

ASS. REC. BY:

REF:

CS3 | AWA19004313 | RIC d307

Special Instruction:

SURVA/ON

Rasu

ASSIGNMENT (Office)

From (Person): Stella Goh

of

AWA

Date/Time:

8/3/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

FBN1918Z

Insured:

STR4618D

at Workshop m/s

Universal Motor

Tel:

9642 3147

of

Bik 1006, Bkt Merah lune 2 #01-04

Policy No:

AVPASBOS22481803

Claim No:

NEV1900079 | BT

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

13/2/2019

12/3/19

H.O.D. Endorsement:

CA / REV / REP. / REV 24 HRS

Date/Time:

11/3/19 @ 4:30pm

Person Contacted:

Michael

Vehicle IN / OUT

Date/Time

Action/Instruction (X) Estimate

FBN1918Z - NBA | MSG19003134 | Y DOA: 13/2/2019

STR4618D - X

14/3/19

@ 1002am Michael said no est provided

Dismantle: 14/3/2019

After repair: 18/3/2019

309017

ASSIGNMENT

TOTAL

300

☐: Weekend (\$

Catherine Chong (LKK Auto)

From: Goh, Stella <stella.goh@awac.com> on behalf of Motorsurvey
<Motorsurvey@awac.com>
Sent: Friday, 8 March, 2019 1:46 PM
To: assignments@lkkauto.com
Cc: sur@lkkauto.com; vcsg01
Subject: TP Survey assignment for FBN1918Z DOA: 13/02/19 Our ref: NSV1900079/BT

The above captioned accident refers.

Pursuant to the Practice Directions Amendment No. 1 of 2016 which was effective on 1 April 2016, we like to advise that the third party claimant and us do not have consensus in the appointment of LKK Auto Consultants Pte Ltd as the Single Joint Expert to conduct the pre-repair survey of the third party claimant's vehicle.

Please conduct "THIRD PARTY" survey on without prejudice basis. The information as are follows:

3 rd Party Vehicle	:	FBN 1918 Z
Insured Vehicle	:	SJR 4618 D
Policy Number	:	AVPPSB0522481803
Name of Workshop	:	Vehicle Claims Specialist Pte Ltd
Contact Number	:	NA
Person to Contact	:	NA
Estimated Cost of repairs	:	NA

Regards,
Claims Division

Copy to Vehicle Claims Specialist Pte Ltd (Your Ref: FBN1918Z) via Email.

Note -

- (X)
1. This is to keep you informed that we have appointed surveyors to conduct inspection to your client's damaged vehicle on a without prejudice basis.
 2. **Please keep our motor surveyor and us informed so as to enable the surveyor to conduct a post repair inspection once your client's vehicle has been repaired and before returning the repaired vehicle to your customer.**
 3. Please quantify your client's claim with all relevant supporting documents once your client's vehicle has been repaired.
 4. Please do not construe this appointment of surveyor and our above request as an admission of liability.

Regards
Motor Claims
Claims Group

The information contained in this e-mail and any attachments hereto is confidential. If you are not the intended recipient, you must not use or disseminate any of this information. If you have received this e-mail in error, please immediately notify the sender by reply e-mail and permanently delete the original e-mail (and any attachments hereto) and any copies or printouts thereof. Although this e-mail and any attachments hereto are believed to be free of any virus or other defect that might affect any computer system into which it is received and opened, it is the responsibility of the recipient to ensure that it is virus free and no responsibility is accepted by Allied World Assurance Company Holdings, GmbH or its subsidiaries or affiliates, either jointly or severally, for any loss or damage arising in any way from its use.

VEHICLE CLAIMS SPECIALIST PTE LTD
UEN 201802773H

Date: 11th March 2019

Your ref: SJR 4618D

BY EMAIL ONLY

Our ref: VCS/FBN 1918Z/UM/PDPI

To: ALLIED WORLD ASSURANCE CO. LTD

Attn: Motor Claims Dept

Dear Sirs,

**CORRESPONDANCE PURSUANT TO PARAGRAPH 2.9 OF THE PRE-ACTION
PROTOCOL FOR NIMA CASES.**

Please note that the said vehicle can be inspected at:

UNIVERSAL MOTORS PTE LTD
BLK 1006 BUKIT MERAH LANE 2
#01-04
SINGAPORE 159762

Contact No. 96423147

Please call for to arrange for an appointment before conducting the pre-repair inspection.

Please note that the vehicle will be available for pre-repair inspection within the next 2 days excluding any intervening Saturday, Sunday and/or Public Holiday, the said workshop will commence repairs thereafter without further notice or reference to you. All our client's right are expressly reserved.

PLEASE REPLY BY EMAIL ONLY : VCSSG01@GMAIL.COM

DO NOT REPLY BY FAX

Yours faithfully

VCS

Vehicle Claims Specialist Pte Ltd

MSIG

MSIG Insurance (Singapore) Pte. Ltd. (Co. Reg. No. 200412212G)
4 Shenton Way, # 21-01, SGX Centre 2, Singapore 068807
Tel +65 6827 7888, Fax +65 6827 7800
msig.com.sg

MOTORCYCLE INSURANCE SCHEDULE**DATE OF ISSUE:** 29/08/2018**AGENCY:** A0074-001-10225
COMMERCIAL AGENCY PTE LTD**POLICY NO:** MSD/VMS/18-387317-CA**INSURED:**

NAME: KUNCHITHAPATHAM SUNTHAR
ADDRESS: 180 BUKIT BATOK WEST AVE 8
#04-185
SE 650180

NRIC NO: S6863090H
DATE OF BIRTH: 15/04/1968 (50 yrs)
DRIVING EXP: 14/04/2014 (4 yrs)
CONTACT NO: 98533244

BUSINESS OR PROFESSION: ENGINEER

PERIOD OF INSURANCE FROM: 10/08/2018 **TO** 09/08/2019
03:48PM

REGISTRATION NUMBER: FBN1918Z**CUBIC CAPACITY:** 184**MAKE OF VEHICLE:** HONDA**YEAR OF REGISTRATION:** 2018

INSURED ESTIMATE OF VALUE: PMV
PREVAILING MARKET VALUE

SEATING CAPACITY: 2**AUTHORISED DRIVERS:**

THE INSURED
NARAYANASAMY CHIDAMBARA NATHAN ONLY.

NRIC: S2684244A DOB: 14/06/1967 EXP: 05/06/2012 OCCP: TECHNICIAN

ENDORSEMENTS APPLICABLE: 2C 2K 3Q 15 M23 94 97 - INSURED**PREMIUM:** 265.00**EXCESS:** \$300(FIRE&THEFT) \$600(ENDDT 2K)**GST @ 7%:** 18.55**TOTAL :** 283.55**NO CLAIM BONUS OF 0% IS ALLOWED**


**NAME OF EMPLOYER AND/OR
HIRE PURCHASE OWNER:** UNIVERSAL MOTORS PTE LTD

MSIG Insurance (Singapore) Pte. Ltd.**Sanction Limitation and Exclusion Clause**

No Insurer shall be deemed to provide cover and no Insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that Insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union or United Kingdom or United States of America.

**Approved Insurers**

REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S6863090H



Name
KUNCHITHAPATHAM SUNTHAR



குஞ்சிதபாதம் சுந்தர்

Race
INDIAN

Date of birth
15-04-1968

Sex
M

Country of birth
INDIA

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number S6863090H

Name
KUNCHITHAPATHAM SUNTHAR

Birth Date 15 Apr 1968

Issue Date 21 Mar 2014




002285294C

8862231



NRIC No. S6863090H



Nationality
INDIAN

Date of issue
23-12-2004

APT. BLK 100 BUKIT BATOK WEST AVENUE 8 #04-185
SINGAPORE 660180

NRIC No. S6863090H Date: 26/01/2011 Nos. 6717470

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

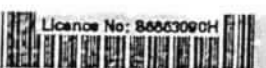
EFFECTIVE DATE

Class 2B Motorcycles < 200 CC 14 Apr 2014

Class 3 Motor cars < 3000 kg with < 7 passengers, exclusive of the driver, and motor tractors/vehicles < 3000 kg 31 Jan 1997

S6863090H S / No. 9000196626

NP 428A



License No: S6863090H

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	3090H
Vehicle Details	
Vehicle No.:	FBN1918Z
Vehicle to be Exported:	No
Intended Deregistration Date:	16 May 2019
Vehicle Make:	HONDA
Vehicle Model:	CB190R MANUAL
Primary Colour:	Maroon
Manufacturing Year:	2017
Engine No.:	WH161FMK17H00225
Chassis No.:	LWBPCL10XH1005398
Maximum Power Output:	-
Open Market Value:	\$2,660.00
Original Registration Date:	10 Aug 2018
First Registration Date:	10 Aug 2018
Transfer Count:	1
Actual ARF Paid:	\$399.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00
Intended COE Rebate Details	
COE Expiry Date:	09 Aug 2028
COE Category:	D - Motorcycle
COE Period(Years):	10
QP Paid:	\$5,514.00
COE Rebate Amount:	\$5,090.00
Total Rebate Amount:	\$5,090.00

The information contained herein is correct as at 16 May 2019

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 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	19/02/2019 19:11
Date Of Accident	13/02/2019 18:00
Exact Location Of Accident	UPP SERANGOON ROAD TOWARDS SENGKANG EAST DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	FBN1918Z
Insured/Policyholder	
Name Of Registered Owner	KUNCHITHAPATHAM SUNTHAR
NRIC No	S6863090H
Email Address	VEENASUN@YAHOO.COM
Mobile Phone No	(LOCAL) +65-98533244
Alternative Phone No	OTHERS-98533244

Vehicle Particulars

Manufacturer	HONDA
Model	CB190R-184CC
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSES
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	MSD/VMS/18-387317-CA
Cover Note Number	

Driver

Name of Driver	KUNCHITHAPATHAM SUNTHAR
NRIC No	S6863090H
Date Of Birth	15/04/1968
Occupation	OUTDOOR
Date Of Driving Pass	14/04/2014
Driving Experience	4 YEARS AND 9 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98533244
Fax Number	
Contact Number	OTHERS-98533244
E Mail Address	VEENASUN@YAHOO.COM

Address	BLK 180 BUKIT BATOK WEST AVENUE 8 #04-185
Postcode	950180
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 - MAJOR/MINOR RD
Weather Conditions	CLEAR
Road Surface	DRY

Other Information

Was any foreign vehicle involved in this accident?	NO
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?	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)	2
Passenger 1	NAME: : COLLEAGUE GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ - SINGAPORE CITY
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO POLICE REPORT T/20190218/2129

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	SJR4618D
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	BITAER
NRIC/Passport Number	
Contact Number	96883117

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

KUNCHITHAPATHAM SUNTHAR

Approximate Age

Injuries Sustain

SERIOUS INJURY

Injured person in which vehicle?

FBN1918Z

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

YES

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:

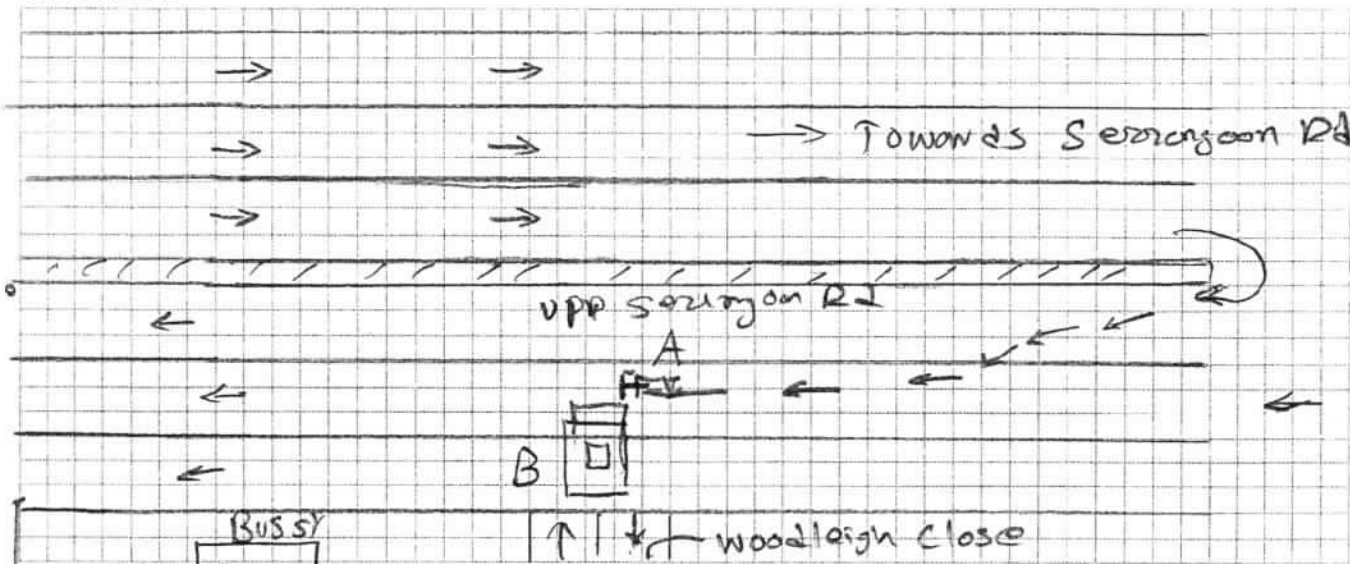
- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "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:
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A) FBN 1918 Z

B) SJR 4618 D

PLS REFER TO POLICE REPORT T/20190218/2129

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

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

19/02/2019
Resli Wathu



SINGAPORE POLICE FORCE



T/20190218/2129

1 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190218/2129

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 18/02/2019 16:47			Vide Report No.:		Station Diary No.:
Informant's Particulars					
Name of Informant: KUNCHITHAPATHAM SUNTHAR			Address: APT BLK 180 BUKIT BATOK WEST AVENUE 8 #04-185 SINGAPORE 650180		
ID Type / ID No.: NRIC NO / S6863090H			Contact No.: Home/Office: Mobile: 98533244		
Nationality: INDIAN			Email:		
Sex: Male	Age: 50	Date of Birth: 15/04/1968	Type of Informant: Rider		
Race: Indian			Language:		Institution / School Name:
Occupation: SUPERVISOR			Driving Licence Information: Class: Date of Expiry:		

General Information of the Accident				
Type of Accident:	Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 13/02/2019 19:00	Type of Location:
Location: Along Road 1 UPPER SERANGOON ROAD TWDS SENGKANG EAST DRIVE				
Weather: Clear		Road Surface: Dry		Road Speed Limit:
Traffic Flow:		Traffic Control:		Traffic Volume:
Type of Collision:				Anyone conveyed by ambulance: Yes

Details of Vehicle Involved						
Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
FBN1918Z	Motorcycle	HONDA	CB190R MANUAL	Maroon		1
SJR4618D	Car	NISSAN	LATIO SPORT BASE 1.5L AT ABS D/AB 2WD 5D			0



**SINGAPORE
POLICE FORCE**



T/20190218/2129

2 of 4

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

Report No. T/20190218/2129

CONTINUATION OF REPORT

Details of Vehicle Insurance				
Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
FBN1918Z	MSIG INSURANCE (SINGAPORE) PTE. LTD.	72114390	10/08/2018	09/08/2019

Details of Person Involved				
Any Pedestrian Involved: No				
No. of Pedestrians Injured: NIL			Use of Pedestrian Crossing: NA	
Rider				
Name	KUNCHITHAPATHAM SUNTHAR		ID No.	S6863090H
Related Vehicle	FBN1918Z (Motorcycle)		Contact No.	98533244
Hospital/Clinic	TAN TOCK SENG HOSPITAL		Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	13/02/2019		Date Discharge	15/02/2019
No. of Days granted Medical Leave		31	Degree of Injury	NIL
Driver				
Name	BITAER		ID No.	NIL
Related Vehicle	SJR4618D (Car)		Contact No.	96883917
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.

AS STATED TIME, DATE AND LOCATION,
I WAS TRAVELLING ALONG THE SAID LOCATION ON THE MOST RIGHT LANE WANTED TO MAKE A PROPER U-TURN. AFTER I MADE THE U-TURN, I DROVE STRAIGHT ABOUT 20 -30 KM/H APPROACHING THE YELLOW BOX. SUDDENLY, THERE WAS A CAR CAME OUT FROM WOODLIEGH CLOSE ENTERING THE UPPER SERANGOON RD WITHOUT SEE ANY ONCOMING VEHICLE. AS A RESULT, THE CAR HIT ONTO MY LEFT PART OF MY LEG UNTIL MY BIKE WABBLLED. MY PILLION FELL DOWN ON THE ROAD BECAUSE I MAKE A SUDDEN BRAKE. THE DRIVER CALLED FOR AMBULANCE AND WAS CONVEYED TO THE SAID HOSPITAL AND GIVEN 31 DAYS OF MEDICAL LEAVES.

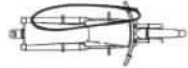
**LKK Auto Consultants Pte Ltd**

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

PRE-REPAIR INSPECTION REPORT				
ALLIED WORLD ASSURANCE COMPANY LTD (SINGAPORE BRANCH) 60 ANSON ROAD #08-01 (8th FLOOR)MAPLETREE ANSON S 079914		Ref: CS3/AWA19004313/R1cd3e2 Date: 24-05-2019 Code: AWA		
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SJR 4618D	Veh. Inspected	FBN 1918Z	
Policy No.	AVPPSB0522481803	Coverage (\$)	0.00	
Claim No.	NSV1900079/BT	Excess (\$)	0.00	
Assign From	STELLA GOH	Assign Date	08/03/2019	
2. Vehicle Particulars & Condition				
Make & Model	HONDA CB190R MANUAL	c.c	184	
Engine No.	HIDDEN	Year of Reg.	2018	
Chassis No.	LWBPCL10XH1005398	Colour	MULTI COLOUR	
Odometer	10135 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	110/70 R17	RADIAL	3 mm	
L/H Front Tyre			mm	
R/H Rear Tyre	110/70 R17	RADIAL	3 mm	
L/H Rear Tyre			mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE N/S BODY. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	13/02/2019	Inspect Date / Time	12/03/2019 (02:36 PM)	
Survey held at	UNIVERSAL MOTORS PTE LTD BLK 1006 BUKIT MERAH LANE 2 #01-04 SINGAPORE 159762			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$2,500-\$3,000				
5b. Estimate Days of Repair				
ESTIMATED NORMAL PERIOD FOR REPAIR:		4 Working Days		

Report Ref No. CS3/AWA19004313/R1cd3e2

Inspected By

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, 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.