

ASS. REC. BY:

REF: CS/FCI/19008868/ES d3

n2
Special Instruction:

Survey: Steve

ASSIGNMENT (Office)

From (Person): May chun

of FCI

Date/Time: 5:27pm 17/5/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SCR 4935X

Insured: SHC 1070E

at Workshop m/s Wearnes Automotive

Tel: 81261237

of 249 Alexandra Road

Policy No:

Claim No: D19003300MFSH

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 16/5/2019

CA / REV / REP. / REV 24 HRS 1DS?

H.O.D. Endorsement:

Date/Time: 9/11am 21/5/19

Person Contacted: Paul

Vehicle IN/OUT

Date/Time	Action/Instruction	Estimate
	SCR 4935X - CC/ALG/15005338/1/1/3/2	✓
	SHC 1070E - CS/FCI/19000999/1/1/2/3/2	
30/05/19	@ 15:27 pm revised PA to May via email	

Wentworth Steve

REP:

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

QD / TP / WS / TP RES / QD RES / EVA / INV / MV

To Inspect Vehicle No: _____

at Workshop ref: _____

at: _____

Insured: _____

Policy No: _____

Claims No: _____

Sum Insured: _____ Excess: _____

(Gloria'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 Report: _____ Consistent?: Yes or No

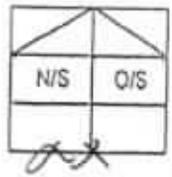
GIA / PR Seen: _____ Consistent?: Yes or No

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: **SCR 493SX** Yr Bought: **25/5/11**

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

Make: **Land Rover Discovery Sport** cc **1999**

Colour: **White** A/C Insured / Std / N

Sp. Reading: **36155** T/Rwds Insured / Std / N

Eng/No: _____

CiNo: **SALCA 2AM 1HH 697793**

Gen. Cond: **Good** / Fair / Poor / Burnt

Steering: **In order** / Jammed / Leaked / Burnt or

Brake: **In order** / Jammed / Leaked / Burnt or

Mod: Nil / **VRim** / STD A/Rim or

Tyre Size: F: **235/60R18** R: _____

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

Front R/Bal: **3** mm Rear R/Bal: **3** mm

L/Bal: **3** mm L/Bal: **3** mm

D.O.A. **16/5/19** D.O.I. **27/5/19**

Survey held at: **Wentworth**

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

The U/C / Chassis frame / Body Structure affected due to c

13/6/19 finalie cost: \$8,019.91, 4 days (Jack)
(P 4,740.59 Red. - 37%)

RECEIVED 4 JUN 2019

[Signature]
13/6/2019

Date/Time: File Pass to? : Procl. Report
14/6/19 : Final Report
41 Typist

Days Of Repair: **4**
Resurvey No. of Trip: **1**

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

Survey Fee: **215 = 30**
Investigation: **170 + 30**
1) G-R- 50
2) Photos 50
3) Files 25
325

Report Format: _____
Lump Sum (I.B.) **8,019.91 P/P**



Auto
Consultants
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19003300MFSH

Date: 30 May 2019

Our Ref: CS/FCI19008868/Esd3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

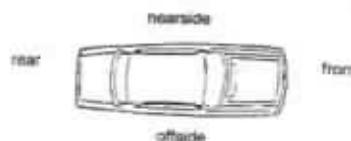
INITIAL INSPECTION REPORT OF VEHICLE NO. SCR 4935X

Please be informed that we had conducted the inspection of the abovementioned vehicle on 27/05/2019 at the premises of M/s Wearnes Automotive Pte Ltd and have the following to report:-

Workshop Estimate Amount	: <u>SS 12,760.50</u>
Revised Estimate Amount	: <u>SS 10,145.90</u>
"Check" Items Amount	: <u>SS 214.60</u>
Market Value	: <u>SS</u>
LTA Reimbursement Value	: <u>SS</u>
Nett Value	: <u>SS</u>

Description of Damage:

The vehicle sustained damages at the rear portion.



Comments/ Present Status:

Damages Consistent.
Repair days: 4 Days

Yours faithfully,
Chen Tsue Yee
Automotive Assessor

MOTOR SURVEY ASSIGNMENT

Date	17-05-2019	Our Ref No. D19003300MFSH
Accident Date	16-05-2019	Claim Type. Third Party
Insured Vehicle	SHC1070E	Third Party Vehicle. SCR4935X
Survey Location	BODY AND PAINT DEPT 249 ALEXANDRA ROAD	
Contact Person.	PAUL ONG	
Contact No.	63789336/ 81261237	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	WEARNES AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	MAY CHUA	

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.

Shirley Hiew (LKK Auto)

From: Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>
Sent: Thursday, 30 May 2019 3:27 PM
To: 'May Chua Hui Chin'; 'CWS Motor Claims'
Cc: assignments; SUR; Admin-D (LKKAuto)
Subject: RE: SURVEY ASSESSMENT - D19003300MFSH/1
Attachments: SCR 4935X- Preli Advise .pdf

Dear May,

Enclosed preliminary revised of vehicle SCR 4935X.

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)

From: Admin-D (LKKAuto) [mailto:admin-d@lkkauto.com]
Sent: Tuesday, 21 May 2019 9:33 AM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'May Chua Hui Chin' <maychua@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19003300MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

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)

From: CWS Motor Claims [mailto:cwsmotorclaims@msfirstcapital.com.sg]
Sent: Friday, 17 May 2019 5:27 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; May Chua Hui Chin <maychua@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19003300MFSH/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.



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

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	16/05/2019 16:30
Date Of Accident	16/05/2019 08:20
Exact Location Of Accident	CROSS JUNCTION OF NORTH CANAL RD & SOUTH BRIDGE RD
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SCR4935X
Insured/Policyholder	
Name Of Registered Owner	WU WING YAN THERESA
NRIC No	S1655007H
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98300941
Alternative Phone No	OFFICE-98300941
Vehicle Particulars	
Manufacturer	LAND ROVER
Model	DISCOVERY SPORT-2.0 D 7-SEATER (180PS) (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 CAR
Insurance Company	
Name of Insurance Company	LIBERTY INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	SD17V07155
Cover Note Number	
Driver	
Name of Driver	TAN YONG KHIM
NRIC No	S1785656A
Date Of Birth	25/06/1967
Occupation	INDOOR
Date Of Driving Pass	27/03/1990
Driving Experience	29 YEARS AND 1 MONTH
Gender	MALE
Mobile Number	(LOCAL) +65-98300941
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	107 JERVOIS ROAD #03-02
Postcode	249063
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SPOUSE
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?	
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 to 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	SHC1070E
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)	

Accident Sketch Plan Pg. 1

SKETCH PLAN

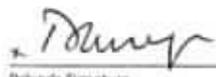
IMPORTANT NOTICE

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 regulate 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 lodging 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:



Driver's Signature
(If driver is not the policyholder)

Date & Time: 16 May 2019
4:06 pm

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

Accident Sketch Plan Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

At around 8:20am on 16 May 2019, I was driving along North Canal Road towards New Bridge Road. After the traffic light at the junction of North Canal Road and South Bridge Road, the car in front of my car stopped to enter a car park on the left. I stopped my car while waiting for the car in front of me to enter the car park. At this point, the taxi (SCH1070E) rear-ended my car, causing damage to the rear-end of my car. No one was injured in the accident.

DECLARATION

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

Policyholder's Signature
Date & Time:

Driver's Signature
(if driver is not the policyholder)
Date & Time: 16 May 2019
4:06 pm

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

Steve (LKK) *[Signature]* 27/5/19
4 day P/P
Ry bol sm

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: C00001 SL: SERVICE SALES - PC
 Date: Wu Wing Yan Theresa

SERVICE ESTIMATE

107 Jervois Road #03-02

GST Reg.No: M28920628X
 Inv.No. : B&P 0 Page 1
 Inv.date. : 17/05/2019
 WIP No. : 15252
 Veh.In/Out:
 *Tel.No. : Mobile: 98300941
 Reg.No. : 3CR4935X
 Reg.date : 25/05/2017
 Mileage : 0
 Chassis No: SALCA2AN1HM697703

Singapore 249063

Closed by : Paul Ong Qing Yong
 Svc Consultant :
 Remarks : Ms Wu Wing Yan There

Op.No Description Mech Qty Price Disc% Pkg Amount G

802	TO REPLACE REAR BUMPER, REAR TOW COVER ETC	0	2400.00	0	2,400.00	S	1200 1800
800	TO PUTTY SPRAYPAINT ON REAR BUMPER, ETC	0	2000.00	0	2,000.00	S	1000
802	TO REPLACE EXHAUST ASSY	0	2400.00	0	2,400.00	S	X
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	486.00	0	486.00	S	/
①	BUMPER COVER REAR DS	1.0	EA	1928.20	1,928.20	S	1735.38
②	TOW EYE COVER REAR D BRACKET - BUMPER HOU	1.0	EA	432.10	432.10	S	388.89
	BRACKET - BUMPER HOU	1.0	EA	107.30	107.30	S	
	BRACKET - BUMPER HOU	1.0	EA	107.30	107.30	S	
③	MUFFLER - REAR	1.0	EA	2350.50	2,350.50	S	2115.45
④	ADHESIVE SEALER FL2	1.0	EA	549.10	549.10	S	494.19

Gross Total: 12,760.50

Labour Total 7,286.00
 Parts Total 5,474.50
 Package Total 0.00

Net..... 12,760.50
 GST @ 7.0% 893.24
 Total..... 13,653.75
 Paid..... 0.00
 Please Pay.. 13,653.75

GST: S=StdRated; O=OutOfScope; Z=ZeroRated

shiny

SERVICE ESTIMATE

G - F00003 SL: FIRST CAPITAL INSURANCE LTD
 FIRST CAPITAL INSURANCE LTD
 36 ROBINSON ROAD
 #16-01, CITY HOUSE
 SINGAPORE
 Singapore 068877

GST Reg.No:M28920628X
 Inv.No. : B&P 0 Page 1
 Inv.date. : 12/06/2019
 WIP No. : 15252
 Yeh.In/Out: 27/05/2019 30/05/2019
 *Tel.No. :
 Reg.No. : 3CR4935X
 Reg.date : 25/05/2017
 Mileage : 36,155
 Chassis No: 3ALCA2AN1HM697703

Closed by : Paul Ong Qing Yong
 Svc Consultant : ACC
 Remarks : Ms Wu Wing Yan There

Op.No	Description	Mech Qty	Price Disc%	Pkg Amount	G
302	TO REPLACE REAR BUMPER, REAR TOW COVER, REAR LH HUFFLER	0	1800.00 / 0	1,800.00	S
300	TO PUTTY SPRAYPAINT ON REAR BUMPER, ETC	0	1000.00 / 0	1,000.00	S
280	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES	0	486.00 / 0	486.00	S
①	BUMPER COVER REAR DS	1.0 EA	1928.20 / 10	1,735.38	S
②	TOW EYE COVER REAR D	1.0 EA	432.10 / 10	388.89	S
③	HUFFLER - REAR	1.0 EA	2350.50 / 10	2,115.45	S
④	ADHESIVE SEALER FL2	1.0 EA	549.10 / 10	494.19	S

Gross Total. 8,019.91 /
 Net..... 8,019.91
 GST @ 7.0% 561.39
 Total..... 8,581.30
 Paid..... 0.00
 Please Pay.. 8,581.30

Labour Total 3,206.00
 Parts Total 4,733.91
 Package Total 0.00

GST: S=StdRated; D=OutofScope; Z=ZeroRated



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/FCI19008868/Esd3n2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 20-06-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 1070E	Veh. Inspected	SCR 4935X
Policy No.		Coverage (\$)	0.00
Claim No.	D19003300MFSH	Excess (\$)	0.00
Assign From	MAY CHUA	Assign Date	17/05/2019
2. Vehicle Particulars & Condition			
Make & Model	LAND ROVER DISCOVERY SPORT	c.c	1999
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	SALCA2AN1HH697703	Colour	WHITE
Odometer	36155	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	235/60 R18	PIRELLI	7 mm
L/H Front Tyre	235/60 R18	PIRELLI	7 mm
R/H Rear Tyre	235/60 R18	PIRELLI	7 mm
L/H Rear Tyre	235/60 R18	PIRELLI	7 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	16/05/2019	Inspection Date	27/05/2019
Survey held at	WEARNES AUTOMOTIVE PTE LTD 249 ALEXANDRA ROAD SINGAPORE 159935		
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. SCR 4935X

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	BUMPER COVER REAR DS (SN)	CUT	1,928.20	1,735.38
1	TOW EYE COVER REAR D (SN)	CUT	432.10	388.89
1	BRACKET-BUMPER MOU (SN)	NOT NECESSARY	107.30	-
1	BRACKET-BUMPER MOU (SN)	NOT NECESSARY	107.30	-
1	MUFFLER-REAR (SN)	DENTED	2,350.50	2,115.45
1	ADHESIVE SEALER FL2 (SN)	NECESSARY	549.10	494.19
			5,474.50	4,733.91
LABOUR				
	TO REPLACE REAR BUMPER,REAR TOW COVER ETC.		2,400.00	1,800.00
	TO PUTTY SPRAYPAINT ON REAR BUMPER,ETC.		2,000.00	1,000.00
	TO REPLACE EXHAUST ASSY.	NOT NECESSARY	2,400.00	-
	TO CHECK WIRING INCLUDE RESETTING OF ALL ELECTRICAL MODULES.		486.00	486.00
			7,286.00	3,286.00
GRAND TOTAL			12,760.50	8,019.91
RECOMMENDED COST OF REPAIRS				8,019.91

Report Ref No. CS/FCI19008868/Esd3n2

CHEN TSUE YEE

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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