	SIGNMENT (Office)  FCI  Date/Time: 10110118@ 6.26
From (Person): SHING FOR of	Bill to:
OD THE WS/TP RES/OD RES/EVA/INV	//MV7CS
0	5025) Insured: SHC 8399 L
at Workshop m/s 70 Wer	
of 21 Bulin	
Policy No:	Claim No: 01800 7355MFSH
Sum Insured:	Excess:
Make of Veh: (Client's Record)	8/66/01/8 A.O.D
(Client's Record)  CA / REV / REP. / REV 24 HRS	H.O.D. Fordorsement:
(Client's Record)  CA / REV / REP. / REV 24 HRS	
(Client's Record)  CA / REV / REP. / REV 24 HRS   Date/Time: 1110 188 10-16am Person Co.	Ontacted: Shanfah Vehicle (N GUT)
CA / REV / REP. / REV 24 HRS Date/Time: 1110 118@ 10-16am Person Content of the Action/Instruction ( )	Ontacted: Shanfah Vehicle (N GUT)
CA / REV / REP. / REV 24 HRS Person Conte/Time: 1110 118 10-16am Person Conte/Time: Action/Instruction ( ) E	Ontacted: Shantah Vehicle (N OUT)
CA / REV / REP. / REV 24 HRS Posson Conte/Time: 11/10/18@10-16am Person Conte/Time: Action/Instruction ( ) E  SG 5025 -X  SHC 8399L- CS FC	Estimate  117021623/Ughe2  H.O.D. Fordorsement:  Vehicle IN OUT)  DOA: 6/9/20
(Client's Record)  CA / REV / REP. / REV 24 HRS   Pop)  Date/Time: 1110 118 10-16am Person Co  Date/Time: Action/Instruction ( ) E  SG 5025 -X  SHC 8399L- CS FC	Ontacted: Shantah Vehicle (N OUT)

