

ASS. REC. BY:

Assignor:

REF:

CS/ACI/19021044/Kyd302

Special Instruction:

ASSIGNMENT (Office)

From (Person):

Ivy Restilla

of

ACI

Date/Time:

28/11/19 @ 10:01am

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

CB 7034K

Insured:

SLC 1403G

at Workshop m/s

Serve you Motor

Tel:

6481 5652

of

Blk 5033 AMK Ind. Park 2 #01-265

Policy No:

Claim No:

C10004742/JM

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

26/11/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

10:42am @ 28/11/19

Person Contacted:

Glewie

Vehicle IN/OUT

Date/Time

Action/Instruction

Estimate ✓

CB 7034K-X

SLC 1403G-NM / ACI/8022570/K4

D.O.A. 21/12/18

REF: AG1

ASSIGNMENT

From: _____ Date: 29.11.2019
 Estimated Cost: _____
 OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: CB 7034K
 at Workshop m/s serve you motor
 of Bk 5033 Amr Ind Pk 2 #01-265
 Insured: _____
 Policy No. _____
 Claims No. _____
 Sum Insured: _____ Excess: _____
 (Client's Record)
 Make of Veh: Akr 10.30 A.M

(Policy Condition)

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

| | |
|-------------------------------------|--------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| N/S | O/S |
| <input type="checkbox"/> | <input type="checkbox"/> |

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

GIA / PR Seen: _____ Consistent? : Yes or No

Est. Repairs: 03 days Res.: Yes or NoLum Sum: 20 % 3 Val.: Yes or No

CA / REV / REP / 24 HRS

Date: 12/24 Person Contacted: _____

Vehicle: IN / OUT

Veh No: CB 7034K Yr Regn: 12 / 04
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Toy / Hiace C.C. 2986
 Colour: White A/C: Insured / Std / NI / NA
 Sp. Reading: 392155 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: 111174 - 8004871
 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 A/Rim or _____
 Tyre Size: F: _____ R: 185 R14 XR
 BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
 TOYO / YOKO or Falken
 Front: _____ Rear: _____
 R/Bal. 7 mm R/Bal. 6 mm
 L/Bal. 7 mm L/Bal. 6 mm
 D.O.A. 26/11/19 D.O.I. 29/11/19
 Survey held at ✓
 Des. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop or _____
N/S 1st
 The U/C / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

3/1/20 US \$950/- (Red \$1408.03, 59%)

Date/Time, File Pass to?

☐ : Preli. Report

1)

☐ : Final Report

Date/Time, File Return to?

2) 3/1/20 Typist

Rep. Form(s):

Lump Sum / 1st \$950/-

Days Of Repair: 3Resurvey No. of Trip: 2Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Insp (\$)☐ : Weekend (\$)Survey Fee: 240

Transportation: _____

S + RS. \$ _____

Photos _____

Office _____

TOTAL

240

Nivitha (LKK Auto)

From: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Sent: Thursday, 28 November 2019 10:01 AM
To: Admin-D (LKKAuto)
Cc: SUR; Julie Mangubat
Subject: FW: TPPD Survey: Claim ref:C10004742/JM || OI- SLC1403G (Grey) TP- CB7034K || Est:0.00 || Serve You Motor
Attachments: CB 7034 K PRI (261119).pdf

Hi Team,

We would like to arrange TP PRS for CB7034K.

Workshop information:

Serve You Motor Service

Blk 5033 Ang Mo Kio Ind Park 2

#01-265 (S) 569536

H/P: 9239 3188 Tel: 6481 0555 / 6481 5652

Fax: 6483 1654

Please confirm. Thank you.

Regards,

Ivy Ratilla
Executive, Claims Admin

T +65 6540 2185

F +65 6725 0853

E ivy.r@budgetdirect.com.sg



Customer Care +65 6221 2111

Claims +65 6221 2199

Claims (Int.) +65 6540 2199

190 Clemenceau Avenue, #03-01

Singapore Shopping Centre

Singapore

239924

budgetdirect.com.sg

auto  general

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

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From: Elaine Chia <elainesyms@gmail.com>

Sent: Wednesday, 27 November 2019 3:25 PM

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

Subject: Arrange for PRI for Our Ref: CB 7034 K / Your Ref: SLC 1403 G (claim number to be advised) - DOA: 26.11.2019

Hi Sir / Mdm

Arrange for PRI for Our Ref: CB 7034 K / Your Ref: SLC 1403 G (claim number to be advised) - DOA: 26.11.2019

Survey department:

Hereby attach our PRI letter for CB 7034 K.

Please arrange with your surveyor to survey CB 7034 K at our workshop and we will provide the quotation for support.

Hi motor claim department

Kindly let us know the claim reference number and officer in charge to ease claim process.

If the liability clear, as to save your costs, can we do a direct settle with Auto & General insurance?

We will forward you the GIA report once we received it.

Thank you.

Elaine Chia

Serve You Motor Service

Blk 5033 Ang Mo Kio Ind Park 2

#01-265 (S) 569536

H/P: 9239 3188 Tel: 6481 0555 / 6481 5652

Fax: 6483 1654

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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 | 27/11/2019 16:20 |
| Date Of Accident | 26/11/2019 16:50 |
| Exact Location Of Accident | BEDOK NORTH AVE 2 |
| Country/State of Loss | SINGAPORE |

DETAILS OF OWN VEHICLE

| | |
|-----------------------------|-------------------|
| Vehicle Registration Number | CB7034K |
| Insured/Policyholder | |
| Name Of Registered Owner | TAN BUS TRANSPORT |
| Co Reg No | 53068308C |
| Email Address | NOEMAIL |
| Mobile Phone No | |
| Alternative Phone No | OFFICE-98510044 |

Vehicle Particulars

| | |
|--|--------------------|
| Manufacturer | TOYOTA |
| Model | HIACE COMM D |
| 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 | AXA INSURANCE PTE LTD |
| Type Of Coverage | THIRD PARTY FIRE AND/OR THEFT |
| Fleet Policy | NO |
| Policy Number | GA472117 |
| Cover Note Number | |

Driver

| | |
|----------------------|----------------------|
| Name of Driver | TAN CHEK MING |
| NRIC No | S0955095Z |
| Date Of Birth | 07/06/1946 |
| Occupation | INDOOR |
| Date Of Driving Pass | 02/10/1964 |
| Driving Experience | 55 YEARS AND 1 MONTH |
| Gender | MALE |
| Mobile Number | (LOCAL) +65-98510044 |
| Fax Number | |
| Contact Number | |
| Email Address | NOEMAIL |

| | |
|---|----------------------------------|
| Address | BLK 117 BEDOK NORTH ROAD #08-219 |
| Postcode | 460117 |
| 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 - MAJOR/MINOR RD |
| 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

PLEASE REFER TO SKETCH PLAN

Attachment(s)

| | |
|---|-----|
| Are accident photos available for attachment? | YES |
| Was there any video captured by Car Camera? | YES |
| Was there any audio recorded? | NO |

DETAILS OF OTHER VEHICLE PROPERTY 1

| | |
|-------------------------------------|-----------------------|
| Vehicle Registration Number | SLC1403G |
| Vehicle Make/Model/Colour | |
| Details Of Properties | |
| Vehicle Category | PRIVATE CAR |
| Name of Driver | KOH THIAM SIEW ARTHUR |
| NRIC/Passport Number | S0072654J |
| Contact Number | |
| Address | |
| Postcode | |
| Insurance Company Name | |
| Nature Of Damage | |
| No. Of Passenger (Including Driver) | |

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: 27/11/19
 12:30pm


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


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

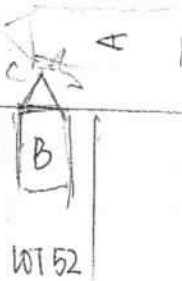
Sketch Plan Pg. 2

SKETCH PLAN

VEHICLE A) CB 7034K

VEHICLE B) SL 1403G

BEDOK NORTH AVE 2



LOT 52

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

ACCIDENT INVOLVING VEHICLE A) CB7034K & VEHICLE B) SL 1403G
AT ALONG : BEDOK NORTH AVE 2 (DRIVING CARPARK)

ACCIDENT DATE : 26/11/2019 , TIME : 4:50PM

I WAS DRIVING MY MOTOR VAN VEHICLE A) CB7034K AT ALONG THE
DRIVEWAY OF CAR PARK OF BEDOK NORTH AVE 2 AND A MOTOR CAR
VEHICLE B) SL 1403G SUDDENLY AND WITHOUT WARNING, DROVE OUT
FROM A PARKING LOT 52 AND RESULTING IN A COLLISION.

I WAS ON MY WAY HOME AT THE POINT OF ACCIDENT
THE FRONT PORTION OF MY VAN WAS DAMAGE.

NO ONE WAS INJURED IN THIS ACCIDENT.

I FILE THIS REPORT TO CLAIM UNDER THIRD-PARTY.

THIRD PARTY DETAILS BELOW:

* If claim other workshop

* Send accident report to my
workshop *

VEHICLE NO: SL 1403G

NAME : KOH THIAM SIEW ARTHUR

NRIC : S0072654J

DECLARATION

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

Policyholder's Signature

Date & Time

Company Chop (if applicable)

Driver's Signature

(If driver is not the policyholder)

Date & Time

Reporting Centre Personnel's Signature

Name

SPIC/ID No



[> Back to OneMotoring](#)

Enquire Transfer Fee

Vehicle Details

| | |
|-----------------------------|--|
| Vehicle No.: | CB7034K |
| Vehicle Type: | S20 - School Transport Bus/Coach/Minibus |
| Vehicle Attachment 1: | Air-Conditioned |
| Vehicle Scheme: | School Bus with AWC |
| Vehicle Make: | TOYOTA |
| Vehicle Model: | HIACE COMM D |
| Chassis No.: | LH1748004871 |
| Propellant: | Diesel |
| Engine No.: | 5L5537082 |
| Engine Capacity: | 2986 cc |
| Maximum Power Output: | - |
| Maximum Laden Weight: | 3030 kg |
| Unladen Weight: | 1800 kg |
| Year Of Manufacture: | 2004 |
| Original Registration Date: | 03 Dec 2004 |
| Lifespan Expiry Date: | 02 Dec 2024 |
| Road Tax Expiry Date: | 02 Dec 2018 |
| Inspection Due Date: | 02 Dec 2018 |
| Intended Transfer Date: | 31 Jul 2018 |
| CO2 Emission: | - |
| CO Emission: | - |
| HC Emission: | - |
| NOx Emission: | - |
| PM Emission: | - |

Late renewal fee(s) will be imposed if road tax / lay up has expired. Please use Enquire Road Tax Payable for fee(s) payable.

Road tax, including Over Payment (if any), of a vehicle will follow the vehicle to the new registered owner when its ownership is being transferred.

Amount Payable

| | Amount Before GST (S\$) | GST Amount (S\$) | Amount After GST (S\$) |
|------------------------------|----------------------------|---------------------|---------------------------|
| Transfer Fee: | 25.00 | - | 25.00 |
| Total Amount Payable: | | | 25.00 |

Message

This vehicle has a road tax Over Payment of \$209.00. This Over Payment may be used to offset Road Tax payable and Transfer Fees respectively, where applicable.

You may print this page for reference.

OK

SERVE YOU MOTOR SERVICE

BLOCK 5033 ANG MO KIO INDUSTRIAL PARK 2

#01-265, SINGAPORE 569536

TEL. NO: 64810555 / FAX NO. 64831654

E-MAIL: elainesyms@gmail.com

INS: AUTO & GENERAL INSURANCE (SINGAPORE) PTE LTD

COMPANY: TAN BUS TRANSPORT

Registration no. : CB 7034 K / TOYOTA HIACE COMM D

Date : 27-Nov-19

Quotation No. : CM191108

Date of accident: 26.11.2019

| S/N | Qty | Particulars | Amount |
|-----|-----|-------------|--------|
|-----|-----|-------------|--------|

LIST ITEMS

- | | | |
|---|---|-----------------------------------|
| 1 | 1 | Front bumper |
| 2 | 1 | Front bumper bracket |
| 3 | 1 | Front LH step board panel |
| 4 | 1 | Front LH step board panel garnish |

Bur/ur \$585.70 ✓
R \$188.00 X
R \$385.00 X
Rd/ur \$184.00 ✓
\$1,530.70
Less 25%
\$382.68
\$1,148.03

SPECIAL NETT ITEMS

- | | | |
|---|---|--------------------|
| 1 | 1 | School Bus Sticker |
|---|---|--------------------|

25sn
R \$80.00
\$80.00

LABOUR & MISC CHARGES

- | | |
|---|---|
| 1 | To dismantle / renew the accident damaged portion. To panel beating, reshape, straighten, orientate and align repair / replacement parts. |
| 2 | Supply spray paint material and necessary items to respray on affected area or panel |

400
\$550.00
200
\$580.00

| | |
|--|-------------------|
| TOTAL | \$1,130.00 |
| Total Parts and Labour Cost of Repair | \$2,358.03 |

Not within
1 day @ 950k
Penny After Pain
3 days

22/12/25

LKK Auto Consultants hence notify the Repairer of the following:

- To resurvey before spray painting
- To display damaged parts during resurvey
- Parts prices are subject to comparison
- Third party survey is on a "Without Prejudice" basis
- No illegal modification is allowed
- Supplier is subject to the law of the land

Acknowledged by Repairer
Signature
Date



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/AGI19021044/Kyd3e2 | |
| (BUDGET DIRECT INSURANCE) 190 CLEMENCEAU AVENUE #03-01 SINGAPORE SHOPPING CENTRESINGAPORE 239924 | | Date : 03-01-2020 |  |
| | | Code : AGI | |
| 1. Policy Particulars :- THIRD PARTY CLAIM | | | |
| Insured Veh. | SLC 1403G | Veh. Inspected | CB 7034K |
| Policy No. | | Coverage (\$) | 0.00 |
| Claim No. | C10004742/JM | Excess (\$) | 0.00 |
| Assign From | IVY RATILLA | Assign Date | 28/11/2019 |
| 2. Vehicle Particulars & Condition | | | |
| Make & Model | TOYOTA HIACE | c.c | 2986 |
| Engine No. | HIDDEN | Year of Reg. | 2004 |
| Chassis No. | LH1748004871 | Colour | WHITE |
| Odometer | 392155 | Steering | IN ORDER |
| Brakes | IN ORDER | Modification | NIL |
| General | GOOD | | |
| 3. Conditions of Tyres | | | |
| | Size | Make | Balance |
| R/H Front Tyre | 185 R14X8 | FALKEN | 7 mm |
| L/H Front Tyre | 185 R14X8 | FALKEN | 7 mm |
| R/H Rear Tyre | 185 R14X8 | FALKEN | 6 mm |
| L/H Rear Tyre | 185 R14X8 | FALKEN | 6 mm |
| 4. Description of Damages | | | |
| THE VEHICLE SUSTAINED DAMAGES AT THE N/S FRONT PORTION. DAMAGES SEE DETAILS. | | | |
| 5. General Information | | | |
| Accident Date | 26/11/2019 | Inspection Date | 29/11/2019 |
| Survey held at | SERVE YOU MOTOR SERVICE BLK 5033 ANG MO KIO IND PK 2 #01-265 SINGAPORE 569536 | | |
| 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. CB 7034K

| Qty | Description of Parts | Condition | Estimate By Workshop (\$) | Our Adjusted (\$) |
|---|--|----------------------|---------------------------|-------------------|
| | <u>REPLACEMENT OF PARTS</u> | | | |
| 1 | FRONT BUMPER | BUCKLED / CUT | 585.70 | 585.70 |
| 1 | FRONT BUMPER BRACKET | TO REPAIR SEE LABOUR | 188.00 | - |
| 1 | FRONT LH STEP BOARD PANEL | TO REPAIR SEE LABOUR | 385.00 | - |
| 1 | FRONT LH STEP BOARD PANEL GARNISH | DENTED / CUT | 184.00 | 184.00 |
| | LESS 25% DISCOUNT | | -335.68 | -192.43 |
| | | | 1,007.02 | 577.27 |
| | <u>SPECIAL NETT ITEMS</u> | | | |
| 1 | SCHOOL BUS STICKER (SN) | NECESSARY | 80.00 | 25.00 |
| | | | 80.00 | 25.00 |
| | <u>LABOUR</u> | | | |
| | TO DISMANTLE / RENEW THE ACCIDENT DAMAGED PORTION. TO PANEL BEATING, RESHAPE, STRAIGHTEN, ORIENTATE AND ALIGN REPAIR / REPLACEMENT PARTS. INCLUSIVE OF THE REPAIR OF FRONT BUMPER BRACKET AND FRONT LH STEP BOARD PANEL. | | 550.00 | 400.00 |
| | SUPPLY SPRAY PAINT MATERIAL AND NECESSARY ITEMS TO RESPRAY ON AFFECTED AREA OR PANEL. | | 580.00 | 200.00 |
| | | | 1,130.00 | 600.00 |
| GRAND TOTAL | | | 2,217.02 | 1,202.27 |
| RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION) | | | | 950.00 |

Report Ref No. CS/AGI19021044/Kyd3e2

KONG SENG CHEONG

Licensed Appraiser

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