

ASS. REC. BY:

REF:

CS/FCI/10/13/17 / R1+d3<sup>SR</sup>

Special Instruction:

Assignment: ROBU

ASSIGNMENT (Office)

Out

From (Person): Severe Tan

of

FCI

Date/Time: 10:08am 16/8/19

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SHB 4711A

Insured:

SHB 4434L

at Workshop m/s

Ding Automotive

Tel:

96891857

of

31 Corporation Road

Policy No:

Claim No:

D19005088 MFst

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

01/08/2019

CA / REV / REP. / REV 24 HRS

IDS

H.O.D. Endorsement:

Date/Time:

10:42am 16/8/19

Person Contacted:

velan

Vehicle IN /

OUT

Date/Time

Action/Instruction

Estimate ✓

SHB 4711A -X

SHB 4434L -NS/INC/5013694/H/vbd

DOA: 12/8/15

call back on mandy & arrange.

22/8-

Revised via email. preli advise.

Part by Part \$734.49, (Red: 689.49; 40%)

ASS. REC. BY:

REF:

PEI

8359

## ASSIGNMENT

From:

Date:

21/8/19

Estimated Cost:

OD / TP / NS / TP RES / OD RES / EVA / INV / MV

To Inspect Vehicle No:

SHB 4711A

at Workshop m/s:

Ding Auto

of

31 Corporation Road

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

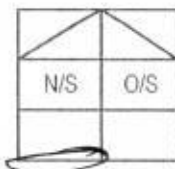
1130cm (waiting)

Velan

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.



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 (DS)

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SHB 4711A

Yr Regn:

2019 / July

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

Truck / Trailer or

Make:

Hyundai AE IONIQ 1.6 DCT C.C 1580

Colour:

yellow

A/C:

Insured / Std / NI / NA

Sp. Reading

6646

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

KMAH851CVKU 164847

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: 195/65R15

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

6 mm

R/Bal.

6 mm

L/Bal.

6 mm

L/Bal.

6 mm

D.O.A.

01/08/19

D.O.I.

21/08/19

Survey held at

DING AUTO

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

Rear N/S

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

RECEIVED 04 SEP 2019

39/2019

Date/Time, File Pass to?



Preli. Report

1) 319 Typist



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Week end (\$)

Survey Fee:

100

Transportation:

50

S + RS + SI

50

Photos

24

Others

TOTAL

224

Report Format:

TP

Lump Sum / H.R.:

734.49.

**MOTOR SURVEY ASSIGNMENT**

Date	05-08-2019	Our Ref No. D19005088MFSH
Accident Date	01-08-2019	Claim Type. Third Party
Insured Vehicle	SHB4439L	Third Party Vehicle. SHB4711A
Survey Location	31 CORPORATION ROAD	
Contact Person.	VADIVELAN MOHAN	
Contact No.	62657130/ 96891857	Fax No. 0
Survey Type	WITHOUT PREJUDICE: WE ADMIT LIABILITY QUANTUM TO BE AGREED:	
Appointed Surveyor	LKK AUTO CONSULTANTS PTE LTD	
Contact Person	NA	Fax No. 68416315
Contact Number.	NA	

**FOR DIRECT SETTLEMENT**

Please submit to us the Tax Invoice together with letter of claim for Rental OR Loss of use (based on NIMA Benchmark rates) together with your survey report.

**THIRD PARTY SURVEY REQUEST**

Cc : Workshop	DING AUTOMOTIVE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SERENE	

**IMPORTANT NOTE**

Kindly submit the survey report via CWS within 14 days for survey assignment and 7 days for re-inspection.  
This is a computer generated letter, no signature required.

## Denise Tay (LKKAuto)

---

**From:** Dd hashim <dd.hashim@dingauto.sg>  
**Sent:** Monday, 2 September 2019 2:38 PM  
**To:** Rasul (LKKAuto)  
**Cc:** Kelly Ding; claims; taxiscs  
**Subject:** Re: 50111914 / SHB4711A - Finalize Amount & Before Paint & After Repair Photo .  
(DOA:01/08/2019) (Update)

Dear Mr Rasul,

Thank you.

*~Best Regards~*  
SINCERELY  
DD HASHIM  
MOTOR CLAIMS OFFICER  
HP:+65 81160811  
FAX:+65 64520614

On Mon, Sep 2, 2019 at 2:33 PM Rasul (LKKAuto) <[Rasul@lkkauto.com](mailto:Rasul@lkkauto.com)> wrote:

Hi Dd,

Finalised amount confirmed

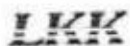
Best Regards,

**Rasul** | Assessor

**LKK Auto Consultants Pte Ltd**

Phone: 6256-3561 | email: [Rasul@lkkauto.com](mailto:Rasul@lkkauto.com) | fax: 6841-4315

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)



Auto  
Consultants  
Pte Ltd

*Save the Earth. Print only when necessary.*

**From:** Dd hashim [mailto:[dd.hashim@dingauto.sg](mailto:dd.hashim@dingauto.sg)]  
**Sent:** Friday, 30 August, 2019 2:03 PM  
**To:** Rasul (LKKAuto)  
**Cc:** Kelly Ding; claims; taxiscs



Auto  
Consultants  
Pte Ltd

51 UBI AVE 1, #01-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19005088MFSH

Date: 22/8/2019

Our Ref: CS/FCI19014317/R1td3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

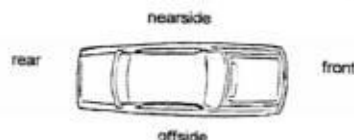
INITIAL INSPECTION REPORT OF VEHICLE NO. SHB 4711A

Please be informed that we had conducted the inspection of the abovementioned vehicle 21/8/2019 at the premises of M/s Ding Automotive have the following to report: -

Workshop Estimate Amount	: S\$ <u>1,423.98</u>
Revised Estimate Amount	: S\$ <u>734.49</u>
"Check" Items Amount	: S\$ <u>0.00</u>
Market Value	: S\$ <u>          </u>
LTA Reimbursement Value	: S\$ <u>          </u>
Nett Value	: S\$ <u>          </u>

Description of Damage:

The vehicle sustained damages at the rear n/s portion.



**Comments/ Present Status:**

Damages Consistent.

Yours faithfully

Rasul

Automotive Assessor

## 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	02/08/2019 11:23
Date Of Accident	01/08/2019 15:20
Exact Location Of Accident	ALONG AYE TOLL ROAD TOWARDS TUAS
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB4711A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	CITYCAB PTE LTD
Co Reg No	199502839G
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

### Vehicle Particulars

Manufacturer	HYUNDAI
Model	AE IONIQ HEV-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	TAXI

### Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-18088937MFSH
Cover Note Number	

### Driver

Name of Driver	LEE KUAY SENG
NRIC No	S0145187A
Date Of Birth	08/02/1953
Occupation	OUTDOOR
Date Of Driving Pass	04/08/1973
Driving Experience	45 YEARS AND 11 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-81253721
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	APT BLK 474 JURONG WEST STREET 41 #12-390 SINGAPORE
Postcode	640474
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	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)	4
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 3	NAME: : UNKNOWN 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 ATTACHMENT

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	FILE NOT SUITABLE
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SHB4439L
Vehicle Make/Model/Colour	COMFORT TAXI
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	

NRIC/Passport Number

Contact Number

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)



## Accident Sketch Plan Pg. 1

### 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: 2/8/2019 11:25

Reporting Centre Personnel's Signature  
Name: V671  
NRIC/FIN No.:

# Accident Sketch Plan Pg. 2

## SKETCH PLAN



## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ON 1 AUGUST 2019 ABOUT 1530 HOURS I WAS TRAVELING WITH MY TAXI [SHB4711A] ALONG AVE TOLL ROAD TOWARDS THIAS. AT TIME I HAVE 3 PASSENGER ON BOARDING. WHILE ON WAY JUST BEFORE EXIT 10A, TRAFFIC WAS SLOW SUDDENLY I FEEL BIG IMPACT FROM BEHIND. AFTER WHILE I REALIZED 1 VEHICLE [SHB4439L] COLLIDED ON MY VEHICLE REAR. NO INJURY WAS INVOLVED.

## 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: 2/8/2019  
1128

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

TO :

FAX NO:

**ESTIMATE REPORT** 1ST Quotation

21/08/2019 9:33

JOB-NO: 50111914

**OWNER'S PARTICULARS**

NAME: CityCab PTE LTD (Fleet)  
 ADDRESS: 383 SIN MING DRIVE  
 SINGAPORE 575717 0

CONTACT: 65533880  
 64739522

Page 1 of 1

**VEHICLE DETAILS**

LICENSE NO: SHB4711A TRANS: AUTO  
 MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI  
 OWNER'S INSURER: MS First Capital Insurance Limited  
 JOB-CODE: TP SA: Ding Auto User 2

CHASSIS: KMHC851CVKU164847  
 ENGINE: G4LEKU298674

**CLAIM DETAILS**

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<b>LABOUR</b>							
1 R&R REAR BUMPER CTR BLACK GARNISH	1.00	400.00	0.00	400.00		Y	
2 RESPRAY REAR CENTER BLACK GARNISH	1.00	200.00	0.00	200.00		Y	
TOTAL:		600.00	0.00	600.00			
<b>MATERIALS</b>							
1 REAR BUMPER CTR BLACK CHROME	1.00	486.86	97.37	389.49	L	Y	
2 REAR BUMPER CTR BLACK GARNISH	1.00	486.86	97.37	389.49	L	Y	
3 REAR NUMBER PLATE	1.00	45.00	0.00	45.00	S	Y	
TOTAL:		1,018.72	194.74	823.98			
TOTAL PARTS & LABOUR :		1,618.72	194.74	1,423.98			

EXCESS/LOADING: S\$ 0.00

No. Of Day: 2 daysRE-SURVEY BEFORE AFTER PAINTINGPART-BY-PART OR LUMP SUM: S\$DATE OF SURVEY: 21 / 08 / 19 01145SURVEYED BY: RossulCONTACT NO: 90010068 FAX NO: \_\_\_\_\_

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL: \_\_\_\_\_ FAX: \_\_\_\_\_

LKK Auto Consultant please notify the Repairer of the following:

- To resurvey before / after spray painting
- To display damaged parts during resurvey
- Parts prices are subject to confirmation
- Third party survey on a "Without Prejudice" basis
- No illegal modification allowed
- Supplement's Amount is not guaranteed and is subject to final assessment by the Insurance Company

Acknowledged by:

Signature:

Date:

G-STAR-WI-ET-001-02-Rev00

DENSE

TO :

FAX NO:

ESTIMATE REPORT 1ST Quotation

21/08/2019 9:33

JOB-NO: 50111914

## OWNER'S PARTICULARS

NAME: CityCab PTE LTD (Fleet)

CONTACT: 65533880

Page 1 of 1

ADDRESS: 383 SIN MING DRIVE  
SINGAPORE 575717 0

64739522

## VEHICLE DETAILS

LICENSE NO: SHB4711A

TRANS: AUTO

CHASSIS: KMHC851CVKU164847

MAKE / MODEL: HYUNDAI / AE IONIQ HEV 1.6 DI

ENGINE: G4LEKU298674

OWNER'S INSURER: MS First Capital Insurance Limited

JOB-CODE: TP

SA: Ding Auto User 2

## CLAIM DETAILS

DESCRIPTION	QTY	QUOTED COSTS	DISCOUNT	DISC PRICE	IND	SUR.DISP	REV PRICE
<b>LABOUR</b>							
1 R&R REAR BUMPER CTR BLACK GARNISH	1.00	400.00	0.00	400.00			
2 RESPRAY REAR CENTER BLACK GARNISH	1.00	200.00	0.00	200.00		Y	
TOTAL:		600.00	0.00	600.00			
<b>MATERIALS</b>							
1 REAR BUMPER CTR BLACK CHROME <i>X8u</i>	1.00	486.86	97.37	389.49	L	Y	
2 REAR BUMPER CTR BLACK GARNISH <i>de-</i>	1.00	486.86	97.37	389.49	L	Y	
3 REAR NUMBER PLATE <i>CR</i>	1.00	45.00	0.00	45.00	S	Y	
TOTAL:		1,018.72	194.74	823.98			
TOTAL PARTS & LABOUR:		1,618.72	194.74	1,423.98			

EXCESS/LOADING-SS 0.00

No. Of Day:

*2 days*RE-SURVEY BEFORE AFTER PAINTING

PART-BY-PART OR LUMP SUM: SS

DATE OF SURVEY: *21 / 08 / 19* *1145*

SURVEYED BY:

*RMSH*

CONTACT NO:

*90010068*

FAX NO:

NOTE: LUMP SUM AMOUNT WOULD BE REVISED IF SUPPLEMENT REPAIR IS REQUIRED

DAuto002

Ding Auto User 2

ESTIMATOR

STA AUTOCENTRE

TEL:

FAX:

*Part By part**Labour = \$ 300**S/N = \$ 45**Parts = \$ 389.49**Ltstp = \$ 734.49**Final Amount = \$ 734.49*




# 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				
MS FIRST CAPITAL INSURANCE LTD			Ref : CS/FCI19014317/R1td3s2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877			Date : 11-09-2019	
			Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>				
Insured Veh.	SHB 4439L	Veh. Inspected	SHB 4711A	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19005088MFSH	Excess (\$)	0.00	
Assign From	SERENE TAN	Assign Date	16/08/2019	
<b>2. Vehicle Particulars &amp; Condition</b>				
Make & Model	HYUNDAI AE IONIQ HEV 1.6 DCT	c.c	1580	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	KMHC851CVKU164847	Colour	YELLOW	
Odometer	6646	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	FAIR			
<b>3. Conditions of Tyres</b>				
	Size	Make	Balance	
R/H Front Tyre	195/65 R15	MICHELIN	6 mm	
L/H Front Tyre	195/65 R15	MICHELIN	6 mm	
R/H Rear Tyre	195/65 R15	MICHELIN	6 mm	
L/H Rear Tyre	195/65 R15	MICHELIN	6 mm	
<b>4. Description of Damages</b>				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION. DAMAGES SEE DETAILS.				
<b>5. General Information</b>				
Accident Date	01/08/2019	Inspection Date	21/08/2019	
Survey held at	31 CORPORATION ROAD			
Repairer	DING AUTO PTE LTD			
<b>5a. Remarks</b>				
A)DAMAGES CONSISTENT TO ACCIDENT REPORT. B)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. C)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.				
<b>5b. Estimate Days of Repair</b>				
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. SHB 4711A**

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	REAR BUMPER CTR BLACK CHROME	SERVICEABLE	486.86	-
1	REAR BUMPER CTR BLACK GARNISH	DEFORMED	486.86	486.86
	LESS 20% DISCOUNT		-194.74	-97.37
			778.98	389.49
	<b>SPECIAL NETT ITEMS</b>			
1	REAR NUMBER PLATE (SN)	CRACKED	45.00	45.00
			45.00	45.00
	<b>LABOUR</b>			
	R&R REAR BUMPER CTR BLACK GARNISH.		400.00	150.00
	RESpray REAR CENTER BLACK GARNISH.		200.00	150.00
			600.00	300.00
	<b>GRAND TOTAL</b>		<b>1,423.98</b>	<b>734.49</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>734.49</b>

Report Ref No. CS/FCI19014317/R1td3s2

**MOHAMMED RASUL BIN MOHD YUNUS**

Automotive Assessor

**ADRIAN LING WAI PING**

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

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.