# ASSIGNMENT

Estimated Cost  OD (F) WS   TP RES   OD RES   EVA   INV   INV  To Inspect Vehicle No:  SQ 50.25  at Workshop m/s  To Unity Truthol  OD 1 SUlf M Drive  Insured:  Folicy No.  Claims No.  Sum lesured:  Client's Record;  (Client's Record)  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No.  Gla   Rep Sen:  Consistent?: Yes or No.  CA   REV   REP.   24 HRS  Person Contacted:  Date:  Person Contacted:  Date:  Person Contacted:  Date:  Person Contacted:  Date:  RECEIVED 2   NOV 2018  Truck   Trailer or  Make:  Vulvo 84TL 9. VL	From:	Date: (2 \10 \2018	Veh No: Sh 5025J Yr	Regn: 2016 / Jan
Truck / Trailer or  To inspect Vehicle No:  SG 5025  at Workshop mis  TOWER TRUNG!  of  DI BUILIN DRIVE  Insured:  Colour GREEN  AC:  Insured   Stal   Ni   I  Sp. Reading   C 5 3 8 2  Tribadic insured   Stal   Ni   I  Eng/No:  Claims No.  Claims No.  Sum lasured:  (Clients Record)  Make of Veh:  420 pm - 5 pm  (Policy Condition)  Make of Veh:  420 pm - 5 pm  (Policy Condition)  Make of Veh:  Tribadic insured   Stal   Ni   I  Eng/No:  CNo:  4 V 3 5 4 p 9 2 6 6 A 1 7 8 7 3 5  Gen Cond: Good   10 1 poor   Burnt or  Berake: Incorder   Jammed   Leaked   Burnt or  Berake: Incorder   Jammed   Leaked   Burnt or  Berake: Incorder   Jammed   Leaked   Burnt or  Modi:  M   SRIM   STD Alkim or  Tyre Size:  F:  2 1		13		
To Inspect Vehicle No:  SQ 5025  at Workshop m/s  of DI Bullim Drive  Insured:  Policy No.  Claims No.  Claims Record)  Make of Vehic  (Cleint's Record)  Make of Vehic  Formark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Lum Sum:  \$100 A CREAN  AC Insured / Std / N/ /  Excess:  Cleims No.  Cleims No.  Sum Insured:  Excess:  (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  Lum Sum:  \$100 A CREAN  AC Insured / Std / N/ /  Seen Cond: Good   By / Poor / Burnt  Steering: border / Jammed / Leaked / Burnt or  Modi:  All Jammed / Leaked / Burnt or  Tyre Size:  F:  ATT Jow 27  Toy / Yoko or  Front  Rear  Regar  Ribal  AC   OHTSU / PIR / SUM/ /  TOY / YOKO or  Front  Regar  Ribal  AC   Market Value:  Bal. or Market Value:  DAC Accident Rport:  Consistent?: Yes or No  CA / REV / REP. / 24 HRS  Vehicle: IN / OUT  Date:  Person Contacted:  Date / Time   Action / Instruction  All Insured / Isaked / Burnt or  Tyre Size:  F:  ATT Jow 27  Toy / Yoko or  Front  Regar  Ribal  AC   OHTSU / PIR / SUM/ /  TOY / YOKO or  Front  Regar  Ribal  AC   Reprint   Rear / Boy   N/S / U/C / Rooftop or  The U/C / Chassis frame / Body Structure affected due to coll  RECEIVED 2   NOV 2018  RECEIVED 2   NOV 2018  RECEIVED 2   NOV 2018  Date Time File Resur to?  Add Fee:  Site Insp (\$ ) Survey Fee:  Tog Structure   Std / N/S /	_	P RES / OD RES / EVA / INV / MV	Truck / Trailer or	
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Sp. Reading (\$382 T.Redic: Insured / Std / Ni / Insured: Policy No. Claims No. Sum Insured:  (Client's Record) Make of Veh:  (Client's Record) Make of Veh:  (Client's Record) Make of Veh:  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  (Policy Condition) Remark: The veh had commenced its repair at the time of inspection.  Rear  Rea		Tower Truncit	The state of the s	Insured / Std / NI / NA
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Claims No.  Sum Insured: Excess:  (Client's Record)  Make of Veh:  Web (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  Claims Sum: % 3 Val.: Yes or No  CLum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS   Description: In/OUT  Date: Person Contacted:   Description: In/OUT  Date: Person Contacted:   Description: In/OUT  RECEIVED 2 1 NOV 2018  RECEIVED 2 1 NOV 2018  Person Contraction:   Description: Fine Pass 107  RECEIVED 2 1 NOV 2018  Person Continue: In/OUT  Date: Person Contacted:   Description: In/OUT  Resurvey No. of Trip:   Survey Fee: 100  Transportation		5, 5,	- 00	
Claims No.  Sum Insured: Excess:  (Client's Record)  Make of Veh:  Web (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport: Consistent?: Yes or No  Claims Sum: % 3 Val.: Yes or No  CLum Sum: % 3 Val.: Yes or No  CA / REV / REP. / 24 HRS   Description: In/OUT  Date: Person Contacted:   Description: In/OUT  Date: Person Contacted:   Description: In/OUT  RECEIVED 2 1 NOV 2018  RECEIVED 2 1 NOV 2018  Person Contraction:   Description: Fine Pass 107  RECEIVED 2 1 NOV 2018  Person Continue: In/OUT  Date: Person Contacted:   Description: In/OUT  Resurvey No. of Trip:   Survey Fee: 100  Transportation	Policy No.		C/No: 4 4354P926GA	175725
Collent's Record)  Make of Veh:  USO pm - 5 pm (Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Ball or Market Value:  IDAC Accident Rport:  Consistent? Yes or No GIA / PR Seen:  Consistent? Yes or No Lum Sum:  % 3 Val.: Yes or No Lum Sum:  Person Contacted:  Person Contacted:  Person Contacted:  Date / Time Action / Instruction  All / B  RECEIVED 1 2 NOV 2018  RECEIVED 2 NOV 2018  PRECEIVED 2 NOV 2018  Province:  Poster Return to?  Page of Repair:  Add Fee:  Site Insp. (\$ ). sRS. SI SO  Date/Time, File Page 107  Survey Fee:  Touck Red / Burnt or  Modi: (1) / SIRIm / STD AiRim or  Tyre Size: F: 275 / John 27 * S  Trye Size: F: 275 / John 27 * S  Rear  R/Bal. 8 mm	2000 Entre			
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Make of Veh:    130 pm - 5 pm	(Client's Recor	rd)	Brake: (norder / Jammed / Leaked / Burn	t or
(Policy Condition)  Remark: The veh had commenced its repair at the time of inspection.  Bal. or Market Value:  IDAC Accident Rport:  Consistent?: Yes or No  GIA / PR Seen:  Consistent?: Yes or No  Est. Repairs:  Lum Sum:  Asian / Instruction  Date:  Person Contacted:  Date:  Person Contacted:  Consistent?: Yes or No  CA / REV / REP. / 24 HRS  Person Contacted:  Date:  Rear  R/Bal.  Rear  R/Bal.  Rear  R/Bal.  Rear  R/Bal.  Rear  R/Bal.  Rear  R/Bal.  D.O.A Coffee 18  Survey held at  Des. of Damages: Frt / Rear / All / N/S / U/C / Reoftop or  The U/C / Chassis frame / Body Structure affected due to coll  RECEIVED 1 2 NOV 2018  RECEIVED 2 NOV 2018  Date/Time, File Pass to?  RECEIVED 2 NOV 2018  Date/Time, File Return to?  Add Fee:  Site Insp. (\$ ) S-RS_SI 50	MANAGE AND STREET		Modi: Oil / S/Rim / STD A/Rim or	
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21/1/12   : Final Report   Resurvey No. of Trip:   Survey Fee: 100	Date/Time File Pas	ssio? Deali Papart	Days Of Renair: 2	
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Report Format: Tech. Invs (\$ ) Others	Report Form	nat:	Tech. Invs (\$ )	ithers
Lump Sum / I.B.I: (\$ 1.200/- PF) Weekend (\$	Superior Security Sec	ACTION AND ADMINISTRATION OF THE PERSON OF T	. Weekend (\$ - )	
		, ,	- Name and	TOTAL 224



