

Surveyor: Kelvin

REF: NS/INC19007466/KIND3SV

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

OD TP NS/TP RES/OD RES/EVA/INV/MV

To Insured Vehicle No: _____

at Workshop m/s: _____

at: _____

Insured: SLC 862X

Policy No: 5100016032 29/4/18

Claims No: MT/1041848-002 28/4/19

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

N/S	O/S

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

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

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____ Vehicle: IN / OUT

Veh No: SHA 7978 H Yr Regn: 5 Mar, 2015

Type: M.Car / M.Cycle / Bus / Van / Lorry / Truck / Prime Mover /

Truck / Trailer or

Make: Hyundai - Z40 c.c. 1685

Colour: Blk A/C: Ins Std / NI / NA

Sp. Reading: 70 8188 T/Radio: Ins Std / NI / NA

Eng/No: _____

C/No: KMHLB414AF4064806

Gen. Cond: Good / FA / Poor / Burnt

Steering: Ins / Jammed / Leaked / Burnt or

Brake: Ins / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD / Rim or

Tyre Size: F: 205/60R16

R: _____

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

TOYO / YOKO or Weld Wk

Front _____ Rear _____

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 25/4/19 D.O.I. 26/4/19

Survey held at CDDE (Loyang)

Des. of Damages: Frl / Rear / O/S / N/S / U/C / Rooftop or

Front

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

Date / Time	Action / Instruction
	Front Both doors Damaged insade to Repair Total Loss Survey
	SHA 7978H x SLC 862X x

30/4/19 Submit Constructive TIL- BV: \$ 50,305.54 LTA: \$ 34,059
NV: \$ 16,246.54

Date/Time, File Pass to? ☐ : Prel. Report

☐ : Final Report

Date/Time, File Return to?

30/4 - typist

RECEIVED 2 MAY 2019

Days of Repair: _____

Resurvey No. of Trip: _____

Add Fee: ☐ Site Insp \$ _____

☐ _____

Survey Fee: _____

Transportation: _____

\$ + PS \$ _____

Veron Chen (LKKAUTO)

From: MTCL@income.com.sg
Sent: Tuesday, 30 April 2019 4:18 PM
To: Veron Chen (LKKAUTO)
Subject: FW: REQUEST FOR CLAIM NUMBER

Hi,

Claim created.

With Regards

Samsia
Senior Admin Assistant,
Motor Insurance
www.income.com.sg



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at Income.com.sg/careers

in with you

From: Veron Chen (LKKAUTO) [mailto:veronchen@lkkauto.com]
Sent: Tuesday, 30 April 2019 2:22 PM
To: MTCL@income.com.sg
Subject: REQUEST FOR CLAIM NUMBER

Dear Sir/Madam,

Kindly provides us claim number.

S/NO	Income Reference	Claimant (Owner / Taxi Company)	Claimant Vehicle No.	Income Vehicle No.
1	MT/1041848-002	COMFORT TRANSPORTATION PTE LTD	SHA 7978H	SLC 862X

D.O.A	Time of Accident	Estimate	Tentative repair cost
25/4/2019	20:45	TOTAL LOSS	TOTAL LOSS

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@lkkauto.com | fax: 6256-4315

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

Hello, NAC_PAYA_UBI_800601

[Change Language](#)[Change Password](#)[Log Out](#)[My Desktop](#)[Notice of Loss](#)

Policy Query

Policy No.

Date of Accident

25/04/2019 11:56

Vehicle No.(For Motor)

SLC862X

Certificate Number

Select	Policy No.	Certificate Number	Policyholder Name	Policyholder NRIC	Product	Cover Type	Vehicle No.	Insured Object	Commence Date	Expiry Date
<input type="radio"/>	5100016032		FOO KOK SWEE PAUL	S1067786F	GPC	drive PREMIUM	SLC862X	SLC862X	29/04/2018	28/04/2019

SHA 7978H

$$\textcircled{1} \text{ cost of taxi} = 92878.10$$

$$\text{ARF 75\%} = 9471$$

$$\text{Depreciation} = (92878.10 - 9471) \div 96 \\ = 868.82$$

$$\textcircled{2} \text{ Book value} = (868.82 \times 47) + 9471 \\ = 50305.54$$

$$\textcircled{3} \text{ net value} = 50305.54 - 34059 \\ = \underline{\underline{\$16246.54}}$$

