



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	06/08/2019 15:54
Date Of Accident	06/08/2019 13:30
Exact Location Of Accident	NEWTON RD NEAR TO EVELYN RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3123T
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Vehicle Particulars	
Manufacturer	HYUNDAI
Model	I40
Vehicle Category	TAXI
Insurance Company	
Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	
Driver	
Name of Driver	TAN SIAK WAH
NRIC No	S6925030J
Address	124 02-108 MARSILING RISE

General Information of the Accident

Type Of Accident	SIDE SWIPE
Weather Conditions	CLEAR

Other Information

Was any foreign vehicle involved in this accident?	NO
Was any body injured in the Accident?	NO
Was any other material or property damaged?	YES
Number of Passengers (Including Driver)	1

Circumstances of Accident

SEE ATTACH.

Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number

SJM288A

Vehicle Make/Model/Colour

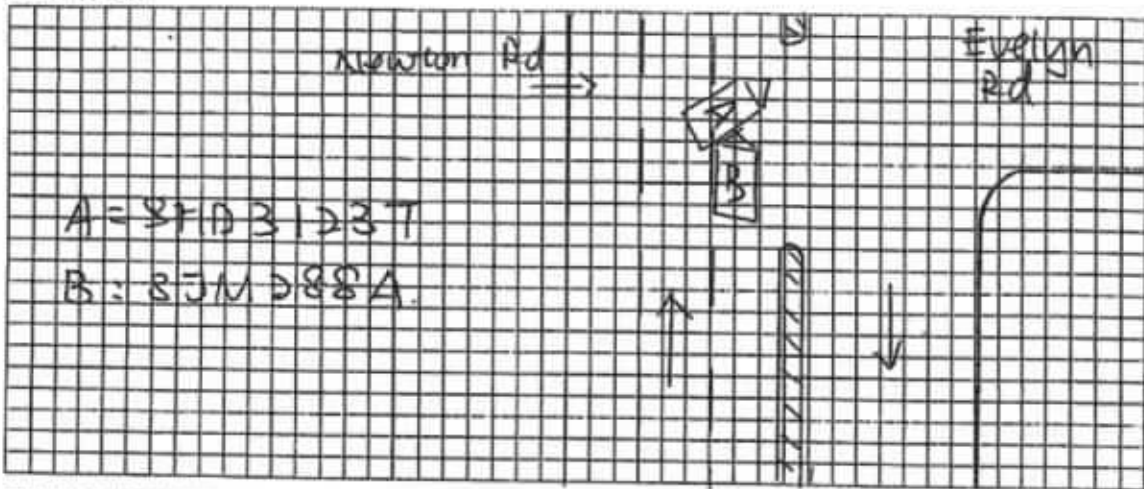
Name of Driver

ANG KWANG PING

Insurance Company Name

Sketch Plan Pg. 1

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/8/19, at about 13:30hrs, I was making a right turn at above said location with signal on. In the midst, veh B travelling on extreme right of front portion collided onto the right rear portion of my taxi. Scene photo taken. No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE L.

CD REG. NO. 119 11K-1R

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.:

LOKE VIVI YIANG

SIARFAC SketchPlanForm_V3

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 reudate 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.

COMFORT TRANSPORTATION PTE. LTD.
CO. REG. NO. 1851319

Policyholder's Signature
Date & Time:

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

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

GIA/IRIC SketchPlanForm_V3



Accident Photo



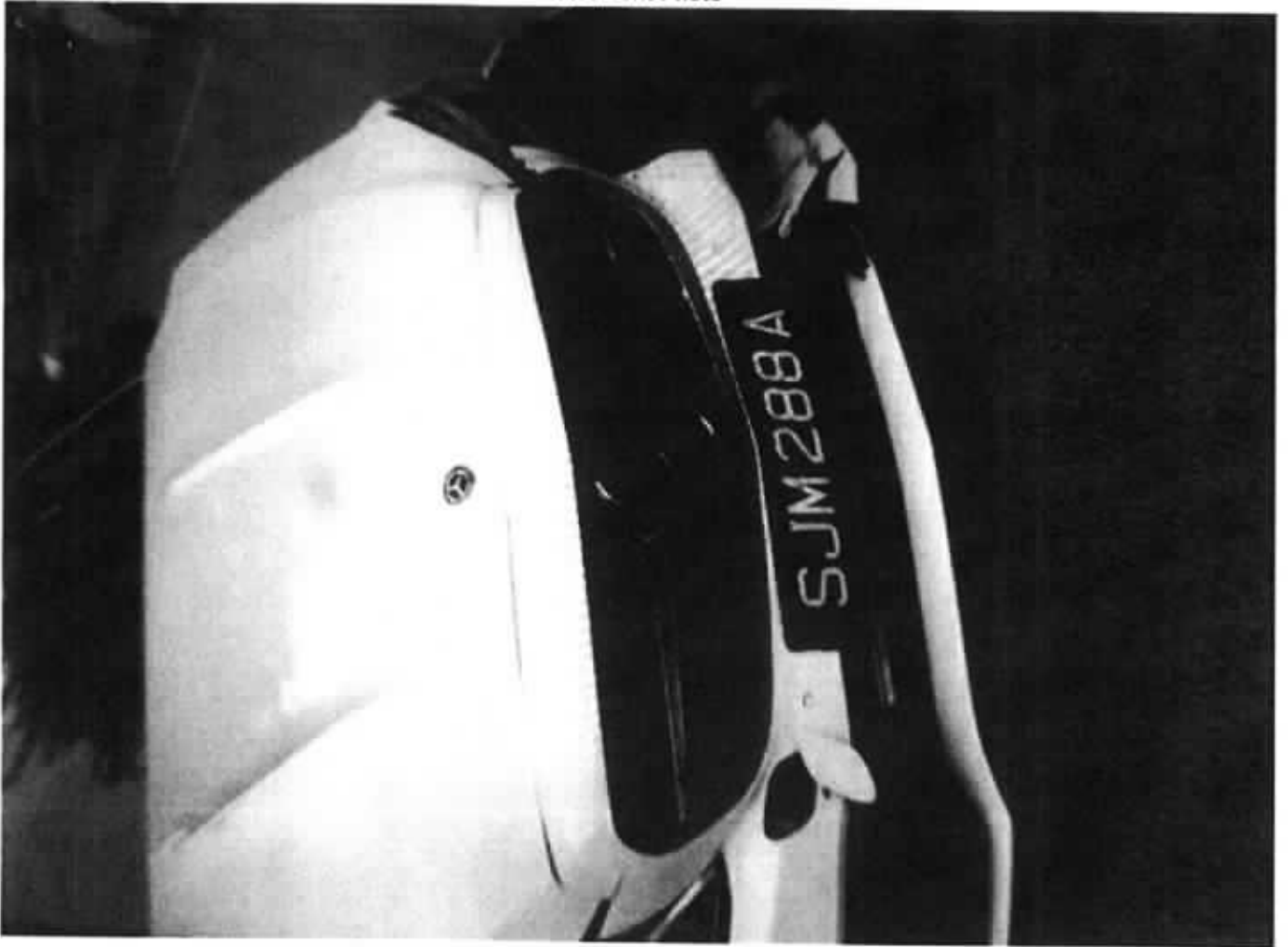
Accident Photo



Accident Photo



Accident Photo