MS First Capital Insurance Limited Co.Rea. No.: 1950003106C GST Reg. No. M2-0001676-9 6 Raffles Quay #21-00 Singapore 048580 Tel: (65) 6222 2311 Fax: (65) 6222 3547

Claims & Hoter Underwriting Dept: 36 Robinson Road #16-01 City House Singapore 068877 Tel: (65) 6507 3848 Fax: (65) 6507 3849 www.msfirstcapital.com.sg

#### MOTOR SURVEY ASSIGNMENT

Date

09-10-2018

Our Ref No. D18007355MFSH

Accident Date

08-10-2018

Claim Type. Third Party

Insured Vehicle

SHC8399L

Third Party Vehicle. SG5025J

Survey Location

21 Bulim Drive Bulim Bus Depot

Contact Person.

SHARIFAH

Contact No.

68171747/98482243

Fax No. 0

Survey Type

WITHOUT PREJUDICE: NO EST.

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

TOWER TRANSIT

SINGAPORE PTE LTD

Attention. NIL

Cc: TP Solicitor

NA

TP Solicitor Fax No. NA

Officer Incharge

SERENE

#### 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.

### Shirley Hiew (LKK Auto)

From: Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>

Sent: Thursday, 15 November 2018 5:10 PM

To: Rasul (LKKAuto)

Cc: Subramanian Kasi; Wu Tzu Ying

Subject: RE: Pre-Repair Inspection - Accident Involving SG5025J & SHC8399L D.O.A:

08/10/2018

#### WITHOUT PREJUDICE

Hi Rasul,

We confirm COR @ \$1,200.00 / 2 days of repair.

Thank you.

## Sharifah Nusaybah (Ms)

Senior Executive, Claims

Mobile +65 9848 2243 Office +65 6817 1747

Email sharifah@towertransit.sg



Tower Transit Singapore Pte Ltd 21 Bulim Drive, Bulim Bus Depot, Singapore 648170 Registration number 201419417K

www.towertransit.sg



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From: Rasul (LKKAuto) <Rasul@lkkauto.com> Sent: Thursday, 15 November, 2018 5:01 PM

To: Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>

Cc: Subramanian Kasi <Subramanian.kasi@towertransit.sg>; Wu Tzu Ying <Wu.Zy@towertransit.sg> Subject: RE: Pre-Repair Inspection - Accident Involving SG5025J & SHC8399L D.O.A: 08/10/2018

Hi Sharifah,

As spoken,

finalised amount for this case is \$ 1,200.00 / 2 days of repair Kindly confirm

Best Regards,

Rasul | Assessor

#### LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: Rasul@lkkauto.com | fax: 6841-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

Save the Earth Print only when necessary.

From: Sharifah Nusaybah Binte Syed Jamil Binshahab [mailto:sharifah@towertransit.sg]

Sent: Wednesday, 14 November, 2018 4:00 PM

To: Rasul (LKKAuto); SUR; Admin A; Admin-D (LKKAuto)

Cc: Subramanian Kasi; Wu Tzu Ying

Subject: Pre-Repair Inspection - Accident Involving SG5025J & SHC8399L D.O.A: 08/10/2018

#### WITHOUT PREJUDICE

Dear Rasul,

Please see attached GIA Report, repair estimate and after-repair photos as requested.

Please finalise on the cost.

Thank you.

#### Sharifah Nusaybah (Ms)

Senior Executive, Claims

Mobile +65 9848 2243 Office +65 6817 1747

sharifah@towertransit.sg



Tower Transit Singapore Pte Ltd 21 Bulim Drive, Bulim Bus Depot, Singapore 648170 Registration number 201419417K www.towertransit.sg



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From: CWS Motor Claims < cwsmotorclaims@msfirstcapital.com.sg>

Sent: Wednesday, 10 October, 2018 6:26 PM

To: Sharifah Nusaybah Binte Syed Jamil Binshahab <sharifah@towertransit.sg>

Cc: CWS Motor Claims < cwsmotorclaims@msfirstcapital.com.sg >; Serene Ler < Sereneler@msfirstcapital.com.sg >

Subject: SURVEYOR APPOINTED; OUR REF: D18007355MFSH; YOUR REF: SG5025J

Dear Sir/Madam

PRI Request For SG5025J Accident Involving SHC8399L On 08-10-2018 AT 10:15:00HRS.

Please find below details for your reference

Claim number: D18007355MFSH
 Insured vehicle number: SHC8399L

Accident date: 08-10-2018

Third-party vehicle number: SG5025J
 Assignment type: WITHOUT PREJUDICE
 Surveyor: LKK AUTO CONSULTANTS PTE LTD

Officer-in-Charge: SERENE

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

Regards, Admin Team Claim Workflow System Motor Claims Department MS First Capital Insurance Limited

Tel: 6507 3848 Fax: 6507 3849

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### Shirley Hiew (LKK Auto)

From:

Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>

Sent:

Tuesday, 16 October 2018 9:28 AM

To:

'Serene Ler'; 'CWS Motor Claims'

Cc:

assignments; SUR; Admin-D (LKKAuto)

Subject:

RE: SURVEY ASSESSMENT - D18007355MFSH/1

Dear Serene,

Please be informed that we have inspected the vehicle SG 5025J on 12/10/2018.

We are pending estimate from repairer.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

#### LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: <u>Sur@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]

Sent: Thursday, 11 October 2018 10:38 AM

To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>

Cc: 'Serene Ler' <Sereneler@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>

Subject: RE: SURVEY ASSESSMENT - D18007355MFSH/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: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]

Sent: Wednesday, 10 October 2018 6:26 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Serene Ler <Sereneler@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D18007355MFSH/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

