

22/05/2012

ASS. REC. BY:

Surveyor: AdnanREF: 08/AGI19020462/Agd3m2 Special Instruction:ASSIGNMENT (Office)From (Person): Iy Ratilla of AGI Date/Time: 19/11/19 @ 11:23am

Estimated Cost: \_\_\_\_\_ Bill to: \_\_\_\_\_

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

To Inspect Vehicle No: SLC 7452A Insured: SJX 8111Rat Workshop m/s MA solution Tel: 6243 1373of No. 23 Kelai Bulkit Ave 4 # 02-03BPolicy No: \_\_\_\_\_ Claim No: C1000 4643

Sum Insured: \_\_\_\_\_ Excess: \_\_\_\_\_

Make of Veh: \_\_\_\_\_ D.O.A. 16/11/2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement: \_\_\_\_\_

Date/Time: 11:44am @ 19/11/19 Person Contacted: Ms. Hung Vehicle: IN/OUT

Date/Time	Action/Instruction	Estimate
	SLC 7452A - cc3 / MA16010934 / Rle b342	DOA: 6/6/2016
	SJX 8111R - X	
	US \$ 7200, 6 days Cled @ 10399.56, 59%.	



## Nivitha (LKK Auto)

---

**From:** Ivy Ratilla <ivy.r@budgetdirect.com.sg>  
**Sent:** Tuesday, 19 November 2019 11:23 AM  
**To:** Admin-D (LKKAuto)  
**Cc:** SUR; Justin Wong  
**Subject:** FW: SLC7452A-( PRE-INSPECTION ) ; YOUR REF : SJX8111R -DOA ON 16/11/2019 || C10004643  
**Attachments:** TP PRS.pdf

Hi Team,

We would like to arrange TP PRS for SLC7452A. they have chosen Mr. ADRIAN LING WAI PING to survey the vehicle.

Please confirm. Thank you.

Regards,

**Ivy Ratilla**  
**Executive, Claims Admin**

**T** +65 6540 2185  
**F** +65 6725 0853  
**E** [ivy.r@budgetdirect.com.sg](mailto:ivy.r@budgetdirect.com.sg)



**Customer Care** +65 6221 2111  
**Claims** +65 6221 2199  
**Claims (Int.)** +65 6540 2199

190 Clemenceau Avenue, #03-01  
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auto  general

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

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**From:** MG Solution <mg3solution@gmail.com>

**Sent:** Tuesday, 19 November 2019 10:52 AM

**To:** Claims <claims@budgetdirect.com.sg>

**Subject:** SLC7452A-( PRE-INSPECTION ) ; YOUR REF : SJX8111R -DOA ON 16/11/2019

Dear person in charge,

Please refer to attach file and arrange for pre-inspection.

We prefer our single joint expert as below:

- **ADRIAN LING WAI PING (LKK AUTO CONSULTANTS PTE LTD)**

Thank you.

Best Regards,

**Ms Hong**

**MG SOLUTION PTE LTD**

No 23 Kaki Bukit Avenue 4

AAS Kaki Bukit Centre

#02-03B Singapore 415933

Tel: 6243 1373 | Fax: 6243 1376

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## 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	18/11/2019 18:48
Date Of Accident	16/11/2019 17:30
Exact Location Of Accident	@BASEMENT 2 CP OF TAMPINES HUB
Country/State of Loss	SINGAPORE

### DETAILS OF OWN VEHICLE

Vehicle Registration Number	SLC7452A
<b>Insured/Policyholder</b>	
Name Of Registered Owner	SYED OMAR BIN SYED HAYDAR ALSREE
NRIC No	S9037797C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97969219
Alternative Phone No	OTHERS-97969219

### Vehicle Particulars

Manufacturer	MERCEDES-BENZ
Model	A200 FL STYLE (R17 HLG)
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	MSIG INSURANCE (SINGAPORE) PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	A 29088849 QMY
Cover Note Number	

### Driver

Name of Driver	SYED KHALID BIN SYED HAYDAR ALSREE
NRIC No	S8490065F
Date Of Birth	29/08/1984
Occupation	INDOOR
Date Of Driving Pass	26/04/2004
Driving Experience	15 YEARS AND 6 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91444663
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address	BLK 147 TAMPINES AVENUE 05 #08-240
Postcode	521147
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	SIBLING
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?	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)	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

REFER ATTACHED;

#### Attachment(s)

Are accident photos available for attachment?	YES
Was there any video captured by Car Camera?	YES
Remarks/ Reasons:	WITH OWNER/DRIVER
Was there any audio recorded?	NO

#### DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJX8111R
Vehicle Make/Model/Colour	HYUNDAI / AVANTE 1.6 MT ABS AIRBAG 2WD 4DR
Details Of Properties	
Vehicle Category	PRIVATE CAR
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	SYED KHALID BIN SYED HAYDAR ALSREE
Approximate Age	
Injuries Sustain	BACK & NECK PAIN
Injured person in which vehicle?	SLC7452A
Were seat belts worn?	YES
Was this injured conveyed to hospital by ambulance?	
Address	BLK 147 TAMPINES AVENUE 05 #08-240
Postcode	521147

## Accident Sketch Plan

### SKETCH PLAN

#### IMPORTANT NOTICE

1. Please report correctly the details of the accident to speed up the claim's process.
2. This Form must be completed by the Policyholder and/or the Authorized Driver.
3. Information provided must be as truthful and accurate as possible. Any willful 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 CIA 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 (if possible).
8. Consents under the Personal Data Protection Act (PDPA)  
I understand, acknowledge, agree and warrant 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 the Insurers' lawyers/law firms), which may be used outside of Singapore, for one or more of the above Purposes;  
(d) my Personal Information will/can be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims;  
(e) my information so collected under (b) above may be shared and 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  
(f) 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:

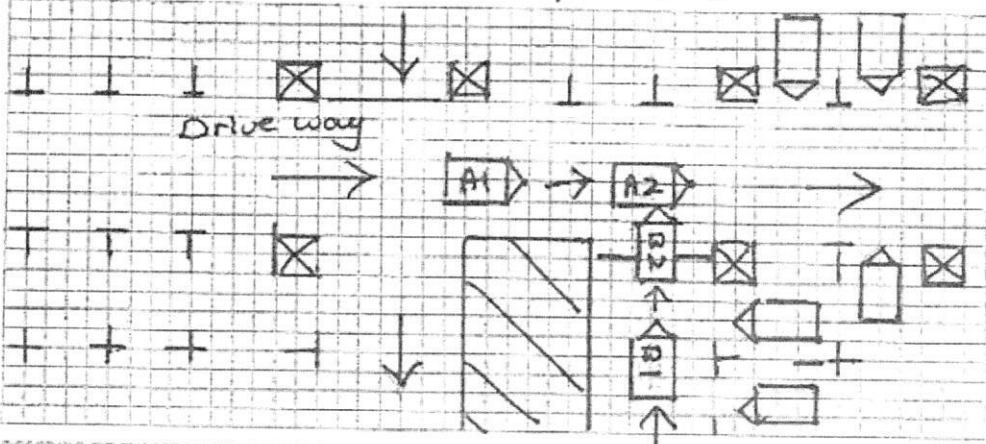
IDAC KAKI BUKIT (YAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Email: [vackb@vicom.com.sg](mailto:vackb@vicom.com.sg)  
Reporting Centre Personnel's Signature  
Name:  
NRIC/FIN No.:



# Accident Sketch Plan

SKETCH PLAN

Basement 2 at Tampines Hub



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 16/11/2019 at about 1730 hrs at Basement<sup>2</sup> Car Park of Tampines Hub, No. 1 Tampines Walk. I was travelling on the above mentioned basement carpark driveway and when by passing a side driveway, a vehicle (B) on my Right dashed out without stopping and without giving way to my on coming vehicle hence collided onto my Right Front Portion of my vehicle (A) causing damages to my vehicle.

CA / SLC F452A

(B) SJX 8111R

Note: Please note that your insurer may have 14 days time frame for you to submit an Own Damage Claim under your own comprehensive policy. Please check your policy for more information.

## 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:

IDAC KAKI BUKIT (VAC)  
23 Kaki Bukit Ave 4 #02-02  
Singapore 415933  
Tel: 67416697 Fax: 67492305  
Reporting Officer's Signature  
Name:  
NRIC/FIN No.:

# MG SOLUTION PTE LTD

23 Kaki Bukit Avenue 4 (South Wing) #02-03 Singapore 415933

Tel: (+65) 6243 1373 | Fax: (+65) 6243 1376

Reg. No: 201427944N

Email: mg3solution@gmail.com

TO	: AUTO & GENERAL	DATE	: 18/11/2019
ATTENTION	: MOTOR CLAIMS DEPT	JOB TYPE	: T/P CLAIM
ESTIMATE REPORT :			
<u>VEHICLE DETAILS</u>			
VEHICLE NO	: SLC7452A	<i>Xiao Chen.</i>	
MODEL	: MERCEDES BENZ A200	<i>WDD1760432J452871</i>	
CHASSIS NO			
ACCIDENT DETAILS	DATE : 16-Nov-19 TIME : 17:30HRS		
THIRD PARTY REQUESTOR / CONTACT	: JACK		

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 confirmation
- Third party survey is on a "Without Prejudice" basis
- No illegal modification(s) is allowed
- Supplementary item(s) must be resurveyed and is subject to final approval from Insurance Company

## CLAIM DETAIL : PARTS

S/N	DESCRIPTION	QTY	UNIT LIST PRICE	TOTAL LIST PRICE
1	FRONT BUMPER SIDE RETAINER <i>new</i>	1	\$ 103.20	\$ 103.20
2	FRONT BUMPER INNER GARNISH <i>new</i>	1	\$ 280.00	\$ 280.00
3	FRONT BUMPER SENSOR <i>1 piece damaged</i>	2	\$ 320.00	\$ 640.00
4	FRONT BUMPER REINFORCEMENT <i>new</i>	1	\$ 890.00	\$ 890.00
5	FRONT BUMPER REINFORCEMENT SPONGE <i>new</i>	1	\$ 210.00	\$ 210.00
6	FRONT BUMPER NOZZEL <i>new</i>	1	\$ 280.00	\$ 280.00
7	FRONT BUMPER NOZZEL COVER <i>new</i>	1	\$ 90.00	\$ 90.00
8	HEADLAMP <i>Cracked</i>	1	\$ 2,150.30	\$ 2,150.30
9	FRONT FENDER RH <i>Dented</i>	1	\$ 680.00	\$ 680.00
10	FRONT FENDER INNER COWLING RH <i>torn</i>	1	\$ 210.00	\$ 210.00
11	FRONT SHOCK ABSORBER <i>2</i>	1	\$ 811.20	\$ 811.20
12	REAR UPPER ARM	1	\$ 355.00	\$ 355.00
13	FRONT LOWER ARM(FRONT) <i>new</i>	1	\$ 388.70	\$ 388.70
14	FRONT LOWER ARM(REAR) <i>new</i>	1	\$ 250.00	\$ 250.00
15	FRONT KNUCKLE ARM	1	\$ 920.00	\$ 920.00
16	FRONT KNUCKLE BEARING	1	\$ 430.00	\$ 430.00

*Front support panel*

*785*

TOTAL PRICE

\$ 8,688.40

*Cracked*

*4278.50*

*3850.65*

LESS 10% \$ 868.84

SUB TOTAL PRICE \$ 7,819.56

**SPECIAL NETT ITEMS**

S/N	DESCRIPTION	QTY	UNIT S/NETT	TOTAL S/NETT
1	FRONT BUMPER <i>Rehd</i>	1	\$ 1,800.00	\$ 1,800.00 <i>1800</i>
2	FRONT BUMPER LOWER LID <i>Rehd</i>	1	\$ 1,200.00	\$ 1,200.00 <i>800</i>
3	FRONT BUMPER FOGLAMP COVER <i>lit</i>	1	\$ 350.00	\$ 350.00 <i>250</i>
4	FRONT BUMPER CLIPS(SET) <i>rm</i>	1	\$ 25.00	\$ 25.00 <i>-</i>
5	FRONT FENDER INNER COWING CLIPS(SET) <i>rm</i>	1	\$ 25.00	\$ 25.00 <i>-</i>
6	WHEEL RIM <i>lit</i>	1	\$ 1,500.00	\$ 1,500.00 <i>1000</i>
7	WHEEL TYRE <i>rm rm</i>	1	\$ 850.00	\$ 850.00 <i>4</i>

*3500* TOTAL \$ 5,750.00

**CLAIM DETAILS: LABOUR AND SPRAY PAINTING (FRONT)**

1	TO PANEL BEAT, WELD, CUT, KNOCK STRAIGHTEN, ADJUST GRAZE, JOIN	\$ 1,400.00	<i>800</i>	
2	TO PUTTY, SPRAY PAINT, POLISH, WAX AFFECTED PARTS AND PANELS	\$ 1,200.00	<i>500</i>	
3	TUFF COAT	\$ 250.00	<i>x</i>	
4	WIRING CHECK	\$ 120.00	<i>30</i>	
5	CONDUCT WATER LEAKAGE TEST	\$ 80.00	<i>x</i>	
6	REMOVE AND REFIX CUSHION SEAT/ UPHOLSTERY AND ROOF LINING TO FACILITATE REPAIR	\$ 250.00	<i>x</i>	
7	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS, RESET MEMORIES TO <i>specification Etc</i>	180.00	<i>100</i>	
8	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING	\$ 80.00	<i>60</i>	
9	REMOVE AND REFIX FRONT UNDERCARRIAGE	\$ 350.00	<i>x</i>	
10	FOUR WHEEL ALIGNMENT	\$ 120.00	<i>80</i>	

TOTAL

\$4,030.00

**ESTIMATE REPORT**

TOTAL PARTS COST : \$ 13,569.56  
TOTAL LABOUR COS : \$ 4,030.00  
TOTAL REPAIR COS : \$ 17,599.56

**APPROVED DETAILS**

SURVEYOR :

CONTACT NO :

FAX :

PART BY PART / LUMP SUM :

*To Remove and refix front Absorber and Radiator*

*# 300 120*

*Total: 9040.65  
h/s: 7.2K*

*Adrian L  
h/s 19/11/18  
06 Days*

*1690*

*18606.06*

NO OF 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

Affiliated to Federation Internationale Des Experts En Automobile			
AUTO & GENERAL INSURANCE (S) PL		Ref : CS/AGI19020462/Aqd3n2	
(BUDGET DIRECT INSURANCE) 190 CLEMENCEAU AVENUE #03-01 SINGAPORE SHOPPING CENTRESINGAPORE 239924		Date : 01-02-2020	
Code : AGI			
<b>1. Policy Particulars :- THIRD PARTY CLAIM</b>			
Insured Veh.	SJX 8111R	Veh. Inspected	SLC 7452A
Policy No.		Coverage (\$)	0.00
Claim No.	C10004643	Excess (\$)	0.00
Assign From	IVY RATILLA	Assign Date	19/11/2019
<b>2. Vehicle Particulars &amp; Condition</b>			
Make & Model	MERCEDES BENZ A200	c.c	1595
Engine No.	HIDDEN	Year of Reg.	2016
Chassis No.	WDD1760432J452871	Colour	WHITE
Odometer	50299	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
<b>3. Conditions of Tyres</b>			
	Size	Make	Balance
R/H Front Tyre	225/40 R18	YOKOHAMA	6 mm
L/H Front Tyre	225/40 R18	YOKOHAMA	6 mm
R/H Rear Tyre	225/40 R18	YOKOHAMA	6 mm
L/H Rear Tyre	225/40 R18	YOKOHAMA	6 mm
<b>4. Description of Damages</b>			
THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.			
<b>5. General Information</b>			
Accident Date	16/11/2019	Inspection Date	19/11/2019
Survey held at	MG SOLUTION PTE LTD 23 KAKI BUKIT AVE 4 (SOUTH WING) #02-03B VICOM INSPECTION CENTRE, SINGAPORE 415933		
<b>5a. Remarks</b>			
A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS.			
<b>5b. Estimate Days of Repair</b>			
ESTIMATED NORMAL PERIOD FOR REPAIR:		6 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

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### ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SLC 7452A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
<b>REPLACEMENT OF PARTS</b>				
1	FRONT BUMPER SIDE RETAINER	NECESSARY	103.20	103.20
1	FRONT BUMPER INNER GARNISH	NOT NECESSARY	280.00	-
2	FRONT BUMPER SENSOR @\$320.00	DAMAGED (1 PC ONLY)	640.00	260.00
1	FRONT BUMPER REINFORCEMENT	NOT NECESSARY	890.00	-
1	FRONT BUMPER REINFORCEMENT SPONGE	NOT NECESSARY	210.00	-
1	FRONT BUMPER NOZZEL	NOT NECESSARY	280.00	-
1	FRONT BUMPER NOZZEL COVER	CUT	90.00	90.00
1	HEADLAMP	CRACKED	2,150.30	2,150.30
1	FRONT FENDER RH	DENTED	680.00	680.00
1	FRONT FENDER INNER COWLING RH	TORN	210.00	210.00
1	FRONT SHOCK ABSORBER	NOT NECESSARY	811.20	-
1	REAR UPPER ARM	NOT NECESSARY	355.00	-
1	FRONT LOWER ARM (FRONT)	NOT NECESSARY	388.70	-
1	FRONT LOWER ARM (REAR)	NOT NECESSARY	250.00	-
1	FRONT KNUCKLE ARM	NOT NECESSARY	920.00	-
1	FRONT KNUCKLE BEARING	NOT NECESSARY	430.00	-
1	FRONT SUPPORT PANEL	CRACKED	785.00	785.00
	LESS 10% DISCOUNT		-947.34	-427.85
			8,526.06	3,850.65
<b>SPECIAL NETT ITEMS</b>				
1	FRONT BUMPER (SN)	DEFORMED	1,800.00	1,400.00
1	FRONT BUMPER LOWER LID (SN)	DEFORMED	1,200.00	800.00
1	FRONT BUMPER FOGLAMP COVER (SN)	CUT	350.00	250.00
1	SET FRONT BUMPER CLIPS (SN)	NECESSARY	25.00	25.00
1	SET FRONT FENDER INNER COWLING CLIPS (SN)	NECESSARY	25.00	25.00
1	WHEEL RIM (SN)	CUT	1,500.00	1,000.00
1	WHEEL TYRE (SN)	NOT NECESSARY	850.00	-
			5,750.00	3,500.00
<b>LABOUR</b>				
	TO PANEL BEAT,WELD,CUT,KNOCK STRAIGHTEN,ADJUST GRAZE,JOIN.		1,400.00	800.00
	TO PUTTY,SPRAY PAINT,POLISH,WAX AFFECTED PARTS AND PANELS.		1,200.00	500.00

Report Ref No. CS/AGI19020462/Aqd3n2



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TEL: 6256 3561 FAX: 6256 4315

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

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Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	TUFF COAT.	NOT NECESSARY	250.00	-
	WIRING CHECK.		120.00	30.00
	CONDUCT WATER LEAKAGE TEST.	NOT NECESSARY	80.00	-
	REMOVE AND REFIX CUSHION SEAT/UPHOLSTRY AND ROOF LINNING TO FACILITATE REPAIR.	NOT NECESSARY	250.00	-
	REMOVE AND REFIX REVERSE SENSOR AND DISTANCE SETTING.		80.00	60.00
	REMOVE AND REFIX FRONT UNDERCARRIAGE.	NOT NECESSARY	350.00	-
	FOUR WHEEL ALIGNMENT.		120.00	80.00
	TO CHECK DIAGNOSTICS OF VEHICLE MANAGEMENT/CONTROL UNITS,RESET MEMORIES TO SPECIFICATION ETC.		180.00	100.00
	TO REMOVE AND REFIX FRONT CONDENSER AND RADIATOR.		300.00	120.00
			4,330.00	1,690.00
<b>GRAND TOTAL</b>			<b>18,606.06</b>	<b>9,040.65</b>
<b>RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)</b>				<b>7,200.00</b>

Report Ref No. CS/AGI19020462/Aqd3n2

ADRIAN LING WAI PING

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

Licensed Appraiser

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