autveyer	Kennuth		ASSIC	ENMENT (Of	lice)		82077
From (Person):	Daniel	koh	of	INC	I	Date/Time: 23.9.17	9.kfa.m
Estimates Cost.				Bill to:_			
OD FP WS				MV / CS		u. tr. P	
To Inspect Veh	00-00-	YP 170			Insured:	4L 552 P	
at Workshop m					Tel:	64814152	
of BIC 60:	92 #01	-193 A	mt Ind	ushial fort			
Policy No:				Claim	No: MT 1 105	7986-002	
Sum Insured:_				Exc			
Make of Veh:						D.O.A. 16.8. 2019	
(Client's Record)			"wp"				
CA / REV /			-1	A.a.	0.10	H.O.D. Endorsement:	
CA / REV /		m m m	Person Cont	soted: An	gela v	H.O.D. Endorsement: ehicle IN OUT	
Date/Time: >	1.8.19 101	mam	Person Cont	scion.	gela v	()	
	Action/Inst	muetion (Person Con	imate		ehicle IN OUT	
Date/Time: >	Action/Inst	nuction (P CS3 (Person Con	imate	9ela V	ehicle IN OUT	
Date/Time: >	Action/Inst	nuction (P CS3 (Person Con	imate		ehicle IN OUT	
Date/Time: >>> Date/Time	Action/Inst YL 552 YP 1790	ruction (P CS3 (c)	Person Coni SALIGO 24	imate 732/PHN352		ehicle IN OUT	
Date/Time: >	Action/Inst YL 552 YP 1790	nuction (P CS3 (Person Coni SALIGO 24	imate 732/PHN352		ehicle IN OUT	
Date/Time: >>> Date/Time	Action/Inst YL 552 YP 1790	ruction (P CS3 (c)	Person Coni SALIGO 24	imate 732/PHN352		ehicle IN OUT	

ASSIGNMENT

From: Dale: 22.8.2019	Veh No: YP / F995 YI	Regn. 0'3/ 16
Estimated Cost:	Type: M.Car / M.Cycle / Bus / Van / Vorry / T	axi / Prime Mover /
OD THE WS / TP RES / OD RES / EVA / INV / MV	Truck / Trailer or	
To Inspect Vehicle No: YP 17995	Make: Mit Cante	- 66 2998
at Workshop m/s Ching ching motor	Colour White A/C	Insured / Std / NI / NA
01 Blk 6032 \$101-293 AMK Industral Part 2	Sp.Reading 7/463 T/R	adio: Insured / Std / NI / NA
Insured:	Eng/No:	
Policy No.	C/No: 1283212	A.20239
Claims No.	Gen. Cond: Good/ Fair / Poor / Burnt	
Sum Insured: Excess:	Steering: Inorder? Jammed / Leaked / Burnt	or
(Client's Record)	Brake: Inorder / Jammed / Leaked / Burnt	t or
Make of Veh:	Modi: Nil / S/Rim / STD A/Rim or	Sug
4)	Tyre Size: F: Yolco -	
(Policy Condition)	R: BS 15	5.185R 1500)
Remark: The veh had commenced its N/S O/S	BS / DUN / EXNOVA / GY / FS / LIZA / MIC /	OHTSU / PIR / SUMI /
repair at the time of inspection.	TOYO/YOKO or	
Bal, or Market Value:	Front Re	ear.
IDAC Accident Rport: Consistent? : Yes or No	R/Bal. 6 mm R/	Bal. 8 9 mm
GIA / PR Seen: Consistent? : Yes or No	L/Bal. 6 mm L/I	Bal. 44 mm
Est. Repairs: 09 days Res.: Yes or No	D.O.A. 16/8/19 D.	O.L. 22/8/19/1/11a
Lum Sum: 20 % 3 Val.: Yes or No	Survey held at	
CA / REV / REP. / 24 HRS	Des. of Damages : Frt / Rear / O/S / N/S	/ U/C / Rooftop or
Vehicle: IN / OUT	NIS 197	
Date: Person Contacted:	The U/C / Chassis frame / Body Structure	cture affected due to collision,
Date / Time Action / Instruction		
RECEIVED 1 1 SEP	2019.	
RECLIVED		
Date/Time, File Pass to? : Prell. Report	Days Of Repair: 4	
i) : Final Report	Resurvey No. of Trip:	Survey Fee:
Date/Time, File Return to?	- posterior	ransportation:
2) 119- typist Add Fed	Assets Asset Assets Asset Assets Asset Assets Asset	_S+RSSI
	: Interview (\$	Photos
Report Formal : TP	: Tech. Invs (\$)	Others
Lance Come HD to Ch. non-1	Constitute	
Lump Sum / LBJ: (# 3950 2	:Weel end (\$)	250

Catherine Chong (LKK Auto)

From:

Daniel Koh <daniel.koh@income.com.sg>

Sent:

Thursday, 22 August, 2019 10:15 AM

To:

'assignments@lkkauto.com'

Cc:

admin-d@lkkauto.com

Subject:

FW: TP CASES FARMED OUT TO LKK ON 22/8/2019

Dear LKK,

Resend herewith claim ref. number & OIC

From: Daniel Koh

Sent: Thursday, 22 August 2019 9:47 AM

To: 'assignments@lkkauto.com' <assignments@lkkauto.com>

Cc: 'admin-d@lkkauto.com' <admin-d@lkkauto.com>; Teng Ken Leong <kenleong.teng@income.com.sg>; Thio Tse

Kiat <tsekiat.thio@income.com.sg>

Subject: FW: TP CASES FARMED OUT TO LKK ON 22/8/2019

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	OIV	DOA	Ad Re
1	DAVID PHUA	MT/1058265- 002	GBD8570Z	CARZ AUTO SERVICES PTE LTD	61 WOODLANDS INDUSTRIAL PARK E9 (E9 PREMIUM) #04-04 SINGAPORE 757047	Jeslyn Chua / 8322 7418		CB5965L	19/8/2019	
2	CHRYLLIS QUAH	MT/1058537- 002	XE4126J	CHENG HOE MOTOR PTE LTD	38 WOODLANDS INDUSTRIAL PARK E1 #05- 04/05 ADMIRALTY IND PARK SINGAPORE 757700	Efeeda / 67556142	10:00- 16:00	XD1384E	17/8/2019	
3	SERENE LIM	MT/1057986- 002	YP1799S	CHEONG CHEONG MOTOR SERVICE PTE. LTD.	BLK 5032 #01-293 ANG MO KIO INDUSTRIAL PARK 2	Angela Ng /		YL552P	16/8/2019	

š.,					SINGAPORE 569535					
4	JARED LIU	MT/1058602- 002	SLR6843H	L SOON AUTO SERVICES	10 ANG MO KIO INDUSTRIAL PARK 2A #03- 18 AMK AUTOPOINT SINGAPORE 568047	/ 6482 1513		GX7292T	19/8/2019	
5	WO JESSIE	MT/1058786- 001	SHC2924K	SOON HOCK MOTOR PTE LTD	10 ANG MO KIO IND PK 2- A #01-05/06 AMK AUTOPOINT SINGAPORE 568047	Lynn or Ms Irene / 65425119		SGU8990X	13/8/2019	654 or (
6	AZHARI	MT/1058175- 002	PA9030J	THE ONE HOLDINGS PTE LTD	8 WOODLANDS INDUSTRIAL PARK E3 WOODLANDS INDUSTRIAL PARK E SINGAPORE 757786	Muhd.Hilmi Deres / 97480340	10:00- 12:00	SLZ2322D	16/8/2019	

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Daniel Koh Senior Admin Assistant Motor Insurance T+65 6430 7901

www.income.com.sg











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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle Vehicle Owner Particulars Company Owner ID Type: 892K Owner ID: Vehicle Details YP1799S Vehicle No.: No Vehicle to be Exported: 23 Aug 2019 Intended Deregistration Date: MITSUBISHI Vehicle Make: CANTER FEB21ER4SDEB (CBU) Vehicle Model: White Primary Colour: 2015 Manufacturing Year: 4P10C00913 Engine No.: FEB21EA20239 Chassis No.: Maximum Power Output: \$29,920.00 Open Market Value: 16 Mar 2016 Original Registration Date: 16 Mar 2016 First Registration Date: 0 Transfer Count: \$1,496.00 Actual ARF Paid: Intended PARF Rebate Details No PARF Eligibility: PARF Eligibility Expiry Date: \$0.00 PARF Rebate Amount: Intended COE Rebate Details 15 Mar 2026 COE Expiry Date: C - Goods Vehicle & Bus COE Category: 10 COE Period(Years): \$5,033.00 PQP Paid: \$3,299.00 COE Rebate Amount: \$3,299.00 Total Rebate Amount:

