ASS, REC. B3	Ć:	REF: COLINC	19003480/Tu	307 Special Instruction:	
Surveyor:	thee fie		MENT (Office)		
From (Person	cynthia A		INC	Date/Time: 28/2/10	1239:54cm
Estimated Co	ost: 0		Bill to:		19_1_
OD (FIT	S/TP RES/OD R	ES/EVA/INV/M	V7CS		
To Inspect V	chicle No:	SMA 44	68Z	Insured: SLP 4002	18
at Workshop		than H	pno	Insured: SLP 4002 Tel: 6661968	8   9639 9195
of	25D 8u	gai kadut	Street		
Policy No:_		0	Claim No:	MT/1033013-0	01
Sum Insured:			Excess:	1117	
Make of Veh (Client's Recor				D.O.A. 20/2/19	
CA / REV	/ REP. / REV 24	HRS		H.O.D. Endorsement	
Date/Time:	10.02emg 25/	olo Person Contact	ed: Julian	Vehicle IN OUT	
Date/Time	Action/Instruction	( ) Estim	ate		•
	SMA 4468		(11/60)		-
	81p 40V2	9-x.			
					•
				300	
-					

TP

2574.53

Report Format:

Lump Sum / LB t: (\$

N( Hwee die Sed of MENT 25/2/14 SMA 4468Z vi Rogn Settlin Date Type M.Cycle / Bus / Vant/ Lorry / Taxi / Prime Mover / Estimated Co. L . Truck / Trailer or OD (P) WS/TP RES/OD RES/EVA/INV/MY Toyota CHR 00 1797 Make SMA 4468Z to inspect Vehicle No. Insured / Std / NL/ NA 25D Sungai Kadut Street 1 Colour at Workshop mys T/Radio Insured / Std / MT / NA Sp.Reading Eng/No. fissured C/No. ZYX102117847 Policy Un Gen Cond Soot / Fair / Poor / Burnt Claims Ho Steering: Inprody: / Jammed / Leaked / Burnt or Excess Sum Insured Brake: Inorder / Jammed / Leaked / Burnt & (Client's Record) Nil / \$/Rim / STD A/Rim or Modi: Make of Veh F: 215/60RI7 Tyre Size: (Policy Condition) 0/8 BS / DUN / EXNOVA / GY / FS / LIZA MC / OHTSU / PIR / SUMI / N/S Remark. The veh had commenced its repair at the time of inspection. TOYO / YOKO of Rear Front Bal, or Market Value R/Bal R/Bal. mm Consistent?: Yes or No mm IDAC Accident Rport L/BaL L/Bal. mm Consistent?: Yes or No mm GIA / PR Seen 25/2/19 0.0.1. D.O.A. 20/2/19 Res.: Yes or No days Est Repairs. 3 Val.: Yes or No Survey held at Lum Sum: Des. of Damages Rear / O/S / N/S / U/C / Rooftep or CA / REV / REP. / 24 HRS Vehicle: IN / OUT Date: Person Contacted: The U/C / Chassis frame / Body Structure affected due to collision. Date / Time Action / Instruction 16/4/19 Confirmed P/P \$2,574.53/- 4 days of repair with Ashley. (Red 406.67, 1490) RECEIVED 1 6 APR 2019 Date/Time: File Pass to 7 4 Days Of Repair: Preli. Report Resurvey No. of Trip: Survey Fee: 250 Final Report Date/Time File Return to? Transportation EARS S Add Fee: Site Insp. (\$ 16/4- typist Interview (\$ 1. Photos

Lech Inv. (\$

Weekend (\$

r office

0.0130

250

## Nivitha (LKK Auto)

From:

Sent:

To:

CC

Subject:

Daniel Koh; Teng Ken Leong; Thio Tse Kiat assignments@lkkauto.com

Cynthia Ang <Cynthia Ang@income.com.sg>

Monday, 25 February 2019 9:54 AM

TP CASES FARMED OUT TO LKK ON 25/2/2019

Dear Veron / Nivitha,

Please assist to survey the vehicles as per Mr Teng's instruction :-

SN	OIC	Claim No.	Vehicle	WorkShop	WorkShop	WorkShop	Survey	Survey	Orvoh	Š	Additional
					250					400	neilidiks
					200						
					SUNGE						
					KADUT						
				HUA	STREET 1	Jerleen /					
		MT/1029687-		HONG	SINGAPORE	Mrs Tan /	Physical	10:00-			
-1	Azhari	002	SKP51375	PTE LTD	729332	66619688	Survey	12:00	GBE3504T	GBE3504T 26/01/2019	
					25D						
					SUNGEI						
					KADUT	Yvonne					
	Eng			HUA	STREET 1	Toh/					
	Huey	MT/1033013-		HONG	SINGAPORE	6661	Physical				
2	Huey	100	SMA4468Z	PTE LTD	729332	8896	Survey		SLP4002S	20/02/2019	
					25D						
					SUNGEL	Yvonne					
					KADUT	Toh / Mrs					
				HUA	STREET 1	Tan /					
	Eric	MT/1032489-		HONG	SINGAPORE	6661	Physical	10:00-			
m	Tang	100	SJW1043E	PTELTD	729332	8896	Survey	12:00	XD5357H	XD5357H 12/02/2019	

# Please contact workshops.

Please ack.

www.income.com.sg Motor Insurance T+65 6430 7900 Admin Assistant Cynthia Ang













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### 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 witholding 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.

	~				7	_
ACC	MID	1=0	T ST	$\Delta \Pi = 0$	MI IN	

 Date Of Report
 21/02/2019 09:24

 Date Of Accident
 20/02/2019 09:55

Exact Location Of Accident ALONG CAIRNHILL RD TOWARDS SCOTTS RD

Country/State of Loss SINGAPORE

### **DETAILS OF OWN VEHICLE**

Vehicle Registration Number SMA4468Z

Insured/Policyholder

Name Of Registered Owner HUA HONG PTE. LTD.

Co Reg No 200900309M

Email Address CLAIMS@HUAHONG.COM.SG

Mobile Phone No

Alternative Phone No OFFICE-66619688

Vehicle Particulars

Manufacturer TOYOTA

Model C-HR HYBRID 1.8S CVT

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 NTUC INCOME INSURANCE CO-OPERATIVE LTD

Type Of Coverage COMPREHENSIVE

Fleet Policy YES

Policy Number 5087272209-01

Cover Note Number

Driver

Name of Driver TAN QI YIN (CHEN QIYIN)

 NRIC No
 S8408285F

 Date Of Birth
 19/03/1984

 Occupation
 OUTDOOR

 Date Of Driving Pass
 24/02/2010

Driving Experience 8 YEARS AND 11 MONTHS

Gender FEMALE

Mobile Number (LOCAL) +65-83882686

Fax Number

Contact Number

EMail Address NOEMAIL

BLK 623B PUNGGOL CENTRAL #02-360 Address

822623 Postcode

Was driver an employee of the Insured's Company NO

If No, Relationship of the Driver with the Insured OTHER - RENTED VEHICLE

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

COLLISION - CHANGE/CROSS LANE Type Of Accident

Weather Conditions CLEAR Road Surface DRY

Other Information

NO Was any foreign vehicle involved in this accident?

Number of vehicles (including own vehicle)

involved in the accident

Was any body injured in the Accident? NO

Was any injured conveyed to hospital by

ambulance?

NO

YES

NO

2

Was any other material or property damaged?

I have been approached by unknown person(s)

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

Passenger 1

NAME: : NA

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

AS PER SKETCH PLAN

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

**DETAILS OF OTHER VEHICLE PROPERTY 1** 

Vehicle Registration Number

**SLP4002S** 

Vehicle Make/Model/Colour

**Details Of Properties** 

PRIVATE CAR Vehicle Category

SEE GEK LANG KELLY Name of Driver

S7240686I NRIC/Passport Number 98258985 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.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- 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.
- 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.
- 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:
  - 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

of driver is not the policyholder)

Date & Time:

Yvonne Toh

Reporting Centre Personnel's Signature

Name: V NRIC/FIN No.:

GIARMC SketchPlanForm\_V3

### Accident Sketch Plan Pg. 1

SKETCH PLAN		engaram mapanggap	ere property
			4
		A > SMA 4468 3	2
· · · · ·	Tall place Breeze	B > SLP 4002	<b>S</b>
_			5 6 8 5
<u> </u>			
	- (g)		ii katena k an ii ka mak
Corate DJ	TAY	or and an experience	
Scotts KB	\A\		
Caimhi Roac			
	14 4 P P		A a ma
DESCRIBE CIRCUMSTANCES O	F THE ACCIDENT		
	Feb 2019, 9.57 av		¥
Accident Location : Along	Caimhill Rd towards	Scotts Rd	
3			
1 1120	Auto- oloro Coivol-	3 strong stor of 10 111	. hs
2DW 1	anving along course	atool shows by III	
		encroached my lane	GIACK
adliged auto mi	y vehicle.		
, and a second s			
			3.
E .			
			8
		* *	
th.			
Report	ing Only Own Damage	Third Party Claim at other wor	rkshop (OD/TP)
DECLARATION  I/We declare the foregoing particular	· IMPORTAN	advised by the workshop that in the event that you wish to clean against you	na own policy (Own Durnage Claim)
/We declare the foregoing particu	mars are true in every respect.	IRTEEN (14) days crouse whereby the claim must be made within the six	3000 000 000
(<( <b>(</b> ))")		//	Yvonne Toh
Policyholder's Signature	Driver's Signature	Reporting Centre Personnel	
Date & Time:	(If driver is not the policyholder)	Name: \	
GIANTAC NATION Flant form_V3	Date & Time:	NRIC/FIN No.:	2
SERVICE OF STREET			



### HUA HONG PRIVATE LIMITED

25D Sungei Kadut Street 1 Singapore 729332 Tel: (65) 6661 9688 Fax: (65) 6661 9699 Email: info@huahong.com.sg

### **Estimate Repair List**

21 February 2019

HHTPClaims19-21

NTUC Income Cooperative Ltd 73 Bras Basah Road #05-01 NTUC Trade Union House Singapore 189556

Attn: Motor Claims Department

### ACCIDENT INVOLVING SMA 4468 Z & SLP 4002 S ON 20/02/2019 ALONG CAIRNHILL RD RD TOWARDS SCOTTS RD AT ABOUT 0955 HOURS

Insured

HUA HONG PTE. LTD.

Vehicle Registration No

SMA 4468 Z

Vehicle Make

TOYOTA

Vehicle Model

C-HR HYBRID 1.8S CVT

Vehicle Chassis No

ZYX102117847

Policy No

5087272209-01

Date	Date of Accident : 20/02/2019			m: Ti	nird Party
S/N	Quantity	Description Unit Price	e S\$	1	Amount S\$
1	1	Front Bumper DI)		\$	631.90
2	10	Front Bumper Clip NEC \$	2.50	\$	25.00
3	1	Front Bumper Lower		\$	474.00
4	1	Front Bumper Retainer (RH)		\$	113.90
5	1	Front Bumper Side Bracket (RH) 4 nnx		\$	95.00
6	1	Front Fender (RH) DD/		\$	733.00
7	1	Front Fender Arch Garnish (RH) SLK		\$	324.10
8	10	Front Fender Inner Shield Clip - HELL \$	2.50	\$	25.00
9	1	Front Fender Logo (RH) 'HYBRID' NEC/		\$	59.70
				\$	2,481.60
		Less 2	5%	\$	(620.40)
				\$	1,861.20

To dismantle & change front bumper, front RH fender, front RH arch garnish, knocking & pull straight front RH panel.

600.00 400

To perform wire checking.

20.00

To spray front bumper, front RH fender and front RH panel.

total-182574.52

**7% GST** 

Total

50,00 450



Authorised by Claims Dept Mrs Tan @ 9639 9195

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

Co. Reg. No. 200900309M | huahang.com.sg Date:

G\$T Reg. No. 200900309M

2.981.20 S 208.68 \$ 3,189.88



### Veron Chen (LKKAuto)

From:

Ashley Tan <ashley@huahong.com.sg>

Tuesday, 16 April 2019 11:05 AM

Sent: To:

Hwee Jie (LKK Auto)

Cc:

Veron Chen (LKKAuto)

Subject:

RE: SMA 4468 FINALIZATION

Dear Hwee Jie

Confirmed COR \$2574.53

Thanks & Regards

Ashley Tan



HUA HONG PRIVATE LIMITED 25D SUNGEI KADUT STREET 1 SINGAPORE 729332 T. 6661 9690 | M. 9816 4151 | F. 6661 9699

Follow us @ huahong.com.sg









From: Hwee Jie (LKK Auto) <hweejie@lkkauto.com>

Sent: Monday, 15 April 2019 9:54 AM

To: Ashley Tan <ashley@huahong.com.sg>

Cc: Veron Chen (LKKAuto) < veronchen@lkkauto.com>

Subject: RE: SMA 4468 FINALIZATION

Hi Ashley,

Sorry my mistake for miscalculation. Finalize total amount P/P \$2,574.53/- 4days. Please let me know if you're agree with the amount so I can proceed with finalize, thank you.

Best Regards,

Hwee Jie | Assistant Automotive Assessor

**LKK Auto Consultants** 

Phone: 9180 3151 | Email: <u>Hweejie@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: Ashley Tan [mailto:ashley@huahong.com.sg]

Sent: Friday, 12 April, 2019 1:32 PM

To: Hwee Jie (LKK Auto)

Subject: RE: SMA 4468 FINALIZATION

Hi Hwee Jie

Please confirm calculation for COR is \$2,574.53.

### Thanks & Regards Ashley Tan



### **HUA HONG PRIVATE LIMITED** 25D SUNGEI KADUT STREET 1 SINGAPORE 729332 T. 6661 9690 | M. 9816 4151 | F. 6661 9699

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From: Hwee Jie (LKK Auto) < hweejie@lkkauto.com>

Sent: Monday, 18 March 2019 10:11 AM

To: ashley@huahong.com.sg Subject: SMA 4468 FINALIZATION

Hi Ashley,

Finalized amount is P/P repair \$2554.52/- with 4days. Please let me know if you're agree with this amount so I can proceed with finalize, thank you.

Best Regards, Hwee Jie | Assistant Automotive Assessor **LKK Auto Consultants** 

Phone: 9180 3151 | Email: <u>Hweejie@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

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Hwee Jie (LKK Auto)

Sent:

Monday, 15 April 2019 9:54 AM

To:

Ashley Tan

Cc:

Veron Chen (LKKAuto)

Subject:

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**LKK Auto Consultants** 

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Subject: RE: SMA 4468 FINALIZATION

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Thanks & Regards





**HUA HONG PRIVATE LIMITED** 25D SUNGEI KADUT STREET 1 SINGAPORE 729332 T. 6661 9690 | M. 9816 4151 | F. 6661 9699 Follow us @ huahong.com.sg









From: Hwee Jie (LKK Auto) <hweejie@lkkauto.com>

Sent: Monday, 18 March 2019 10:11 AM

To: ashley@huahong.com.sg Subject: SMA 4468 FINALIZATION

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Please let me know if you're agree with this amount so I can proceed with finalize, thank you.

Best Regards, Hwee Jie | Assistant Automotive Assessor LKK Auto Consultants

Phone: 9180 3151 | Email: <u>Hweejie@lkkauto.com</u> | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



### 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

DAMAG	F ASSES	SMENT	REPORT
DAIVIAG	IL MOOL		

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref:

CS/INC19003480/Jvd3e2

73 BRAS BASAH ROAD

23-04-2019 Date:

#05-01 NTUC TRADE UNION HOUSESINGAPORE 189556 ATTN: ENG HUEY HUEY Code: INC

1.		Policy Partic	culars :- THIRD PARTY CLA	MIM
	Insured Veh.	SLP 4002S	Veh. Inspected	SMA 4468Z
	Policy No.		Coverage (\$)	0.00
	Claim No.	MT/1033013-001	Excess (\$)	0.00
	Assign From	CYNTHIA ANG	Assign Date	25/02/2019
2		Vehicle	Particulars & Condition	NAME OF PERSONS

2.		Vehicle	e Particulars & Condition	
	Make & Model	TOYOTA C-HR	c.c	1797
	Engine No.	HIDDEN	Year of Reg.	2018
	Chassis No.	ZYX102117847	Colour	RED
	Odometer	48798 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	SPORTS RIM
	General	GOOD		

	General	GOOD			
3.		THE RECUES OF THE PARTY OF THE	Conditions of Tyres		神漫
		Size	Make	Balance	
	R/H Front Tyre	215/60 R17	MICHELIN	6 mm	
	L/H Front Tyre	215/60 R17	MICHELIN	6 mm	
	R/H Rear Tyre	215/60 R17	MICHELIN	6 mm	
	L/H Rear Tyre	215/60 R17	MICHELIN	6 mm	

**Description of Damages** THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION.

ESTIMATED NORMAL PERIOD FOR REPAIR:

DAMAGES SEE DETAILS.

5.	General Information					
	Accident Date	20/02/2019	Inspect Date / Time	25/02/2019 ( 11:50 AM )		
	Survey held at	HUA HONG PTE LTD	Y			
		25D SUNGEI KADUT	STREET 1 SINGAPORE 729332			
5a.			Remarks			
	A)THE INSPECTION	ON WAS CONDUCTED CE TO YOUR INSTRUC	ON A"WITHOUT PREJUDICE" BASIS	S. ED REPAIRS.		
5b.		The office at	Estimate Days of 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 1

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SMA 4468Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER	DENTED	631.90	631.90
10	FRONT BUMPER CLIP @\$2.50	NECESSARY	25.00	25.00
1	FRONT BUMPER LOWER	SCRATCHED	474.00	474.00
1	FRONT BUMPER RETAINER (RH)	NOT NECESSARY	113.90	-
1	FRONT BUMPER SIDE BRACKET (RH)	NOT NECESSARY	95.00	-
1	FRONT FENDER (RH)	DENTED	733.00	733.00
1	FRONT FENDER ARCH GARNISH (RH)	SCRATCHED	324.10	324.10
10	FRONT FENDER INNER SHIELD CLIP @\$2.50	NECESSARY	25.00	25.00
1	FRONT FENDER LOGO (RH) 'HYBRID'	NECESSARY	59.70	59.70
	LESS 25% DISCOUNT		-620.40	-568.17
			1,861.20	1,704.53
	LABOUR			
	TO DISMANTLE & CHANGE FRONT BUMPER, FRONT RH FENDER, FRONT RH ARCH GARNISH, KNOCKING & PULL STRAIGHT FRONT RH PANEL.		600.00	400.00
	TO PERFORM WIRE CHECKING.		20.00	20.00
	TO SPRAY FRONT BUMPER, FRONT RH FENDER AND FRONT RH PANEL.		500.00	450.00
			1,120.00	870.00
	GRAND TOTAL		2,981.20	2,574.53

RECOMMENDED COST OF REPAIRS (CONFIRMED)	2,574.53
---	----------

Report Ref No. CS/INC19003480/Jvd3e2

ONG HWEE JIE

**Automotive Assessor** 

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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