

REF: CS/FCI 19017613 / Klv f3⁵² Special Instruction:

ASS. REC. BY:

Surveyor: Kalvin

ASSIGNMENT (Office)

FCI

Date/Time: 7.10.19 3.01 p.mFrom (Person): Joanne

Bill to:

Estimated Cost:

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

To inspect Vehicle No:

GBG 9438B

Insured:

SHA 1917Z

Tel:

92399009

at Workshop m/s

Efficient Motor

of

56 Loyang way # 06-07

Policy No:

Claim No:

D19005846 MFSH

Sum Insured:

Excess:

D.O.A. 8.9.2019

Make of Veh:

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 7.10.19 3.06 p.m

Person Contacted:

Eric

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time

Action/Instruction (✓) Estimate

GBG 9438B - CC3/TMI 19015783 / Klv f302

D.O.A - 03/09/2019

SHA 1917Z - CC3/TMI 19015983 / Klv f302

D.O.A - 03/09/2019

17/10/19

Email preli revised to FCI

(08/11/13)

REF:

Surveyor: Kalvin

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Insp'd Vehicle No: _____

at Workshop m/s _____

of 9239901

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

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

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: GBG9438BYr Regn: 6 Dec 12

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

Truck / Trailer or

Make: Nissan NV 200c.c. 1461Colour: M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading: 50589

T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: VSKYBAM2020148590

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 / RIM or

Tyre Size: F: 175/65R14CR: 175/70R14C

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

TOYO / YOKO or Rear Fit max - Front

Front

Rear

R/Bal. 8 mmR/Bal. 8 mmL/Bal. 8 mmL/Bal. 8 mmD.O.A. 8/9/19D.O.A. 16/10/19Survey held at Efficient MotorDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or Front a/s.

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

Date / Time Action / Instruction

22/10/19 Chk 45 \$2450 / 3 Reps. (Red 3044.28, 55%)FC2
11P.

RECEIVED 22 OCT 2019

Date/Time, File Pass to?

☐ : Prel. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 22/10 - typstReport Format: CWSLump Sum / I.B.I.: (\$ 2450/2)Days Of Repair: 3Resurvey No. of Trip: 1

Add Fee:

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

Survey Fee:

Transportation:

S + RS: \$ _____

Photos

Others

TOTAL

140505048288

MOTOR SURVEY ASSIGNMENT

Date	10-09-2019	Our Ref No. D19005846MFSH
Accident Date	08-09-2019	Claim Type. Third Party
Insured Vehicle	SHA1917Z	Third Party Vehicle. GBG9438B
Survey Location	56 LOYANG WAY #06-07LOYANG ENTERPRISE BUILDING	
Contact Person.	ARIYANTI	
Contact No.	62840827/ 92399009	Fax No. 63416758
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	EFFICIENT MOTOR & ENGINEERING WORKS PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	JOANNEY	

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.



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: D19005846MFSH

DATE: 17/10/2019

Our ref: CS/FCI19017613/K1vf3

The Motor Claims Department
MS FIRST CAPITAL INSURANCE LTD

WITHOUT PREJUDICE

Dear Sir/Madam,

INITIAL INSPECTION REPORT OF VEHICLE NO. GBG 9438B

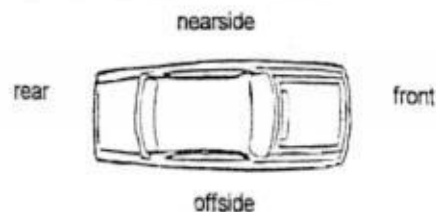
We thank you for your instruction on 7/10/2019

Please be informed that we had conducted the inspection of the above mentioned vehicle on 16/10/2019 at the premises of M/s EFFICIENT MOTOR & ENGINEERING WORK PTE LTD and have the following to report:-

Workshop Estimate Amount	: S\$4,939.97
Revised Estimate Amount	: S\$2,553.04
"Check" Items Amount	: S\$
Book Value	: S\$
LTA Reimbursement Value	: S\$
Nett Value	: S\$

Description of Damage:

The vehicle sustained damages at the front n/s portion



Comments/Present Status:

Damages Consistent

Yours faithfully,

Kalvin Ang

Technical Investigator

Technical Investigation & Reconstructionist (SAE-A)

Veron Chen (LKKAuto)

From: Veron Chen (LKKAuto)
Sent: Thursday, 17 October 2019 11:14 AM
To: 'CWS Motor Claims'; SUR
Cc: 'Joanne Yong'
Subject: RE: SURVEY ASSESSMENT - D19005846MFSH/1-GBG 9438B
Attachments: GBG 9438B PRELI ADVISED.pdf

Dear Sir/Madam,

Enclosed preliminary revised of vehicle GBG 9438B
Date of survey: 16/10/2019
Number of days (estimated) : 3 days

Best Regards,

Veron Chen | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email :sur@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: Monday, 7 October 2019 3:08 PM
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'Joanne Yong' <JoanneYong@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19005846MFSH/1

Dear Sir/Madam,

Thank you for the assignment.

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

Best Regards,

Summer Lee | Admin

LKK Auto Consultants Pte Ltd

Phone: 6741-8434 | email: assignments@lkkauto.com | fax: 6256-4315
Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

From: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>
Sent: Monday, 7 October, 2019 3:01 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Joanne Yong <JoanneYong@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19005846MFSH/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.

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 14:12
Date Of Accident 08/09/2019 01:15
Exact Location Of Accident BT TIMAH RD & CAVEAGH RD
Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number GBG9438B
Insured/Policyholder
Name Of Registered Owner PAN PACIFIC VAN & TRUCK LEASING PTE LTD
Co Reg No A201511635R
Email Address EFFICIENTLOYANG@GMAIL.COM
Mobile Phone No
Alternative Phone No OFFICE-64404428

Vehicle Particulars

Manufacturer NISSAN
Model NV200
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 COMMERCIAL VEHICLE

Insurance Company

Name of Insurance Company TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage COMPREHENSIVE
Fleet Policy NO
Policy Number 18-MJ001454-R00
Cover Note Number 15/10/2018 TO 14/10/2019

Driver

Name of Driver RASU PABU
Passport No/FIN G8208064W
Date Of Birth 25/04/1982
Occupation OUTDOOR
Date Of Driving Pass 26/06/2019
Driving Experience 0 YEAR AND 2 MONTH
Gender MALE
Mobile Number (LOCAL) +65-83540941
Fax Number
Contact Number
Email Address NOEMAIL

Address	BLK 196 PANDAN LOOP PANTECH BUS PARK #0-14D
Postcode	128384
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 - CROSS JUNCTION
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?	
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: : KRISHNAN MOORTHY GENDER: : MALE

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 ATACHED REPORT

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	SHA1917Z
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	TAXI
Name of Driver	NA
NRIC/Passport Number	
Contact Number	NA
	NA
Address	NA
	NA
Postcode	NA
Insurance Company Name	
Nature Of Damage	

No. Of Passenger (Including Driver)

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.
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.

AM PACIFIC VAN & TRUCK LEASING PTE. LTD.
CO. REG. NO: 201511635R
NO. 52 JOO CHIAT ROAD
SINGAPORE 427371
TEL: 6440 4428 FAX: 6345 0518

Policyholder's Signature: _____
Date & Time: _____

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

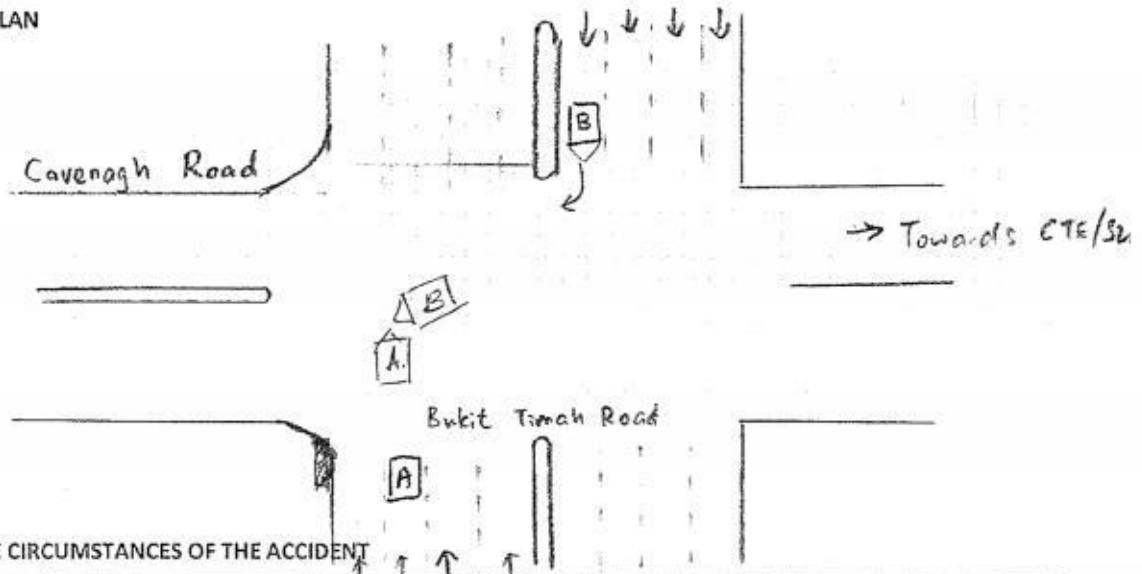
Reporting Centre Personnel's Signature
Name: _____
NRIC/FIN No.: _____



R-Brade 9/9/19 2:45

Accident Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

<p>I, Rasu Prabu (WP No. 0-3416116) is the driver for Van Vehicle Number GBG 9438 B, as indicated as icon "A". I was travelling along Bukit Timah Road on 08 September 2019 time around 1:15 AM. I am going straight, crossing the junction Bukit Timah Road / Cavenagh Road. I have the right of way, going straight.</p>	
<p>A taxi (vehicle number SHA 1917 Z) was at the opposite direction, going to turn right fast approaching my way. I hit my brakes immediately to avoid a collision. But there is still a small portion of damage to my front bumper. The taxi was damaged at the left side over a longer stretch as he was still moving his taxi when the collision happened.</p>	
<p>INSURER:</p>	
<p>VEHICLE NO: GBG 9438 B</p>	
<p>DOA: 8/9/19</p>	
<p>CLAIM TYPE: Reporting</p>	
<p>WORKSHOP: NA</p>	

DECLARATION

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

CO. REG. NO: 201511533R
NO. 52 JOO CHIAT ROAD
SINGAPORE 427371
TEL: 6440 4426 FAX: 6345 0516

Policyholder's Signature: [Signature]
Date & Time:

Driver's Signature: B. Prabu 9/9/19 2-45
(If driver is not the policyholder)
Date & Time:

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



EFFICIENT MOTOR & ENGINEERING WORK PTE LTD

56 LOYANG WAY # 06-07 ENTERPRISE BUILDING SINGAPORE 508775

VEHICLE NO : GBG9438B

MAKE & MODEL : NISSAN NV 200

CHASSIS NO : VSKYBAM20Z0148590

DATE : 12/10/2019

CLAIM TYPE : TP CLAIM

TO : FIRST CAPITAL INSURANCE LIMITED

PARTS DESCRIPTION

LIST ITEMS

- 1 FRONT BUMPER
 - 2 FRONT BUMPER REINFORCEMENT
 - 3 FRONT BUMPER SIDE RETAINER LH
 - 4 FRONT BUMPER CLIPS
 - 5 FRONT BUMPER FOG LAMP LH
 - 6 FRONT BUMPER SPONGE
 - 7 FRONT BUMPER TOP MOULDING LH
 - 8 FRONT FENDER LH
 - 9 FRONT FENDER INNER SEAL LH
 - 10 FRONT FENDER INNER SEAL CLIPS LH
- Front Headlamp (LH)

QTY	UNTIL	PRICE	AMOUNT
1	\$	655.20	\$ 655.20
1	\$	688.10	\$ 688.10
1	\$	23.40	\$ 23.40
10	\$	5.00	\$ 50.00
1	\$	258.00	\$ 258.00
1	\$	358.90	\$ 358.90
1	\$	356.10	\$ 356.10
1	\$	555.20	\$ 555.20
1	\$	188.40	\$ 188.40
10	\$	5.00	\$ 50.00

\$ 615.90

TOTAL :	\$	3,093.30	\$	3,183.30
LESS 25% 10%	\$	309.33	\$	318.33
TOTAL :	\$	2,783.97	\$	2,864.97

S/NETT ITEMS

- 1 FRONT NUMBER PLATE

TOTAL :

1	\$	45.00	\$	45.00
	\$	45.00	\$	45.00

TOTAL PARTS :

\$	2,828.97	\$	2,909.97
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LABOUR

- 1 LABOUR FOR PANEL BEATING
- 2 LABOUR FOR SPRAYPAINTING
- 3 WIRING
- 4 TO APPLY ANTI RUST PROF ON ACCIDENT AREAS

16/10/19	102 hrs.	\$	1,000.00
3 hrs		\$	800.00
P.P		\$	80.00
After Repair photo		\$	150.00
TOTAL :		\$	2,030.00

TOTAL PARTS AND LABOUR : \$ 4,939.97

5494.28

PREPARE BY:

4/12/19



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/FCI19017613/K1vf3s2

36 ROBINSON ROAD
#16-01 CITY HOUSESINGAPORE 068877

Date : 23-10-2019



Code : FCI2

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SHA 1917Z	Veh. Inspected	GBG 9438B
Policy No.		Coverage (\$)	0.00
Claim No.	D19005846MFSH	Excess (\$)	0.00
Assign From	JOANNE YONG	Assign Date	07/10/2019

2. Vehicle Particulars & Condition

Make & Model	NISSAN NV200	c.c	1461
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	VSKYBAM20Z0148590	Colour	METALLIC GREY
Odometer	50589	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	FAIR		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	175/60 R14C	FIREMAX	8 mm
L/H Front Tyre	175/60 R14C	FIREMAX	8 mm
R/H Rear Tyre	175/70 R14C	GOODYEAR	8 mm
L/H Rear Tyre	175/70 R14C	GOODYEAR	8 mm

4. Description of Damages

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

5. General Information

Accident Date	08/09/2019	Inspection Date	16/10/2019
Survey held at	EFFICIENT MOTOR & ENGINEERING WORKS PTE. LTD. 56 LOYANG WAY #06-07 LOYANG ENTERPRISE BUILDING SINGAPORE 508775		

5a. Remarks

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.
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5b. Estimate Days of Repair

ESTIMATED NORMAL PERIOD FOR REPAIR:	3 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 2

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. GBG 9438B

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	FRONT BUMPER	CRACKED	655.20	655.20
1	FRONT BUMPER REINFORCEMENT	BENT	688.10	688.10
1	FRONT BUMPER SIDE RETAINER LH	CRACKED	23.40	23.40
10	FRONT BUMPER CLIPS @\$5.00	NECESSARY	50.00	50.00
1	FRONT BUMPER FOG LAMP LH	SERVICEABLE	258.00	-
1	FRONT BUMPER SPONGE	TORN	358.90	358.90
1	FRONT BUMPER TOP MOULDING LH	TO REPAIR SEE LABOUR	356.10	-
1	FRONT FENDER LH	TO REPAIR SEE LABOUR	555.20	-
1	FRONT FENDER INNER SEAL LH	SERVICEABLE	188.40	-
10	FRONT FENDER INNER SEAL CLIPS LH @\$5.00	NOT NECESSARY	50.00	-
1	FRONT HEADLAMP (LH)	CRACKED	615.90	615.90
	LESS 10% DISCOUNT		-379.92	-239.15
			3,419.28	2,152.35
SPECIAL NETT ITEMS				
1	FRONT NUMBER PLATE (SN)	BENT	45.00	35.00
			45.00	35.00
LABOUR				
	LABOUR FOR PANEL BEATING.INCLUSIVE OF THE REPAIR OF FRONT BUMPER TOP MOULDING LH AND FRONT FENDER LH.		1,000.00	600.00
	LABOUR FOR SPRAYPAINTING.		800.00	300.00
	WIRING.		80.00	20.00
	TO APPLY ANTI RUST PROOF ON ACCIDENT AREAS.	NOT NECESSARY	150.00	-
			-	-
			-	-
			-	-
			2,030.00	920.00
GRAND TOTAL			5,494.28	3,107.35



RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			2,450.00
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Report Ref No. CS/FCI19017613/K1vf3s2

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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No liability of responsibility whatsoever, in contract or tort, is accepted to any third party who may rely on the Report wholly or in part. Any third party acting or relying on this Report, in whole or in part, does so at his or her own risk.