

22/03/202

ASS. REC. BY:

REF: CS3/ FCI 1901742/HCF3⁵²

Special Instruction:

ASSIGNMENT (Office)

Surveyor

From (Person): Karant

of FCI

Date/Time: 3:55pm 08/10/2019

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMN 76365

Insured:

SH 98665

at Workshop m/s

Mn Car Consultant

Tel:

88668832

of 53 Vbi Avx 1 701-33

Policy No:

Claim No:

D19006423MPSH

Sum Insured:

Excess:

Make of Veh:

D.O.A. 3.10.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

Date/Time: 3.10.19 4.00p.m

Person Contacted:

Hui Qin

H.O.D. Endorsement:

Vehicle IN/OUT

Date/Time

Action/Instruction (X) Estimate

SMN 76365 - X

SH 98665 - NS / IN / 1701665 / K1662

D.O.A - 19/08/2017

Demantle: 9/10/2019

After repair: 9/10/2019.

REC. REC. BY:

H-ANN

REF:

FCL

PRS

ASSIGNMENT

From:

Date:

Estimated Cost:

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

To Inspect Vehicle No:

SMN 76365

at Workshop m/s

my car consultant

of

53 Ubi Ave 1 #01-33

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:

\$107K

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

2 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:

SMN 76365

Yr Regn:

27/08/19

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

Truck / Trailer or

Make:

T-PRIVUS PLUS (Auto)

c.c 1798

Colour:

Gray

A/C: Insured / Std / NI / NA

Sp. Reading

7660

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JTDZS3E470J046224

Gen. Cond: Good / Fair / Poor / Burnt

Steering: Inorder / Jammed / Leaked / Burnt or

Brake: Inorder / Jammed / Leaked / Burnt or

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

Tyre Size:

F:

195/65/R16

R:

195/65/R16

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

TOYO / YOKO or

Front and Rear same -> (DUN)

Front

Rear

R/Bal.

8

mm

R/Bal.

8

mm

L/Bal.

8

mm

L/Bal.

8

mm

D.O.A.

3/10/19

D.O.I.

8/10/19

Survey held at

my car

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

rear N/S

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

Date / Time

Action / Instruction

DAN

SMN 76365

NON Extenu

(PRS case)

MV - 107000

PV - 48888

NV - 58000

MV = 107K

Date/Time: File Pass to?

☐

: Prel. Report

to

☐

: Final Report

Date/Time: File Return to?

to

Days Of Repair:

Resurvey No. of Trip:

2

Survey Fee:

Transportation:

\$ + RS \$

Prints

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Wheel and

Report Format:

PRE

Engr: SING / M.S. /

MOTOR SURVEY ASSIGNMENT

Date	07-10-2019	Our Ref No. D19006423MFSH
Accident Date	03-10-2019	Claim Type. Third Party
Insured Vehicle	SH9866S	Third Party Vehicle. SMN7636S
Survey Location	53 UBI AVE 1, PAYA UBI INDUSTRIAL PARK, 01-33	
Contact Person.	HUIQIN	
Contact No.	88668832/ 88668832	Fax No. 0
Survey Type	WITHOUT PREJUDICE: ACCIDENT NOT REPORTED:	
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	MY CAR CONSULTANT	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	KARENT	

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.

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	04/10/2019 17:20
Date Of Accident	03/10/2019 19:10
Exact Location Of Accident	GEYLANG LOR 35 TWDS GEYLANG RD
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMN7636S
Insured/Policyholder	
Name Of Registered Owner	LUMENS AUTO PTE LTD
Co Reg No	- 9611C
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-NOPHONE

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS +
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	PRIVATE CAR

Insurance Company

Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	19-MK000823-R00
Cover Note Number	

Driver

Name of Driver	QUEK KIM HIONG
NRIC No	S6920593C
Date Of Birth	29/05/1969
Occupation	INDOOR
Date Of Driving Pass	24/09/1994
Driving Experience	25 YEARS AND 0 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-96812121
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 126 SERANGOON NORTH AVE 1 #12-79
Postcode	550126
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: : UNKNOWN
	GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TRAFFIC POLICE DIVISION HQ
Police Station Address	ROAD: 10 UBI AVENUE 3 , POSTCODE: 408865 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 65470000 - FAX NO:
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

REFER TO POLICE REPORT: T/20191004/7025.

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	SH9866S
Vehicle Make/Model/Colour	
Details Of Properties	VEHICLE B
Vehicle Category	TAXI
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name

QUEK KIM HIONG

Approximate Age

Injuries Sustain

Injured person in which vehicle?

SMN7636S

Were seat belts worn?

Was this injured conveyed to hospital by ambulance?

Address

Postcode

Sketch Plan Pg. 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.



Policyholder's Signature
Date & Time:

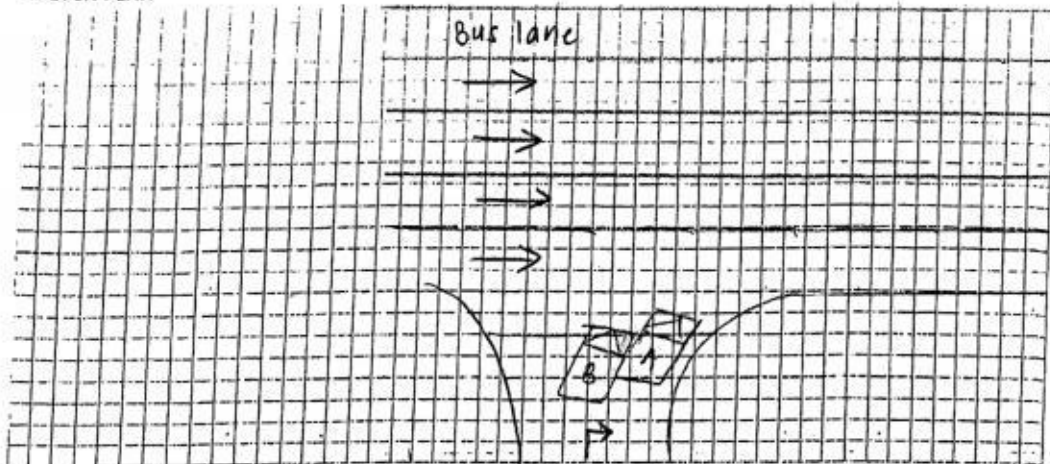
Driver's Signature
(If driver is not the policyholder)
Date & Time:

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

my emp

Sketch Plan #2 Pg. 1

SKETCH PLAN



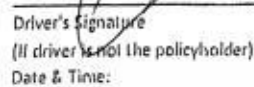
DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

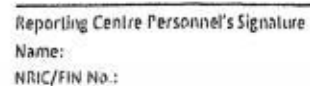
Refer to police report.

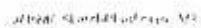
DECLARATION

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


 Reporting Centre Personnel's Signature
 Date & Time:


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


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


 Alfred Shandhuwasa, M.



**SINGAPORE
POLICE FORCE**



T/20191004/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

1 of 3

Report No. T/20191004/7025

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 04/10/2019 15:14		Vide Report No.:		Station Diary No.:	
Informant's Particulars					
Name of Informant: QUEK KIM HIONG			Address: APT BLK 126 SERANGOON NORTH AVENUE 1 #12-79 SINGAPORE 550126		
ID Type / ID No.: NRIC NO / S6920593C			Contact No.: Home/Office: Mobile: 96812121		
Nationality: SINGAPORE CITIZEN			Email: admin@mycar.sg		
Sex: Female	Age: 50	Date of Birth: 29/05/1969	Type of Informant: Driver		
Race: Chinese			Language: English		Institution / School Name:
Occupation: GRAB DRIVER			Driving Licence Information: Class: 3		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Others	Drink Drive: No	Date/Time of Accident: 03/10/2019 19:10	Type of Location: Straight Road
Location: GEYLANG ROAD				
Weather: Clear		Road Surface: Dry	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SH9866S	Car	HYUNDAI	i40	Blue	Slightly Damaged	1
SMN7636S	Car	TOYOTA	Prius+	Grey	Slightly Damaged	2

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMN7636S	TOKIO MARINE INSURANCE SINGAPORE LTD.			



**SINGAPORE
POLICE FORCE**



T/20191004/7025

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000

2 of 3

Report No. T/20191004/7025

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	QUEK KIM HIONG	ID No.	S6920593C
Related Vehicle	SMN7636S (Car)	Contact No.	96812121
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: 3 Date of Expiry: NIL
Date Treatment	04/10/2019	Date Discharge	04/10/2019
No. of Days granted Medical Leave	05	Degree of Injury	Slight

Brief Details.

On the stated time and date, I was travelling on my vehicle bearing car plate number SMN7636S along Geylang Lorong 35. I intended to turn out towards Geylang Road, my vehicle was stationary at the stop line while waiting for oncoming vehicles to clear before I filter out the road. Suddenly, I felt an impact from the rear side of my vehicle. I alighted from my vehicle and came to realise that a taxi bearing car plate number SH9866S tried to overtake me on the single lane carriageway and has collided onto my vehicle. I then consulted the doctor as I felt a strain on my neck and was given 5 days of MC. I wish to state that I have an in-car camera that have recorded the entire incident.



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Traffic Police
10 Ubi Avenue 3 SINGAPORE 408865
Tel No: 65470000



T/20191004/7025

3 of 3

Report No. T/20191004/7025

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

Signature Of Officer Recording The Report:
Not applicable

Signature Of Interpreter:
Not applicable

Officer In Charge Of Case:
TP / TPB /
MOHAMAD ZULFAZDLI BIN ABDULLAH
Contact No.: 65476204

Authentication Stamp
NP168

Signature Of Informant:
The identity of the person making this report has
been authenticated by SingPass. No signature is
required.

Date/Time:
04/10/2019 15:14

Classification Of Case:

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Company
Owner ID:	961K
Vehicle Details	
Vehicle No.:	SMN76365
Vehicle to be Exported:	Yes
Intended Deregistration Date:	11 Oct 2019
Vehicle Make:	TOYOTA
Vehicle Model:	PRIUS PLUS (AUTO)
Primary Colour:	Grey
Manufacturing Year:	2019
Engine No.:	2ZR0E41797
Chassis No.:	JTDZS3EU70J046224
Maximum Power Output:	100.0 kW (134 bhp)
Open Market Value:	\$30,007.00
Original Registration Date:	27 Aug 2019
First Registration Date:	27 Aug 2019
Transfer Count:	0
Actual ARF Paid:	\$24,010.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Aug 2029
PARF Rebate Amount:	\$18,007.00
Intended COE Rebate Details	
COE Expiry Date:	26 Aug 2029
COE Category:	B - Car above 1600cc or 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,602.00
COE Rebate Amount:	\$30,881.00
Total Rebate Amount:	\$48,888.00

The information contained herein is correct as at 11 Oct 2019

DOA → 3/10/19 OK Balance 9 yrs 10 months

MV - 107000

PV - 48888

NV - 58000

MV - 107k



toyota prius

Price Range

Depreciation

2019

Vehicle Type



Home » Used Cars » House De Carz Trading Pte Ltd » Toyota Prius Hybrid 1.8A Plus

Toyota Prius Hybrid 1.8A Plus

Overview

Financial

Accessories

Similar

Research

Photos

Map

Price	\$109,899	Fuel Type	Petrol-Electric
Depreciation ⓘ	\$10,380 /yr View models with similar depre	Reg Date	14-Mar-2019 (9yrs 5mths 2days COE left)
Mileage	5,600 km	Manufactured ⓘ	2018
Road Tax ⓘ	N.A.	Transmission	Auto
Dereg Value ⓘ	\$50,540 as of today (change)	OMV ⓘ	\$30,006
COE ⓘ	\$34,509	ARF ⓘ	\$24,009
Engine Cap	1,798 cc	No. of Owners ⓘ	1
Curb Weight ⓘ	1,500 kg		
Type of Vehicle	MPV		

Features

View specs of the Toyota Prius

Category

PARF Car, Almost New Car, Low Mileage Car, Hybrid Cars

Status

Available

Resources



Vehicle Evaluation

Afraid of lemons? Request to have this car evaluated professionally. Find out more



Car Valuation - Free

Find out the market value of your existing car for free. Get started



Location Map

Shortlist

Compare

Add nc

Report Error

More Actions

Seller Information

Company	House De Carz Trading Ltd » dealer's pricelist » 22 vehs sold 18 vehs av
Address	210 Turf Club Road Lot A29 Search cars nearby this loca
Location	Car Mall @ The Grandstand
Contact Person(s)	Casper Lee 9 Nick 9 Adrian 9

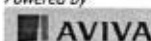
Posted on: 10-Oct-2019 | Last Updated on: 10-Oct-2019

Upfront Payment

» more Financial info

Transfer Fee ⓘ	\$25	
Down Payment ⓘ	\$43,960 (change)	Maximum 60% Loan
1st Instalment ⓘ	\$949	Based on 2.98% interest rate
Insurance	You'll also need a valid car insurance to drive this vehicle. 18% off with code CAR18 Get a quote now!	
Tot Compare	ient ⓘ	\$44,934
		Check with seller for exact figure

Powered by





Toyota Prius+ Hybrid

new car

- Overview
- Pricing
- Photos
- Research
- Reviews
- Specs
- Features
- Similar
- Accessories
- Promo

Select Another Make ▼

Select The Make First ▼

Add to Shortlist Submit a Review Report Error

Share



USER RATINGS:

(6 reviews)

less 15%
107089

Details

Distributor	Borneo Motors
Hotline	66311188 / 66311188
Built in	Japan (launched 2018)
Pricelist	11-Oct Pricelist Select Another Date ▼
Promotion	No current promotions. Alert me when new promotions are inserted

View all other promotions

Download Brochure

Add to Shortlist

Submodel

Price

Depreciation

Fuel Economy

Power

Transmission

Detailed Info

1.8 (A)

\$125,988 ▲

\$11,400 /yr

22.2km/L

98bhp

E-CVT (A)

Specs | Features

Price updated 11-Oct-2019



3 stars - based on 5 reviews

Toyota Prius+ Hybrid

Compare

(12) Missing (13) Torn (14) Unconfirmed (15) Not Working

MOTORCAR (Rear)

(1) Replace (✓) (2) Repair (✓) (3) Check (✓)
(4) Not Consistent (✓)


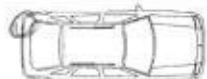


LKK Auto Consultants Pte Ltd
51 Ubi Ave 1 #01-25 Paya Ubi Industrial Park, Singapore 408933

TEL: 6256 3561 FAX: 6256 4315

Reg. No. 199607198R GST Reg. No. 19-9607198-R

Page No.: 1 of 1

PRE-REPAIR INSPECTION REPORT				
MS FIRST CAPITAL INSURANCE LTD		Ref: CS3/FCI19017742/Hcf3s2		
36 ROBINSON ROAD		Date: 21-10-2019		
#16-01 CITY HOUSESINGAPORE 068877		Code: FCI2		
				
1. Policy Particulars :- (THIRD PARTY CLAIM)				
Insured Veh.	SH 9866S	Veh. Inspected	SMN 7636S	
Policy No.		Coverage (\$)	0.00	
Claim No.	D19006423MFSH	Excess (\$)	0.00	
Assign From	KAREN TAN	Assign Date	08/10/2019	
2. Vehicle Particulars & Condition				
Make & Model	TOYOTA PRIUS PLUS (A)	c.c	1798	
Engine No.	HIDDEN	Year of Reg.	2019	
Chassis No.	JTDZS3EU70J046224	Colour	GREY	
Odometer	7660 KM	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	195/65 R16	DUNLOP	8 mm	
L/H Front Tyre	195/65 R16	DUNLOP	8 mm	
R/H Rear Tyre	195/65 R16	DUNLOP	8 mm	
L/H Rear Tyre	195/65 R16	DUNLOP	8 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE REAR N/S PORTION.				
5. General Information				
Accident Date	03/10/2019	Inspect Date / Time	08/10/2019 (05:20 PM)	
Survey held at	MY CAR CONSULTANT PTE LTD 53 UBI AVENUE 1 #01-33 PAYA UBI INDUSTRIAL PARK SINGAPORE 408934			
5a. Remarks				
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) MARKET VALUE: \$107,000.00				

Report Ref No. CS3/FCI19017742/Hcf3s2

Inspected By



LEE HOCK ANN

Asst. Automotive Assessor



K.K. LAU CPT (RET)

BEng(Hons), B.Bus, MBA, PEng, PE, MInstAEE, MASME, MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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