



## Nivitha (LKK Auto)

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**From:** Md Noor, Norsiah <Norsiah.MdNoor@aig.com>  
**Sent:** Wednesday, 26 June 2019 11:24 AM  
**To:** SUR; assignments  
**Subject:** Our Ref: 0615931105SG- Paper Survey  
**Attachments:** 0615931105SG\_21\_06\_2018\_RULINGS\_JUDGMENTS\_SENTENCES\_C66523 -001.pdf; SLH8671B-tp.pdf; SLF1571M-OI.pdf

Dear Team,

Refer to the above.

Please assist to conduct paper adjustment as attached.

Thank you

Kind regards  
Norsiah

Norsiah Md Noor  
AIG  
Complex Claims Examiner  
Claims | AIG Asia Pacific Insurance Pte Ltd  
78 Shenton Way #08-16 Singapore 079120  
Tel: +(65) 6419-1606  
[Norsiah.MdNoor@aig.com](mailto:Norsiah.MdNoor@aig.com) | [www.aig.com.sg](http://www.aig.com.sg)



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# S K AUTO CONSULTANTS

## AUTOMOBILE ASSESSMENT REPORT

Page No. 1

Our Reference: TP/018/0025SK  
Your Reference: TBA

Date: 5/3/2018

TO: MR3 LEASING LLP  
C/o AMA Autocare Pte Ltd  
Enterprise Hub #01-36  
36 Toh Guan Road East  
Singapore 608580

Assessment of Vehicle No : SLH 8671B  
Date of Accident : 15/01/2018  
Date of Inspection : 17/01/2018

We have carried out a physical assessment of SLH 8671B at AMA Autocare Pte Ltd according to your instructions on 17/01/2018 and are pleased to submit our report as follows;

### 1. VEHICLE PARTICULARS

Registration No.	:	SLH 8671B
Make & Model	:	TOYOTA COROLLA ALTIS
Year of Registration	:	2007 (COE EXPIRY 2022)
Engine Capacity (cc)	:	1598
Chassis No.	:	MR053ZEC107141470
Engine No.	:	3ZZ4631616
Colour	:	Silver
Mileage (km)	:	141877

### 2. VEHICLE CONDITION

Body Paint:	:	Good
Steering	:	Serviceable
Foot Brake	:	Serviceable
Parking Brake	:	Serviceable

### 3. TYRE PARTICULARS & CONDITION

#### **Front**

RH Make/Size	:	Yokohama 185/70R14 - 50%
LH Make/Size	:	Yokohama 185/70R14 - 50%

#### **Rear**

RH Make/Size	:	Yokohama 185/70R14 - 50%
LH Make/Size	:	Yokohama 185/70R14 - 50%

Note: % denotes the remaining percentage of the tyre

## S K AUTO CONSULTANTS

Page No. 2

Our Reference      TP/018/00255K  
Vehicle No.        SLH 8671B

#### 4. DESCRIPTION OF DAMAGE

At the time of inspection observed that this vehicle had sustained damages to the FRONT portion

Please see attached schedule for details.



Estimated Amount        : S\$4,623.25  
Adjusted Amount        : S\$3,400/-  
Estimated Repair Days   : 4 days

Pursuant to your instruction, we have **NOT AUTHORIZED** repair.  
The assessment was conducted on a "**Without Prejudice**" basis.

If we are not notified of anything to the contrary within **14 Days** from the date hereof, this report shall be treated as correct.

#### **Disclaimer**

This report is intended for the exclusive use of the addressee solely in relation to the loss occurrence in which the assessed vehicle is involved. No liability or responsibility whatsoever shall be held by **S K AUTO CONSULTANTS** for any reliance on this report by any third party.

# S K AUTO CONSULTANTS

Page No. 3

Our Reference TP/018/00255K  
Vehicle No. SLH 8671B

QTY	DESCRIPTION	CONDITION	REPAIRER'S ESTIMATE(\$\$)	OUR ASSESSMENT(\$\$)
	<b><u>PARTS (LIST ITEMS)</u></b>			
1	Bonnet	Dented	1275.00	1275.00
1	Front bumper	Deformed	982.00	982.00
1	Front radiator grille	Inner slot crk.	492.00	492.00
1	Front radiator grille badge	Necessary	98.00	98.00
2	Front bumper fog lamps @492.00	Damaged	984.00	984.00
			3831.00	3831.00
		less 25%	957.75	957.75
			2873.25	2873.25
		TOTAL PARTS	2873.25	2873.25

Rx  
566.10  
298.80  
Xm

962.90  
25% 722.18

# S K AUTO CONSULTANTS


Page No. 4

Our Reference TP/018/0025SK  
Vehicle No. SLH 8671B

S/N	DESCRIPTION	REPAIRER'S ESTIMATE (\$)	OUR ASSESSMENT (\$)
	<b>LABOUR</b>		
1	To remove the affected parts & fittings to commence repairs; replace damaged parts	800.00	400 600.00
2	To supply paint materials, expandable items & putty, respray paint on parts replaced and repaired areas	800.00	400 600.00
3	To remove and re-fix wiring and check all electrical components at damaged areas for proper functions	150.00	30 120.00
	Labour Total :	1750.00	830 1320.00
	<b>TOTAL (PARTS &amp; LABOUR):</b>	<b>4623.25</b>	<b>4193.25</b>

**Note: (For Lump Sum Repair)**

The workshop has agreed to undertake the repair on a Lump Sum Basis, and/or the use of ex stock/reconditioned parts whichever is possible (having taken into consideration to repair instead of replacements). **The final adjusted Lump Sum contract amount is \$53,400/-**

  
S. Numanan  
Motor Surveyor

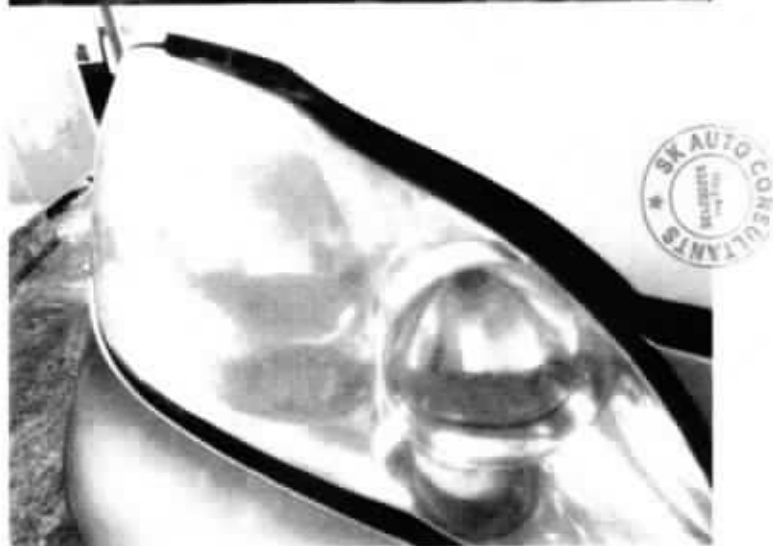
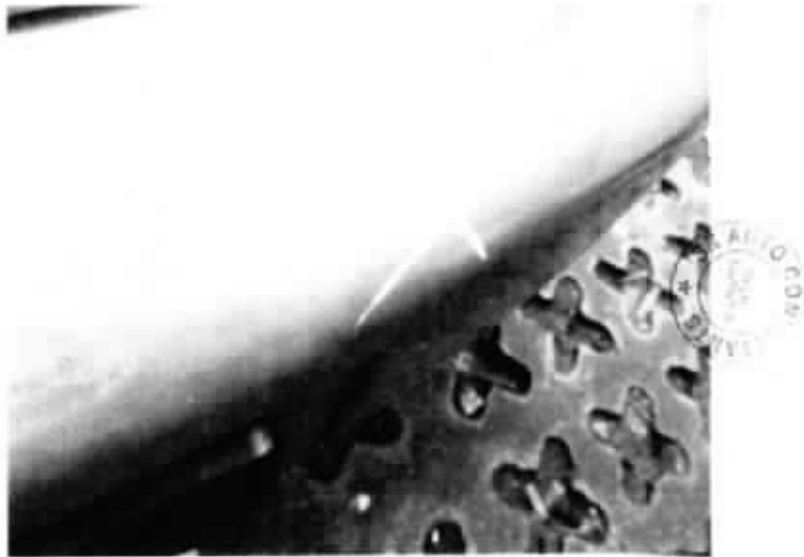
722,18  
850  
1552.18  
1552.18  
3 days

VEHICLE REGN.NO. SLH 8671B

















## 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	16/01/2018 12:17
Date Of Accident	15/01/2018 21:20
Exact Location Of Accident	WHITLEY RD TOWARDS STEVENS RD
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLH8671B
<b>Insured/Policyholder</b>	
Name Of Registered Owner	MR3 LEASING LLP
Co Reg No	T16LL0991L
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97923100
Alternative Phone No	OFFICE-97923100

### Vehicle Particulars

Manufacturer	TOYOTA
Model	COROLLA ALTIS-1.6 (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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	5080488147-01
Cover Note Number	

### Driver

Name of Driver	LEAN SIANG TONG JASON
NRIC No	S7518039Z
Date Of Birth	21/06/1975
Occupation	OUTDOOR
Date Of Driving Pass	16/04/2000
Driving Experience	17 YEARS AND 8 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97923100
Fax Number	
Contact Number	OFFICE-97923100
EEmail Address	NOEMAIL

Address	747C BEDOK RESERVOIR #10-29
Postcode	S473747
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - RENTAL
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 involved in the accident	
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)	3
Passenger 1	NAME: : - GENDER: : MALE
Passenger 2	NAME: : - 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

PLEASE SEE ATTACHED SKETCH PLAN ATTENDED BY : SUSAN

#### Attachment(s)

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

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SLF1571M
Vehicle Make/Model/Colour	SUBARU
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	DAVID EDNARDS
NRIC/Passport Number	
Contact Number	97470973
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 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 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:

16 JAN 2018

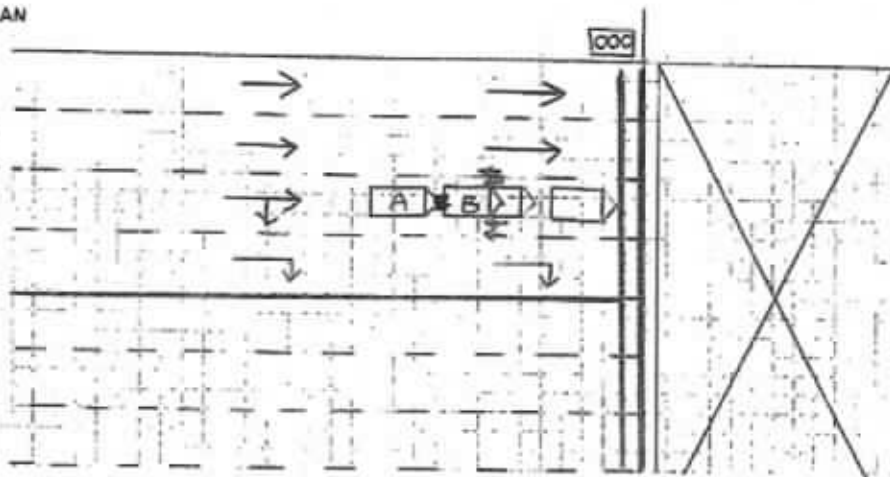
**IDAC BUKIT BATOK (VAC)**  
511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6569 0722  
Email: vacbb@idac.com.sg  
Reporting Centre Personnel Signature  
Name:  
NRIC/FIN No.:

WHITLEY RD TO MPKOS STREETS RD TURNING RIGHT TO BUKIT TIMAH RD.

SKETCH PLAN

A - SLH 8671B

B - SLF 1571M



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 15/01/2018 at 21.20HRS, I WAS NASTY AT WHITLEY RD  
towards Stevens Rd turning Right to Pot. Timah Rd traffic light  
junction. Vehicle B in front suddenly reverse and hit front  
of my vehicle A.

DECLARATION

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

16 JAN 2018



Policyholder's Signature  
Date & Time:

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

IDAC BUKIT BATOK (VAC)

511 Bukit Batok Street 23  
Singapore 659545  
Tel: 6560 3312 Fax: 6549 0722

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

Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





Accident Photo



## 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 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	05/02/2018 17:50
Date Of Accident	15/01/2018 21:20
Exact Location Of Accident	STEVENS ROAD TOWARDS CITY
Country/State of Loss	SINGAPORE
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SLF1571M
Insured/Policyholder	
Name Of Registered Owner	STEVEN DAVID EDWARDS
Passport No/FIN	F2209518T
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97470973
Alternative Phone No	Others-64722776
Vehicle Particulars	
Manufacturer	SUBARU
Model	FORESTER-2.0 XT (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	REPORTING ONLY
Vehicle Category	PRIVATE CAR
Insurance Company	
Name of Insurance Company	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	2100478695-01
Cover Note Number	
Driver	
Name of Driver	STEVEN DAVID EDWARDS
Passport No/FIN	F2209518T
Date Of Birth	20/04/1970
Occupation	INDOOR
Date Of Driving Pass	04/07/2017
Driving Experience	0 YEAR AND 6 MONTH

