

XKL

REF:

CS/TP19003537/Gads

53275

Date: 14/02/19

Estimated Cost:

OD: ☒ WS / TP RES / OD RES / EVA / INV / MY

To inspect Vehicle No: FBK 7686T

at Workshop No: Candy Motor

OS Kaki Bkt Rd 4 # 01-83

Insured:

Policy No:

Claims No:

Sum Insured:

(Client's Record) Survey Fee @ \$350.00 - \$400.00

Make of Vch:

Kenny @ 9155 9476

(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: 3 days Res.: Yes or No

Lump Sum: 20 % 3 Val: Yes or No

CA / REV / REP. / 24 HRS

Date: Person Contacted:

Vehicle: IN / OUT

Vch No: FBK 7686T Regn: 16 Dec 2013

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

Truck / Trailer or Runner

Make: Piaggio Gilera 198

Color: Blue AC: Insured / Std / NI / NA

Sp. Reading: - IRadio: Insured / Std / NI / NA

Eng No:

C No: 2A PM 4640100007046

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inoper / Jammed / Leaked / Burnt or

Brake: Inoper / Jammed / Leaked / Burnt or

Mod: ☒ M / S/Rim / STD A/Rim or

Tyre Size: F: 120/70 R14

R: 140/60-13

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

TOYO / YOKO or METZELER (Frt)

Front Rear

R/Bal: 4 mm R/Bal: 4 mm

L/Bal: mm L/Bal: mm

D.O.A. D.O.I. 14-02-19

Survey held at W/S 3:30 pm

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

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

28/2 Finalized \$4159.6 with Kenny.  
28/2 According to surveyor, vehicle has not send in for repair. Repairer requested to send them our invoice to let owner to pay the survey fee before they start repair.  
(Red 6 190740, 31%)  
no lump sum.

RECEIVED 01 MAR 2019

Date/Time: File Pass to? ☐ : Preli. Report

1) ☐ : Final Report

Date/Time: File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ Site Insp (\$)

☐ Interview (\$)

☐ Tech. Toys (\$)

☐ Weekend (\$)

Survey Fee:

Transportation:

1. 145

2. 50

3. 50

4. 101

5. 80

TOTAL

Report Format: TP

Lump Sum / LB: 4159.60

426

## 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	27/12/2018 17:57
Date Of Accident	27/12/2018 00:30
Exact Location Of Accident	JALAN YAHYA AWAL JOHOR BAHRU
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBK7686T
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MUHD NUR HADI BIN MOHD GHAZALI
NRIC No	S9725327G
Email Address	HADI_7@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-81639942
Alternative Phone No	OFFICE-81639942

### Vehicle Particulars

Manufacturer	PIAGGIO
Model	GILERA ST200
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	MOTORCYCLE

### Insurance Company

Name of Insurance Company	AXA INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	AN3164925
Cover Note Number	

### Driver

Name of Driver	MUHD NUR HADI BIN MOHD GHAZALI
NRIC No	S9725327G
Date Of Birth	31/07/1997
Occupation	INDOOR
Date Of Driving Pass	12/01/2017
Driving Experience	1 YEAR AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81639942
Fax Number	
Contact Number	OFFICE-81639942
Email Address	HADI_7@HOTMAIL.COM

Address	BLK 693C WOODLANDS AVE 6 #11-765
Postcode	733693
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
Vehicle Registration Number of Driver's Own 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	QAK2759 (PRIVATE CAR)
Number of vehicles (including own vehicle) involved in the accident	2
Was any body injured in the Accident?	YES
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?	YES
If Yes, Please state which Police Station	
Police Station Name	MALAYSIA
Police Station Address	ROAD: MALAYSIA , POSTCODE: - , COUNTRY: MALAYSIA
Police Station Contact	TEL NO: - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

#### Circumstances of Accident

PLEASE REFER TO SKETCH PLAN.

#### 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	QAK2759
Vehicle Make/Model/Colour	PERUDOA VIVA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	CHIN MAY
NRIC/Passport Number	
Contact Number	+60183694035
Address	
Postcode	
Insurance Company Name	

Nature Of Damage

No. Of Passenger (Including Driver)

**DETAILS OF INJURED PERSON 1**

Name MUHD NUR HADI BIN MOHD GHAZALI

Approximate Age

Injuries Sustain ABRASION, SWELLING, SEVERE BODY ACHE AND HEADACHE

Injured person in which vehicle? FBK7686T

Were seat belts worn?

