

ASS. REC. BY:

REF:

FC1 / CC3 / FC116017356 / Kfd3-1

Kenneth

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s Trans Cab

of _____

Insured: YP 1955D

Policy No. _____

Claims No. _____

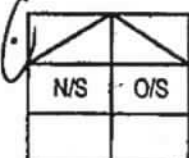
Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(Policy Condition)

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



Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: 02 days Res.: Yes or No

Lum Sum: 1.9.1 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

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

Veh No: S110 900L Yr Regn: 12, 15

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

Truck / Trailer or

Make: MV 8220 Vector C.C 2143

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

Sp. Reading: 90006 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: W00 2120012B 223329

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Mod: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 225/55R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm

R/Bal. 6 mm

L/Bal. 7 mm

L/Bal. 6 mm

D.O.A. 9/9/16

D.O.I. 9/9/16

Survey held at _____

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

Frt N/S

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

Date / Time	Action / Instruction
9/9	GIA & Est not ready
16/9	File sent to Catharine
	2/5 - redirect case to independent <u>Catharine</u>
	3/5/19
	RECEIVED
21/12	B3830.90 Catharine Tasmania (Red: 20/9.10 : 34%)

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

10/12 Typist : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2

Resurvey No. of Trip: _____

Add Fee: : Site Insp (\$ _____)

: Interview (\$ _____)

: Tech. Invs (\$ _____)

: Weekend (\$ _____)

Report Format: TP
Lump Sum / B.I. (\$ 3830.90)

Survey Fee:

Transportation: _____

S + RS _____

Photos _____

Others _____

TOTAL

10x15	170 + 150
	50
	10
	80
	460

Denise Tay (LKKAuto)

From: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Sent: Wednesday, 24 April 2019 5:00 PM
To: Denise Tay (LKKAuto)
Cc: SUR; jasminetan@transcab.com.sg
Subject: RE: SHD 900L INSURED: YP 1555D / DOA: 09/09/2016 -- AAD1609-105

Hi Denise

Please proceed to send us the survey invoice.

Thank You
Best Regards,
Ng Wai Yin
Finance Department
TEL: 6603 1265 Ext.308

***** Please be reminded that all claims correspondence to be send to claims@transcab.com.sg**



TRANS-CAB SERVICES PTE LTD

No. 2 Ang Mo Kio Street 63, Singapore 569111
Main Line: (65) 6287 6666 Fax Line: (65) 6287 7764
Website: www.transcab.com.sg

This message is confidential. It may also be privileged or otherwise protected by work product immunity or other legal rules. If you have received it by mistake, please let us know by e-mail reply and delete it from your system; you may not copy this message or disclose its contents to anyone. Please send us by fax any message containing deadlines as incoming e-mails are not screened for response deadlines. The integrity and security of this message cannot be guaranteed on the Internet.

From: Denise Tay (LKKAuto) [mailto:denisetay@lkkauto.com]
Sent: Wednesday, 24 April, 2019 9:56 AM
To: Ng Wai Yin <waiyin.ng@transcab.com.sg>
Cc: SUR <sur@lkkauto.com>
Subject: TP: SHD 900L INSURED: YP 1555D / DOA: 09/09/2016

Dear Wai Yin,

Please refer to the email sent by first capital.

We will re direct the bill to you end. Please re-confirm with us



Mon 22/4/2019 2:08 PM
Accounts (LKKAuto)
FW: INV. AC1800016 D18000149M/G8

To: Denise Tay (LKKAuto)
Cc: Celine Fong (LKKAuto)

We removed extra line breaks from this message.



04012018179119-0001.pdf
222 KB

Dear Sirs

Please forward your bill to Trans-cab for payment of the survey fee.

Based on the circumstances of the accident, we opine that the liability should not fall under a motor insurance policy.

Furthermore, we did not assign for the survey.

Thank you.

Regards
Esther Lim
Motor Claims Department
First Capital Insurance Ltd
36 Robinson Road, #16-01 City House, Singapore 068877
Tel: 6507 3848

Circumstances of Accident

On 09 09 2016 at about 0830hrs, after I pick up my passenger at Rendovouiz Hotel; I was traveling along Prinse... vehicle in front of me stop due to red traffic light so I followed suit. Moment later while stationary, Vehicle B (YI... was park on the road side and unloading their goods suddenly their trolley rolled into my taxi and hit onto my t...

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

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

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



This email has been checked for viruses by AVG antivirus software.
www.avg.com

Denise Tay (LKKAuto)

From: Accounts (LKKAuto)
Sent: Monday, 22 April 2019 2:08 PM
To: Denise Tay (LKKAuto)
Cc: Celine Fong (LKKAuto)
Subject: FW: INV. AC1800016 D18000149M/GB
Attachments: 04012018173119-0001.pdf

Dear Denise

FYNA.

Thank you.
Chew Lian

-----Original Message-----

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Monday, 22 April, 2019 7:52 AM
To: 'Esther Lim Choy Peng'
Cc: Accounts (LKKAuto); assignments
Subject: FW: INV. AC1800016 D18000149M/GB

Dear Esther,

Thank you for the email.

Dear Accounts Team,

Kindly assist

Best Regards,

G.Nivitha | Admin
LKK Auto Consultants Pte Ltd
Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----

From: Esther Lim Choy Peng [mailto:EstherLim@msfirstcapital.com.sg]
Sent: Thursday, 18 April 2019 7:44 PM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>
Subject: FW: INV. AC1800016 D18000149M/GB

Dear Sirs

We have already notified you in our email below that we are not paying for the invoice no. AC1800016 as listed in your Statement of Account as at 31 Mar 2019.

Please direct your bill to Trans-cab for settlement.

Thank you.

Regards
Esther Lim
Motor Claims

MS First Capital Insurance Ltd | 36 Robinson Road, City House, #16-01
Singapore 068877 | Tel: 6507 3848
Fax: 6507 3849 | Company Reg. No. 195000106C

Change of email address
EstherLim@msfirstcapital.com.sg

Personal Data Protection Act 2012 ("PDPA"):
Under the PDPA, there are various requirements that regulate the processing of your personal data.
Please refer to www.msfirstcapital.com.sg for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged.
If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.
If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

-----Original Message-----

From: Esther Lim Choy Peng
Sent: Thursday, 4 January, 2018 6:07 PM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>
Subject: INV. AC1800016 D18000149M/GB

Dear Sirs

Please forward your bill to Trans-cab for payment of the survey fee.

Based on the circumstances of the accident, we opine that the liability should not fall under a motor insurance policy.

Furthermore, we did not assign for the survey.

Thank you.

Regards
Esther Lim
Motor Claims Department

First Capital Insurance Ltd
36 Robinson Road, #16-01 City House, Singapore 068877
Tel: 6507 3848

Personal Data Protection Act 2012 ("PDPA"):
Under the PDPA, there are various requirements that regulate the processing of your personal data.
Please refer to www.first-insurance.com.sg for details of PDPA Personal Data Collection Statement.

Confidentiality Notice: This e-mail is confidential. It may also be legally privileged.
If you are not the addressee or to whom it is intended, you may not copy, forward, disclose or use any part of it.
If you have received this message in error, please delete the message and all copies from your system and notify the sender immediately by return e-mail.

This email has been checked for viruses by AVG.
<https://www.avg.com>

TRANS-CAB AUTO SERVICES PTE LTD

NO.2 ANG MO KIO ST 63 SINGAPORE 569111

TEL NO.6287 6666 FAX NO.6257 1330

CO/GST REG NO.201019626G

SHD 900L - FCIL

ROEL

Not Authorised
Resumey B4 part
@ 3830.90

Vehicle No.: SHD 900L - ROEL
 Chassis No.: WDD2120012B223329
 Vehicle Make: MERCEDES BENZ
 Vehicle Model: E220 BLUETEC
 Date of Accident : 09.09.16
 Third Party Insurer : FCIL

PART

LIST

1	1	Front Bumper <i>su</i> X	\$	2650.00
2	1	Front Bumper Fog Lamp Cover LH X <i>su</i>	\$	101.00
3	1	Front Bumper Bracket X <i>R</i>	\$	90.00
4	1	Front Bumper Side Retainer LH X <i>R</i>	\$	132.00
5	1	Front Bumper Side Bracket LH X <i>R</i>	\$	60.00
6	1	Front Bumper Side Inner Frame LH X <i>su</i>	\$	69.00
7	1	Bonnet <i>DD</i> — <i>2285.00</i>	\$	5814.00
8	1	Front Headlamp LH <i>CM</i> —	\$	1416.00
9	1	Front Headlamp Panel LH X <i>R</i>	\$	180.00
10	1	Front Headlamp Brace LH X <i>R</i>	\$	180.00
11	1	Front Fender LH X <i>R</i>	\$	2900.00
12	1	Front Fender Inner Cowling LH X <i>su</i>	\$	416.00
13	1	Radiator Grille X <i>su</i>	\$	998.00

