ASSESSED BY: Surveyor Tauhich | REF: CS/24W1900831J/TTsd3Cl

ASSIGNMENT (Office)

From (Person) of Date/Time:

Estimated Cost: $ Bill to

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

To Inspect Vehicle No: FBA 9635E Insured:

at Workshop m/s: Tuck Hife Tel: 9847 0643 (owner)

of 26 Kaki Bukit Rd 4 #01-68

Policy No: Claim No: 10001PE1.2921.19.FM

Sum Insured: Excess:

Make of Veh: (Client's Record) D.O.A:

CA / REV / REP. / REV 24 HRS

Date/Time: 4:40pm @ 6/8/19 Person Contacted: Alfarunsi N.O.D. Endorsement: Vehicle IN / OUT

Date/Time	Action/Instruction (X) Estimate $350.00 (ex. GST 7%)
	FBA 9635E - X
04/03/20	@ 10:38 am Spoken with owner (Alfarunsi), Survey Fee Bill to Lawyer
04/03/20	@ 11:50 am Ms Harish (Lawyer) provided ref no. via phone call.

Surveyor: Taufik | REF: Independent CS/TP1900 8312/ T1 sd3

ASSIGNMENT

From: Date: 9/5/19

Estimated Cost:

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

To Inspect Vehicle No: FBA 9635E

at Workshop m/s: Tuck Life

of 25 Kaki Bukit Rd 4 #01-68

Insured:

Policy No.

Claims No.

Sum Insured: Excess:

(Client's Record)

Make of Veh: 9005 1320

(Policy Condition)

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

N/S	O/S

Bal. or Market Value: $3500.

IDAC Accident Rport: 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

Vehicle: IN / OUT

Date: Person Contacted:

COE: 2021 Oct

Veh No: FBA 9635E Yr Regn: 2006, Oct

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

Make: Yamaha T135 c.c 135

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

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

Eng/No:

C/No: 5SP 205717

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size: F: 70/10R17

R: 70/90R17

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

Front		Rear	
R/Bal.	5 mm	R/Bal.	5 mm
L/Bal.	mm	L/Bal.	mm
D.O.A.		D.O.I.	9/5/19

Survey held at Tuck Life

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

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

Date / Time	Action / Instruction
	$350.00 (Ex. GST 7%) $1400
	No GIA or estimate, w/s say owner will call us.
	Inform owner repair limit $2000.
	L/S $700; 5 days.
	($258.00 Red - 27%)
	4/3/2020

Date/Time, File Pass to? 1) 04/03/20 Typist

Date/Time, File Return to? 2)

☐ : Preli. Report

☑ : Final Report

Days Of Repair: 5

Resurvey No. of Trip: 2

Add Fee: ☐ : Site Insp ($) ☐ : Interview ($) ☐ : Tech. Invs ($) ☐ : Weekend ($)

Report Format : Independent

Lump Sum / I.B.I: ($ 700/- L/S)

Survey Fee:	350
Transportation:	
S + RS, SI	
Photos	
Others	
TOTAL	350

Nivitha (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Tuesday, 7 May 2019 4:12 PM
To: assignments
Subject: FW: Surveyor for Bike accident

Thank you.
Best Regards,
Shirley Hiew | Case Handler
LKK Auto Consultants Pte Ltd
Phone: 6256-3561 | email: Sur@lkkauto.com | fax: 6256-4315 Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

-----Original Message-----
From: alfarunsi kamsani [mailto:alfarunsi@icloud.com]
Sent: Tuesday, 7 May 2019 3:14 PM
To: sur@lkkauto.com
Subject: Surveyor for Bike accident

Dear Miss/Mdm,

I am alfarunsi as spoken on the phone you have advised me to email the details for the surveyor of the bike.
Here are the details of my bike and the details of the workshop that will do the repair on my bike.

