

ASS. REC. BY:

REF: CS / INC19011188 / RHd362

Special Instruction:

Surveyor: Rasul

ASSIGNMENT (Office)

From (Person):

Cynthia Ang

of

INC

Date/Time:

25/6/19 @ 9.49am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SLL 9897 P

Insured:

SGK 2839 T

at Workshop in/s

Pegasus Engineering

Tel:

65137748

of

74 Kian Teck Road

Policy No:

Claim No:

INT/1050364-002

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

23/6/2019

CA / REV / REP. / REV 24 HRS

Date/Time:

10.05am @ 25/6/19

Person Contacted:

Yoyo

Vehicle IN/OUT

Date/Time

Action/Instruction

Follow up ✓

SLL 9897 P : /

SGK 2839 T : /

Done repair. will sent finalise.

08/11/19

Signature

Name

REF:

72006

ASSIGNMENT

From: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No: SLL 9897P
 at Workshop m/s PGCARS
 of 14, Kiam Teck Rd
 Insured: INC

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: SLL 9897P Yr Regn: 2017 / MAR
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or

Make: TOYOTA VIOS 1.5G C.C. 1496
 Colour: GRN A/C: Insured / Std / NI / NA
 Sp.Reading: 155288 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: M4F029F3702007710Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195/50 R16
 R: 16

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

TOYO / YOKO or WESTLAK

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 23/06/19 D.O.I. 25/06/19 0423pmSurvey held at PGCARS

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

O/S REAR

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

Date / Time Action / Instruction

Part by Part \$330- (Red: 4864.50; 92%)

RECEIVED 12 NOV 2019

Date/Time, File Pass to?

☐

: Preli. Report

☒

: Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐

Site Insp (\$)

☐

Interview (\$)

☐

Tech. Invs (\$)

☐

Weekend (\$)

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

290

290

Report Format :

Lump Sum / (B): (\$ 330-)

Nivitha (LKK Auto)

From: Cynthia Ang <Cynthia.Ang@income.com.sg>
Sent: Tuesday, 25 June 2019 3:45 PM
To: 'assignments@lkkauto.com'; Admin-D (LKKAuto)
Subject: RE: TP CASES FARMED OUT TO LKK ON 25/06/2019

Hi LKK,

Resend with the following details.

Thank you.

With Regards

Cynthia Ang
Admin Assistant
Motor Insurance
T +65 6430 7900
www.income.com.sg

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PLEASE CONSIDER OUR ENVIRONMENT BEFORE YOU PRINT THIS EMAIL...

From: Cynthia Ang
Sent: Tuesday, 25 June 2019 9:49 AM
To: 'assignments@lkkauto.com' <assignments@lkkauto.com>; Admin-D (LKKAuto) <admin-d@lkkauto.com>
Cc: Teng Ken Leong <kenleong.teng@income.com.sg>; Thio Tse Kiat <tsekiat.thio@income.com.sg>; Cynthia Ang <Cynthia.Ang@income.com.sg>
Subject: TP CASES FARMED OUT TO LKK ON 25/06/2019

Dear LKK,

Please assist to survey the following vehicles as per Mr Teng's instruction :-

SN	OIC	Claim No.	Vehicle	WorkShop Name	WorkShop Address	WorkShop Contact	Survey Time	OI VEH	DOA	Additional Remarks
1	Eric Tang	MT/1050061-002	FZ6005P	HKL LIM TEAM MOTORSPORT	BLK 1008 #01-24 BUKIT MERAH LANE 3 SINGAPORE 159722	James Lim / 9242 3895		XE1528C	21/06/2019	
2	Eric Tang	MT/1050364-002	SLL9897P	PEGASUS ENGINEERING & TRADING PTE LTD	74 KIAN TECK ROAD SINGAPORE 628800	Yoyo / 65137748		SGK2839T	23/06/2019	
3	Jared Liu	MT/1034112-003	SLP4297H	PEGASUS ENGINEERING & TRADING PTE LTD	74 KIAN TECK ROAD SINGAPORE 628800	Yoyo / 65137748	14:00-16:00	YL8550S	01/11/2018	Owner waiting
4	Azhari	MT/1050072-002	SME8157Z	PERFORMANCE MOTORS LTD	303 ALEXANDRA ROAD SIME DARBY PERFORMANCE CENTRE SINGAPORE 159941	Caroline / 6319 0174		SJT7859U	20/06/2019	
5	Serene Lim	MT/1048606-002	SBX2U	PREMIUM AUTOMOBILES PTE LTD	281 ALEXANDRA ROAD SINGAPORE 159938	Tony Foong / 6366 2323	10:00-12:00	GZ7468T	11/06/2019	
6	Jared Liu	MT/1044498-002	JNV2143	A S PHOON PTE LTD	36 TOH GUAN ROAD EAST #01-35 ENTERPRISE HUB SINGAPORE 608580	Kee Ger Ong / 6515 0770		YN4530R	11/05/2019	
7	Helena Tan	MT/1050289-002	SDY193Y	GOLDBELL ENGINEERING PTE LTD	BLK K PANDAN LOOP IND ESTATE #01-12	Soo Leong Keat / 9739 7127	10:00-12:00	GBF918Y	22/06/2019	
8	Cyndie Yong	MT/1050341-002	SHC2352K	SOON HOCK MOTOR PTE LTD	10 ANG MO KIO IND PK 2-A #01-05/06 AMK AUTOPOINT SINGAPORE 568047	Ms Lynn / 65425119		SJM156Y	21/06/2019	

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

With Regards

Cynthia Ang

Admin Assistant

Motor Insurance

T +65 6430 7900

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Denise Tay (LKKAuto)

From: Vivian Tan <vivian.pegasusengrg@gmail.com>
Sent: Monday, 11 November 2019 5:53 PM
To: Denise Tay (LKKAuto)
Cc: Pegasus Engineering; Rasul (LKKAuto); CS A Team; Admin A; Xian Chern Chin
Subject: Re: Finalise For SLL9897P (DOA 23/06/2019)

Without Prejudice,

Dear Denise Tay,

We confirm the final P/P @ S\$380.00 (before GST) & 2 days repair.

Best Regards,

Vivian Tan

Pegasus Engineering & Trading Pte Ltd

74 Kian Teck Road S628800

Office: 65137748

Fax: 62513161

On Mon, 11 Nov 2019 at 09:50, Denise Tay (LKKAuto) <denisetay@lkkauto.com> wrote:

Dear Vivian,

-

Can confirm?

-

-

-

Best Regards,

Denise Tay | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: sur@lkkauto.com | fax: 6256-4315

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	24/06/2019 16:21
Date Of Accident	23/06/2019 12:20
Exact Location Of Accident	PORTSDOWN AVE
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLL9897P
Insured/Policyholder	
Name Of Registered Owner	GRAB RENTALS PTE LTD
Co Reg No	201617200G
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-98273247
Alternative Phone No	OFFICE-66550005

Vehicle Particulars

Manufacturer	TOYOTA
Model	VIOS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE HIRE
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	YES
Policy Number	A29114756MKF
Cover Note Number	

Driver

Name of Driver	ANG JIT KANG
NRIC No	S7911227E
Date Of Birth	14/04/1979
Occupation	OUTDOOR
Date Of Driving Pass	14/08/2008
Driving Experience	10 YEARS AND 10 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-98273247
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 662 HOUGANG AVE 4 #11-413
Postcode	530662
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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?	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)	2
Passenger 1	NAME: : UNKNOWN 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

ON 23 JUNE 2019 AT ABOUT 1220HRS, I WAS DRIVING MY VEHICLE SLL9897P ALONG PORTSDOWN AVE TURNING INTO AYE AND SUDDENLY VEHICLE SGK2839T COLLIDED ON MY REAR RIGHT.

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	SGK2839T
Vehicle Make/Model/Colour	HONDA CIVIC SILVER
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	KALPRIA SELVAN KUMAR
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.

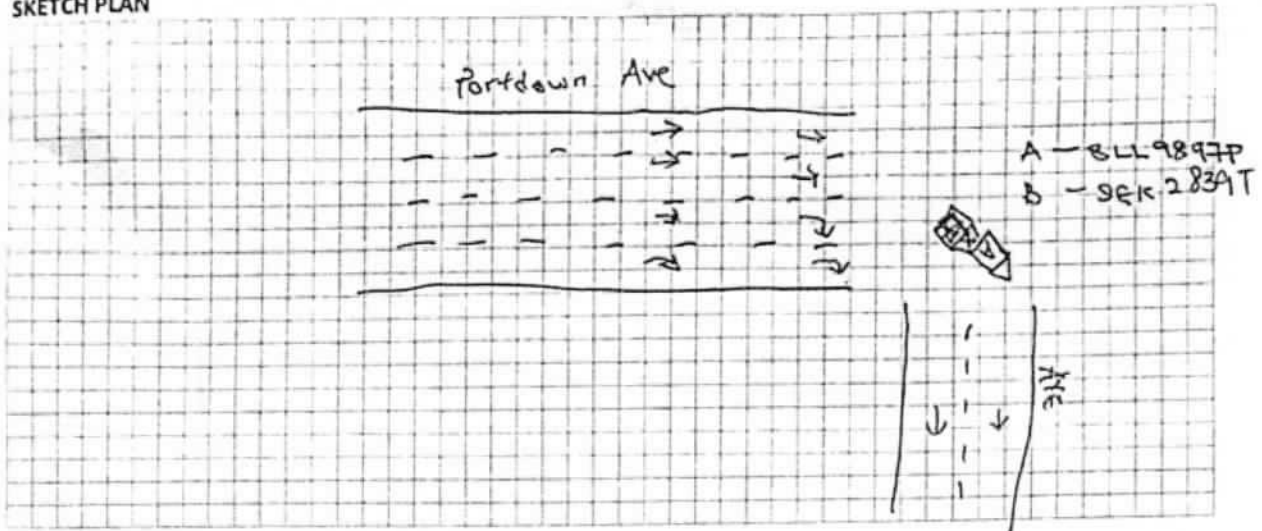
Policyholder's Signature
Date & Time:

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

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

Sketch Plan #2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 23 June 2019 at about 1220HRS, I was driving my vehicle BL 9897P along Pontdown Ave turning into Ave and suddenly the vehicle SK 2839T collided on my rear left

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:

Reporting Centre Personnel's Signature
Name: RA1
NRIC/FIN No.:

Addendum Sheet



GENERAL INSURANCE ASSOCIATION OF SINGAPORE RECORDS MANAGEMENT CENTRE
6 Raffles Quay #18-00 Singapore 048580
Tel (65) 6224 0010 Fax (65) 6224 0090
Operating Hours : Monday to Friday, 09:00 – 17:00
UEN: S66350020G / GST Reg. No.: M400017735

IMPORTANT NOTE: Please submit the completed Addendum form to the same Authorised Reporting Centre with whom you submitted the Original Report.

ADDENDUM

(A) PARTICULARS OF PERSON MAKING THE AMENDMENTS:

Original Report No : MASP19082058 Vehicle Registration No: SLL9897P
Name (as shown in NRIC) : GRAB RENTALS PTE LTD NRIC/FIN/Passport No : 201617200G
(*Vehicle Driver / Vehicle Owner) (*) Please delete as appropriate
Address : 18 Sin Ming Lane Midview City #01-08 Singapore (573960)
Contact (Tel) : 66550005 Mobile No. : _____
Email Address : _____
Date of Accident : 23 JUNE 2019 Time of Accident : 12:20 HRS
Place of Accident : PORTSDOWN AVE
Insurance Company : MSIG INSURANCE (SINGAPORE) PTE. LTD.

(B) ADDITIONAL INFORMATION / AMENDMENTS:

I have made a report on the above mentioned accident and would like to include additional information or make the following amendments:

- Change accident circumstances (change vehicle damage portion from "Rear Left" to "Rear Right")



Policyholder / Driver's Signature
Date:

Reporting Centre Personnel's Signature
Name: Shayne
NRIC/FIN No.: _____
Date: 25/06/2019



PEGASUS ENGINEERING & TRADING PTE LTD

GST / ROC COMPANY NO : 201101753C

Quotation

From : PEGASUS ENGINEERING & TRADING PTE LTD 74 KIAN TECK ROAD SINGAPORE 628800 Officer in Charge : YOYO TIAN Tel : Email :	Customer : GRAB RENTALS PTE LTD 18 SIN MING LANE #01-08 MIDVIEW CITY SINGAPORE 573960 Attn : Tel : Fax No. :
---	---

Quotation No. : QO19/06-1281	Quotation Date : 24/06/2019	Terms : 30 DAYS
Vehicle No. : SLL9897P	Chassis No. : MHFB29F3702007710	Third Party Insurer : NTUC
Model : VIOS	Date of Accident : 23/06/2019	
Remarks :		

ITEM	DESCRIPTION	Qty	UNIT PRICE	AMOUNT (SGD)
1	REAR BUMPER <i>repair</i>	1	525.0000	525.00
2	REAR BUMPER SIDE RETAINER LONG RHS X <i>ΛΛ</i>	1	120.0000	120.00
3	REAR BUMPER SIDE RETAINER SHORT RHS X <i>ΛΛ</i>	1	55.0000	55.00
4	REAR BUMPER REFLECTOR RHS <i>2?</i>	1	215.0000 <i>m/p</i>	215.00
5	REAR BUMPER CLIPS <i>m -</i>	10	4.0000	40.00
6	REAR FENDER RHS X <i>ΛΛ</i>	1	970.0000	970.00
7	REAR TAILLAMP RHS X <i>ΛΛ</i>	1	376.0000	376.00
8	REAR TAILLAMP CLIPS X <i>ΛΛ</i>	3	5.0000	15.00
9	REAR SPORT RIM RHS X <i>ΛΛ</i>	1	1,210.0000	1,210.00
10	LESS 25%	1	-881.5000	-881.50
11	TO REMOVE&REARRANGE REAR ELECTRICAL WIRING SYSTEM	1	100.0000	100.00 X
12	TO APPLY RUSTPROOFING&TUFFCOATING TREATMENT	1	100.0000	100.00 <i>150 X</i>
13	TO KNOCKING&PANEL BEATING	1	1,200.0000	1,200.00 <i>200</i>
14	TO PUTTY&SPRAY PAINTING ON THE AFFECTED AREAS <i>PASUC</i>	1	1,200.0000	1,200.00 <i>200</i>

Hp 90010068
2 days
25/06/19 @ 1630

Rem after repair

Sub Total	5,244.50
GST(7.00%)	367.12
Total (SGD)	5,611.62

Please conduct the survey at
 Pegasus Engineering @ 74 Kian Teck Road Singapore 628800



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 Ref: CS/INC19011188/R1td3e2

73 BRAS BASAH ROAD

Date: 22-11-2019

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556



ATTN : ERIC TANG

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SGK 2839T	Veh. Inspected	SLL 9897P
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1050364-002	Excess (\$)	0.00
Assign From		Assign Date	25/06/2019

2. Vehicle Particulars & Condition

Make & Model	TOYOTA VIOS 1.5E	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	MHFB29F3702007710	Colour	GREY
Odometer	155288 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	195/50 R16	WEST LAKE	6 mm
L/H Front Tyre	195/50 R16	WEST LAKE	6 mm
R/H Rear Tyre	195/50 R16	WEST LAKE	6 mm
L/H Rear Tyre	195/50 R16	WEST LAKE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	23/06/2019	Inspect Date / Time	25/06/2019 (04:23 PM)
Survey held at	74 KIAN TECK ROAD		
Repairer	PEGASUS ENGINEERING & TRADING PTE LTD		

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:	2 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. SLL 9897P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	TO REPAIR SEE LABOUR	525.00	-
1	REAR BUMPER SIDE RETAINER LONG RHS	NOT NECESSARY	120.00	-
1	REAR BUMPER SIDE RETAINER SHORT RHS	NOT NECESSARY	55.00	-
1	REAR BUMPER REFLECTOR RHS	NOT NECESSARY	215.00	-
10	REAR BUMPER CLIPS @\$4.00	NECESSARY	40.00	40.00
1	REAR FENDER RHS	NOT NECESSARY	970.00	-
1	REAR TAILLAMP RHS	NOT NECESSARY	376.00	-
3	REAR TAILLAMP CLIPS @\$5.00	NOT NECESSARY	15.00	-
1	REAR SPORT RIM RHS	NOT NECESSARY	1,210.00	-
	LESS 25% DISCOUNT		-881.50	-10.00
			2,644.50	30.00
LABOUR				
	TO REMOVE & REARRANGE REAR ELECTRICAL WIRING SYSTEM.	NOT NECESSARY	100.00	-
	TO APPLY RUSTPROOFING & TUFFCOATING TREATMENT.	NOT NECESSARY	100.00	-
	TO KNOCKING & PANEL BEATING.		1,200.00	150.00
	TO PUTTY & SPRAY PAINTING ON THE AFFECTED AREAS.		1,200.00	200.00
			2,600.00	350.00
GRAND TOTAL			5,244.50	380.00
RECOMMENDED COST OF REPAIRS (CONFIRMED)				380.00

Report Ref No. CS/INC19011188/R1td3e2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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