

INS. CASE OWNER:

CC 3/CTI19022092, Feb 12

LKK: IDAC:

Surveyor: RAM

ASSIGNMENT
DOI: M/Y

Date / Time: M/Y
Registered in Merimen: -

Pre-assign / CCU / FTE



Insured Vehicle No. : GU 9541C Claim No. :
 Name of Insured : POLI ENGINEERING ENTERPRISES Policy No. : 0MLVSWAVSTNA01
 Insured Tel No. : HP: Make / Model : TOYOTA
 Excess Sec II : \$\$ D.O.A. : 12/1/12 Place of Accident : BOON LAY WAY
 Is driver the owner? (YES / NO) Nature of Accident :
 If NO, Driver Name / Age : Amy Koc 11/12 OI GIA REPORT: YES / NO ; TP GIA REPORT: YES / NO
 Driver Tel No. : (VL: YES / NO) Insured Liability : % Final ? Yes / No

SHA 807P



INSRS: WSP: WGO
 Tel: M
 Liability:
 RMKS:



INSRS: WSP:
 Tel:
 Liability:
 RMKS:



INSRS: WSP:
 Tel:
 Liability:
 RMKS:



INSRS: WSP:
 Tel:
 Liability:
 RMKS:

Date/ Time	STAGE	DATE / PIC
SHA 807P - X	Non-Reporting ltr (1st):	
GU 9541C - 1	Non-Reporting ltr (2nd):	
	Non-Reporting ltr (Final):	
	Notification ltr (if non-pickup):	
	Call OI: 7:00 AM 3/12	
	After call ltr to OI:	
	Documentation Check List:	Handler Typist
	Notification ltr (if non-pickup)	<input type="checkbox"/>
	After call ltr to OI:	<input checked="" type="checkbox"/>
	Authorisation To Act:	<input checked="" type="checkbox"/>
	Release Voucher:	<input checked="" type="checkbox"/>
	Final Repair Bill:	<input checked="" type="checkbox"/>
	Car Rental Invoice:	<input checked="" type="checkbox"/>
	Towing Invoice:	<input type="checkbox"/>
	LTA / GIA :	<input checked="" type="checkbox"/>
	Medical Bill:	<input type="checkbox"/>
	PIR:	<input type="checkbox"/>
	Mandate/Reject Instruction:	<input type="checkbox"/>
	LOD:	<input checked="" type="checkbox"/>
	Payment Breakdown Form:	<input type="checkbox"/>
	Post-Repair Photos:	<input checked="" type="checkbox"/>
	Others:	<input type="checkbox"/>

PRELIMINARY ADVICE Date/Time: Sent By: Confirm by: RAM

FINALIZATION Date/Time: Confirm with: Confirm by: RAM
 Repair Cost: P/P \$5706.00 (2 days) Reduction: 64 % Email Call

FINAL SETTLEMENT Date/Time: 14.02.2010 Confirm with: C/STRIKING Email Call

Final Liability: % 100 (Agreed / Assessed) BOLA S/N No. : 27 If NO or B 28, Ass. Lia :
 Repair Cost: \$781.32 DID REAR END TO TP
 Loss of Rental (LOR): \$520.38 (2 days) x +125.19
 Loss of Use (LOU): \$ - (\$ x days)
 Loss of Income (LOI): \$100.00 (\$50 x 2 days)
 LOR only LOU only LOR + LOU LOR + LO [Tick only one]
 GIA/LTA Search: \$7.49
 Medical: \$ -
 Disbursement: \$ - (e.g. Tow/ Independent)
 Legal Cost: \$ -
 1) Claim status: Normal/Reject/Private Settle
 2) Report Format: TP
 3) Survey fee: +400

Total: \$1,145.39 Global Sum \$5: 1,140.00

FINAL PAYMENT Date/Time: 14.02.2010 Confirm with: C/STRIKING Email Call

Payee 1: \$1,140.00 Name 1: COMFORTLEAD ENGINEERING PTE LTD
 Payee 2: (Strike if N.A.) \$5 Name 2:
 Payee 3: (Strike if N.A.) \$5 Name 3:

COPIES SENT
19/2/2010

REC. BY: Ram

REF:

ASSIGNMENT

-From: _____ Date: _____
 Estimated Cost: _____
OD / TP / WS / TP RES / OD RES / EVA / INV / MV
 To Inspect Vehicle No: _____
 at Workshop m/s _____
 of _____
 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
XX	

Bal. or Market Value: _____
 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: SHA 80TP Yr Regn: 21/09/2019
 Type: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /
 Truck / Trailer or _____
 Make: Hyundai Ionia c.c 1580
 Colour: Yellow A/C: Insured / Std / NI / NA
 Sp. Reading: 34323 T/Radio: Insured / Std / NI / NA
 Eng/No: _____
 C/No: KMHCB51EVLUIT8407
 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 R15
 R: _____

BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /
TOYO / YOKO or _____

Front	Rear
R/Bal. <u>8</u> mm	R/Bal. <u>9</u> mm
L/Bal. <u>8</u> mm	L/Bal. <u>9</u> mm
D.O.A. <u>12/12/19 09:10</u>	D.O.I. <u>12/12/19</u>

Survey held at Comfordelgio (Coypu)

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

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

Date / Time	Action / Instruction
	P/p: 176 (REQ: +1,348.26 6+1)
	China PP

Date/Time, File Pass to?

: Preli. Report
 : Final Report

Days Of Repair: _____

Resurvey No. of Trip: _____

1) Date/Time, File Return to?

2) _____

Add Fee: : Site Insp (\$) _____
 : Interview (\$) _____
 : Tech. Invs (\$) _____
 : Week end (\$) _____

Survey Fee:

Transportation: _____

S + PS: \$ _____

Probe: _____

Office: _____

TOTAL

Report Format: _____

Emp. Sura / A.B.E. C: _____



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: To Be Advised
Our ref: CC3/CTI19022092/Feb3

Date: 16.12.2019

The Motor Claims Department
M/s CHINA TAIPING INSURANCE (S) PTE LTD

Dear Sir/Madam,

PRELIMINARY ADVICE OF VEHICLE NO.

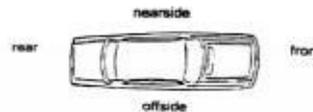
SHA807P

We refer to the above matter.

Please be informed that we had conducted the inspection of the above mentioned vehicle on 12.12.2019 at the premises of M/s ComfortDelGro Engineering Pte Ltd and have the following to report:-

Workshop Estimate Amount	: S\$	<u>2,004.26</u>
Revised Estimate Amount	: S\$	<u>736.00</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
Rear Portion



Comments/Present Status:
Damages Consistent
Estimated normal period for repairs: 2 days

Yours faithfully,

PARASURAM
Licensed Appraiser

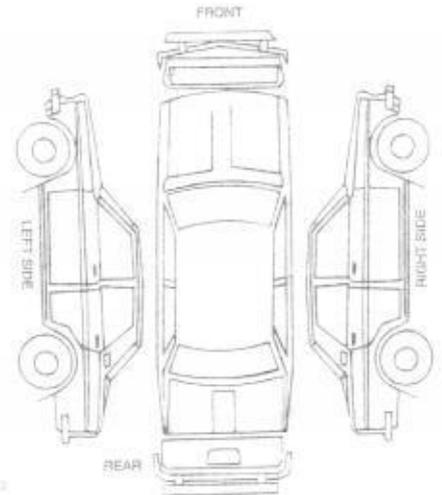
Team: ARC Repair TP(CFSO)1 **JOB CARD** Sales Order: JC NO.: 305366578

OMER IS CITYCAB PTE LTD OMER NO. 7010070 ADDRESS 383 SIN MING DRIVE Singapore SINGAPORE 575717 65551188 (O) (R) (P)	REGN NO.: SHA 807P	MILEAGE
	MAKE: HYUNDAI	FUEL E.....1/2.....F
	MODEL IONIQ(G3)	DATE/TIME IN 12.12.2019 13:50
	YR OF MANU. 24.09.2019	TARGET DATE
	CHASSIS CODE KMHC851CVLU178407	COMPLETION DATE/TIME:
	OUNT CARD NO.	

JOB DESCRIPTION

Accident Date: 12.12.2019
 NATURE: 3P 12.12.19

S/NO LABOR CODE DESCRIPTION



REKED & PASSED OUT BY: _____

SERVICE ADVISOR

CUSTOMER'S SIGNATURE

Check-in Slip

Exit Pass

No.: SHA 807P JU CHINA LKK

Vehicle No.: SHA 807P

Service Advisor

Signature/Date

Name of Service Advisor

Date

Returned to Service Reception upon collection

To be kept by Security Guard

CITY CAB PTE LTD

REPAIR ESTIMATE*

VEHICLE NO : SHA 807P

DATE 12/12/2019 15:12

CHINA-JU
(P/P)

MAKE :
MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X M			\$ 459.40
	Rear Bumper Centre Moulding Assy cut			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy X M			\$ 155.00
	Rear Bumper Stay X M			\$ 138.10
	Rear Bumper Side Bracket (LH/RH) X M		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips X M			\$ 22.00
	SUB TOTAL			\$ 1,291.95
	LESS 20%			\$ 258.39
	DISCOUNTED TOTAL			\$ 1,033.56
	Rear No.Plata SEE			\$ 25.00 Nett
	Rear No.Plata Trim Cover cut			\$ 30.00 Nett
	Rear Bumper Reverse Sensor X M			\$ 135.70 Nett
	Rear Bumper Rubber Mat X M			\$ 50.00 Nett
				\$ 240.70
	Labour Charge			
	Panel Beating			\$ 350.00 \$320
	Spray Painting Charge			\$ 250.00 X114
	Wiring Charge			\$ 50.00 X114
	Remove/Refix Reverse Sensor			\$ 80.00 X M
	TOTAL LABOUR			\$ 730.00
	ESTIMATE TOTAL			\$ 2,004.26

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

Acknowledged by Repairer
Signature:
Date:

Ramy (LKK)
12/12/19 1600hrs
Paramon@lkkauto.com
88622178 (P/P) @lkkauto.com
aft repair photo

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

CITY CAB PTE LTD
REPAIR ESTIMATE*

CAINA JU
 (P/P)

VEHICLE NO : SHA 807P

DATE 12/12/2019 15:12

MAKE :

MODEL : HYUNDAI IONIQ

Qty	Parts Description/ Labour	Type	Unit Price	Amount
	Rear Bumper X W			\$ 459.40
	Rear Bumper Centre Moulding Assy cut			\$ 451.25
	Rear Bumper Lower Centre Moulding Assy X W			\$ 155.00
	Rear Bumper Stay X W			\$ 138.10
	Rear Bumper Side Bracket (LH/RH) X W		\$ 33.10	\$ 66.20
	Rear Bumper Cover Clips X W			\$ 22.00
	SUB TOTAL			\$ 1,291.95
	LESS 20%			\$ 258.39
	DISCOUNTED TOTAL			\$ 1,033.56 \$361
	Rear No. Plate SEE			\$ 25.00 Nett
	Rear No. Plate Trim Cover cut			\$ 30.00 Nett
	Rear Bumper Reverse Sensor X W			\$ 135.70 Nett
	Rear Bumper Rubber Mat X W			\$ 50.00 Nett
				\$ 240.70 \$55
	Labour Charge			
	Panel Beating			\$ 350.00 \$20
	Spray Painting Charge			\$ 250.00 X111
	Wiring Charge			\$ 50.00 X111
	Remove/Refix Reverse Sensor			\$ 80.00 X W
	TOTAL LABOUR			\$ 730.00 \$20
	ESTIMATE TOTAL			\$ 2,004.26

LKK Auto Consultants hence notify the Repaired 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

Acknowledged by Repairer
 Signature:
 Date:

Ramy (LKK)
 12/12/19 1600hrs
 Ramy@lkk.com
 88622178 (P/P) @repairdesk
 aft repair photo

This is an initial estimate based on a visual inspection of the above vehicle. The final repair quantum will be prepared after the vehicle is surveyed by a motor Surveyor appointed by the insurance company.

COMFORTDELGRO ENGINEERING PTE LTD

Date: 13.12.2019

Time: 15:45:05

Page: 1

REPAIR ESTIMATE

COMPANY : THIRD PARTY'S CLAIMS (CAS)
CUSTOMER: 7010070
ADDRESS : CITYCAB PTE LTD
383 SIN MING DRIVE
SINGAPORE SINGAPORE 575717
65551188

JOB NO : 305366578
REGN NO : SHA 807P
MILEAGE : 0000000000
MAKE : HYUNDAI
MODEL : IONIQ(G3)
DATE OF REGN : 24.09.2019
DATE/TIME IN : 12.12.2019 13:50
ACCIDENT DATE : 12.12.2019

JOB / PARTS DESCRIPTION

QTY IND UNIT-PRICE DISC% AMOUNT

PART REQUISITION

0001 04-01-0104-2533-G IONIQV2 MOULDING ASSY-RR 1 L 451.25 20.00 361.00

0002 FNPS NO PLATE(S) 1 N 55.00 2.00- 55.00

SUB-TOTAL : 416.00

JOB NATURE

0000 PB PANEL BEATING

320.00

SUB-TOTAL : 320.00

TOTAL : 736.00

MVA NAME & SIGNATURE
DATE :

AUTHORISED : YES / NO
SURVEYOR NAME & SIGNATURE
DATE :

COMFORTDELGRO ENGINEERING

ComfortDelGro Engineering Pte Ltd
59 Loyang Drive Singapore 508969
Fax: 6546 8156

Our Job Ref No 305366578
Date : 13/12/2019

FINALIZATION FORM

To : LKK
Attn : RAM
: SHA 807P

Fax :
12/12/19

The survey and estimates of the repairs of the above-mentioned vehicle are as follows:-

- The repair job shall bill to: CHINA --- GU 9541C
###
- The finalized amount shall be:
 - (a) Spare Parts after List discount OSher ### \$416.00
 - (b) Labour Charges ### \$320.00
 - Total for Part-By-Part Repair Cost** ### **\$736.00**
 - (c.) Lumpsum Repair (if applicable)
Total for Lumpsum repair cost after Less: 20%
Final Lumpsum Repair cost

pic optional

3. Estimated normal period for repairs: 2 working days

4. **We shall treat the above amount as Correct and Confirmed if there is no reply from you within 7 working days**

5. Thank you for your assistance.

We confirm the estimates and finalized amount

Signature : [Signature]
Name : JUMANI
Tel : 6214 8315
Fax : 65468156

Signature : [Signature]
Name : Rgm
Date : 17/12/19

For Official Use Only

Item	Amount	Document Attached Yes or No	Confirm By (Signature)	Remarks
1. Rental Rate P/Day		YES		
2. Loss of Income Paid		N		
3. Survey Fees				
4. LTA Search Fee	\$7.49			
5. Medical Fees (on behalf of driver, if applicable)				
6. Overrun				

Remarks:

Shu Pei (LKKAuto)

From: Irene Tay <irene.tay@sg.cntaiping.com>
Sent: Wednesday, 18 December 2019 2:29 PM
To: Asher Sng (LKKAuto); Shu Pei (LKKAuto)
Subject: FW: OUR REF: SNM19D205973/GU9541C/IRENE - Accident Involving GU9541C (OI : CTI - TBA) and SHA807P (TP : LKK REF - CC3/CTI19022092/Feb3) on 12.12.2019
Attachments: TP ESTIMATE- MARKED.pdf; TP GIA REPORT.pdf; Preliminary_Advice.pdf; 20191218142512.pdf

Dear Sir/Mdm (LKK),

We refer to the above matter.

Enclosed herewith a copy of our insured GIA report for your attention.

Regards,

Irene Tay
Executive
Claims Department (Motor Division)

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
DID: (65) 63896192 | F:(65) 62247478/62247175

W: www.sg.cntaiping.com | **FB:** www.facebook.com/chinataipingsg/ | **WeChat:** 太平獅城 Taiping SG

Disclaimer: This e-mail and any files transmitted with it is intended only for the named recipients and may contain confidential information. Any unauthorized disclosure, use or dissemination of this message, either in whole or partial, is prohibited. If you are not the intended recipient, please notify the sender immediately. Please delete the e-mail and any copies of it thereafter.

From: Claims Dept of CTI
Sent: Monday, December 16, 2019 6:26 PM
To: Irene Tay <irene.tay@sg.cntaiping.com>; Chee So Chow <sochow.chee@sg.cntaiping.com>; Shu Pei (LKKAuto) <shupeilkkauto.com>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>
Subject: OUR REF: SNM19D205973/GU9541C/IRENE - Accident Involving GU9541C (OI : CTI - TBA) and SHA807P (TP : LKK REF - CC3/CTI19022092/Feb3) on 12.12.2019

Dear Irene ,

Please revert LKK.

Note : officer in charge – Irene Tay

***** Kindly quote our reference number when replying.**

Thank You.

Regards,

Claims Department

China Taiping Insurance (Singapore) Pte. Ltd.
3 Anson Road #15-00 Springleaf Tower Singapore 079909
T: (65) 63896116 | F: (65) 62247175

W: www.sg.cntaiping.com | FB: www.facebook.com/chinataipingsg/ | WeChat: 太平獅城 Taiping SG

Disclaimer: This e-mail and any files transmitted with it is intended only for the named recipients and may contain confidential information. Any unauthorized disclosure, use or dissemination of this message, either in whole or partial, is prohibited. If you are not the intended recipient, please notify the sender immediately. Please delete the e-mail and any copies of it thereafter.

From: Shu Pei (LKKAuto) [<mailto:shupeil@lkkauto.com>]
Sent: Monday, 16 December, 2019 4:33 PM
To: Claims Dept of CTI <claimsdept@sg.cntaiping.com>
Cc: Alfred Toh <alfred.toh@sg.cntaiping.com>; Admin A <admin-a@lkkauto.com>; Asher Sng (LKKAuto) <AsherSng@lkkauto.com>
Subject: Direct Settlement - Accident Involving GU9541C (OI : CTI - TBA) and SHA807P (TP : LKK REF - CC3/CTI19022092/Feb3) on 12.12.2019

WITHOUT PREJUDICE

Dear Sir / Madam,

We refer to the above matter.

We have inspected TP vehicle SHA 807P at M/s ComfortDelGro Engineering Pte Ltd (Loyang) on a WP basis and TP repairer proposed for a direct settlement.

Enclosed for your perusal is:

- TP's GIA report
- Estimated cost of repair
- Preliminary advice

Meanwhile, kindly let us have a copy of your insured's GIA report for our necessary action.

Kindly take note that the case handler in-charge is Asher and she can be contacted at DID: 6841 6051.

Thank you

Best Regards,

Shu Pei | Admin

LKK Auto Consultants Pte Ltd

Phone: 6366-0055 | email: shupeil@lkkauto.com | fax: 6741-4108

Blk 51, Paya Ubi Industrial Park, Ubi Avenue 1, #02-25 | S(408933)

This email has been scanned by the Symantec Email Security.cloud service.

For more information please visit <http://www.symanteccloud.com>



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			
CHINA TAIPING INSURANCE (S) PTE LTD		Ref : CC3/CTI19022092/Fea3n2	
3 ANSON ROAD #16-00 SPRINGLEAF TOWERSINGAPORE 079909		Date : 19-02-2020	
		Code : CTI	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	GU 9541C	Veh. Inspected	SHA 807P
Policy No.	DMCVSN3057721901	Coverage (\$)	0.00
Claim No.	SNM19D205973	Excess (\$)	0.00
Assign From		Assign Date	12/12/2019
2. Vehicle Particulars & Condition			
Make & Model	HYUNDAI IONIQ	c.c	1580
Engine No.	HIDDEN	Year of Reg.	2019
Chassis No.	KMHC851CVLU178407	Colour	YELLOW
Odometer	34323	Steering	IN ORDER
Brakes	IN ORDER	Modification	STANDARD ALLOY RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	195/65 R15	MICHELIN	8 mm
L/H Front Tyre	195/65 R15	MICHELIN	8 mm
R/H Rear Tyre	195/65 R15	MICHELIN	9 mm
L/H Rear Tyre	195/65 R15	MICHELIN	9 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	12/12/2019	Inspection Date	12/12/2019
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 59 LOYANG DRIVE SINGAPORE 508969		
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:		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. SHA 807P

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER	NOT NECESSARY	459.40	-
1	REAR BUMPER CENTRE MOULDING ASSY	CUT	451.25	451.25
1	REAR BUMPER LOWER CENTRE MOULDING ASSY	NOT NECESSARY	155.00	-
1	REAR BUMPER STAY	NOT NECESSARY	138.10	-
2	REAR BUMPER SIDE BRACKET (LH/RH) @\$33.10	NOT NECESSARY	66.20	-
1	REAR BUMPER COVER CLIPS	NOT NECESSARY	22.00	-
	LESS 20% DISCOUNT		-258.39	-90.25
			1,033.56	361.00
SPECIAL NETT ITEMS				
1	REAR NO PLATE (SN)	SCRATCHED	25.00	25.00
1	REAR NO PLATE TRIM COVER (SN)	CUT	30.00	30.00
1	REAR BUMPER REVERSE SENSOR (SN)	NOT NECESSARY	135.70	-
1	REAR BUMPER RUBBER MAT (SN)	NOT NECESSARY	50.00	-
			240.70	55.00
LABOUR				
	PANEL BEATING.		350.00	320.00
	SPRAY PAINTING CHARGE.	NOT NECESSARY	250.00	-
	WIRING CHARGE.	NOT NECESSARY	50.00	-
	REMOVE/REFIX REVERSE SENSOR .	NOT NECESSARY	80.00	-
			730.00	320.00
GRAND TOTAL			2,004.26	736.00
RECOMMENDED COST OF REPAIRS				736.00

Report Ref No. CC3/CT119022092/Fea3n2

PARASURAM S/O SHANMUGAM
Asst. Automotive Assessor

HO LEONG CHUAN
Automotive Assessor

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.