The information contained herein is correct as at 23 Aug 2019

OK

MVA219107339-02 / VAC - Sin Ming ENTRY DATE & TIME: 16/08/2019 12:38 SUBMITTED BY: CHRISTINA ONG Mui Lan

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- 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.

- 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.

The Name of the Control of the Contr	ACCIDENT STATEMENT	
Date Of Report	16/08/2019 12:38	
Date Of Accident	16/08/2019 10:30	
Exact Location Of Accident	NO 22 WOODLANDS LINK S(738734) CARPARK	
Country/State of Loss	SINGAPORE	

	DETAILS OF OWN VEHICLE	
Vehicle Registration Number	YP1799S	

Insured/Policyholder

Country/State of Loss

HONG CHENG AIR-CONDITIONING ENGINEERING PTE LTD Name Of Registered Owner

Co Reg No

HONGCHENG.AIRCONDITIONING@GMAIL.COM Email Address

(LOCAL) +65-90907426 Mobile Phone No Alternative Phone No OFFICE-90907426

Vehicle Particulars

MITSUBISHI Manufacturer CANTER Model

Exact Purpose for which vehicle was being used at WORK PURPOSE

time of accident

Are you claiming under your own insurance policy

for repair to your vehicle?

If No, Please state action to be taken

THIRD PARTY

NO

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

Name of Insurance Company MSIG INSURANCE (SINGAPORE) PTE. LTD.

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

A29117735MKC (COMP) Policy Number

Cover Note Number

Driver

THIYAGARAJAN SATHISKUMAR Name of Driver

G6619540L NRIC No 14/07/1988 Date Of Birth OUTDOOR Occupation 15/02/2013 Date Of Driving Pass

6 YEARS AND 6 MONTHS **Driving Experience**

MALE Gender

Mobile Number +65-90862469

Fax Number

OTHERS-90862469 Contact Number

EMail Address NOEMAIL Address

Postcode

Was driver an employee of the Insured's Company YES

If No, Relationship of the Driver with the Insured

Vehicle Registration Number of Driver's Own

Vehicle

Insurance Company of Driver's Own Vehicle

General Information of the Accident

SIDE SWIPE Type Of Accident CLEAR Weather Conditions DRY Road Surface

Other Information

ambulance?

Was any foreign vehicle involved in this accident? NO

Number of vehicles (including own vehicle)

involved in the accident

2

NO Was any body injured in the Accident?

Was any injured conveyed to hospital by

NO YES

Was any other material or property damaged?

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 TO STATEMENT ATTACHED. (ATTENDED BY CHRISTINA)

Attachment(s)

Are accident photos available for attachment?

YES

Was there any video captured by Car Camera?

YES

Was there any audio recorded?

NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

YL552P

Vehicle Make/Model/Colour

Details Of Properties

Vehicle Category

COMMERCIAL VEHICLE

Name of Driver NRIC/Passport Number WANG BIN 077265589

Contact Number

90616089

Address

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

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.
- 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.
- 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.
- 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
- 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:

40 8-26-20 May 19-5-19

- 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:
 - 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.

T. Safe (2) 16 AUG 2019

CENTRE VICE

Policyholder's Signature Date & Time: Driver's Signature (If driver is not the policyholder) Date & Time: Reporting Centre Personnel's Signature Name: NRIC/FIN No.:

Sketch Plan #2 Pg. 1

SKETCH PLAN	X	
	CY Pax Dove	
1 1 9		
—— ——		
	1 / Cax Pay	1 49179
		B-YN 532
ESCRIBE CIRCUMSTANCES	OF THE ACCIDENT	DOA - 16/8/1
Lam Vi	gle A 1 Coming	to Car Park Out
time Setun		Coming Out No See
The Side		haran he neway
	The state of the s	1
lisan Bea	ize he is tell	Phone tay action
offer a	of So he 13 au	Phone
	×	
	100	
		[9]
		The state of the s
411	59	
	(t	
	*	14
ECLARATION		
	iculars are true in every respect.	EHT CENTE
	- 1.10	18 AUG 7019
	To salle	AUG 200
'olicyholder's Signature	Driver's Signature	Reporting Centre Personnel's Signature
Date & Time:	(If driver is not the policyholder)	Name:
	Date & Time:	NRIC/FIN No.:

CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND. PARK 2 #01-293 SINGAPORE 569535

TEL: 6481 4152 FAX: 6481 4157 e-mail: c2msvc@singnet.com.sg

Our Ref : 0648/08/2019

Date: 22/08/2019

M/S

: NTUC INCOME INSURANCE CO-OPERATIVE LTD

75 BRAS BASAH ROAD NTUC INCOME CENTRE SINGAPORE 189557

Not Northanks LIEn 83950/ Resony After Pains

ACCIDENT REPAIR ON

: YP 1799 S - MITSUBISHI CANTER FEB21ER4SDEB(CBU)

CHASSIS NO

: FEB21EA20239

DATE OF ACCIDENT

: 16/08/2019

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED :-

REPLACEMENT OF PARTS

1 FRONT LEFT HEADLIGHT

2 FRONT LEFT SIDE LAMP

3 FRONT BUMPER

4 FRONT LEFT BUMPER GARNISH

5 LEFT STEPBOARD GARNISH

6 FRONT LEFT DOOR

7 FRONT LEFT DOOR HINGE TOP

8 FRONT LEFT DOOR HINGE LOWER

25/LESS : 10%

S\$ S\$ Mgin 507.41 77/1 223.35 -1010-30 Bu 100,30 -MIY 353.70 L Dd/lm 622.40 4 2,071.50 U n 162.54 x 71 162.54 4.203.74 420.37

3,783.37

LABOUR CHARGES :

9 KNOCKING PUSH OUT LEFT SIDE ACCIDENT AREAS STRIP / REFIT ABOVE ACCESSORIES

10 SPRAY PAINT & SPRAY ANTI-TUFF-KOTE ON LEFT ACCIDENT AREAS with company logo Fou Se 850.00 55et

800.00 For 5,433,37 62.52.37



LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting.
- To display duringed part(s) during resurvey
- Parts prices are subject to confirmation
- Third party survey is on a "Wilnout Projudice" basis
- No illegal modification(s) is allowed.
- Supplementary fam(s) must be resurveyed and is subject to final approval from Insurance Company.

CHEONG CHEONG MOTOR SERVICE PTE LTD

BLK 5032 ANG MO KIO IND. PARK 2 #01-293 SINGAPORE 569535

TEL: 6481 4152 FAX: 6481 4157 e-mail: c2msvc@singnet.com.sg

Our Ref : 0648/08/2019

Page : 1

Date : 22/08/2019

M/S

: NTUC INCOME INSURANCE CO-OPERATIVE LTD

75 BRAS BASAH ROAD NTUC INCOME CENTRE SINGAPORE 189557

ACCIDENT REPAIR ON

: YP 1799 S - MITSUBISHI CANTER FEB21ER4SDEB(CBU)

CHASSIS NO

: FEB21EA20239

DATE OF ACCIDENT

: 16/08/2019

APPENDED BELOW ARE THE ESTIMATED COST OF REPAIR & PARTS TO BE REPLACED :-

REPLACEMENT OF PARTS		S\$	S\$
1 FRONT LEFT HEADLIGHT		507.41	
2 FRONT LEFT SIDE LAMP		223.35	
3 FRONT BUMPER		1,010.30	
4 FRONT LEFT BUMPER GARNISH		353.70	
5 LEFT STEPBOARD GARNISH		622.40	
6 FRONT LEFT DOOR		2,071.50	
7 FRONT LEFT DOOR HINGE TOP		162.54	
8 FRONT LEFT DOOR HINGE LOWER		162.54	
		5,113.74	
	LESS: 10%	511.37	
			4.602.37

LABOUR CHARGES :

9 KNOCKING PUSH OUT LEFT SIDE ACCIDENT AREAS STRIP/REFIT ABOVE ACCESSORIES

850.00

10 SPRAY PAINT & SPRAY ANTI-TUFF-KOTE ON LEFT ACCIDENT AREAS

800.00 6.252.37





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 ASSES	SMENT REPORT	
NTU	C INCOME INSUR	ANCE CO-OPERATIVE LTD	Ref: CS/INC19014782/	Kvf3n2
		D UNION HOUSESINGAPORE	Date: 13-09-2019	
ATT	N: SERENE LIM		Code: INC	
1.		Policy Particulars	:- THIRD PARTY CLAIM	
	Insured Veh.	YL 552P	Veh. Inspected	YP 1799S
	Policy No.		Coverage (\$)	0.00
	Claim No.	MT/1057986-002	Excess (\$)	0.00
	Assign From	DANIEL KOH	Assign Date	22/08/2019
2.		Vehicle Parti	culars & Condition	
	Make & Model	MITSUBISHI CANTER	c.c	2998
	Engine No.	HIDDEN	Year of Reg.	2016
	Chassis No.	FEB21EA20239	Colour	WHITE
	Odometer	71463 KM	Steering	IN ORDER
	Brakes	IN ORDER	Modification	NIL
	General	GOOD		
3.		Condit	ions of Tyres	
		Size	Make	Balance
	R/H Front Tyre	195/85 R15	YOKOHAMA	6 mm
	L/H Front Tyre	195/85 R15	YOKOHAMA	6 mm
	R/H Rear Tyre	195/85 R15 (D)	BRIDGESTONE	4/4 mm
	L/H Rear Tyre	195/85 R15 (D)	BRIDGESTONE	4/4 mm
4.		Descripti	on of Damages	
	THE VEHICLE SU	STAINED DAMAGES AT THE N	S FRONT PORTION.	
5.		Genera	al Information	ALESSA MERCENTE
	Accident Date	16/08/2019	Inspect Date / Time	22/08/2019 (11:11 AM
	Survey held at	CHEONG CHEONG MOTOR S BLK 5032 ANG MO KIO INDUS #01-293 SINGAPORE 569535		
5a.		R	temarks	
		ON WAS CONDUCTED ON A"WI CE TO YOUR INSTRUCTIONS, V		
5b.		Estimate	Days of Repair	
	ESTIMATED NOR	MAL PERIOD FOR REPAIR:	4 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. YP 1799S

Qty	Description of Parts	Condition	Estimate By Workshop (\$))	Our Adjusted (\$)
	REPLACEMENT OF PARTS		7000000000	0
1	FRONT LEFT HEADLIGHT	MTG CRACKED	507.41	507.41
1	FRONT LEFT SIDE LAMP	MISSING	223.35	223.35
1	FRONT BUMPER	BUCKLED	1,010.30	1,010.30
1	FRONT LEFT BUMPER GARNISH	MISSING	353.70	353.70
1	LEFT STEPBOARD GARNISH	DENTED / CUT	622.40	622.40
1	FRONT LEFT DOOR	BENT	2,071.50	2,071.50
1	FRONT LEFT DOOR HINGE TOP	TO REPAIR SEE LABOUR	162.54	
1	FRONT LEFT DOOR HINGE LOWER	DISTORTED	162.54	162.54
	LESS 10% DISCOUNT		-511.37	
	LESS 25% DISCOUNT			-1,237.80
			4,602.37	3,713.40
	LABOUR			
	KNOCKING PUSH OUT LEFT SIDE ACCIDENT AREAS.STRIP/REFIT ABOVE ACCESSORIES.INCLUSIVE OF THE REPAIR OF FRONT LEFT DOOR HINGE TOP.		850.00	550.00
	SPRAY PAINT & SPRAY ANTI-TUFF-KOTE ON LEFT ACCIDENT AREAS WITH COMPANY LOGO.		800.00	700.00
			1,650.00	1,250.00
	GRAND TOTAL		6,252.37	4,963.40
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			3,950.00

(CONFIRMED)

Report Ref No. CS/INC19014782/Kvf3n2

KONG SENG CHEONG

Licensed Appraiser

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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