

ASS. REC. BY:

REF:

CS/INC 19020826/Rly d3n2

Special Instruction:

Surveyor: RDU1

ASSIGNMENT (Office)

From (Person): Hazadugu Bt Ibrahim

of

INC

Date/Time: 9:32am 08/11/09

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

PA 6434Y

Insured:

FBL 7412L

at Workshop in/s

woodlands transport

Tel:

9299 4122

of

8 Gul Circle

Policy No:

Claim No:

M11072051-002

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A

18/11/2009

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

11:30am 02/11/09

Person Contacted:

Mr Chen

Vehicle:

IN/OUT

| Date/Time | Action/Instruction | Vehicle |
|-----------|---------------------------------|------------|
| | PA 6434Y - CS/EG119019552 / EYB | DOA: Villa |
| | FBL 7412L - X. | |
| | | |
| | | |
| | | |

ASS. REC. BY

Form

REF: INC

721M

(OE/PRY: 2021/SEP)

ASSIGNMENT

From:

Date:

05/11/19

Estimated Cost:

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

To Inspect Vehicle No:

PA 6434Y

at Workshop m/s

Woodlands Transport

of

8 Gul Circle

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

After 4pm

Mr. Chen @ 9299 4122

(Policy Condition)

Remark: The veh had commenced its repair at the time of inspection.

| | |
|-----|-----|
| | |
| N/S | O/S |
| | |

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

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

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

PA 6434Y

Yr Regn: 2006 / SEP

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

Truck / Trailer or

MINI - Bus

Make:

Mitsubishi BE639

C.C 3908

Colour

MULTI

A/C: Insured / Std / NI / NA

Sp. Reading

859123

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

BE 639 JD 00 340

Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: NIP / S/Rim / STD A/Rim or

Tyre Size:

F:

215/75R17.5

R:

1.

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

TOYO / YOKO or

AUFINE

Front

Rear

R/Bal.

7

mm

R/Bal.

7/7

mm

L/Bal.

7

mm

L/Bal.

7/7

mm

D.O.A.

18/11/19

D.O.I.

25/11/19

Survey held at

WTS

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

o/s Rear

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

Date / Time

Action / Instruction

5/2 US \$1550/= (Red \$950.00, 38%)

RECEIVED 19 FEB 2020

Date/Time, File Pass to?



: Preli. Report

1)



: Final Report

Date/Time, File Return to?

2)

19/2/20 Typist

Days Of Repair:

3

Resurvey No. of Trip:

3

Add Fee:



: Site Insp (\$)



: Interview (\$)



: Tech. Invs (\$)



: Weekend (\$)

Survey Fee:

Transportation:

\$ + RS. \$

Photos

Others

TOTAL

250

Report Format:

ump Sum

/ T.B.E. C

\$1550/=

Nivitha (LKK Auto)

From: Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>
Sent: Monday, 25 November 2019 10:53 AM
To: Admin-D (LKKAuto); assignments
Cc: Hazalysa Binte Ibrahim
Subject: RE: TP CASES FARMED OUT TO LKK ON 25/11/2019

Dear LKK,

Re-send with details.

Thank you.

Warmest Regards

Hazalysa Bte Ibrahim
Admin Assistant
Operations, Motor & Personal Lines (PL)
www.income.com.sg



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in with you

From: Hazalysa Binte Ibrahim
Sent: Monday, 25 November 2019 9:33 AM
To: Admin-D (LKKAuto) <admin-d@lkkauto.com>; assignments <assignments@lkkauto.com>
Cc: Susan Ting <susan.ting@income.com.sg>; Hazalysa Binte Ibrahim <hazalysa.ibrahim@income.com.sg>
Subject: TP CASES FARMED OUT TO LKK ON 25/11/2019

Dear LKK,

Please assist to survey the following vehicles as per Mr Teng's instruction :-

| SN | OIC | Claim No. | Vehicle | WorkShop Name | WorkShop Address | WorkShop Contact | Survey Time | OI VEH | DOA | Additional Remarks |
|----|----------------|----------------|----------|-------------------------------------|---|---|-------------|----------|----------|--|
| 1 | Cyndie Yong | MT/1072662-002 | SHA9715L | DING AUTOMOTIVE PTE LTD | 31 CORPORATION ROAD SINGAPORE 649825 | VADIVELAN MOHAN / 62657130 / 96891857 | | SF55072M | 22/11/19 | |
| 2 | Azhari | MT/1071788-002 | SLS2782X | PREMIUM AUTOCARE CENTRE | 281 ALEXANDRA ROAD SINGAPORE 159938 | George Wong / 6690 0293 | 10:00-12:00 | SFZ2800L | 17/11/19 | |
| 3 | Jeff Lin | MT/1071968-002 | SJU122C | PREMIUM AUTOCARE CENTRE | 281 ALEXANDRA ROAD SINGAPORE 159938 | George Wong / 6690 0293 | 10:00-12:00 | SLP8141Y | 16/11/19 | |
| 4 | Jeff Lin | MT/1072687-001 | GBB7630B | SIN SHENG ENGINEERING SERVICES | NO 8 TUAS AVENUE 18, (LEVEL 5) SINGAPORE 638892 | Pei Jin / 6863 9595 | | GZ1445Z | 19/06/17 | |
| 5 | Charlotte Chew | MT/1072051-002 | PA6434Y | WOODLANDS TRANSPORT SERVICE PTE LTD | 8 GUL CIRCLE SINGAPORE 629564 | Kenji Lee / Mr Chan / 9299 4122 / 6559 8984 | 16:15-17:00 | FBL7412L | 18/11/19 | 6559 8988 / 6559 8954 (workshop insisted to survey after 4pm due to client only available after 4pm) |

Please contact workshops.

Please revert to officer-in-charge after survey.

Thank you.

Warmest Regards

Hazalya Bte Ibrahim
Admin Assistant
Motor Department
T +65 6430 7902
www.income.com.sg



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in with
you

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> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

| Vehicle Owner Particulars | |
|---------------------------|---------|
| Owner ID Type: | Company |
| Owner ID: | 721M |

| Vehicle Details | |
|-------------------------------|--------------|
| Vehicle No.: | PA6434Y |
| Vehicle to be Exported: | No |
| Intended Deregistration Date: | 26 Nov 2019 |
| Vehicle Make: | MITSUBISHI |
| Vehicle Model: | BE639JRMHDEA |
| Primary Colour: | Multicolor |
| Manufacturing Year: | 2006 |
| Engine No.: | 4D34K90811 |
| Chassis No.: | BE639JD00340 |
| Maximum Power Output: | - |
| Open Market Value: | \$59,857.00 |
| Original Registration Date: | 22 Sep 2006 |
| First Registration Date: | 22 Sep 2006 |
| Transfer Count: | 0 |
| Actual ARF Paid: | \$2,993.00 |

| Intended PARF Rebate Details | |
|-------------------------------|--------|
| PARF Eligibility: | No |
| PARF Eligibility Expiry Date: | - |
| PARF Rebate Amount: | \$0.00 |

| Intended COE Rebate Details | |
|-----------------------------|-------------------------|
| COE Expiry Date: | 21 Sep 2021 |
| COE Category: | C - Goods Vehicle & Bus |
| COE Period(Years): | 5 |
| PQP Paid: | \$24,044.00 |
| COE Rebate Amount: | \$8,760.00 |
| Total Rebate Amount: | \$8,760.00 |

| Message | |
|--|--|
| Please note that all future COE renewals for this vehicle can only be for a 5-year period, subject to the statutory lifespan (if applicable) of the vehicle. | |

The information contained herein is correct as at 26 Nov 2019

OK

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 | 19/11/2019 14:08 |
| Date Of Accident | 18/11/2019 07:30 |
| Exact Location Of Accident | SLE TOWARDS PUNGGOL |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------------------------|
| Vehicle Registration Number | PA6434Y |
| Insured/Policyholder | |
| Name Of Registered Owner | WOODLANDS TRANSPORT SERVICE PTE LTD |
| Co Reg No | 198102721M |
| Email Address | NOEMAIL |
| Mobile Phone No | (LOCAL) +65-98383481 |
| Alternative Phone No | OFFICE-65598954 |

Vehicle Particulars

| | |
|--------------|--------------|
| Manufacturer | MITSUBISHI |
| Model | BE639JRMHDEA |

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 | LIBERTY INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY |
| Fleet Policy | YES |
| Policy Number | SD19V10183 |
| Cover Note Number | |

Driver

| | |
|----------------------|-----------------------|
| Name of Driver | ONG CHEE BENG |
| NRIC No | S1133540C |
| Date Of Birth | 13/02/1955 |
| Occupation | OUTDOOR |
| Date Of Driving Pass | 13/09/1978 |
| Driving Experience | 41 YEARS AND 2 MONTHS |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-97516628 |
| Fax Number | (LOCAL) +65-68982394 |
| Contact Number | OFFICE-65598954 |
| Email Address | NOEMAIL |

| | |
|---|-----------------------------------|
| Address | BLK 116 JURONG EAST ST 13 #09-388 |
| Postcode | 2260 |
| 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 | 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? | 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) | 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 18/11/2019, at about 07:30 hrs, I was traveling along SLE towards Punggol in lane 2. The weather was clear with dry road surfaces at that point of time. As I was traveling within my lane, the vehicle in front of me came to a stop. Hence, I applied brake. However, a motorcycle FBL7412L that was traveling behind me, could not stop in time and collided into my vehicle. As a result, my bus sustained damages on the rear bumper. No one was injured.

Attachment(s)

| | |
|---|-----------------|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Remarks/ Reasons: | FILER TOO LARGE |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-----------------------------|------------|
| Vehicle Registration Number | FBL7412L |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | MOTORCYCLE |
| Name of Driver | |
| NRIC/Passport Number | |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |

No. Of Passenger (Including Driver)

Accident Sketch Plan

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.


B. 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



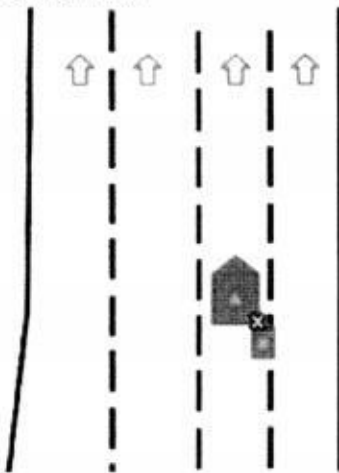
Driver's Signature
(If driver is not the policyholder)
Date & Time



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

Accident Sketch Plan

SKETCH PLAN



A -PA6434Y
B -FBL7412L
SLE TOWARDS PUNGGOL

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

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

WTS Engineering Pte Ltd

8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163

Company Registration Number: 200505706E

Quotation

DATE: 19/11/19

VEHICLE NO: PA6434Y

DRIVER: Ong Chee Beng

ATTENTION TO:

PREPARED BY: Chan Soo Lye

LOCATION: Gul Workshop

Q REF No: Q19/11/1083

DEPARTMENT: WTS Bus Department

ACCIDENT DATE: 18/11/19

REF No: JW-1119-55

| S/N | Description | Qty | Cost per Unit | Amount S\$ |
|---------------------|---|-----|---------------------|------------------------------|
| Spare Parts | | | | |
| 1 | REAR BUMPER <i>CR</i> | 1 | 1700 | 1,700.00 |
| Labour Costs | | | | |
| 1 | TO REMOVE AND REFIX FRONT NEW BUMPER. TO PANEL BEAT RHS REAR SIDE PANEL- DENTED. | 1 | 350 | 350.00 300 |
| Spray Paint | | | | |
| 1 | Spray Painting TO SPRAY PAINTING REAR BUMPER AND REAR RHS PANEL. | 1 | 450 | 450.00 380 |
| | | | TOTAL: | 2,500.00 |
| | | | Total Amount | SGD 2,500.00 |

Remarks:

[Signature]
Signature of Workshop Dpt

[Signature]
Signature of Department Head

[Signature]
Signature of Claim Department

Surveyor Sign: *[Signature]*

Surveyor Name: *Rashid - 140 900 10068*

Date: *25/11/19 @ 1620*

*Reply after repair
4/3
3 days*

25/11/19

*415-5
1700*

90010068

9.



WTS Engineering

WTS Engineering Pte Ltd

8 Gul Circle, Singapore 629564 Tel: 65598984 Fax: 68622163

Company Registration Number: 200505706E

Quotation

DATE: 19/11/19

VEHICLE NO: PA6434Y

DRIVER: Ong Chee Beng

ATTENTION TO:

PREPARED BY: Chan Soo Lye

LOCATION: Gul Workshop

Q REF No: Q19/11/1083

DEPARTMENT: WTS Bus Department

ACCIDENT DATE: 18/11/19

REF No: JW-1119-55

| S/N | Description | Qty | Cost per Unit | Amount S\$ |
|---------------------|---|-----|---------------|-----------------------|
| Spare Parts | | | | |
| 1 | REAR BUMPER <i>cm</i> | 1 | 1700 | 1,700.00 |
| Labour Costs | | | | |
| 1 | TO REMOVE AND REFIX FRONT NEW BUMPER. TO PANEL BEAT RHS REAR SIDE PANEL- DENTED. | 1 | 350 | 350.00 300 |
| Spray Paint | | | | |
| 1 | Spray Painting TO SPRAY PAINTING REAR BUMPER AND REAR RHS PANEL. | 1 | 450 | 450.00 380 |
| TOTAL: | | | | 2,500.00 |
| Total Amount | | | | SGD 2,500.00 |

Remarks:

Signature of Workshop Dpt

Signature of Department Head

Signature of Claim Department

Surveyor Sign: *[Signature]*

Surveyor Name: *Rasul - 140 900 100 68*

Date: *25/11/19 @ 1620*

*Long after repair
4/3
3 days*

NTUC

90010068

RASUL LKIC

9/11/19

1275

680

1955

202

1564

1564

1564

1564

1564

1564

1564

1564

1564

1564

1564

1564

1564

1564

1564



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

DAMAGE ASSESSMENT REPORT

NTUC INCOME INSURANCE CO-OPERATIVE LTD Ref: CS/INC19020826/R1yd3n2

73 BRAS BASAH ROAD
#05-01 NTUC TRADE UNION HOUSESINGAPORE
189556

Date: 19-02-2020



ATTN: CHARLOTTE CHEW

Code: INC

1. Policy Particulars :- THIRD PARTY CLAIM

| | | | |
|--------------|------------------------|----------------|------------|
| Insured Veh. | FBL 7412L | Veh. Inspected | PA 6434Y |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | MT/1072051-002 | Excess (\$) | 0.00 |
| Assign From | HAZALYSA BINTI IBRAHIM | Assign Date | 25/11/2019 |

2. Vehicle Particulars & Condition

| | | | |
|--------------|------------------|--------------|----------|
| Make & Model | mitsubishi BE639 | c.c | 3908 |
| Engine No. | HIDDEN | Year of Reg. | 2006 |
| Chassis No. | BE639JD00340 | Colour | MULTI |
| Odometer | 859123 KM | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | FAIR | | |

3. Conditions of Tyres

| | Size | Make | Balance |
|----------------|------------------|--------|---------|
| R/H Front Tyre | 215/75 R17.5 | AUFINE | 7 mm |
| L/H Front Tyre | 215/75 R17.5 | AUFINE | 7 mm |
| R/H Rear Tyre | 215/75 R17.5 (D) | AUFINE | 7/7 mm |
| L/H Rear Tyre | 215/75 R17.5 (D) | AUFINE | 7/7 mm |

4. Description of Damages

| |
|--|
| THE VEHICLE SUSTAINED DAMAGES AT THE O/S REAR PORTION. DAMAGES SEE DETAILS. |
|--|

5. General Information

| | | | |
|----------------|---|---------------------|-------------------------|
| Accident Date | 18/11/2019 | Inspect Date / Time | 25/11/2019 (04:22 PM) |
| Survey held at | WOODLANDS TRANSPORT SERVICE PTE. LTD. 8 GUL CIRCLE SINGAPORE 629564 | | |

5a. Remarks

| |
|--|
| A)THE INSPECTION WAS CONDUCTED ON A"WITHOUT PREJUDICE" BASIS. B)IN ACCORDANCE TO YOUR INSTRUCTIONS, WE HAVE NOT AUTHORISED REPAIRS. |
|--|

5b. Estimate Days of Repair

| | |
|-------------------------------------|----------------|
| ESTIMATED NORMAL PERIOD FOR REPAIR: | 3 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. PA 6434Y

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|---|-----------|---------------------------|-------------------|
| 1 | REPLACEMENT OF PARTS | CRACKED | | |
| | REAR BUMPER | | 1,700.00 | 1,700.00 |
| | LESS 25% DISCOUNT | | - | -425.00 |
| | | | 1,700.00 | 1,275.00 |
| | LABOUR | | | |
| | TO REMOVE AND REFIX FRONT NEW BUMPER. TO PANEL BEAT RHS REAR SIDE PANEL-DENTED. | | 350.00 | 300.00 |
| | TO SPRAY PAINTING REAR BUMPER AND REAR RHS PANEL. | | 450.00 | 380.00 |
| | | | 800.00 | 680.00 |
| GRAND TOTAL | | | 2,500.00 | 1,955.00 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) (CONFIRMED) | | | | 1,550.00 |

Report Ref No. CS/INC19020826/R1yd3n2

MOHAMMED RASUL BIN MOHD YUNUS

Automotive Assessor

K.K.LAU CPT(RET)

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

REGD Auto Consultant-SAE, Licensed Appraiser

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