

ASS. REC. BY:

REF: CS/FCI/9015638/RKF3<sup>52</sup>

Special Instruction:

SURVAYOR: RASU

## ASSIGNMENT (Office)

From (Person): HUNRY KAO

of

FCI

Date/Time: 4.9.19 10.17a.m

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SBS 33435

Insured: SHB 2136 Z

at Workshop m/s TOWER TRANSIT

Tel: 91990075

of 21 Bulim Drive Bulim Bus Depot

Policy No:

Claim No: D19005654MFSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 30.8.19

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 4.9.19 10.00a.m

Person Contacted:

Lynn

Vehicle IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SBS 33435 - X
	SHB 2136 Z - AS/IN (150030831 Right) P.O.A - 16/04/2015
05/09/19 @ 17:08 pm	revised PA to Henry via email.

## ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No: SBS 33435

at Workshop m/s Tower TRANSIT

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

Vehicle: IN / OUT

Date: Person Contacted:

Veh No:

SBS 33435

Yr Regn:

2013 / MAY

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

Truck / Trailer or

Make:

VOLVO B9TL 9.4 D A

c.c 9364

Colour:

GREEN

A/C:

Insured / Std / NI / NA

Sp. Reading

397213

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

4V3S 4P927DA160419

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size:

F: 275/70R22-5

R:

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

TOYO / YOKO or

Front

Rear

R/Bal.

8

mm

R/Bal.

8/8

mm

L/Bal.

8

mm

L/Bal.

8/8

mm

D.O.A.

30/08/19

D.O.I.

04/09/19

Survey held at

Tower TRANSIT

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

Frt o/s

The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time

Action / Instruction

Rand Confirmed P/P R 970 @ 2 days with Lynn  
( \$ 2,330.51 Red - 71% )

9/1/2020

RECEIVED 09 JAN 2020

Date/Time, File Pass to?

09/01/20

1) Typ: 4

Date/Time, File Return to?

2)



Preli. Report



Final Report

Days Of Repair: 2

Resurvey No. of Trip: 1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Week end (\$)

Survey Fee:

Transportation:

S + RS \$

Photos

Others:

TOTAL

130

50

50

21

251

Report Form:

Lump Sum / P/P R 970/- P/P

**MOTOR SURVEY ASSIGNMENT**

Date	02-09-2019	Our Ref No. D19005654MFSH
Accident Date	30-08-2019	Claim Type. Third Party
Insured Vehicle	SHB2136Z	Third Party Vehicle. SBS3343S
Survey Location	21 BULIM DRIVE BULIM BUS DEPOT	
Contact Person.	LYNN AHMAD (MS)	
Contact No.	68171747/ 91990025	Fax No. 0
Survey Type	WITHOUT PREJUDICE:	
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	TOWER TRANSIT SINGAPORE PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	HENRY KAO	

**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.

## Shirley Hiew (LKK Auto)

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**From:** Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>  
**Sent:** Wednesday, 8 January 2020 3:03 pm  
**To:** Rasul (LKKAuto)  
**Cc:** Shirley Hiew (LKK Auto); Wu Tzu Ying; Subramanian Kasi  
**Subject:** RE: AFTER REPAIR PHOTOS AND FINALISATION : SBS3343S DOA - 30/08/2019

Dear Rasul

We agree with your \$970 before GST with 2 working days of repair.  
Please advice, LOD submission to your side of MSFCIL direct ?

Thank You

Best Regards

**Lynn Ahmad (Ms)**

Senior Executive, Claims

Office +65 6248 0987 | Mobile +65 9199 0025

Email [bazlin.ahmad@towertransit.sg](mailto:bazlin.ahmad@towertransit.sg)

Working hours : Mon - Fri ~ 9am - 6pm

Close on Sat, Sun & PH

**Tower Transit Singapore Pte Ltd**

21 Bulim Drive, Bulim Bus Depot, Singapore 648170

Registration number 201419417K

[www.towertransit.sg](http://www.towertransit.sg)



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**From:** Rasul (LKKAuto) <Rasul@lkkauto.com>  
**Sent:** Wednesday, 8 January, 2020 10:36 AM  
**To:** Bazlin Ahmad <Bazlin.Ahmad@towertransit.sg>  
**Cc:** Shirley Hiew (LKK Auto) <ShirleyHiew@lkkauto.com>  
**Subject:** RE: AFTER REPAIR PHOTOS AND FINALISATION : SBS3343S DOA - 30/08/2019

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**THIS EMAIL IS FROM AN EXTERNAL SOURCE – Do not click links or open attachments unless you recognise the sender/email.**  
If in doubt, please check with IT Support!

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Hi Bazlin,

Finalised amount for this case is \$970 / 2 days of repair  
Kindly confirm

**Re: SURVEY ASSESSMENT - D19005654MFSH/1**

Shirley Hiew (LKK Auto)

Thu 5/9/2019 5:08 PM

To: 'Henry Kao' <HenryKao@msfirstcapital.com.sg>; 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>  
Cc: SUR <sur@lkkauto.com>; assignments <assignments@lkkauto.com>

1 attachments (80 KB)

PRELI ADVISE - SBS 3343S.pdf;

Dear Henry,

Enclosed preliminary revised of vehicle SBS 3343S.

Thank you.

Best Regards,

Shirley Hiew | Case Handler

**LKK Auto Consultants Pte Ltd**Phone: 6256-3561 | email: [Sur@lkkauto.com](mailto:sur@lkkauto.com) | fax: 6256-4315

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

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**From:** Admin-D (LKKAuto) <admin-d@lkkauto.com>**Sent:** Thursday, 5 September 2019 7:48 AM**To:** 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>**Cc:** 'Henry Kao' <HenryKao@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>**Subject:** RE: SURVEY ASSESSMENT - D19005654MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Best Regards

**G.NIVITHA****LKK Auto Consultants Pte Ltd**Phone: 6841-1972 | email: [assignments@lkkauto.com](mailto:assignments@lkkauto.com) | fax: 6256-4315

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

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**From:** CWS Motor Claims [mailto:[cwsmotorclaims@msfirstcapital.com.sg](mailto:cwsmotorclaims@msfirstcapital.com.sg)]**Sent:** Wednesday, 4 September 2019 10:08 AM**To:** ASSIGNMENTS@LKKAUTO.COM

**Cc:** CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Henry Kao <HenryKao@msfirstcapital.com.sg>  
**Subject:** PRI: SURVEY ASSESSMENT - D19005654MFSH/1

Dear Sir/Mdm,

We refer to the above reference.

Please find attached the necessary documents for survey.

Kindly submit your report via CWS within the next 14 days.

**Note: All the accident reports are uploaded into CWS for your perusal.**

Best Regards,  
Admin Team  
Claim Workflow System  
Motor Claims Department  
MS First Capital Insurance Limited  
Tel : 6507 3848  
Fax : 6507 3849

**PS: This is a system generated mail. Please do not reply to this mail.**



This email has been checked for viruses by AVG antivirus software.  
[www.avg.com](http://www.avg.com)



Auto  
Consultants  
Pte Ltd

Company Registration No. 199607198R

51 UBI AVE 1, #02-25 PAYA UBI INDUSTRIAL PARK, SINGAPORE 408933 TEL : (065) 62563561 FAX : (065) 62564315

Your Ref: D19005654MFSH

Date: 05 September 2019

Our Ref: CS/FCI19015638/R1sf3

The Motor Claims Department  
First Capital Insurance Ltd

Dear Sir/Madam,

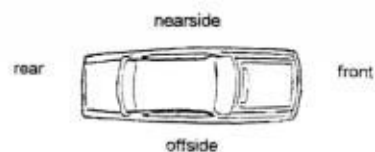
**INITIAL INSPECTION REPORT OF VEHICLE NO. SBS 3343S .**

Please be informed that we had conducted the inspection of the abovementioned vehicle on 04/09/2019 at the premises of M/s Tower Transit Singapore Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ 3,300.51 .
Revised Estimate Amount	: S\$ 970.00 .
"Check" Items Amount	: S\$ - .
Market Value	: S\$ - .
LTA Reimbursement Value	: S\$ - .
Nett Value	: S\$ - .

**Description of Damage:**

The vehicle sustained damages at the front o/s portion.



**Comments/ Present Status:**

Damages Consistent.  
Repair days: 2 days

Yours faithfully

Mohammed Rasul  
Automotive Assessor

TP  
claim MSFCIL

## 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 02/09/2019 16:33  
Date Of Accident 30/08/2019 20:20  
Exact Location Of Accident TOH GUAN ROAD  
Country/State of Loss SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number SBS3343S  
**Insured/Policyholder**  
Name Of Registered Owner TOWER TRANSIT SINGAPORE PTE LTD  
Co Reg No 201419417K  
Email Address NOEMAIL  
Mobile Phone No  
Alternative Phone No OFFICE-62480987  
**Vehicle Particulars**  
Manufacturer VOLVO  
Model B9TL-9.4 D AUTO TURBO ABS (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 BUS

### Insurance Company

Name of Insurance Company MS FIRST CAPITAL INSURANCE LTD  
Type Of Coverage COMPREHENSIVE  
Fleet Policy YES  
Policy Number D-18092210MFBP  
Cover Note Number

### Driver

Name of Driver MOHD FARID BIN MOHD HASLAM  
Passport No/FIN G2546673Q  
Date Of Birth 15/08/1985  
Occupation OUTDOOR  
Date Of Driving Pass 25/08/2018  
Driving Experience 1 YEAR AND 0 MONTHS  
Gender MALE  
Mobile Number (LOCAL) +65-98888888  
Fax Number  
Contact Number  
EMail Address NOEMAIL



## 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 reassess 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: 30/08/19 21:16 hrs

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

## Sketch Plan #3



## Statement Form

BC Name: MR SHD FARID BIN MOHD HASLAM Date Taken: 30/8/17  
 BC No : 12648 Time Taken: 31.00 pm  
 Nature of Incident: SIDE SWIPE WITH TAXI  
 Date of Incident: 30/8/17 Time of Incident: 20.20 pm  
 Service No: 41 Bus Reg No: SKS 3343 S Duty No: 041502

## Details:

ON 30/8/17 at about 20.20 hrs. I BC12648 ON SERVICE 41502  
 WAS DRIVING TTS BUS SKS 3343S MY DIRECTION <sup>TOWARDS</sup> ~~WAS~~ JAWANG EAT  
 EXT 15 PASSANGER ON MY BUS WHILE I WAS <sup>DRIVING</sup> ~~DRIVING~~ ALONG AT  
 JOH GUAN ROAD I WAS ON EXTREME LEFT LANE SUDDENLY  
 A COMFORT DELTAO TAXI <sup>SHB2182</sup> FROM MY RIGHT LANE CUT INTO MY PATH  
 AND HAD A SIDE SWIPPED INTO MY FRONT RIGHT HAND SIDE BUMPER  
 I STOP MY BUS SAFELY AND EXCHANGE PARTICULARS AFTER THE  
 INCIDENT I REPORTING TO BOCC INSTRUCTED ME TO CONTINUE MY  
 SERVICE AND MAKE REPAIRMENT AFTER DUTY. MY BUS DAMAGE ON RIGHT  
 FRONT BUMPER SCRATCHES AND TAXI DAMAGE ON REAR LEFT SIDE  
 BUMPER SCRATCHES

\*I confirmed that the above statement given by me is correct to the best of my knowledge.

MOHD FARID BIN MOHD HASLAM

BC Name & No.