FBA9635E Yamaha 135
Tuck Life Racing
25 Kaki Bukit Rd 4,
#01-68 Synergy @ KB 9005 4820
Singapore 417800

I have been advised by Ms Hairah of B Rao & K S Rajah to use your service & I will pay first the cost of the surveyor. Thank you

11:30

Best Regards
Alfarunsi
98470643
Sent from my iPhone

Fazial Moh 6535 2188

ref No ?
10001PEI.2921.19.FM

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	6018G
Vehicle Details	
Vehicle No.:	FBA9635E
Vehicle to be Exported:	No
Intended Deregistration Date:	01 Jul 2019
Vehicle Make:	YAMAHA
Vehicle Model:	T135
Primary Colour:	Black
Manufacturing Year:	2006
Engine No.:	5YP205717
Chassis No.:	5YP205717
Maximum Power Output:	-
Open Market Value:	$1,829.00
Original Registration Date:	17 Oct 2006
First Registration Date:	17 Oct 2006
Transfer Count:	1
Actual ARF Paid:	$275.00
Intended PARF Rebate Details	
PARF Eligibility:	No
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	$0.00
Intended COE Rebate Details	
COE Expiry Date:	16 Oct 2021
COE Category:	D - Motorcycle
COE Period(Years):	5
PQP Paid:	$3,153.00
COE Rebate Amount:	$1,444.00
Total Rebate Amount:	**$1,444.00**

Message

Please note that the 5-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 01 Jul 2019

OK

SINGAPORE
POLICE FORCE

Traffic Police
10 Ubi Avenue 3
Singapore 408868
Tel +65 6547 0000
Fax +65 6547 6209
www.police.gov.sg

Our Ref : TP/IP/27223/2019
Date : 10 May, 2019

ALFARUNSI BIN KAMSANI
BLK 749 PASIR RIS STREET 71
#05-60
SINGAPORE 510749

Dear Sir/Madam

ACCIDENT INVOLVING FBA9635E & SLQ1028H ALONG BLK 750 PASIR RIS STREET 71 SERVICE ROAD ON 27 APRIL 2019 AT 1213 HRS

I refer to the above accident.

2. Please be informed that we have completed our investigations which revealed that the driver of SLQ1028H had committed an offence of Inconsiderate Driving under Section 65(b) of the Road Traffic Act, Chapter 276. Action has been initiated against the said driver for the said offence.

3. If you have any queries, please contact the Investigation Officer, Shahrul Nizam at 65476904 or via email at Shahrul_Nizam_SAMARRI@spf.gov.sg

Yours faithfully

Perlin Chong
for Head Investigation
Traffic Police

MVA3[illegible]
ENTRY DATE & TIME: 30/04/2019 15:19
SUBMITTED BY: [illegible]

Your NCD will be affected due to late reporting
Actual e-Filling Submission Date & Time: 30/04/2019 15:19

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 [illegible] 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 CIA 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	30/04/2019 15:10
Date Of Accident	27/04/2019 12:00
Exact Location Of Accident	PASIR RIS STREET 71 (SERVICE ROAD INFRONT B/750)
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	FBA9635E
Insured/Policyholder	
Name Of Registered Owner	ALFARUNSI BIN KAMSANI
NRIC No	S8636018G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98470643
Alternative Phone No	OFFICE-98470643
Vehicle Particulars	
Manufacturer	YAMAHA
Model	T135
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	MOTORCYCLE
Insurance Company	
Name of Insurance Company	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5084911067-02 TP
Cover Note Number	
Driver	
Name of Driver	ALFARUNSI BIN KAMSANI
NRIC No	S8636018G
Date Of Birth	27/11/1986
Occupation	OUTDOOR
Date Of Driving Pass	25/08/2005
Driving Experience	13 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98470643
Fax Number	
Contact Number	OFFICE-98470643
EMail Address	NOEMAIL

Address	BLK 749 #05-60 PASIR RIS STREET 71
Postcode	510749
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	SIDE SWIPE
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)	1

Details of Police Action

Was the accident reported to the police?	YES
If Yes,Please state which Police Station	
Police Station Name	SENGKANG NEIGHBOURHOOD POLICE CENTRE
Police Station Address	**ROAD**: 2 SENGKANG SQUARE #01-02 SINGAPORE , **POSTCODE**: 545025 , **COUNTRY**: SINGAPORE
Police Station Contact	**TEL NO**: 1800 - 3438999 - **FAX NO**:
Was notice of Intended Prosecution given?	NO
If Yes,against whom?	

