

ASS. REC. BY:

REF:

CS/00119016005/K26302

Special Instruction:

SURVAYOR: Kalvin

ASSIGNMENT (Office)

From (Person): Jenny Law of 001 Date/Time: 10.9.19

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SHC 6851K Insured: SKZ 2365S

at Workshop m/s Premier Automotive Tel: 65446689

of 23 Changi South Ave 2 #01-02

Policy No: 1 DHC m1200 3821190. Claim No:

Sum Insured: Excess:

Make of Veh: D.O.A. 9.9.2019
(Client's Record)

CA / REV / REP. / REV 24 HRS mps H.O.P. Endorsement:

Date/Time: 10.9.19 1.45p.m. Person Contacted: Wee Dek Vehicle IN / OUT

Date/Time	Action/Instruction (✓) Estimate
	SKZ 2365S : X
	SHC 6851K : X

(08/11/13)

Surveyor: Kalvin

REF: _____

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspected 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: SHC 6851K Yr Regn: Dec 2015Type: M.Car / M.Cycle / Bus / Van / Lorry / ~~Truck~~ / Prime Mover /

Truck / Trailer or

Make: KIA Optima c.c. 1685Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 410532 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ICNAH414MF5 642974Gen. Cond: Good / Fair / Poor / BurntSteering: Inoper / Jammed / Leaked / Burnt orBrake: Inoper / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD Rim orTyre Size: F: 205 / 65 R16

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. 9/9/19 D.O.I. 10/9/19Survey held at Praxis

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

Rear o/s

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

Date / Time	Action / Instruction
12/9/19	Submitt C/P \$1000 / 2 Pys. (Red: 2482.90; 710/10) 402 45

RECEIVED 13 SEP 2019

Date/Time, File Pass to?

1) 13/9 Typist

Date/Time, File Return to?

2) _____

Report Format :

Lump Sum / I.B.I. : \$

TP

1000

Days Of Repair: 2Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

190

60

80

22

352



MEMBER OF THE UOB GROUP

United Overseas Insurance Limited
3 Anson Road #29-01 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 :	Premier Automotive Services Pte Ltd Attn:Goh Wee Dek	Fax : 62141511
From :	Jenny Lew	Fax : 63273869
Date :	10.9.2019	Our ref: SKZ2365S (DHOM120038811900) Yr ref : SHC6851K

FACSIMILE MESSAGE

WITHOUT PREJUDICE

**REQUEST FOR PRE-REPAIR SURVEY – SHC6851K
ACCIDENT INVOLVING SKZ2365S AND SHC6851K ON 09.09.2019**

We refer to your email dated 10.09.2019.

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 forward us a copy of the estimated cost of repair for our reference.

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

We reserve all our rights in this matter.

Thank you.

Regards

Jenny Lew
Claims Dept

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

For your immediate attention.
fy

Text size + -

Enquire Transaction History**Transaction History Details**

Log Date/Time:	04 Dec 2015 / 09:25:25	Receipt No :	AACCK001-AX239-151204-000016
Asset Type:	Vehicle	Transaction Amount:	\$68,285.00
Asset ID:	SHC6851K	Channel:	AA Counterless - CYCLE & CARRIAGE KIA PTE LTD
Transaction Type:	01.02 Register New Vehicle (AA)		
Business Transaction Reference No.:	20151204092525149152		
Vehicle No.:	SHC6851K		
Vehicle Type:	H10 - Public Transport Taxi (Motor Car)		
Vehicle Attachment 1:	Air-Con (Taxi)		
Vehicle Attachment 2:	-		
Vehicle Attachment 3:	-		
Vehicle Scheme:	Taxi (Company)		
First Registration Date:	04 Dec 2015		
Original Registration Date:	04 Dec 2015		
Vehicle Make:	KIA		
Vehicle Model:	OPTIMA 1.7(A) DIESEL		
Chassis No.:	KNAGM414MF5642974		
Engine No.:	D4FDFH314210		
Motor No.:	-		
Trailer Chassis No.:	-		
Propellant:	Diesel		
Passenger Capacity:	4		
Engine Capacity:	1685		
Power Rating:	-		
Unladen Weight:	1584		
Maximum Laden Weight:	2050		
Primary Color:	Silver		
Secondary Color:	-		
Manufacturing Year:	2015		
Open Market Value:	\$21,913.00		
Minimum PARF Benefit:	\$13,607.00		
PARF Eligibility:	Y		
No. of Transfer:	0		
Effective Ownership Date/Time:	04 Dec 2015 09:25:25		
COE No.:	2015120401003362K		
COE Expiry Date:	03 Dec 2023		
COE Bid Category:	-		
Actual QP/PQP Paid Amount:	\$45,466.00		
Lifespan Expiry Date:	03 Dec 2023		

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	09/09/2019 10:47
Date Of Accident	09/09/2019 10:00
Exact Location Of Accident	MOUNTBATTEN ROAD AFTER NICOLL HIGHWAY
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHC6851K
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	KIA
Model	OPTIMA-1.7 D (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	GOH ENG KIM
NRIC No	S1358432Z
Date Of Birth	05/02/1959
Occupation	OUTDOOR
Date Of Driving Pass	10/01/1977
Driving Experience	42 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-93248988
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 307C #11-453 ANG MO KIO AVE 1
Postcode	563307
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)	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

BOTH VEHICLES - NO 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	SKZ2365S
Vehicle Make/Model/Colour	NISSAN
Details Of Properties	VEH. B
Vehicle Category	PRIVATE CAR
Name of Driver	MR LAI
NRIC/Passport Number	
Contact Number	97235012
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	1

SKETCH PLANIMPORTANT NOTICE

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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.



09 SEP 2019

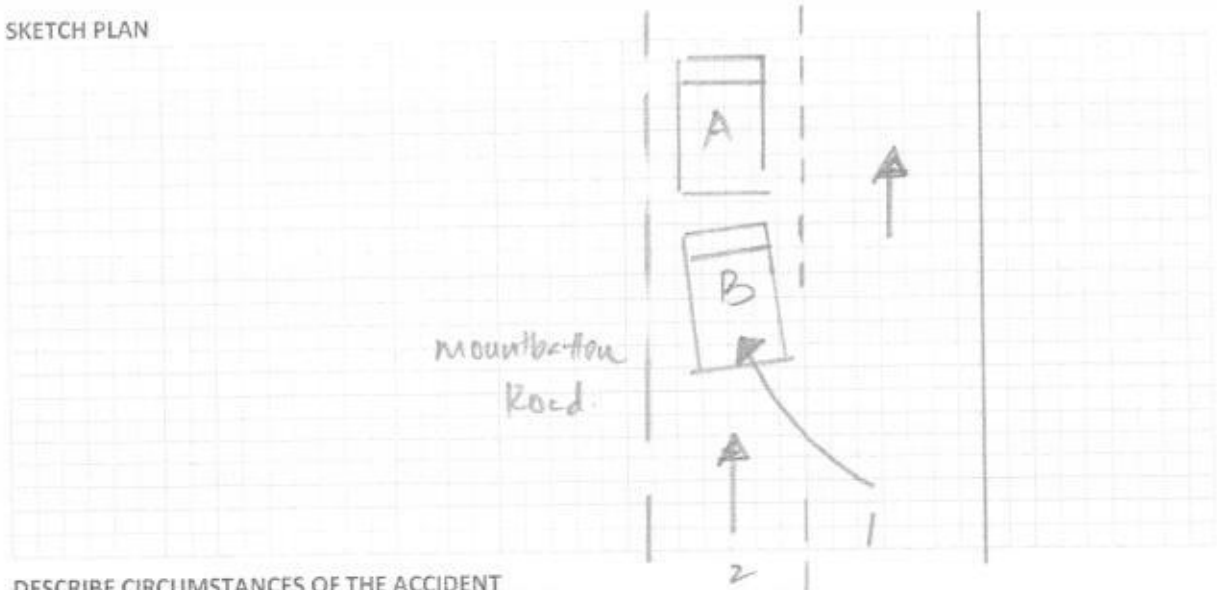
Policyholder's Signature
Date & Time:

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

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: SHC 685110

B: SFZ 23655.

[The remaining lines of the form are crossed out with a diagonal line.]

DECLARATION

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

09 SEP 2019

Policyholder's Signature
Date & Time:



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

[Signature] 15884342

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

[Signature]

Describe Circumstance of the Accident.

ON 09/09/2019 @ 1000HRS, I WAS DRIVING MY TAXI (SHC 6851 K) – TRAVELLING ALONG MOUNTBATTEN ROAD AFTER NICOLL HIGHWAY IN LANE 2.

WHILE I WAS MOVING STRAIGHT AHEAD – WITHIN MY LANE, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SKZ 2365 Z – NISSAN X-TRAIL) WHICH WAS INITIALLY IN LANE 1 – HAD COLLIDED ONTO THE REAR OF MY TAXI.

DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE REAR PORTION & VEHICLE B HAD DAMAGES ON THE FRONT PORTION.

NO INJURY INVOLVED.

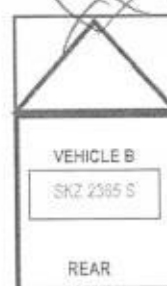
NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE

 1358432/2

Driver's Signature & NRIC Number
Monday, September 09, 2019 @ 10:56:09 AM

(attended by )

SKETCH PLAN

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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**.
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 - (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:

[Signature]

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

1358432/2
28AC ADK

09 SEP 2019

[Signature]

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

Describe Circumstance of the Accident.

ON 09/09/2019 @ 1000HRS, I WAS DRIVING MY TAXI (SHC 6851 K) – TRAVELLING ALONG MOUNTBATTEN ROAD AFTER NICOLL HIGHWAY IN LANE 2.

WHILE I WAS MOVING STRAIGHT AHEAD – WITHIN MY LANE, SUDDENLY I FELT AN IMPACT FROM THE REAR.

WHEN INSPECTED, I DISCOVERED THAT VEHICLE B (SKZ 2365 Z – NISSAN X-TRAIL) WHICH WAS INITIALLY IN LANE 1 – HAD COLLIDED ONTO THE REAR OF MY TAXI.

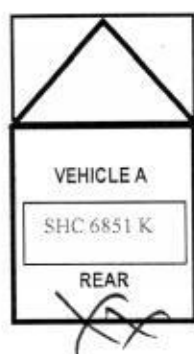
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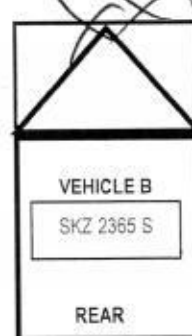
NO PASSENGERS ONBOARD BOTH VEHICLES.

*VIDEO FOOTAGE CAPTURED.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER
TAXI



THIRD PARTY
VEHICLE



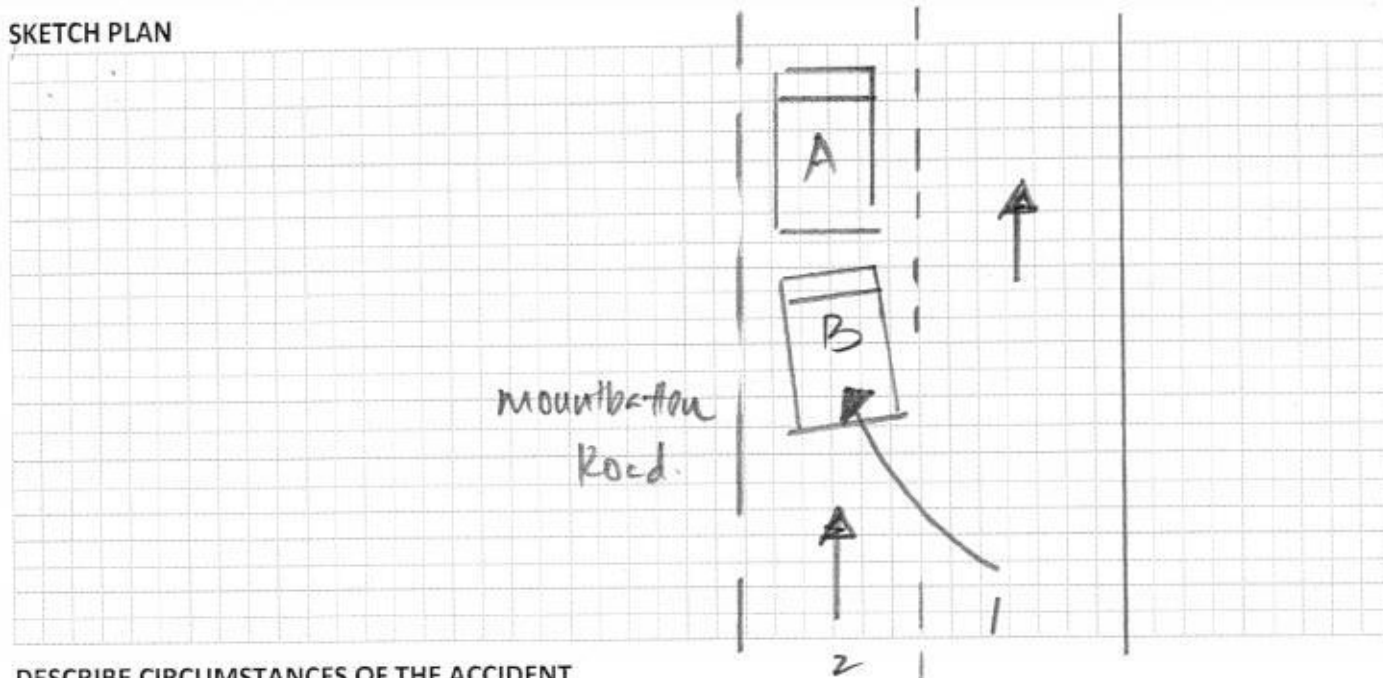
1358432/2

Driver's Signature & NRIC Number

Monday, September 09, 2019 @ 10:56:09 AM

(attended by)

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A: HIC 685110

B: SFZ 23655.

DECLARATION

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

09 SEP 2019

Policyholder's Signature

Date & Time:



Driver's Signature

(If driver is not the policyholder)

Date & Time:

X *[Signature]* 13584342

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No.:

[Signature]

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

9-Sep-19

ESTIMATE REPAIR BILL FOR KIA OPTIMA REGN NO: SHC 6851 K

1 pc	Rear bumper		\$	696.00
1 pc	Rear bumper lower cover	<i>x m</i>	\$	206.00
2 pcs	Rear bumper side bracket o/s & n/s @ \$29.00	<i>x m</i>	\$	58.00
1 pc	Rear bumper inner sponge	<i>x m</i>	\$	114.00
1 pc	Rear bumper reinforcement	<i>x m</i>	\$	607.00
2 pcs	Rear bumper stay o/s & n/s @ \$53.00	<i>x m</i>	\$	108.00
2 pcs	Rear bumper reinforcement lower bracket @ \$18.00	<i>x m</i>	\$	36.00
2 pcs	Rear bumper reinforcement upper bracket @ \$18.00	<i>x m</i>	\$	36.00
				<hr/>
				\$ 1,861.00
				<hr/>
				Less 10%
				\$ 186.10
				<hr/>
				\$ 1,674.90

S/NETT

1 set	Rear bumper clips	<i>2 sets</i>	\$	48.00
1 set	Reverse sensor		\$	280.00 200
				<hr/>
				Sundry
				To dismantle / replace reverse sensor to new bumper and reset to the same
				\$ 120.00 30
				To dismantle / refit the inner garnishes, inner linings, inner trims, cushion seat, carpet, etc to facilitate repairs.
				\$ 180.00 180
				To labour charge for dismantle and renew the accident damaged parts. Including knock-out, straighten, repair, reshape and adjust of the end panel, etc.
				\$ 650.00 200
				To putty and spray painting on rear bumper, end panel
				\$ 400.00 180
				To apply rustproofing on the repaired and replaced panels.
				\$ 80.00 80
				<hr/>
				\$ 3,482.90

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)

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

Kaluh 'Ucky
10/9/19 17:52h
2 days
45
After Repair photo




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/UOI19016005/K1tf3n2	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909			Date : 16-09-2019	
			Code : UOI2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SKZ 2365S	Veh. Inspected	SHC 6851K	
Policy No.	DHOM120038811900	Coverage (\$)	0.00	
Claim No.		Excess (\$)	0.00	
Assign From	JENNY LEW	Assign Date	10/09/2019	
2. Vehicle Particulars & Condition				
Make & Model	KIA OPTIMA	c.c	1685	
Engine No.	HIDDEN	Year of Reg.	2015	
Chassis No.	KNAGM414MF5642974	Colour	SILVER	
Odometer	410532	Steering	IN ORDER	
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM	
General	FAIR			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	205/65 R16	MAXXIS	7 mm	
L/H Front Tyre	205/65 R16	MAXXIS	7 mm	
R/H Rear Tyre	205/65 R16	MAXXIS	7 mm	
L/H Rear Tyre	205/65 R16	MAXXIS	7 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	09/09/2019	Inspection Date	10/09/2019	
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. SHC 6851K

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	DEFORMED	696.00	696.00
1	REAR BUMPER LOWER COVER	SERVICEABLE	206.00	-
2	REAR BUMPER SIDE BRACKET O/S & N/S @\$29.00	SERVICEABLE	58.00	-
1	REAR BUMPER INNER SPONGE	SERVICEABLE	114.00	-
1	REAR BUMPER REINFORCEMENT	SERVICEABLE	607.00	-
2	REAR BUMPER STAY O/S & N/S	SERVICEABLE	108.00	-
2	REAR BUMPER REINFORCEMENT LOWER BRACKET @\$18.00	SERVICEABLE	36.00	-
2	REAR BUMPER REINFORCEMENT UPPER BRACKET @\$18.00	SERVICEABLE	36.00	-
	LESS 10% DISCOUNT		-186.10	-69.60
			1,674.90	626.40
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	SUNDRY (SN)	NOT NECESSARY	50.00	-
			378.00	248.00
LABOUR				
	TO DISMANTLE/REPLACE REVERSE SENSOR TO NEW BUMPER AND RESET TO THE SAME.		120.00	30.00
	TO DISMANTLE/REFIT THE INNER GARNISHES, INNER LININGS, INNER TRIMS, CUSHION SEAT, CARPET, ETC TO FACILITATE REPAIR.	NOT NECESSARY	180.00	-
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE AND ADJUST OF THE END PANEL, ETC.		650.00	200.00
	TO PUTTY AND SPRAY PAINTING ON REAR BUMPER, END PANEL.		400.00	180.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.	NOT NECESSARY	80.00	-
			1,430.00	410.00
GRAND TOTAL			3,482.90	1,284.40
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				1,000.00

Report Ref No. CS/UOI19016005/K1tf3n2



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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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