

Customer No.

ASS. REF. ID

REP: CS/INC19006563/K190301

Special Instruction

SA/VEH/ST

Kalvin

ASSIGNMENT (Office)

From (Person)

Annie Koh

of

INC

Date/Time

11/4/19 @ 5:30pm

Estimated Cost

Bill to

OD / TP

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

To Inspect Vehicle No.

SHC 6426E

Insured

SJS1004P

at Workshop n/a

Premier Automotive

Tel:

6544 6684

of

23 Cheneji South Ave 2# 02-03

Policy No.

Claim No.

MT/1039741-002

Sum Insured

Excess

Make of Veh.

D.O.A.

10/4/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

9:30am @ 12/4/19

Person Contacted:

Vincent

Vehicle

IN / OUT

Date/Time	Action/Instruction ( ) Estimate
	<u>SHC 6426E - CS/FCI/8020738</u>
	<u>SJS1004P-NBA/INC17003250/S</u>
	<u>DUA: 15/2/19</u>

Surveyor: Kahin

REF: INC

**ASSIGNMENT**

From: \_\_\_\_\_ Date: 12/4/19

Estimated Cost: \_\_\_\_\_

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

To Inspect Vehicle No: SHC 6 426E

at Workshop m/s premier

of 23 chengi south ave 2 # 02-03

Insured: \_\_\_\_\_

Policy No. \_\_\_\_\_

Claims No. \_\_\_\_\_

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

(Client's Record)

Make of Veh: \_\_\_\_\_

Veh No: SHC 6426E Yr Regn: 19 Mar 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Taxi~~ / Prime Mover / Truck / Trailer or

Make: KIA optima c.c. 1685

Colour: Silver A/C: Insured / Std / NI / NA

Sp. Reading: 414259 T/Radio: Insured / Std / NI / NA

Eng/No: \_\_\_\_\_

C/No: 1CNAHM414MFS588361

Gen. Cond: Good / Fair /  Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

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: \_\_\_\_\_

IDAC Accident Rport: \_\_\_\_\_ Consistent? : Yes or No

GIA / PR Seen: \_\_\_\_\_ Consistent? : Yes or No

Est. Repairs: 2 days Res.: Yes or No

Lum Sum: \_\_\_\_\_ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS <sup>(up)</sup>

Date: \_\_\_\_\_ Person Contacted: \_\_\_\_\_ Vehicle: IN / OUT

Tyre Size: F: 205/65R16

R: \_\_\_\_\_

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI / TOYO / YOKO or Maxxis

Front		Rear	
R/Bal. <u>6</u> mm		R/Bal. <u>6</u> mm	
L/Bal. <u>6</u> mm		L/Bal. <u>6</u> mm	
D.O.A. <u>10/4/19</u>		D.O.I. <u>12/4/19</u>	

Survey held at premier 0705AM

Des. of Damages: Frnt / Rear / O/S / N/S / U/C / Rooftop or None n/s

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

Date / Time	Action / Instruction
<u>15/4/19</u>	<u>Advised P/P \$350 / 20m. (Red \$2504.40, 88%) Labour Only</u> <u>no lump sum</u>

RECEIVED 15 APR 2019

*[Signature]*  
15/4/2019

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

1)  : Final Report

Date/Time, File Return to? \_\_\_\_\_

2) \_\_\_\_\_

Report Format: TP

Lump Sum / I.B.I: (\$ 350 )

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:  : Site Insp (\$ )

: Interview (\$ )

: Tech. Invs (\$ )

: Weekend (\$ )

Survey Fee:	<u>250</u>
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	<u>250</u>

## Nivitha (LKK Auto)

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**From:** Annie Koh <annie.koh@income.com.sg>  
**Sent:** Thursday, 11 April 2019 6:36 PM  
**To:** Admin-D (LKKAuto); assignments  
**Subject:** RE: TP CASES FARMED OUT TO LKK ON 12/04/2019

Re-send

Please take note of the OIC and claim number as stated below.

Warmest Regards

**Annie Koh**  
Senior Admin,  
Motor Insurance  
T +65 64307899  
[www.income.com.sg](http://www.income.com.sg)



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**From:** Annie Koh  
**Sent:** Thursday, 11 April 2019 5:47 PM  
**To:** 'Admin-D (LKKAuto)' <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>  
**Cc:** Thio Tse Kiat <tsekiat.thio@income.com.sg>; Teng Ken Leong <kenleong.teng@income.com.sg>  
**Subject:** RE: TP CASES FARMED OUT TO LKK ON 12/04/2019

Dear LKK,

Please survey the vehicle for SKQ2698D.  
Total vehicle to survey should be 3.

Warmest Regards

**Annie Koh**  
Senior Admin,  
Motor Insurance  
T +65 64307899  
[www.income.com.sg](http://www.income.com.sg)



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**From:** Admin-D (LKKAuto) [<mailto:admin-d@lkkauto.com>]  
**Sent:** Thursday, 11 April 2019 5:44 PM  
**To:** Annie Koh <annie.koh@income.com.sg>; assignments <assignments@lkkauto.com>

Dear LKK,

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

SN	OIC	Claim No.	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
1	David Phua	MT/1039614-002	SLK4933G	JKS MOTOR WORKS PTE LTD	8 KAKI BUKIT AVENUE 4 #03-46 PREMIER @ KAKI BUKIT	Leslie Enriquez / 88119996		GZ5274Z	9/4/19	
2	Helena Tan	MT/1039603-002	SKQ2698D	N-51 AUTOMOTIVE PTE LTD	KAKI BUKIT AUTOHUB @ BLK 2 KAKI BUKIT AVE 2 #01-17/18	Zi Ting / 6842 0051		PC7272E	9/4/19	
3	Quek Swee Keng	MT/1039741-002	SHC6426E	PREMIER AUTOMOTIVE SERVICES PTE LTD	23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443	MR LIEW / 65446689	10:00-12:00	SJS1004P	10/4/19	

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Annie Koh  
Senior Admin Assistant, Motor Insurance  
T +65 6430 7899  
[www.income.com.sg](http://www.income.com.sg)

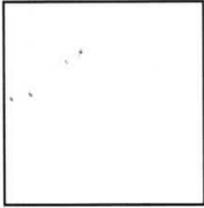


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### Enquire Transaction History

#### Transaction History Details

Log Date/Time:	19 Mar 2015 / 09:14:41	Receipt No.:	AACCK001-AX239-150319-000005
Asset Type:	Vehicle	Transaction Amount:	\$65,391.00
Asset ID:	SHC6426E	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20150319091441008297		

Vehicle No.:	SHC6426E
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)
Vehicle Attachment 1:	Air-Con (Taxi)
Vehicle Attachment 2:	-
Vehicle Attachment 3:	-
Vehicle Scheme:	Taxi (Company)
First Registration Date:	19 Mar 2015
Original Registration Date:	19 Mar 2015
Vehicle Make:	KIA
Vehicle Model:	OPTIMA 1.7(A) DIESEL
Chassis No.:	KNAGM414MF5588361
Engine No.:	D4FDEH313625
Motor No.:	-
Trailer Chassis No.:	-
Propellant:	Diesel
Passenger Capacity:	4
Engine Capacity:	1685
Power Rating:	-
Unladen Weight:	1584
Maximum Laden Weight:	2050
Primary Color:	Silver
Secondary Color:	-
Manufacturing Year:	2014
Open Market Value:	\$21,185.00
Minimum PARF Benefit:	\$8,495.00
PARF Eligibility:	Y
No. of Transfer:	0
Effective Ownership Date/Time:	19 Mar 2015 09:14:41
COE No.:	2015031901002265W
COE Expiry Date:	18 Mar 2023
COE Bid Category:	-
Actual QP/PQP Paid Amount:	\$51,092.00
Lifespan Expiry Date:	18 Mar 2023

## 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	10/04/2019 15:58
Date Of Accident	10/04/2019 12:00
Exact Location Of Accident	PIE/CHANGI SLIP INTO LORNIE ROAD EXIT
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6426E
<b>Insured/Policyholder</b>	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

### Vehicle Particulars

Manufacturer	KIA
Model	OPTIMA-1.7 D (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	TAXI

### Insurance Company

Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107202885
Cover Note Number	

### Driver

Name of Driver	YEO BOON LIAT CHARLIE
NRIC No	S21627901
Date Of Birth	23/10/1955
Occupation	OUTDOOR
Date Of Driving Pass	31/10/2009
Driving Experience	9 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-85489165
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 285#03-16 YISHUN AVE 6
Postcode	2776
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 - HEAD TO REAR
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?	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)	3
Passenger 1	NAME: : PAX IN THE FRONT SEAT - INDIAN GENDER: : FEMALE
Passenger 2	NAME: : PAX IN THE REAR SEAT - INDIAN/SON 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

VEH. A - 2 PAX VEH. B - NO PAX

### 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 Witness 1

Name	MS SAILAJA - PAX IN VEH. A
Phone Number	
Email Address	

### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJS1004P
Vehicle Make/Model/Colour	PTE CAR
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR

Name of Driver	MALE CHINESE
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

**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:

10 APR 2013  
\* PRL 52162790/I

Driver's Signature  
(If driver is not the policyholder)  
Date & Time: 10/4/13

SHC 6426E

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



Describe Circumstance of the Accident.

ON 10/04/2019 @ 1200HRS, I WAS DRIVING MY TAXI ( SHC 6426 E ), TRAVELLING ALONG THE SLIP ROAD OF PIE/CHANGI INTO LORNIE ROAD EXIT WITH 2 PASSENGERS ONBOARD.

WHILE I WAS MOVING AHEAD – ON A MERGING LANES, SUDDENLY I FELT AN IMPACT FROM THE REAR.

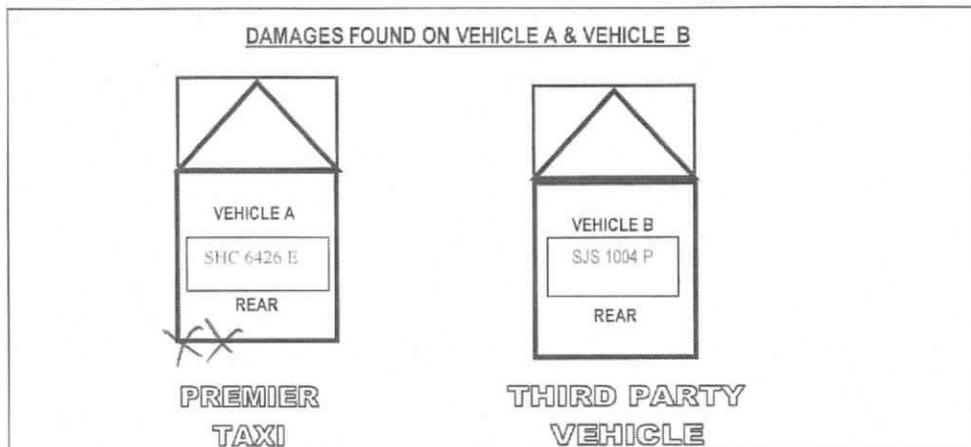
WHEN INSPECTED, I DISCOVERED THAT VEHICLE B ( SJS 1004 P – PTE CAR ) WHICH WAS INITIALLY ON MY LEFT – HAD COLLIDED ONTO THE REAR LEFT OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR LEFT PORTION AND I WAS NOT AWARE OF DAMAGES TO VEHICLE B.

ONE OF MY PASSENGERS – MS SAILAJA WHO WAS SEATED NEXT TO ME WILLING TO BE MY EYE WITNESS.

NO INJURY INVOLVED.  
NO PASSENGERS ONBOARD VEHICLE B..

\*VIDEO FOOTAGE CAPTURED.



 52162790H

Driver's Signature & NRIC Number  
Wednesday, April 10, 2019 @ 4:04:34 PM

( attended by  )

# PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02  
SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511  
CO. REG:200707743D GST REG:200707743D

12-Apr-19

## ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6426 E

1 pc	Rear bumper <i>X repair</i>	\$ 696.00
1 pc	Rear bumper lower cover <i>X sue</i>	\$ 206.00
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00 <i>X sue</i>	\$ 36.00
1 pc	Rear bumper inner sponge <i>X sue</i>	\$ 114.00
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00 <i>X sue</i>	\$ 36.00
2 pcs	Rear bumper stay o/s & n/s @ \$53.00 <i>X sue</i>	\$ 108.00

\$ 1,196.00  
\$ 119.60  
\$ 1,076.40

LKK Auto Consultants hence notify the Repairer of the following: Less 10%

- 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 is allowed
- Supplementary item(s) must be reviewed and is subject to final approval from Insurance Company

Acknowledged by Repairer: *Kahr Uca*  
Signature: \_\_\_\_\_  
Date: *12/4/19 1050h*

S/NETT

1 set	Rear bumper clips <i>X</i>	\$ 48.00
1 set	Reverse sensor <i>X sue</i>	\$ 280.00
1 pc	Rear bumper top protector <i>me</i>	\$ <del>80.00</del> <i>50</i>
	Sundry	\$ <del>50.00</del> <i>20</i>
	To dismantle / replace reverse sensor to new bumper and reset to the same	\$ <del>120.00</del> <i>X 21</i>
	To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.	\$ <del>180.00</del> <i>X 21</i>
	To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the end panel etc.	\$ <del>500.00</del> <i>100</i>
	To putty and spray painting on rear bumper, end panel <i>X</i>	\$ <del>400.00</del> <i>160</i>
	To apply rustproofing on the repaired and replaced panels.	\$ <del>120.00</del> <i>X 21</i>
		<u>\$ 2,854.40</u>

( ALL THE REPAIR COSTS ARE SUBJECTED TO GST )

**THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.**



## 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

### DAMAGE ASSESSMENT REPORT

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: CS/INC19006563/K1qd3e2

73 BRAS BASAH ROAD  
#05-01 NTUC TRADE UNION HOUSESINGAPORE  
189556

Date: 23-04-2019



ATTN: QUEK SWEE KENG

Code: INC

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

Insured Veh.	SJS 1004P	Veh. Inspected	SHC 6426E
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1039741-002	Excess (\$)	0.00
Assign From	ANNIE KOH	Assign Date	11/04/2019

#### 2. Vehicle Particulars & Condition

Make & Model	KIA OPTIMA	c.c	1685
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	KNAGM414MF5588361	Colour	SILVER
Odometer	414259 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

#### 3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/65 R16	MAXXIS	6 mm
L/H Front Tyre	205/65 R16	MAXXIS	6 mm
R/H Rear Tyre	205/65 R16	MAXXIS	6 mm
L/H Rear Tyre	205/65 R16	MAXXIS	6 mm

#### 4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.  
DAMAGES SEE DETAILS.

#### 5. General Information

Accident Date	10/04/2019	Inspect Date / Time	12/04/2019 ( 07:05 AM )
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

#### 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>2 Working Days</b>
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## 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 2

### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHC 6426E

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b><u>REPLACEMENT OF PARTS</u></b>				
1	REAR BUMPER	TO REPAIR SEE LABOUR	696.00	-
1	REAR BUMPER LOWER COVER	SERVICEABLE	206.00	-
2	REAR BUMPER REINFORCEMENT UPPER BRACKET @\$18.00	SERVICEABLE	36.00	-
1	REAR BUMPER INNER SPONGE	SERVICEABLE	114.00	-
2	REAR BUMPER REINFORCEMENT LOWER BRACKET @\$18.00	SERVICEABLE	36.00	-
2	REAR BUMPER STAY O/S & N/S @\$53.00	SERVICEABLE	108.00	-
	LESS 10% DISCOUNT		-119.60	-
			1,076.40	-
<b><u>SPECIAL NETT ITEMS</u></b>				
1	SET REAR BUMPER CLIPS (SN)	NOT NECESSARY	48.00	-
1	SET REVERSE SENSOR (SN)	SERVICEABLE	280.00	-
1	REAR BUMPER TOP PROTECTOR (SN)	NECESSARY	80.00	50.00
1	SUNDRY (SN)	NECESSARY	50.00	20.00
			458.00	70.00
<b><u>LABOUR</u></b>				
	TO DISMANTLE / REPLACE REVERSE SENSOR TO NEW BUMPER AND RESET TO THE SAME.	NOT NECESSARY	120.00	-
	TO DISMANTLE / REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIRS.	NOT NECESSARY	180.00	-
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE END PANEL ETC. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		500.00	100.00
	TO PUTTY AND SPRAY PAINTING ON REAR BUMPER, END PANEL.		400.00	180.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.	NOT NECESSARY	120.00	-
			1,320.00	280.00
<b>GRAND TOTAL</b>			<b>2,854.40</b>	<b>350.00</b>

Report Ref No. CS/INC19006563/K1qd3e2



RECOMMENDED COST OF REPAIRS (CONFIRMED)					350.00
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Report Ref No. CS/INC19006563/K1qd3e2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

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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