Surveyor : Adman	ASSIGNMEN	T (Office)	*	
From (Person): Tang Ben	of Away		Date/Time: 26.4.10	1.43pm
Estimated Cost:		Bill to:		
	A 377J	Insu		)
at Workshop m/s MG Solu of 23 Kaki Bukil Ave	HOD COUNTY (MILE)	100 00 P	Tel: 67 444 165	
Policy No:	4 Caunn wing) 4		900215/ KW	•
Sum Insured:		Excess:	1000 51 1100	
Make of Veh:(Client's Record)			D.O.A. 23.4. 2010	1
CA / REV / REP. / REV 24 Date/Time 26.4.19 3.000		Hung	H.O.D. Endorsement:	
Date/Time Action/Instruction	( V ) Estimate.	7/43	- 1 - 1 - 1 - 1 - 1	
YN 47340	- CCL/AIG 140204)	0 /Azm3W )	DOA - 22/10/	30/4
	1 Hs \$2,25		4 days with	

100			
2.2	445	64.3	M
25.38	MS	10.00	MAS.

ASSI	2.11	M	N	٩	E		Ni	Ŧ
11331	18	N	W	A.	Ä	Į,	13	1

	29.4.2019	Veh No:	GBABT	75.	Yr Regn: 2007	Jan.
From Da	10. 1 1 1 1 1	Type: M.Car /			ry / Taxi / Prime Mover	
Estimated Cost: OD (TP) WS / TP RES / OD RES / EVA	/ INV / MV		Trailer or			40
4.04 3	173	Make:	Torota	Hisce	c.c 29	
10 mapout 10 map		Colour	Blue	13.	A/C: Insured / Sto	I/NI/NA
at Workshop m/s. Mg Solun O of 23 Kaki Bulat Ave 4 #	102-03P	Sp.Reading	28629	3.	T/Radio: Insured / Sto	d/NI/NA
of 25 rais bulat nve 7 4	07-055	Eng/No:				
Insured:		C/No:	TTE	4TO2P	2000 91906	
Policy No.			Good / Fair / P			
Claims No.			rder/ Jamme		Burnt or -	
Sum Insured: Ex	ccess;		order / Jamme			7
(Client's Record)			S/Rim / ST	1		
Make of Veh:				195 R1	56 ".	
		Tyre Size:	F;	195 A	15.0	
(Policy Condition)						UMI 7
Remark: The veh had commenced its	N/S O/S	The control of the control of the		/ FS / LIZA /	MIC / OHTSU / PIR / S	O MILT
repair at the time of inspecti	on.	TOYO/YO	JKO or		Davis	
Bal, or Market Value:		Front	d		Rear R/Bal.	pom
Ibrio i italiani i i	istent? : Yes or No	R/Bal.	N	mm	L/Bal. 06	mm
GIA / PR Seen: Cons	istent? : Yes or No	L/Bal.	90	mm		4/19,
Est. Repairs: days	Res.: Yes or No	D.O.A.		001	D.O.I. 29/0: Solution.	
Lum Sum: %	3 Val.: Yes or No	Survey held				
CA / REV / REP. / 24 HRS	"up"	Des. of Dan	nages (Frt)/ I	Rear / O/S	/ N/S / U/C / Roofton	p or
	Vehicle: IN / OUT		) / Charale f	enma I Ded	y Structure affected du	e to collision
Date: Person Contact	eo.	The U/C				TO TO SOMOTON
Date / Time Action / Instruction			COES	coiry :	2401/22	
(LANK				11		
mv: 221c						
PV: 13.3K						
West, 8.71C	RECEI	VED 2	MAY 20	19		
MU - \$ 22/	c , , , , , ,					
LTA-9		- 1111-11		Total Control		
	i. Report	Days Of R	epair:	4	_	
24/05/19 V: Fina	l Report	Resurvey	No. of Trip		Survey Fee:	
Date/Time, File Keturn to?					Transportation:	
2)	Add Fe		e Insp (\$		)5+R\$,\$I	
		banned.	erview (\$		) Photos	
Report Format :		- Lancoord	ch. Invs (\$		) Others	
Lump Sum / I.B.I: (\$ 2, 257	1/- HS)	. w	eekend (\$		) -"	200
					TOTAL	

