

ASS. REC. BY:

REF:

CB/KC1190019457/Fst302

Special Instruction:

Surveyor: Ram

ASSIGNMENT (Office)

From (Person): Satharaj

of FCI

Date/Time: 4.11.19 3.15pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: SHD 1503T

Insured: SHC 09712

at Workshop m/s: Primia

Tel: 62148880

of 23 changi South Ave 2 #03-02

Policy No:

Claim No: D19006973mpsh

Sum Insured:

Excess:

Make of Veh:

D.O.A. 25.10.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

"mp"

Date/Time: 4.11.19 3.15pm

Person Contacted: Hai Leang

H.O.D. Endorsement:

Vehicle IN/OUT

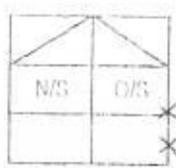
Date/Time	Action/Instruction (✓) Estimate
	SHD 1503T x
	SHC 09712 x
06/11/19	@ 10:53 am revised PA to Satharaj via email

ASS. REC. BY Ram

RET

ASSIGNMENT

Event: _____ Date: _____
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To inspect Vehicle No: _____
 at Workshop no: _____
 of _____
 Insured _____
 Policy No: _____
 Claims No: _____
 Sum Insured: _____
 (Client's Record)
 Make of Veh: _____
 (Policy Condition)
 Remarks: The veh had commenced its
 repair at the time of inspection.
 Bal. or Market Value: _____
 IDAC Accident Rpt: _____ Consistent? Yes or No
 GA / PR Seen: _____ Consistent? Yes or No
 Est. Repair: _____ days Res: Yes or No
 Est. Sum: _____ % 3 Val: Yes or No
 GA / REV / REP. / 24 HRS
 Date: _____ Person Contacted: _____
 Vehicle: IN / OUT



Veh No: SHD 1503T Yr: 09/10/2017
 Type: M/Car / M/Cycle / Bus / Van / Lorry / (Taxi) Prime Mover /
 Truck / Trailer or _____
 Make: hyundai i30 Yr: 1582
 Colour: silver A/C: Insured / Std / NI / NA
 Sp. Rating: 183620 T/Ratio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: TMAD281UVH5141904
 Gen. Cond: Good / (Fair) Poor / Burnt
 Steering: Inorder / Jammed / Leaked / Burnt or _____
 Brake: (Inorder) / Jammed / Leaked / Burnt or _____
 Modi: NI / S/Rim / STD A/Rim or _____
 Tyre Size: F: 195 / 65 R15
 R: _____
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or MAXXIS
 Front: _____ Rear: _____
 R/Bal. 6 mm L/Bal. 6 mm
 D.O.A. 25/10/19 O.O.I. 4/11/19
 Survey held at Premier
 Des. of Damages: Frt / Rear / (O/S) N/S / UIC / Rooftop or
o/s rear
 The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time: _____ Action / Instruction:
Part by Part: \$920
repair days: 2 days
C\$ 2,168.37 Red - 70%
11/11/2019
FCI
Part by Part
 RECEIVED 12 NOV 2019

Claim Type: Pre-Pass to? whis
 Type: 4
 : Prel. Report
 : Final Report

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

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

Survey Fee:	130
Transportation:	90
Tools:	90
Others:	28
Total:	298

Repair Format: _____
 Imp Sum / A.B.F (\$): \$920/- etc

MOTOR SURVEY ASSIGNMENT

Date	04-11-2019	Our Ref No. D19006973MFSH
Accident Date	25-10-2019	Claim Type. Third Party
Insured Vehicle	SHC0971L	Third Party Vehicle. SHD1503T
Survey Location	23 CHANGI SOUTH AVENUE 2 #03-02	
Contact Person.	LIEW HAI LEONG	
Contact No.	62148880/ 0	Fax No. 62141511
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	PREMIER AUTOMOTIVE SERVICES PTE LTD	Attention. NIL
Cc : TP Solicitor	NA	TP Solicitor Fax No. NA
Officer Incharge	SITHARA	

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)

From: Shirley Hiew (LKK Auto)
Sent: Wednesday, 6 November 2019 10:53 am
To: 'Sithara'; 'CWS Motor Claims'
Cc: assignments; SUR; Admin-D (LKKAuto)
Subject: RE: SURVEY ASSESSMENT - D19006973MFSH/1
Attachments: PRELI ADVISE - SHD 1503T.pdf

Dear Sithara,

Enclosed preliminary revised of vehicle SHD 1503T.

Thank you.

Best Regards,

Shirley Hiew | 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, 4 November 2019 3:24 pm
To: 'CWS Motor Claims' <cwsmotorclaims@msfirstcapital.com.sg>; assignments <assignments@lkkauto.com>; SUR <sur@lkkauto.com>
Cc: 'Sithara' <Sithara@msfirstcapital.com.sg>
Subject: RE: SURVEY ASSESSMENT - D19006973MFSH/1

Dear Sir/Madam,

Thank you for your assignment.

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, 4 November, 2019 3:15 PM
To: ASSIGNMENTS@LKKAUTO.COM
Cc: CWS Motor Claims <cwsmotorclaims@msfirstcapital.com.sg>; Sithara <Sithara@msfirstcapital.com.sg>
Subject: PRI: SURVEY ASSESSMENT - D19006973MFSH/1



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: D19006973MFSH

Date: 06 November 2019

Our Ref: CS/FCI19019457/Fsf3

The Motor Claims Department
First Capital Insurance Ltd

Dear Sir/Madam,

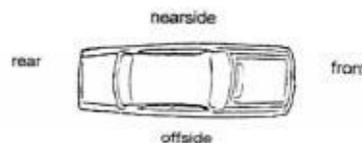
INITIAL INSPECTION REPORT OF VEHICLE NO. SHD 1503T

Please be informed that we had conducted the inspection of the abovementioned vehicle on 04/11/2019 at the premises of M/s Premier Automotive Services Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$ <u>3,088.37</u>
Revised Estimate Amount	: S\$ <u>920.00</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 o/s rear portion.



Comments/ Present Status:

Damages Consistent.
Repair days: 2 days

Yours faithfully

Parasuram S/O Shanmugam
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	25/10/2019 10:08
Date Of Accident	25/10/2019 00:50
Exact Location Of Accident	TAXI QUEUE/RESTING AREA @ T1 CHANGI AIRPORT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD1503T
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	HYUNDAI
Model	I30 (FD)-1.6 DOHC (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	TAN OON SENG
NRIC No	S0099700E
Date Of Birth	16/07/1954
Occupation	OUTDOOR
Date Of Driving Pass	07/03/1974
Driving Experience	45 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-94232767
Fax Number	
Contact Number	
EEmail Address	NOEMAIL

Address	BLK 213 #04-37 BOON LAY PLACE
Postcode	640213
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	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

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	SHC971L
Vehicle Make/Model/Colour	M/BENZ - COMFORT DELGRO TAXI
Details Of Properties	VEH. B
Vehicle Category	TAXI
Name of Driver	MALE INDIAN
NRIC/Passport Number	
Contact Number	91864004
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	DAMAGED ON THE FRONT LEFT PORTION
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.



25 OCT 2019

Policyholder's Signature
Date & Time:

X *[Signature]*

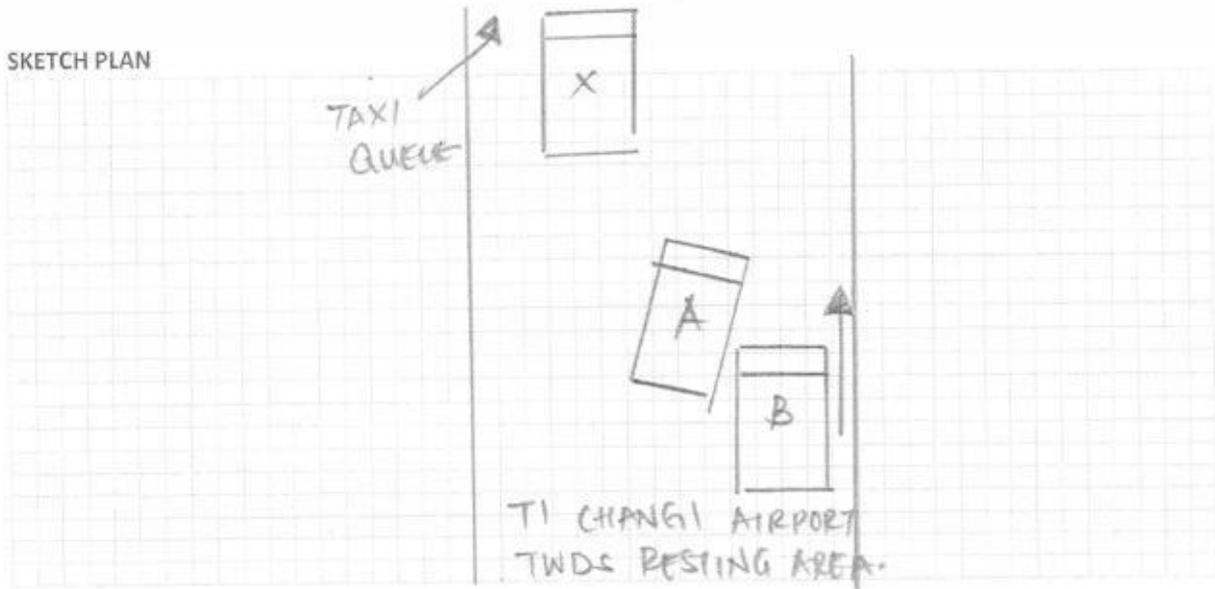
Driver's Signature
(if driver is not the policyholder)
Date & Time:
X 800997006E
2 SHD 1503T

[Signature]

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

Sketch Plan Pg. 2

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

A series of horizontal lines for describing the accident circumstances. The first two lines contain the following handwritten text:

A: SHD 1503T

B: SHC 971L

The remaining lines are crossed out with a diagonal line from the bottom-left to the top-right.

DECLARATION

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

25 OCT 2019

Policyholder's Signature
Date & Time:



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

Handwritten signature and NRIC/FIN number: 800997001E

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

Handwritten signature of reporting centre personnel.

Describe Circumstance of the Accident.

ON 25/10/2019 @ 0050HRS, I WAS DRIVING MY TAXI (SHD 1503 T) ALONG THE RESTING AREA @ CHANGI AIRPORT T1.

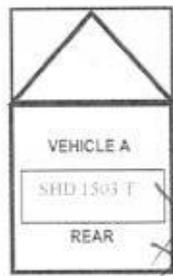
WHILE I WAS FILTERING INTO THE RIGHT, SUDDENLY I FELT AN IMPACT FROM MY RIGHT.

WHEN INSPECTED, I DISCOVERED THAT THE FRONT LEFT OF VEHICLE B (SHC 971 L - M/BENZ TAXI) WHICH WAS INITIALLY STATIONARY ON MY RIGHT - HAD GRAZED ONTO THE RIGHT PORTION OF MY TAXI WHILE MOVING OFF AHEAD.

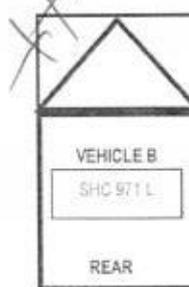
DUE TO THE IMPACT, MY TAXI HAD DAMAGES ON THE RIGHT REAR PORTION & VEHICLE B FRONT LEFT PORTION.

NO INJURY INVOLVED.
NO PASSENGERS ONBOARD BOTH VEHICLES.

DAMAGES FOUND ON VEHICLE A & VEHICLE B



PREMIER TAXI



THIRD PARTY VEHICLE

 50099700/E

Driver's Signature & NRIC Number
Friday, October 25, 2019 @ 10:19:37 AM

(attended by )

Enquire Vehicle Registration Details**Owner Particulars**

NRIC/Passport/Company Cert No.: 200304975H
 Owner ID Type: Company
 Owner Name: PREMIER TAXIS PTE. LTD.
 Registered Address: 23 CHANGI SOUTH AVENUE 2 #04-03 SINGAPORE 486443
 Mailing Address: -
 Birth Date: -

Vehicle Particulars

Vehicle No.: SHD1503T
 Previous Vehicle No.: -
 Effective Date of Ownership: 04 Oct 2017
 Original Regn Date: 04 Oct 2017
 Registration Date: 04 Oct 2017
 Year of Manufacture: 2017
 Vehicle Type: Public Transport Taxi (Motor Car)
 Vehicle Scheme: Taxi (Company)
 Vehicle Attachment 1: Air-Con (Taxi)
 Vehicle Attachment 2: -
 Vehicle Attachment 3: -
 Vehicle Make: HYUNDAI
 Vehicle Model: I30 GDH 1.6 TCI 5DR DCT
 Primary Colour: Silver
 Secondary Colour: -
 Passenger Capacity: 4
 Chassis No.: TMAD281UVHJ141904
 Engine No.: D4FBHZ172589
 Engine Capacity/Power Rating: 1582 cc / -
 Maximum Power Output: 100.0 kW (134 bhp)
 Propellant: Diesel
 Max Unladen Weight: 1496 kg
 Maximum Laden Weight: 1940 kg
 Open Market Value: \$19,970.00
 PARF Eligibility: Yes
 PARF Eligibility Expiry Date: 03 Oct 2025
 Minimum PARF Benefit: \$7,482.00
 No. of Transfers: 0
 IU Label No.: 1050709907
 COE No.: 2017100401003682K
 COE Expiry Date: 03 Oct 2025
 COE Category: A - Car up to 1600cc & 97kW (130bhp)
 COE Registration Category: A - Car up to 1600cc & 97kW (130bhp)
 Quota Premium (QP) / Prevailing Quota Premium: - / \$42,564.00
 PQP Paid: \$34,052.00
 QP (Regn Cat): -
 OPC Cash Rebate Eligibility: No

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

8-Oct-19

ESTIMATE REPAIR BILL FOR HYUNDAI I30(A) WAGON REGN NO: SHD ¹⁵⁰³ ~~1214~~ OT

2 pcs	Rear bumper n/s & o/s side bracket @ \$52.20 Xnr	\$	104.40
1 pc	Rear o/s mud flap guard Xnr	\$	47.45
1 pc	Rear bumper Xnr (R)	\$	811.11
		\$	<u>962.96</u>
	Less 20%	\$	<u>192.59</u>
		\$	770.37

S/NETT

1 set	Rear bumper clips Xnr	\$	48.00
1 set	Reverse sensor Xnr	\$	280.00
1 set	o/s door stickers nec	\$	100.00
1 pc	Rear o/s fender sticker nec	\$	60.00

To check rear o/s wheel alignment Xnr \$ 80.00

Sundry nec \$ 50.00 \$20

To labour charge for dismantle and renew the accident damaged parts. Including to knock-out, straighten, repair, reshape of the rear o/s fender, rear bumper, etc. \$ 750.00 \$200

To putty and spray painting on the rear bumper, rear o/s rim, rear o/s fender, rear o/s door \$ 800.00 \$540

To apply rustproofing on the repaired and replaced panels \$ 150.00 Xnr

Total \$ 3,088.37

(ALL THE REPAIR COSTS ARE SUBJECTED TO GST)
THE ABOVE ESTIMATED COST OF REPAIR DO NOT INCLUDE
ANY UNFORESEEN DAMAGES.

Handwritten notes:
6/11/19
Ram (1K) Part by Part
11/11/19 1600 hrs
88622778 hp
ParaSaram@lkkauto.com
2 repair bays aft repair photos.



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/FCI19019457/Fsf3e2	
36 ROBINSON ROAD #16-01 CITY HOUSESINGAPORE 068877		Date : 14-11-2019	
		Code : FCI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SHC 971L	Veh. Inspected	SHD 1503T
Policy No.		Coverage (\$)	0.00
Claim No.	D19006973MFSH	Excess (\$)	0.00
Assign From	SITHARA	Assign Date	04/11/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI I30	c.c	1582
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	TMAD281UVHJ141904	Colour	SILVER
Odometer	183620	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	FAIR		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	MAXXIS	6 mm
L/H Front Tyre	195/65 R15	MAXXIS	6 mm
R/H Rear Tyre	195/65 R15	MAXXIS	6 mm
L/H Rear Tyre	195/65 R15	MAXXIS	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	25/10/2019	Inspection Date	04/11/2019
Survey held at	PREMIER AUTOMOTIVE SERVICES PTE LTD 23 CHANGI SOUTH AVENUE 2 #01-02 SINGAPORE 486443		
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.			
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 1

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SHD 1503T

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
2	REAR BUMPER N/S & O/S SIDE BRACKET @\$52.20	NOT NECESSARY	104.40	-
1	REAR O/S MUD FLAP GUARD	NOT NECESSARY	47.45	-
1	REAR BUMPER	TO REPAIR SEE LABOUR	811.11	-
	LESS 20% DISCOUNT		-192.59	-
			770.37	-
SPECIAL NETT ITEMS				
1	SET REAR BUMPER CLIPS (SN)	NOT NECESSARY	48.00	-
1	SET REVERSE SENSOR (SN)	NOT NECESSARY	280.00	-
1	SET O/S DOOR STICKERS (SN)	NECESSARY	100.00	100.00
1	REAR O/S FENDER STICKER (SN)	NECESSARY	60.00	60.00
1	SUNDRY (SN)	NECESSARY	50.00	20.00
			538.00	180.00
LABOUR				
	TO CHECK REAR O/S WHEEL ALIGNMENT.	NOT NECESSARY	80.00	-
	TO LABOUR CHARGE FOR DISMANTLE AND RENEW THE ACCIDENT DAMAGED PARTS. INCLUDING TO KNOCK-OUT, STRAIGHTEN, REPAIR, RESHAPE OF THE REAR O/S FENDER, REAR BUMPER, ETC. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		750.00	200.00
	TO PUTTY AND SPRAY PAINTING ON THE REAR BUMPER, REAR O/S RIM, REAR O/S FENDER, REAR O/S DOOR.		800.00	540.00
	TO APPLY RUSTPROOFING ON THE REPAIRED AND REPLACED PANELS.	NOT NECESSARY	150.00	-
			1,780.00	740.00
GRAND TOTAL			3,088.37	920.00
RECOMMENDED COST OF REPAIRS				920.00

Report Ref No. CS/FC119019457/Fsf3e2

PARASURAM S/O SHANMUGAM

Asst. Automotive Assessor

ADRIAN LING WAI PING

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

Licensed Appraiser

DISCLAIMER OF LIABILITY TO THIRD PARTIES:- This Report is made solely for the use and benefit of the Client named on the front page of this Report. 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.