TOTAL	\$	-	10807
10%	\$	-	
	\$	-	

Special Nett

1	1 Set	Front Fender Inner Cowling Insert Clip X <i>su</i>	\$	60.00
2	1 Set	Front Bumper Clip X <i>su</i>	\$	61.83
3	1	Front Tyre RH X <i>su</i>	\$	400.00
4	1	Front Alloy Rim RH X <i>su</i>	\$	1000.00

TOTAL	\$	-
TOTAL PARTS	\$	-

1320.43

Panel Beating, Knocking And Straightening
 The Necessary Portion, Remove And renewal
 Of Parts, Adjust And Realign The Same

\$ 2,000.00

2000

TRANS-CAB AUTO SERVICES PTE LTD

NO.2 ANG MO KIO ST 63 SINGAPORE 569111

TEL NO.6287 6666 FAX NO.6257 1330

CO/GST REG NO.201019626G

SHD 900L - FCIL**ROEL**

To Rust-Proofing Of The Affected Areas.	\$	170.00	<i>301</i>
To Check Electrical Lighting Concerned.	\$	120.00	<i>201</i>
To Transfer Of Fender Fittings, Attachment And Perform Water Seepage Test.	\$	<i>nn</i> 170.00	<i>X</i>
Putty And Spray Painting Of The Affected Portion.	\$	3,000.00	<i>2501</i>
To Check Steering Geometry And Computer Wheel Alignment.	\$	<i>nn</i> 220.00	<i>X</i>
To Transfer Of Tire, Rim And On Wheel Balancing.	\$	<i>nn</i> 170.00	<i>X</i>
TOTAL	\$	5,850.00	
Over All Total	\$	5,850.00	

Total Repair Days**~~5~~-DAYS***2 days*

20734 13

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 ability
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 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	09/09/2016 10:19
Date Of Accident	09/09/2016 08:30
Exact Location Of Accident	Prinsep Street
Country/State of Loss	Singapore

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD900L
Insured/Policyholder	
Name Of Registered Owner	TRANS-CAB SERVICES PTE LTD
Co Reg No	200303878K
Email Address	claims@transcab.com.sg
Mobile Phone No	
Alternative Phone No	Office-62876666

Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	E220 BLUE TEC
Exact Purpose for which vehicle was being used at time of accident	Hire and Reward
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	AXA Insurance Singapore Pte Ltd
Type Of Coverage	Third Party
Fleet Policy	Yes
Policy Number	VPX/P1680520
Cover Note Number	

Driver

Name of Driver	LEE CHONG LIP
NRIC No	S1228592B
Date Of Birth	15/03/1957
Occupation	Outdoor
Date Of Driving Pass	12/09/1978
Driving Experience	37 Years And 11 Months
Gender	Male
Mobile Number	(Local) +65-96729502
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 236 BUKIT PANJANG RING ROAD #10-43
Postcode	670236
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 (TP Hit Insured)
Weather Conditions	Clear
Road Surface	Dry

Other Information

Was any foreign vehicle involved in this accident?	No
Was any body injured in the Accident?	No
Was any other material or property damaged?	Yes
Was there any video captured by Car Camera?	No
Number of Passengers (Including Driver)	2

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

On 09.09.2016 at about 0830hrs, after I pick up my passenger at Rendovouz Hotel; I was traveling along Prinsep Street when vehicle in front of me stop due to red traffic light so I followed suit. Moment later while stationary, Vehicle B (YP1555D) which was park on the road side and unloading their goods suddenly their trolley rolled into my taxi and hit onto my taxi's left front portion

Are accident photos available for attachment?	Yes
---	-----

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	YP1555D
Vehicle Make/Model/Colour	MITSUBISHI FUSO
Details Of Properties	
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Details of Witness

Name	
Phone Number	
Email Address	

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 willful 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 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.
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.

