

ASS. REC. BY: Sun PinREF: NTUC NS/INC20008443/Qqf3

ASSIGNMENT

From: _____ Date: _____

Estimated Cost: _____

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

To Inspect Vehicle No: _____

at Workshop m/s _____

of _____

Insured: _____

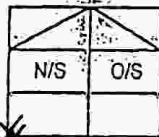
Policy No. 5096419345-01 (09/01/2019-08/01/2020)Claims No. MT/1100093-001

Sum Insured: _____ Excess: _____

(Client's Record)

Make of Veh: _____

(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: 2 days Res.: Yes or No

Lum Sum: _____ % 3 Veh.: Yes or No

CA / REV / REP. / 24 HRS

Date: _____ Person Contacted: _____

Vehicle: IN / OUT

Veh No: SHB 1982P Yr Regn: 02/12/2014Type: M.Car / M.Cycle / Bus / Van / Lorry (Taxi) Prime Mover /

Truck / Traller or _____

Make: Toyota c.c. 1796Colour: Maroon A/C: Insured / Std / NI / NASp. Reading: 783873 T/Radio: Insured / Std / NI / NA

Eng/No: _____

C/No: ITDKN364205752971Gen. Cond: Good / Fair / Poor / Burnt

Steering: In order / Jammed / Leaked / Burnt or

Brake: In order / Jammed / Leaked / Burnt or

Modl: Nil / S/Rim / STD A/Rim orTyre Size: F: 195/65 R15R: 195/65 R15

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

TOYO / YOKO or SNeuton

Front

Rear

R/Bal. 6 mm R/Bal. 6 mmL/Bal. 6 mm L/Bal. 6 mmD.O.A. 02/12/2014 D.O.I. 06/07/2020Survey held at SMRTDes. of Damages: Frt / Rear / O/S / N/S / UIC / Rooftop or

The UIC / Chassis frame / Body Structure affected due to collision.

Date / Time Action / Instruction

14/08/20@11 15am Sun Pin finalised with POH Suan LS \$700, 2 days.

(Red \$8040.12, 92%)

TP

TAX/12/14/2013.

FB G190706

YP2418K.

Date/Time, File, Pass to? ☐ : Prel. Report17/08 Typist ☐ : Final Report

Date/Time, File Return to?

2)

Days Of Repair: 2Resurvey No. of Trlp: 1

Survey Fee:

Transportation:

S + RS, SI

Phone

Others

TOTAL

Add Fee: ☐ : Site Insp (\$ _____)☐ : Interview (\$ _____)☐ : Tech. Invs (\$ _____)☐ : Wash and (\$ _____)

Report Formed: TP

Lump Sum 700

Enquire Vehicle Transfer Fee

Vehicle Details

Vehicle No.
SHB1982D

Make / Model
TOYOTA / PRIUS TAXI (SMRT)

Vehicle Type :
H10 - Public Transport Taxi (Motor Car)

Vehicle Attachment 1 :
Air-Con (Taxi)

Vehicle Scheme :
Taxi (Company)

Chassis No. :
JTDKN36U205752971

Propellant :
Petrol-Electric

Engine No. :
2ZR6216785

Motor No. :
3JM6216785

Engine Capacity :
1798 cc

Power Rating :
60.0 kW

Maximum Power Output :
100.0 kW (134 bhp)

Maximum Laden Weight :

1805 kg

Unladen Weight :

1370 kg

Year Of Manufacture :

2014

Original Registration Date :

02 Dec 2014

Lifespan Expiry Date :

01 Dec 2022

COE Category :

A - Car up to 1600cc & 97kW (130bhp)

PQP Paid :

\$51,668.00

COE Expiry Date :

01 Dec 2022

Road Tax Expiry Date :

02 Dec 2019

PARF Eligibility Expiry Date :

01 Dec 2022

Inspection Due Date :

01 Jun 2020

Intended Transfer Date :

07 Jul 2020

CO2 Emission :

92.00 (g/km)

CEV/VES Rebate Utilised Amount :

\$30,000.00

CO Emission :

-

HC Emission :

-

NOx Emission :

-

PM Emission :

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 13:06
Date Of Accident	02/12/2019 19:45
Exact Location Of Accident	AYE TOWARDS TUAS NEAR LAMP POST 441
Country/State of Loss	SINGAPORE

DETAILS OF OWN VEHICLE

Vehicle Registration Number	SHB1982D
Insured/Policyholder	
Name Of Registered Owner	SMRT TAXIS PTE LTD
Co Reg No	198905369K
Email Address	NOEMAIL
Mobile Phone No	
Alternative Phone No	OFFICE-80000000

