excess: _____

(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 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

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: SG 1746M Yr Regn: 2016 / MUR

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

Truck / Trailer or

Make: MAN NL320F (A22) c.c. 10518

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

Sp. Reading: 190450 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: WMA A22228F 700.2870

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 275/70R22.5

R: _____

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

TOYO / YOKO or FIRENZA

Front _____ Rear _____

R/Bal. 8 mm R/Bal. 8/8 mm

L/Bal. 8 mm L/Bal. 8/8 mm

D.O.A. 16/09/18 D.O.I. 20/09/18

Survey held at SMART

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

o/s Rear

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

Date / Time	Action / Instruction
	<u>SG 1746M - X</u>
	<u>SJR 8667K - X</u>
<u>16/11/19 @ 1.33pm</u>	<u>confirmed with Catharine final Ag & 1938.69, 1 day.</u>
	<u>(Red & 685.41, 26/6)</u>
	RECEIVED 10 JAN 2019
	<u>16/11/2019</u>

Date/Time, File Pass to?

16/11/19

Date/Time, File Return to?

2)

☐

: Preli. Report

☐

: Final Report

Days Of Repair: 1

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

) \$ + RS, SI

) Photos

) Others

TOTAL

Report Format : TP

Lump Sum / I.B.I. (\$) 1938.69



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18017648/R1qb

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 28-09-2018

189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 8667K	Veh. Inspected	SG 1746M
Policy No.	5102909049	Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From		Assign Date	20/09/2018

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	16/09/2018	Inspection Date	20/09/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

5a. Remarks

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

S/No	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.	Date of Accident	Time of Accident	Estimate	Tentative repair cost
1	MT/0951046-002	COMFORT TRANSPORTATION	SHC 1920C	SKB 3613X	24/06/2017	03:45	\$ 8,074.54	\$ SCAPPED
2	MT/1018536-002	SMRT BUS	SMB 1322X	FBB 4565B	1/11/2018	13:20	\$ 4,379.40	\$ 3,000.00
3	MT/1011644-002	COMFORT TRANSPORTATION	SG 1746M	SJR 8667K	16/09/2018	09:15	\$ 2,624.10	\$ 1,938.69

Claim received from LKK Auto

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

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

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

eBaoTech

GeneralClaim

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.	<input type="text"/>	Date of Accident	<input type="text" value="16/09/2018 13:36"/>
Vehicle No.(For Motor)	<input type="text" value="SJR8667K"/>	Certificate Number	<input type="text"/>

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input checked="" type="radio"/>	5102909049		MOHAMAD RIZAL BIN MASTOR	57123883J	GPC	drive CLASSIC	SJR8667K	SJR8667K	09/08/2018	16/07/2019

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Wednesday, 16 January 2019 1:33 PM
To: 'Catherine Lee Sau Chan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Buses)/AR(Buses))';
Rasul (LKKAUTO); SUR; Admin A
Cc: Koo Yew Chung (Auto Svcs/Ext Biz Svcs/AR & SC); AutoSvs-ARC (Bus)
Subject: RE: Finalisation - SG1746M (BUS/09/18/5026) - NTUC

Dear Catherine,

WITHOUT PREJUDICE

Confirm final fig \$1,938.69 before GST and 1 repair day.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

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

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

From: Catherine Lee Sau Chan (Auto Svcs/Ext Biz Svcs/AR & SC/ARC (Buses)/AR(Buses))

<catherineleesc@smrt.com.sg>

Sent: Tuesday, 15 January 2019 11:37 AM

To: Rasul (LKKAUTO) <Rasul@lkkauto.com>; SUR <sur@lkkauto.com>; Admin A <admin-a@lkkauto.com>

Cc: Koo Yew Chung (Auto Svcs/Ext Biz Svcs/AR & SC) <YewChung@smrt.com.sg>; AutoSvs-ARC (Bus) <AutoSvs-ARCBus@smrt.com.sg>

Subject: Finalisation - SG1746M (BUS/09/18/5026) - NTUC

Hi Rasul,

Attached herewith our copy of the bus repair estimate for the case.

Our finalised amount is \$1,938.69 @ 1 working day under part by part repair. Attached after repair photos for your perusal.

Please confirm the COR by return email ASAP.

