

ASS. REC. BY:

REF:

CS3/AGI19012561/Gqf3-1

**Special Instruction:**

Surveyor :

62

Julie

ASSIGNMENT (Office)

29/05/2020

From (Person);

~~Angela~~

of

AG.1

Date/Time:

Estimated Cost:

Bill to:

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

To Inspect Vehicle No: 8KZ 3206 L

Insured: SKX 8231R

at Workshop m/s Victor's Garage

Tel: 2424 818

of S Soon Lee Street #03-52

Policy No:

Claim No: C10003510 | TM

Sum Insured:

Excess:

Make of Veh:

(Client's Record)

D.O.A. 13/06/2019

CA / REV / REP. / REV 24 HRS

H.O.D. Endorsement:

Date/Time:

Person Contacted:

Vehicle ~~IN/OUT~~

Date/Time

Action/Instruction	Date	Time	Location	Weather	Remarks

Johnny ( )

Survey at Cam Auto: B1C 301H Ubi Rd 1 #01-278

03/06/2020  
Surveyor

602

REF:

AG1

B9211J

### ASSIGNMENT

From:

Date:

17/7/2019.

Estimated Cost:

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

To Inspect Vehicle No: SKZ 3206L

at Workshop m/s Kern Auto.

97877114

of B1C 3014 Ubi Rd 1 #01-278.

Sean

Insured:

Policy No.

Claims No.

Sum Insured:

Excess:

(Client's Record)

Make of Veh:

After 11.30am.

(Policy Condition)

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

Bal. or Market Value:

\$14500

IDAC Accident Rpt:

Consistent? : Yes or No

GIA / PR Seen:

Consistent? : Yes or No

Est. Repairs:

3

days

Res.: Yes or No

Lum Sum:

%

3 Val.: Yes or No

CA / REV / REP. / 24 HRS

Date:

Person Contacted:

Vehicle: IN / OUT

Veh No:

SKZ 3206L

Yr Regn:

27 Jul 2009

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

Truck / Trailer or

Make:

Mit Grandis 24c 2378

Colour

Silver

A/C: Insured / Std / NI / NA

Sp. Reading

1859/8

T/Radio: Insured / Std / NI / NA

Eng/No:

C/No:

JMYL RNA 4W98000237

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:

25/55 R7

R:

11

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

TOYO / YOKO or

westlake

Front

Rear

R/Bal.

6

mm

R/Bal.

6

mm

L/Bal.

6

mm

L/Bal.

6

mm

D.O.A.

D.O.I.

17-07-19

Survey held at

w/s

3:35pm

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

PRG

\$1000 - \$2000

03/06/2020 Submit LS \$1600, 3 days (Red \$2550, 61%)

Date/Time, File Pass to?

☐

: Preli. Report

1) 03/06 Typist

☐

: Final Report

Date/Time, File Return to?

2)

Days Of Repair:

3

Resurvey No. of Trip:

-

Survey Fee:

Transportation:

\_\_\_ \$ + RS, \_\_\_ \$

Photos

Others

TOTAL

Add Fee:

☐

: Site Insp (\$

☐

: Interview (\$

☐

: Tech. Invs (\$

☐

: Weekend (\$

Report Format :

TP

Lump Sum ~~11.000~~ (\$ 1600

## Nivitha (LKK Auto)

---

**From:** Ivy Ratilla <ivy.r@budgetdirect.com.sg>  
**Sent:** Tuesday, 16 July 2019 3:19 PM  
**To:** Admin-D (LKKAuto)  
**Cc:** sur@lkkauto.com; Julie Mangubat  
**Subject:** FW: TPPD Survey: Claim ref:C10003510/JM || OI- SKX8231R (Blue) TP- SKZ3206L || Est:0.00 || Victor's Garage  
**Attachments:** 2nd PRS - SKZ 3206L.pdf; 1ST PRS - SKZ 3206L.pdf

Hi Team,

TP PRS for SKZ3206L please.

