ASS. REC. BY: | REF: cs/INC19010806/Aqd302 | Special Instruction:

Surveyor: Adnan

ASSIGNMENT (Office)

From (Person): Theresa Vimala of INC Date/Time: 18/6/19@10.36am

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SGZ1154M Insured: SJD50204

at Workshop m/s MG Solution Tel: 6744 4165

of 23 Ceiki Bukit Ave # 04-01

Policy No: Claim No: MT/1049029-002

Sum Insured: Excess:

Make of Veh: D.O.A 13/6/2019
(Client's Record)

CA / REV / REP. / REV 24 HRS H.O.D. Endorsement:

Date/Time: 11.01am@18/6/19 Person Contacted: Ms. Hung Vehicle IN / OUT

Date/Time	Action/Instruction (submitted ✓)
	SGZ1154M - X
	SJD50204 - X
	U/S $4000, 6 days (Reg 6 4040.9E, 50%)

ASS'T REQ. BY: DN

REF: INC

ASSIGNMENT

From: Date: 18/6/19

Estimated Cost:

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

To Inspect Vehicle No: SGZ1154M

at Workshop m/s MG solution

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 Rport: Consistent? : Yes or No

GIA / PR Seen: Consistent? : Yes or No

Est. Repairs: 6 days Res.: Yes or No

Lum Sum: % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date: Person Contacted:

Veh No: SGZ1154M Yr Regn: 2014 / Nov

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

Make: Toyota Altis c.c 1598

Colour Silver. A/C: Insured / Std / NI / NA

Sp.Reading 195904. T/Radio: Insured / Std / NI / NA

Eng/No:

C/No: MR053REH104520152

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: 205/55R16

R: 205/55R16.

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

Front		Rear	
R/Bal.	06 mm	R/Bal.	06 mm
L/Bal.	06 mm	L/Bal.	06 mm
D.O.A.		D.O.I.	18/06/19

Survey held at MG Solution. 0234p

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
	TP INC -

RECEIVED 0 8 JUL 2019

Date/Time, File Pass to?

1) 08/7 finish

Date/Time, File Return to?

2)

☐ : Preli. Report

☐ : Final Report

Days Of Repair: 6

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp ($)

☐ : Interview ($)

☐ : Tech. Invs ($)

☐ : Weekend ($)

Report Format : TP

Lump Sum / UP : 4000

Survey Fee:	250
Transportation:	
___$ + RS___SI	
Photos	
Others	
TOTAL	250

Nivitha (LKK Auto)

From: Theresa Vimala D/O Balagangadharan <thrsvim.bala@income.com.sg>
Sent: Tuesday, 18 June 2019 2:41 PM
To: admin-d@LKKauto.com
Cc: Clarence Richard Anthony
Subject: FW: TP CASES FARMED OUT TO LKK ON 18/06/2019

Hi Nivitha – Here are the details as requested. Thank you

SN	OIC	Claim No.	Survey Date	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	Oi veh	DOA	Additional Remarks
1	JARED LIU	MT/1049087-002	18/6/2019	SLU1945P	MG SOLUTION PTE LTD	23 KAKI BUKIT AVENUE 4 #04-01 (SOUTH WING)	Jamie Yan / 6744 4165		SJH2058K	16/5/2019	
2	MOHD AIRWAN	MT/1049029-002	18/6/2019	SGZ1154M	MG SOLUTION PTE LTD	23 KAKI BUKIT AVENUE 4 #04-01 (SOUTH WING)	Jamie Yan / 6744 4165		SJD5020U	13/6/2019	
3	ENG HUEY HUEY	MT/1049196-002	18/6/2019	SKT4266M	DYNAMIC AUTOWORK PTE LTD	8 KAKI BUKIT AVENUE 4 #08-09 PREMIER @ KAKI BUKIT	Michelle / 9856 4815		SLD5272K	15/6/2019	

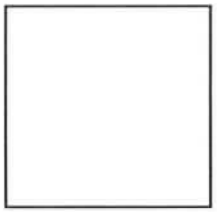
With Regards

Theresa Vimala
Senior Administrator
Motor Insurance
T +65 6430 7898
www.income.com.sg

income
made different

At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers

in with you



MVA319077749 / VAC - Kaki Bukit
ENTRY DATE & TIME: 14/06/2019 16:18
SUBMITTED BY: SITI FADHLON BTE ABDUL KADER

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 witholding 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	14/06/2019 16:18
Date Of Accident	13/06/2019 18:20
Exact Location Of Accident	TPE TWRDS SLE AFTER TAMPINES AVE 7 EXIT
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SGZ1154M
Insured/Policyholder	
Name Of Registered Owner	CHNG JENG HENG
NRIC No	S1332553G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-96754035
Alternative Phone No	OTHERS-96754035
Vehicle Particulars	
Manufacturer	TOYOTA
Model	COROLLA ALTIS 1.6L CVT
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 28629738 QMY
Cover Note Number	
Driver	
Name of Driver	CHNG JENG HENG
NRIC No	S1332553G
Date Of Birth	03/08/1958
Occupation	INDOOR
Date Of Driving Pass	25/05/1981
Driving Experience	38 YEARS AND 0 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-96754035
Fax Number	
Contact Number	OTHERS-96754035
EMail Address	NOEMAIL

Address	BLK 503 SEMBAWANG ROAD #03-33
Postcode	757707
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	COLLISION - HEAD TO REAR
Weather Conditions	RAINING
Road Surface	WET

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?	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)	2
Passenger 1	NAME: : TEO SWEE KHENG GENDER: : FEMALE

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 BELOW STATEMENT/SKETCH PLAN:

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJD5020U
Vehicle Make/Model/Colour	MERCEDES BENZ A180 FL STYLE (R17 HLG)
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1	
Name	CHNG JENG HENG
Approximate Age	
Injuries Sustain	BACK AND NECK
Injured person in which vehicle?	SGZ1154M
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 503 SEMBAWANG ROAD #03-33
Postcode	757707

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 laws 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/are disclosed by any of the Insurers and/or GIA to their third party service providers or agents, including such (overseas) third parties which may be sited outside of Singapore, for one or more of the above Purposes.

   (d) my Personal Information will/may be collected and used to compile claims history for the purpose of fraud detection, investigation and management with respect to this and all future claims.

   (e) I acknowledge that my consent under (a) above may be waived if disclosure:

   (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:

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415875
Tel: 67416697
Fax: 67492505
Email: vackb@singnet.com.sg

Repairing Co. Signature & Stamp
Name:
UEN/BRN No.:

Accident Sketch Plan Pg. 1

SKETCH PLAN

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 13/06/2019 at about 1820 hrs at along TPE towards SLE after Tampines Ave 7 Exit. I was travelling on the extreme Right lane and when my front vehicle slow down and stop due to heavy traffic hence I follow suit. Suddenly I heard a loud bang from behind and when I alighted, I realised that it was Vehicle (B) who hit onto my Rear Portion of my vehicle (A) causing damages to my vehicle, I have one passenger inside my vehicle.

(A) SGZ 1154 M
(B) SJD 5020 U

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

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:

IDAC KAKI BUKIT(VAC)
23 KAKI BUKIT AVE 4
Singapore 415933
Tel: 6741 6697
Fax: 67492305
Email: vackb@singnet.com.sg

Reporting Centre Representative Signature
Name:
NRIC/FIN No.:

MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933
Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376
Reg. No: 201427944N

TO	: NTUC INCOME	**DATE**	: 14/06/2019
ATTENTION	: MOTOR CLAIMS DEPT	**JOB TYPE**	: T/P CLAIM
ESTIMATE REPORT	:		
VEHICLE DETAILS	Xiao Chan		
VEHICLE NO	: SGZ1154M		
MODEL	: TOYOTA COROLLA ALTIS 1.6		
CHASSIS NO	MR053REH1045201[illegible]		
ACCIDENT DETAILS	**DATE** : 13-Jun-19 **TIME** : 18:20HRS		
THIRD PARTY REQUESTOR / CONTACT	: JACK LI		

CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	BOOTLID Dented	1	$ 830.00	$ ~~830.00~~ 755
2	BOOTLID LOGO	1	$ 68.60	$ 68.60
3	BOOTLID EMBLEM 'COROLLA'	1	$ 55.10	$ 55.10
4	BOOTLID EMBLEM 'ALTIS"	1	$ 55.40	$ 55.40
5	BOOTLID LOCK Dam'd	1	$ 320.00	$ 320.00
6	BOOTLID WEATHERSTRIP cut	1	$ 175.10	$ 175.10
7	REAR BUMPER Dented	1	$ 630.00	$ ~~630.00~~ 564
8	REAR BUMPER SIDE RETAINER scr	2	$ 101.00	$ 202.00
9	REAR BUMPER REFLECTOR scr	2	$ 88.00	$ 176.00
10	REAR BUMPER REINFORCEMENT Bent	1	$ 460.00	$ ~~460.00~~ 378
11	REAR BUMPER ALTERNATIVE cncld	1	$ 180.00	$ 180.00
12	TAILLAMP RH rncld.	2	$ 480.00	$ ~~960.00~~ 480 382
13	TAILLAMP PANEL RH Dmgd	2	$ 388.20	$ 776.40
14	TAILLAMP LOWER BRACKET RH scr	2	$ 58.00	$ 116.00
15	REAR END PANEL Dented	1	$ 820.00	$ ~~820.00~~ 587
16	REAR END PANEL TOP GARNISH Dented	1	$ 350.00	$ ~~350.00~~ 252
		TOTAL PRICE	$	6,174.60

3974.20
2980.65

LESS 25%	$	1,543.65
SUB TOTAL PRICE	**$**	**4,630.95**

SPECIAL NETT ITEMS

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	REAR NUMBER PLATE	1	$ 50.00	$ 50.00
2	REAR BUMPER CLIPS(SET)	1	$ 20.00	$ 20.00
3	REAR TAILLAMP CLIPS(SET)	1	$ 20.00	$ 20.00
4	REAR END PANEL SEALANT	1	$ 80.00	$ 80.00
5	REAR END PANEL TOP GARNISH CLIPS(SET)	1	$ 20.00	$ 20.00
6	REVERSE SENSOR	1	$ 220.00	$ 220.00
	300	**TOTAL**		**$ 410.00**

CLAIM DETAILS: LABOUR AND SPRAY PAINTING (REAR)

1	PANEL BEATING. INCLUSIVE OF THE REPAIR OF TAILLAMP PANEL AND SPARE TYRE PANEL	$ 1,200.00	800	
2	SPRAY PAINTING TO AFFECTED AREA	$ 1,200.00	800	
3	WIRING	$ 50.00	30	
4	TUFF COAT	$ 180.00	60	
5	TO CONDUCT WATER LEAKAGE TEST	$ 250.00	X	
6	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	$ 120.00	50	
	TOTAL	**$3,000.00**		1740

ESTIMATE REPORT

TOTAL PARTS COST	: $	5,040.95
TOTAL LABOUR COST	: $	3,000.00
TOTAL REPAIR COST	: $	8,040.95

Adrian Ng
H/S 18/06/18
06 Days

APPROVED DETAILS

SURVEYOR :

CONTACT NO :

FAX :

PART BY PART / LUMP SUM

NO OF DAYS

total: 5020.65
H/S: AK

ERR 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:

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

DAMAGE ASSESSMENT REPORT

NTUC INCOME INSURANCE CO-OPERATIVE LTD
73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

ATTN: MOHD AIRWAN

Ref: CS/INC19010806/Aqd3e2

Date: 11-07-2019

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

	Insured Veh.	SJD 5020U	**Veh. Inspected**	SGZ 1154M
	Policy No.		**Coverage ($)**	0.00
	Claim No.	MT/1049029-002	**Excess ($)**	0.00
	Assign From	THERESA VIMALA	**Assign Date**	18/06/2019

2. Vehicle Particulars & Condition

	Make & Model	TOYOTA ALTIS	**c.c**	1598
	Engine No.	HIDDEN	**Year of Reg.**	2014
	Chassis No.	MR053REH104520152	**Colour**	SILVER
	Odometer	195904 KM	**Steering**	IN ORDER
	Brakes	IN ORDER	**Modification**	SPORTS RIM
	General	GOOD		

3. Conditions of Tyres

		Size	**Make**	**Balance**
	R/H Front Tyre	205/55 R16	CONTINENTAL	6 mm
	L/H Front Tyre	205/55 R16	CONTINENTAL	6 mm
	R/H Rear Tyre	205/55 R16	CONTINENTAL	6 mm
	L/H Rear Tyre	205/55 R16	CONTINENTAL	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.

DAMAGES SEE DETAILS.

5. General Information

	Accident Date	13/06/2019	**Inspect Date / Time**	18/06/2019 (02:34 PM)
	Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933		

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: **6 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. SGZ 1154M

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	REPLACEMENT OF PARTS			
1	BOOTLID	DENTED	830.00	755.00
1	BOOTLID LOGO	NECESSARY	68.60	68.60
1	BOOTLID EMBLEM 'COROLLA'	NECESSARY	55.10	55.10
1	BOOTLID EMBLEM 'ALTIS'	NECESSARY	55.40	55.40
1	BOOTLID LOCK	DAMAGED	320.00	320.00
1	BOOTLID WEATHERSTRIP	CUT	175.10	175.10
1	REAR BUMPER	DEFORMED	630.00	564.00
2	REAR BUMPER SIDE RETAINER @$101.00	NECESSARY	202.00	202.00
2	REAR BUMPER REFLECTOR @$88.00	NOT NECESSARY	176.00	-
1	REAR BUMPER REINFORCEMENT	BENT	460.00	378.00
1	REAR BUMPER ALTERNATIVE	CRACKED	180.00	180.00
2	TAILLAMP RH @$480.00	CRACKED	960.00	382.00
2	TAILLAMP PANEL RH @$388.20	TO REPAIR SEE LABOUR	776.40	-
2	TAILLAMP LOWER BRACKET RH @$58.00	NOT NECESSARY	116.00	-
1	REAR END PANEL	DEFORMED	820.00	587.00
1	REAR END PANEL TOP GARNISH	DEFORMED	350.00	252.00
	LESS 25% DISCOUNT		-1,543.65	-993.55
			4,630.95	2,980.65
	SPECIAL NETT ITEMS			
1	REAR NUMBER PLATE (SN)	NOT NECESSARY	50.00	-
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	20.00	20.00
1	SET REAR TAILLAMP CLIPS (SN)	NECESSARY	20.00	10.00
1	REAR END PANEL SEALANT (SN)	NECESSARY	80.00	60.00
1	SET REAR END PANEL TOP GARNISH CLIPS (SN)	NECESSARY	20.00	10.00
1	REVERSE SENSOR (SN)	DAMAGED	220.00	200.00
			410.00	300.00
	LABOUR			
	PANEL BEATING. INCLUSIVE OF THE REPAIR OF TAILLAMP PANEL RH AND SPARE TYRE PANEL.		1,200.00	800.00
	SPRAY PAINTING TO AFFECTED AREA.		1,200.00	800.00

Report Ref No. CS/INC19010806/Aqd3e2

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

Qty	Description of Parts	Condition	Estimate By Workshop ($))	Our Adjusted ($)
	WIRING.		50.00	30.00
	TUFF COAT.		180.00	60.00
	TO CONDUCT WATER LEAKAGE TEST.		250.00	-
	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING.		120.00	50.00
			3,000.00	1,740.00
	GRAND TOTAL		**8,040.95**	**5,020.65**

	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED)			**4,000.00**

Report Ref No. CS/INC19010806/Aqd3e2

ADRIAN LING WAI PING

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

Licensed Appraiser

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser