

2/03/2002

ASS. REC. BY:

REF:

08/FCI18019128/Rlvdaer

Special Instruction:

Surveyor:

ANS

Rasu

ASSIGNMENT (Office)

From (Person):

May chua

of

FCI

Date/Time: 19/10/18 @ 4:07pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLG 5969T

Insured:

SHC 8160H

at Workshop m/s

Ding Auto

Tel: 97335832

of

Blk 10, Sin Ming Ind. Est. Sec C #01-20

Policy No:

Claim No:

D18007463MPBH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 12/10/18

Insp: 249 Julien Boon Lay

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

lup

Date/Time: 10:22am @ 22/10/18

Person Contacted:

jin feng

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

SLG 5969T-x

SHC 8160H - NS/INC 16015402 / H/L/bq2

Don: 16/08/2016

24/10/18

Email preli revised to FCI

Surveyor:

Pam

REF:

4597K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD ☒ TP / WS / TP RES / OD RES / EVA / INV / MVTo Inspect Vehicle No: SLH 5969Tat Workshop m/s DINH AUTO

of _____

Insured: FCI

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: SLH 5969T Yr Regn: 2016 / 04Type: ☒ M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: MITSUBISHI LANCER 1.6A c.c. 1590Colour: WH/B A/C: Insured / Std / NI / NASp. Reading: 112205 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: JM4SRCH1AGH0006152Gen. Cond: Good / ☒ Fair / Poor / BurntSteering: ☒ In order / Jammed / Leaked / Burnt orBrake: ☒ In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or

ACHILLES

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 2/10/18 D.O.I. 23/10/18Survey held at DINH AUTO

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

O/S FR

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

Date / Time Action / Instruction

23/10/18 @ 13:30. finalised amount of \$2,550 / 4 day L/S with dinh auto
amount confirmed (Ref 3571, 589)

RECEIVED 24 OCT 2018

[Signature]
24/10/2018

Date/Time, File Pass to?

☐

: Preli. Report

Days Of Repair: 4

1)

☐

: Final Report

Resurvey No. of Trip: 1

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Date/Time, File Return to?

2) 24/10 - typist

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)Report Format: CWSLump Sum / I.B.I: (\$ 2550/2)

145

50

32

227

MOTOR SURVEY ASSIGNMENT

Date	15-10-2018	Our Ref No. D18007463MFSH
Accident Date	12-10-2018	Claim Type. Third Party
Insured Vehicle	SHC8160H	Third Party Vehicle. SLG5969T
Survey Location	BLK 10 SIN MING INDUSTRIAL ESTATE SECTOR C #01-20	
Contact Person.	YOU JING FENG	
Contact No.	97335832/ 92394128	Fax No. 62652690
Survey Type	WITHOUT PREJUDICE:	
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	DING AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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.

Veron Chen (LKKAUTO)

From: Veron Chen (LKKAUTO)
Sent: Wednesday, 24 October 2018 12:51 PM
To: 'CWS Motor Claims'
Cc: 'May Chua Hui Chin'; SUR
Subject: RE: SURVEY ASSESSMENT - D18007463MFSH/1, SLG 5969T
Attachments: SLG 5969T PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle SLG 5969T
Date of survey: 23/10/2018
Number of days : 4 days

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)

From: Admin-D (LKKAUTO)
Sent: Monday, 22 October 2018 10:24 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'May Chua Hui Chin' <maychua@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D18007463MFSH/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: Friday, 19 October 2018 4:07 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; May Chua Hui Chin <maychua@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D18007463MFSH/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: D18007463MFSH
Our Ref: CS/FCI18019128/R1vd3

Date :24/10/2018

The Motor Claims Department
M/s FIRST CAPITAL INSURANCE LTD

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. SLG 5969T

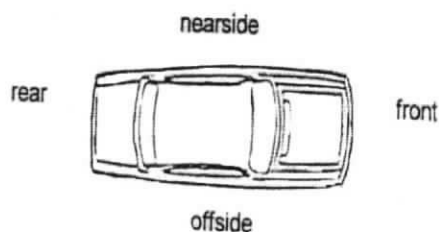
We thank you for your instruction on 19/10/2018

Please be informed that we had conducted the inspection of the above mentioned
23/10/2018 at the premises of M/s DING AUTO PTE LTD
and have the following to report:-

Workshop Estimate Amount	: S\$6,121.00
Revised Estimate Amount	: S\$2,550.00 (LUMP SUM)
"Check" Items Amount	: S\$
Market Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

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



Comments/Present Status:

Damages Consistent

Yours faithfully,

MOHAMMED RASUL
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 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. 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	13/10/2018 13:44
Date Of Accident	12/10/2018 04:30
Exact Location Of Accident	ALONG UPPER CHANGI ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLG5969T
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-31584255

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	LANCER-1.5 (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	PRIVATE HIRE

Insurance Company

Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	999995004
Cover Note Number	

Driver

Name of Driver	ZHANG DUANMIAO
NRIC No	S8621132G
Date Of Birth	24/07/1986
Occupation	OUTDOOR
Date Of Driving Pass	10/06/2013
Driving Experience	5 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-86861132
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address,	249 JALAN BOON LAY
Postcode	
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 - HEAD ON COLLISION
Weather Conditions	CLEAR
Road Surface	WET

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)	2
Passenger 1	NAME: : UNKNOWN GENDER: : MALE

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 ATTACH STATEMENTS

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	SHC8160H
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
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.
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)

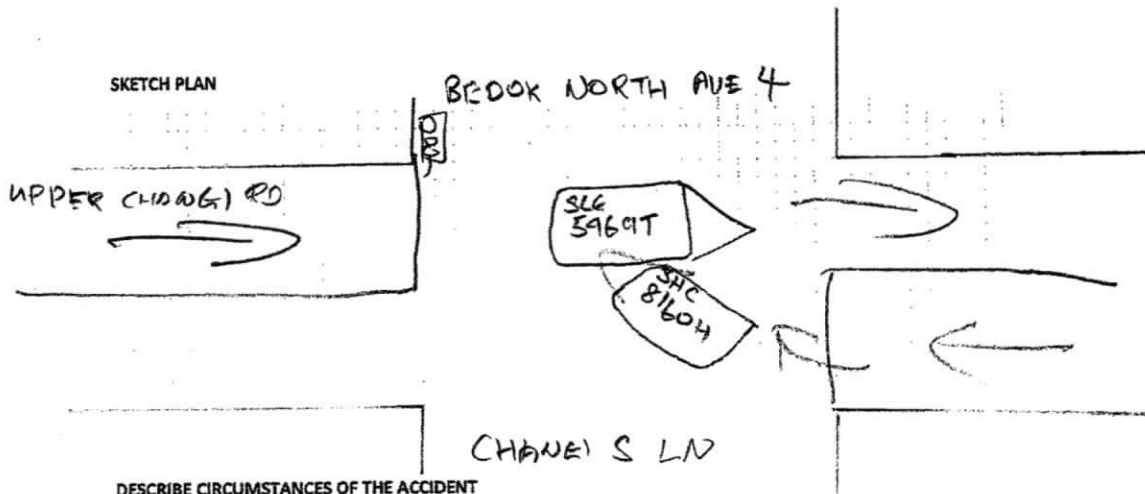
I understand, acknowledge, agree and consent that:

- (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.

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.:



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12 Oct 2018 at 4.30am, I was traveling along Upper Changi Rd. when I was at Junction of Bedok North Ave 4 and Upper Changi Road, the vehicle, SHC 8160H collided with my vehicle, SLG 5969T as he was making a right turn.

DECLARATION

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

<p>Policyholder's Signature</p> <p>Date & Time:</p>	<p>Driver's Signature (If driver is not the policyholder)</p> <p>Date & Time:</p>	<p>Reporting Centre Personnel's Signature</p> <p>Name:</p> <p>NRIC/FIN No.:</p>
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TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

22/10/2018 11:36

JOB-NO: 85008709

OWNER'S PARTICULARS

NAME: LION CITY RENTALS PTE LTD

CONTACT:

Page 1 of 2

ADDRESS: 60 ANSON ROAD
MAPLETREE ANSON
LEVEL 11 SINGAPORE
079914

NOEMAIL@GMAIL.COM

VEHICLE DETAILS

LICENSE NO: SLG5969T

TRANS: AUTO

CHASSIS: JMYSRCY1AGU006152

MAKE / MODEL: MITSUBISHI/ Lancer 1.6 (A)

ENGINE: 4A92CL8734

OWNER'S INSURER: AIG ASIA PACIFIC INSURANCE PTE. LTD.

JOB-CODE: TP

SA: Ding Auto User 2

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<u>LABOUR</u>							
1 STRAIGHTEN AND PANEL BEAT ACCIDENT AREAS	1.00	800.00	0.00	800.00 400		Y	
2 ADJUST HEAD LAMP AIM AND CHECK WIRING	1.00	120.00	0.00	120.00 30		Y	
3 R&R TYRE AND RIM RHS AND BALANCING	1.00	120.00	0.00	120.00 50		Y	
4 FRONT WHEEL ALIGNMENT	1.00	150.00	0.00	150.00 60		Y	
5 SPRAY FRONT BUMPER, FRONT FENDER RHS, FRONT DOOR RHS	1.00	1,000.00	0.00	1,000.00 400		Y	
6 R&R FRONT WHEEL BEARING	1.00	150.00	0.00	150.00 X		Y	
TOTAL:		2,340.00	0.00	2,340.00			
<u>MATERIALS</u>							
1 FRONT FENDER RHS	1.00	588.00	0.00	588.00	L	Y	
2 FRONT FENDER INNER SHIELD RHS	1.00	103.00	0.00	103.00	L	Y	
3 FRONT BUMPER	1.00	858.00	0.00	858.00	L	Y	
4 FRONT BUMPER RETAINER RHS	1.00	16.00	0.00	16.00	L	Y	
5 FRONT RIM RHS	1.00	692.00	0.00	692.00 300	L	Y	
6 HEAD LAMP RHS	1.00	698.00	0.00	698.00	L	Y	
7 SUPPORT PANEL	1.00	267.00	0.00	267.00	L	Y	
8 FRONT WHEEL BEARING RHS	1.00	139.00	0.00	139.00	L	Y	
9 FRONT FENDER RHS INNER SHIELD CLIP	1.00	35.00	0.00	35.00	S	Y	
10 FRONT BUMPER CLIP	1.00	35.00	0.00	35.00	S	Y	
11 FRONT TYRE RHS	1.00	350.00	0.00	350.00	S	Y	
TOTAL:		3,781.00	0.00	3,781.00			
TOTAL PARTS & LABOUR :		6,121.00	0.00	6,121.00			

EXCESS/LOADING:SS 0.00

No. Of Day:

4 days

RE-SURVEY: BEFORE/AFTER PAINTING
PART-BY-PART OR LUMP SUM, SS

DATE OF SURVEY: 23 / 10 / 18 @ 1315

SURVEYED BY:

Rasul

CONTACT NO: 90010068

FAX NO:

G-STAR-WI-ET-001-02-Rev00

Finalised
amount -940-L
1944-P
335-S/A
3219-T
20%
2575.20
45-2,550

CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
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NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

LKK Auto Consultant hereby notify
the Repairer of the following:

- To resurvey before the spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and
is subject to final approval from 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				
MS FIRST CAPITAL INSURANCE LTD		Ref : CS/FCI18019128/R1vd3e2		
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 22-11-2018		
		Code : FCI2		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHC 8160H	Veh. Inspected	SLG 5969T	
Policy No.		Coverage (\$)	0.00	
Claim No.	D18007463MFSH	Excess (\$)	0.00	
Assign From	MAY CHUA	Assign Date	19/10/2018	
2. Vehicle Particulars & Condition				
Make & Model	MITSUBISHI LANCER 1.6 A	c.c	1590	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	JMYSRCY1AGU006152	Colour	WHITE	
Odometer	112205	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/60 R16	ACHILLES	6 mm	
L/H Front Tyre	205/60 R16	ACHILLES	6 mm	
R/H Rear Tyre	205/60 R16	ACHILLES	6 mm	
L/H Rear Tyre	205/60 R16	ACHILLES	6 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	12/10/2018	Inspection Date	23/10/2018	
Survey held at	249 JALAN BOON LAY			
Repairer	DING AUTO PTE LTD			
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:		4 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLG 5969T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT FENDER RHS	BENT	588.00	588.00
1	FRONT FENDER INNER SHIELD RHS	NOT NECESSARY	103.00	-
1	FRONT BUMPER	SCRATCHED	858.00	858.00
1	FRONT BUMPER RETAINER RHS	NECESSARY	16.00	16.00
1	HEAD LAMP RHS	SCRATCHED	698.00	698.00
1	SUPPORT PANEL	TO REPAIR SEE LABOUR	267.00	-
1	FRONT WHEEL BEARING RHS	NOT NECESSARY	139.00	-
	LESS 10% DISCOUNT		-	-216.00
			2,669.00	1,944.00
<u>SPECIAL NETT ITEMS</u>				
1	FRONT RIM RHS (SN)	SCRATCHED	692.00	300.00
1	FRONT FENDER RHS INNER SHIELD CLIP (SN)	NOT NECESSARY	35.00	-
1	FRONT BUMPER CLIP (SN)	NECESSARY	35.00	35.00
1	FRONT TYRE RHS (SN)	NOT NECESSARY	350.00	-
			1,112.00	335.00
<u>LABOUR</u>				
	STRAIGHEN AND PANEL BEAT ACCIDENT AREAS. INCLUSIVE OF THE REPAIR OF SUPPORT PANEL.		800.00	400.00
	ADJUST HEAD LAMP AIM AND CHECK WIRING.		120.00	30.00
	R&R TYRE AND RIM RHS AND BALANCING.		120.00	50.00
	FRONT WHEEL ALIGNMENT.		150.00	60.00
	SPRAY FRONT BUMPER, FRONT FENDER RHS, FRONT DOOR RHS.		1,000.00	400.00
	R&R FRONT WHEEL BEARING.	NOT NECESSARY	150.00	-
			-	-
			-	-
			2,340.00	940.00
GRAND TOTAL			6,121.00	3,219.00

Report Ref No. CS/FCI18019128/R1vd3e2



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,550.00
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Report Ref No. CS/FCI18019128/R1vd3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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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.