Thank you

Best Regards

Catherine Lee

SMRT Automotive Services Pte Ltd

(Accident Repair Centre)

DID: 6866 2669 Fax: 6368 5592

catherineleesc@smrt.com.sg



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	21/09/2018 10:03
Date Of Accident	16/09/2018 09:15
Exact Location Of Accident	BT BATOK WEST AVE 7 - BS 43649 (HOME TEAM NS)
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SG1746M
Insured/Policyholder	
Name Of Registered Owner	SMRT BUSES LTD
Co Reg No	198202292D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	MAN
Model	MAN A22
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	BUS

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-18090224MFBP
Cover Note Number	

Driver

Name of Driver	MOHD FAUZEE BIN SALLEH
NRIC No	G2867694N
Date Of Birth	16/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	26/09/2016
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address NOADDRESS

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

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? 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) 20

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

WHILE MY BUS WAS IN STATIONARY POSITION AT BUS STOP 43649, CONDUCTING PAX ACITIVITY, A PTE CAR THAT CAME FROM BEHIND DROVE CLOSE TO MY BUS AND IT'S LEFT VIEW MIRROR GRAZED THE RIGHT REAR PORTION OF MY BUS.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT

Was there any video captured by Car Camera? YES

Remarks/ Reasons: PENDING DOWNLOAD

Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJR8667K

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category PRIVATE CAR

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name NTUC INCOME INSURANCE CO-OPERATIVE LTD

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.



R



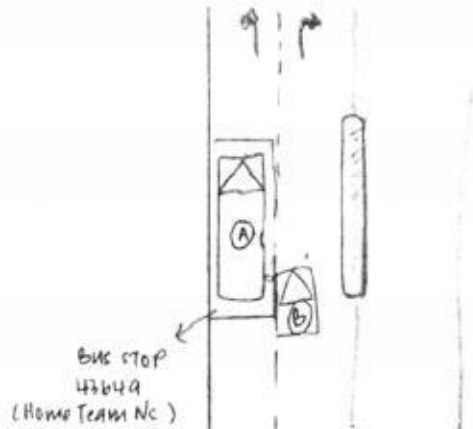
Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **BALQISH**
NRIC/FIN No.: **S8340325Z**

Sketch Plan Pg. 2

SKETCH PLAN



⑧ SG1746M

④ SJR 8667K

Bukit Batok West Ave 7

bs 43649 (Home Team Nr)

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

[illegible]

DECLARATION

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



Polysigner's Signat
Date & Time:

P₂

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



Reporting Centre Personnel's Signature
Name: BALQISH
NRIC/FIN No: S8340325Z

56 540'
5 1471

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	2292D
Vehicle Details	
Vehicle No.:	SG1746M
Vehicle to be Exported:	No
Intended Deregistration Date:	16 Jan 2019
Vehicle Make:	MAN
Vehicle Model:	NL 320F (A22) 11L AUTO ABS TURBO
Primary Colour:	Multi-Colour
Manufacturing Year:	2015
Engine No.:	50340642044072
Chassis No.:	WMAA22ZZ8F7002870
Maximum Power Output:	-
Open Market Value:	\$240,385.00
Original Registration Date:	01 Mar 2016
First Registration Date:	01 Mar 2016
Transfer Count:	0
Actual ARF Paid:	\$0.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Rebate Amount:	\$0.00
Total Rebate Amount:	\$0.00

The information contained herein is correct as at 16 Jan 2019

OK



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757705
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672



Date Generated : 15/01/2019

User ID : CatherineLee

Section A - Accident Details

Registration Number	SG1746M
Case Reference Number	BUS/09/18/5026
Registration Date	01/03/2016
Company Type	SMRT Buses Ltd
Make	MAN
Model	A22
Name of Driver	Mohd Fauzee Bin Salleh
Type of Accident	Side Swipe
Accident Date and Time	16/09/2018 9:15 AM
Accident Reported Date and Time	21/09/2018 8:48 AM
Is Surveyor Required?	Yes
Survey by	
Vehicle is Towed Back?	No
Towed Back Date and Time	
Replacement Vehicle Issued?	No
Job Card Number	24098836
Special Instruction to ARC, if any	SG1746M - RIGHT REAR PORTION SCRATCHES SJR8667K (TP) - INSURED WITH NTUC
Prepared Date and Time	20/11/2018 5:51 PM
Chassis Number	WMAA22Z28F7002870
Mileage	
Work Shop	
Repair Completion Date and Time	

Section B - Summary of Repair Estimates

Summary of Repair Estimates		
	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Labour Cost	\$1,060.00	\$530.00
Total Spray Cost	\$290.00	\$262.00
Total Spare Part Cost	\$1,146.69	\$1,146.69
Total Other Cost	\$0.00	\$0.00
TOTAL COST	\$2,496.69	\$1,938.69
Lump Sum Total	\$0.00	\$0.00
Number of Repair Days	2.0	1.0
Prepared / Adjusted By	Kim Bock Sim	Rasul
ARC / Surveyor Sign Off Date	20/11/2018 5:55 PM	26/11/2018 5:35 PM
Signature		
Remarks		

Section C - Quotation and Accident Invoice Details

Quotation Number		Invoice Number	
Quotation Date		Invoice Date	
Invoice Amount		Prepared Date	



SMRT Accident Vehicle Repair Estimates

SMRT Automotive Services Pte Ltd
60 Woodlands Industrial Park E4, Singapore 757706
FAX Number : 63685592
Estimator Telephone Number : 68662623
Accident Reporting Number : 68662672

Date Generated : 15/01/2019

User ID : CatherineLee

Section D - Details of Repair Estimates

Part 1 - Labour Works

Job Scope	Quotation from AR	Adjusted by Surveyor, if applicable
TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS	\$1,060.00	\$530.00 ✓
Total Labour	\$1,060.00	\$530.00

Part 2 - Spray Painting & Panel Beating Related Works

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
TO PUTTY & RESPRAY	\$290.00	\$262.00 ✓
Total Spray Painting & Panel Beating	\$290.00	\$262.00

Part 3 - Other Costs - Accident and Accident Repair Related Expense

Job Scope	Quotation from ARC	Adjusted by Surveyor, if applicable
Total Other Costs		

Part 4 - Spare Parts / Material Usage

Part Number	Portion	Stock Number	Part Name	Quantity	List Price (\$)	Discount (%)	Final Price (\$)	Estimator Approved	Surveyor Approved
6010299	VE	88-25320-6008	LAMP INDICATOR LED (MAN BUS)	1.00	\$1,274.10	10.00	\$1,146.69	Replace	Replace <i>3no</i> ✓
Total					\$1,274.10		\$1,146.69		

Added Spare Parts / Material Usage After Surveyor Signed off

Part Number	Portion	Stock Number	Part Name	Quantity	List Price \$	Discount (%)	Final Price (\$)	ARC Check	Surveyor Check
Total									



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: NS/INC18017648/R1qbs2

73 BRAS BASAH ROAD

#05-01 NTUC TRADE UNION HOUSESINGAPORE Date: 17-01-2019
189556



Code: INC4

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SJR 8667K	Veh. Inspected	SG 1746M
Policy No.	5102909049	Coverage (\$)	0.00
Claim No.	MT/1011644-002	Excess (\$)	0.00
Assign From		Assign Date	20/09/2018

2. Vehicle Particulars & Condition

Make & Model	MAN NL 320F (A22)	c.c	10518
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WMAA22ZZ8F7002870	Colour	MULTI
Odometer	190450	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	FIRENZA	8 mm
L/H Front Tyre	275/70 R22.5	FIRENZA	8 mm
R/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	8/8 mm
L/H Rear Tyre	275/70 R22.5 (D)	FIRENZA	8/8 mm

4. Description of Damages

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

5. General Information

Accident Date	16/09/2018	Inspection Date	20/09/2018
Survey held at	SMRT AUTOMOTIVE SERVICES PTE LTD 60 WOODLANDS INDUSTRIAL PARK E4 SINGAPORE 757705		

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:	1 Working Days
-------------------------------------	----------------



National Assessment Centre Services

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

TEL: 6841 0055 FAX: 6841 6315

Reg. No: 52983356E GST Reg. No. 20-0405911-H



Page No.:1 of 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SG 1746M

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	REPLACEMENT OF PARTS	BROKEN		
	LAMP, INDICATOR: LED (MAN BUS)		1,274.10	1,274.10
	LESS 10% DISCOUNT		-	-127.41
			1,274.10	1,146.69
	LABOUR			
	TO REMOVE & INSTALL ALL ABOVE ITEMS AND REPAIR OTHERS DAMAGED AFFECTED AREAS.		1,060.00	530.00
	TO PUTTY & RESPRAY.		290.00	262.00
			1,350.00	792.00
GRAND TOTAL			2,624.10	1,938.69
RECOMMENDED COST OF REPAIRS				1,938.69

Report Ref No. NS/INC18017648/R1qbs2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE,
MinstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, 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.