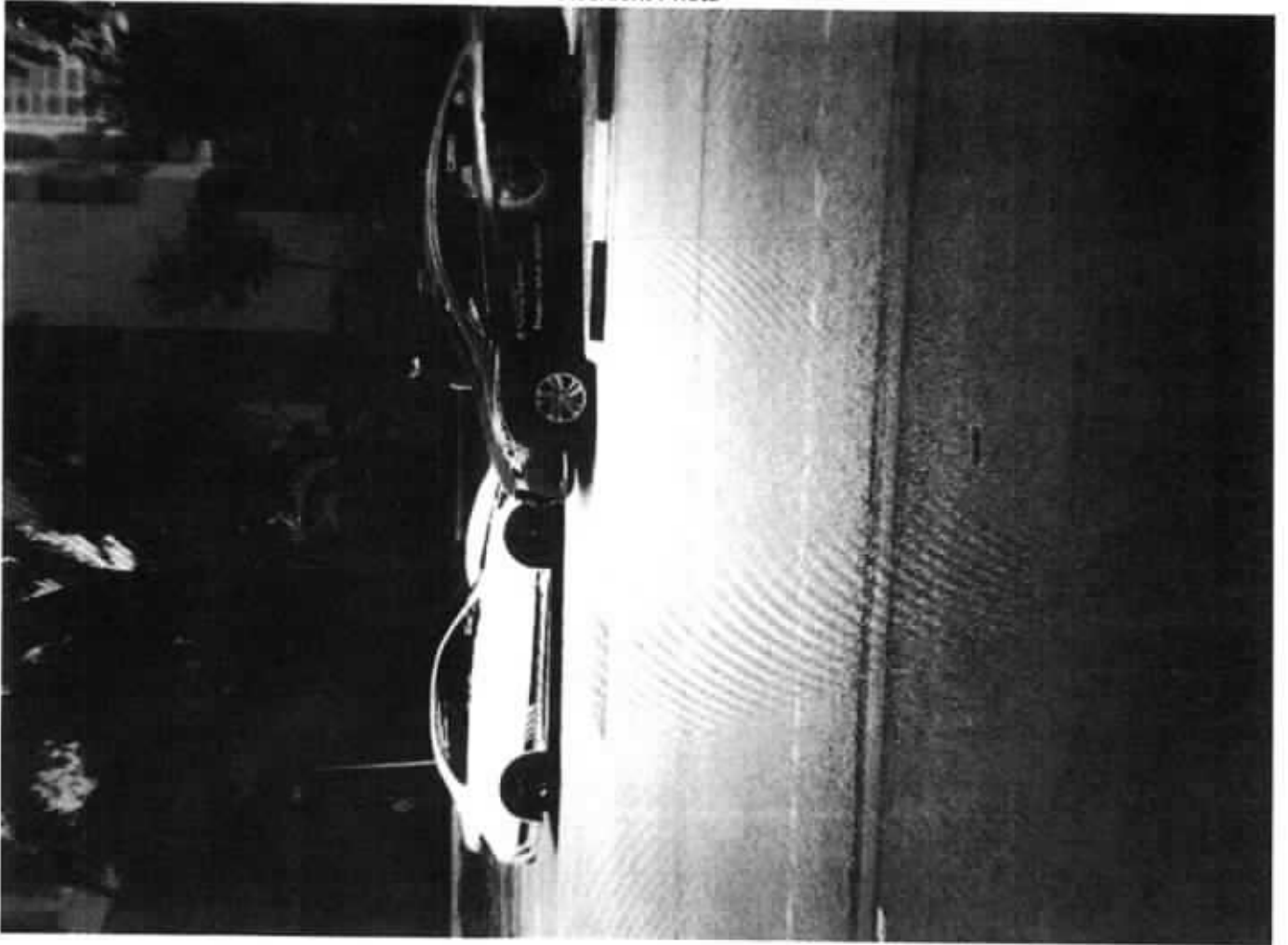
Accident Photo



Accident Photo



Accident Photo



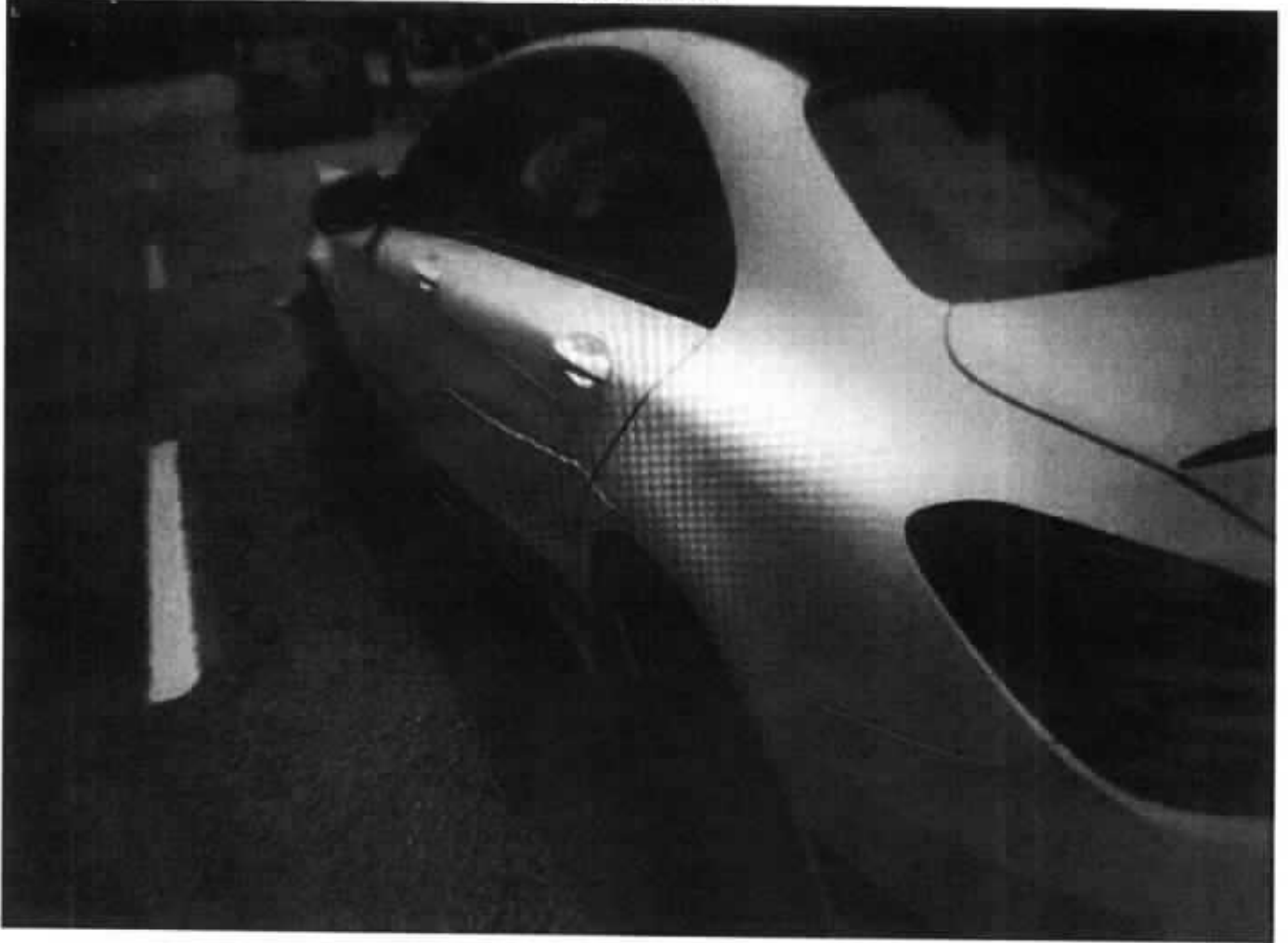
Accident Photo



Accident Photo



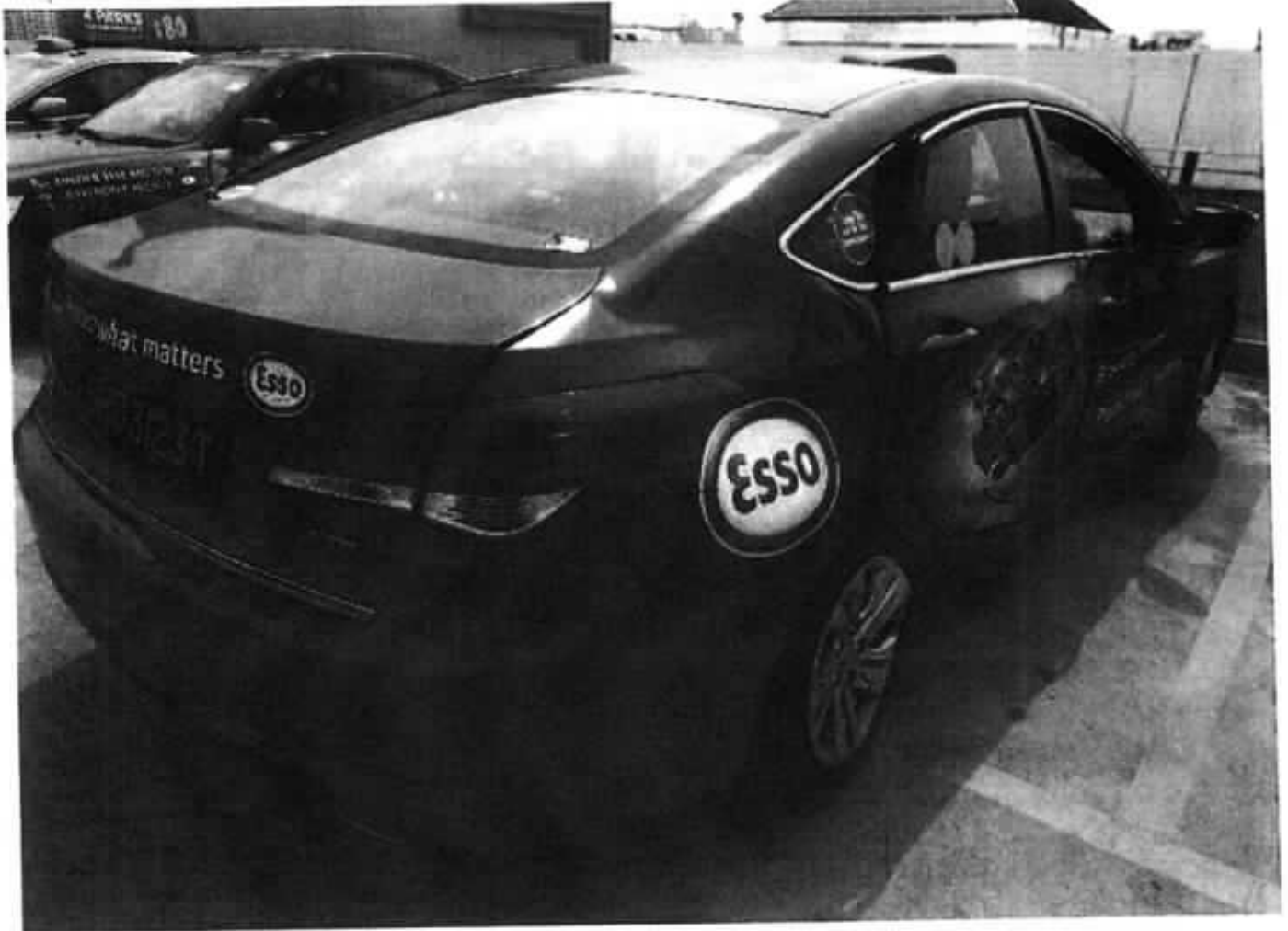
Accident Photo



Accident Photo



Accident Photo



