

Surveyor: Jason

REF:

C3/TP18020647/RHber

9411K

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: TP SBS 63604at Workshop m/s TOUR TRANSITof Bulim DR

Insured: _____

Policy No. _____

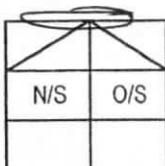
Claims No. _____

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its
repair at the time of inspection.

Bal. or Market Value: _____

IDAC Accident Report: _____ 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:

SBS 63604

Yr Regn: 2013 / MAR

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

Truck / Trailer or

Make:

MERCEDES Benz C1260

c.c 6374

Colour

GREEN

A/C: Insured / Std / NI / NA

Sp. Reading

3 21058

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: _____

WEB 62808323124599

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 275/70R 22-5

R: 1 - 8/10

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

TOYO / YOKO or

Front

Rear

R/Bal. 8 mm

R/Bal. 8/8 mm

L/Bal. 8 mm

L/Bal. 8/8 mm

D.O.A. 10/11/18

D.O.I. 12/11/18

Survey held at

TOUR TRANSIT

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

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

Date / Time Action / Instruction

Part by Part \$ 9169.57 (12%)
(Red - 1340, 12%)

RECEIVED 09 JAN 2019

Date/Time, File Pass to?

9/11/19

Date/Time, File Return to?

2)

☐ : Preli. Report
☐ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$)
☐ : Interview (\$)
☐ : Tech. Invs (\$)
☐ : Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

170
50
50
86
80
436

Report Format : TP

Lump Sum / (B.): (\$ 9169.57)

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	12/11/2018 10:59
Date Of Accident	10/11/2018 13:35
Exact Location Of Accident	JUNCTION OF JURONG TOWN HALL RD & SCIENCE PARK ROAD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SBS6360Y
Insured/Policyholder	
Name Of Registered Owner	TOWER TRANSIT SINGAPORE PTE LTD
Co Reg No	201419417K
Email Address	SHARIFAH@TOWERTRANSIT.SG
Mobile Phone No	
Alternative Phone No	OFFICE-68171747
Vehicle Particulars	
Manufacturer	MERCEDES-BENZ
Model	CITARO O530-6.4 D (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	BUS
Insurance Company	
Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	D-17089154MFBP
Cover Note Number	
Driver	
Name of Driver	GAN SIEW MEI
Passport No/FIN	G0494162X
Date Of Birth	06/03/1966
Occupation	OUTDOOR
Date Of Driving Pass	13/02/2013
Driving Experience	5 YEARS AND 8 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-98888888
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address 21 BULIM DRIVE
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 -
Vehicle -
Insurance Company of Driver's Own Vehicle -
-

General Information of the Accident

Type Of Accident COLLISION - CROSS JUNCTION
Weather Conditions CLEAR
Road Surface DRY

Other Information

Was any foreign vehicle involved in this accident? YES
Foreign Vehicle Registration Number JQW7136 (PRIVATE CAR)
Number of vehicles involved in the accident
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? YES
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) 10

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name JURONG EAST NEIGHBOURHOOD POLICE CENTRE
Police Station Address ROAD: NO. 92 BOON LAY WAY , POSTCODE: 609962 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: 1800-8999999 - FAX NO: 66655791
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? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

Details of Witness 1

Name CHRISTOU ANTHEA
Phone Number 87983004
Email Address

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number JQW7136
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name LAU LIK THONG
Approximate Age
Injuries Sustain
Injured person in which vehicle? JQW7136
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

DETAILS OF INJURED PERSON 2

Name ANG CHYE GEOK
Approximate Age
Injuries Sustain
Injured person in which vehicle? SBS6360Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

DETAILS OF INJURED PERSON 3

Name ZOEY
Approximate Age
Injuries Sustain
Injured person in which vehicle? SBS6360Y
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

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 reassess 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:

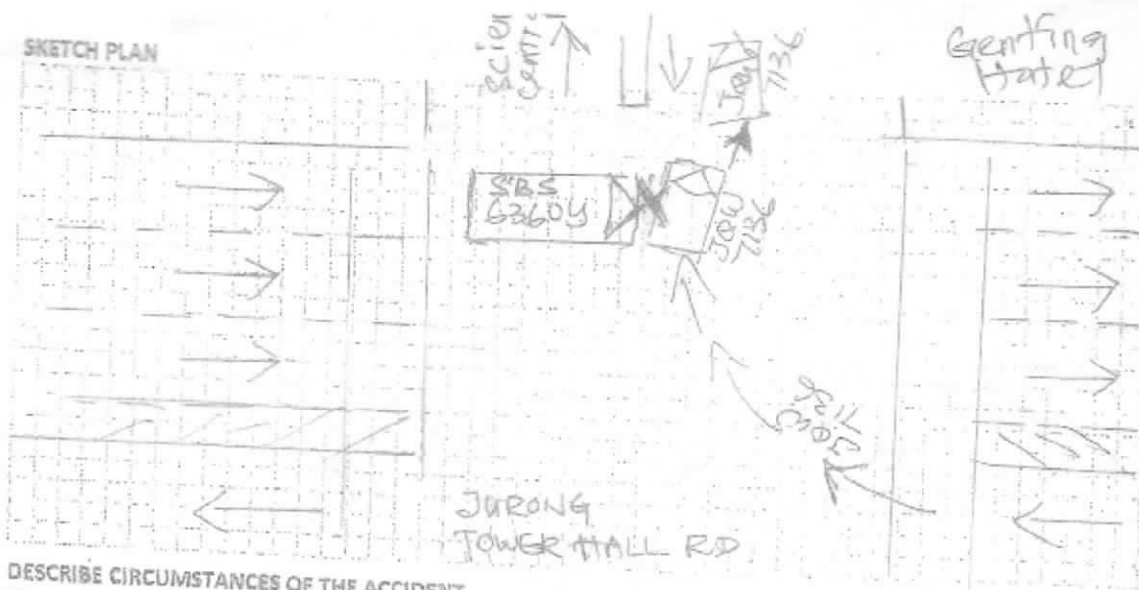
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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: 10/11/18
15:45

Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:

Sketch Plan #2



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I, Gen Siew Mei (BC 11005) DATE: 10/11/2018 TIME: 13:36

I am on Bus 333A03, Bus SBS 6360Y, while I was travelling along junction of Jurong town hall and science centre rd traffic light was in my favour (green light) and one private car JCN 7136 Suddenly make a right turn from opposite direction. I has to apply e-brake. Results my bus hit side body private car. Private car driver was attend by members of public. Ambulance was activated by members of public was at seen. Driver was conveyed to Ng Teng Fong hospital with visible injury. 2 passengers from my bus injured both claimed they are having arm and body pain my bus SBS 6360Y sustained front windscreen crack, front bumper dented and scratches private car sustained cracked windscreen both left door damage and left side passenger windscreen shattered.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 10/11/18
15:45

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

Sketch Plan #3



**SINGAPORE
POLICE FORCE**



T/20181110/2102

1 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20181110/2102

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 10/11/2018 17:12	Vide Report No.: D/20181110/0090	Station Diary No.: 96
--	-------------------------------------	--------------------------

Informant's Particulars

Name of Informant: GAN SIEW MEI			Address: 21 BULIM DRIVE SINGAPORE 648170	
ID Type / ID No.: FIN NO / G0494162X			Contact No.:	
			Home/Office:	Mobile: 83600381
Nationality: MALAYSIAN			Email:	
Sex: Female	Age: 52	Date of Birth: 06/03/1966	Type of Informant: Driver	
Race: Chinese			Language: English	Institution / School Name:
Occupation: Bus driver			Driving Licence Information: Class: 2B,3,4A	
			Date of Expiry:	

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 10/11/2018 13:30	Type of Location:
Location: Junction of Road 1 and Road 2 JURONG TOWN HALL ROAD SCIENCE CENTRE ROAD at the X junction traffic light				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow: Dual Carriage Way		Traffic Control: Traffic Light - Working		Traffic Volume: Moderate
Type of Collision: Between Moving Vehicles - Head On				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
JQW7136	Car	MITSUBISHI		Red	Seriously Damaged	0
SBS6360Y	Bus/Coach/Mi nibus	MERCEDES BENZ	CITARO	Green	Seriously Damaged	30

Details of Person Involved

Any Pedestrian Involved: No	
No. of Pedestrians Injured: NIL	Use of Pedestrian Crossing: NA

Sketch Plan #4



**SINGAPORE
POLICE FORCE**



T/20181110/2102

2 of 3

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

Report No. T/20181110/2102

CONTINUATION OF REPORT

Driver			
Name	GAN SIEW MEI		ID No. G0494162X
Related Vehicle	NIL		Contact No. 83600381
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: 2B,3,4A Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL
Driver			
Name	LAU LIK THONG		ID No. NIL
Related Vehicle	NIL		Contact No. 0127637887
Hospital/Clinic	NIL		Class of Driving Licence & Expiry Date Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 10/11/2018 at around 1330hrs, I was driving the bus service number 333 for Tower Transit and on board there are about 30 passengers. I was driving along Jurong Town Hall Road heading back to Jurong East Interchange. As I was approaching the traffic light junction between Jurong Town Hall Road and Science Centre Road, I saw the traffic light was in my favour (green light) and I proceeded straight as there is another bus stop I need to stop. Suddenly, a Malaysian private vehicle made a right turn into Science Centre Road. I had to apply the emergency brake and cause my bus to hit side body of the Malaysian vehicle.

After which, the Malaysian vehicle driver got assistance from members of public and ambulance was activated. The Malaysian driver was conveyed to Ng Teng Fong Hospital for further medical attention. Two of my passengers claimed to have pain on their arms and body. Passengers gave the details and left the scene. The bus I was driving sustained some front windscreen crack, front bumper dented and some scratches. I am lodging this report because for my company policy. I have a witness for the accident.

Sketch Plan #5



SINGAPORE
POLICE FORCE



T/20181110/2102

Police Station Of Origin:
Jurong East N.P.C
92 Boon Lay Way SINGAPORE 609962
Tel No: 1800-8999999

3 of 3

Report No. T/20181110/2102

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

D /

Sgt 2 AMMY SHAZWINA RIZUAN ONG

Signature Of Informant:

Signature Of Interpreter:

Not applicable

Date/Time:

10/11/2018 17:12

Officer In Charge Of Case:

TP / GIT /

Sr Staff Sgt NOR FAIZAL BIN YAHYA

Contact No: 65476702

Classification Of Case:

Authentication Stamp

NP168

SIGNATURE

ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	1335HRS
ACCIDENT DATE	10-Nov-18
BUS CAPTAIN NAME	GAN SIEW MEI
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	SBS6360Y
BUS TYPE (SD/DD)	SD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

SECTION 1: PARTS & CONSUMABLE ITEMS (MATERIAL COST)

Part No.	Part or Item Description	Quantity	Total Cost
77200607	FRONT BUMPER <i>CRG ✓</i>	1	\$701.56
77200067	Front Windshield GLASS <i>BRO ✓</i>	1	\$1,873.94
77200610	FLAP - FRONT <i>CRG ✓</i>	1	\$704.60
77201007	FASTENER <i>neu ✓</i>	2	\$79.95
77201028	FASTENER (FRONT BUMPER) <i>neu ✓</i>	2	\$24.70
77200121	Bumper - Front N/S <i>CRG ✓</i>	1	\$718.07
77200122	Bumper -Front O/S <i>CRG ✓</i>	1	\$738.48
77201022	FRONT COVERING <i>OG ✓</i>	1	\$293.41
77014543	BLINKER/SIGNAL LAMP N/S <i>CRG ✓</i>	1	\$54.80
77040670	SIKA TACK MOVE <i>neu ✓</i>	4	\$80.00
77200657	Mercedes Star Self Adhesive <i>neu ✓</i>	1	\$17.55
77201240	MERCEDES STAR COWL BOTTOM FLAP <i>neu ✓</i>	1	\$73.19
77200656	Guide Sign Brilliant Silver (for the word "Citaro") sticker <i>neu ✓</i>	1	\$36.32
77040868	TOWER TRANSIT CUT OUT LOGO STICKERS <i>neu ✓</i>	1	\$13.00
		7% GST	\$378.67
		FINAL TOTAL COST	\$5,788.23

5409.57

5409.57

SECTION 2: ASSESSMENT / REPAIR / SPRAY PAINT (LABOUR COST)

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)	TOTAL COST
TO REPLACE/REPAIR THE DAMAGED PARTS	<i>2560</i> \$3,500.00
SPRAY PAINTING	<i>1200</i> \$1,600.00
	<i>3760</i>
	<i>5100</i>
	7% GST
	\$357.00

FINAL TOTAL COST

\$5,457.00

9189.57

PAGE 1

10509.57

9

ESTIMATED ACCIDENT REPAIR COST



SECTION 5: REPAIRS TO BUS ADVERTISEMENT VINYL/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)

BUS TYPE (SD / DD)	SD	Date In For Repairs	13/11/2018
		Date Out From Repairs	18/11/2018
		Number of Days Under Repair	5
LOSS OF USE COST			\$1,500.00

SUMMARY	
SECTION NO.	COST
1	\$5,788.23
2	\$5,457.00
3	-
4	-
5	\$1,500.00
ESTIMATED ACCIDENT REPAIR COST (1+2+3+4+5)	\$12,745.23

5409.57

3760.00

9169.57

5 days

p/p

Rame

Hp 90010068

5 days

p/p

12/11/18 @ 1415

Reservy 54 paint




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				
TOWER TRANSIT SINGAPORE PTE. LTD.		Ref : CS/TP18020647/R1tbe2		
21 BULIM DRIVE SINGAPORE 648170		Date : 10-01-2019		
		Code : TP479		
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	Veh. Inspected		SBS 6360Y	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		12/11/2018	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ CITARO	c.c	6374	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	WEB62808323124599	Colour	GREEN	
Odometer	321058	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	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. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.				
DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	10/11/2018	Inspection Date	12/11/2018	
Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD. 21 BULIM DRIVE SINGAPORE 648170			
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. SBS 6360Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	CRACKED	701.56	701.56
1	FRONT WINDSHIELD GLASS	BROKEN	1,873.94	1,873.94
1	FLAP-FRONT	CRACKED	704.60	704.60
2	FASTENER	NECESSARY	79.95	79.95
2	FASTENER (FRONT BUMPER)	NECESSARY	24.70	24.70
1	BUMPER - FRONT N/S	CRACKED	718.07	718.07
1	BUMPER - FRONT O/S	CRACKED	738.48	738.48
1	FRONT COVERING	DEFORMED	293.41	293.41
1	BLINKER / SIGNAL LAMP N/S	CRACKED	54.80	54.80
4	SIKA TACK MOVE	NECESSARY	80.00	80.00
1	MERCEDES STAR SELF ADHESIVE	NECESSARY	17.55	17.55
1	MERCEDES STAR COWL BOTTOM FLAP	NECESSARY	73.19	73.19
1	GUIDE SIGN BRILLIANT SILVER (FOR THE WORD "CITARO") STICKER	NECESSARY	36.32	36.32
1	TOWER TRANSIT CUT OUT LOGO STICKERS	NECESSARY	13.00	13.00
			5,409.57	5,409.57
<u>LABOUR</u>				
	TO REPLACE / REPAIR THE DAMAGED PARTS.		3,500.00	2,560.00
	SPRAY PAINTING.		1,600.00	1,200.00
			5,100.00	3,760.00
GRAND TOTAL			10,509.57	9,169.57
RECOMMENDED COST OF REPAIRS				9,169.57

Report Ref No. CS/TP18020647/R1tbe2

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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