

ASS. REC. BY:

REF:

es/SPF20001388/ K11 d3e2

Special Instruction:

ck

Surveyor:

Kenneth

ASSIGNMENT (Office)

From (Person):

Frankie Thay

of

SPF

Date/Time:

22/1/2020 @ 6.25pm

Estimated Cost:

Bill to:

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

To Inspect Vehicle No:

SMA 5617D

Insured:

QX 5185P

at Workshop m/s

comfort delgro

Tel:

6383 7730

of

205 Brndell Road

Policy No:

Claim No:

AEMD/105/009/2019/121

Sum Insured:

Excess:

Make of Veh:

D.O.A.

2.12.2019

(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

06/02/2020

Date/Time:

9.40am @ 23/01/2020

Person Contacted:

Brenda

Vehicle IN / OUT

Date/Time

Action/Instruction

Estimated

✓

SMA 5617D-X

Do Not Finalise

ASS. REC. BY:

REF: SPF

ASSIGNMENT

From:

Date: 06/02/2020

Estimated Cost:

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

To Inspect Vehicle No:

SMA 5617D

at Workshop m/s

Comfort delgro

of

205 Brindell Road

Insured:

Policy No.

Claims No.

Sum Insured:

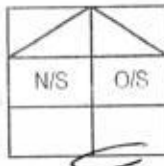
Excess:

(Client's Record)

Make of Veh:

After 10cm

(Policy Condition)

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

Bal. or Market Value:

IDAC Accident Report:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

02

days

Res.: Yes or No

Lum Sum:

1-B-1

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS (up)

Vehicle: IN / OUT

Date:

Person Contacted:

Veh No:

SMA 5617D

Yr Regn:

06/18

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

Truck / Trailer or

Make:

Hyundai

Elantra S.c

1591

Colour

M. Grey

A/C: Insured / Std / NI / NA

Sp. Reading

27438

T/Radio: Insured / Std / NI / NA

Eng/No:

KM110841CMJU 703486

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:

195/65R15

R:

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

TOYO / YOKO or

Nexen

Front

Rear

R/Bal.

S

mm

R/Bal.

S

mm

L/Bal.

S

mm

L/Bal.

S

mm

D.O.A.

2/12/19

D.O.I.

6/2/2020

Survey held at:

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

19/2

Car not repair yet

27/3

Submit PIP \$1148-80 (Red \$2480-00, 68%)

Range \$1000 - \$1800

RECEIVED 27 MAR 2020

Do Not Finalise

Date/Time, File Pass to?



Prel. Report

1)



Final Report

Date/Time, File Return to?

2)

27/3/20 Typist

Report Format:

Lump Sum / L.B.J. (%)

PIP \$1148-80

Days Of Repair:

2

Resurvey No. of Trip:

1

Add Fee:



Site Insp (\$)



Interview (\$)



Tech. Insp (\$)



Weekend (\$)

Survey Fee:

220

Transportation:

S + PS \$

Photos

Others

TOTAL

220

Nivitha (LKK Auto)

From: Frankie THAY (SPF) <Frankie_THAY@spf.gov.sg>
Sent: Wednesday, 22 January 2020 6:25 PM
To: Veron Chen (LKKAuto; 'assignments')
Cc: Cui Fen ENG (SPF); Hafizul Farhan RAHMAT (SPF); Lai Kuen LUI (SPF)
Subject: RE : Pre-Repair Inspection for Vehicle SMA5617D

Your reference: SMA5617D

Our reference: AEMD/105/009/2019/121

Veron,

Kindly arrange the vehicle to be survey on 06/02/20. Owner will leave in the vehicle at 1000 at Comfortdeldro Engrg Pte Ltd located at 205 Braddell Road.

Contact person : Brenda Ng ,Customer Care Specialist ,CDGE Claim Dept, Braddell Branch Tel: 63837730 Fax: 62844284

Thanks.

Frankie Thay
1 Logistics Services Executive
Logistics Support & Services Division
Police Logistics Department



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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	03/12/2019 13:43
Date Of Accident	02/12/2019 21:10
Exact Location Of Accident	ALONG HENDERSON ROAD OPP BLK 118 BT MERAH VIEW
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SMA5617D
Insured/Policyholder	
Name Of Registered Owner	THAM PENG WAI (TAN BING HUI)
NRIC No	S7111476G
Email Address	PWTHAM@HOTMAIL.COM
Mobile Phone No	(LOCAL) +65-97351051
Alternative Phone No	OTHERS-97351051

Vehicle Particulars

Manufacturer	HYUNDAI
Model	ELANTRA AD 1.6 GLS AT (AMS)
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	AXA INSURANCE PTE LTD
Type Of Coverage	COMPREHENSIVE
Fleet Policy	NO
Policy Number	VPA/P2138736
Cover Note Number	

Driver

Name of Driver	THAM PENG WAI (TAN BING HUI)
NRIC No	S7111476G
Date Of Birth	14/03/1971
Occupation	INDOOR
Date Of Driving Pass	06/04/2002
Driving Experience	17 YEARS AND 7 MONTHS
Gender	FEMALE
Mobile Number	(LOCAL) +65-97351051
Fax Number	
Contact Number	OTHERS-97351051
Email Address	PWTHAM@HOTMAIL.COM

Address	BLK 242 KIM KEAT LINK #03-181
Postcode	310242
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	COLLISION - HEAD TO REAR
Weather Conditions	AFTER RAIN
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)	2
Passenger 1	NAME: : KOH KENG GUAN GENDER: : MALE

Details of Police Action

Was the accident reported to the police?	YES
If Yes, Please state which Police Station	
Police Station Name	TOA PAYOH NEIGHBOURHOOD POLICE CENTRE
Police Station Address	ROAD: 93 TOA PAYOH CENTRAL TOA PAYOH COMMUNITY BUILDING , POSTCODE: 319194 , COUNTRY: SINGAPORE
Police Station Contact	TEL NO: 1800-2519999 - FAX NO: 63548749
Was notice of intended Prosecution given?	NO
If Yes, against whom?	

Circumstances of Accident

PLEASE REFER TO 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	QX5185P
Vehicle Make/Model/Colour	TOYOTA
Details Of Properties	
Vehicle Category	GOVERNMENT
Name of Driver	
NRIC/Passport Number	
Contact Number	
Address	

Postcode

Insurance Company Name

Nature Of Damage

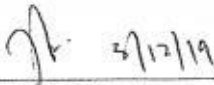
No. Of Passenger (Including Driver)

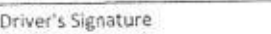
SKETCH PLANIMPORTANT NOTICE


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:

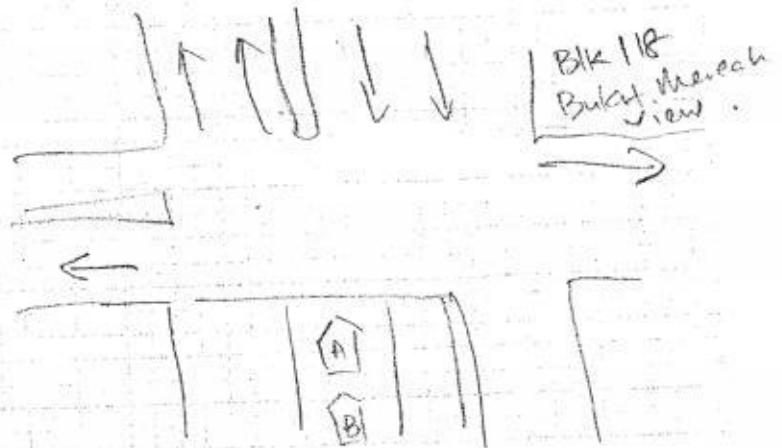

 Driver's Signature
 (If driver is not the policyholder)
 Date & Time:


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

SKETCH PLAN

Car A: SM A5617D

Car B: QX 5185P



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Henderson

Driving along Henderson Road. Traffic light turned Red and I stopped my car and the Police Car behind

Please refer to police report. T/2019202/2489.

DECLARATION

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

[Signature] 3/12/19

Policyholder's Signature
Date & Time:

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

[Signature]

Reporting Centre Personnel's Signature
Name:
NIC/FIN No.:



**SINGAPORE
POLICE FORCE**



T/20191202/2189

1 of 3

Report No. T/20191202/2189

Police Station Of Origin:
Toa Payoh N.P.C
93 Toa Payoh Central #01-02 Toa Payoh
Community Building SINGAPORE 319194
Tel No: 1800-2519999

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 02/12/2019 23:50		Vide Report No.: D/20191202/0097		Station Diary No.: 211	
Informant's Particulars					
Name of Informant: THAM PENG WAI			Address: APT BLK 242 KIM KEAT LINK #03-181 SINGAPORE 310242		
ID Type / ID No.: NRIC NO / S7111476G			Contact No.: Home/Office:		Mobile: 97351051
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Female	Age: 48	Date of Birth: 14/03/1971	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: IT OFFICER			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Non-Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/12/2019 21:10	Type of Location: X-Junction
Location: Along Road 1 HENDERSON ROAD				
Opposite Blk 118 Bukit Merah View				
Weather: Clear		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: Two Way		Traffic Control: Traffic Light - Working	Traffic Volume: Moderate	
Type of Collision: Between Moving Vehicles - Head To Rear				Anyone conveyed by ambulance: No

Details of Vehicle Involved

Vehicle No.	Type	Make	Model	Color	Condition	No of Passenger
SMA5617D	Car	HYUNDAI	ELANTRA AD 1.6 GLS AT (AMS)	Silver	Slightly Damaged	1

Details of Vehicle Insurance

Vehicle No.	Insurance Company	Insurance No	Effective	Expiry Date
SMA5617D	AXA INSURANCE SINGAPORE PTE LTD	P2138736	13/06/2019	12/06/2020



SINGAPORE
POLICE FORCE



T/20191202/2189

2 of 3

Report No. T/20191202/2189

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

TOA PAYOH NEIGHBOURHOOD POLICE CE
93 Toa Payoh Central, #01-02
Singapore 319194

Brief Details.

On 2/12/2019 at around 2110HRS I was driving my vehicle SMA5617D along Henderson road towards *dy*
Jalan Bukit Merah. I was waiting at the junction to turn right when suddenly one police vehicle QX581P *QX581P*
collided into my vehicle. I then stopped and alighted the vehicle to make a check. Traffic police was at
scene and I was given a case card from them. My rear bumper was slightly dented and had some
scratches. Nobody were injured. I am lodging this report for insurance claims.



SINGAPORE
POLICE FORCE



T/20191202/2189

3 of 3

Report No. T/20191202/2189

Police Station Of Origin:

Toa Payoh N.P.C

93 Toa Payoh Central #01-02 Toa Payoh

Community Building SINGAPORE 319194

Tel No: 1800-2519999

CONTINUATION OF REPORT

Sketch Plan

Informant is not able to provide sketch plan

IMPORTANT: Please attach a copy of your vehicle's Insurance Certificate to this report. If you don't have the certificate with you now, please fax a copy to 65474885 stating the report number as reference.

Signature Of Officer Recording The Report:

E /

Sgt 1 AMANULLAH BIN ABDUL RAHIM

Signature Of Interpreter:

Not applicable

Officer In Charge Of Case:

TP / GIT /

SI YEO CHUN JIAN

Contact No.: 65476213

Authentication Stamp

NP168

Signature Of Informant:

Date/Time:

02/12/2019 23:50

Classification Of Case:

Spark Car Care

ComfortDelGro Engineering Pte Ltd
205 Braddell Road S (579701)
Tel: 63837168 / 63837466 Fax: 62815767

Spare Parts

Vehicle No : SMA5617D Case Owner : BRENDA NG

Make & Model : HYUNDAI ELANTRA Year Manufacture : 2018

Chassis No : KMHD841CMJU703486 Engine No : G4FGJU208116

Sales Order : _____ Supplier : _____

Order By : _____ Type of Claim : TP

S/No	Part Description	QTY	Cost Price	List Price	Nett Price	S/N	Disposition By Surveyor
1	REAR BUMPER	1	Buc 1nd	\$460.00			✓
	REAR BUMPER RETAINER	1	Sn	\$45.00			X
3	REAR BUMPER LOWER GARNISH	1	ty	\$251.00			✓
4	REAR END PANEL	1	K	\$455.00			X
5	REVERSE SENSOR	1	Sn			\$220.00	X
6	REVERSE SENSOR COVER	1	b NN				
7	REVERSE SENSOR SEAL	1	b NN				
8							
9							
10							
11							
12							
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14							
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16							
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18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							

Link Auto Consultants hence notify the Repairer of the following:

- To resurvey before the repair painting
- To display damaged part(s) during resurvey
- Parts prices and subject to confirmation
- Third party survey is on "Without Prejudice" basis
- No illegal modification(s) is allowed
- Excess/retains (if any) must be resurveyed and is subject to final approval from Insurance Company

Acknowledged by Repairer
Signature:
Date:

Note: If any of the quoted parts are recommended to be repaired, then an additional labour charge will be charged accordingly under supplementary.

Tel: 63837168 / 63837466 Fax: 62815767

Case Owner	:	<u>BRENDA NG</u>
Year of Manufacture	:	<u>2018</u>

Note: The above estimate of repair is based on visual assessment of the external affected areas. Any additional damages observed during the course of repair will be quote accordingly as a supplementary.



ComfortDelGro Engineering

205 Braddell Road S(579701)

ACCIDENT REPAIR ESTIMATES

Our Ref:

Type of Claim : TPVehicle No. : SMA5617DMake & Model : HYUNDAI ELANTRAYear of Manufacture : 2018Chassis No. : KMHD841CMJU703486Ins Company : AXA / SPFEngine No. : G4FGJU208116

Excess : _____

Policy No. : VPA/P2138736Date of Accident : 2-Dec-19Time of Accident : 2110

Suggested Days of Repair : _____

In-house Vehicle Assessor

Repair EstimatesCase Owner : BRENDA NG

Signature : _____

Parts (a) Cost / List Price Items \$ 1,214.00Plus/Less 20% \$ 242.20Total of Cost / List \$ 968.80(b) Nett Price Items \$ -

Less _____

Total of Nett Item _____

(c) Special Nett Items \$ 220.00Total Parts Cost (Appendix A) \$ 1188.80Labour (Appendix B) \$ 2,440.00Total Repair Cost \$ 3628.80

The above total will be subjected to 7% G.S.T.

Contact No
63837890 – Rohani
 braddell_cr@sparkcarcare.com

63837466 – Patrick
 braddell_cr@sparkcarcare.c

63837730 – Brenda Ng
 braddell_cr@sparkcarcare.com

63837362 – Andrew **63837656 – Ngo**
 braddell_operation@sparecarcare.c braddell_operation@sparec

63838115 – William Wang
 braddell_operation@sparecarcare.com

Not Authorized
Penney Begain

Name of Surveyor : KennerlyCompany : UKCSurvey conducted on : 6/12/20 at _____**Remarks By Surveyor**(a) The repair of this vehicle is Not authorized / is not authorized until further notice.(b) Recommended Days of Repair : 02 day(s)(c) Resurvey : Required / Not Required

(d) Excess : \$ _____

(e) Signature of surveyor : ScDate: 6/12/2020



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

AUTOMOTIVE ENGINEERING & MGT DIVISION

Ref : CS/SPF20001388/Kyd3e2

ACCIDENT CLAIMS SECTION (SPORE POLICE
FORCE) POLICE LOGISTICS BASE (PLB) 1
HEMMANT ROAD SINGAPORE 438675

Date : 30-03-2020



ATTN : FRANKIE THAY

Code : SPF

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	QX 5185P	Veh. Inspected	SMA 5617D
Policy No.		Coverage (\$)	0.00
Claim No.	AEMD/105/009/2019/121	Excess (\$)	0.00
Assign From	FRANKIE THAY	Assign Date	22/01/2020

2. Vehicle Particulars & Condition

Make & Model	HYUNDAI ELANTRA (A)	c.c	1591
Engine No.	HIDDEN	Year of Reg.	2018
Chassis No.	KMHD841CMJU703486	Colour	METALLIC GREY
Odometer	27438	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	NEXEN	8 mm
L/H Front Tyre	195/65 R15	NEXEN	8 mm
R/H Rear Tyre	195/65 R15	NEXEN	8 mm
L/H Rear Tyre	195/65 R15	NEXEN	8 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION. DAMAGES SEE DETAILS.
--

5. General Information

Accident Date	02/12/2019	Inspection Date	06/02/2020
Survey held at	COMFORTDELGRO ENGINEERING PTE LTD 205 BRADDELL ROAD BLK C, 3RD FLOOR SINGAPORE 579701.		

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. SMA 5617D

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	<u>REPLACEMENT OF PARTS</u>			
1	REAR BUMPER	BUCKLED / DENTED	460.00	460.00
1	REAR BUMPER RETAINER	SERVICEABLE	45.00	-
1	REAR BUMPER LOWER GARNISH	CUT	251.00	251.00
1	REAR END PANEL	TO REPAIR SEE LABOUR	455.00	-
1	REVERSE SENSOR COVER (NPA)	NOT NECESSARY	-	-
1	REVERSE SENSOR SEAL (NPA)	NOT NECESSARY	-	-
	LESS 20% DISCOUNT		-242.20	-142.20
			968.80	568.80
	<u>SPECIAL NETT ITEMS</u>			
1	REVERSE SENSOR (SN)	SERVICEABLE	220.00	-
			220.00	-
	<u>LABOUR</u>			
	TO KNOCK, STRAIGHTEN AND RENEW ACCIDENT AREA SUCH REAR END PANEL, REAR BUMPER AND AFFECTED AREA. INCLUSIVE OF THE REPAIR OF REAR END PANEL.		1,200.00	250.00
	TO PUTTY AND RESPRAY ON REAR BUMPER AND AFFECTED AREA.		1,000.00	250.00
	TO REMOVE AND REPLACE REVERSE SENSOR.		120.00	60.00
	TO CHECK WIRING AND LIGHTING.		120.00	20.00
			2,440.00	580.00
GRAND TOTAL			3,628.80	1,148.80
RECOMMENDED COST OF REPAIRS				1,148.80

Report Ref No. CS/SPF20001388/Kyd3e2

NOTES : THE ESTIMATED UPPER RANGE OF REPAIR COST FOR THE DAMAGED VEHICLE IS IN THE REGION OF \$1,000-\$1,800

KONG SENG CHEONG

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.