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	26/04/2019 09:54
Date Of Accident	25/04/2019 20:45
Exact Location Of Accident	TELOK KURAH RD T JUNCTION OF ST PATRICKS RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHA7978H
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088936MFSH
Cover Note Number	

Driver

Name of Driver	OR KOK LEONG
NRIC No	S1728703F
Date Of Birth	11/10/1965
Occupation	OUTDOOR
Date Of Driving Pass	25/04/1983
Driving Experience	36 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90660993
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 161B PUNGGOL CENTRAL #09-93
Postcode	822161
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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)	1

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 ATTACHED * TYPE OF ACCIDENT :- HEAD TO SIDE

Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	-
Was there any audio recorded?	NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLC862X
Vehicle Make/Model/Colour	KIA
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	FOO YUEN ANN AARON
NRIC/Passport Number	S7726641J
Contact Number	96816068
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRONT LH
No. Of Passenger (Including Driver)	

SKETCH PLAN

IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claims process.
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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.

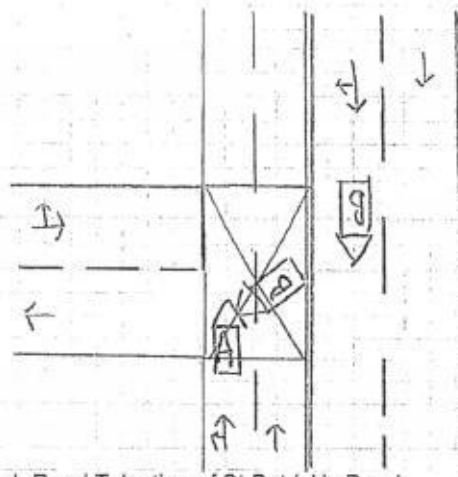
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26.04.2019@0930HRS

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

SKETCH PLAN



A - SHA 7978H
B - SLC 862X

Telok Kurah Road T Junction of St Patrick's Road

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

of SLC

On 25.04.2019 @ 2045hrs I was travelling along Telok Kurah Road T Junction ~~eg~~ St Patrick's Road with no passenger on board.

I was travelling straight and suddenly veh (b) dashed out from my right without giving way to me and collided to my caused my taxi front right portion damaged.

After the accident, i came to know that my taxi sustained damage on the front right portion.

No injury in this accident.

I had company video and photo of scene to support my claims

SLC 862X

Veh (B) SLC 862-Mr Foo Yuen Ann Aaron , Nric S 726641J, Hp no. 9681 6068

DECLARATION

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

COMFORT TRANSPORTATION
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

Driver's Signature
(If driver is not the policyholder)
Date & Time: 26.04.2019@0930HRS

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

[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle****Vehicle Owner Particulars**

Owner ID Type:

Owner ID:

Company

3821R

Vehicle Details

Vehicle No.:

SHA7978H

Vehicle to be Exported:

Yes

Intended Deregistration Date:

26 Apr 2019

Vehicle Make:

HYUNDAI

Vehicle Model:

I40 1.7L CRDI AT ABS AIRBAG 4DR

Primary Colour:

Blue

Manufacturing Year:

2014

Engine No.:

D4FDEU410009

Chassis No.:

KMHLB41UMFU064806

Maximum Power Output:

100.0 kW (134 bhp)

Open Market Value:

\$20,091.00

Original Registration Date:

05 Mar 2015

First Registration Date:

05 Mar 2015

Transfer Count:

0

Actual ARF Paid:

\$12,628.00

Intended PARF Rebate Details

PARF Eligibility:

Yes

PARF Eligibility Expiry Date:

04 Mar 2023

PARF Rebate Amount:

\$9,471.00

Intended COE Rebate Details

COE Expiry Date:

04 Mar 2023

COE Category:

A - Car up to 1600cc & 97kW (130bhp)

COE Period(Years):

8

PQP Paid:

\$51,092.00

COE Rebate Amount:

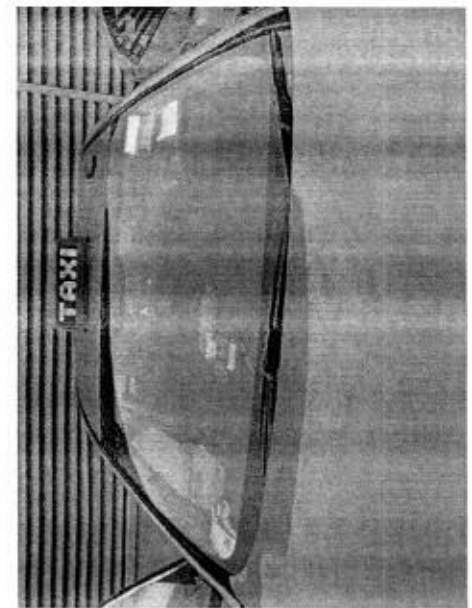
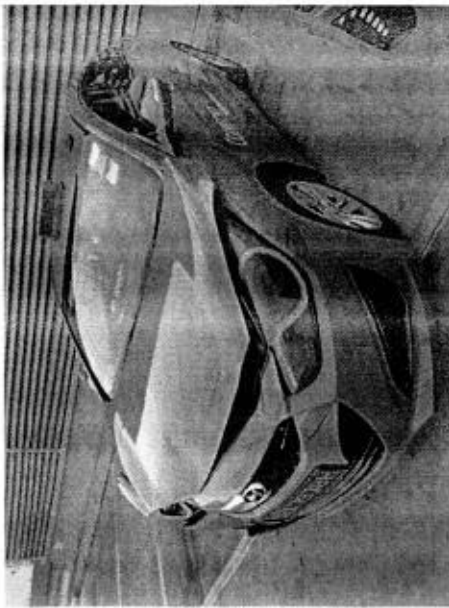
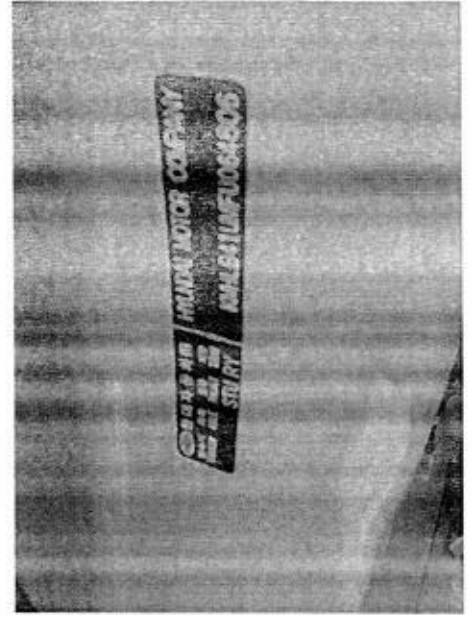
\$24,588.00

Total Rebate Amount:**\$34,059.00****Message**

Please note that the 8-year COE for this vehicle cannot be further renewed. The vehicle must be de-registered upon COE expiry or when the vehicle reaches its statutory lifespan (if applicable), whichever is earlier.

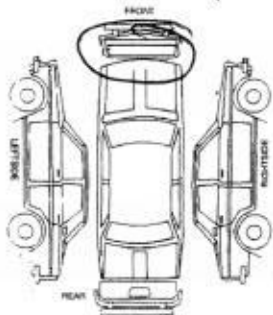
The information contained herein is correct as at 26 Apr 2019

