

22/03/2002

ASS. REC. BY:

REF: CS/AGI 2006 3065/ATF3

Special Instruction:

Surveyor: Adrian

ASSIGNMENT (Office)

From (Person): Jim Parilla of AGI Date/Time: 24.2.2020 2.24p.m

Estimated Cost: Bill to:

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

To Inspect Vehicle No: SLT 22804 Insured: SMC 8244R

at Workshop m/s EMD'S Motor Service Tel: 67472033

of BIC C 1 KAGI BURKH AVI 6 901-06X Adnan

Policy No: Claim No: C10005669

Sum Insured: Excess:

Make of Veh: D.O.A. 23/2/2020
(Client's Record)

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time: 24/2/2020 2.53p.m Person Contacted: MC NG Vehicle: IN/OUT

Date/Time	Action/Instruction (✓) Estimate
	SLT 22804 - CS/EGT 20002160/ATF3 D.LP: 0570 2/2020
	SMC 8244R - X
	Lump Sum \$4200/- Cred: 3121.33% Finalized
16/3-	check with Adrian and Simon. Submit accordingly..

REP:

ASSIGNMENT

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop in/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

Bal. or Market Value: _____

IDAC Accident Rpt: _____ Consistent? : Yes or No

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

Est. Repairs: _____ 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: SLT2280Y Yr Regn: 2017, OCTType: M.Car / M.Cycle / Bus / Van / Lorry / Taxi / Prime Mover /

Truck / Trailer or

Make: Toyota Estima c.c. 2362Colour: Silver A/C: Insured / Std / NI / NASp. Reading: 52579 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ACR507147210Gen. Cond: Good / Fair / Poor / BurntSteering: Inorder / Jammed / Leaked / Burnt orBrake: Inorder / Jammed / Leaked / Burnt orModi: Nil / S/Rim / STD A/Rim orTyre Size: F: 225/50R18R: 225/50R18BS / DUN / EXNOVA / GY / FS / LIZA / MIC / OHTSU / PIR / SUMI /

TOYO / YOKO or

Front

Rear

R/Bal. 06 mm R/Bal. 06 mmL/Bal. 06 mm L/Bal. 06 mmD.O.A. _____ D.O.I. 25/02/20Survey held at Eunos MotorDes. of Damages: Frt / Rear / O/S / N/S / U/C / Rooftop orFront o/s.

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

Date / Time Action / Instruction
TP Budget Direct.

MV:

PV:

Nett:

RECEIVED 18 MAR 2020

Date/Time, File Pass to?

☐ : Prel. Report☒ : Final Report1) 10/3 Typist

Date/Time, File Return to?

2)

Days Of Repair: 4

Resurvey No. of Trip: _____

Add Fee: ☐ : Site Insp (\$)☐ : Interview (\$)☐ : Tech. Invt (\$)☐ : Workshop (\$)Survey Fee: 250

Transportation:

S + PS: \$

Photos

Others

TOTAL

Report Format:

Lump Sum / H.R. / TP 4200/-

Nivitha (LKK Auto)

From: Ivy Ratilla <ivy.r@budgetdirect.com.sg>
Sent: Monday, 24 February 2020 2:22 PM
To: Admin-D (LKKAuto)
Cc: SUR; Hansel Ang
Subject: FW: Our client's vehicle no.SLT2280Y(ES); Your insured's vehicle no. SMC8244R(AUTO) DOA 23/02/2020 - PRI || C10005669
Attachments: TP PRS SLT2280Y.pdf; SLT2280Y.pdf

Hi Team,

We would like to arrange TP PRS for SLT2280Y. Our PH has not reported yet. TP workshop has chosen Mr. Adrian Ling to survey their client's vehicle.

Workshop information:

Venue: Eunose Motor Service
Address: Blk C, 1 Kaki Bukit Ave 6
#01-064 Autobay @ Kaki Bukit
Singapore 417883
Contact: Ms Ng (6747 2033)

Please confirm. Thank you.

Regards,

Ivy Ratilla
Executive, Claims Admin

T +65 6540 2185
F +65 6725 0853
E ivy.r@budgetdirect.com.sg

**Budget
Direct**
insurance



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: Nancy Lam <nancy@crossbordersllc.com>

Sent: Monday, 24 February 2020 1:01 PM

To: Ivy Ratilla <ivy.r@budgetdirect.com.sg>; Claims <claims@budgetdirect.com.sg>

Cc: Corene Chong <corene@crossbordersllc.com>; Celeste Ng <celeste@crossbordersllc.com>; Tang Hui Ting <huiting@crossbordersllc.com>; Hansel Ang <hansel.ang@budgetdirect.com.sg>

Subject: RE: Our client's vehicle no.SLT2280Y(ES); Your insured's vehicle no. SMC8244R(AUTO) DOA 23/02/2020 - PRI || C10005669

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Sirs

1. We refer to your letter dated as below
2. We are instructed that our client has confirmed Adrian Ling LKK Auto Consultants Pte Ltd as a single joint expert.
3. Please be informed that the said vehicle can be inspected at:

Venue:	Eunos Motor Service
Address:	Blk C, 1 Kaki Bukit Ave 6 #01-064 Autobay @ Kaki Bukit Singapore 417883
Contact:	Ms Ng (6747 2033)
4. Please liaise with the above workshop.

Thank You.

Regards

Nancy

TEL: 6438 1323 (ext 2020)

CrossBorders LLC
133 New Bridge Road
#23-03/04/05 Chinatown Point
Singapore 059413
Tel: (65) 6438 1323
Fax: (65) 6438 2313

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CrossBorders LLC DOES NOT ACCEPT SERVICE OF COURT DOCUMENTS OR NOTICE OF ANY PROCEEDINGS BY FACSIMILE OR EMAIL

From: Nancy Lam <nancy@crossbordersllc.com>
Sent: Monday, 24 February 2020 11:25 AM
To: Claims <claims@budgetdirect.com.sg>
Cc: Corene Chong <corene@crossbordersllc.com>; Celeste Ng <celeste@crossbordersllc.com>; Tang Hui Ting <huiting@crossbordersllc.com>
Subject: Our client's vehicle no.SLT2280Y(ES); Your insured's vehicle no. SMC8244R(AUTO) DOA 23/02/2020 - PRI

Your attention is drawn to the CONFIDENTIALITY NOTICE below.

WITHOUT PREJUDICE

Dear Sirs

1. Please find attached our PRI notice dated 24 February 2020 for your kind attention

Thank You.

Regards
Nancy
TEL: 6438 1323 (ext 2020)

CrossBorders LLC
133 New Bridge Road
#23-03/04/05 Chinatown Point
Singapore 059413
Tel: (65) 6438 1323
Fax: (65) 6438 2313

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MPA220023852 / Progressive Car Care Pte Ltd - HQ
 ENTRY DATE & TIME: 24/02/2020 09:18
 SUBMITTED BY: Cheong Ming Ming

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 24/02/2020 09:18
 Date Of Accident 23/02/2020 08:15
 Exact Location Of Accident EAST COAST ROAD CARPARK
 Country/State of Loss SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number SLT2280Y
 Insured/Policyholder
 Name Of Registered Owner TAY AH TIN
 NRIC No SXXXX429C
 Email Address NOEMAIL
 Mobile Phone No (LOCAL) +65-97931129
 Alternative Phone No OTHERS-97931129

Vehicle Particulars

Manufacturer TOYOTA
 Model ESTIMA AERAS-2.4 (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

~~REPORTING ONLY~~ 3rd Party claim

Vehicle Category PRIVATE CAR

Insurance Company

Name of Insurance Company AXA INSURANCE PTE LTD
 Type Of Coverage COMPREHENSIVE
 Fleet Policy NO
 Policy Number GA401459
 Cover Note Number

Driver

Name of Driver TAY KOK LAI
 NRIC No SXXXX089J
 Date Of Birth 16/02/1959
 Occupation INDOOR
 Date Of Driving Pass 27/11/1978
 Driving Experience 41 YEARS AND 2 MONTHS
 Gender MALE
 Mobile Number (LOCAL) +65-94752533
 Fax Number
 Contact Number
 Email Address NOEMAIL

Address APT BLK 164 BEDOK SOUTH ROAD
#04-412
Postcode 460164
Was driver an employee of the Insured's Company NO
If No, Relationship of the Driver with the Insured SIBLING
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 ON COLLISION
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? YES
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) 7