Gender	MALE
Mobile Number	(LOCAL) +65-97470973
Fax Number	
Contact Number	OTHERS-64722776
E-Mail Address	NOEMAIL
Address	30 MOUNT ELIZABETH #04-34 SINGAPORE
Postcode	228519
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	CLEAR
Road Surface	DRY

#### Other Information

Was any foreign vehicle involved in this accident?	NO
Number of vehicles involved in the accident	
Was any body injured in the Accident?	NO
Was any injured conveyed to hospital by ambulance?	NO
Was any other material or property damaged?	NO
I have been approached by unknown person(s) soliciting/offering accident claims assistance.	NO
Number of Passengers (Including Driver)	2
Passenger 1	Name: : Owen Edwards 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

#straightroad Moving straight & Moving straight SLH8671B SLF1571M "The incident happened on Stevens Road, traveling twds city @ the traffic lights beneath the flyover @junction with Bt Timah Rd. I stopped at the traffic light behind one car, in the 3rd lane - this lane is for 'ahead' and for 'right turn', the car in front of me was not indicating, hence I assumed it would proceed straight ahead. When traffic light turned green for 'ahead' but remained red for 'right turn', the car in front remained stationary, and it was evident he intended to turn right but was not indicating. I was too close behind him to pull forward to his left to pass him in the inside lane (which was clear by now), so I intended to reverse slightly in order to have space to pass him. I checked behind me (rear view mirror and left wing mirror), and saw there were no approaching cars. I then reversed slowly, and made light contact with a car which was stationary behind me, and which I had not seen. The car had been so close that his headlights were not visible in my rear view mirror, and I assume I had mistaken the dark of his windscreen as the road being clear behind me. His lateral location in the rd was such that no part of his car was visible in my left wing mirror. The contact with the other vehicle was very light, and there was no damage visible to my car. There was 1 small chipped paint mark visible on the top of the other vehicle's front bumper (see attached photograph), but there was no way that could have been caused by this incident, as the relative heights of my bumper and his meant there could not have been contact at that point. The veh's driver claimed there was no chipped paint mark there previously, though I pointed out that the relative heights of our bumpers meant the chip could not have been as a result of this incident. We exchanged contact details & left the scene. I did not report the incident as the contact was very light, & there was no damage cause to either veh

Attachment(s)	
Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	NO
Was there any audio recorded?	NO

### Sketch Plan



### Addendum Form

**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 : (NO REPORT NO. GIVEN) Vehicle Registration No: SLF1571M  
Name (as shown in NRIC) : STEVEN DAVID EDWARDS NRIC/FIN/Passport No : F2209518T  
(\*Vehicle Driver / Vehicle Owner) (\*) Please delete as appropriate  
Address : 30 MOUNT ELIZABETH, #04-34, HIGHPOINT Singapore ( 228519 )  
Contact (Tel) : 97470973 Mobile No. : 97470973  
Email Address : bespoke100@gmail.com  
Date of Accident : 15 JAN 2018 Time of Accident : 21:20  
Place of Accident : AT STEVENS ROAD JUNCTION WITH BUKIT TIMAH ROAD, SOUTHBOUND  
Insurance Company : A.I.G.

**(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:

A.I.G. HAVE REQUESTED THAT I REPORT THE EXACT LOCATION OF THE INCIDENT.

THE INCIDENT HAPPENED ON STEVENS ROAD, SOUTHBOUND, AT JUNCTION WITH BUKIT

TIMAH ROAD, BENEATH THE WAYANG SATU FLYOVER. I WAS IN THE 3<sup>RD</sup> LANE FROM THE

LEFT. AS PER FOLLOWING MAP:



*[Signature]*

Policyholder / Driver's Signature  
Date: 6.FEB.2018



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

Accident Photo



Driving License

**REPUBLIC OF SINGAPORE** **DRIVING LICENCE**

Portrait photo of a man.

License Number: **F2209518T**

Name: **EDWARDS STEVEN DAVID**

Birth Date: **20 Apr 1970**

Issue Date: **04 Jul 2017**

Valid Till **17/06/2019**

Barcode: **002699957C**



Driving License

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)


EFFECTIVE DATE

Class 3 Motor cars with unladen weight  $\leq 3000\text{kg}$  with  $\leq 7$  passengers, exclusive of driver; and other motor vehicles with unladen weight  $\leq 2500\text{kg}$  25 Apr 2009

NP 428A




Identification Card



**EMPLOYMENT PASS**  
Employment of Foreign Manpower Act (Chapter 91A)  
Republic of Singapore


Employer  
**JAMES PARK ASSOCIATES (S) PTE LTD**



Name  
**EDWARDS STEVEN DAVID**

Occupation  
**ARCHITECT**


FIN  
**F2209518T**




Date of Application  
**27-04-2015**

Date of Issue  
**07-05-2015**

Date of Expiry  
**19-07-2018**





**L5624227**

Identification Card

VISIT PASS		
Immigration Regulations		
Name <b>EDWARDS STEVEN DAVID</b>		
	Date of Birth	Sex
	<b>20-04-1970</b>	<b>M</b>
	Nationality <b>BRITISH</b>	
File	Date of Issue	Date of Expiry
<b>F2209518T</b>	<b>07-05-2015</b>	<b>19-07-2018</b>
YOU ARE TO SURRENDER THIS CARD WHEN IT IS CANCELLED OR HAS EXPIRED, OR WHEN A NEW CARD IS ISSUED TO YOU.		
		



Your Ref: 0615931105SG

Date: 19<sup>th</sup> July 2019

Our Ref: CS1/AIG19011271/T1td3e2

**M/s AIG Asia Pacific Insurance Pte Ltd**

78 Shenton Way #08-16

Chartis Building

Singapore 079120

Attn : Norsiah

Dear Sir / Madam,

**EVALUATION REPORT (PAPER SURVEY) OF ACCIDENT VEHICLE NO: SLH 8671B**

**INSURED VEHICLE: SLF 1571M**

**ACCIDENT DATE: 15/01/2018**

We thank you for your instruction on 26/06/2019.

We acknowledge receipt of the following documents:-

- a) Automobile Inspection Report of SLH 8671B from M/s S K Auto Consultants.
- b) Singapore Accident Statement of Vehicles SLH 8671B and SLF 1571M.
- c) Colour damaged vehicle photographs of SLH 8671B.

Based on the documents received from you, we have evaluated the damages of the vehicle and have the following comments:-

1. Information Recorded: -

Registration Number	: SLH 8671B
Make & Model	: Toyota Corolla Altis 1.6 Auto
Year of Registration	: 2007
Chassis Number	: MR053ZEC107141470
Engine Capacity	: 1598 cc

2. We recommend that the repairs of the entire damage require about 3 (Three) working days to complete.
3. We hereby provide our recommendations on the cost of repair to the damaged vehicle as stated in the following page.

**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 8671B**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b><u>REPLACEMENT OF PARTS</u></b>			
1	BONNET	TO REPAIR SEE LABOUR	1,275.00	-
1	FRONT BUMPER	DEFORMED	982.00	566.10
1	FRONT RADIATOR GRILLE	INNER SLOT CRK	492.00	298.80
1	FRONT RADIATOR GRILLE BADGE	NECESSARY	98.00	98.00
2	FRONT BUMPER FOG LAMPS @\$492.00	NOT NECESSARY	984.00	-
	LESS 25% DISCOUNT		-957.75	-240.73
			2,873.25	722.17
	<b><u>LABOUR</u></b>			
	TO REMOVE THE AFFECTED PARTS & FITTINGS TO COMMENCE REPAIRS; REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF BONNET.		800.00	400.00
	TO SUPPLY PAINT MATERIALS, EXPANDABLE ITEMS & PUTTY, RESPRAY PAINT ON PARTS REPLACED AND REPAIRED AREAS.		800.00	400.00
	TO REMOVE AND RE-FIX WIRING AND CHECK ALL ELECTRICAL COMPONENTS AT DAMAGED AREAS FOR PROPER FUNCTION.		150.00	30.00
			1,750.00	830.00
	<b>GRAND TOTAL</b>		<b>4,623.25</b>	<b>1,552.17</b>
	<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>			<b>1,250.00</b>

Report Ref No. CS1/AIG19011271/T1td3e2

MOHAMAD TAUFIKH

M.MATAI, AMSAE-A

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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