Signature

30/8/17 21.16pm

Date & Time

Statement Taken By:

MOHD FARID

Name

IS

Designation

Accident Photo



Accident Photo



Accident Photo



## ESTIMATED ACCIDENT REPAIR COST



ACCIDENT TIME REPORTED	20:20hrs
ACCIDENT DATE	30-Aug-19
BUS CAPTAIN NAME	MOHD FARID BIN MOHD HASLAM
EMPLOYEE NUMBER	

BUS REGISTRATION NUMBER	SB533435
BUS TYPE (SD/DD)	DD
BUS ROUTE NUMBER	
BUS ADVERTS (Y/N)	N

## SECTION 1: PARTS &amp; CONSUMABLE ITEMS (MATERIAL COST)

Part No.	Part or Item Description	Quantity	Total Cost
77200411	O/S/F DEFLECTOR <i>repair</i>	1	\$210.12
77201117	O/S/F CORNER BUMPER <i>repair</i>	1	\$284.47
		7% GST	\$34.62
		PARTS TOTAL COST	\$529.21

## SECTION 2: ASSESSMENT / REPAIR / SPRAY PAINT (LABOUR COST)

LABOUR ITEM (PLEASE SPECIFY IF ITS ASSESSMENT, REPAIR OR SPRAY PAINT)		TOTAL COST
TO REMOVE & REPLACE DAMAGED PARTS	<i>650 <del>320</del></i>	<i><del>1500</del> \$1,950.00</i>
SPRAY PAINTING		<i>320 <del>\$640.00</del></i>
		7% GST
		\$181.30
		LABOUR TOTAL COST
		\$2,771.30

*3084.59*

# ESTIMATED ACCIDENT REPAIR COST



## SECTION 3: REPAIRS TO BUS ADVERTISEMENT VINYL/PANELS (ADVERTISEMENT COST)

TOTAL ADVERTISEMENT REPAIR COST	-
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## SECTION 4: RECOVERY OF ACCIDENT BUS (TOWING COST)

TOTAL TOWING COST	-
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## SECTION 5: NUMBER OF DAYS UNDER ACCIDENT REPAIR (LOSS OF USE COST)

BUS TYPE (SD / DD)		Date In For Repairs	
		Date Out From Repairs	
		Number of Days Under Repair	4
LOSS OF USE COST			\$1,200.00

SUMMARY	
SECTION NO.	COST
1	\$529.21
2	\$2,771.30
3	-
4	-
5	\$1,200.00
<b>GRAND TOTAL</b>	<b>\$4,500.51</b>

3300-51

(Exclude)

*[Signature]*  
04/09/19

Bus  
Hp 900 10068  
2 days  
04/09/19 @ 1510  
Rem after repair






## 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/FCI19015638/R1sf3s2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 10-01-2020	
		Code : FCI2	
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SHB 2136Z	Veh. Inspected	SBS 3343S
Policy No.		Coverage (\$)	0.00
Claim No.	D19005654MFSH	Excess (\$)	0.00
Assign From	HENRY KAO	Assign Date	04/09/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	VOLVO B9TL	c.c	9364
Engine No.	HIDDEN	Year of Reg.	2013
Chassis No.	YV3S4P927DA160419	Colour	GREEN
Odometer	397213	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	275/70 R22.5	MICHELIN	8 mm
L/H Front Tyre	275/70 R22.5	MICHELIN	8 mm
R/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	8/8 mm
L/H Rear Tyre	275/70 R22.5 (D)	MICHELIN	8/8 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	30/08/2019	Inspection Date	04/09/2019
Survey held at	TOWER TRANSIT SINGAPORE PTE. LTD. 21 BULIM DRIVE SINGAPORE 648170		
<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. SBS 3343S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<b>REPLACEMENT OF PARTS</b>			
1	O/S/F DEFLECTOR	TO REPAIR SEE LABOUR	210.12	-
1	O/S/F CORNER BUMPER	TO REPAIR SEE LABOUR	284.47	-
			494.59	-
	<b>LABOUR</b>			
	TO REMOVE & REPLACE DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF O/S/F DEFLECTOR AND O/S/F CORNER BUMPER.		1,950.00	650.00
	SPRAY PAINTING.		640.00	320.00
			2,590.00	970.00
	<b>GRAND TOTAL</b>		<b>3,084.59</b>	<b>970.00</b>
<b>RECOMMENDED COST OF REPAIRS</b>				<b>970.00</b>

Report Ref No. CS/FCI19015638/R1sf3s2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

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