### Catherine Chong (LKK Auto)

From:

Tang, Ben <Ben.Tang@awac.com> on behalf of Motorsurvey

<Motorsurvey@awac.com>

Sent:

Friday, 26 April, 2019 2:43 PM

To:

assignments

Cc:

'sur@lkkauto.com'; 'mg3solutions@gmail.com'

Subject:

TP Survey assignment for GBA 377 J DOA: 23/04/2019 Our ref: NSV1900215/KW

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 <u>do have</u> consensus in the appointment of <u>Mr Adrian Ling</u> 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:

	TT	
3rd Party Vehicle		GBA 377 J
Insured Vehicle	:	YN 4734 U (ACCIDENT NOT REPORTED)
Policy Number		BVFCSB0013261900
Name of Workshop		MG SOLUTION PTE LTD
Contact Number		6744 4165
Person to Contact		MS HENG YOKE HONG
Estimated Cost of repairs		\$ NA

Copy to {TP lawyer/repairers} (Your Ref: GBA 377J) via Email

Note -

(x)

- 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.
- 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.
- Please quantify your client's claim with all relevant supporting documents once your client's vehicle has been repaired.
- Please do not construe this appointment of surveyor and our above request as an admission of liability.

Regards Motor Claims Claims Group Global Market 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.



## > Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Pehicle Owner Particulars Owner ID Type:	Business
owner ID:	0100B
fehicle Details	
éhicle No.:	GBA377J
ehicle to be Exported:	Yes
ntended Deregistration Date:	29 Apr 2019
ehicle Make:	TOYOTA
/ehicle Model:	HIACE MANUAL
rimary Colour:	Blue
Manufacturing Year:	2006
Engine No.:	1KD1567328
Chassis No.:	JTFHT02P200001906
Maximum Power Output:	
Open Market Value:	\$24,590.00
Original Registration Date:	23 Jan 2007
First Registration Date:	23 Jan 2007
Transfer Count:	1
	\$0.00
Actual ARF Paid: Intended PARF-Repate Details	明白《夏·夏·夏·夏·夏·克·克·克·克·克·克·克·克·克·克·克·克·克·克·克
PARF Eligibility:	No
PARF Eligibility Expiry Date:	•
PARF Rebate Amount:	\$0.00
Intended COF Robate Details	
COE Expiry Date:	22 Jan 2022
COE Category:	C - Goods Vehicle & Bus
COE Period(Years):	5
PQP Paid:	\$24,334.00
COE Rebate Amount:	\$13,292.00
Total Rebate Amount:	\$13,292.00
	ehicle 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 29 Apr 2019

#### Your NCD will be affected due to late reporting Actual e-Filling Submission Date & Time: 26/04/2019 15:44

#### SINGAPORE ACCIDENT STATEMENT

#### IMPORTANT NOTICE

Contact Number EMail Address

- 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.

Mary Mary Company	
department in the second of th	ACCIDENT STATEMENT
Date Of Report	25/04/2019 15:50
Date Of Accident	23/04/2019 09:00
Exact Location Of Accident	LOADING & UNLOADING BAY AT S'PORE SWIMMING CLUB
Country/State of Loss	SINGAPORE
Company of the Property of State D	ETAILS OF OWN VEHICLE
Vehicle Registration Number	GBA377J
Insured/Policyholder	THE PARTY AND ADDRESS OF THE PARTY OF THE PARTY OF THE PARTY.
Name Of Registered Owner	BAO SHENG TRADING
Co Reg No	40750100B
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-97357984
Vehicle Particulars	
Manufacturer	TOYOTA
Model	HIACE MANUAL
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28865523 MKC
Cover Note Number	
Driver	and the contract of the contra
Name of Driver	LEO GUO HAO
Passport No/FIN	G2858604W
Date Of Birth	26/07/1997
Occupation	OUTDOOR
Date Of Driving Pass	06/11/2017
Driving Experience	1 YEAR AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-87792203
Fax Number	

