

ASS. REC. BY:

REF:

CS/FCI/19017451/K29d3⁵²

Special Instruction:

SURVIVOR: Rasul

ASSIGNMENT (Office)

CWS

From (Person): Jason Tea

of

FCI

Date/Time:

5.43pm @ 21/10/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PC 3982R

Insured:

SHB 4329X

at Workshop m/s

Cold Bell Engineering

Tel:

9739 6433

of

10 fuers Avenue 18

Policy No:

Claim No:

D19006310MFST

Sum Insured:

Excess:

Make of Vch:

D.O.A.

26/09/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS ^{1up}

H.O.D. Endorsement:

Date/Time:

4. pm 23/10/19

Person Contacted:

Kon

Vehicle-IN

OUT

Date/Time

Action/Instruction (✓) Estimate

PC 3982R - X

SHB 4329X - CS FCI/18014352/K14d3n2

D.O.A: 3/8/2018

18/10/19 @ 12.02pm revised to Jason Tea by email.

06/11/19 @ 11.46am checked with Yin Siew, the vehicle has not send in for repair due to awaiting liability issued.

06/11/19

Submit Prel. report.

ASS. REC. BY:

Rasul

REF: FCI

4584

ASSIGNMENT

From: _____ Date: 16.10.2019

Estimated Cost: _____

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

To inspect Vehicle No: PC 3982R

at Workshop m/s: Goldbell Engineering

of 10 Tuas Ave 18

Insured: _____

Policy No. _____

Claims No. _____

Sum Insured: _____ Excess: _____

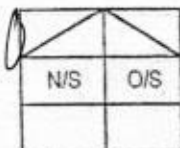
(Client's Record)

Make of Veh: 12pm-1pm

Ym Slew

(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: 4 days Res.: Yes or No

Lum Sum: _____ % 3 Val.: Yes or No

CA / REV / REP. / 24 HRS

up'

Vehicle: IN / OUT

Date: _____ Person Contacted: _____

Veh No: PC 3982R Yr Regn: 2015 / SEP

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

Truck / Trailer or MINI-Bus

Make: MITSUBISHI ROSA BE 641 C.C. 2998

Colour: WHITE A/C: Insured / Std / NI / NA

Sp. Reading: 35/65 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: BE 641JK30047

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

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

Tyre Size: F: 205/85R16

R: _____

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

TOYO / YOKO or

Front

Rear

R/Bal. 7 mm R/Bal. 7 mm

L/Bal. 7 mm L/Bal. 7 mm

D.O.A. 26/02/19 D.O.I. 16/10/19

Survey held at GOLDBELL

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

N/S FR

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

Date / Time Action / Instruction

RECEIVED 06 NOV 2019

Date/Time, File Pass to?



Prel. Report

1) 06/11/2019



Final Report

Date/Time, File Return to?

2)

Days Of Repair: _____

Resurvey No. of Trip: _____

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

Survey Fee:

Transportation:

S + RS \$

Photos

Others

TOTAL

Rep. Format: _____

Lump Sum / B.I. / %

145

50

18

213

MOTOR SURVEY ASSIGNMENT

Date	02-10-2019	Our Ref No. D19006310MFSH
Accident Date	26-09-2019	Claim Type. Third Party
Insured Vehicle	SHB4329X	Third Party Vehicle. PC3982R
Survey Location	10 TUAS AVENUE 18	
Contact Person.	KON YIN SIEW	
Contact No.	68610007/ 97396433	Fax No. 0
Survey Type	WITHOUT PREJUDICE: LIABILITY UNCLEAR:	
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	GOLDBELL ENGINEERING PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JASON TEA CHEE KIAT	

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.

Shiau Chan (LKKAUTO)

From: Shiau Chan (LKKAUTO)
Sent: Friday, 18 October 2019 12:02 PM
To: 'CWS Motor Claims'
Cc: 'Jason Tea'; SUR
Subject: RE: SURVEY ASSESSMENT - D19006310MFSH/1
Attachments: CSFCI19017451R1qd3.pdf

Dear Jason,

Enclosed herewith preliminary advice of PC 3982R.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

From: Admin-D (LKKAUTO) <admin-d@lkkauto.com>
Sent: Thursday, 3 October 2019 4:09 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>
Cc: 'Jason Tea' <JasonTea@msfirstcapital.com.sg>; SUR <sur@lkkauto.com>
Subject: RE: SURVEY ASSESSMENT - D19006310MFSH/1

Dear Sir/Mdm,

Thank you for the assignment.

Please be informed that vehicle is not in the workshop, repairer will arrange.

Best Regards

G.NIVITHA

LKK Auto Consultants Pte Ltd

Phone: 6841-1972 | email: assignments@lkkauto.com | fax: 6256-4315

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

From: CWS Motor Claims [<mailto:cwsmotorclaims@msfirstcapital.com.sg>]
Sent: Wednesday, 2 October 2019 5:43 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Jason Tea <JasonTea@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19006310MFSH/1

Dear Sir/Mdm,



Auto
Consultants
Pte Ltd

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

Your Ref: D19006310MFSH

Date: 18 October 2019

Our Ref: CS/FCI19017451/R1qd3

The Motor Claims Department
MS First Capital Insurance Ltd

Dear Sir/Madam,

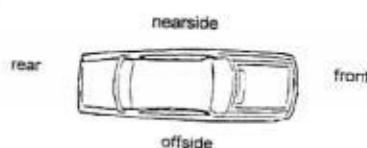
INITIAL INSPECTION REPORT OF VEHICLE NO. PC 3982R .

Please be informed that we had conducted the inspection of the abovementioned vehicle on 16/10/2019 at the premises of M/s GOLDBELL ENGINEERING, and have the following to report:-

Workshop Estimate Amount	: S\$ <u>6,485.18</u> .
Revised Estimate Amount	: S\$ <u>1,242.37</u> .
"Check" Items Amount	: S\$ <u>-</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 n/s front portion.



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	26/09/2019 16:20
Date Of Accident	26/09/2019 08:20
Exact Location Of Accident	ALONG ORCHARD LINK TOWARDS BIDEFORD ROAD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	PC3982R
Insured/Policyholder	
Name Of Registered Owner	ASCOTT INTERNATIONAL MANAGEMENT PTE LTD
Co Reg No	198600458H
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-94308566

Vehicle Particulars

Manufacturer	MITSUBISHI
Model	ROSA-3.0 D BE641JRMDEB (A)
Exact Purpose for which vehicle was being used at time of accident	WORKING PURPOSE
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	COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	B29134304MKC
Cover Note Number	

Driver

Name of Driver	SOONG KOK CHOONG
NRIC No	S1102950G
Date Of Birth	08/02/1955
Occupation	OUTDOOR
Date Of Driving Pass	07/05/1979
Driving Experience	40 YEARS AND 4 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94308566
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	70 REDHILL CLOSE #06-86
Postcode	150070
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

Type Of Accident	SIDE SWIPE
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

ON 26/09/2019 AT ABOUT 8.20HR. I DRIVE FROM ORCHARD LINK TOWARDS BIDEFORD ROAD. WHEN ACROSS THE YELLOW BOX JUNCTION IN BETWEEN ORCHARD LINK AND BIDEFORD ROAD. VEHICLE B "SHB4329X" SCRATCH MY LH FRONT VEHICLE PORTION AND CAUSED MY VEHICLE DAMAGED. I WAS UNABLE TO AVOID DUE TO MY RH SIDE HAVE A LOT OF PEDESTRIAN.

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	SHB4329X
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	RAHMAT
NRIC/Passport Number	
Contact Number	96778842
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	
No. Of Passenger (Including Driver)	

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:

Sign
chip

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



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

SKETCH PLAN

Refer attached sketch plan

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 26/07/2011 at about 8.30 hr I drive from Orchard Link Towards Boleford Road. when across the Yellow Box Junction in between Orchard Link and Boleford Road, vehicle B "SHS4329X" scratch my LH front vehicle portion and caused my vehicle damaged. I was unable to avoid due to my right hand side have a lot of pedestrian.

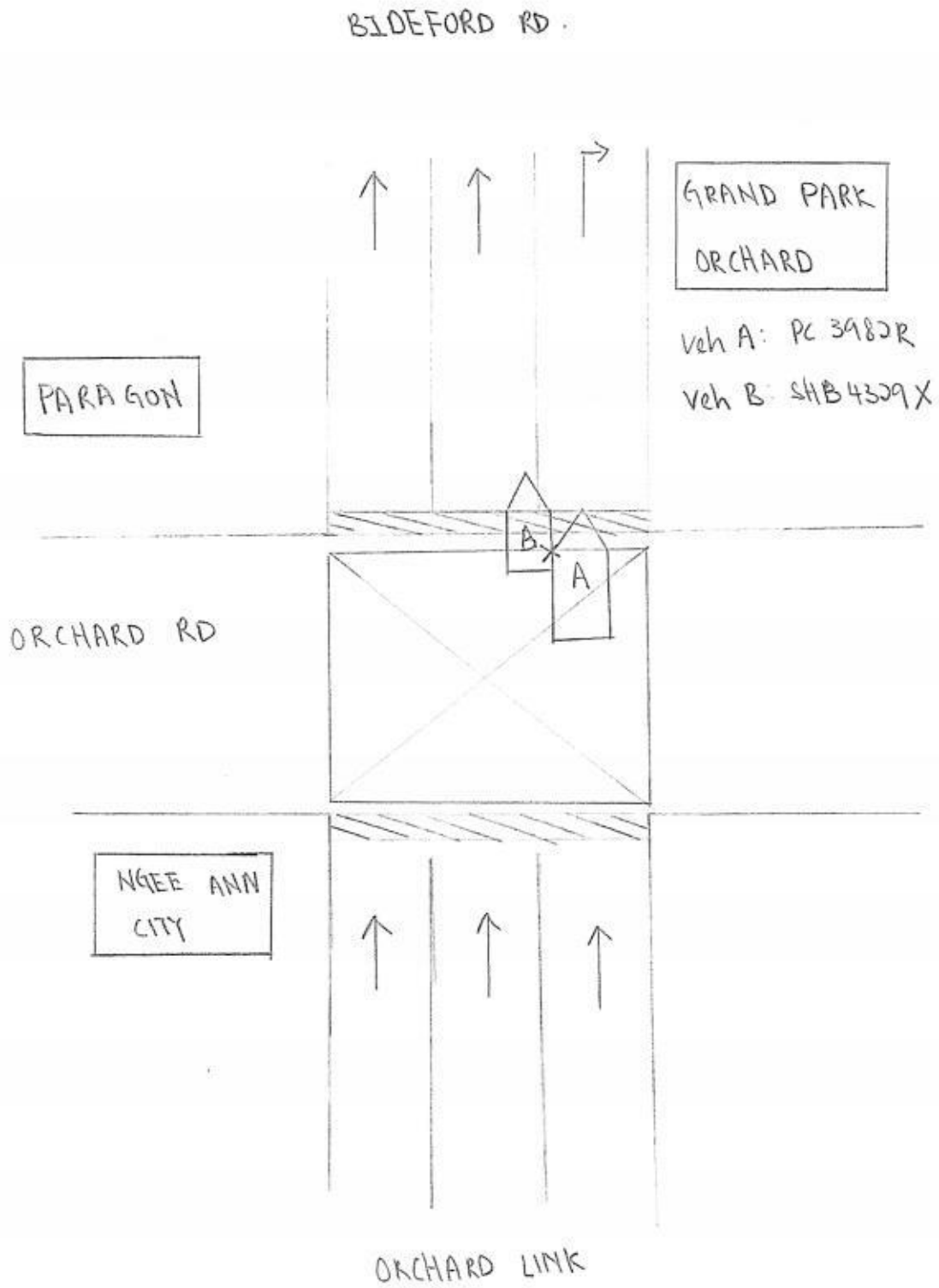
DECLARATION

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:

Reporting Officer's Signature
Name: Kon Yin Siang
NRIC/FIN No.:





ESTIMATE

Date	: 01/10/2019	Reg No	: PC3982R
To	: MS FIRST CAPITAL INSURANCE LIMITED	Model	: BE641JRMDEB AMT
Attn.	:	Chassis No	: BE641JK30047
Office / Mobile	:	Engine No	: 4P10B68915
Email Address	:	Quotation No.	: 96767
		Ref. No.	:
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 26/09/2019
Attn.	: KONYINSIEW	Policy No.	: B29134304MKC
Office / Mobile	: +65 9739 6433	Claim Type	: TP CLAIM - MS FIRST CAPITAL
Email / Fax No.	: KonYinSiew@goldbell.com.sg	Workshop	: 8 TUAS AVE 18

S/N	Part No	Description	Qty	U/Price	%	Net Price	Ext Price
1	MR598528	MARK,THREE-DIA MITSUBISHI <i>MR X M</i>	1	38.85	-0	38.85	38.85
2	MK576269	BUMPER,FR <i>repair</i>	1	1,562.91	-0	1,562.91	1,562.91
3	MC180435	STAY,FR BUMPER,RH <i>X SUC</i>	1	43.00	-0	43.00	43.00
4	MC180434	STAY,FR BUMPER,LH <i>X SUC</i>	1	83.66	-0	83.66	83.66
5	MC180180	PANEL,FR SIDE -LH <i>repair</i>	1	2,852.70	-0	2,852.70	2,852.70
6	MK533362	LAMP ASSY,SIDE TURN SIGNAL <i>bro</i>	1	62.37	-0	62.37	62.37
7	MK578149	PLATE ASSY,SIDE T/SIG LAMP <i>X SUC</i>	1	41.69	-0	41.69	41.69

PARTS TOTAL : 4,685.18

SPECIAL NETT ITEMS

1	STICKERS	<i>nkl</i>	1	450	700.00
PARTS TOTAL:					700.00

LABOUR CHARGES

1	TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS. INCLUDING TO KNOCK-OUT, WELD AND STRAIGHTEN ON THE AFFECTED PARTS	550	800.00
2	TO REMOVE AND INSTALL STICKERS	150	200.00
3	TO CHECK AND RECONNET ALL NECESSARY WIRING	30	100.00

LABOUR TOTAL : 1,100.00

SUB-TOTAL : 6,485.18*

GST @ 7% for \$ 6,485.18 453.96

GRAND TOTAL (\$\$) : 6,939.14



ESTIMATE

Date	: 01/10/2019	Reg No	: PC3982R
To	: MS FIRST CAPITAL INSURANCE LIMITED	Model	: BE641JRMDEB AMT
Attn.	:	Chassis No	: BE641JK30047
Office / Mobile	:	Engine No	: 4P10B68915
Email Address	:	Quotation No.	: 96767
		Ref. No.	:
From	: GOLDBELL ENGINEERING PTE LTD	D.O.A.	: 26/09/2019
Attn.	: KONYINSIEW	Policy No.	: B29134304MKC
Office / Mobile	: +65 9739 6433	Claim Type	: TP CLAIM - MS FIRST CAPITAL
Email / Fax No.	: KonYinSiew@goldbell.com.sg	Workshop	: 8 TUAS AVE 18

PREPARED BY : KONYINSIEW

DATE / TIME : 16/10/19 @ 1320

SURVEYOR : RASUL

MOBILE NO : 96060068

OFFICE FAX NO :

EMAIL ADDRESS :

EXCESS AMOUNT :

REPAIR TYPE : PART-BY-PART LUMP SUM

AUTHORISATION : AUTHORISED / NOT AUTHORISED

RE-SURVEY : BEFORE PAINT AFTER PAINT

NO. OF DAYS :

REMARKS :

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before/after spray painting
- To display damaged part(s) during resurvey
- Parts prices are subject to quotation
- Third party survey is on a "without prejudice" basis
- No illegal modification is allowed
- Supplementary repair must be done if required
- is subject to final approval from the insurance company

Acknowledged by Repairer

Signature:

Date:



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/FCI19017451/R1qd3s2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 13-11-2019



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHB 4329X	Veh. Inspected	PC 3982R
Policy No.		Coverage (\$)	0.00
Claim No.	D19006310MFSH	Excess (\$)	0.00
Assign From	JASON TEA	Assign Date	02/10/2019

2. Vehicle Particulars & Condition

Make & Model	mitsubishi rosa BE641	c.c	2998
Engine No.	HIDDEN	Year of Reg.	2015
Chassis No.	BE641JK30047	Colour	WHITE
Odometer	35165	Steering	IN ORDER
Brakes	IN ORDER	Modification	NIL
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	205/85 R16	DUNLOP	7 mm
L/H Front Tyre	205/85 R16	DUNLOP	7 mm
R/H Rear Tyre	205/85 R16	DUNLOP	7 mm
L/H Rear Tyre	205/85 R16	DUNLOP	7 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	26/09/2019	Inspection Date	16/10/2019
Survey held at	GOLDBELL ENGINEERING PTE LTD 10 TUAS AVE 18 SINGAPORE 638894		

5a. Remarks

A)THE VEHICLE HAS NOT SEND IN FOR REPAIR. B)DAMAGES CONSISTENT TO ACCIDENT REPORT. C)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. D)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.

5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	4 Working Days
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**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. PC 3982R

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<u>REPLACEMENT OF PARTS</u>				
1	MARK, THREE-DIA MITSUBISHI	NOT NECESSARY	38.85	-
1	BUMPER, FR	TO REPAIR SEE LABOUR	1,562.91	-
1	STAY, FR BUMPER, RH	SERVICEABLE	43.00	-
1	STAY, FR BUMPER, LH	SERVICEABLE	83.66	-
1	PANEL, FR SIDE - LH	TO REPAIR SEE LABOUR	2,852.70	-
1	LAMP ASSY, SIDE TURN SIGNAL	BROKEN	62.37	62.37
1	PLATE ASSY, SIDE T/SIG LAMP	SERVICEABLE	41.69	-
			4,685.18	62.37
<u>SPECIAL NETT ITEMS</u>				
1	STICKERS (SN)	NECESSARY	700.00	450.00
			700.00	450.00
<u>LABOUR</u>				
	TO REMOVE, REFIT & REPAIR AFFECTED DAMAGED PARTS. INCLUDING TO KNOCK-OUT, WELD AND STRAIGHTEN ON THE AFFECTED PARTS. INCLUSIVE OF THE REPAIR OF BUMPER, FR AND PANEL, FR SIDE - LH.		800.00	550.00
	TO REMOVE AND INSTALL STICKERS.		200.00	150.00
	TO CHECK AND RECONNECT ALL NECESSARY WIRING.		100.00	30.00
			1,100.00	730.00
GRAND TOTAL			6,485.18	1,242.37
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE)				1,242.37

Report Ref No. CS/FCI19017451/R1qd3s2

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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