

ASS. REC. BY:

REF:

C/INC19015257/Klyd3^{nt}

Special Instruction:

Surveyor: KALVIN

ASSIGNMENT (Office)

From (Person): Daniel Koh

of

INC

Date/Time: 29/8/19 @ 9.40am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No.:

SHD 1507H

Insured:

SLP 2360X

Workshop n/s

premier Automotive

Tel:

65446689

of

23 Changi South Ave 2# 0102

Policy No.:

Claim No.:

M7/1059881-001

Sum Insured:

Excess:

Make of Veh:

D.O.A.

27/8/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

9.40am 29/8/19

Person Contacted:

Mr. Hiew

Vehicle: IN/OUT

Date/Time	Action/Instruction
	1. Shrinkle ✓
	SHD 1507H-CC3/AIG13021315/Ysa 3w2
	SLP 2360X-X

DOA: 10/11/2013

(08/11/13)

Surveyor: Kalvin

REF: _____

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 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: SHD 1507H Yr Regn: 17 Oct 2017Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Hyundai 230 C.C. 1582Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 194592 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: TMA 07814VHJ.14 2086Gen. Cond: Good / Fair / Poor / BurntSteering: In order / Jammed / Leaked / Burnt orBrake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 195/65R15

R: _____

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

TOYO / YOKO or

Maxxis

Front

Rear

R/Bal. 7 mm R/Bal. 7 mmL/Bal. 7 mm L/Bal. 7 mmD.O.A. 27/8/19 D.O.I. 29/8/19Survey held at Premier 12.10pm

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

2/9/19 Continued 4/5 \$1300 / 2 Days (Red 2677-01, 67%) INE

RECEIVED 02 SEP 2019

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 2/9/19 - Typist

Report Format:

Lump Sum / I.B.I. (\$) 1300/=Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invs (\$)☐ : Weekend (\$)

Survey Fee:

Transportation:

____ \$ + RS, ____ SI

Photos

Others

TOTAL

250

Nivitha (LKK Auto)

From: Daniel Koh <daniel.koh@income.com.sg>
Sent: Thursday, 29 August 2019 9:57 AM
To: 'assignments@lkkauto.com'
Cc: admin-d@lkkauto.com
Subject: FW: TP CASES FARMED OUT TO LKK ON 29/8/2019

Dear LKK,

Resend with claim numbers and O.I.C.

From: Daniel Koh
Sent: Thursday, 29 August 2019 9:40 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 29/8/2019

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
1	JEFF LIN 001	MT/1058780-001	FBN3841Y	LOOI'S MOTOR	55 KAKI BUKIT PLACE SINGAPORE 416230	CK / 6743 1072	10:00-12:00	SKQ5113E	19/8/2019

2	CYNDIE YONG	MT/1056286- 002	SHD1073S	PREMIER AUTOMOTIVE SERVICES PTE LTD	23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443	Mr Goh / 6544 6682	GX4114U	2/8/2019
3	W/O JESSIE	MT/1059881- 001	SHD1507H	PREMIER AUTOMOTIVE SERVICES PTE LTD	23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443	Mr Goh / 6544 6682	SLP2360X	27/8/2019
4	JEFF LIN	MT/1059794- 002	SJV5967T	VISION AUTOWORK PTE. LTD.	KAKI BUKIT AVENUE 4 #08-09 PREMIER @ KAKI BUKIT	Michelle / 9856 4815	GBG8968U	26/8/2019

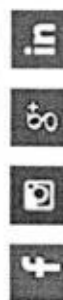
Please contact workshops.

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

income
made different



At Income, we are 'In with You' on Performance, Growth, Innovation and Impact. These attributes reflect what we promise as an employer and what we want our people to exemplify.
Find out more at income.com.sg/careers

in with you

Disclaimer

This e-mail contains privileged or confidential information which is intended only for the use of the recipient(s) named above. If you have received this message in error, please notify the sender immediately and delete all copies of it. Thank you.

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	28/08/2019 11:30
Date Of Accident	27/08/2019 16:40
Exact Location Of Accident	BT TIMAH ROAD IN FRONT OF BALMORAL PLAZA
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1507H
Insured/Policyholder	
Name Of Registered Owner	PREMIER TAXIS PTE LTD
Co Reg No	200304975H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-62148880

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I30 (FD)-1.6 DOHC (A)
Exact Purpose for which vehicle was being used at time of accident	HIRED & REWARDS
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	NTUC INCOME INSURANCE CO-OPERATIVE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	YES
Policy Number	5107202885
Cover Note Number	

Driver

Name of Driver	LIEW KUM CHEE
NRIC No	S0147124D
Date Of Birth	18/06/1953
Occupation	OUTDOOR
Date Of Driving Pass	04/01/1978
Driving Experience	41 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96507505
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 4 #07-5013 MARSILING ROAD
Postcode	730004
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?	YES
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: : PAX IN THE REAR SEAT - MALAY 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

VEH. A - 1 PAX VEH. B - SOME PAX

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	SLP2360X
Vehicle Make/Model/Colour	PTE CAR
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	MR TYPRIAN TEO
NRIC/Passport Number	
Contact Number	85246609
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name	FEMALE MALAY - PAX IN THE REAR SEAT
Approximate Age	
Injuries Sustain	COMPLAINING OF BACK PAIN & WILL SEEK FOR MEDICAL
Injured person in which vehicle?	SHD1507H
Were seat belts worn?	
Was this injured conveyed to hospital by ambulance?	NO
Address	
Postcode	

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.

29 AUG 2019



Policyholder's Signature

Date & Time:

Driver's Signature

(if driver is not the policyholder)

Date & Time:

29/8/2019 10:24
SHD 1507-11

Reporting Centre Personnel's Signature

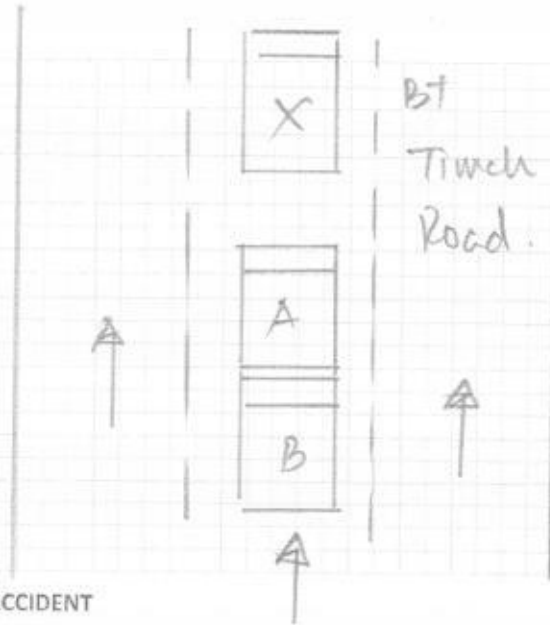
Name:

NRIC/FIN No.:

Sketch Plan Pg. 2

SKETCH PLAN

Balwara Plaza



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHD 1507H

B: SLP 2360X

DECLARATION

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

29 AUG 2019

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

29/08/2019 10

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

Describe Circumstance of the Accident.

ON 27/08/2019 @ 1640HRS, I WAS DRIVING MY TAXI (SHD 1507 H) – TRAVELLING ALONG BT TIMAH ROAD, WITH A PASSENGER ONBOARD, IN THE MIDDLE LANE.

I STOPPED MY TAXI AS VEHICLES AHEAD OF ME STOPPED DUE TO RED TRAFFIC LIGHT & STARTED TO MOVE OFF FORWARD AS VEHICLES WERE MOVING OFF BUT SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SLP 2360 X – PTE CAR) WHICH WAS BEHIND ME, HAD COLLIDED ONTO THE REAR OF MY TAXI.

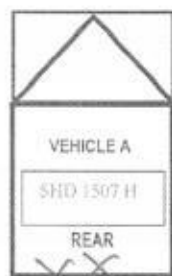
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION AND NO VISBILE DAMAGES TO VEHICLE B.

MY PASSENGER – FEMALE MALAY WHO WAS IN THE REAR SEAT, COMPLAINING OF SOME BACK PAIN & WILL SEEK FOR MEDICAL TREATMENT. NO AMBULANCE AT SCENE.

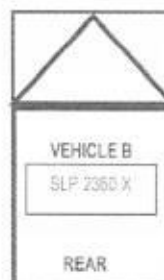
VEHICLE B HAD PASSENGERS ONBOARD.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE



[Signature] 601471241D

Driver's Signature & NRIC Number
Wednesday, August 28, 2019 @ 11:41:21 AM

(attended by *[Signature]*)

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H
Owner ID Type: Company
Owner Name: PREMIER TAXIS PTE. LTD.
Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
Mailing Address: -
Birth Date: -

Vehicle Particulars

Vehicle No.: SHD1507H
Previous Vehicle No.: -
Effective Date of Ownership: 17 Oct 2017
Original Regn Date: 17 Oct 2017
Registration Date: 17 Oct 2017
Year of Manufacture: 2017
Vehicle Type: Public Transport Taxi (Motor Car)
Vehicle Scheme: Taxi (Company)
Vehicle Attachment 1: Air-Con (Taxi)
Vehicle Attachment 2: -
Vehicle Attachment 3: -
Vehicle Make: HYUNDAI
Vehicle Model: I30 GDH 1.6 TCI 5DR DCT
Primary Colour: Silver
Secondary Colour: -
Passenger Capacity: 4
Chassis No.: TMAD281UVHJ142086
Engine No.: D4FBHZ173218
Engine Capacity/Power Rating: 1582 cc / -
Maximum Power Output: 100.0 kW (134 bhp)
Propellant: Diesel
Max Unladen Weight: 1496 kg
Maximum Laden Weight: 1940 kg
Open Market Value: \$20,019.00

PREMIER AUTOMOTIVE SERVICES PTE LTD

23 CHANGI SOUTH AVENUE 2 #01-02

SINGAPORE 486443

TEL: 65446676 / 65446689 FAX: 62141511

CO. REG:200707743D GST REG:200707743D

28-Aug-19

ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD 1507 H

1 pc	Emblem I30	ne	\$	27.80
1 pc	Emblem CRDI	ne	\$	29.40
1 pc	Emblem Hyundai	X m	\$	29.40
1 pc	Rear bumper	Repaired	\$	811.11
1 pc	Rear bumper sponge	X sm	\$	79.20
1 pc	Rear bumper reinforcement	X sm	\$	815.64
1 pc	Rear bumper reinforcement centre	X sm	\$	79.20
2 pcs	Rear bumper n/s & o/s side bracket @ \$52.20	X sm	\$	104.40
1 pc	Tailgate lower garnish	X repair	\$	362.61
			\$	2,338.76
			Less 20%	\$ 467.75
			\$	1,871.01

S/NETT

1 set	Rear bumper clips	ne	\$	48.00
1 set	Reverse sensor	shorted	\$	280.00 200
1 set	Tailgate stickers	ne	\$	100.00
1 set	Tailgate lower garnish clips	X m	\$	28.00
Sundry ne			\$	50.00 20
To dismantle and replace reverse sensor and test system			\$	80.00 50
To labour charge for dismantle and renew the accident damaged parts. Including to knock-out, straighten, repair, reshape of the tailgate, end panel, etc			\$	600.00 200
To putty and spray painting on the rear bumper, tailgate, tailgate lower garnish, end panel, tailgate			\$	800.00 360
To apply rustproofing on the repaired and replaced panels			\$	120.00 X m
Total			\$	3,977.01

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE ANY UNFORESEEN DAMAGES.

Ka lah 16/11/19
29/8/19 1725h
2 Days
P/P
Before Paint



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/INC19015257/K1yd3n2

73 BRAS BASAH ROAD

Date: 04-09-2019

#05-01 NTUC TRADE UNION HOUSESINGAPORE

189556



ATTN: JESSIE WO

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SLP 2360X	Veh. Inspected	SHD 1507H
Policy No.		Coverage (\$)	0.00
Claim No.	MT/1059881-001	Excess (\$)	0.00
Assign From	DANIEL KOH	Assign Date	29/08/2019

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI I30	c.c	1582
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	TMAD281UVHJ142086	Colour	SILVER
Odometer	194592 KM	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	MAXXIS	7 mm
L/H Front Tyre	195/65 R15	MAXXIS	7 mm
R/H Rear Tyre	195/65 R15	MAXXIS	7 mm
L/H Rear Tyre	195/65 R15	MAXXIS	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	27/08/2019	Inspect Date / Time	29/08/2019 (12:10 PM)
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		

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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 1507H

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	EMBLEM I30	NECESSARY	27.80	27.80
1	EMBLEM CRDI	NECESSARY	29.40	29.40
1	EMBLEM HYUNDAI	NOT NECESSARY	29.40	-
1	REAR BUMPER	DEFORMED	811.11	811.11
1	REAR BUMPER SPONGE	SERVICEABLE	79.20	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	815.64	-
1	REAR BUMPER REINFORCEMENT CENTRE	SERVICEABLE	79.20	-
2	REAR BUMPER N/S & O/S SIDE BRACKET @\$52.20	SERVICEABLE	104.40	-
1	TAILGATE LOWER GARNISH	TO REPAIR SEE LABOUR	362.61	-
	LESS 20% DISCOUNT		-467.75	-173.66
			1,871.01	694.65
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIPS (SN)	NECESSARY	48.00	48.00
1	SET REVERSE SENSOR (SN)	SHORTED	280.00	200.00
1	SET TAILGATE STICKERS (SN)	NECESSARY	100.00	100.00
1	SET TAILGATE LOWER GARNISH CLIPS (SN)	NOT NECESSARY	28.00	-
1	SUNDRY (SN)	NECESSARY	50.00	20.00
			506.00	368.00
LABOUR				
	TO DISMANTLE AND REPLACE REVERSE SENSOR AND TEST SYSTEM.		80.00	30.00
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS.INCLUDING TO KNOCK-OUT,STRAIGHTEN,REPAIR,RESHAPE OF THE TAILGATE,END PANEL,ETC.INCLUSIVE OF THE REPAIR OF TAILGATE LOWER GARNISH.		600.00	200.00
	TO PUTTY AND SPRAY PAINTING ON THE REAR BUMPER,TAILGATE,TAILGATE LOWER GARNISH,END PANEL,TAILGATE.		800.00	360.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.	NOT NECESSARY	120.00	-
			1,600.00	590.00

Report Ref No. CS/INC19015257/K1yd3n2