LEOGH1997@GMAIL.COM

Address

56 ENG HOON STREET #014-48

TIONG BAHRU ESTATE

Postcode

160056

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

-

Insurance Company of Driver's Own Vehicle

.

General Information of the Accident

Type Of Accident

COLLIDED INTO PARKED VEHICLE

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

NO

ambulance?

. .

Was any other material or property damaged?

YES

I have been approached by unknown person(s)

NO

soliciting/offering accident claims assistance.

Number of Passengers (Including Driver)

0

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

REFER TO BELOW STATEMENT/SKETCH PLANI:

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

YN4734U

Vehicle Make/Model/Colour

MITSUBISHI CANTER FEB21ER4SDEB (CBU)

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

#### SKETCH PLAN

#### IMPORTANT NOTICE

, J. . .

- Please report correctly the details of the ancident to speed up the claims process.
- 2. This Form must be completed by the Policyholder and for the Aythorised Driver,
- 3. Information provided must be as <u>truthful and accurate as possible</u>. Any will differences entation or withholding of material facts may allow insurance companies to repudiete policy liability,
- 4. The issue and asseptance of this Form by insurance companies is not so admission of policy liability on the cast of the insurance companies
- 3. Any false reporting may be referred to the Police for investigation.
- 5. The report will be forwarded by the insurers of the GIA Records Management Control 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 hareby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 1. Consent under the Personal Data Protection Act (PDPA) Lunderstand, 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:
    - (1) processing, handling and/or double 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 esiministering, processing, handling and/or dealing with my claims (collectively the "Purposas")
  - (a) all insurer(s) who have insured vehicle(s) involved in this actident and the insurers' lawyers/law firms, may/are permitted t a collect, utb, distince and/or proposes my Personal Information for one or more of the above Purposes; and
  - (1) thy Personal information may/can be disclosed by any of the insurers and/or GIA to their third party service providers on age to including their lawyers/ere firms), which may be sited outside of Singapore, for one or more of the chove Purposes
  - my "ensoral information will also be collected and used to compile claims history for the perpose of freed detection, avestigation and management in present and all future claims.
  - (a) the information so relieved under (d) above may be graved / distleteds
    - (i) to all insurers and/or any other third pages that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or

(2) for complying with requirements under any regulations, laws or court orders.

2.5 APR 2019

IDAC KAKI BUKIT(VAC) 23 KAKI BUKIT AVE 4

Singapore 415933

Reporting Centre Person 8745-668 Tre Fax: 67492305 NRIC/FIN Namail: vackb@singnet.com.sg

Palityaploors: Date & Times

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

SKETCH PLAN Rood Loading and oppo trodo Loading pore Swimming Club while was being was vehicle my vehicle to CA) GBA 377 J YN 4734 W Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information. DECLARATION 25 APR 2019 I/We declare the fo particulars are true in every despect. IDAC KAKI BUKIT(VAC) 23 KAKI BUKIT AVE 4 Singapore 415933 Reporting Centre Personne 1612785697 Driver's Signature Policyholder's Si Date & Time: (If driver is not the policyholder) Marroet Fax: 67492305

Date & Timo:

NRIC/FIN No.: Email: vackb@singnet.com.sg

### MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933 Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376 Reg. No: 201427944N

TO

: ALLIED WORLD

DATE : 29/04/2019

ATTENTION

: MOTOR CLAIMS DEPT

JOB TYPE : T/P CLAIM

ESTIMATE REPORT

VEHICLE DETAILS

VEHICLE NO

: GBA377J

JTFHT02P200001906 Shirley.

