

ASS. REC. BY:

REF:

CS/00119012467/K12A3

N2

Special Instruction:

Surveyor

Kalvin

ASSIGNMENT (Office)

From (Person):

Jenny Lew

of

001

Date/Time:

15.7.19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHD 4024P

Insured:

YP 4349M

at Workshop w/s

Comfor Delgro Eng'g

Tel:

of

59 Loyang Drive

Policy No:

Claim No:

DHOM110153471602

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

12/7/19

CA / REV / REP. / REV 24 HRS

"up"

H.O.D. Endorsement:

Date/Time:

15.7.19 4.09 p.m

Person Contacted:

Lim

Vehicle ☒ IN ☐ OUT

Date/Time

Action/Instruction (✓) Estimate

SHD 4024P NS/INC18003766/K1-bn2 noA 15/2/18

YP4349M NA/00117001375/K4 noA = 19/1/17

Bureau: Kolm

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

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 Report: _____ Consistent? : Yes or No

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

Est. Repairs: 3 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: SHD 4024 Yr Regn: 14 My 29

Type: M.Car / M.Cycle / Bus / Van / Lorry / T&L / Prime Mover /

Truck / Trailer or

Make: Hyundai Ioniq cc 1.5 P6

Colour: Blue A/C: Insured / Std / NI / NA

Sp. Reading: 25 217 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: Km Hc 851 CVK 1/8 6372

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Insured / Jammed / Leaked / Burnt or

Brake: Insured / Jammed / Leaked / Burnt or

Modi: Nil / S/Rim / STD A/Rim or

Tyre Size: F: 195 / 65 R15

R: _____

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

TOYO / YOKO or

Front: _____ Rear: _____

R/Bal. 8 mm R/Bal. 8 mm

L/Bal. 8 mm L/Bal. 8 mm

D.O.A. 12/7/19 D.O.I. 15/7/19

Survey held at CPAE (Loyens)

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.

| Date / Time | Action / Instruction |
|-------------|--------------------------------------------------------|
| 19/7/19 | Refused PIP \$3263.92 / 3 Pys. (Ref 67745.34, 41%) 40C |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

RECEIVED 19 JUL 2019

Date/Time, File Pass to? ☐ : Prel. Report

1) 19/7/19 Refused ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 3

Resurvey No. of Trip: 1

Add Fee: ☐ : Site Insp (\$

☐ : Interview IS

Survey Fee:

Transportation:

S - RS - SI

Phone

210

60

80

22

372

3763.92



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road #28-01 Springleaf Tower
Singapore 079909
Tel (65) 6222 7733
Fax (65) 6327 3869 / 6327 3870
Email: ContactUs@uoi.com.sg
uoi.com.sg
Co. Reg. No. 197100152R

| | | |
|--------|-----------------------------------------------------------|-------------------------------------------------------------|
| To : | ComfortDelgro Engineering Pte Ltd Attn: Lim Tien Siong | Fax : 65468156 |
| From : | Jenny Lew | Fax : 63273869 |
| Date : | 15.7.2019 | Our ref: YP4349M (DHOM110153471602) Yr ref : SHD4024P |

FACSIMILE MESSAGE

WITHOUT PREJUDICE

**REQUEST FOR PRE-REPAIR SURVEY – SHD4024P
ACCIDENT INVOLVING YP4349M AND SHD4024P ON 12.7.2019**

We refer to your letter dated 15.7.2019.

Pursuant to the amended Pre-action Protocol for Non-Injury Motor Accident (NIMA), we enclose a list of our Surveyors, for your attention.

In this case you have proposed to appoint M/s LKK Auto Consultants Pte Ltd from our list, to conduct the pre-repair survey on without prejudice basis.


Please revert to the undersigned within **two (2) working days** whether you have any objections to the appointment of any of our Surveyors, failing which we shall proceed to carry out the survey of your client's vehicle by our appointed Surveyors.

Please seek your client's instruction for the repair after the inspection has been completed.
Inspection

We reserve all our rights in this matter.

Thank you.

Regards


Jenny Lew
Claims Dept

cc. LKK Auto Consultants Pte Ltd
Fax: 62564315
Attn : Shiao Chan

For your immediate attention.
fy

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 13/07/2019 09:38
Date Of Accident 12/07/2019 19:15
Exact Location Of Accident SCIENCE PARK DRIVE
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SHD4024P
Insured/Policyholder
Name Of Registered Owner COMFORT TRANSPORTATION PTE LTD
Co Reg No 199303821R
Email Address FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No
Alternative Phone No OFFICE-65508768
Vehicle Particulars
Manufacturer HYUNDAI
Model IONIQ HYBRID
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 TAXI
Insurance Company
Name of Insurance Company INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage THIRD PARTY FIRE AND/OR THEFT
Fleet Policy YES
Policy Number MCOM0015
Cover Note Number
Driver
Name of Driver AZHARI BIN AHMAD
NRIC No S7032246C
Date Of Birth 09/09/1970
Occupation OUTDOOR
Date Of Driving Pass 24/01/2003
Driving Experience 16 YEARS AND 5 MONTHS
Gender MALE
Mobile Number (LOCAL) +65-84442695
Fax Number
Contact Number
Email Address YANY_MOHD@YMAIL.COM

| | |
|-----------------------------------------------------|--------------------------------------|
| Address | BLK 367 YISHUN RING ROAD #04-1522 |
| Postcode | 760367 |
| Was driver an employee of the Insured's Company | NO |
| If No, Relationship of the Driver with the Insured | OTHER - TAXI DRIVER |
| 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) | 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 ATTACHED * TYPE OF ACCIDENT :- 3P REVERSED

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|--------------------|
| Vehicle Registration Number | YP4349M |
| Vehicle Make/Model/Colour | LORRY |
| Details Of Properties | |
| Vehicle Category | COMMERCIAL VEHICLE |
| Name of Driver | RAJANGAM GANESAN |
| NRIC/Passport Number | G7723331N |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | REAR |
| No. Of Passenger (Including Driver) | |

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.

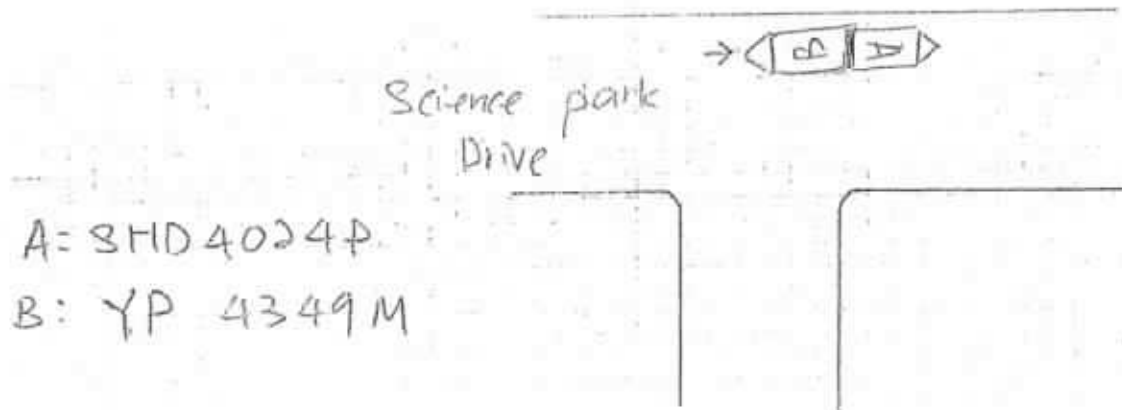
COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 199303821R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **Loke Wei Yiong**
NRIC/FIN No.:

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 12/7/19 at about 19:15 hrs, my taxi
 Veh A was stop at above said location.
 I was inside my taxi. Suddenly I felt an
 impact from behind. I went down to have a
 check and found Veh B lorry reversing collided
 onto the rear portion of my stationary taxi.
 No passenger in my taxi. No injury in
 this accident.

DECLARATION

I/We declare the foregoing particulars are true in every respect.
 COMFORT TRANSPORTATION PTE LTD
 CO. REG. NO. 199303821R

Policyholder's Signature
 Date & Time:

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

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

TS

DATE 15/7/2019

0900

| | | |
|----------|-------------------|------|
| S | 30.00 | Nett |
| S | 135.70 | Nett |
| S | 50.00 | Nett |
| S | 215.70 | |
| | | |
| | 300 | |
| S | 400.00 | |
| S | 600.00 | 400 |
| S | 50.00 | 20 |
| S | 50.00 | 20 |
| S | 120.00 | 30 |

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

Team: ARC Repair TP(CLS0)1

JOB CARD

Sales Order:

JC NO.: 305310928

OMER

S COMFORT TRANSPORTATION PTE LTD
OMER NO. 7010045
ESS 383 SIN MING DRIVE
Singapore SINGAPORE 575717
(R) 65508755 (Q)

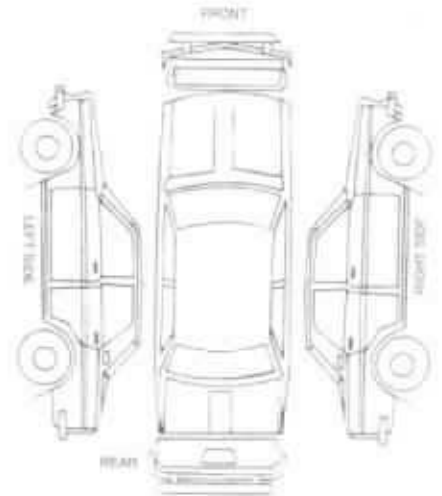
JUNT CARD NO.

| | | |
|--------------|-------------------|----------------------|
| REGN NO. | SHD4024P | MILEAGE |
| MAKE : | HYUNDAI | FUEL |
| MODEL | IONIQ(G2) | DATE/TIME IN |
| YR OF MANU | 14.05.2019 | TARGET DATE |
| CHASSIS CODE | KMHC851CVKU146372 | COMPLETION DATE/TIME |

Accident Date: 12.07.2019
NATURE: 3P 12.07.19

JOB DESCRIPTION

S/NO LABOR CODE DESCRIPTION



KED & PASSED OUT BY:

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

edgement Slip

Exit Pass

to: SHD4024P LIMITS

Vehicle No.: SHD4024P

Service Advisor

Signature/Date

Name of Service Advisor

Date

urned to Service Reception upon collection

To be kept by Security Guard

COMPANY : THIRD PARTY'S CLAIMS (CAS)
 CUSTOMER: 7010045
 ADDRESS : COMFORT TRANSPORTATION PTE LTD
 383 SIN MING DRIVE
 SINGAPORE SINGAPORE 575717
 65508755

JOB NO : 305310928
 REGN NO : SHD4024P
 MILEAGE : 0000000000
 MAKE : HYUNDAI
 MODEL : IONIQ(G2)
 DATE OF REGN : 14.05.2019
 DATE/TIME IN : 13.07.2019 09:05
 ACCIDENT DATE : 12.07.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

| | | | | | |
|------------------------|-----------------------|------|----------|-------|----------|
| 0001 04-01-0104-2256-G | BOOTLID | 1 | 2,480.40 | 20.00 | 1,984.32 |
| 0002 04-01-0104-2282-G | REAR BUMPER | 1 | 459.40 | 20.00 | 367.52 |
| 0003 28-01-0103-0005-A | BOOTLID COMFORTDELGRO | 1 | 15.00 | | 15.00 |
| 0004 28-01-0103-0006-A | BOOTLID 65521111 | 1 | 15.00 | | 15.00 |
| 0005 04-01-0104-2270-G | BOOTLID EMBLEM-HYBRID | 1 | 24.30 | 20.00 | 19.44 |
| 0006 04-01-0104-2271-G | BOOTLID EMBLEM-IONIQ | 1 | 31.30 | 20.00 | 25.04 |
| 0007 04-01-0101-0111-G | REAR BUMPER CLIPS | 10 L | 22.00 | 20.00 | 17.60 |
| 0008 04-01-0104-1150-A | REAR BUMPER MAT | 1 | 50.00 | | 50.00 |

SUB-TOTAL : 2,493.92

JOB NATURE

| | | |
|------------|--------------------|--------|
| 0000 PB | PANEL BEATING | 300.00 |
| 0001 SP | SPRAYPAINT CHARGE | 400.00 |
| 0002 17-01 | CHECK ALL LIGHTING | 20.00 |

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010045
ADDRESS : COMFORT TRANSPORTATION PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65508755

JOB NO : 305310928
REGN NO : SHD4024P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G2)
DATE OF REGN : 14.05.2019
DATE/TIME IN : 13.07.2019 09:05
ACCIDENT DATE : 12.07.2019

| JOB / PARTS DESCRIPTION | | QTY | IND | UNIT-PRICE | DISC% | AMOUNT |
|-------------------------|------------------------------|-----|-----|------------|-------|--------|
| 0003 20-00 | TUFF COAT ON AFFECTED PARTS. | | | 20.00 | | |
| 0004 L | R/I REVERSE SENSOR | | | 30.00 | | |

SUB-TOTAL : 770.00

TOTAL : 3,263.92



MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Luyang Drive Singapore 508969
Fax: 6546 8156

Our Job Ref No : 305310928
Date : 18/07/19

FINALIZATION FORM

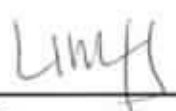
To : LKK Fax :
Attn : KALVIN ANG
Vehicle Reg No. : SHD4024P Date of Accident : 12-Jul-19


The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

- The repair job shall bill to: UOI --- YP4349M
- The finalized amount shall be:
 - Spare Parts after List discount \$2,493.92
 - Labour Charges \$770.00
 - Total for Part-By-Part Repair Cost \$3,263.92**
 - Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

- Estimated normal period for repairs: 3 working days.
- We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days
- Thank you for your assistance.

We confirm the estimates and
finalized amount

Signature : 
Name : LIM T S
Tel : 62148398
Fax : 65468156

Signature : 
Name : KALVIN
Date : 19/7/19

For Official Use Only

| Item | Amount | Document Attached Yes or No | Confirm By (Signature) | Remarks |
|------------------------------------------------------|--------|-----------------------------|------------------------|---------|
| 1. Rental Rate P/Day | | YES | | |
| 2. Loss of Income Paid | | NO | | |
| 3. Survey Fees | ----- | | | |
| 4. LTA Search Fee | \$7.49 | | | |
| 5. Medical Fees (on behalf of driver, if applicable) | | | | |
| 6. Overrun | | | | |

Remarks:




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 | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------|-----------------|------------------------------|-------------------------------------------------------------------------------------|
| UNITED OVERSEAS INSURANCE LTD | | | Ref : CS/UOI19012467/K1qf3n2 | |
| 3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909 | | | Date : 22-07-2019 |  |
| | | | Code : UOI2 | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | | |
| Insured Veh. | YP 4349M | Veh. Inspected | SHD 4024P | |
| Policy No. | | Coverage (\$) | 0.00 | |
| Claim No. | DHOM110153471602 | Excess (\$) | 0.00 | |
| Assign From | JENNY LEW | Assign Date | 15/07/2019 | |
| 2. Vehicle Particulars & Condition | | | | |
| Make & Model | HYUNDAI IONIQ | c.c | 1580 | |
| Engine No. | HIDDEN | Year of Reg. | 2019 | |
| Chassis No. | KMHC851CVKU146372 | Colour | BLUE | |
| Odometer | 25217 | Steering | IN ORDER | |
| Brakes | IN ORDER | Modification | STANDARD ALLOY RIM | |
| General | FAIR | | | |
| 3. Conditions of Tyres | | | | |
| | Size | Make | Balance | |
| R/H Front Tyre | 195/65 R15 | MICHELIN | 8 mm | |
| L/H Front Tyre | 195/65 R15 | MICHELIN | 8 mm | |
| R/H Rear Tyre | 195/65 R15 | MICHELIN | 8 mm | |
| L/H Rear Tyre | 195/65 R15 | MICHELIN | 8 mm | |
| 4. Description of Damages | | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. | | | | |
| DAMAGES SEE DETAILS. | | | | |
| 5. General Information | | | | |
| Accident Date | 12/07/2019 | Inspection Date | 15/07/2019 | |
| Survey held at | COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969 | | | |
| 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: | | | 3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 4024P

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|------------------------------------|-----------------------------------------------------|---------------|---------------------------|-------------------|
| <u>REPLACEMENT OF PARTS</u> | | | | |
| 1 | BOOT LID | BUCKLED | 2,480.40 | 2,480.40 |
| 1 | BOOT LID LOCK UPPER | SERVICEABLE | 224.00 | - |
| 1 | BOOT LID 'H' EMBLEM | NOT NECESSARY | 28.00 | - |
| 1 | EMBLEM - HYBRID | NECESSARY | 24.30 | 24.30 |
| 1 | EMBLEM - IONIQ | NECESSARY | 31.30 | 31.30 |
| 2 | EMBLEM - BLUE DRIVE (LH/RH) @\$26.60 | NOT NECESSARY | 53.20 | - |
| 1 | BOOT LID GLASS, UPPER | SERVICEABLE | 543.30 | - |
| 1 | BOOT LID GLASS, LOWER | SERVICEABLE | 384.90 | - |
| 1 | REAR BUMPER | DEFORMED | 459.40 | 459.40 |
| 2 | REAR BUMPER REINFORCEMENT BRACKET (LH/RH) @\$138.10 | SERVICEABLE | 276.20 | - |
| 1 | REAR BUMPER CENTRE NOULDING ASSY | SERVICEABLE | 451.25 | - |
| 1 | REAR BUMPER LOWER CENTRE MOULDING ASSY | SERVICEABLE | 47.50 | - |
| 2 | REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10 | SERVICEABLE | 66.20 | - |
| 10 | REAR BUMPER COVER CLIPS | NECESSARY | 22.00 | 22.00 |
| | LESS 20% DISCOUNT | | -1,018.39 | -603.48 |
| | | | 4,073.56 | 2,413.92 |
| <u>SPECIAL NETT ITEMS</u> | | | | |
| 1 | BOOT LID COMFORT LOGO STICKER (SN) | NECESSARY | 30.00 | 30.00 |
| 1 | REAR BUMPER REVERSE SENSOR (SN) | SERVICEABLE | 135.70 | - |
| 1 | REAR BUMPER RUBBER MAT (SN) | NECESSARY | 50.00 | 50.00 |
| | | | 215.70 | 80.00 |
| <u>LABOUR</u> | | | | |
| | PANEL BEATING. | | 400.00 | 300.00 |
| | SPRAY PAINTING CHARGE. | | 600.00 | 400.00 |
| | WIRING CHARGE. | | 50.00 | 20.00 |
| | TUFF KOTE. | | 50.00 | 20.00 |
| | REMOVE / REFIX REVERSE SENSOR. | | 120.00 | 30.00 |
| | - | | - | - |
| | - | | - | - |
| | - | | - | - |
| | | | 1,220.00 | 770.00 |
| GRAND TOTAL | | | 5,509.26 | 3,263.92 |

Report Ref No. CS/UOI19012467/K1qf3n2



| | | | |
|-----------------------------|--|--|----------|
| RECOMMENDED COST OF REPAIRS | | | 3,263.92 |
|-----------------------------|--|--|----------|

Report Ref No. CS/UOI19012467/K1qf3n2

KALVIN ANG WEI KUN

Automotive Assessor / Investigator

ADRIAN LING WAI PING

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

Licensed Appraiser

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