

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: Say 896317
 at Workshop m/s 21
 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: 15k
 IDAC Accident Rpt: _____ Consistent? : Yes or No
 GIA / PR Seen: _____ Consistent? : Yes or No
 Est. Repairs: 4 days Res.: Yes or No
 Lum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS 217500

Vehicle: IN / OUT

Date: _____ Person Contacted: 24rs.

Date / Time Action / Instruction See 30-6-2014
12/06/19
2/5 \$ 3200

(\$ 5,142.70 Red - 62%)

Veh No: Say 896317 Yr Regn: 24/07 06
 Type: M Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or SA
 Make: Festo wish c.c. 1794
 Colour: Grey A/C: Insured / Std / NI / NA
 Sp. Reading: 33899 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 2NE10 0316226
 Gen. Cond: Good / Fair / Poor / Burnt
 Steering: In order / Jammed / Leaked / Burnt or
 Brake: In order / Jammed / Leaked / Burnt or
 Modi: Nil / S/Rim / STD A/Rim or
 Tyre Size: F: 195/65-15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or _____
 Front: 6 mm Rear: 6 mm
 R/Bal. _____ mm L/Bal. _____ mm
 D.O.A. 5/6/19 D.O.I. 12/6/19
 Survey held at _____
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or
Rear
 The U/C / Chassis frame / Body Structure affected due to collision.

RECEIVED 17 JUN 2019

Date/Time, File Pass to?

12/06/19
Type 4

1) ☐ : Preli. Report

2) ☒ : Final Report

3)

Date/Time, File Return to?

Days Of Repair: 4

Resurvey No. of Trip: 2

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

Add Fee: ☐ : Site Insp (\$

☐ : Interview (\$

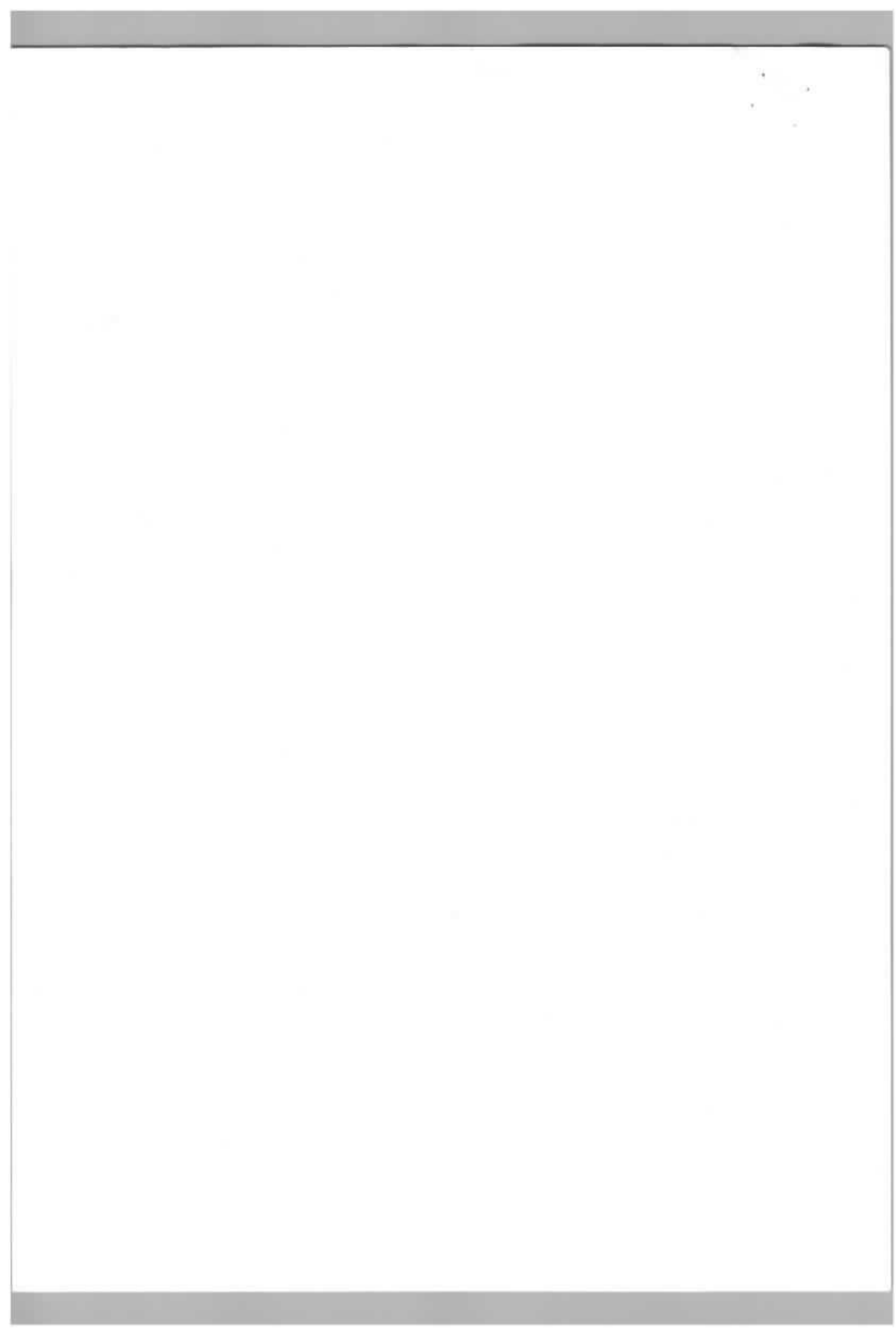
☐ : Tech. Invs (\$

☐ : Weekend (\$

Report Format: Independent

Lump Sum I.B.I. (\$ 3,200/- HS)

160
50
50+50
67
80
457



Ref. No. : <u>CS/TP19010494/USD3</u>	⁷² Res. Date: <u>13/6/19</u>	Date Received:
Veh. No : <u>56J89636</u>	SP: _____	WKSP: <u>ant</u>
C/No :		
Action/Instruction:		
1. File	2. Submit Photo? YES / NO	
3. Indicate Res. Date On Photo Page?	YES / NO	Message:
If No, due to	a) No authorisation b) Days of repair	
others:		
Final Re-inspection or Progress Photos		Inspected By: <u>P</u>

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	23/10/2017 12:13
Date Of Accident	21/10/2017 16:40
Exact Location Of Accident	JURONG CANAL DRIVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

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toyota wish

Price Range

Depreciation

> 10 year(s)

Vehicle Type

[Home](#) » [Used Cars](#) » [Direct Owners](#) » [Toyota Wish 1.8A \(COE till 06/2021\)](#)**Toyota Wish 1.8A (COE till 06/2021)**[Overview](#)[Financial](#)[Insurance](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)**Price** **\$20,000****Depreciation** ⓘ **\$9,970 /yr****Reg Date** 15-Jun-2006
(2yrs 1day COE left)**Mileage** 199,000 km (15.3k /yr)**Manufactured** ⓘ 2006**Road Tax** ⓘ **\$1,264 /yr****Transmission** Auto**Dereg Value** ⓘ **\$9,723 as of today (change)****OMV** ⓘ **\$19,143****COE** ⓘ **\$24,240****ARF** ⓘ **\$21,058****Engine Cap** 1,794 cc**Power** 97.0 kW (130 bhp)**Curb Weight** ⓘ 1,300 kg**No. of Owners** ⓘ 4**Type of Vehicle** MPV**Features**

The Car Is Fully Overhauled And Serviced With Only Shell Helix Ultra. New Shock Absorbers Back And Front. No Repairs Needed At All. Can Verify.

Accessories

Entertainment Unit Panasonic. Brand New Sports Tyres.

Description

Very Comfortable Drive And I Have Maintained It Very Well. See It To Believe It.

Category

COE Car, Direct Owner Sale

Status

Available

Resources[Compare](#)

Free

**100%
PAPER!
SUPPO
BOTH I
& SELL**

Price Chart

[Click on the point to view](#)[Shortlist](#)[Comm](#)[Report Error](#)[M](#)[Seller Information](#)

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We'll handle your loans, insurance & other paperwork for FREE.

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toyota wish

Price Range

Depreciation

> 10 year(1

Vehicle Type

[Home](#) » [Used Cars](#) » [Direct Owners](#) » [Toyota Wish 1.8A \(COE till 05/2021\)](#)**Toyota Wish 1.8A (COE till 05/2021)**[Overview](#)[Financial](#)[Insurance](#)[Accessories](#)[Similar](#)[Research](#)[Photos](#)[Map](#)**Price** **\$19,500****Depreciation** **\$10,330 /yr****Reg Date** 03-May-2006
(1yr 10mths 19days COE left)**Mileage** 179,107 km (13.7k /yr)**Manufactured** 2006**Road Tax** \$1,264 /yr**Transmission** Auto**Dereg Value** \$8,692 as of today (change)**OMV** \$20,010**COE** \$23,024**ARF** \$22,011**Engine Cap** 1,794 cc**Power** 97.0 kW (130 bhp)**Curb Weight** 1,300 kg**No. of Owners** 2**Type of Vehicle** MPV**Features**

View specs of the Toyota Wish (2008-2009)

Description

Car In Tip Top Condition, View To Appreciate.

Category

COE Car, Direct Owner Sale

Status

Available

Resources**Car Valuation - Free**

Find out the market value of your existing car for free. Get started

**Vehicle Evaluation**

? Request to have this car evaluated professionally. Find out more

[Compare](#)**Price Chart**[Click on the point to view](#)[Shortlist](#)[Com](#)[Report Error](#)[M](#)**Seller Information****Contact Person(s)****Contact No.****Enquiry**

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

Owner ID Type:	Company
Owner ID:	5473D

Vehicle Details

Vehicle No.:	SGJ8963H
Vehicle to be Exported:	No
Intended Deregistration Date:	13 Jun 2019
Vehicle Make:	TOYOTA
Vehicle Model:	WISH 1.8 A
Primary Colour:	Grey
Manufacturing Year:	2006
Engine No.:	1ZZ2632480
Chassis No.:	ZNE100316226
Maximum Power Output:	97.0 kW (130 bhp)
Open Market Value:	\$18,563.00
Original Registration Date:	24 Jul 2006
First Registration Date:	24 Jul 2006
Transfer Count:	1
Actual ARF Paid:	\$20,420.00

Intended PARF Rebate Details

PARF Eligibility:	Forfeited
PARF Eligibility Expiry Date:	-
PARF Rebate Amount:	\$0.00

Intended COE Rebate Details

COE Expiry Date:	30 Jun 2021
COE Category:	E - Open Category
COE Period(Years):	5
PQP Paid:	\$24,240.00
COE Rebate Amount:	\$9,924.00
Total Rebate Amount:	\$9,924.00

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 13 Jun 2019

OK

10/06/2019 MON 9:51 FAX

001/005

MSME19074251 / SME Motor (No Ltd - Self Insured)
ENTRY DATE & TIME: 07/06/2019 16:25
SUBMITTED BY: Chie Pui Ying

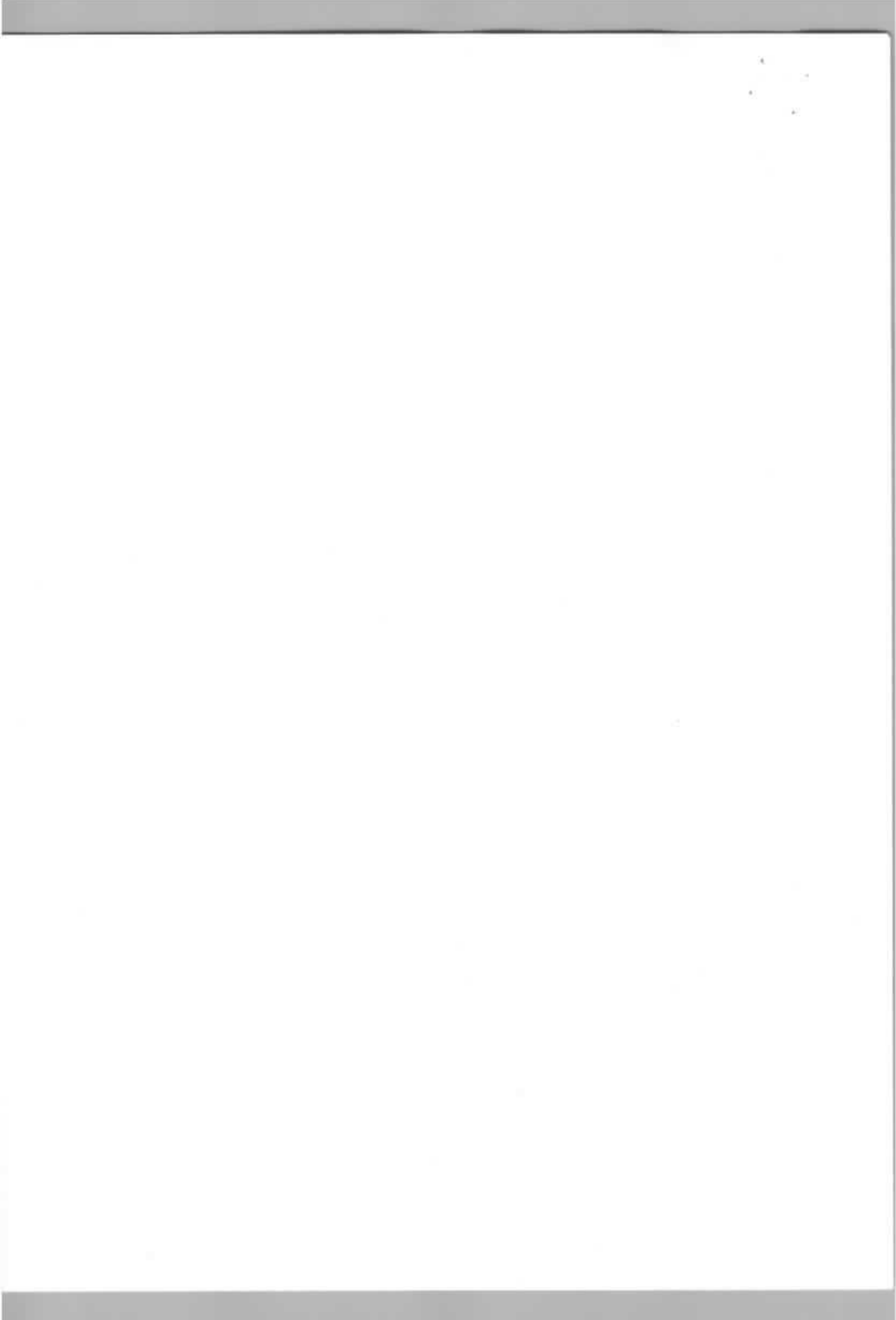
Your NCD will be affected due to late reporting
Actual e-Filing Submission Date & Time: 07/06/2019 17:53

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 Authorized 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. 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	07/06/2019 16:25
Date Of Accident	05/06/2019 02:00
Exact Location Of Accident	WOODLANDS CHECKPOINT TO SINGAPORE COUNTER 18
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGJ6863H
Insured/Policyholder	
Name Of Registered Owner	ZAPP LOGISTIC PTE LTD
Co Reg No	201505473D
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE
Vehicle Particulars	
Manufacturer	TOYOTA
Model	WISH
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	NO
Policy Number	5096990181-01
Cover Note Number	
Driver	
Name of Driver	MUHAMMAD HANEEF BIN HASHIM
NRIC No	S16689192
Date Of Birth	25/08/1984
Occupation	OUTDOOR
Date Of Driving Pass	10/02/1998
Driving Experience	21 YEARS AND 3 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-90476897
Fax Number	
Contact Number	
Email Address	NOEMAIL



10/06 2019 MON 9:51 FAX

0002/005

Address BLK 01 GEYLANG BAHRU #03-3261
 Postcode 330061
 Was driver an employee of the Insured's Company YES
 If No, Relationship of the Driver with the Insured
 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) 3

Passenger 1

NAME: : MDM SALMAH
 GENDER: : FEMALE

Passenger 2

NAME: : MR MD SUFI
 GENDER: : MALE

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

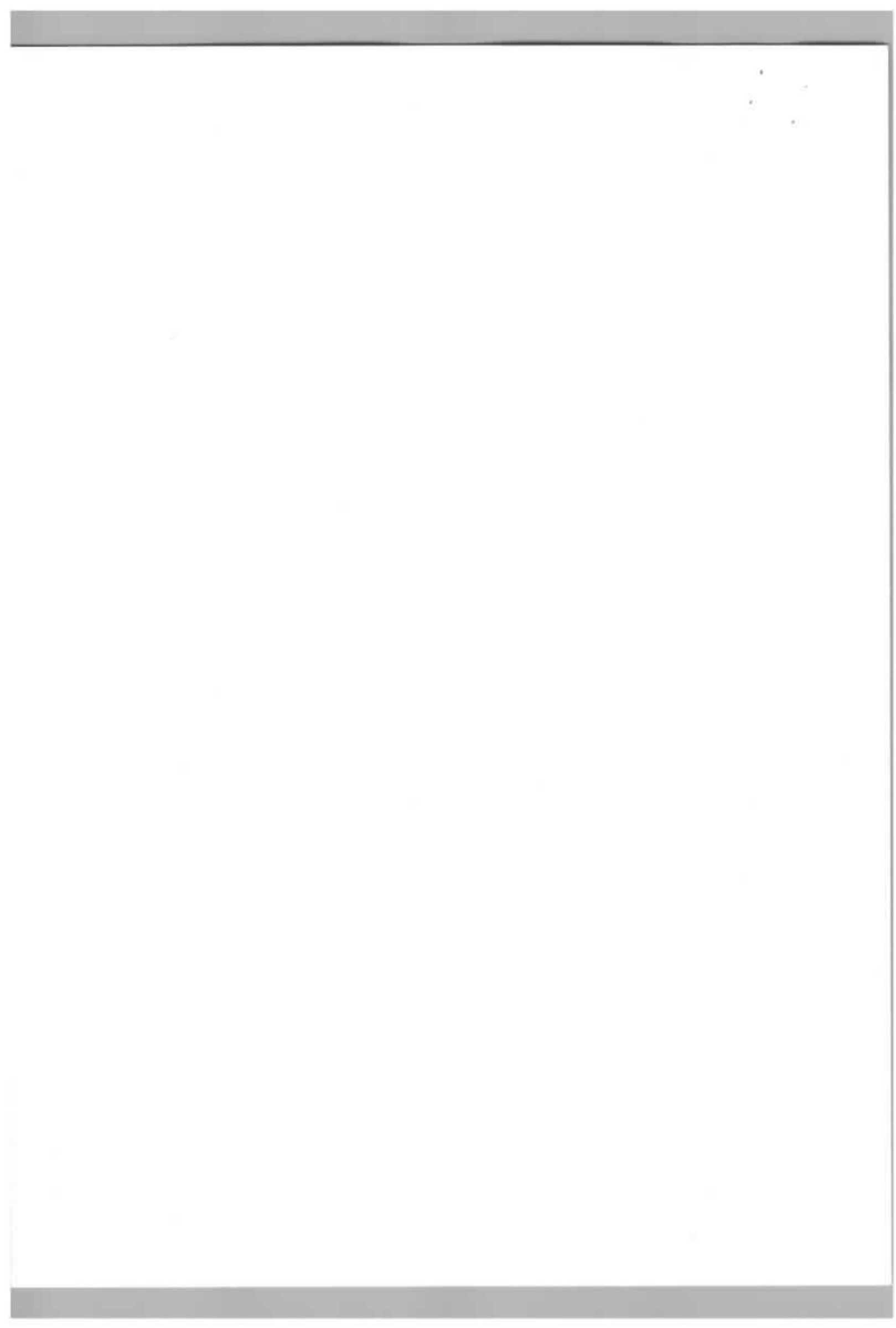
VEHICLE A WAS AT WOODLANDS CHECKPOINT COUNTER 18 WAITING FOR THE BARRIER TO OPEN BEFORE I CAN PROCEED. BEFORE I MOVE OFF, VEHICLE B COLLIDED ONTO MY REAR PORTION.

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
 Was there any video captured by Car Camera? NO
 Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number SJY9671D
 Vehicle Make/Model/Colour
 Details Of Properties VEHICLE B
 Vehicle Category PRIVATE CAR
 Name of Driver LUI JUN WEI
 NRIC/Passport Number
 Contact Number
 Address
 Postcode



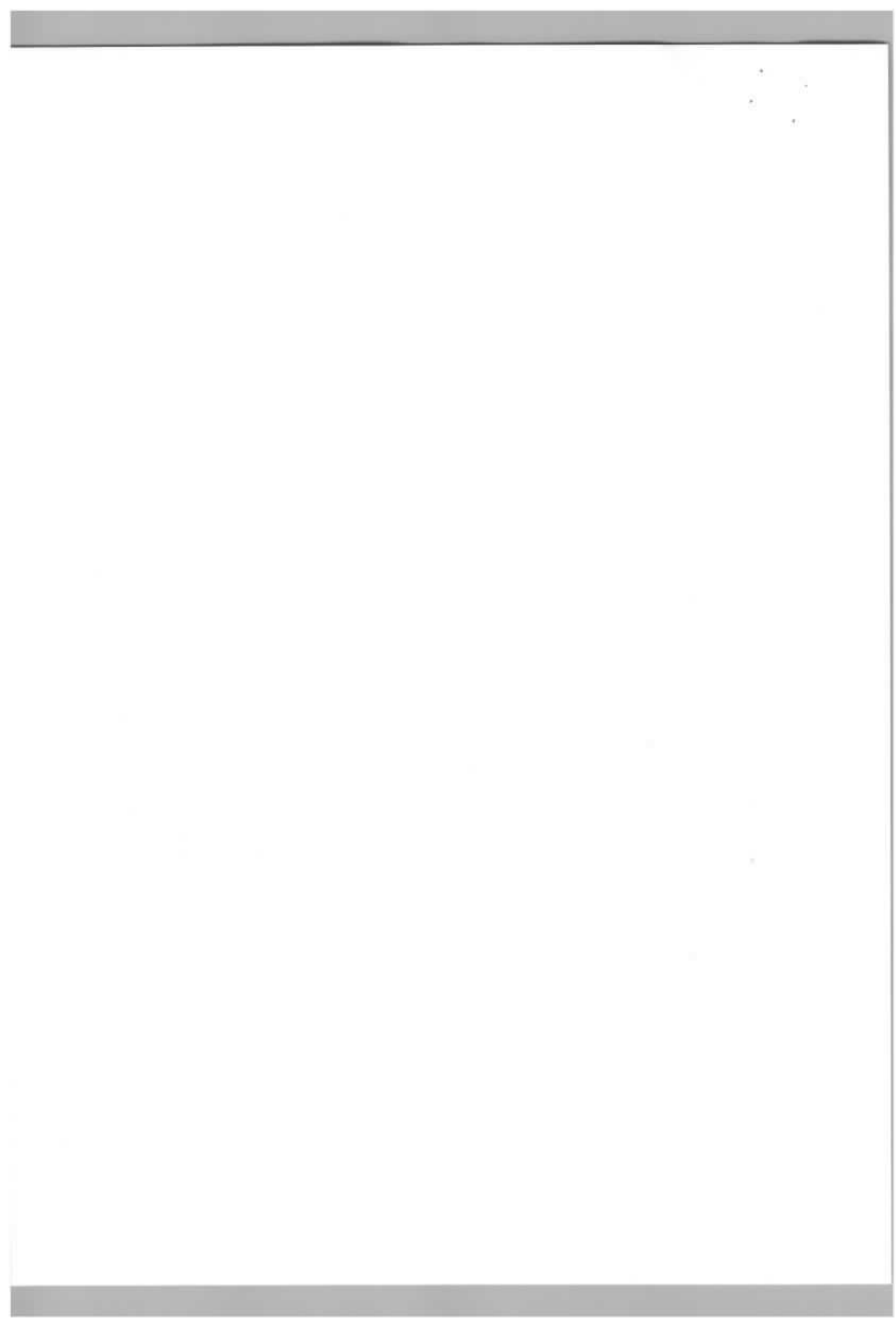
10/06 2019 NOB 9:52 FAX

003/005

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



10/06 2019 MON 9:52 FAX

004/005

Sketch Plan Pg. 1

SKETCH PLANIMPORTANT 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 report 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 work-up 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:

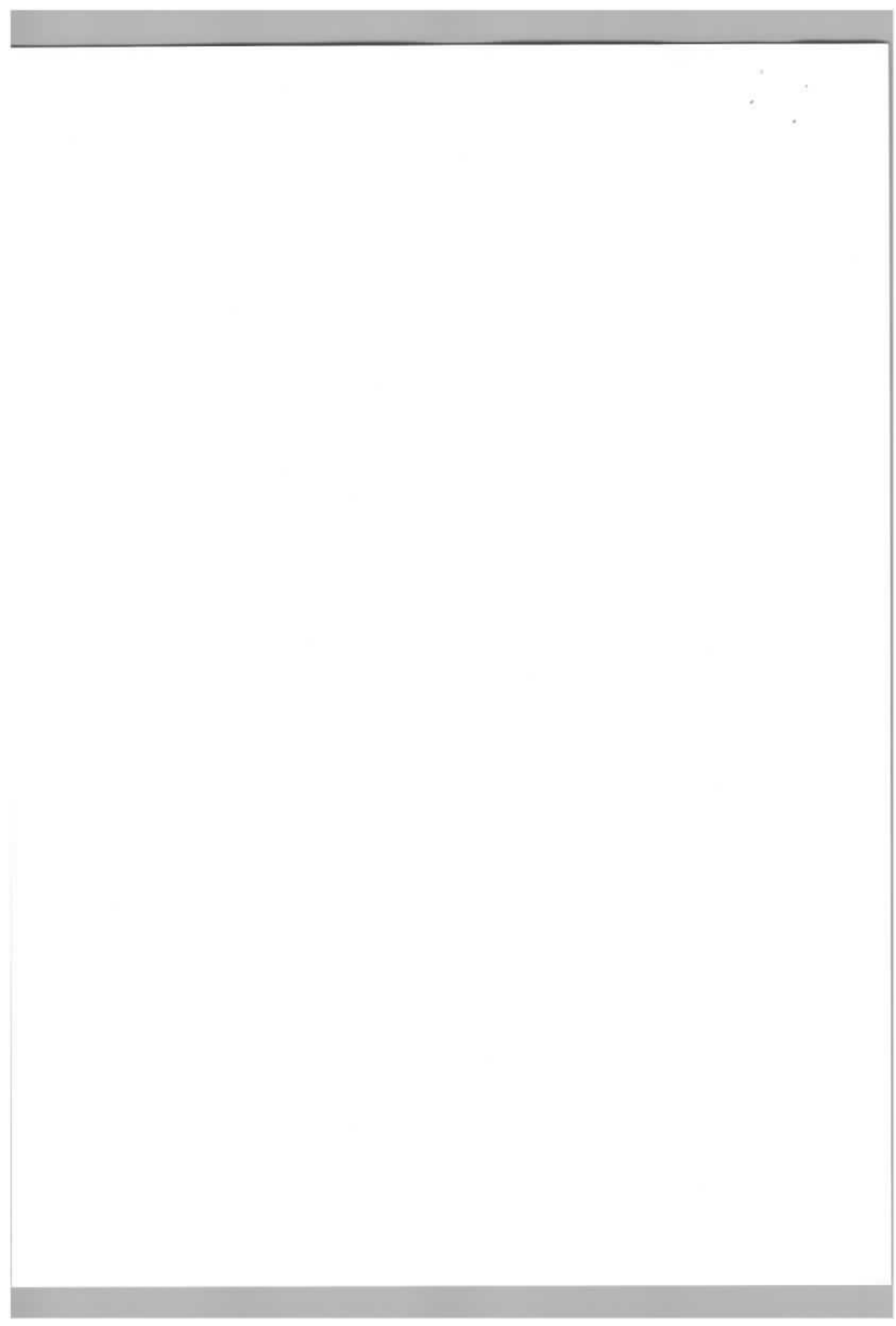
[Signature]

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

[Signature]

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

[Signature]



10/06 2019 MON 9:52 FAX

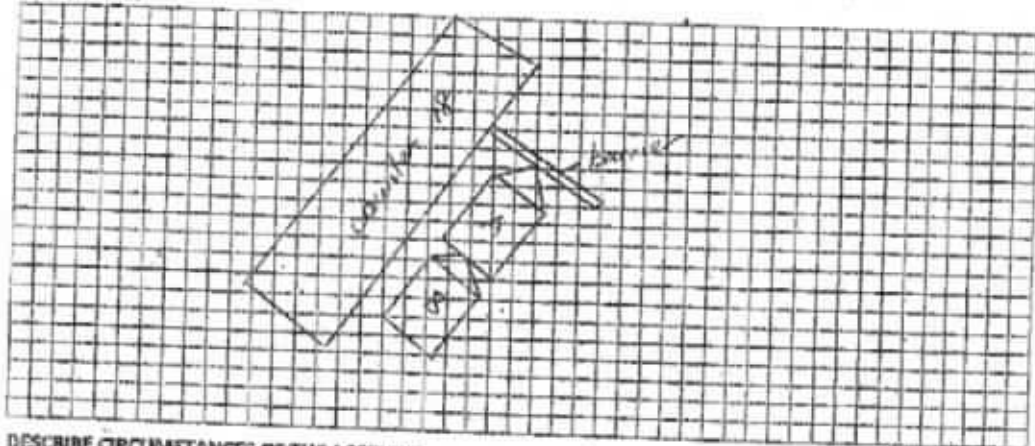
0005/005

Sketch Plan #2 Pg. 1

A - SJJ8963H

B - SJY9671D

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I vehicle A at Woodlands checkpoint counter is waiting for the barrier to open before I can proceed. Before I move off vehicle B collided on to my rear portion.

DECLARATION

I declare the foregoing particulars are true in every respect.



Policyholder's Signature
Date & Time:

SIAMAC SketchPlanForm_02

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

6/6/19 5.40 pm

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



BLUWEL AUTOMOTIVE SERVICE PTE LTD

Workshop: 1 Kaki Bukit Ave 6 (Unit B) #01-28

(Unit C) #01-10-53/55 Singapore 417883

Hp: 9755 2088 Tel: 6745 2088 Fax: 6841 2088

Website: www.bluwel.com.sg Email: bluwel2088@yahoo.com.sg

Co. Reg. No.: 200704951N

GST Reg. No.: 200704951N

not Adhwa
nlu
4/683220/
4dy.

SG J 8963H

	Tailgate	R	1448.10 X
	Tailgate Rear logo	neu	68.50 ✓
	Tailgate inner lock	src	399.10 X
	Tailgate weatherstrip	tm	298.10 ✓
	Rear bumper	o/a	525.30 ✓
2 pcs	Rear bumper side retainers @	neu	133.00 ✓
1 set	Rear bumper clips	neu	50.00 ✓
2 pc	Rear bumper brackets @	11	161.00 X
2 ps	tail lamps @	one	970.20 ✓
	Rear end panel	Ref	685.10 ✓
	Rear exhaust	R	899.30 X
1 set	Rear bumper reverse sensor	shubs	265.00 ✓
			5872.70

2995-2
2246-4

To check wiring	80.00	- 30
To Dismantle & replacing reverse sensor	80.00	- 50
To Dismantle & refix door windscreen	150.00	X n 1
To Dismantle & refix seat, cushion upholstery	120.00	100
To spray rust proofing	80.00	50
Labour for panel beating & replacing parts	880.00	650
To putty & spray painting	1080.00	900
TOTAL £2310.00		

251AC 8342-70

4026-4

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

acknowledgment by Cambridge

1. The first step is to identify the problem.
2. The second step is to define the problem.
3. The third step is to analyze the problem.
4. The fourth step is to develop a solution.
5. The fifth step is to implement the solution.
6. The sixth step is to evaluate the solution.



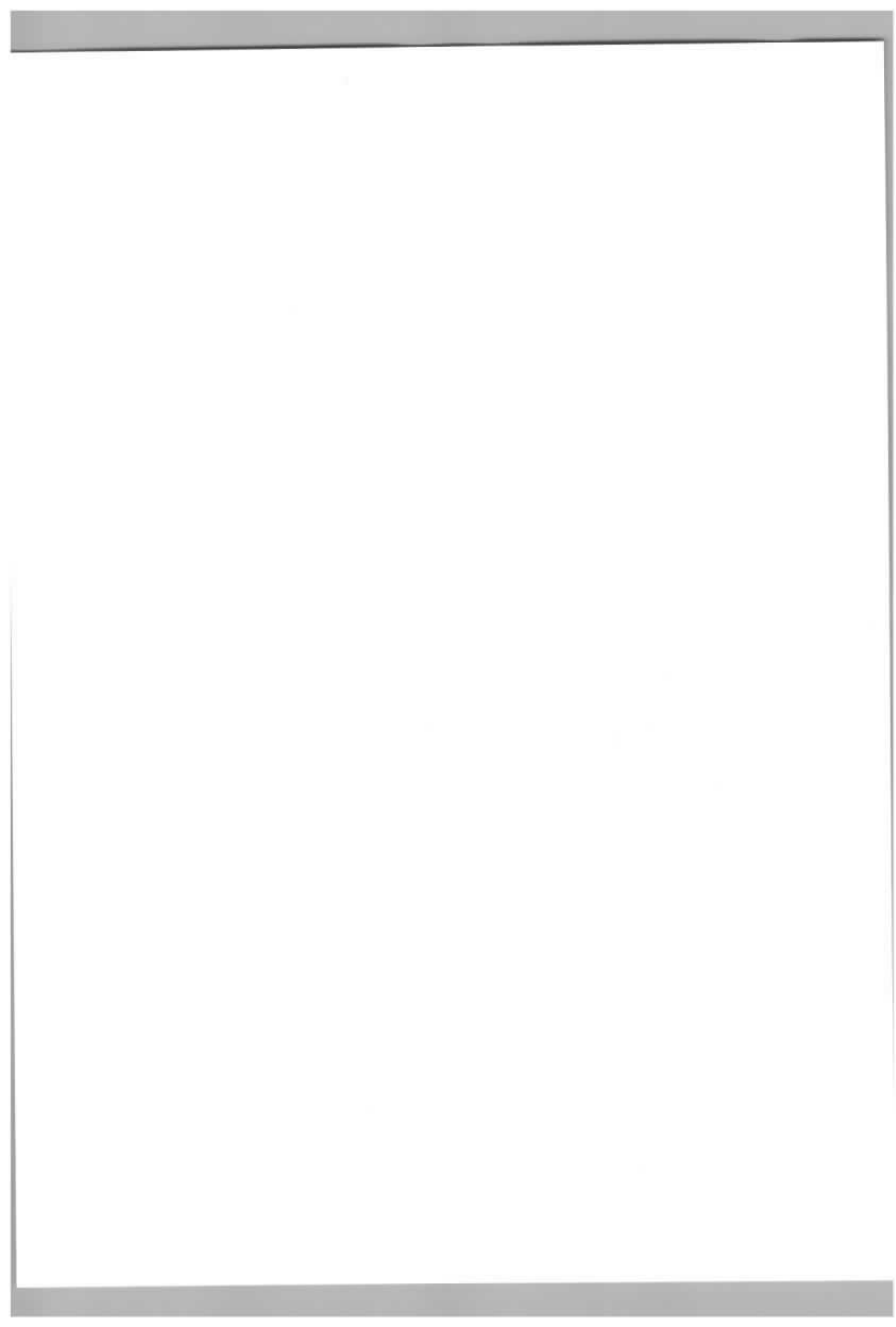
LKK Auto Consultants Pte Ltd

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			
BLUWEL AUTOMOTIVE SERVICE PTE LTD		Ref : CS/TP19010494/Usd3n2	
BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE)SINGAPORE 417883		Date : 18-06-2019	
ON BEHALF OF ZAPP LOGISTIC PTE LTD		Code : TP149	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	Veh. Inspected		SGJ 8963H
Policy No.	Coverage (\$)		0.00
Claim No.	Excess (\$)		0.00
Assign From	Assign Date		12/06/2019
2. Vehicle Particulars & Condition			
Make & Model	TOYOTA WISH (A)	c.c	1794
Engine No.	HIDDEN	Year of Reg.	2006
Chassis No.	ZNE100316226	Colour	GREY
Odometer	338991	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	GOODYEAR	6 mm
L/H Front Tyre	195/65 R15	GOODYEAR	6 mm
R/H Rear Tyre	195/65 R15	GOODYEAR	6 mm
L/H Rear Tyre	195/65 R15	GOODYEAR	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	05/06/2019	Inspection Date	12/06/2019
Survey held at	BLUWEL AUTOMOTIVE SERVICE PTE LTD BLK 1 KAKI BUKIT AVE 6 #01-28/51/53/55(MAIN OFFICE) SINGAPORE 417883		
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:		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. SGJ 8963H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	TAILGATE	TO REPAIR SEE LABOUR	1,418.10	-
1	TAILGATE REAR LOGO	NECESSARY	68.50	68.50
1	TAILGATE INNER LOCK	SERVICEABLE	399.10	-
1	TAILGATE WEATHERSTRIP	TWISTED	298.10	298.10
1	REAR BUMPER	DENTED / DEFORMED	525.30	525.30
2	REAR BUMPER SIDE RETAINERS @\$66.50	NECESSARY	133.00	133.00
1	SET REAR BUMPER CLIPS	NECESSARY	50.00	50.00
2	REAR BUMPER BRACKETS @\$80.50	NOT NECESSARY	161.00	-
2	TAILLAMPS @\$485.10	CRACKED	970.20	970.20
1	REAR END PANEL	BENT	685.10	685.10
1	REAR EXHAUST	TO REPAIR SEE LABOUR	899.30	-
1	SET REAR BUMPER REVERSE SENSOR	SHORTED	265.00	265.00
	LESS 25% DISCOUNT		-	-748.80
			5,872.70	2,246.40
	<u>LABOUR</u>			
	TO CHECK WIRING.		80.00	30.00
	TO DISMANTLE & REPLACING REVERSE SENSOR.		80.00	50.00
	TO DISMANTLE & REFIX REAR WINDSCREEN.	NOT NECESSARY	150.00	-
	TO DISMANTLE & REFIX SEAT,CUSHION UPHOLSTERY.		120.00	100.00
	TO SPRAY RUST PROOFING.		80.00	50.00
	LABOUR FOR PANEL BEATING & REPLACING PARTS.INCLUSIVE OF THE REPAIR OF REAR EXHAUST AND REAR EXHAUST.		880.00	650.00
	TO PUTTY & SPRAY PAINTING.		1,080.00	900.00
			2,470.00	1,780.00
	GRAND TOTAL		8,342.70	4,026.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,200.00

Report Ref No. CS/TP19010494/Usd3n2

CHUA KANG SENG

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.