Passenger 1 NAME: : PAX 1
GENDER: : MALE
Passenger 2 NAME: : PAX 2
GENDER: : MALE
Passenger 3 NAME: : PAX 3
GENDER: : MALE
Passenger 4 NAME: : PAX 4
GENDER: : FEMALE
Passenger 5 NAME: : PAX 5
GENDER: : FEMALE
Passenger 6 NAME: : PAX 6
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

REFER TO THE ATTACH STATEMENT RECORDED BY KAREN - PROGRESSIVE CAR CARE PTE LTD TEL 6741 5336

Attachment(s)

Are accident photos available for attachment? YES
Was there any video captured by Car Camera? YES

Remarks/ Reasons: VIDEO WITH THE OWNER.
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

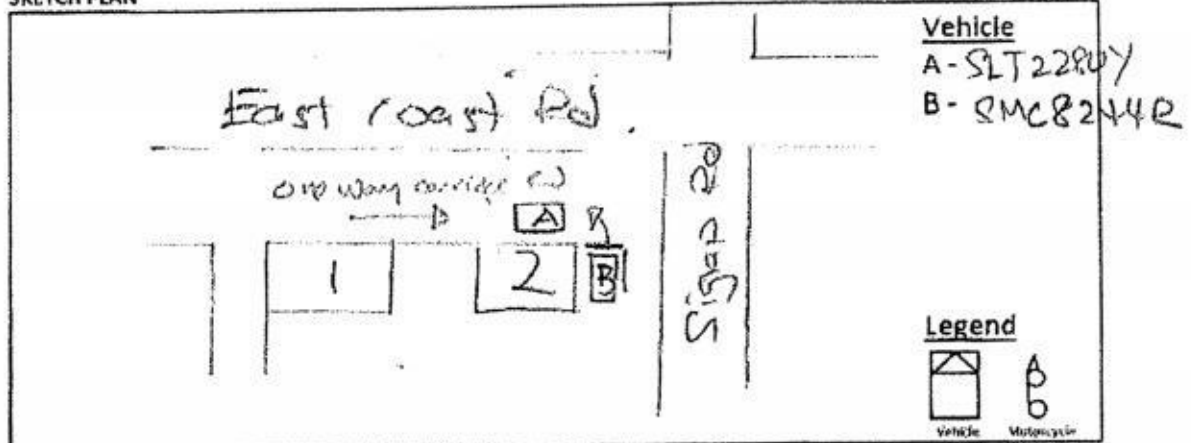
Vehicle Registration Number SMC8244R
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category PRIVATE CAR
Name of Driver
NRIC/Passport Number
Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF INJURED PERSON 1

Name TAY KOK LAI
Approximate Age
Injuries Sustain
Injured person in which vehicle? SLT2280Y
Were seat belts worn? YES
Was this injured conveyed to hospital by ambulance? NO
Address
Postcode

Sketch Plan

SKETCH PLAN



DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

I was driving along the service rd along East Coast Rd in to the Public Car park.

At the corner of Block 2, I saw Veh B approaching the stop line, so I stopped my veh. But Veh B did not stop and continued to drive and making a LEFT TURN hitting my FRONT RIGHT Bumper.

DECLARATION

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

Please be advised that your insurer may have a fourteen (14) days clause whereby the claim against own policy must be made within the stipulated timeframe from the day of occurrence. Kindly check your policy for more details.

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 #2

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 Authorized 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.:

SLT 22807 T/Estimate

	Date	No.
Frs Bumper del	540.00	✓
" " RH side Retainer NPM	71.00	X
" " Signal Lamp RH Cracked	980.00	✓
" " side Lamp small wire Assy ^{NPM}	315.00	X
" " Centre grille NPM	485.00	X
" " Lower grille del	174.00	✓
" " Sponge cracked	96.00	✓
" " Reinforcement Bnt	415.00	✓
Headlamp Assy RH Cracked	3330.00	✓
Frt. Head Lamp Panel Repair	284.00	X
Frt. Washer Tank RH Deformed	195.00	✓
Frt. Fender Inner Shield RH ^{tor}	215.00	✓
Frt. Engine Under Cover del	295.00	✓
" Bumper dip 3+0.85 m	15.00	✓