Vehicle Particulars

Manufacturer	TOYOTA
Model	PRIUS TAXI-1.8 (A)
Exact Purpose for which vehicle was being used at time of accident	HIRE AND REWARD
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	TAXI

Insurance Company

Name of Insurance Company	MS FIRST CAPITAL INSURANCE LTD
Type Of Coverage	THIRD PARTY FIRE AND/OR THEFT
Fleet Policy	YES
Policy Number	D-19093197MFSH
Cover Note Number	

Driver

Name of Driver	HO KWONG MENG
NRIC No	S0314132B
Date Of Birth	13/07/1949
Occupation	OUTDOOR
Date Of Driving Pass	10/04/1973
Driving Experience	46 YEARS AND 7 MONTHS
Gender	MALE
Mobile Number	(LOCAL) +65-80000000
Fax Number	
Contact Number	
EMail Address	NOEMAIL

Address 450
Postcode
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 CHAIN COLLISION
Weather Conditions RAINING
Road Surface WET

Other Information

Was any foreign vehicle involved in this accident? NO
Number of vehicles (including own vehicle) involved in the accident 3
Was any body injured in the Accident? YES
Was any injured conveyed to hospital by ambulance? YES
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: : UNKNOWN
GENDER: : MALE
Passenger 2
NAME: : UNKNOWN
GENDER: : FEMALE

Details of Police Action

Was the accident reported to the police? YES
If Yes, Please state which Police Station
Police Station Name TAMPINES N.P.C
Police Station Address ROAD: TAMPINES N.P.C , POSTCODE: 529682 , COUNTRY: SINGAPORE
Police Station Contact TEL NO: - FAX NO:
Was notice of intended Prosecution given? NO
If Yes, against whom?

Circumstances of Accident

REFER TO POLICE REPORT - T/20191203/2024

Attachment(s)

Are accident photos available for attachment? NOT AVAILABLE DUE TO CIRCUMSTANCES OF ACCIDENT
Was there any video captured by Car Camera? NO
Was there any audio recorded? NO

DETAILS OF OTHER VEHICLE PROPERTY 1

Vehicle Registration Number FBG9070C
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category MOTORCYCLE
Name of Driver
NRIC/Passport Number

Contact Number
Address
Postcode
Insurance Company Name
Nature Of Damage
No. Of Passenger (Including Driver)

DETAILS OF OTHER VEHICLE PROPERTY 2

Vehicle Registration Number YP2418K
Vehicle Make/Model/Colour
Details Of Properties
Vehicle Category COMMERCIAL VEHICLE
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 UNKNOWN RIDER
Approximate Age
Injuries Sustain
Injured person in which vehicle? FBG9070C
Were seat belts worn?
Was this injured conveyed to hospital by ambulance? YES
Address
Postcode

Sketch Plan Pg. 1

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)**

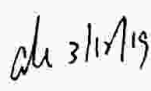
I understand, acknowledge, agree and consent that:

- (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.



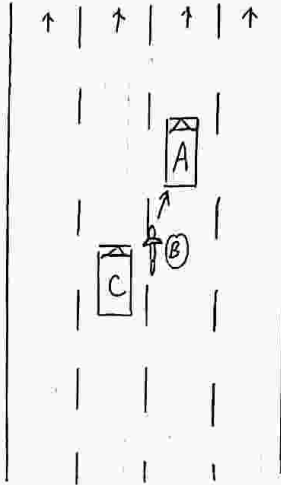
Policyholder's Signature
Date & Time:


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


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

Sketch Plan Pg. 2

SKETCH PLAN



A - SHB 19820

B- FBG 9070C

C-YP2418K

DESCRIBE CIRCUMSTANCES OF THE ACCIDENT

REFER TO POLICE REPORT - 7/20191203/2024

DECLARATION

I/We declare that 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.:

Sketch Plan Pg. 3



**SINGAPORE
POLICE FORCE**



T/20191203/2024

1 of 3

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

Report No. T/20191203/2024

REPORT OF A TRAFFIC ACCIDENT

Date/Time Report Made: 03/12/2019 10:00		Vide Report No.: D/20191202/0078		Station Diary No.: 49	
Informant's Particulars					
Name of Informant: HO KWONG MENG			Address: APT BLK 450A TAMPINES STREET 42 #05-368 SINGAPORE 521450		
ID Type / ID No.: NRIC NO / S0314132B			Contact No.: Home/Office:		Mobile: 97535473
Nationality: SINGAPORE CITIZEN			Email:		
Sex: Male	Age: 70	Date of Birth: 13/07/1949	Type of Informant: Driver		
Race: Chinese			Language:		Institution / School Name:
Occupation: Taxi driver			Driving Licence Information: Class:		Date of Expiry:

General Information of the Accident

Type of Accident:	Injury Attended by Police	Drink Drive: No	Date/Time of Accident: 02/12/2019 19:45	Type of Location: Straight Road
Location: Along Road 1 AYER RAJAH EXPRESSWAY near lamppost 441 towards Tuas Lamp Post Number: 441				
Weather: Raining		Road Surface: Wet	Road Speed Limit:	
Traffic Flow: One Way		Traffic Control: Not Controlled	Traffic Volume: Heavy	
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
FBG9070C	Motorcycle				Seriously Damaged	0
SHB1982D	Car				Slightly Damaged	2
YP2418K	Lorry					0

Sketch Plan Pg. 4



**SINGAPORE
POLICE FORCE**



T/20191203/2024

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999

2 of 3

Report No. T/20191203/2024

CONTINUATION OF REPORT

Details of Person Involved			
Any Pedestrian Involved: No			
No. of Pedestrians Injured: NIL		Use of Pedestrian Crossing: NA	
Driver			
Name	HO KWONG MENG	ID No.	S0314132B
Related Vehicle	SHB1982D (Car)	Contact No.	97535473
Hospital/Clinic	NIL	Class of Driving Licence & Expiry Date	Class: NIL Date of Expiry: NIL
Date Treatment	NIL	Date Discharge	NIL
No. of Days granted Medical Leave	NIL	Degree of Injury	NIL

Brief Details.

On the 02/12/2019, at about 7.45pm, I was travelling along AYE towards Tuas near to lamppost 441 on the second lane. Subsequently, I then felt a bump on my left rear side. One motorcycle, FBG9070C, had hit onto my vehicle on the left rear bumper area. My two passengers and I were not injured from the accident. Apparently, there was a lorry, YP2418K, who had hit the motorcycle, which in turn pushed it to hit my vehicle. The rider was conveyed to hospital.

Sketch Plan Pg. 5



**SINGAPORE
POLICE FORCE**

Police Station Of Origin:
Tampines N.P.C
6 Tampines Avenue 4 SINGAPORE 529682
Tel No: 1800-5871999



T/20191203/2024

3 of 3

Report No. T/20191203/2024

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:
G /
Sgt 3 MUHAMMAD FIRDAUS BIN YUSOFF

Signature Of Informant:

Signature Of Interpreter:
Not applicable

Date/Time:
03/12/2019 10:00

Officer In Charge Of Case:
TP / GIT /
SI YEO CHUN JIAN
Contact No.: 65476213

Classification Of Case:

Authentication Stamp
NP168



SIGNATURE



Case Details

Case Reference Number :

TAX/12/19/2013

Type of Repair : Accident Repair

Vehicle Registration Number :

SHB1982D

Company Type : SMRT Taxis Pte Ltd

Estimation ID : EST-11965-ID

Assigned By : Claiming Case Owner
TeamInsurance Company Name : NTUC Income Insurance Co-operative
Ltd

Accident Date and Time : 02/12/2019 11:45 AM

Vehicle Age(In Months) : 60

Documents / Photographs

View Documents / Photographs

Total Documents: 1

Estimation Details

Spare Part's Cost Detail

SMRT Recommendation												Surveyor Approval		
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace	Remarks
One Time Key In	Main			BUMPER REAR	1	458.60	458.60	25.00	343.95	Replace	1	0	Repair	✓ X R
One Time Key In	Main			BUMPER CLIPS	10	2.10	21.00	25.00	15.75	Replace	0	0	Not Give	✓ X SVC
One Time Key In	Main			PIXEL STICKER	2	60.00	120.00	0.00	120.00	Replace	2	120.0	Replace	✓ / NR
One Time Key In	Main			BUMPER REINFORCEMENT REAR	1	205.70	205.70	25.00	154.27	Replace	0	0	Check	✓ X SVC
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER RH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	✓ X SVC
One Time Key In	Main			ARM SUB-ASSY. RR BUMPER LH	1	139.60	139.60	25.00	104.70	Replace	0	0	Check	✓ X SVC
One Time Key In	Main			ANTENNA,ELECTRICAL LOWER REAR	1	157.40	157.40	10.00	141.66	Replace	0	0	Not Give	✓ X SVC
One Time Key In	Main			SENSOR REVERSE	1	180.00	180.00	0.00	180.00	Replace	0	0	Not Give	✓ X SVC
One Time Key In	Main			BUMPER SIDE RETAINER RR/LH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give	✓ X SVC