Was this injured conveyed to hospital by ambulance? NO

Address

Postcode

**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: 27/12/2015-49  
NRIC/FIN No.:



## SKETCH PLAN

Please refer to sketch.

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 27/12/2018, around 0030, I was on my bike FBK 768GT. I was in Johor Bahru, Susur 4 Tun Abdul Razak, and was heading to Bazaar Karat. Along Jalan Mahya Awal, I was travelling straight when a car from the oncoming direction turned right, heading towards me. I tried to avoid and break but everything happened so fast and the car hit me. The driver initially wanted to run and leave the accident scene but was stopped by the witnesses. Both vehicles were severely damaged. The other vehicle had a passenger but both were not injured. I, on the other hand, face quite a couple of abrasions, swelling on my legs, hands and back and shoulder. My helmet thankfully was still intact. The car's front was severely damaged. My bike was too, broken coverset, lights, ~~eng~~ engine cover, lever and my bike was leaking. Further damages not yet acknowledged. ~~Bike will be brought to~~

## DECLARATION

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

Policyholder's Signature

Date & Time:

Company Chop (If applicable)

Driver's Signature

(If driver is not the policyholder)

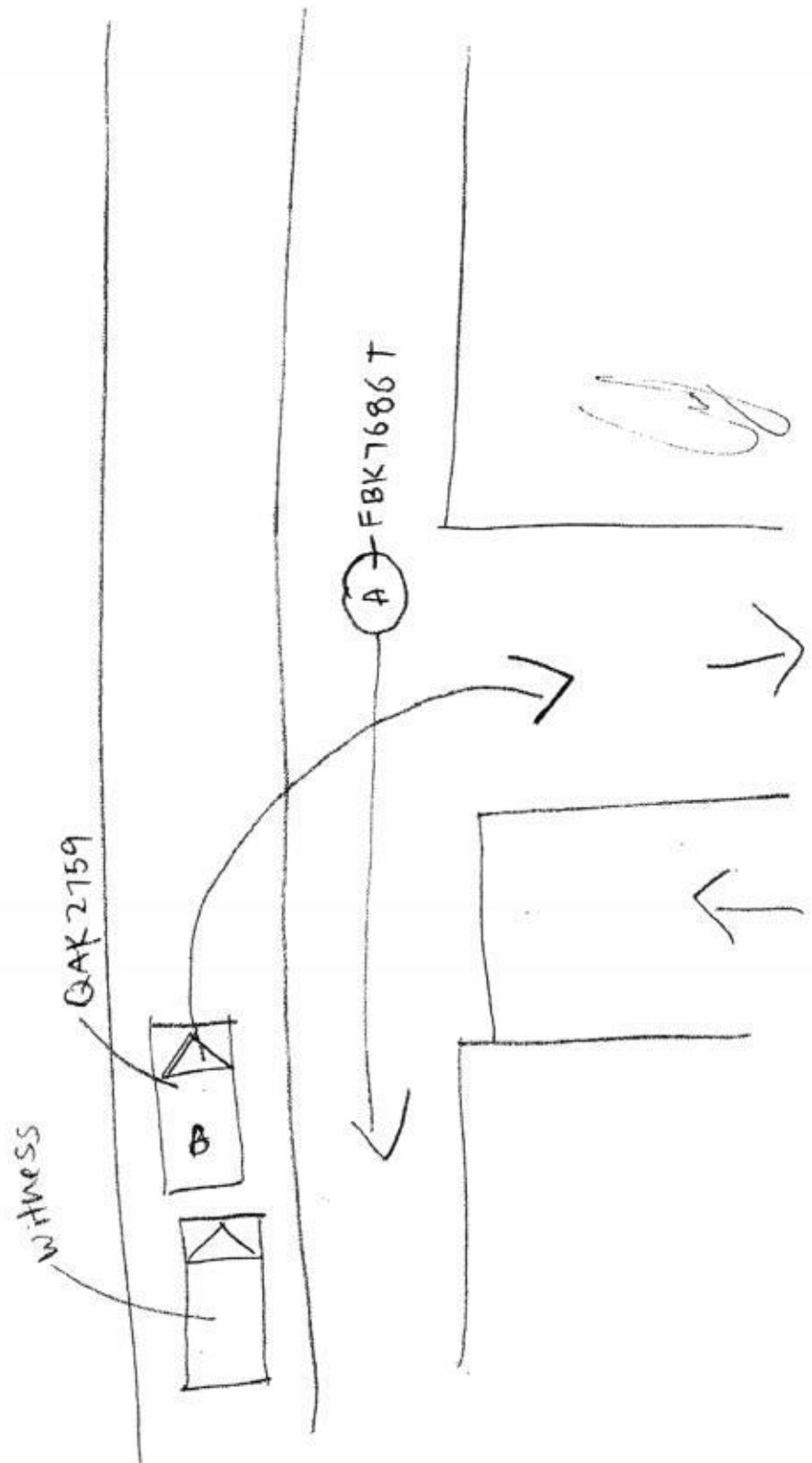
Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:







# POLIS DIRAJA MALAYSIA

## REPOT POLIS

Balai : TRAFIK JOHOR BAHRU(S)  
 Daerah : J/BAHRU SELATAN  
 Kontinjen : JOHOR  
 No Repot : TRAFIK JOHOR BAHRU(S)/031038/18  
 Tarikh : 27/12/2018  
 Waktu : 0210 AM  
 Bahasa Diterima : B. Malaysia

Pegawai Penyiasat : R164906  
 No Repot Bersangkut : TRAFIK JOHOR BAHRU  
 (S)/031037/18

### Butir-butir Penerima Repot

Nama : SYED MUHAMMAD AL HAKIM B SYED ZAINAL ABIDIN

No Personel : R205934

Pangkat : KONST/P

### Butir-butir Jurubahasa (Jika Ada)

Nama : ---

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : ---

Bahasa Asal : ---

Alamat : ---

### Butir-butir Pengadu

Nama : MUHAMMAD NUR HADI BIN MUHAMMAD GHAZALI

No K/P (Baru) : ---

No Polis/Tentera : ---

No Paspot : E4675487C

No Sijil Beranak : ---

Jantina : Lelaki

Tarik Lahir : 31/07/1997

Umur : 21 tahun 4 bulan

Keturunan : Melayu

Warga Negara : Malaysia

Pekerjaan : SWASTA

Alamat Tempat Tinggal : 693C WOODLANDS AVE 6 #11-765 733693 SINGAPORE, 733693

Alamat Ibu/Bapa : ---

Alamat Pejabat : ---

No Tel (Rumah) : ---

No Tel (Pejabat) : ---

No Tel (HP) : 6581639942

Email : ---

### Pengadu Menyatakan:-

PADA 27/12/2018 JAM LEBIH KURANG 0300HRS SAYA MEMANDU M/SIKAL NO FBK7686T DARI SUSUR 4 HENDAK KE BAZAR KARAT JOHOR BAHRU. APABILA SAMPAI DI JALAN YAHYA AWAL, SEMASA BERJALAN TERUS TIBA-TIBA SEBUAH M/KAR NO QAK2759 DARI ARAH BERTENTANGAN TIBA-TIBA MEMBELOK MASUK KE SIMPANG SİLING BELAH KIRI SAYA SAYA CUBA BREK DAN ELAK NAMUN TERLANGGAR JUGA M/KAR TERSEBUT. SAYA MENGALAMI KECEDERAAN LUKA DI BAHAGIAN BELAKANG BADAN, SIKU, KAKI KIRI KANAN, SAKIT BELAKANG. SAYA MASIH BELUM MENDAPATKAN RAWATAN DARI MANA-MANA HOSPITAL. KEROSAKAN M/SIKAL SAYA BAHAGIAN HADAPAN KANAN : COVERSET, LAMPU, COVER ENJIN, TANGKI MINYAK HITAM, HANDLE DAN LAIN-LAIN KEROSAKAN TIDAK PASTI. SEKIAN LAPORAN SAYA.

Tandatangan Pengadu:

Tandatangan Jurubahasa (Jika ada):

Tandatangan Penerima Repot:

ID Pencetak | Tarikh @ Masa Cetak : R205934 | 27/12/2018 02:24:18 AM

Pol.316

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POL.316




**POLIS DIRAJA MALAYSIA**  
**CAWANGAN TRAFIK**  
**IBU PEJABAT POLIS DAERAH JOHOR BAHRU SELATAN,**  
**JALAN TEBRAU, 80100 JOHOR BAHRU**  
**07-2237977**

Resit Akuan Penerimaan Repot Polis :

Nama Pengadu : MUHAMMAD UR HADI BIN MOHD GHAZALI  
 No Kad Pengenalan / Paspot : E4675487C  
 No Repot Polis : TRAFIK JOHOR BAHRU(S)/031038/18  
 Tarikh @ Masa Repot Polis : 27/12/2018 @ 02:10  
 Pengesahan Penerimaan Repot : 