OK





JOB REQUISITION FOR BREAKDOWN / TOWING SERVICE

Job Requisition			
1. Date: <u>25-4-19</u> Time Received: <u>2135</u>		3. Vehicle Type: <input type="checkbox"/> Private <input checked="" type="checkbox"/> Taxi (CTPL/CCPL) <input type="checkbox"/> Fleet <input type="checkbox"/> STK (Boon Lay)	4. Type of Towing: <input checked="" type="checkbox"/> Normal Tow <input type="checkbox"/> King Dolly <input type="checkbox"/> Flat Bed <input type="checkbox"/> Crane-up
2. <input type="checkbox"/> New <input type="checkbox"/> SPARK Kakis Name of Customer : <u>Mr OR</u> Contact No. : <u>93980247</u> Vehicle No. : <u>SWA7978H</u> Make / Model / Colour : <u>ILCO</u> Email :		5. Nature of Service: <input type="checkbox"/> Jumpstart <input type="checkbox"/> Recovery <input type="checkbox"/> Change Tyre / Battery	6. Parts Replaced/Remarks:
7. Location: <u>357 Telok Karam RD</u>		8. Vehicle Tow - In Workshop: <input type="checkbox"/> Smoky Exhaust <input type="checkbox"/> Wheel Jammed <input type="checkbox"/> Overheating <input type="checkbox"/> Steering Faulty <input type="checkbox"/> Brake Faulty <input type="checkbox"/> Alternator Faulty <input type="checkbox"/> Starting Problem <input type="checkbox"/> Loss Power <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Engine Stalled <input type="checkbox"/> Return Taxi	
9. Preferred Workshop: <input type="checkbox"/> Braddell <input checked="" type="checkbox"/> Loyang <input type="checkbox"/> Pandan <input type="checkbox"/> Sin Ming <input type="checkbox"/> Sungei Kadut <input type="checkbox"/> Ubi <input type="checkbox"/> Senoko <input type="checkbox"/> Komoco (UBI / Leng Kee) <input type="checkbox"/> Cycle & Carriage (PD) <input type="checkbox"/> Others:		10. Odometer Reading : _____ Fuel Level : <input type="checkbox"/> F <input type="checkbox"/> 1/4 <input type="checkbox"/> 1/2 <input type="checkbox"/> 3/4 <input type="checkbox"/> E	
11. Radio / CD Player <input type="checkbox"/> OK <input type="checkbox"/> Faulty <input type="checkbox"/> Not tested		12. Tow Truck / Recovery Van : <input type="checkbox"/> VRS <input type="checkbox"/> QA <input type="checkbox"/> GAO <input checked="" type="checkbox"/> TZ <input type="checkbox"/> YISHUN <input type="checkbox"/> OTHERS Name of Driver : <u>LIM</u> Vehicle No. : <u>GR5555Z</u> Time Dispatch : _____ Time of Arrival : _____ Time Completed : _____	
13. Cash Invoice No. :		 # : Cracked X : Dented / : Scatched O : Missing <u>[Signature]</u> Signature of Customer	
Cash Invoice Details (if applicable)			
14. WORKSHOP			
Name of Attending Staff/Guard		Date & Time of Arrival	
Signature of Attending Staff/Guard		Signature of Attending Staff/Guard	

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order: 3917756

JC NO.: 305290534

CUSTOMER: COMFORT TRANSPORTATION PTE LTD
MS: 7010045
CUSTOMER NO.: 383 SIN MING DRIVE
ADDRESS: Singapore SINGAPORE 575717
(R) 65508755 (O)

REGN NO.: SHA7978H	MILEAGE
MAKE: HYUNDAI	FUEL E.....1/2.....F
MODEL I-40	DATE/TIME IN 25.04.2019 20:45
YR OF MANU. 05.03.2015	TARGET DATE
CHASSIS CODE KMHLB41UMFU064806	COMPLETION DATE/TIME:

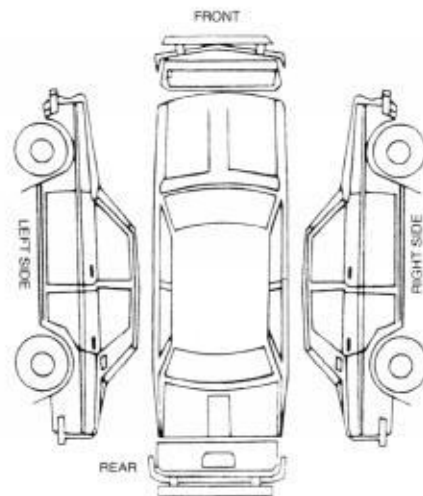
COUNT CARD NO.

JOB DESCRIPTION

Accident Date: 25.04.2019
NATURE: 3P 25.04.19/B-

S/NO LABOR CODE DESCRIPTION

Tummy - Numb at 60.1



CHECKED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Acknowledgement Slip

Exit Pass

Vehicle No.: **SHA7978H** FZ NTUC LKK

Vehicle No.: **SHA7978H**

Signature of Service Advisor

Signature/Date

Name of Service Advisor

Date

returned to Service Reception upon collection

To be kept by Security Guard

COMFORTDELGRO ENGINEERING PTE LTD**REPAIR ESTIMATE***

VEHICLE NO : SHA 7978H

DATE : 26.04.2019

MAKE :