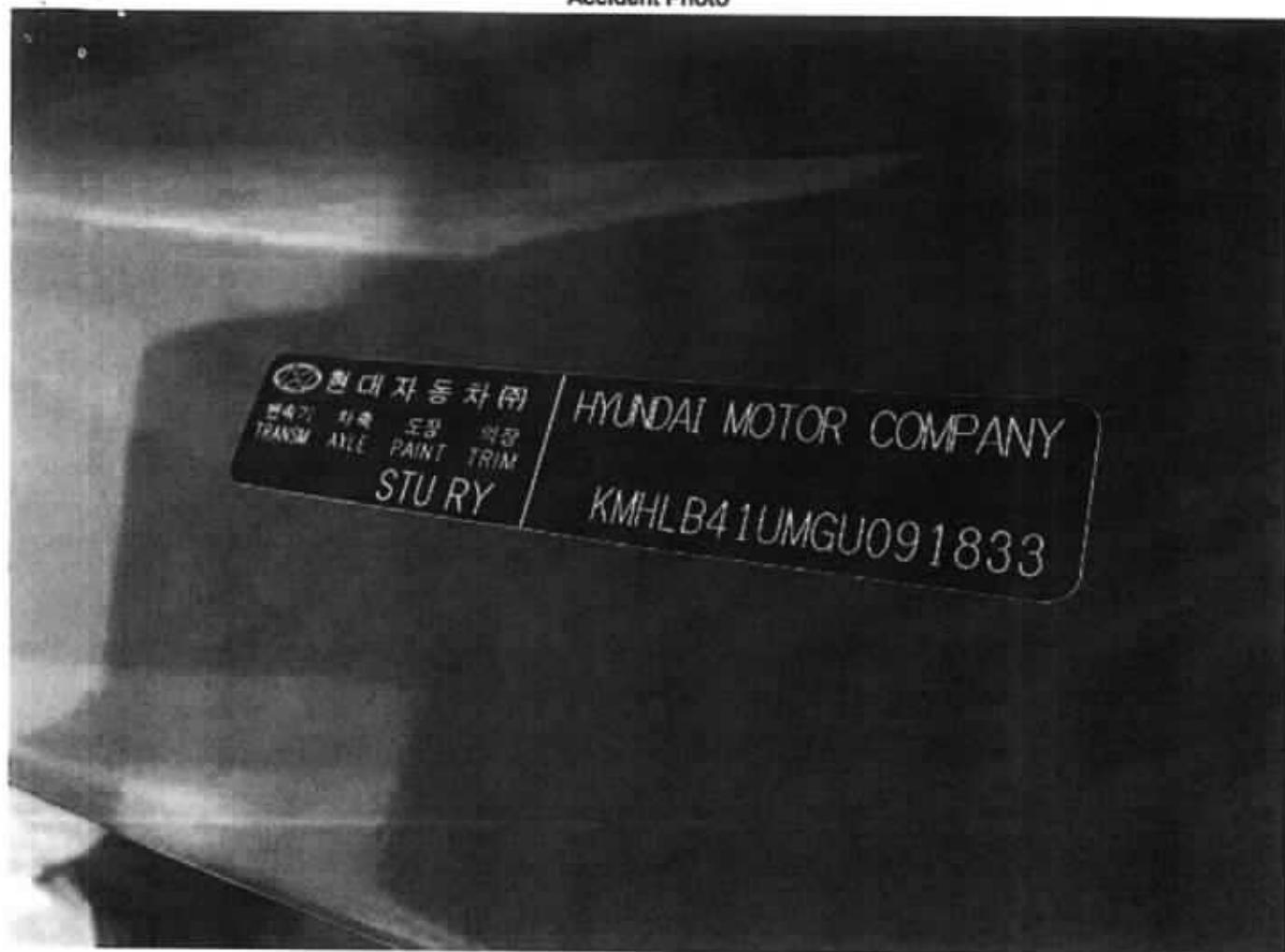
Accident Photo



Accident Photo



Accident Photo



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	06/08/2019 15:54
Date Of Accident	06/08/2019 13:30
Exact Location Of Accident	NEWTON RD NEAR TO EVELYN RD JUNCTION
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHD3123T
Insured/Policyholder	
Name Of Registered Owner	COMFORT TRANSPORTATION PTE LTD
Co Reg No	199303821R
Email Address	FLEETSAFETY@CDGTAXI.COM.SG
Mobile Phone No	
Alternative Phone No	OFFICE-65508768

Vehicle Particulars

Manufacturer	HYUNDAI
Model	I40
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	REPORTING ONLY
Vehicle Category	TAXI

Insurance Company

Name of Insurance Company	INDIA INTERNATIONAL INSURANCE PTE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	MCOM0015
Cover Note Number	

Driver

Name of Driver	TAN SIAK WAH
NRIC No	S6925030J
Date Of Birth	07/08/1969
Occupation	OUTDOOR
Date Of Driving Pass	07/02/2011
Driving Experience	8 YEARS AND 5 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91830084
Fax Number	
Contact Number	
EMail Address	TANSIAKWAH69@GMAIL.COM

Address	124 02-108 MARSILING RISE
Postcode	730124
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - TAXI DRIVER
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	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

SEE ATTACH.

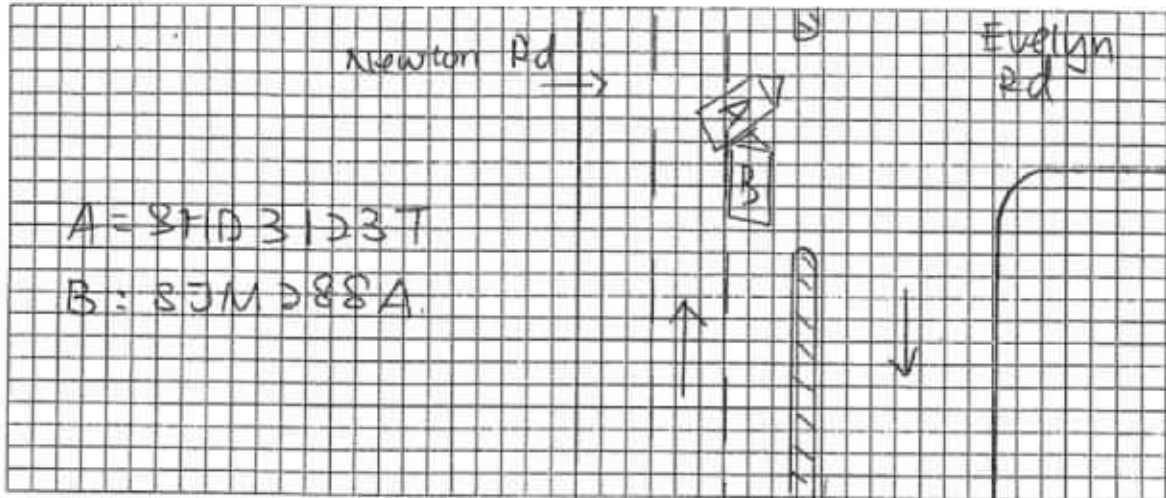
Attachment(s)

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

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number	SJM288A
Vehicle Make/Model/Colour	
Details Of Properties	
Vehicle Category	PRIVATE CAR
Name of Driver	ANG KWANG PING
NRIC/Passport Number	S8002090B
Contact Number	
Address	
Postcode	
Insurance Company Name	
Nature Of Damage	FRT
No. Of Passenger (Including Driver)	

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

On 6/8/19, at about 13:30hrs, I was making a right turn at above said location with signal on. In the midst, veh B travelling on extreme right of front portion collided onto the right rear portion of my taxi. Scene photo taken. No injury reported in this accident.

DECLARATION

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

COMFORT TRANSPORTATION PTE. LTD.

CO REG NO 110 110 110

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.:

LOKE VIVIAN YIENG

GMATAC SketchPlanForm_V3

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 regulate 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.

COMFORT TRANSPORTATION PTE LTD
CO. REG. NO. 181013400R

Policyholder's Signature
Date & Time:

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

Reporting Centre Personnel's Signature
Name: **Loke Wei Yieng**
NRIC/FIN No.:

GIA/IMAC Sketch Plan Form_V3



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo



Accident Photo





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				
INDIA INTERNATIONAL INSURANCE PL			Ref : CS3/III19013932/Fvd3e2-1	
64 CECIL STREET #05-02 IOB BUILDING SINGAPORE 049711			Date : 04-03-2020	
			Code : III2	
1. Policy Particulars :- THIRD PARTY CLAIM				
Insured Veh.	SHD 3123T	Veh. Inspected	SJM 288A	
Policy No.	MCOM0015	Coverage (\$)	0.00	
Claim No.	MCT19080131	Excess (\$)	0.00	
Assign From	DERRICK TAN	Assign Date	19/02/2020	
2. Vehicle Particulars & Condition				
Make & Model	MERCEDES BENZ C200	c.c	1991	
Engine No.	HIDDEN	Year of Reg.	2016	
Chassis No.	WDD2050422R185974	Colour	WHITE	
Odometer	71730	Steering	IN ORDER	
Brakes	IN ORDER	Modification	SPORTS RIM	
General	GOOD			
3. Conditions of Tyres				
	Size	Make	Balance	
R/H Front Tyre	245/35 R17	MICHELIN	5 mm	
L/H Front Tyre	245/35 R17	MICHELIN	5 mm	
R/H Rear Tyre	275/30 R17	MICHELIN	5 mm	
L/H Rear Tyre	275/30 R17	MICHELIN	5 mm	
4. Description of Damages				
THE VEHICLE SUSTAINED DAMAGES AT THE O/S, N/S BODY AND FRONT PORTION. DAMAGES SEE DETAILS.				
5. General Information				
Accident Date	06/08/2019	Inspection Date	08/08/2019	
Survey held at	ALPHA CAR SERVICES PTE LTD BLK C, KAKI BUKIT AVE 6 #01-59 KAKI BUKIT AUTOBAY SINGAPORE 417883			
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.			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 3

ADJUSTMENT ON REPAIR COST FOR VEHICLE NO. SJM 288A

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRONT BUMPER ASSY (AMG SPORT)	CRACKED	2,880.10	1,713.00
2	FRONT BUMPER LOWER BRACKET	N/S BENT / NECESSARY / O/S SERVICEABLE	183.20	91.60
2	FRONT BUMPER SIDE RETAINER	NECESSARY	210.60	135.00
1	FRONT BUMPER TOW COVER	MISSING	90.20	72.00
1	FRONT BUMPER REINFORCEMENT	BENT	392.30	392.30
1	FRONT BUMPER LOWER GRILLE	CRACKED	281.10	198.00
1	FRONT BUMPER LOWER SPOILER	CRACKED	2,220.50	1,020.00
1	FRONT GRILLE ASSY (AMG SPORT)	DEFORMED	988.80	656.00
1	FRONT GRILLE EMBLEM	NECESSARY	151.20	80.00
1	FRONT RIGHT FENDER ASSY	BUCKLED	1,455.20	755.00
1	FRONT LEFT FENDER ASSY	TO REPAIR SEE LABOUR	1,455.20	-
1	FRONT RIGHT FENDER TURBO AMG EMBLEM	NECESSARY	125.40	68.00
1	FRONT LEFT FENDER TURBO AMG EMBLEM	NECESSARY	125.40	68.00
1	FRONT BONNET ASSY	BUCKLED	2,851.50	1,999.00
1	FRONT SUPPORT TOP PANEL	DENTED	1,140.40	1,140.40
1	FRONT SUPPORT PANEL TOP GARNISH	SERVICEABLE	133.40	-
1	FRONT LEFT SUPPORT SIDE PANEL	DENTED	369.80	369.80
1	FRONT RIGHT SUPPORT SIDE PANEL	TO REPAIR SEE LABOUR	369.80	-
1	FRONT LEFT SUPPORT PANEL SIDE GARNISH	CRACKED	116.70	116.70
1	FRONT RIGHT SUPPORT PANEL SIDE GARNISH	SERVICEABLE	116.70	-
2	FRONT LOCK MECHANISM	N/S BENT / NECESSARY / O/S SERVICEABLE	195.00	82.00
1	FRONT LOCK MECHANISM BRACKET	NECESSARY	95.00	45.00
1	FRONT LEFT XENON HEADLAMP WITH MOCULE	CRACKED	3,640.80	3,100.00
1	FRONT RIGHT XENON HEADLAMP WITH MODULE	SERVICEABLE	3,640.80	-
1	FRONT LEFT SPRAY NOZZLE	TO REPAIR SEE LABOUR	291.30	-
1	FRONT RIGHT SPRAY NOZZLE	TO REPAIR SEE LABOUR	291.30	-