MODEL

: TOYOTA HIACE COMMUTER

CHASSIS NO

ACCIDENT DETAILS

DATE: 23-Apr-19

TIME : 09:00HRS

THIRD PARTY REQUESTOR / CONTACT :

JACK LI

S/N	DESCRIPTION	QTY	100	IIT LIST PRICE	TOTAL LIST PRICE		
1	BONNET Deuted.	1	\$	895.00	\$ 895.00		
2	BONNET LOGO Nec	1	\$	85.00	\$	85.00	
3	BONNET LOCK Ne me	1	\$	115.00	\$	115.00	
4	BONNET HINGE AKA	2	\$	80.00	s	160.00	
5	FRONT BUMPER Delad	1	S	540.00	\$	540.00	
6	FRONT BUMPER SIDE GRILLE LH	1	S	70.00	\$	70.00	
7	FRONT BUMPER SIDE RETAINER 🔑 d	2	S	190.00	\$	380.00	
8	FRONT BUMPER CENTRE BEAM 2 AND BOAT	1	s	195.00	s	195.00	
9	FRONT BUMPER REINFORCEMENT	1	\$	485.00	\$	485.00	
10	CENTRE GRILLE COULC	1	\$	535.00	\$	535.00	
11	HEADLAMP LH CILL	1	s	650.00	\$	650.00	
12	FRONT CORNER PANEL LH	1	\$	255.00	\$	255.00	

TOTAL PRICE LESS 25%

\$ 4,365.00 \$ 1,091.25

SUB TOTAL PRICE \$ 3,273.75

S/N	DESCRIPTION	QTY	UNIT	S/NETT	TOTAL S/NETT		
1	FRONT NUMBER PLATE	1	\$	50.00	s	50.00	x,

		_		
2 FRONT BUMPER CLIPS(SET) New	1	S	25.00	\$ 25.00
3 CENTRE GRILLE CLIP(SET) No.	1	\$	20.00	\$ 20.00
4 HEADLAMP CLIP(SET) Na.	1	s	20.00	\$ 20.00

S TOTAL

115.00

CLAIM DETAILS: LABOUR AND SPRAY PAINTING

PANEL BEATING, REMOVAL AND REPLACING PARTS	\$ 1,200.00 300
TO SPRAY PAINT AFFECTED AREA	\$ 1,200.00 250
TUFF COAT	\$ 150.00 ×
WIRING CHECK	\$ 80,00 30.

TOTAL

\$2,630.00

#### ESTIMATE REPORT

TOTAL PARTS COST : \$ TOTAL LABOUR COST : \$

3,388.75 2,630.00

TOTAL REPAIR COST

6,018.75

### APPROVED DETAILS

SURVEYOR CONTACT NO

FAX

PART BY PART / LUMP SUM NO OF DAYS

٠

Adrian Ly 1-15 29/04/19, 040mp. +sled:2826.75 45: 2250

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:



## 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	
------------	---------------	----------------	-----	---------	------	------------	--

Ref: CS/AWA19007408/Asd3n2 ALLIED WORLD ASSURANCE COMPANY LTD

(SINGAPORE BRANCH)