MODEL : HYUNDAI i40

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Bonnet			\$ 2,265.90
	Bonnet Hinge (LH/RH)		\$ 41.00	\$ 82.00
	Bonnet Lock			\$ 36.90
	Bonnet Absorber		\$ 58.10	\$ 116.20
	Bonnet Insulator			\$ 196.50
	Bonnet Insulator Clips			\$ 8.40
	Radiator Grille			\$ 251.00
	Radiator Grille H Emblem			\$ 27.50
	Front Bumper Cover			\$ 544.50
	Front Bumper Sponge			\$ 99.20
	Front Bumper Reinforcement			\$ 402.10
	Front Bumper Grille (RH)			\$ 41.60
	Front Bumper Bracket Top (LH/RH)		\$ 22.40	\$ 44.80
	Front Bumper Bracket (LH/RH)		\$ 24.60	\$ 49.20
	Headlamp Support Top Cover			\$ 222.60
	Headlamp Support Panel Assy			\$ 907.40
	Headlamp (LH/RH)		\$ 1,388.00	\$ 2,776.00
	Radiator			\$ 698.30
	Radiator Fan Blade,Cowling,Motor Assy			\$ 792.95
	Radiator Bracket (RH/LH)		\$ 6.50	\$ 13.00
	Radiator Hose Upper			\$ 105.80
	Radiator Hose Lower			\$ 52.70
	Radiator Expansion Tank			\$ 28.30
	Radiator Guard		\$ 20.00	\$ 40.00
	Horn Unit (LH/RH)		\$ 73.80	\$ 147.60
	Horn Wire			\$ 156.50
	Front Fender (LH/RH)		\$ 663.00	\$ 1,326.00
	Front Fender Apron Panel (RH)			\$ 637.00
	Front Fender Shield (LH/RH)		\$ 174.90	\$ 349.80
	Air Cleaner Assy			\$ 118.60
	Air Duct			\$ 134.60
	Aircon Condenser			\$ 927.50
	Aircon Suction & Liquid Hose			\$ 624.00
	Aircon Discharge Hose			\$ 162.60
	Front Windscreen Moulding			\$ 113.30
	Front Windscreen Pillar Outer(LH)			\$ 1,745.50
	Inter Cooler			\$ 1,032.50
	Inter Cooler Mounting (2 PCS)			\$ 25.90
	Hose B To Inter Cooler			\$ 229.70
	Hose C To Inter Cooler Inlet			\$ 294.50
	Pipe To Inter Cooler			\$ 167.05
	Pipe To Inter Cooler Outlet			\$ 244.55
	Actuator - Swirl Control			\$ 814.60

Qty	Parts Description/ Labour	Type	Unit Price	Amount	
	Throttle Body Assy			\$ 1,096.60	
	Intake Manifold Assy			\$ 1,141.10	

Veron Chen (LKKAUTO)

From: Doris Lim Puay Noi <doris_lim@cdgtaxi.com.sg>
Sent: Monday, 29 April 2019 3:25 PM
To: Fauzy Bin Mokhtar
Cc: Tan Pei Wei; Roger How Keen Meng; Jumani Bin Masudin; Christine Tay Siew Hway; Lim Kwok Eng; Calvin Ang (LKKAUTO)
Subject: Re: SHA7978H - DOA:25.04.19 3P CLAIM SURVEYOR LKK RECOMMENDED T/LOSS.

Hi Fauzy

Received with thanks. Will put up T/L

COE rebate/book value email to Jumani on 26/4/19.

Regards
Doris Lim
Fleet Safety Department
Comfort Transportation Pte Ltd / Citycab Pte Ltd
Hotline: 6550 8768 / DID: 6550 8606 / Fax: 6453 0491

" Think Safety. Drive Safely."

From: Fauzy Bin Mokhtar
Sent: Saturday, 27 April 2019 8:47:22 AM
To: Doris Lim Puay Noi
Cc: Tan Pei Wei; Roger How Keen Meng; Jumani Bin Masudin; Christine Tay Siew Hway; Lim Kwok Eng; Calvin Ang (LKKAUTO)
Subject: SHA7978H - DOA:25.04.19 3P CLAIM SURVEYOR LKK RECOMMENDED T/LOSS.

Hi Doris,

This vehicle (Vehicle No. SHA7978H) DOA: 25.04.19 was surveyed by LKK on 26.04.19 @1500 hrs,
Surveyor recommended Total Loss Front both Chassis damaged unsafe to Repair.

Surveyor requested Book Value.
Please advise.

Best Regards,
Fauzy Mokhtar
Taxi Crash Repair / ComfortDelgro Engineering Pte Ltd
Off:62148319 / Fax:65468156