Policyholder's Signature / Date & Time

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


Witnessed by Reporting Centre Personnel

Sketch Plan

- Nil -




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			
MS FIRST CAPITAL INSURANCE LTD		Ref : CC3/FCI16017396/Ktbe2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 02-01-2018	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	YP 1555D	Veh. Inspected	SHD 900L
Policy No.		Coverage (\$)	0.00
Claim No.		Excess (\$)	0.00
Assign From	TRANS-CAB AUTO SERVICES PTE LTD	Assign Date	09/09/2016
2. Vehicle Particulars & Condition			
Make & Model	MERCEDES BENZ E220 BLUETEC	c.c	2143
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	WDD2120012B223329	Colour	WHITE
Odometer	90006	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	225/55 R16	PIRELLI	7 mm
L/H Front Tyre	225/55 R16	PIRELLI	7 mm
R/H Rear Tyre	225/55 R16	PIRELLI	6 mm
L/H Rear Tyre	225/55 R16	PIRELLI	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT N/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	09/09/2016	Inspection Date	09/09/2016
Survey held at	TRANS-CAB AUTO SERVICES PTE LTD NO.2 ANG MO KIO ST 63 SINGAPORE 569111		
5a. Remarks			
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		2 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 900L

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	SERVICEABLE	2,530.00	-
1	FRONT BUMPER FOG LAMP COVER LH	SERVICEABLE	102.00	-
1	FRONT BUMPER BRACKET	TO REPAIR SEE LABOUR	90.00	-
1	FRONT BUMPER SIDE RETAINER LH	TO REPAIR SEE LABOUR	132.00	-
1	FRONT BUMPER SIDE BRACKET LH	TO REPAIR SEE LABOUR	60.00	-
1	FRONT BUMPER SIDE INNER FRAME LH	SERVICEABLE	69.00	-
1	BONNET	DENTED	5,824.00	2,285.00
1	FRONT HEADLAMP LH	CRACKED	1,416.00	1,416.00
1	FRONT HEADLAMP PANEL LH	TO REPAIR SEE LABOUR	180.00	-
1	FRONT HEADLAMP BRACE LH	TO REPAIR SEE LABOUR	180.00	-
1	FRONT FENDER LH	TO REPAIR SEE LABOUR	2,900.00	-
1	FRONT FENDER INNER COWLING LH	SERVICEABLE	416.00	-
1	RADIATOR GRILLE	SERVICEABLE	948.00	-
	LESS 10% DISCOUNT		-1,484.70	-370.10
			13,362.30	3,330.90
<u>SPECIAL NETT ITEMS</u>				
1	SET FRONT FENDER INNER COWLING INSERT CLIP (SN)	NOT NECESSARY	60.00	-
1	SET FRONT BUMPER CLIP (SN)	NOT NECESSARY	61.83	-
1	FRONT TYRE RH (SN)	SERVICEABLE	400.00	-
1	FRONT ALLOY RIM RH (SN)	SERVICEABLE	1,000.00	-
			1,521.83	-

Report Ref No. CC3/FC116017396/Ktbe2



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.:2 of 2

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	PANEL BEATING, KNOCKING AND STRAIGHTENING THE NECESSARY PORTION, REMOVE AND RENEWAL OF PARTS, ADJUST AND REALIGN THE SAME. INCLUSIVE OF THE REPAIR OF FRONT BUMPER BRACKET, FRONT BUMPER SIDE RETAINER LH, FRONT BUMPER SIDE BRACKET LH, FRONT HEADLAMP PANEL LH, FRONT HEADLAMP BRACE LH AND FRONT FENDER LH. TO RUST-PROOFING OF THE AFFECTED AREAS.		2,000.00	200.00
	TO CHECK ELECTRICAL LIGHTING CONCERNED.		170.00	30.00
	TO TRANSFER OF FENDER FITTINGS, ATTACHMENT AND PERFORM WATER SEEPAGE TEST.	NOT NECESSARY	120.00	20.00
	PUTTY AND SPRAY PAINTING OF THE AFFECTED PORTION.		170.00	-
	TO CHECK STEERING GEOMETRY AND COMPUTER WHEEL ALIGNMENT.	NOT NECESSARY	3,000.00	250.00
	TO TRANSFER OF TIRE, RIM AND ON WHEEL BALANCING.	NOT NECESSARY	220.00	-
			170.00	-
			5,850.00	500.00
	GRAND TOTAL		20,734.13	3,830.90
RECOMMENDED COST OF REPAIRS				3,830.90

Report Ref No. CC3/FC116017396/Ktbe2

KONG SENG CHEONG

Licensed Appraiser

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