Circumstances of Accident

REFER TO POLICE REPORT ATTACHED

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	SLQ1028H
Vehicle Make/Model/Colour	TOYOTA PRIUS HYBRID 1.8 CVT
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	LOW KIM GUAN
NRIC/Passport Number	S6831070I
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	ALFARUNSI BIN KAMSANI
Approximate Age	32
Injuries Sustain	
Injured person in which vehicle?	FBA9635E
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

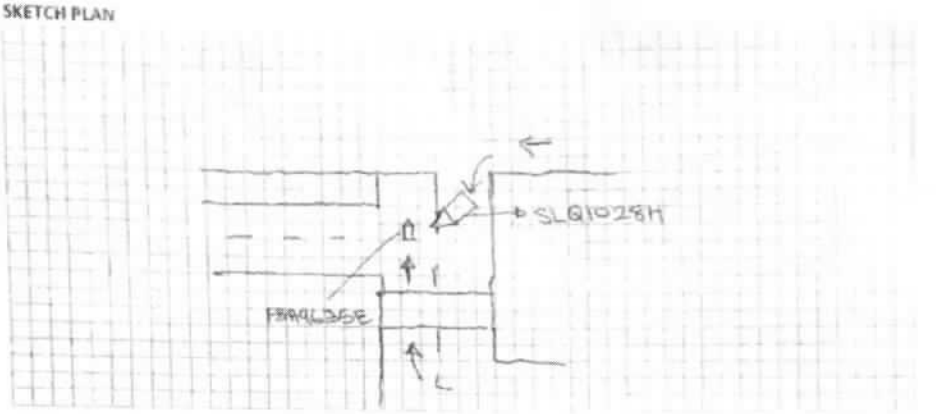
Policyholder's Signature
Date & Time: 30 APR 2019

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416497 Fax: 67492305
Email: vacb@singnet.com.sg
Name:
NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I the motorcycle rider approaching the stop line was hit by an oncoming vehicle from my right
The road was clear of traffic and no pedestrians at the vicinity

DECLARATION

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

Policyholder's Signature
Date & Time: 30 APR 2019

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

IDAC KAKI BUKIT (VAC)
23 Kaki Bukit Ave 4
Singapore 415933
Tel: 67416697 Fax: 67492305
Email: vackb@singnet.com.sg

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

Individual Statement

SINGAPORE POLICE FORCE

T20190428/2005

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 545025
Tel No: 1800-343 8999

Report No: T20190428/2005

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made	Vide Report No :	Station Diary No:
28/04/2019 02:42		24

Informant's Particulars

Name of Informant:			Address:
ALFARUNSI BIN KAMSANI			APT BLK 749 PASIR RIS STREET 71 #05-60 SINGAPORE 510749
ID Type / ID No.:			Contact No:
NRIC NO / S8636018G			Home/Office: Mobile: 98470643
Nationality:			Email:
SINGAPORE CITIZEN			
Sex:	Age:	Date of Birth:	Type of Informant:
Male	32	27/11/1986	Rider
Race:			Language: / Institution / School Name:
Malay			
Occupation:			Driving Licence Information:
FOOD DELIVERY			Class: / Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Conveyed By Ambulance	Drink Drive: No	Date/Time of Accident: 27/04/2019 12:00	Type of Location: Car Park

Location:
Along Road 1
PASIR RIS STREET 71

SERVICE ROAD IN FRONT OF BLK 750

Weather:	Road Surface:	Road Speed Limit:
Clear	Dry	
Traffic Flow:	Traffic Control:	Traffic Volume:
Two Way	Not Controlled	Light
Type of Collision:		Anyone conveyed by ambulance:
Between Moving Vehicles - Head To Side		Yes

Details of Vehicle Involved

Vehicle No	Type	Make	Model	Color	Condition	No of Passenger
FBA9635E	Motorcycle	YAMAHA	T135	Black	Slightly Damaged	0
SLQ1028H	Car				Slightly Damaged	0

Details of Vehicle Insurance

Vehicle No	Insurance Company	Insurance No	Effective	Expiry Date
FBA9635E	NTUC Income Insurance Co-Operative Limited	5084911067-02	17/10/2018	16/10/2019

Individual **Statement**

SINGAPORE POLICE FORCE

T/20190428/2005

Report No: T/20190428/2005

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE
545025
Tel No. 1800-343 8999

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Rider			
Name	ALFARUNSI BIN KAMSANI	ID No.	S8536018G
Related Vehicle	FBA9635E (Motorcycle)	Contact No.	98470843
Hospital/Clinic	SENGKANG GENERAL HOSPITAL PTE LTD.	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	27/04/2019	Date Discharge	28/04/2019
No. of Days granted Medical Leave	04	Degree of Injury	Slight
Driver			
Name	LOW KIM GUAN	ID No.	S6831070I
Related Vehicle	SLQ1028H (Car)	Contact No.	NIL
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.
On the 27/04/2019 at about 1210hrs, I was riding my motorcycle at the service road of Pasir Ris Street 71 when I was hit by a car from the right. I was flung off my motorcycle and I was assisted by some passer by who place me at the pavement.