\$ 7419.00

less 25% 1854.75

5564.25

Labour check wiring 150.00 30
 Spray painting 650.00 250
 Panel Beating 880.00 300.
 To replace parts

7244.25

Lump Sum \$ 5795

list 6261
 less 25% 4695.75

labour: 580
 total 5275.75

L/S: 4.2K

\$ 4.2K

04 Days.

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

AUTO & GENERAL INSURANCE (S) PL

Ref : CS/AGI20003065/Atf3s2

(BUDGET DIRECT INSURANCE)
190 CLEMENCEAU AVENUE #03-01
SINGAPORE SHOPPING CENTRESINGAPORE
239924

Date : 24-03-2020



Code : AGI

1. Policy Particulars :- THIRD PARTY CLAIM

Insured Veh.	SMC 8244R	Veh. Inspected	SLT 2280Y
Policy No.		Coverage (\$)	0.00
Claim No.	C10005669	Excess (\$)	0.00
Assign From	IVY RATILLA	Assign Date	24/02/2020

2. Vehicle Particulars & Condition

Make & Model	TOYOTA ESTIMA	c.c	2362
Engine No.	HIDDEN	Year of Reg.	2017
Chassis No.	ACR507147210	Colour	SILVER
Odometer	52579	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		

3. Conditions of Tyres

	Size	Make	Balance
R/H Front Tyre	225/50 R18	BRIDGESTONE	6 mm
L/H Front Tyre	225/50 R18	BRIDGESTONE	6 mm
R/H Rear Tyre	225/50 R18	BRIDGESTONE	6 mm
L/H Rear Tyre	225/50 R18	BRIDGESTONE	6 mm

4. Description of Damages

THE VEHICLE SUSTAINED DAMAGES AT THE FRONT O/S PORTION. DAMAGES SEE DETAILS.

5. General Information

Accident Date	23/02/2020	Inspection Date	25/02/2020
Survey held at	EUNOS MOTOR SERVICE 1 KAKI BUKIT AVE 6 #01-64 AUTOBAY @ KAKI BUKIT 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:	4 Working Days
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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. SLT 2280Y

Qty	Description of Parts	Condition	Estimate By Workshop (\$)	Our Adjusted (\$)
	REPLACEMENT OF PARTS			
1	FRT ENGINE UNDER COVER	DEFORMED	298.00	298.00
1	FRONT BUMPER	DEFORMED	540.00	540.00
1	FRONT BUMPER RH SIDE RETAINER	NOT NECESSARY	71.00	-
1	FRONT BUMPER SIGNAL LAMP RH	CRACKED	980.00	980.00
1	FRONT BUMPER SIDE LAMP SMALL WIRE ASSY0	NOT NECESSARY	315.00	-
1	FRONT BUMPER CENTRE GRILLE	NOT NECESSARY	488.00	-
1	FRONT BUMPER LOWER GRILLE	DEFORMED	174.00	174.00
1	FRONT BUMPER SPONGE	CRACKED	96.00	96.00
1	FRONT BUMPER REINFORCEMENT	BENT	415.00	415.00
1	HEADLAMP ASSY RH	CRACKED	3,330.00	3,330.00
1	FRT HEADLAMP PANEL	TO REPAIR SEE LABOUR	284.00	-
1	FRT WIPER WASHER TANK RH	DEFORMED	198.00	198.00
1	FRT FENDER INNER SHIELD RH	TORN	215.00	215.00
3	FRT BUMPER CLIP @ \$5.00	NECESSARY	15.00	15.00
	LESS 25% DISCOUNT		-1,854.75	-1,565.25
			5,564.25	4,695.75
	LABOUR			
	LABOUR CHECK WIRING.		150.00	30.00
	SPRAY PAINTING.		650.00	250.00
	PANEL BEATING. TO REPLACE PARTS. INCLUSIVE OF THE REPAIR OF FRT HEADLAMP PANEL.		880.00	300.00
			1,680.00	580.00
	GRAND TOTAL		7,244.25	5,275.75
	RECOMMENDED COST OF LUMP SUM REPAIRS (TO ITS PRE-ACCIDENT CONDITION)			4,200.00

Report Ref No. CS/AGI20003065/Atf3s2

ADRIAN LING WAI PING

B.Eng,AMSOE,AMIRTE,AMSAE-A,M.MATAI

Licensed Appraiser

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