60 ANSON ROAD #08-01 (8th FLOOR)

MAPLETREE ANSON

Date: 27-05-2019

INGAPORE 079914		Code: AWA		
	Policy Particular	s :- THIRD PARTY CLA	AIM .	
Insured Veh.	YN 4734U	Veh. Inspected	GBA 377J	
Policy No.	BVFCSB0013261900	Coverage (\$)	0.00	
Claim No.	NSV1900215/KW	Excess (\$)	0.00	
Assign From	TANG BEN	Assign Date	26/04/2019	
	Vehicle Par	ticulars & Condition	A 10 1 10 10 10 10 10 10 10 10 10 10 10 1	
Make & Model	TOYOTA HIACE	c.c	2982	
Engine No.	HIDDEN	Year of Reg.	2007	
Chassis No.	JTFHT02P200001906	Colour	BLUE	
Odometer	286293	Steering	IN ORDER	
Brakes	IN ORDER	Modification	NIL	
General	GOOD			
3.	Conc	litions of Tyres	Sent House 1 h	
	Size	Make	Balance	
R/H Front Tyre	195 R15C	MICHELIN	6 mm	
L/H Front Tyre	195 R15C	MICHELIN	6 mm	
R/H Rear Tyre	195 R15C	MICHELIN	6 mm	
L/H Rear Tyre	195 R15C	MICHELIN	6 mm	
	Descri	ption of Damages		
	ISTAINED DAMAGES AT THE	FRONT PORTION.		
DAMAGES SEE I	DETAILS			
5.		eral Information	<b>的是,则因此是包含</b>	
Accident Date	23/04/2019	Inspection Date	29/04/2019	
Survey held at	MG SOLUTION PTE LTD			
	23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENT SINGAPORE 415933	RE,		
5a.	Remarks			
A)THE INSPECT	ION WAS CONDUCTED ON A" NCE TO YOUR INSTRUCTIONS	WITHOUT PREJUDICE" B S, WE HAVE NOT AUTHO	ASIS. RISED REPAIRS.	
5b.	Estimate Days of Repair			
	RMAL PERIOD FOR REPAIR:	4 Working I	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 2

# ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBA 377J

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	BONNET	DENTED	895.00	895.00
1	BONNET LOGO	NECESSARY	85.00	85.00
- 9	BONNET LOCK	NOT NECESSARY	115.00	
	BONNET HINGE @\$80.00	NOT NECESSARY	160.00	1.5
- 33	FRONT BUMPER	DEFORMED	540.00	540.00
	FRONT BUMPER SIDE GRILLE LH	NOT NECESSARY	70.00	100000000
- 27	FRONT BUMPER SIDE RETAINER @\$190.00	DAMAGED	380.00	90.00
	FRONT BUMPER CENTRE BEAM	BENT	195.00	195.00
	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	485.00	
	CENTRE GRILLE	CRACKED	535.00	454.00
	I HEADLAMP LH	CRACKED	650.00	650.0
18	FRONT CORNER PANEL LH	NOT NECESSARY	255.00	
	LESS 25% DISCOUNT	The state of the s	-1,091.25	-727.2
	25/1/25/1/25/25/1		3,273.75	2,181.7
	SPECIAL NETT ITEMS			
9	1 FRONT NUMBER PLATE (SN)	NOT NECESSARY	50.00	3
- 3	1 SET FRONT BUMPER CLIPS (SN)	NECESSARY	25.00	500 1000
	1 SET CENTRE GRILLE CLIP (SN)	NECESSARY	20.00	4
1	1 SET HEADLAMP CLIP (SN)	NECESSARY	20.00	
			115.00	65.0
	LABOUR		0.0712000.000	
	PANEL BEATING, REMOVAL AND REPLACING PARTS.	N.	1,200.0	
	TO SPRAY PAINT AFFECTED AREA.	2015	1,200.0	31000000
	TUFF COAT.	NOT NECESSARY	150.0	
	WIRING CHECK.	No.	80.0	0 30.0
	-			-
	-		1	-
				77_225.0
			2,630.0	0 580.0
_	GRAND TOTAL		6,018.7	5 2,826.
				2.250 (

RECOMMENDED COST OF LUMP SUM REPAIRS	2,250.00
(TO ITS PRE-ACCIDENT CONDITION)	

Report Ref No. CS/AWA19007408/Asd3n2





Report Ref No. CS/AWA19007408/Asd3n2

ADRIAN LING WAI PING

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

Licensed Appraiser

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