Total Spare Part Cost 4,933.09

Surveyor Total 174.15

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 0 20%

Final Spare Part Cost 3,946.47

Final Sur Total 174.15 139.72

SMRT Recommendation											Surveyor Approval		
BOM Type	Costing Type	Portion	Material Number	Part Name	Qty	List Price Per Unit(\$)	List Price(\$)	Dis(%)	Final Price(\$)	Repair/ Replace	Surveyor Quantity	Surveyor Final Price(\$)	Repair/Replace Remarks
One Time Key In	Main			BUMPER SIDE RETAINER RR/RH	1	94.80	94.80	25.00	71.10	Replace	0	0	Not Give ✓ X SVC
One Time Key In	Main			BUMPER SEAL, RR LH	1	88.90	88.90	25.00	66.68	Replace	0	0	Not Give ✓ X SVC
One Time Key In	Main			BUMPER LIP COVER RR/LH	1	72.20	72.20	25.00	54.15	Replace	1	54.15	Replace ✓ / CRA
One Time Key In	Main			BUMPER LIP COVER RR/RH	1	118.10	118.10	25.00	88.57	Replace	0	0	Not Give ✓ X SVC
One Time Key In	Main			BUMPER LIP REAR	1	228.90	228.90	25.00	171.68	Replace	0	0	Not Give ✓ X SVC
One Time Key In	Main			UNDER COVER SUB-ASSY, RR FLOOR	1	514.50	514.50	25.00	385.88	Replace	0	0	Not Give ✓ X SVC
One Time Key In	Main			UNDER COVER RR SHIELD	1	63.90	63.90	25.00	47.92	Replace	0	0	Not Give ✓ X SVC
One Time Key In	Main			FENDER RR/LH	1	766.80	766.80	25.00	575.10	Replace	0	0	Not Give ✓ X SVC
One Time Key In	Main			SMRT LOGO	1	7.80	7.80	0.00	7.80	Replace	0	0	Not Give ✓ X SVC
One Time Key In	Main			STICKER DECAL 65558888	1	21.60	21.60	0.00	21.60	Replace	0	0	Not Give ✓ X SVC
One Time Key In	Main			FENDER LINER R/LH	1	141.30	141.30	25.00	105.98	Replace	0	0	Not Give ✓ X SVC
One Time Key In	Main			TAIL LAMP LH	1	548.40	548.40	10.00	493.56	Replace	0	0	Not Give ✓ X SVC
One Time Key In	Main			TYRE	1	126.74	126.74	0.00	126.74	Replace	0	0	Not Give ✓ X SVC
One Time Key In	Main			WHEEL DISC	1	1,484.20	1,484.20	25.00	1,113.15	Replace	0	0	Not Give ✓ X SVC
One Time Key In	Main			WHEEL HUB REAR	1	489.40	489.40	25.00	367.05	Replace	0	0	Not Give ✓ X SVC

Total Spare Part Cost 4,933.09

Surveyor Total 174.15

Lump Sum Discount (%) 20.00

Lump Sum Dis (%) 20%

Final Spare Part Cost 3,946.47

Final Sur Total 1,39.32

Labour's Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REPAIR LH REAR PORTION	507.00	200	✓
Total:			507.00	200.00	

Spray Cost Detail


S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO RESPRAY REAR BUMPER	378.00	200	✓
2	Main	TO RESPRAY BUMPER BEAM	180.00	0	
3	Main	TO RESPRAY REAR FENDER LH	378.00	0	
4	Main	TO RESPRAY RIM	180.00	0	
Total:			1,116.00	200.00	

Other Cost Detail

S.No.	Costing Type	Job Scope	SMRT Recommendation(\$)	Surveyor Adjustment(\$)	Remarks
1	Main	TO REMOVE AND REFIT TYRE RIM (SPRAYING PURPOSE)	120.00	0	
2	Main	TO TEST AND REFIX REVERSE SENSOR SYSTEM	120.00	0	
3	Main	TO REPLACE SUNDRY PARTS	100.00	0	
4	Main	TO CHECK WIRING AND SYSTEM FUNCTION	80.00	20	✓
5	Main	TO WASH AND VACUUM	60.00	0	
6	Main	TOWING CHARGE	56.00	0	
7	Main	TO PROVIDE LABOUR & MATERIAL FOR ADVERTISEMENT STICKER(NET)	296.88	296.88	✓
Total:			832.88	316.88	

Summary

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spray Part Detail	3,946.47	174.15
Total Labour Cost	0.00	200.00

	Estimator Assessment(\$)	Surveyor Assessment(\$)
Total Spray Painting	0.00	200.00
Other	0.00	316.88
Overall Total	3,946.47	891.03 856.20
Lump Sum Repair Option:		<input checked="" type="checkbox"/>
Lump Sum Total	3,950.00	900.00
Surveyor Approved Amount		900.00 850.
No of Repair Days*	5	2
Remarks		L/S, after paint photo
Surveyor Name		Sun Pin (LKK)
Signature		

Save Clear

Survey Date 06/07/2020

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: