

ASS. REC. BY:

REF:

C8/UOI19022597/Eq d 307

Special Instruction:

Surveyor: Steve

ASSIGNMENT (Office)

From (Person):

Felis

of

UOI

Date/Time:

24/12/19 @ 12:14pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMA 4282S

Insured:

SLK 6231K

at Workshop m/s

Thuns Eurokars

Tel:

9127 7928

of

S ubi'clase

Policy No:

Claim No:

MHD 08931912

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A.

16/12/2019

CA / REV / REP. / REV 24 HRS

1 up

H.O.D. Endorsement:

Date/Time:

12:19pm @ 24/12/19

Person Contacted:

Ronald

Vehicle IN/OUT

Date/Time

Action/Instruction

Estimate

SMA 4282S - X

SLK 6231K - X

12/1/20

@ 9.09am Catherine informed that the vehicle still not yet repair.

12/1/20

Submit Prelim. report. - The vehicle has not send in for repair.

ASS. REC. BY:

Steve

REF:

UOI

ASSIGNMENT

From:

Date:

31/12/19

Estimated Cost:

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

To Inspect Vehicle No:

SMA 42825

at Workshop m/s

Tams Eurokars

of

5 ubi close

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

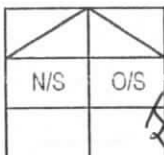
Ronald

10:30am (waiting)

(Policy Condition)

Remark: The veh had commenced its

repair at the time of inspection.



Bal. or Market Value:

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

5

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

(up)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMA 42825

Yr Regn:

7/6/18

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

Truck / Trailer or

Make:

Mazda 3

C.C

1496

Colour:

Grey

A/C:

Insured / Std / NI / NA

Sp. Reading

29049

T/Radio:

Insured / Std / NI / NA

Eng/No:

C/No:

JM 6BN 22 A8J0210900

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:

205/60R16

R:

h

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

TOYO / YOKO or

Toyo

Front

Rear

R/Bal.

5

mm

R/Bal.

5

mm

L/Bal.

5

mm

L/Bal.

5

mm

D.O.A.

16/12/19

D.O.I.

31/12/19

Survey held at

Tams Eurokars

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

Rear RH

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

Date / Time

Action / Instruction

MV- 72 K

RECEIVED 13 FEB 2020

Date/Time, File Pass to?



Preli. Report

1) 13/2/2020



Final Report

Date/Time, File Return to?

2)

Days Of Repair:

Resurvey No. of Trip:

Survey Fee:

Transportation:

S + RS, SI

Photos

Others

TOTAL

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Invs (\$)



Weekend (\$)

Report Format:

Lump Sum / L.B.R. (\$)

210

60

16

286

Shiau Chan (LKKAUTO)

From: catherinechua@eurokars.com.sg
Sent: Thursday, 13 February 2020 9:09 AM
To: Shiau Chan (LKKAUTO)
Cc: jess.francis@eurokars.com.sg; vion.lim@eurokars.com.sg;
jessicahs@eurokars.com.sg; jobithomas@eurokars.com.sg;
ronald.yap@eurokars.com.sg; eva.kok@eurokars.com.sg
Subject: RE: KINDLY ADVISE THE STATUS OF VEHICLES FOR FINALISE

Dear Shiau Chan

Sorry about the delay in replying.

Please refer to the remarks* against the car detailed in your appended email.

Thanks n Regards



Catherine Chua
Insurance Claims Executive
23 Leng Kee Road Singapore 159095
T: (65) 6603 6128 D: (65) 6603 6121 F: (65) 6476 7417
E: catherinechua@mazda.com.sg

This email, including any attachment, is intended for the sole use of the recipient(s) named above and may contain information that is confidential and/or proprietary to the Eurokars Group. If you have received it in error, please notify us immediately by reply email and then delete this message from your system. Please do not copy it or use it for any purpose, or disclose its contents or any attachment to any other person. Thank you.

From: Shiau Chan (LKKAUTO) <siewsc@lkkauto.com>
Sent: 11 February 2020 2:45 PM
To: Jess Francis Amurao Carlos <jess.francis@eurokars.com.sg>; Catherine Chua <catherinechua@eurokars.com.sg>;
Vion Lim <vion.lim@eurokars.com.sg>; Jessica Harry Shastri <jessicahs@eurokars.com.sg>; Jobi Thomas
<jobithomas@eurokars.com.sg>; Ronald Yap <ronald.yap@eurokars.com.sg>; Eva Kok <eva.kok@eurokars.com.sg>
Subject: KINDLY ADVISE THE STATUS OF VEHICLES FOR FINALISE

Dear Sir/Madam,

Kindly advise the status of below vehicles:

- | | | |
|------------------------|-----------------|---|
| 1. SLZ 8242L (MSIG-TP) | DOA: 19/10/2019 | *Reverted to Own Damage Claims and repaired |
| 2. SMA 4282S (UOI-TP) | DOA: 16/12/2019 | *Car is still not repaired yet |

If done of repair, kindly send us the final bill for finalise.

Best Regards,

Shiau Chan (Ms) | Case Handler

LKK Auto Consultants Pte Ltd

Phone: 6256-3561 | email: siewsc@lkkauto.com | fax: 6256-4315

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

> Back to OneMotoring

Enquire PARF/COE Rebate for Registered Vehicle

Vehicle Owner Particulars	
Owner ID Type:	Singapore NRIC
Owner ID:	554C
Vehicle Details	
Vehicle No.:	SMA4282S
Vehicle to be Exported:	No
Intended Deregistration Date:	31 Dec 2019
Vehicle Make:	MAZDA
Vehicle Model:	MAZDA3 SEDAN 1.5 AT EU6
Primary Colour:	Grey
Manufacturing Year:	2018
Engine No.:	P520500176
Chassis No.:	JM6BN22A8J0210000
Maximum Power Output:	88.0 kW (118 bhp)
Open Market Value:	\$14,818.00
Original Registration Date:	07 Jun 2018
First Registration Date:	07 Jun 2018
Transfer Count:	0
Actual ARF Paid:	\$14,818.00
Intended PARF Rebate Details	
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	06 Jun 2028
PARF Rebate Amount:	\$11,113.00
Intended COE Rebate Details	
COE Expiry Date:	06 Jun 2028
COE Category:	A - Car up to 1600cc & 97kW (130bhp)
COE Period(Years):	10
QP Paid:	\$38,510.00
COE Rebate Amount:	\$32,476.00
Total Rebate Amount:	\$43,589.00

The information contained herein is correct as at 31 Dec 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	17/12/2019 15:15
Date Of Accident	16/12/2019 18:40
Exact Location Of Accident	JB IMMIGRATION CHECK POINT
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA4282S
Insured/Policyholder	
Name Of Registered Owner	MR SUBARJO BIN ROSIDI
NRIC No	S0059554C
Email Address	NOEMAIL
Mobile Phone No	(LOCAL) +65-97265218
Alternative Phone No	OFFICE-97265218

Vehicle Particulars

Manufacturer	MAZDA
Model	6-2.0 4-DOOR SEDAN (A)
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	AIG ASIA PACIFIC INSURANCE PTE. LTD.
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	
Cover Note Number	

Driver

Name of Driver	MR SUBARJO BIN ROSIDI
NRIC No	S0059554C
Date Of Birth	21/11/1954
Occupation	INDOOR
Date Of Driving Pass	22/09/1975
Driving Experience	44 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-97265218
Fax Number	
Contact Number	
Email Address	NOEMAIL

Address	BLK 413 PASIR RIS DRIVE 6 #01-341
Postcode	510413
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OWNER
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	DRIZZLING
Road Surface	WET

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)	3
Passenger 1	NAME: : ROFIZAH ABD HAMID GENDER: : FEMALE
Passenger 2	NAME: : SABILA MAISARAH GENDER: : FEMALE

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

SEE ATTACHED

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	SLK6231K
Vehicle Make/Model/Colour	
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)

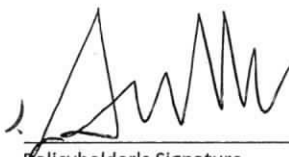
SKETCH PLAN

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)**

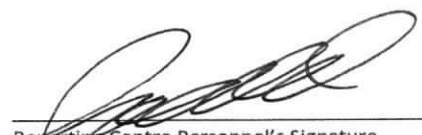
I understand, acknowledge, agree and consent that:

- (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.



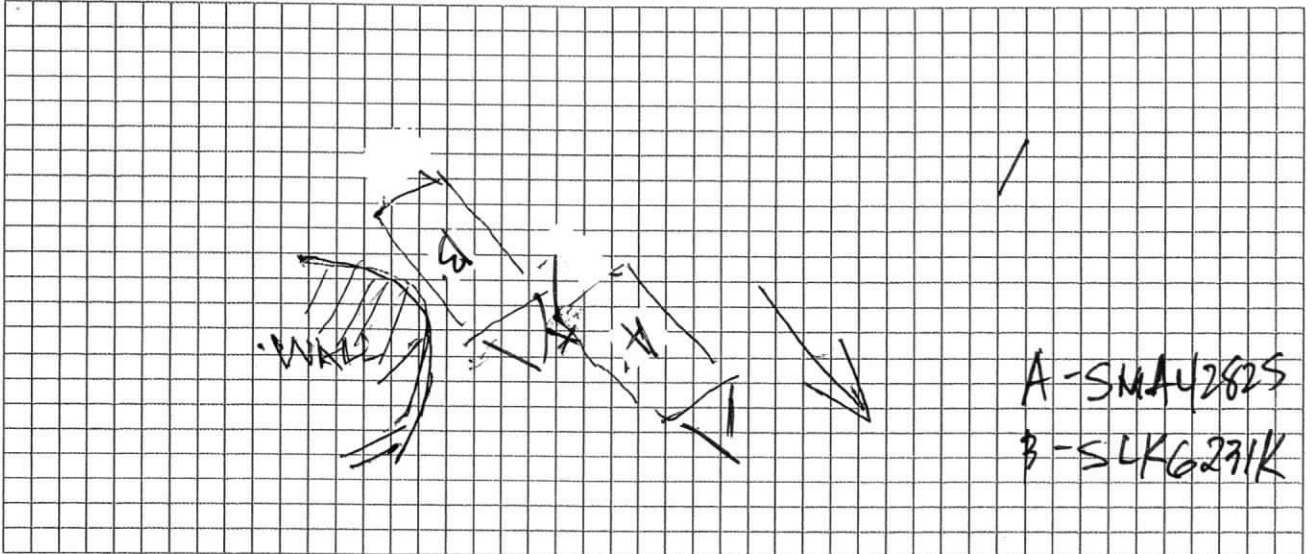
Policyholder's Signature
Date & Time:

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



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

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

LICENSE PLATE NO: SMA 4282 S

ACCIDENT DATE: 16-12-2019

CONTACT NUMBER: 97265218

ACCIDENT TIME: 6.40 PM

EMAIL: subargo.rosidie@gmail.com

LOCATION: JB IMMIGRATION CHECK-PT.

While driving toward Immigration check pt
Road very busy and jammed Lexus hit
my car bumper.

NOTE: PLEASE NOTE THAT YOUR INSURER MAY HAVE 14 DAYS TIME FRAME FOR YOU TO SUBMIT AN OWN DAMAGE CLAIMS UNDER YOUR OWN POLICY.

PLEASE CHECK YOUR POLICY FOR MORE INFORMATION

PLEASE STATE: () CLAIM OWN POLICY () CLAIM THIRD PARTY () REPORTING ONLY

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.:



TRANS EUROKARS PTE LTD



ESTIMATE COST OF REPAIRS

UNITED OVERSEAS INSURANCE LTD 3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909 ATTN. : MOTOR CLAIMS FAX :		NAME : Mr Subarjo Bin Rosidi ADDRESS : Blk 413 Pasir Ris Drive 6 #01-341 Singapore 510413 TEL :		WIP : 17177 EXCESS : DATE: 17-Dec-19	
VEH NO :	SMA4282S	DATE IN :		CONTACT PERSON :	Ronald 63957875
CHASSIS NO :	JM6BN22A8J0210000	MILEAGE :		TYPE OF CLAIM :	THIRD PARTY CLAIM
MODEL :	MAZDA3	DATE REG.:	7-Jun-18	POLICY NO. :	
NATURE OF WORKS					
Parts Description					
NO	QTY			REVISED	PRICES
1	REAR BUMPER X R	1	MBHN1-50-221ABB		\$ 1,128.60
2	RETAINER RHS ?	1	MB63B-50-2H1B		\$ 33.60
3	BRACKET RHS X ?	1	MBHN9-51-067B		\$ 47.90
4	BRACKET CENTER X MM	1	MKD53-50-251		\$ 5.40
5	GROMMET, REAR BUMPER / NK	4	MBHN1-50-021A		\$ 10.80
6	GROMMET, REAR BUMPER / NK	2	M9991-00-501		\$ 6.00
7	RIVET, REAR BUMPER / NK	4	MBBM4-50-355		\$ 18.00
8	FASTENER, REAR BUMPER / NK	4	MB45A-56-146A		\$ 12.00
9	GUARD STONE RHS / NK	1	MBHS2-50-4P2		\$ 18.20
10	GASKET LHS, TAILLAMP / NK	1	MBHN1-51-163		\$ 22.00
11	GASKET RHS, TAILLAMP / NK	1	MBHN1-51-153		\$ 22.00
TOTAL PARTS					\$ 1,324.50
TOTAL PARTS COST					\$ 1,324.50
Labour Description					
1	MZ-BR-REAR01	TO REPLACE REAR BUMPER. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT. Rep. Fender 660			1320 \$ 1,650.00
2	MZ-SP-SREAR9	TO RESPRAY REAR BUMPER AND REAR FENDER RH. 630			1260 \$ 1,260.00
3	MZ-BR-REVSEN	TO TRANSFER REVERSE SENSORS.			NETT \$ 330.00 X
4	MZ-BR-CAVITY	TO CARRY-OUT BODY CAVITY PRESERVATION.			\$ 250.00 X
5	MZ-BR-ELECTR	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.			150 \$ 250.00

6	MZ-BR-REPROG	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.	180	\$ 350.00
7	MZ-BR-SUNDRI	SUNDRIES.	NETT	\$ 100.00 59
			TOTAL LABOUR	\$ - \$ 4,190.00
			TOTAL PARTS	\$ - \$ 1,324.50
			TOTAL	\$ - \$ 5,514.50
			LESS EXCESS	\$ - \$ -
			TOTAL AFTER EXCESS	\$ -
			GST 7%	\$ - \$ -
			GRAND TOTAL	\$ - \$ -

REMARKS:

THIS IS ONLY AN ESTIMATE FROM VISUAL INSPECTION AND SHOULD THERE BE MORE DAMAGES FOUND DURING THE PROCESS OF REPAIRING, YOU WILL BE INFORMED BEFORE THE REPAIRS ARE BEING CARRIED OUT. TAKE NOTE THAT SHOULD YOU DECIDE NOT TO PROCEED WITH THE REPAIRS, A **QUOTATION FEE OF \$400** WILL BE APPLIED ACCORDINGLY FOR MAN-HOURS INVOLVED IN SOURCING FOR PARTS PRICE AS WELL AS LABOUR CHARGES.

TRANS EUROKARS PTE LTD

Authorised Signature

Signature 21/12/2020
Steve (LKK) 31/12/19, 12.30 am
8322 8813 WLL ml
5 days
P/P
My AL G

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:



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			
UNITED OVERSEAS INSURANCE LTD		Ref : CS/UOI19022597/Eqd3e2	
3 ANSON ROAD #28-01 SPRINGLEAF TOWER SINGAPORE 079909		Date : 13-02-2020	
		Code : UOI2	
1. Policy Particulars :- THIRD PARTY CLAIM			
Insured Veh.	SLK 6231K	Veh. Inspected	SMA 4282S
Policy No.		Coverage (\$)	0.00
Claim No.	MHD08931912	Excess (\$)	0.00
Assign From	FELIS	Assign Date	24/12/2019
2. Vehicle Particulars & Condition			
Make & Model	MAZDA 3	c.c	1496
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	JM6BN22A8J0210000	Colour	GREY
Odometer	29049	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	205/60 R16	TOYO	5 mm
L/H Front Tyre	205/60 R16	TOYO	5 mm
R/H Rear Tyre	205/60 R16	TOYO	5 mm
L/H Rear Tyre	205/60 R16	TOYO	5 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR O/S PORTION. DAMAGES SEE DETAILS.			
5. General Information			
Accident Date	16/12/2019	Inspection Date	31/12/2019
Survey held at	TRANS EUROKARS PTE LTD NO 5 UBI CLOSE SINGAPORE 408605		
5a. Remarks			
A)THE VEHICLE HAS NOT SEND IN FOR REPAIRS. 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:		5 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. SMA 4282S

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
REPLACEMENT OF PARTS				
1	REAR BUMPER (SN)	TO REPAIR SEE LABOUR	1,128.60	-
1	RETAINER RHS (SN)	* CHECK	33.60	-
1	BRACKET RHS (SN)	* CHECK	47.90	-
1	BRACKET CENTER (SN)	NOT NECESSARY	5.40	-
4	GROMMET, REAR BUMPER (SN)	NECESSARY	10.80	10.80
2	GROMMET, REAR BUMPER (SN)	NECESSARY	6.00	6.00
4	RIVET, REAR BUMPER (SN)	NECESSARY	18.00	18.00
4	FASTENER, REAR BUMPER (SN)	NECESSARY	12.00	12.00
1	GUARD STONE RHS (SN)	NECESSARY	18.20	18.20
1	GASKET LHS, TAILLAMP (SN)	NECESSARY	22.00	22.00
1	GASKET RHS, TAILLAMP (SN)	NECESSARY	22.00	22.00
1	SUNDRIES (SN)	NECESSARY	100.00	50.00
			1,424.50	159.00
LABOUR				
	TO REPLACE REAR BUMPER. REPAIR ALL AREAS AFFECTED BY THE ACCIDENT. INCLUSIVE OF THE REPAIR OF REAR BUMPER.		1,650.00	1,320.00
	TO RESPRAY REAR BUMPER AND REAR FENDER RH.		1,260.00	1,260.00
	TO TRANSFER REVERSE SENSORS.	NOT NECESSARY	330.00	-
	TO CARRY-OUT BODY CAVITY PRESERVATION.	NOT NECESSARY	250.00	-
	TO CHECK ELECTRICAL SYSTEM FOR PROPER FUNCTIONING.		250.00	150.00
	TO REPROGRAMME AFTER THE ACCIDENT REPAIR WORKS.		350.00	180.00
			4,090.00	2,910.00
GRAND TOTAL			5,514.50	3,069.00
RECOMMENDED COST OF REPAIRS (REPAIR COST NOT CONCLUDE) (EXCLUDE CHECK ITEMS S\$81.50 NETT)				3,069.00

Report Ref No. CS/UOI19022597/Eqd3e2

CHEN TSUE YEE

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.