Tandatangan : Ketua Pejabat Pertanyaan

Pegawai Penyiasat :

Nama Pegawai Penyiasat : (R164906) S. I ASHIENTY BINTI ABDUL AZIM  
 Tempat Tugas : JOHOR, J/BAHRU SELATAN  
 No Telefon Pejabat : No Telefon Bimbit : 019-2815367  
 Tarikh @ masa Perjumpaan : 27/12/18 @ 0230h.  
 Pengesahan Penerimaan Repot : 

Tandatangan Pegawai Penyiasat

Juru Gambar :

Nama : No Bilan : Pangkat :

Tarikh @ Masa Gambar Diambil :

Pengesahan Gambar Diambil :

Tandatangan Juru Gambar

Unit Pembekalan Dokumen Siasatan :

No Telefon Unit Pembekalan Dokumen :

Waktu Pejabat :

Isnin - Khamis :  
 08:00 Pagi - 01:00 Tengah Hari  
 02:00 Petang - 04:30 Petang  
 Jumaat :  
 08:00 Pagi - 12:30 Tengah Hari  
 02:45 Petang - 04:30 Petang  
 Cuti Umum / Khas - Tutup

Waktu Pejabat :

Ahad - Rabu :  
 8.00 Pagi - 1.00 Tengah Hari  
 2.00 Petang - 4.00 Petang  
 Khamis :  
 8.00 Pagi - 1.00 Tengah Hari  
 2.00 Petang - 2.30 Petang  
 Rehat - 1.00 T/Hari - 2.00 Petang  
 Jumaat, Sabtu - Tutup  
 Cuti Umum / Khas - Tutup

Jenis Dokumen Dibekal Kepada Pengadu :

1. Salinan Repot Polis ☒
2. Gambar Kenderaan ☐
3. Rajuan Kasar Kemalangan ☐
4. Keputusan Siasatan ☐
5. Lain-lain Dokumen ☐

Tarikh @ Masa Dokumen Diserah :

Pengesahan Kaunter Pembekalan Dokumen :

Tandatangan Pegawai Kaunter Pembekalan Dokumen

> Back to OneMotoring

## Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	5327G
Vehicle Details	
Vehicle No.:	FBK7686T
Vehicle to be Exported:	No
Intended Deregistration Date:	15 Feb 2019
Vehicle Make:	PIAGGIO
Vehicle Model:	GILERA RUNNER ST 200
Primary Colour:	Black
Manufacturing Year:	2012
Engine No.:	M464M0010380
Chassis No.:	ZAPM4640100007046
Maximum Power Output:	-
Open Market Value:	\$3,307.00
Original Registration Date:	16 Dec 2013
First Registration Date:	16 Dec 2013
Transfer Count:	5
Actual ARF Paid:	\$497.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	15 Dec 2023
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$1,782.00
COE Rebate Amount:	\$861.00
<b>Total Rebate Amount:</b>	<b>\$861.00</b>

The information contained herein is correct as at 15 Feb 2019

OK

**CandyMotor Workshop Pte Ltd (Reg: 201728110D)**  
**25 Kaki Bukit Road 4, #01-83 Synergy @ KB Singapore 417800**  
**Office: 9636 6740**

# Invoice

**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:

Date: **30/01/2019**

TO: Allianz Malaysia Berhad

Invoice Number: #1253

Item No.	Description	QTY	Unit Price (SGD)
655064	Front Shield / cut	1	420 406 /
654982	Copertura Laterale Superior Escudo sx - cut	1	233 202 /
564983	Copertura Laterale Superior Escudo dx - cut	1	233 202 /
655043	RH Cover - cut	1	180 156 /
655044	LH Cover - cut	1	180 156 /
949436000	Footrest RH - cut	1	32 27 /
949435000	Footrest LH - cut	1	32 27 /
656523 (Bottom)	Spoiler - cut & CRA.	1	222 193 /
949413	LH Half Rear Fairing - cut.	1	183 159 /
655083 (Top Cover)	Copertura Anteriore Manubrio - cut.	1	141 122 /
6550825 (Handle Bar)	Manubrio Con PI - BT.	1	194 168 /
646833	Fr. Br. Lever - cut.	2	23 20 /
58508R (Fork)	Forcella Anteriore Completa - BT.	1	751 653 /
639185 (Headlamp)	Indicatore Direzione Anteriore dx - scr.	1	50 48 /
6241125	Top Frame X { repairs	1	X 172
6242885	Body Frame X { repairs	1	X 1338
847308	Exhaust Pipe Protector - cut.	1	50 43 /
	Exhaust Pipe - CRA	1	1070 /
	Check Fork	1	120 280
	Check Body	200 1	N/A 380
	Labour	1	200. 250
Total			520 6067 6464

**Terms & Conditions**

\* Goods & Services Sold are not returnable or exchangeable.

\* Please inform us within seven (7) working days of any discrepancies.

\* Cheque should be crossed and made payable to CANDYMOTOR WORKSHOP PTE LTD

For Bank Transfer or Cheque Payment:

Bank Name: DBS Bank

Bank Swift Code: DBSSGSG

Account Number: 003-951714-9

3 Days.

Insurance repair P/P

After repair photos

Guo Riang - 82880282

14/2/19.

2577 4044  
 10%: 227.7 3639.6  
 2639.6  
 270: 2100  
 4159.6

CandyMotor Workshop Pte Ltd (Reg: 201728110D)  
25 Kaki Bukit Road 4, #01-83 Synergy @ KB Singapore 417800  
Office: 9636 6740



Authorized Signature



Goods Received in Good Condition




# 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				
CANDYMOTOR WORKSHOP PTE LTD		Ref : CS/TP19003537/Gqd3s2		
25 KAKI BUKIT ROAD 4 #01-83 SYNERGY @ KBSINGAPORE 417800		Date : 01-03-2019		
ON BEHALF OF MUHD NUR HADI BIN MOHD GHAZALI		Code : TP502		
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	Veh. Inspected		FBK 7686T	
Policy No.	Coverage (\$)		0.00	
Claim No.	Excess (\$)		0.00	
Assign From	Assign Date		14/02/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	PIAGGIO GILERA RUNNER	c.c	198	
Engine No.	HIDDEN	Year of Reg.	2013	
Chassis No.	ZAPM4640100007046	Colour	BLUE	
Odometer	-	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	120/70R14	METZELER	4 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	140/60-13	MICHELIN	4 mm	
L/H Rear Tyre			mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S AND N/S BODY. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	27/12/2018	Inspection Date	14/02/2019	
Survey held at	CANDYMOTOR WORKSHOP PTE LTD 25 KAKI BUKIT ROAD 4 #01-83 SYNERGY @ KB SINGAPORE 417800			
<b>5a. Remarks</b>				
A)THE VEHICLE HAS NOT SEND IN FOR REPAIR. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 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. FBK 7686T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT SHIELD	CUT	470.00	470.00
1	COPERTURA LATERALE SUPERIOR ESCUDO SX	CUT	233.00	233.00
1	COPERTURA LATERALE SUPERIOR ESCUDO DX	CUT	233.00	233.00
1	RH COVER	CUT	180.00	180.00
1	LH COVER	CUT	180.00	180.00
1	FOOTREST RH	CUT	32.00	32.00
1	FOOTREST LH	CUT	32.00	32.00
1	SPOILER (BOTTOM)	CRACKED	222.00	222.00
1	LH HALF REAR FAIRING	CUT	183.00	183.00
1	COPERTURA ANTERIORE MANUBRIO (TOP COVER)	CUT	141.00	141.00
1	MANUBRIO CON PI (HANDLE BAR)	BENT	194.00	194.00
2	FR. BR. LEVER	CUT	23.00	23.00
1	FORCELLA ANTERIORE COMPLETA (FORK)	BENT	751.00	751.00
1	INDICATORE DIREZIONE ANTERIORE DA (HEADBIP)	SCRATCHED	50.00	50.00
1	TOP FRAME	TO REPAIR SEE LABOUR	172.00	-
1	BODY FRAME	TO REPAIR SEE LABOUR	1,338.00	-
1	EXHAUST PIPE PROTECTOR	CUT	50.00	50.00
1	EXHAUST PIPE	CRACKED	1,070.00	1,070.00
	LESS 10% DISCOUNT		-	-404.40
			5,554.00	3,639.60
<b>LABOUR</b>				
	CHECK FORK		280.00	120.00
	CHECK BODY. INCLUSIVE OF THE REPAIR OF TOP FRAME AND BODY FRAME.		380.00	200.00
	LABOUR.		250.00	200.00
			910.00	520.00
<b>GRAND TOTAL</b>			<b>6,464.00</b>	<b>4,159.60</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>4,159.60</b>

Report Ref No. CS/TP19003537/Gqd3s2

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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