Workshop information:

Victor's Garage

5 Soon Lee Street

#03-52 Pioneer Point

Singapore 627607 (Please attend after 10.00am).

Contact person: Victor Tan (hp: 8424 8118)

Thank you.

Regards,

**Ivy Ratilla**  
**Executive, Claims Admin**

T +65 6540 2185  
F +65 6725 0853  
E [ivy.r@budgetdirect.com.sg](mailto:ivy.r@budgetdirect.com.sg)



**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](http://budgetdirect.com.sg)

auto  general

Sean  
9787 7114  
Blk 3014 Ubi Rd 1  
#01-278

Auto & General Insurance (Singapore) Pte. Limited (Co. Reg. No. 201626103G) trading as **Budget Direct Insurance**.

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**From:** [Accident@kscgp.com](mailto:Accident@kscgp.com) <[Accident@kscgp.com](mailto:Accident@kscgp.com)>

**Sent:** Monday, 15 July 2019 6:39 PM

**To:** Ivy Ratilla <[ivy.r@budgetdirect.com.sg](mailto:ivy.r@budgetdirect.com.sg)>; Claims <[claims@budgetdirect.com.sg](mailto:claims@budgetdirect.com.sg)>; Motor Claims <[motorclaims@budgetdirect.com.sg](mailto:motorclaims@budgetdirect.com.sg)>

**Cc:** Julie Mangubat <[julie.m@budgetdirect.com.sg](mailto:julie.m@budgetdirect.com.sg)>

**Subject:** 2nd Notice to conduct pre-repair survey (Your Ref: SKX 8231R; OurRef: SKZ 3206L/VG/ms/sy) || C10003510

Dear Sirs,

We refer to your email of even date.

Please find attached the 2nd Notice to conduct pre-repair survey, for your attention. Our client is not agreeable to appointing your proposed surveyors as Single Joint Expert.

Our client's vehicle can be surveyed at: -

Victor's Garage

5 Soon Lee Street

#03-52 Pioneer Point

Singapore 627607 **(Please attend after 10.00am).**

Contact person: Victor Tan (hp: 8424 8118)

Thank you.

Regards,

See Yee

for and on behalf of Mr Gurdeep Singh Sekhon

KSCGP Juris LLP

10 Hoe Chiang Road

#13-03A Keppel Towers

Singapore 089315

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----- Original Message -----

**From:** Ivy Ratilla [<mailto:ivy.r@budgetdirect.com.sg>]

**To:** [Accident@kscgp.com](mailto:Accident@kscgp.com), [claims@budgetdirect.com.sg](mailto:claims@budgetdirect.com.sg), [motorclaims@budgetdirect.com.sg](mailto:motorclaims@budgetdirect.com.sg)

**Cc:** [julie.m@budgetdirect.com.sg](mailto:julie.m@budgetdirect.com.sg)

**Sent:** Mon, 15 Jul 2019 07:55:42 +0000

**Subject:**

WITHOUT PREJUDICE

Dear Sir/Ma'am

With regards to your below email.

Please find the list of your surveyors to choose from. Also, please let us know workshop information as well as PIC and contact number.

1. Xing Guo Qiang LKK Auto Consultant Pte Ltd
2. Mohammed Rasul LKK Auto Consultants Pte Ltd
3. Mohamad Taufihk LKK Auto Consultants Pte Ltd
4. Adrian Ling LKK Auto Consultants Pte Ltd
5. Marcus Chua LKK Auto Consultants Pte Ltd
6. Kenneth Kong LKK Auto Consultants Pte Ltd
7. Pang Kiah Keen (Frankie) FormTeam Adjusters Pte Ltd
8. Chua Soo Teck (Benjamin) FormTeam Adjusters Pte Ltd
9. Lim Say Koon FormTeam Adjusters Pte Ltd
10. Ng You Han FormTeam Adjusters Pte Ltd
11. Soon HanXin (Gary) FormTeam Adjusters Pte Ltd
12. Chow Bo Xiong FormTeam Adjusters Pte Ltd
13. Derrick Quok – In house surveyor

Kindly let us know within two (2) working days whether you agree to the appointment of any of these motor surveyors.

Regards,

**From:** [Accident@kscgp.com](mailto:Accident@kscgp.com) <[Accident@kscgp.com](mailto:Accident@kscgp.com)>

**Sent:** Monday, 15 July 2019 9:17 AM

**To:** Claims <[claims@budgetdirect.com.sg](mailto:claims@budgetdirect.com.sg)>; Motor Claims <[motorclaims@budgetdirect.com.sg](mailto:motorclaims@budgetdirect.com.sg)>

**Subject:** 1st Notice to conduct pre-repair survey (Your Ref: SKX 8231R; Our Ref: SKZ 3206L/VG/ms/sy)

Dear Sirs,

We enclose herewith our 1st Notice to conduct pre-repair survey for your necessary action.

Thank you.

Regards,  
See Yee  
for and on behalf of Mr Gurdeep Singh Sekhon  
KSCGP Juris LLP  
10 Hoe Chiang Road  
#13-03A Keppel Towers  
Singapore 089315  
Tel: 6538 3611 / DID: 3152 0987 / Fax: 6538 3708  
Email: [accident@kscgp.com](mailto:accident@kscgp.com)

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[> Back to OneMotoring](#)**Enquire PARF/COE Rebate for Registered Vehicle**

Owner ID Type:	Business
Owner ID:	211J
Vehicle No.:	SKZ3206L
Vehicle to be Exported:	No
Intended Deregistration Date:	17 Jul 2019
Vehicle Make:	MITSUBISHI
Vehicle Model:	GRANDIS 2.4L SPORTS-GEAR
Primary Colour:	Grey
Manufacturing Year:	2009
Engine No.:	4G69NT9893
Chassis No.:	JMYLRNA4W9Z000237
Maximum Power Output:	121.0 kW (162 bhp)
Open Market Value:	\$28,172.00
Original Registration Date:	27 Jul 2009
First Registration Date:	27 Jul 2009
Transfer Count:	2
Actual ARF Paid:	\$28,172.00
PARF Eligibility:	Yes
PARF Eligibility Expiry Date:	26 Jul 2019
PARF Rebate Amount:	\$14,086.00
COE Expiry Date:	26 Jul 2019
COE Category:	B - Car (1601cc & above)
COE Period(Years):	10
QP Paid:	\$16,801.00
COE Rebate Amount:	\$40.00
<b>Total Rebate Amount:</b>	<b>\$14,126.00</b>

The information contained herein is correct as at 17 Jul 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	15/06/2019 13:33
Date Of Accident	13/06/2019 07:30
Exact Location Of Accident	JOHOR CAUSEWAY TWDS JB CHECKPOINT
Country/State of Loss	MALAYSIA/JOHOR DARUL TAKZIM
DETAILS OF OWN VEHICLE	
Vehicle Registration Number	SKZ3206L
<b>Insured/Policyholder</b>	
Name Of Registered Owner	KEM AUTO
Co Reg No	-
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-92718665
<b>Vehicle Particulars</b>	
Manufacturer	MITSUBISHI
Model	GRANDIS
Exact Purpose for which vehicle was being used at time of accident	PRIVATE USE
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
<b>Insurance Company</b>	
Name of Insurance Company	TOKIO MARINE INSURANCE SINGAPORE LTD
Type Of Coverage	THIRD PARTY
Fleet Policy	NO
Policy Number	18-MJ001016-R00
Cover Note Number	-
<b>Driver</b>	
Name of Driver	MUHAMMAD ANAS BIN MUHAMMAD NASSER
NRIC No	S8925468Z
Date Of Birth	26/07/1989
Occupation	INDOOR
Date Of Driving Pass	03/04/2012
Driving Experience	7 YEARS AND 2 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-91898106
Fax Number	
Contact Number	
EEmail Address	NOEMAIL



Address	BLK 486B TAMPINES AVE 9 #02-56
Postcode	521486
Was driver an employee of the Insured's Company	NO
If No, Relationship of the Driver with the Insured	OTHER - HIRER
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	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?	
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)	6
Passenger 1	NAME: : UNKNOWN GENDER: : MALE
Passenger 2	NAME: : UNKNOWN GENDER: : MALE
Passenger 3	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 4	NAME: : UNKNOWN GENDER: : FEMALE
Passenger 5	NAME: : UNKNOWN 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

WHILE QUEUING TO THE JB CHECKPOINT, SUDDENLY VEH B HIT ONTO MY VEH REAR PORTION.

#### 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	SKX8231R
-----------------------------	----------

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)

## Accident Sketch Plan

### 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
- 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.:

# Accident Sketch Plan

## SKETCH PLAN

A: SKR 32061  
C: SKX 8231R

Refer casualty note JE checkpoint

## DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

Please Refer to statement

## 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.:



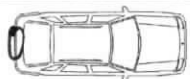
# LKK Auto Consultants Pte Ltd

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

PRE-REPAIR INSPECTION REPORT			
AUTO & GENERAL INSURANCE (S) PL		Ref:	CS3/AGI19012561/Gcf3e2
(BUDGET DIRECT INSURANCE)190 CLEMENCEAU AVENUE #03-01 S S CSINGAPORE 239924		Date:	31-07-2019
		Code:	AGI
1. Policy Particulars :- (THIRD PARTY CLAIM)			
Insured Veh.	SKX 8231R	Veh. Inspected	SKZ 3206L
Policy No.		Coverage (\$)	0.00
Claim No.	C10003510/JM	Excess (\$)	0.00
Assign From	IVY RATILLA	Assign Date	16/07/2019
2. Vehicle Particulars & Condition			
Make & Model	MITSUBISHI GRANDIS 2.4	c.c	2378
Engine No.	HIDDEN	Year of Reg.	2009
Chassis No.	JMYLRNA4W9Z000237	Colour	SILVER
Odometer	185918 KM	Steering	IN ORDER
Brakes	IN ORDER	Modification	SPORTS RIM
General	GOOD		
3. Conditions of Tyres			
	Size	Make	Balance
R/H Front Tyre	215/55 R17	WEST LAKE	6 mm
L/H Front Tyre	215/55 R17	WEST LAKE	6 mm
R/H Rear Tyre	215/55 R17	WEST LAKE	6 mm
L/H Rear Tyre	215/55 R17	WEST LAKE	6 mm
4. Description of Damages			
THE VEHICLE SUSTAINED DAMAGES AT THE REAR PORTION.			
5. General Information			
Accident Date	13/06/2019	Inspect Date / Time	17/07/2019 ( 03:35 PM )
Survey held at	BLK 3014 UBI ROAD 1 #01-278 S'PORE 408702		
Repairer	VICTOR'S GARAGE		
5a. Remarks			
A) THE INSPECTION WAS CONDUCTED ON A "WITHOUT PREJUDICE" BASIS. B) THE REPAIR ESTIMATE WAS NOT PRESENTED AT THE TIME OF INSPECTION. THE REPAIRER WAS TOLD TO PREPARE THE ESTIMATE. C) ENCLOSED PLEASE FIND DAMAGED VEHICLE PHOTOGRAPHS. D) THE ESTIMATED REPAIR COST OF THE DAMAGED VEHICLE IS IN THE REGION OF \$1,000-\$2,000			
5b. Estimate Days of Repair			
ESTIMATED NORMAL PERIOD FOR REPAIR:		3 Working Days	

Report Ref No. CS3/AGI19012561/Gcf3e2

Inspected By

XING GUO QIANG

M.MATAI, AMSAE-A

Automotive Assessor

K.K.LAU CPT(RET)

BEng(Hons),B.Bus,MBA,PEng,PE, MInstAEA,MASME,MIRTE

REGD Auto Consultant-SAE, Licensed Appraiser

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