Report Ref No. CS3/III19013932/Fvd3e2-1



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.:2 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
1	FRONT AIR-CON CONDENSER ASSY	SERVICEABLE	1,256.50	-
1	FRONT AIR-CON HIGH PRESSURE PIPE	SERVICEABLE	316.60	-
1	FRONT AIR-CON LOW PRESSURE PIPE	SERVICEABLE	292.60	-
1	FRONT RADIATOR ASSY	SERVICEABLE	1,450.70	-
1	FRONT RADIATOR FAN COWLING WITH MOTOR ASSY	SERVICEABLE	1,427.40	-
1	FRONT RADIATOR TOP HOSE	SERVICEABLE	140.40	-
1	FRONT RADIATOR BOTTOM HOSE	SERVICEABLE	140.40	-
1	FRONT RADIATOR TOP COVER	SERVICEABLE	165.70	-
1	FRONT RADIATOR EXPANSION TANK ASSY	SERVICEABLE	134.60	-
1	FRONT LEFT CHASSIS MEMBER	TO REPAIR SEE LABOUR	789.10	-
1	FRONT RIGHT CHASSIS MEMBER	TO REPAIR SEE LABOUR	789.10	-
1	FRONT LEFT XENON HEADLAMP SUPPORT BRACKET	CRACKED	295.10	195.00
1	FRONT RIGHT XENON HEADLAMP SUPPORT BRACKET	SERVICEABLE	295.10	-
	LESS 10% DISCOUNT		-3,130.50	-1,229.68
			28,174.50	11,067.12
<u>SPECIAL NETT ITEMS</u>				
12	FRONT BUMPER CLIPS (SN)	NECESSARY	60.00	35.00
6	FRONT GRILLE CLIPS (SN)	NECESSARY	30.00	30.00
6	FRONT SUPPORT PANEL TOP GARNISH CLIPS (SN)	NOT NECESSARY	30.00	-
6	FRONT BUMPER LOWER GRILLE CLIPS (SN)	NECESSARY	30.00	30.00
2	FRONT RADIATOR COOLANT (SN)	NECESSARY	120.00	40.00
1	FRONT AIR CON GAS (SN)	NECESSARY	120.00	40.00
6	FRONT BUMPER PARKING SENSOR (SN)	SHORT CIRCUIT (3PCS ONLY)	1,800.00	265.00
1	FRONT NO PLATE WITH GARNISH (SN)	CRACKED	80.00	50.00
1	FRONT RIGHT SKIRTING (SN)	BENT	3,280.00	1,500.00
1	FRONT RIGHT SKIRTING SEALANT (SN)	NECESSARY	80.00	30.00
16	FRONT RIGHT SKIRTING CLIPS (SN)	NECESSARY	50.00	30.00
			5,680.00	2,050.00

Report Ref No. CS3/III19013932/Fvd3e2-1

**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.:3 of 3

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	LABOUR			
	LABOUR FOR PANEL BEATING, CUT, WELD, STRAIGHTEN FRONT LEFT, FRONT RIGHT AND FRONT AFFECTED AREA AND REPLACE FRONT LEFT, FRONT RIGHT AND FRONT DAMAGED PARTS. INCLUSIVE OF THE REPAIR OF FRONT LEFT FENDER ASSY, FRONT RIGHT SUPPORT SIDE PANEL, FRONT LEFT SPRAY NOZZLE, FRONT RIGHT SPRAY NOZZLE, FRONT LEFT CHASSIS MEMBER AND FRONT RIGHT CHASSIS MEMBER.		2,200.00	1,200.00
	TO PUTTY AND SPRAY PAINTING FRONT LEFT, FRONT RIGHT AND FRONT PORTION.		2,200.00	1,200.00
	TO CHECK WIRING AND FOCUS FRONT HEADLAMP.		50.00	30.00
	TO REMOVE AND INSTALL FRONT BONNET LOCK MECHANISM.	NOT NECESSARY	80.00	-
	TO APPLY ANTI RUST PROOFING TO FRONT AFFECTED AREA.		140.00	80.00
	TO REMOVE AND INSTALL FRONT PARKING SENSOR.		80.00	60.00
	TO REMOVE AND INSTALL FRONT AIR CON SYSTEM TO FACILITATE THE REPAIR.		150.00	100.00
	TO REMOVE AND INSTALL FRONT COOLING SYSTEM TO FACILITATE THE REPAIR.		150.00	80.00
	TOWING SERVICE.		100.00	80.00
			5,150.00	2,830.00
	GRAND TOTAL		39,004.50	15,947.12
RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)				12,750.00

Report Ref No. CS3/III19013932/Fvd3e2-1

PARASURAM S/O SHANMUGAM

Asst. 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.