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www.avg.com

# ESTIMATED ACCIDENT REPAIR COST



PAGE 1

ACCIDENT TIME	1045HRS		BUS REGISTRATION NUMBER	SG5025J	
ACCIDENT DATE	8-Oct-18		BUS TYPE (SD/DD)	DD	
BUS CAPTAIN NAME	BAHTHIAR BIN MD HA	SSAN	BUS ROUTE NUMBER		
EMPLOYEE NUMBER			BUS ADVERTS (Y/N)	N	
SECTION 1 - PARTS &	CONSUMABLE ITEMS (MAT	TERIAL COST)			
SECTION 1. PARTS &	Part No.		em Description	Quantity	Total Cost
				7% GST	\$0.00
				FINAL TOTAL COST	\$0.00
SECTION 2: ASSESS	MENT / REPAIR / SPRAY PA				
			ENT, REPAIR OR SPRAY PAINT)		TOTAL COST
	TO REPLACE/REPAIR TH	HE DAMAGED PARTS	(INCLUDING SPRAY PAINTING)		1200 \$1,600.0
				7% GST	\$112.0
				FINAL TOTAL COST	\$1,712.0
1.1					

# ESTIMATED ACCIDENT REPAIR COST



SECTION 5: REPAIRS TO BUS ADVERTISMENT VINYLS/PANELS (ADVERTISEMENT COST)

TOTAL ADVERTISEMENT REPAIR COST

SECTION 6: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST

SECTION 7: NUMBER OF DAYS UNDER ACCIDENT REPAIR (LOSS OF USE COST)

LOSS OF USE COST		\$800	
BUS TYPE (SD / DD) DD		Number of Days Under Repair	
		Date Out From Repairs	15/10/2018
		Date In For Repairs	13/10/2018

SUM	SUMMARY				
SECTION NO.	COST				
1	\$0.00				
2	\$1,712.00				
3	•				
4	-				
5	\$800.00				
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$2,512.00				

Parme Hp 900100068 2 days 12/10/18 @ 1645 Romy after report

PAGE 2



# 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

AS FIE	RST CAPITAL INS		Ref : CS/FCI180184	
86 RO	BINSON ROAD	NGAPORE 068877	Date: 27-11-2018 Code: FCI2	
ı		Policy Particula	ars :- THIRD PARTY CLA	
T	Insured Veh.	SHC 8399L	Veh. Inspected	SG 5025J
	Policy No.		Coverage (\$)	0.00
	Claim No.	D18007355MFSH	Excess (\$)	0.00
	Assign From	SERENE	Assign Date	10/10/2018
2.		Vehicle P	articulars & Condition	
	Make & Model	VOLVO B9TL 9.4L	c.c	9364
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	YV3S4P926GA175725	Colour	GREEN
	Odometer	165382	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	FAIR		
3.		Cor	nditions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	275/70 R22.5	MICHELIN	8 mm
	L/H Front Tyre	275/70 R22.5	MICHELIN	8 mm
	R/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	8/8 mm
	L/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	8/8 mm
4.		Desc	ription of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT TH	E O/S BODY.	
	DAMAGES SEE D	ETAILS.		
5.			neral Information	
	Accident Date	08/10/2018	Inspection Date	12/10/2018
	Survey held at	TOWER TRANSIT SINGAR	PORE PTE. LTD.	
		21 BULIM DRIVE SINGAPORE 648170		
5a.			Remarks	
	DITHE INSPECTION	NSISTENT TO ACCIDENT RI ON WAS CONDUCTED ON A CE TO YOUR INSTRUCTION	EPORT. A"WITHOUT PREJUDICE" BA NS, WE HAVE NOT AUTHOR	ISIS. ISED REPAIRS.
5b.	Estimate Days of Repair			
	ESTIMATED NOR	MAL PERIOD FOR REPAIR	2 Working Da	ays



# 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. SG 5025J

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	LABOUR			
	TO REPLACE/REPAIR THE DAMAGED PARTS		1,600.00	1,200.00
	(INCLUDING SPRAY PAINTING).		1,600.00	1,200.00
	GRAND TOTAL		1,600.00	1,200.00
	RECOMMENDED COST OF REPAIRS			1,200.00

Report Ref No. CS/FCI18018454/R1sd3n2

MKB

MOHAMMED RASUL BIN MOHD YUNUS

**Automotive Assessor** 

KS:

ADRIAN LING WAI PING

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

Licensed Appraiser

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