I felt pain on my chest and on my right leg. The right portion of my motorcycle was badly damaged. I was then attended by Traffic Police and ambulance and was referred to Sengkang General Hospital.

Individual Statement

SINGAPORE POLICE FORCE

T/20190428/2005

Police Station Of Origin:
Sengkang N.P.C
2 Sengkang Square #01-02 SINGAPORE 545025
Tel No: 1800-343 8999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the **report number** as reference.

Signature Of Officer Recording The Report: F / Sgt 3 MUHAMMAD NAJEEB BIN OSMAN	Signature Of Informant:
Signature Of Interpreter: Not applicable	Date/Time: 28/04/2019 02:42
Officer In Charge Of Case: TP / GIT / Sr Staff Sgt SHAHRUL NIZAM BIN SAMARRI Contact No: 65476904	Classification Of Case:

Authentication Stamp

Signature

Singapore Police Force SN 085

Cash Sales

M/S FBA 9635E

Date 23/9/19

Quantity	Particulars	Price	Amount
1	Cover set		$220 cw
1	Inne Cover		$45 cw
1	Front Footrest		$40 bl
2	Front Footrest Rubber		$14 bl
1	Front Brake lever		$15 dl
1	Head light		$55 cw
1	RearR Brake pedal		$28 bl
1	* Side mirror		$35 wh
2	Signal light (Front)		$38 cw
	press Fork Labour	SN	$80
1	* Front number plate		$8 new
	Rear box		$150 at
		Total	$578

Total - 958

Labour - 9300 200.
Wiring - $50 30

1078

648
10% 583.20.
80
230
893.20

45$ 700*
05days

* Confirm with owner 9700
then phone

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

B.RAO & K.S.RAJAH

BLK 9 JALAN KUKOH
#01-87SINGAPORE 160009

Ref : CS/LAW19008312/T1sd3e2

Date : 04-03-2020

Code : L015

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.		**Veh. Inspected**	FBA 9635E
	Policy No.		**Coverage ($)**	0.00
	Claim No.	10001PEI.2921.19.FM	**Excess ($)**	0.00
	Assign From	ALFARUNSI	**Assign Date**	09/05/2019

2. Vehicle Particulars & Condition

	Make & Model	YAMAHA T135	**c.c**	135
	Engine No.	HIDDEN	**Year of Reg.**	2006
	Chassis No.	5YP205717	**Colour**	BLUE
	Odometer	-	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	NIL
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	70/90 R17	MAXXIS	5 mm
	L/H Front Tyre			mm
	R/H Rear Tyre	70/90 R17	MAXXIS	5 mm
	L/H Rear Tyre			mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S BODY AND FRONT PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	27/04/2019	**Inspection Date**	09/05/2019
	Survey held at	TUCK LIFE PTE LTD 25 KAKI BUKIT ROAD 4# 01-68 SYNERGY@ KB SINGAPORE 417800		

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: **5 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

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. FBA 9635E

Qty	Description of Parts	Condition	Estimate By Workshop ($)	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	SET COVER	CRACKED	220.00	220.00
1	INNE COVER	CRACKED	45.00	45.00
1	FRONT FOOTREST	BENT	40.00	40.00
2	FRONT FOOTREST RUBBER	TORN	14.00	14.00
1	FRONT BRAKE LEVER	DENTED	15.00	15.00
1	HEAD LIGHT	CRACKED	55.00	55.00
1	REAR BRAKE PEDAL	BENT	28.00	28.00
1	SIDE MIRROR	CUT	35.00	35.00
2	SIGNAL LIGHT (FRONT)	CRACKED	38.00	38.00
1	FRONT NUMBER PLATE	NECESSARY	8.00	8.00
1	REAR BOX	CUT	150.00	150.00
	LESS 10% DISCOUNT		-	-64.80
			648.00	583.20
	LABOUR			
	PRESS FORK.		80.00	80.00
	LABOUR.		300.00	200.00
	WIRING.		50.00	30.00
			430.00	310.00
	GRAND TOTAL		**1,078.00**	**893.20**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			**700.00**

Report Ref No. CS/LAW19008312/T1sd3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser