

ASS. REC. BY:

REF: CS/PC1900 8325/JHd302

Special Instruction:

Survivor: Hwa Jie

ASSIGNMENT (Office)

From (Person): Erleen Lee

of FCI

Date/Time: 10.5.19 2.18 PM

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SLH 14312

Insured: SHA 1718G

at Workshop m/s World Auto

Tel: 63621776

of NO1, Kranji Loop

Policy No:

Claim No: D19003092 MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 9.5.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 10.5.19 2.46 PM

Person Contacted: Daniel

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLH 14312 - X
	SHA 1718G - CS/FCI 16022437 / Ggh 392
14/5/2019 @ 4:29 PM	Sent preli advise via email

DOA - 22/11/2016

REF:

FCI

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop n/s _____

of _____

Insured: _____

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.

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. SLH 14312 Yr Regn: 25 Oct 2016Type: ☒ M.Cap / ☐ M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Honda Shuttle c.c. 1496Colour: Silver A/C: ☐ Insured / ☐ Std / ☐ NI / NASp. Reading: 215306 T/Radio: ☐ Insured / ☐ Std / ☐ NI / NA

Eng/No: _____

C/No: GP71642062Gen. Cond: ☒ Good / ☐ Fair / ☐ Poor / ☐ BurntSteering: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orBrake: ☒ Inorder / ☐ Jammed / ☐ Leaked / ☐ Burnt orModi: ☒ Nil / ☐ S/Rim / ☐ STD A/Rim orTyre Size: F: 185/60R15

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. L mm R/Bal. 6 mmL/Bal. L mm L/Bal. 6 mmD.O.A. 9/5/19 D.O.I. 13/5/19Survey held at would AutoDes. of Damages: ☒ Fr / ☐ Rear / ☐ O/S / ☐ N/S / ☐ U/C / ☐ Rooftop or

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

Date / Time	Action / Instruction
	Confirmed P/P #2349-206 4 days of repair. (Red: 1723-20, 42%)
	RECEIVED 01 JUL 2019

Date/Time, File Pass to?

☐ : Preli. Report☒ : Final Report1) 1/2 typist
Date/Time, File Return to?

2)

Days Of Repair: 4Resurvey No. of Trip: 1Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

) \$ + PS. \$

) Photos

) Others

)

TOTAL

Report Format :

Lump Sum / I.B.N. (\$) 2349.20135
50
50
27

262

MOTOR SURVEY ASSIGNMENT

Date	10-05-2019	Our Ref No. D19003092MFSH
Accident Date	09-05-2019	Claim Type. Third Party
Insured Vehicle	SHA1718G	Third Party Vehicle. SLH1431Z
Survey Location	NO.1, KRANJI LOOP	
Contact Person.	DANIEL	
Contact No.	63621776/ 0	Fax No. 0
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

FOR DIRECT SETTLEMENT

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

THIRD PARTY SURVEY REQUEST

Cc : Workshop	WORLD AUTO PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	EILEEN LEE	

IMPORTANT NOTE

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.
This is a computer generated letter, no signature required.



Auto
Consultants
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19003092MFSH

Date: 14/5/2019

Our Ref: CS/FCI19008325/Jtd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

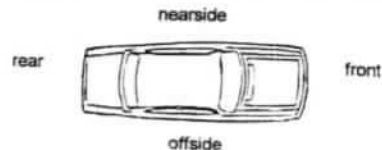
INITIAL INSPECTION REPORT OF VEHICLE NO. SLH 1431Z

Please be informed that we had conducted the inspection of the abovementioned vehicle
13/05/2019 at the premises of M/s World Auto have the following to report: -

Workshop Estimate Amount	: S\$ 4,072.40
Revised Estimate Amount	: S\$ 2,191.68
"Check" Items Amount	: S\$ 0.00
Market Value	: S\$ _____
LTA Reimbursement Value	: S\$ _____
Nett Value	: S\$ _____

Description of Damage:

The vehicle sustained damages at the
front portion.



Comments/ Present Status:

Damages Consistent.

Yours faithfully

Kalvin

Automotive Assessor

Denise Tay (LKKAUTO)

From: Denise Tay (LKKAUTO)
Sent: Tuesday, 14 May 2019 4:29 PM
To: 'CWS Motor Claims'
Cc: assignments; 'Eileen Lee'
Subject: RE: SURVEY ASSESSMENT - D19003092MFSH/1
Attachments: PRELI ADVISED SLH 1431Z.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle **SLH 1431Z**

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)

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]

Sent: Friday, 10 May 2019 2:18 PM

To: ASSIGNMENTS@LKKAUTO.COM

Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Eileen Lee <EileenLee@msfirstcapital.com.sg>

Subject: PRI: SURVEY ASSESSMENT - D19003092MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

Note: All the accident reports are uploaded into CWS for your perusal.

Best Regards,

Admin Team

Claim Workflow System

Motor Claims Department

MS First Capital Insurance Limited

Tel : 6507 3848

Fax : 6507 3849

PS: This is a system generated mail. Please do not reply to this mail.

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	09/05/2019 14:35
Date Of Accident	09/05/2019 11:15
Exact Location Of Accident	SERANGOON RD TWDS LAVENDER
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLH1431Z
Insured/Policyholder	
Name Of Registered Owner	LCRF PTE LTD
Co Reg No	201624597K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62414992
Vehicle Particulars	
Manufacturer	HONDA
Model	SHUTTLE HYBRID-1.5 (A)
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	PRIVATE HIRE
Insurance Company	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	19-MK000194-R00
Cover Note Number	
Driver	
Name of Driver	SUPAHAN BIN ISMAIL
NRIC No	S1338622F
Date Of Birth	23/07/1958
Occupation	OUTDOOR
Date Of Driving Pass	21/12/1977
Driving Experience	41 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93571619
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	NOADDRESS
Postcode	
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	PAID 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 - MAJOR/MINOR RD
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

PLEASE REFER TO ATTACHED SKETCH. (HIRER FROM MAJOR ROAD)

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHA1718G
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

Sketch Plan

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:

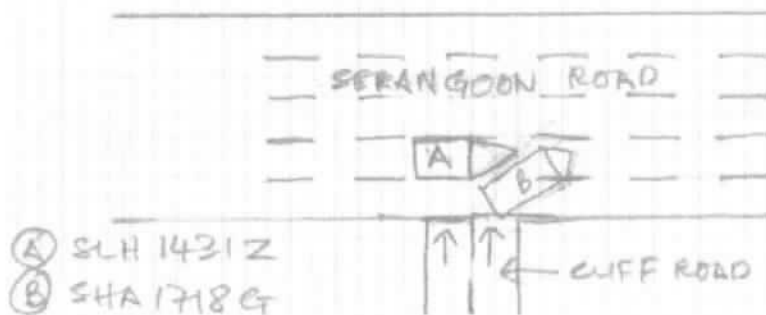
A. Luraban

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

Reporting Centre Personnel's Signature
Name:
NOC/TIN No.:

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 9th May 2019 at about 11.15 am, I was travelling along Serangoon Road at a speed of approximately 40 km/h when suddenly a taxi (SHA 1718G) deliberately not stopping from a minor road (Cuff Rd) crossed to the second lane of Serangoon Rd where I was travelling at that time (refer to video footage). As the distance is too near, I am unable to avoid a collision between my car and the taxi. The driver of the taxi failed to stop immediately instead he keep on driving for another 50 meters before stopping.

DECLARATION

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



Policyholder's Signature
Date & Time:

A. Lingham

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

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

Sketch Plan #3

Land Transport Authority


VOCATIONAL LICENCE

License No: S1338622F

Name: SUPAHAN BIN ISMAIL

Issue Date: 29/10/2013

Please visit www.lta.gov.sg to check the status of this vocational licence



REPUBLIC OF SINGAPORE
IDENTITY CARD NO. S1338622F



Name
SUPAHAN BIN ISMAIL

Race
BOYANESE

Date of Birth
23-07-1958

Issuing Place of Birth
SINGAPORE

Sex
M

S1338622F

REPUBLIC OF SINGAPORE DRIVING LICENCE

License Number: S1338622F

Name: SUPAHAN BIN ISMAIL

Date of Birth: 23-Jul-1958

Issue Date: 18-Feb-2005


DP1322576A




This card is not transferable and is the property of the Land Transport Authority (LTA). It must be surrendered to the LTA on request. If found, please return to LTA, 10 Sin Ming Drive, Singapore 575771.

Type	Description	Issue Date
02	TAXI VL	10/11/2010

PDVL/TDVL
33 000 80000
750252



5319600



5319600

531338622F



Date of Issue
27-08-2015

Address
APT BLK 424 BEDOK NORTH AVENUE 1
#03-238
SINGAPORE 460424

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASSES

Class	Description	Valid Until
Class 2B	Motorcycles <= 200 cc	26 Dec 2005
Class 3	Motor cars <= 2000 kg with <= 7 passengers, exclusive of the driver, and motor tractors <= 2000 kg	21 Jan 1977

NP 426A

License No: S1338622F



[Back to OneMotoring](#)

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	4597K
Vehicle Details	
Vehicle No.:	SLH1431Z
Vehicle to be Exported:	No
Intended Deregistration Date:	14 May 2019
Vehicle Make:	HONDA
Vehicle Model:	SHUTTLE HYBRID 1.5 A
Primary Colour:	Silver
Manufacturing Year:	2016
Engine No.:	LEB4261689
Chassis No.:	GP71042062
Maximum Power Output:	101.0 kW (135 bhp)
Open Market Value:	\$20,536.00
Original Registration Date:	25 Oct 2016
First Registration Date:	25 Oct 2016
Transfer Count:	1
Actual ARF Paid:	\$5,000.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	24 Oct 2026
PARF Rebate Amount:	\$3,750.00
Intended COE Rebate Details	
COE Expiry Date:	24 Oct 2026
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$49,602.00
COE Rebate Amount:	\$36,921.00
Total Rebate Amount:	\$40,671.00

The information contained herein is correct as at 14 May 2019

OK

WORLD AUTO PTE LTD

47 Jalan Pemimpin #01-02/03

Halcyon 2, S'pore 577200

Tel No. : 6451 3933 Fax No. : 6455 7576

E-Mail : worldaut@singnet.com.sg

Website : www.worldauto.com.sg

Tax Reg. No. : 200006765-H Buss. Reg. No. : 200006765H

MS FIRST CAPITAL INSURANCE LIMITED

36 ROBINSON RD #16-01 CITY HOUSE

068877

Attention : Motor Claim Department

Contact : 6222 2311 Fax No. : 6222 3547

Estimate : ES190083

Date : 09/05/2019

Vehicle Num. : SLH 1431Z (LCR)

Make/Model : HONDA SHUTTLE HYBRID

Chassis/Eng# :

Accident Date : 09/05/2019

Claim No. :

Reference :

Policy No. :

S/N	Quantity	Particular	Unit Price	Amount S\$
-----	----------	------------	------------	------------

1.	1	LIST ITEMS :		
2.	1	FRONT BUMPER DEF /		1,100.00
3.	1	FRONT BUMPER SIDE RETAINER R/H CRA /		78.00
4.	1	HEADLAMP ASSY RH nn x		780.00
5.	1	HEADLAMP LOWER BRACKET RH nn x		64.00
6.	1	FRONT GRILLE BASE SCR /		248.00
7.	1	FRONT FENDER - RH Repair x		489.90
8.	1	FRONT FENDER UNDER DUST COVER - RH CUT /		192.00
8.	1	FRONT FENDER HYBRID EMBLEM RH rec /		56 88.00

List TotalS\$:

20.00% Discount S\$:

3,040.50

608.10

2,432.40

SPECIAL NETT ITEMS :

1.	1SET	FRONT BUMPER CLIP rec /		30.00
2.	1SET	FRONT FENDER UNDER DUST COVER CLIPS nn x		30.00

Special Nett Total S\$:

60.00

LABOUR :

WIRINGS CHECK AND RECTIFY WHERE NECESSARY

180.00 30

REMOVE ACCIDENT DAMAGED PARTS IN ORDER TO FACILITATE
REPAIRS INCLUDING PANEL BEAT, STRAIGHTEN FRONT PANELS
WHERE NECESSARY AND REPLACE ABOVE PARTS

600.00 45

PUTTY AND SPRAY PAINT ALL AFFECTED AREAS

800.00 50

Labour Total S\$:

1,580.00

for WORLD AUTO PTE LTD

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:

Total - \$2349.20/-

Total S\$: 4,072.40

29/5/19 Hwee Jie - LKK
13/5/19
P/P 4days.




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 : CS/FCI19008325/Jtd3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 19-07-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHA 1718G	Veh. Inspected	SLH 1431Z
Policy No.		Coverage (\$)	0.00
Claim No.	D19003092MFSH	Excess (\$)	0.00
Assign From	EILEEN LEE	Assign Date	10/05/2019
2. Vehicle Particulars & Condition			
Make & Model	HONDA SHUTTLE	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	GP71042062	Colour	SILVER
Odometer	215306	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	185/60 R15	PIRELLI	6 mm
L/H Front Tyre	185/60 R15	PIRELLI	6 mm
R/H Rear Tyre	185/60 R15	PIRELLI	6 mm
L/H Rear Tyre	185/60 R15	PIRELLI	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	09/05/2019	Inspection Date	13/05/2019
Survey held at	NO1, KRANJI LOOP		
Repairer	WORLD AUTO PTE LTD		
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:		4 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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLH 1431Z

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	FRONT BUMPER	DEFORMED	1,100.00	1,100.00
1	FRONT BUMPER SIDE RETAINER R/H	CRACKED	78.00	78.00
1	HEADLAMP ASSY RH	NOT NECESSARY	780.00	-
1	HEADLAMP LOWER BRACKET RH	NOT NECESSARY	64.00	-
1	FRONT GRILLE BASE	SCRATCHED	248.00	248.00
1	FRONT FENDER - RH	TO REPAIR SEE LABOUR	489.90	-
1	FRONT FENDER UNDER DUST COVER - RH	CUT	192.00	192.00
1	FRONT FENDER HYBRID EMBLEM RH	NECESSARY	88.60	56.00
	LESS 20% DISCOUNT		-608.10	-334.80
			2,432.40	1,339.20
<u>SPECIAL NETT ITEMS</u>				
1	SET FRONT BUMPER CLIP (SN)	NECESSARY	30.00	30.00
1	SET FRONT FENDER UNDER DUST COVER CLIPS (SN)	NOT NECESSARY	30.00	-
			60.00	30.00
<u>LABOUR</u>				
	WIRINGS CHECK AND RECTIFY WHERE NECESSARY.		180.00	30.00
	REMOVE ACCIDENT DAMAGED PARTS IN ORDER TO FACILITATE REPAIRS INCLUDING PANEL BEAT, STRAIGHTEN FRONT PANELS WHERE NECESSARY AND REPLACE ABOVE PARTS. INCLUSIVE OF THE REPAIR OF FRONT FENDER - RH.		600.00	450.00
	PUTTY AND SPRAY PAINT ALL AFFECTED AREAS.		800.00	500.00
			1,580.00	980.00
GRAND TOTAL			4,072.40	2,349.20
RECOMMENDED COST OF REPAIRS				2,349.20

Report Ref No. CS/FC19008325/Jtd3e2

ONG HWEI JIE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report.

No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.