

22/03/2002

SS. REC. BY:

REF: CS/FCL18020895 / Uqbez

Special Instruction:

Surveyor:

ASSIGNMENT (Office)From (Person): CWS Eileen Lee of TC Date/Time: 19.11.2018 534pm

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

OD / TP / WS / TP RES / OD RES / EVA / INV / MV / CSTo Inspect Vehicle No: XD 3376R Insured: SHD 8818Pat Workshop m/s Liu's Brother Tel: 6741 1730of Blk 1 Kaki Bukit Ave 6 #01-01Policy No: \_\_\_\_\_ Claim No: D18008191MFH

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 19062018  
(Client's Record)

CA / REV / REP. / REV 24 HRS Wp

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 19.11.2018 534pm Person Contacted: Suean Vehicle IN / OUT

Date/Time	Action/Instruction ( ✓ ) Estimate	
	XD 3376R - NBA / INC1301W15 / sh	DA: 04092013
	SHD 8818P - TC3 / IN 17003222 / Rlw342	DA: 13022017

REF:

## ASSIGNMENT

From:

Date:

Veh No:

XD3376R

Yr Regn:

11 of

Estimated Cost:

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

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

Truck / Trailer or

To Inspect Vehicle No:

XD3376R

Make:

HINO PSIELKD C.C. 12913

at Workshop m/s

Colour

white

A/C: Insured / Std / NI / NA

of

Sp. Reading

461093

T/Radio: Insured / Std / NI / NA

Insured:

Eng/No:

Policy No.

C/No:

JHDFSI ELKXXX 10196

Claims No.

Gen. Cond: Good / Fair / Poor / Burnt

Sum Insured:

Excess:

Steering: In order / Jammed / Leaked / Burnt or

(Client's Record)

Brake: In order / Jammed / Leaked / Burnt or

Make of Veh:

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

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.

N/S	O/S

Bal. or Market Value:

456.

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

20

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

31/10/2023

Vehicle: IN / OUT

Date:

Person Contacted:

Tyre Size:

F:

R:

295/80R22.5

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

TOYO / YOKO or

Front

6

mm

Rear

R/Bal.

6/66/6

mm

L/Bal.

6

mm

L/Bal.

6/66/6

mm

D.O.A.

19/6/18

D.O.I.

19/11/18

Survey held at

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

N/S for.

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

Date / Time

Action / Instruction

7/11/18 LTA 14572  
 confirm d/s \$2400 with Susan.  
 (Red \$701, 75%)

\* NV = 845K; LTA = 814572; NV = 830428

RECEIVED 13 DEC 2018

Date/Time. File Pass to?



Preli. Report

11/12/18 Susan



Final Report

Date/Time. File Return to?

Days Of Repair:

3

Resurvey No. of Trip:

Survey Fee:

Transportation:

2)

Add Fee:



Site Insp (\$



Interview (\$



Tech. Invs (\$



Weekend (\$

Report Format :

TP

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

2400

) \$ + PS. SI

) Photos

) Others

TOTAL

170

50

50

34

304

**MOTOR SURVEY ASSIGNMENT**

<b>Date</b>	19-11-2018	<b>Our Ref No.</b> D18008191MFSH
<b>Accident Date</b>	19-06-2018	<b>Claim Type.</b> Third Party
<b>Insured Vehicle</b>	SHD8818P	<b>Third Party Vehicle.</b> XD3376R
<b>Survey Location</b>	1 KAKI BUKIT AVENUE 6 #01-01AUTOBAY @ KAKI BUKIT	
<b>Contact Person.</b>	SUSAN LOW	
<b>Contact No.</b>	67411730/ 0	<b>Fax No.</b> 67445746
<b>Survey Type</b>	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
<b>Appointed Surveyor</b>	LKK AUTO CONSULTANTS PTE LTD	
<b>Contact Person</b>	NA	<b>Fax No.</b> 68416315
<b>Contact Number.</b>	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**

<b>Cc : Workshop</b>	LIU'S BROTHER AUTO ENGINEERING WORKSHOP	<b>Attention.</b> NIL
<b>Cc : TP Solicitor</b>	NA	<b>TP Solicitor Fax No.</b> NA
<b>Officer Incharge</b>	EILEEN LEE	

**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.

## Shiau Chan (LKKAUTO)

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**From:** Shiau Chan (LKKAUTO)  
**Sent:** Wednesday, 21 November 2018 2:41 PM  
**To:** 'CWS Motor Claims'; assignments  
**Cc:** 'Eileen Lee'; SUR  
**Subject:** RE: SURVEY ASSESSMENT - D18008191MFSH/1  
**Attachments:** CSFCI18020895Uqb.pdf

Dear Eileen,

Enclosed herewith preliminary advice of XD 3376R.

Best Regards,

**Shiau Chan (Ms)** | Case Handler

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [siewsc@lkkauto.com](mailto:siewsc@lkkauto.com) | fax: 6256-4315

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

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**From:** Admin-D (LKKAUTO)  
**Sent:** Monday, 19 November 2018 5:39 PM  
**To:** 'CWS Motor Claims' <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; assignments <[assignments@lkkauto.com](mailto:assignments@lkkauto.com)>  
**Cc:** 'Eileen Lee' <[EileenLee@msfirstcapital.com.sg](mailto:EileenLee@msfirstcapital.com.sg)>; SUR <[sur@lkkauto.com](mailto:sur@lkkauto.com)>  
**Subject:** RE: SURVEY ASSESSMENT - D18008191MFSH/1

Dear Sir / Madam,

Thank you for the assignment.

Best Regards,

**Catherine Chong** | Admin

**LKK Auto Consultants Pte Ltd**

Phone: 6741-8434 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]  
**Sent:** Monday, 19 November, 2018 5:33 PM  
**To:** [ASSIGNMENTS@LKKAUTO.COM](mailto:ASSIGNMENTS@LKKAUTO.COM)  
**Cc:** CWS Motor Claims <[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)>; Eileen Lee <[EileenLee@msfirstcapital.com.sg](mailto:EileenLee@msfirstcapital.com.sg)>  
**Subject:** PRI: SURVEY ASSESSMENT - D18008191MFSH/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



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D18008191MFSH

Date: 21 November 2018

Our Ref: CS/FCI18020895/Uqb

The Motor Claims Department  
First Capital Insurance Ltd

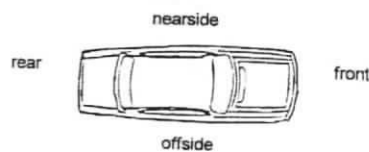
Dear Sir/Madam,

**INITIAL INSPECTION REPORT OF VEHICLE NO. XD 3376R .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 19/11/2018 at the premises of M/s LIU'S BROTHER. and have the following to report:-

Workshop Estimate Amount	: S\$ 9,601.00 .
Revised Estimate Amount	: S\$ 3,015.45 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

Description of Damage:  
The vehicle sustained damages  
at the n/s front portion.



Yours faithfully

CHUA KANG SENG  
Licensed Appraiser

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars

Owner ID Type: Company  
Owner ID: 1196N

Vehicle Details

Vehicle No.: XD3376R  
Vehicle to be Exported: No  
Intended Deregistration Date: 16 Nov 2018  
Vehicle Make: HINO  
Vehicle Model: FS1ELKD  
Primary Colour: White  
Manufacturing Year: 2008  
Engine No.: E13CUN12645  
Chassis No.: JHDFS1ELKXXX10196  
Maximum Power Output: -  
Open Market Value: \$67,650.00  
Original Registration Date: 24 Nov 2008  
First Registration Date: 24 Nov 2008  
Transfer Count: 1  
Actual ARF Paid: \$3,383.00

Intended PARF Rebate Details

PARF Eligibility: No  
PARF Eligibility Expiry Date: -  
PARF Rebate Amount: \$0.00

Intended COE Rebate Details

COE Expiry Date: 31 Oct 2023  
COE Category: C - Goods Vehicle & Bus  
COE Period(Years): 5  
PQP Paid: \$14,699.00  
COE Rebate Amount: \$14,572.00  
Total Rebate Amount: \$14,572.00

Message

Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle.

The information contained herein is correct as at 16 Nov 2018

OK

## 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	20/06/2018 14:44
Date Of Accident	19/06/2018 16:00
Exact Location Of Accident	BEFORE JURONG ISLAND CUSTOM
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	XD3376R
<b>Insured/Policyholder</b>	
Name Of Registered Owner	GOLDBELL LEASING PTE LTD
Co Reg No	199001196N
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-93806795
Alternative Phone No	OFFICE-93806795

### Vehicle Particulars

Manufacturer	HINO
Model	FS1ELKD
Exact Purpose for which vehicle was being used at time of accident	COMMERCIAL USE
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	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	D-17087422MFCV
Cover Note Number	

### Driver

Name of Driver	SAWI BIN AHMAD
NRIC No	S1628943D
Date Of Birth	29/12/1964
Occupation	OUTDOOR
Date Of Driving Pass	18/04/1998
Driving Experience	20 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93806795
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	NA
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 - CHANGE/CROSS LANE
Weather Conditions	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	2
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)	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

I (XD3376R) was driving straight in my lane, towards Jurong island custom, keeping on the right lane when suddenly a taxi (SHD8818P) who was on the left lane, cut into my lane and hit onto me. The right side of the car make contact with the front left side of my lorry. No injuries involved.

#### 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	SHD8818P
Vehicle Make/Model/Colour	MERCEDES BENZ/VIANO CDI2.2/WHITE
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	CHUA SWEE KANG
NRIC/Passport Number	S0202954E
Contact Number	96386083
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1



# Sketch Plan

5. Any false reporting...
6. The report will be forwarded by the insurers or the General Insurance Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon request to the Insurers of Singapore (GIA) for archiving and that copies of this report to the Insurers, you hereby consent to the archiving of this report at the centre being made available aforesaid.
7. By the lodgement of this report to the Insurers, you hereby consent to the archiving of this report at the centre 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 and process my personal data/personal information set out in this [form] and any other personal information provided by me to my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(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 (including 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 re 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.
  - (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 and 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.

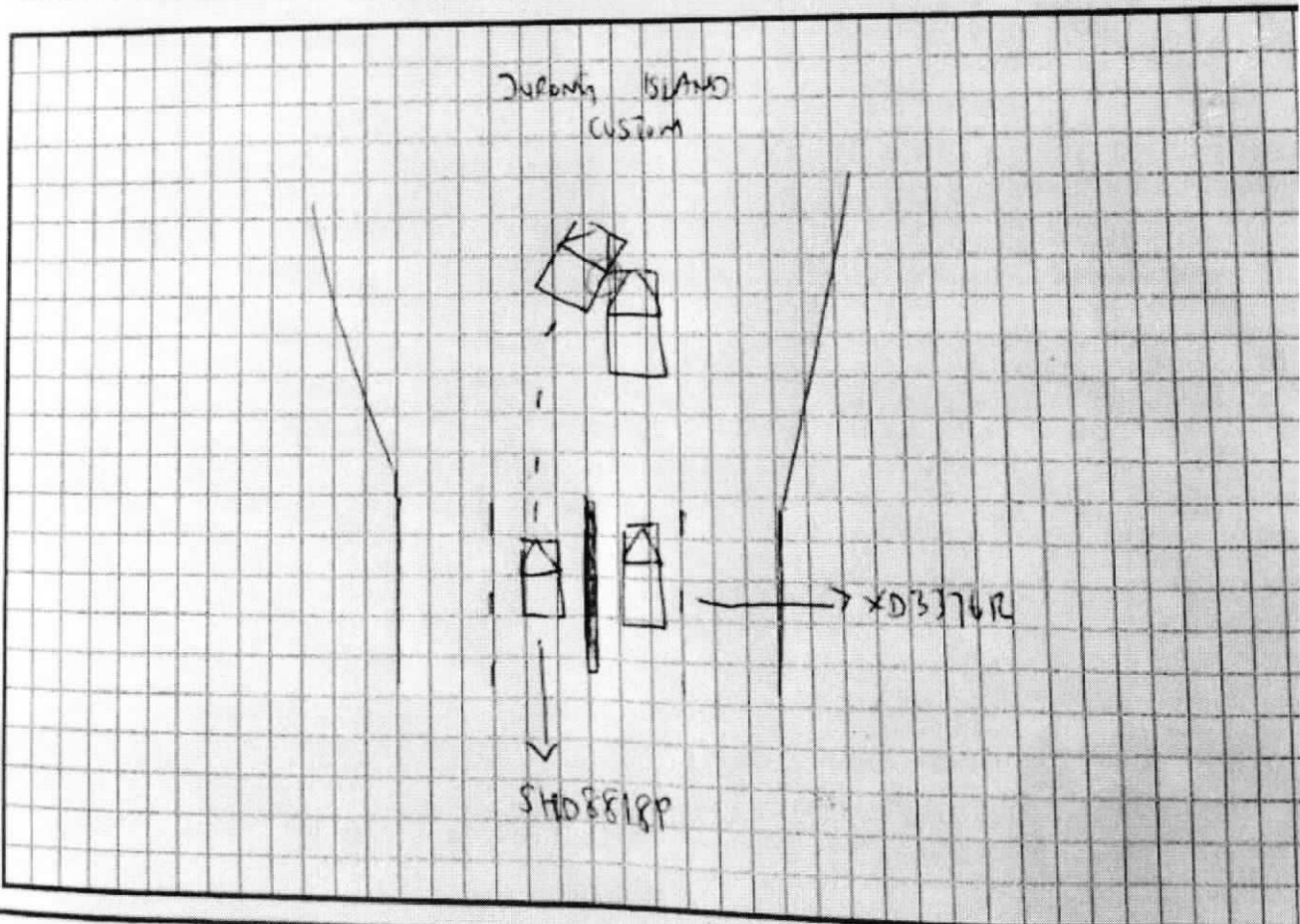
VERIFIED BY AJAX MA  
REPORTING OFFICER  
MOHAMMAD SULHAND  
MOHD AFFANDI

Policyholder's Signature / Date & Time

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

Witnessed by Reporting Officer  
Personnel

## Sketch Plan



ACCIDENT STATEMENT (2000 characters)

I (XD3376R) was driving straight in my lane, towards Jurong island custom, keeping on the right lane when suddenly a taxi (SHD8818P) who was on the left lane, cut into my lane and hit onto me. The right side of the car make contact with the front left side of my lorry. No injuries involved.

Taxi Voucher No.:

DECLARATION

I/We declare that the above particulars & information provided above are true in every aspect

VERIFIED BY AJAX MARS REPORTING OFFICER -  
MOHAMMAD SULHANDI BIN MOH AFFANDI

MARS Officer



Registered Owner or Driver's Signature

Job Complete Date/Time

20 June 2018 at 1:00 PM

Date/Time:

20 June 2018 at 1:00 PM

**LIU'S BROTHER AUTO ENGINEERING WORKSHOP**

No. 1 Kaki Bukit Avenue 6 #01-01 Auto Bay @ Kaki Bukit Singapore 417883

ROB No: 53291793J . Tel: 6741-1730 / 731 . Fax: 6744-5746. Email: liusbro@gmail.com

Invoice/Ref No: XD3376r180619

**Estimate**

Customer

Name: MS First Capital Insurance Limited

Date: 17-11-18

Address: Motor Claims Department

Vehicle No: XD3376R

36 Robinson Road #16-01

Model/Make: Hino FS1ELKD

City House

Singapore 068877

Item No.	Descriptions Of Parts		Original Quotation / Estimation	Revised Quotation / Cost Of Repair
1	Front	Bumper	\$ 3,170.00	
2		Bumper Side	\$ 280.00	
3		Head Lamp	\$ 1,950.00	
4		Head Lamp Panel	\$ 875.00	
5		Step Panel Top	\$ 670.00	
6		Step Panel Lower	\$ 425.00	
7		Reflector	\$ 98.00	
8		Door Lower Garnish	\$ 473.00	
9		Sensor	\$ 220.00	
	To check all wiring & electrical component for proper function		\$ 40.00	
	Labor for Panel Beating, Cut, Weld, Straighten & Replacing Parts Etc		\$ 800.00	
	To putty & spray painting & including touch up paint on accident affected areas		\$ 600.00	

Total Parts &amp; Labour of estimate for damaged vehicle

\$ 9,601.00

Total amount in Lump Sum Basis for repaired vehicle

\$1,900.00

SDLS: One Thousand Nine Hundred Only



M/s Liu's Brother Auto Engrg Wks

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after 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:

Not Authorized  
 Han  
 19/11/18  
 2400/-  
 3 day.

The photo after repair

P-2528.28  
 102  
 2275.48  
 3015.48

**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/FCI18020895/Uqbe2

36 ROBINSON ROAD  
#16-01 CITY HOUSESINGAPORE 068877

Date : 13-12-2018



Code : FCI2

**1. Policy Particulars :- THIRD PARTY CLAIM**

Insured Veh.	SHD 8818P	Veh. Inspected	XD 3376R
Policy No.		Coverage (\$)	0.00
Claim No.	D18008191MFSH	Excess (\$)	0.00
Assign From	EILEEN LEE	Assign Date	19/11/2018

**2. Vehicle Particulars & Condition**

Make & Model	HINO FS1ELKD (M)	c.c	12913
Engine No.	HIDDEN	Year of Reg.	2008
Chassis No.	JHDFS1ELKXXX10196	Colour	WHITE
Odometer	461093	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	GOOD		

**3. Conditions of Tyres**

	Size	Make	Balance
R/H Front Tyre	295/80 R22.5	FIRENZA	6 mm
L/H Front Tyre	295/80 R22.5	FIRENZA	6 mm
R/H Rear Tyre	295/80 R22.5 (D/D)	FIRENZA	6/6/6/6 mm
L/H Rear Tyre	295/80 R22.5 (D/D)	FIRENZA	6/6/6/6 mm

**4. Description of Damages**

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.
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**5. General Information**

Accident Date	19/06/2018	Inspection Date	19/11/2018
Survey held at	LIU'S BROTHER AUTO ENGINEERING WORKSHOP 1 KAKI BUKIT AVENUE 6 #01-01 AUTOBAY @ KAKI BUKIT SINGAPORE 417883		

**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:	<b>3 Working Days</b>
-------------------------------------	-----------------------

**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. XD 3376R**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	FRONT BUMPER	DENTED	3,170.00	1,957.28
1	FRONT BUMPER SIDE N/S	TO REPAIR SEE LABOUR	280.00	-
1	FRONT HEAD LAMP N/S	NOT NECESSARY	1,950.00	-
1	FRONT HEAD LAMP PANEL N/S	NOT NECESSARY	875.00	-
1	FRONT STEP PANEL TOP N/S	NOT NECESSARY	670.00	-
1	FRONT STEP PANEL LOWER N/S	NOT NECESSARY	425.00	-
1	FRONT REFLECTOR N/S	BROKEN	98.00	98.00
1	FRONT DOOR LOWER GARNISH N/S	CUT	473.00	473.00
	LESS 10% DISCOUNT		-	-252.83
			7,941.00	2,275.45
	<b><u>SPECIAL NETT ITEMS</u></b>			
1	FRONT SENSOR N/S (SN)	NOT NECESSARY	220.00	-
			220.00	-
	<b><u>LABOUR</u></b>			
	TO CHECK ALL WIRING & ELECTRICAL COMPONENT FOR PROPER FUNCTION.		40.00	20.00
	LABOR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN & REPLACING PARTS ETC. INCLUSIVE OF THE REPAIR OF FRONT BUMPER SIDE N/S.		800.00	320.00
	TO PUTTY & SPRAY PAINTING & INCLUDING TOUCH UP PAINT ON ACCIDENT AFFECTED AREAS.		600.00	400.00
			1,440.00	740.00
	<b>GRAND TOTAL</b>		<b>9,601.00</b>	<b>3,015.45</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>2,400.00</b>

Report Ref No. CS/FCI18020895/Uqbe2

**MARKET VALUE: \$45,000.00(EST)-LTA REIMBURSEMENT VALUE: \$14,572.00=NETT VALUE: \$30,428.00****CHUA KANG SENG**

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 replying on this Report, in whole or in part, does so at his or her own risk.